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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.

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

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

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

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the 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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Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

VOL. III.

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Original Communications.

ON SUGAR AND GELATINE COATED PILLS.

BY D. B. MYSHRAU, M. D., of Parke Davis & Co.

Mr. President and members of the Maritime Medical Association:—When requested a time since by the committee to prepare a paper for presentation before this body, I was for a time at a loss for a suitable subject, but a discussion held with a physician in his office, concerning the insolubility of some pills that he had occasion to prescribe, caused me to look into the matter closely, and I have embodied the facts gathered in the following paper.

It is no uncommon occurrence in my experience to be told by a physician that a pill of a certain manufacturer was passed by a patient entire, and that having lost confidence in them he will use them no more. It has been characteristic of man ever since the earliest records, even since our original paternal ancestor sought to lay the blame of stealing the fruit on his dear little wife, our good mother Eve, to shift the responsibility of his faults and misdeeds to other shoulders. We have always been ashamed of Adam for this act, and have always regretted that inflexibility of the law of hereditary transmission, through which his weakness has permeated his offspring. But we have particularly to

do at the present time, with this weakness as it relates to disappointments in effects expected to ensue on the administration of drugs in pill form for the relief of diseased conditions, for the fact that a man enters upon a particular vocation as a means of livelihood, does not necessarily imply that he thereby raises himself above the weaknesses inherent in poor, frail human nature.

To paraphrase the poet: "All men think all men fallible but themselves," and when a physician fails to observe expected results, or discovers unexpected results, from such medicine or pharmaceutical preparation thereof, as he may have administered, it is among the rarest possible things for him to look for the more immediate cause in some error of judgment on his own part. He is infinitely more apt to ascribe the result, or lack of result, as the case may be, to some defect in the drug or to some error on the part of the pharmacist who made the particular preparation prescribed. He seldom suffers himself to doubt the fullness of his knowledge of the physiological properties of the drug or compound, or to question for a moment the fact that he overlooked any peculiarity or idiosyncrasy on the part of the patient which forbade the exhibition of the drug in the particular form in which it was employed. While granting that occasionally a pill may pass through the intestinal tract entire, I am not willing to grant that the fault lies any more often with the pill than with the prescriber thereof, and with a view toward proving the same, I will first briefly describe the process by which

pills are made, and then attempt to answer some of the objections based on their mechanical construction and their alleged non-action in the system. The charges against pills by those opposed to their use, may be condensed as follows :

1. Defective superficial appearance.
2. Deterioration in the superficial aspect of the pills after storage.
3. Insolubility of the coating.
4. Insolubility of the pill mass.
5. Non-action in the patient.

We will comment upon the charges in the order in which they are mentioned.

1. *Defective Superficial Appearance.*—

The superficial appearance of a pill refers to its color, the smoothness of its surface, and its contour. Although these circumstances have of course only an æsthetic bearing, and can have no relation to its medicinal activity, it is nevertheless desirable that the pill be without fault in these particulars, and more especially so when to conform to the highest standard involves no additional expense. Pills are first made from the mass after the usual method, the hand machine being preferred, it having been found impossible to secure by machinery that uniformity of shape and exactness of division which are desirable and essential. After having been rolled into globules and properly dried, they are transferred to the coating-pans, in which the sugar is applied in form of syrup. To the first layer some pure starch has been added, in order to secure opacity of the coating, and to prevent that bluish tint which would appear were sugar alone employed. In the process of coating no heat is employed, and thus is avoided all danger of decomposition or change in the mass. Pills coated after this process should be of a pure, soft, white or creamy color, without stains, spots, or inequalities of surface.

In coating with gelatine the process is entirely different from the above. Formerly the globules were stuck upon the points of needles, and then dipped into liquid gelatine. This process, though still retained by some makers of gelatine coated pills, is liable to two objections, one of which at least, is a serious one. After long use the needles become corroded, and in pulling the globules therefrom the needle points sometimes break off and remain in the pill mass ; this, and the hole left in the coating, which renders oxidation of the pill mass more probable, have caused certain pill makers to discard the use of the needles. Instead small hollow tubes

are used, and the globules retained thereon by a pressure or suction obtained from a small engine. After removal from the coating material they are suitably disposed for drying.

Notwithstanding the greatest care in the process of coating, a number of defective pills will be found after its completion. This is, of course, unavoidable in the very nature of the case. The manufacturer who is solicitous of his reputation will, however, be careful to cull out all such defective pills, but notwithstanding great care in this matter, an occasional misformed one will be overlooked.

2. *Deterioration in the Original Superficial Appearance*—Under this head we refer to the (a) staining, and (b) cracking of the coating, (c) the exudation of the mass through the swelling thereof, and (d) the shrinkage of same through the absorption and drying out of the moisture. The complaints under this head will apply almost exclusively to sugar-coated pills, on account of the brittleness and porosity of the sugar.

(a). The reason for the Staining is due entirely to the absorption of the oily or other essential fluid constituents of the mass by the porous sugar. This charge, while standing against the appearance of the coating, is really complimentary to the mass, for the staining of the pill is *prima facie* evidence that the ingredients which thus unavoidably impair its appearance were really added in accordance with the formula, and not omitted, as is sometimes done by irresponsible manufacturers more anxious to preserve the appearance than to guarantee the medicinal worth of their products. A formula having been submitted to a manufacturing pharmacist, it will first be criticised by him as to whether the ingredients will tend to form a perfect pill which will retain its form, and avoid the tendency to stain the coating. If it is found that the pill contains too large a proportion of some objectionable ingredient, as oil of peppermint or oil of cloves, for instance, there remains but one of three things for him to do to insure absolute certainty as to permanency in the original color of the coating :

1. To exclude entirely or materially reduce the quantity of the objectionable ingredient. This, it will be seen, will be practically dishonest.

2. To add the full quantity of the objectionable ingredient, but to expose the pill before coating, in an absorbent powder, to so high a degree of heat in the drying room as to force out by heat and absorption a large

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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, ña grs. vi. Xanthoxylum Fraxineum, Potassii Iodidum, Cascara 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 4½ MINUTES.

Pil: Sumbul Comp.

(DR. GOODELL)

R—Et. Sumbul. 1 gr
Assafoetida. 2 gr.
Ferri Sulph. Ets. 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. Nux 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.

— INGLUVIN —

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. Nux 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 1-2 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 Podophyllum Ext. Phytolacca.
Quinia Capsicum.

Almost a Specific for Rheumatism and Gouty Complaints.

proportion of it. This incurs the liability of producing a pill so hard as to be difficult of solution.

3. To add the full quantity of the objectionable ingredient and avoid the danger of insolubility through drying, by protecting the mass against exudation by means of a coating of insoluble varnish, or by using a so-called sugar-coating composed of either *plaster-of-Paris*, carbonate of lime, soapstone, or French chalk, set with syrup, thus making essentially the "pearl coating" for which admiration is solicited. Some manufacturers in this country use ingredients of this nature in their coating. They can be easily detected either by their insolubility or by writing on a slate with the pill as a pencil. It will be seen that all these methods are objectionable, and such action would be taken only by manufacturers with whom the activity of the pill is a secondary consideration. In spite however, of such precautions as have been suggested by experience, the staining of a pill will be liable to occur, and the fact of its occurrence cannot justly be attributed to a fault of the manufacturer. The discoloration is, on the contrary, *prima facie* evidence in many cases, of the honesty of the product. A slight discoloration is often due to carelessness in bottling—wet bottles or corks, damp labels on wooden or paper boxes, etc.

(b). The cracking of coating is due to either shrinkage of the mass, through the evaporation of moisture of the pill, or to expansion due to inherent peculiarities of certain ingredients of the pill mass. The pill itself having shrunk from contact with the coating, leaves a thin shell of sugar unprotected by any backing. When, then, the pills are subjected to rough handling in carriage by rail, or even in the shop of the pharmacist, the coating is liable to break or crack. This result is generally due to the fact that, in a desire to fill orders more promptly the pills are coated too hastily. It occurs very exceptionally, and can only be excused on the ground that the line, manufactured by a given house, is a very extensive one, and that it is almost impossible to keep the stock of every formula complete, owing to the peculiar and sometimes changeable demand which will occasionally unload the stock of a generally unsalable formula on short notice. In order to replace such stock, manufacturers may be compelled frequently to coat the pills before they are sufficiently seasoned. The cracking may also be due to the expansion and contraction of the mass.

Certain resinous substances as *copaiba*, *aloes*, *myrrh*, and the gum resins, are peculiarly sensitive to the expanding and contracting action of heat and cold.

(c). The Exudation of the Mass Through the Coating.—This result is peculiar to certain formulæ into which *leptandrin*, *henbane*, *aloes*, etc., largely enter. The pills though carefully prepared as usual, passing through the process of drying, so-called, and being coated without trouble, will afterwards by means of some species of decomposition which occurs in the mass, due either to inherent characteristics or to the action of high temperatures in different climates, melt and swell, cracking the coating, exuding therefrom and gluing the pills together in one mass. When these accidents occur in connection with such pills, it is no fault whatever of the manufacturer, but is due entirely to the peculiarity of the ingredients and the compound itself.

(d). Shrinkage of the Mass.—This point has been canvassed under the head of cracking of pills, and as stated, is due entirely to the evaporation of moisture. It is thus apparent that the appearance of the pill is very much dependent on the formula after which it is made, and for such formula the medical profession is, in the vast majority of instances, responsible. To illustrate: A physician orders a sugar-coated pill containing a salt of such great hygroscopic properties as would practically preclude the possibility of protecting it from the moisture of the atmosphere, as acetate of potash for instance. These properties would naturally cause a disfigurement of the coating, and it would be correct to assume that any pill whose coating does not become disfigured does not contain this salt as an ingredient of its mass. It is well known also, that exposure to the atmosphere, the direct rays of the sun, a high temperature, etc., cause changes which are inevitable from the essential nature of many drugs. These changes the coating of a pill may sometimes retard, but occasionally it is quite powerless to prevent them.

3. *Insolubility of Coating*.—In seeking to gain for the pills made by the houses which they represent, the preference of the profession, some representatives provide themselves with small wire sieves, adapted to fit into an ordinary tumbler, and so bagging in the centre that the wire mesh will dip in the water contained in the tumbler. Two pills of competing houses, properly marked for identification, are now placed in this sieve

and sunk just beneath the surface of the water. By close watching a slight film of syrup or gelatine will be seen to fall from the sieve to the bottom of the tumbler, and the time of the solubility of the pills is noted with watch in hand. Now it is quite needless to say, the acute computing representative will take pains to select pills of his own manufacture from samples which he knows to be very soluble, and those of a competing line which he has reason to believe are not. Without indicating in this connection the fallacies of such a test, we would merely suggest that the degree of solubility of a pill in water has little to do with its solubility in the stomach. If the stomach have any digestive action at all, it will act upon a simple coating of sugar or glue or gelatine as readily as it would upon an insoluble mince pie, a raisin, a hickory nut, a buckwheat cake, or any other of the articles which are insoluble in water. The test by water is a specious one, but too absurd to be suggested by common sense, and the influence of such illustrations and arguments will only be exerted upon the most unthinking of physicians and druggists. Sugar-coated pills made after the manner which I have indicated, not varnished, and having but a thin film of starch as a primary coating to give opacity, which is followed with the application of pure sugar, offer a minimum amount of resistance to the insolvent action of the gastric juice. Gelatine-coated pills, also unvarnished and covered with an application of pure gelatine, are not less soluble, as to their coating, than gelatine itself. It is sometimes made the basis of a charge against certain manufacturers, that they use glue in making their gelatine-coated pills. Such a charge is absurd on the face of it, as gelatine is nothing but glue of a finer quality, and there is but little comparative difference in their solubility. warm water acting on either with almost equal avidity.

It is to be regretted that physicians and druggists are often influenced by the specious arguments to which I have referred. While the immediate effect may be to create distrust of some particular brand of pills, the remote effect is the creation of an unwarranted suspicion of sugar and gelatine coated pills in general.

4. *Insolubility of the Pill Mass.*—Under this head we of course have reference to the pill after the coating has been removed. If such insolubility is demonstrated, it is due to one of these causes :

(a) The absolute insolubility of the ingredients.

(b) The absolute insolubility of the compound.

(c) The drying of the pill to a degree of hardness which will tend to prevent its solubility during the short time it remains in the alimentary tract.

(d) The varnishing of the pill before coating, to prevent, as above referred to, the staining of the coating.

(a) *The Insolubility of the Ingredients.*—It will be readily seen that if we were to make a pill of plaster-of-Paris, India-rubber, or other like insoluble ingredients, there could be no question whatever as to the final result. It happens, however, that formulas frequently call for ingredients which are almost or absolutely insoluble, as for instance, reduced iron, calomel, copaiba mass, (which is composed of copaiba hardened with calcined magnesia), Canada balsam, Venice turpentine, metallic antimony, and the like. So powerful, however, is the digestive and chemical action of the gastric and other alimentary secretions, and so great the assimilating power of the alimentary tract, that anything of a medicinal nature is prepared for absorption and taken up by the absorbents. Remarks are not necessary from us on this point, for if there is any failure of absorption, it must be attributed entirely to the inherent unassimilable nature of the ingredient or ingredients entering into the formula.

(b) *Insolubility of the Compound.*—Certain ingredients, themselves perfectly soluble, may be so compounded as to constitute a mass which is nearly or quite insoluble or indigestible. The fault in such cases is again due to the nature of the ingredients or the excipient prescribed in the formula. This matter of excipients is a very important one in the production of a soluble pill. In selecting the excipient, regard must be had to the nature of the ingredient entering into the mass: any substance that will in any way produce a chemical change in the compound, must of course be avoided. While, as a rule, such excipients should be used as will tend to keep the pill soft, particularly in those formulæ largely composed of extracts, it is sometimes necessary to use sugar or sugar of milk with such as pepsin pills, in which the aim is to make a soluble product or one that is easily disintegrated.

(c) *The Drying of the Pill, etc.*—The charge based on this process is one of the most plausible and effective in the hands of

the representative, who is more intent on selling goods than on subserving the cause of science. To any person competent to form an opinion, who has taken the pains, when passing through a laboratory conducted on the most approved scientific methods, to examine the drying-rooms, little need be said by me on this point, but lest the matter has been passed over without careful examination, we would say that the so called drying-rooms are simply three rooms regulated by different degrees of temperature, wherein are placed the pills after rolling until they obtain sufficient firmness to enable them to be passed through the coating process. Many pills as they pass from the pill rollers are in such soft condition that if they were placed in the coating pan they would assume all sorts of irregular shapes, which would render them unsatisfactory in the market, and besides this, if they were not properly dried before coating there would be great danger of staining the coating. Uncoated pills are therefore placed in the trays, carefully covered and protected against each other by means of heavy layers of lycopodium or licorice dust. They are then placed in a drying-room, the temperature of which never exceeds ordinary summer heat, or 90° F. It will be seen that the pills themselves are not exposed directly to even this temperature, but receive their impression of warmth only through the covering of powder with which they are enveloped. They are then removed to a room averaging from 75° to 80°, where they remain until they are ready for the coating operation. If however, there is a large overstock of these pills on hand, more than it would be advisable to coat, and the possibilities are that they will remain in storage before coating, they are finally removed to the third drying-room, which is kept at a temperature of from 60° to 70°, where they remain until they are called for in the coating department. It will be thus seen that the process cannot properly be termed a drying process. It is nothing more than a process of seasoning, and in no case is the pill exposed to a drying method which, under any circumstances, can be regarded as injurious. It must be acknowledged, however, that the sooner the pills are coated the better, for the application of a sugar or gelatine coating will tend to preserve what little moisture and softness exist in the mass. This is fairly illustrated in the case of pills of blue mass and many other substances. Take the blue mass formula for instance: It is a well

known fact that where these pills are made up by the druggist from soft mass, and stored away in licorice dust for any considerable time, they become exceedingly hard and insoluble, whereas when they are protected by a coating of sugar or gelatine, and more particularly sugar, they retain their softness for an indefinite period. In this respect sugar is a much better protective agent than gelatine, as may be demonstrated by experiment.

5. *Non-action in the Patient.*—The worst charge of all against sugar and gelatine-coated pills, is that based on its non-action in the patient. When a physician states positively that a pill has passed through a patient with its coating or its mass intact, he is not disposed to listen to any excuses or explanations, but is apt to freely denounce the manufacturer whose name appears on the label. There are, however, cases in which such non-action is not the fault of the pill, but is due to some idiosyncrasy of the patient or in the physician himself, whose administration of a pill may have been ill-advised, in view of the peculiar condition of the particular patient treated. In canvassing this important matter, it may not be amiss, in order to a clear understanding thereof, to consider the evidence, first as it applies to the pill, and then as it has reference to the patient. This evidence is both circumstantial and direct:

(1.) When a formula for pills is made up by the manufacturing chemist, it is necessarily manufactured in a large quantity. The pills are distributed among wholesale and retail dealers throughout the length and breadth of the land; therefore it is fair to presume that were such pills absolutely insoluble, and because of their insolubility to pass through the patient intact, complaints of this fact would come from all sections of the country. When, however, only one complaint of this nature is reported out of possibly a thousand physicians who have prescribed of the same lot, it is fair to assume that the fault is not traceable to the pill, but to circumstances for which it is no wise responsible.

(2.) If, as is often the case, the solubility of a pill is dependent on the method of its manufacture and the quality of the material entering into its mass, it would be suicidal policy for a manufacturer to endanger his hard-earned reputation by employing anything but the most approved method and best material obtainable. The manufacturing chemist, careful of his reputation, runs no risk in these regards. He subjects his material

to assay to determine its quality, and exercises the most absolute care in the selection and mixing of the ingredients, and the division of the pills. It is improbable, and almost impossible, for him to make the mistake of omission or of substitution, and so far as the use of inferior ingredients is concerned, that supposition may be dismissed at once from the question.

(3.) The process for making pills has been touched upon above. It is therefore fair to assume that there can be nothing in the manufacture of pills which can produce in them a greater degree of insolubility than that which inherently pertains to their ingredients. If any such fault is chargeable to pills manufactured after formulæ furnished by those whose order has been filled by the manufacturer, the complainer must go back to the physician who originally prescribed the combination.

(4.) The question of the insolubility of the coating has also been touched on, and it must be dismissed at once, for as already noted, it must be assumed that neither sugar or gelatine, under any ordinary condition of the alimentary tract, will be less soluble than ordinary food taken into the stomach. These substances are indeed more soluble than many articles of diet.

(5.) The charge that the pills have been rendered insoluble or indigestible through long storage is also untenable, inasmuch as it can be demonstrated that sugar and gelatine-coated pills of quinine, blue mass, etc., which have been properly made and which have been stored for years, are quite as soft as when they were first issued from the laboratory.

Society Proceedings.

CANADA MEDICAL ASSOCIATION.

The 24th annual meeting of the Canadian Medical Association was held in Montreal on Wednesday, Thursday, and Friday, the 16th, 17th, and 18th of September, and was the most successful one in the history of the association, about 120 members having registered.

The opening session was devoted to organization, after which the members proceeded in carriages that had been provided for them to the Hotel Dieu Hospital, where Dr. Hingston, the veteran surgeon of the institution, delivered a very able address on "The

Diagnosis of Abdominal Tumors by Exclusion." He then, with remarkable skill removed the head of the femur from a boy 9 years of age.

The members were then conducted over the building and finally entertained at lunch by the *lady Nuns*.

At the afternoon session Dr. Bray, of Chatham, read a paper on "Malaria," in which he brought up many practical points for discussion. Living, as he did, in the heart of a malarious country, he was able to throw some valuable light on its nature and treatment. He said three things were required to produce this disease, namely:—heat, moisture, and vegetable decomposition. The disease was shown to be due to a microscopic organism in the blood. It appeared like cells—some with cilia and some without—in the blood corpuscles. He believes they are introduced into the system by the stomach; either in the food or drink, or simply with the saliva; and this explains why malaria is so often accompanied by dysentery, which can only be cured by cleaning out the intestines and giving quinine. It was also introduced into the circulation through the lungs. If the disease comes from the soil, how is it we have it in winter when the soil is frozen? He thought the answer to this question was to be found in the fact that a supply of the germs was stored up in the system, and thus remained dormant as long as the constitution was in full vigor; but if the system were run down the germ would rapidly develop. This also explains the appearance of diphtheria in localities where there is no malaria. He also expressed his views of the different varieties of malaria—quartan, tertian, etc.—which he thought depended upon the temperature. In hot weather we have quotidian exacerbations, while in cold weather they may be quartan. Ague was always worse in new countries where the land was being ploughed up for the first time by the settlers; but after the country had been cultivated, the forest cut down, and the land drained, it assumed a much milder type. He did not believe in typho-malaria. If the two diseases were concurrent, it was only a coincidence.

The paper was discussed by Dr. Christie, of St. John, N. B., and Dr. James Ross, of Toronto.

Dr. Gardner, of Montreal, then read his paper on "Pregnancy Complicated with Ovarian Tumors," placing three cases on record in which he had removed ovarian tumors without in any way interfering with

WYETH'S

Compound Syrup of White Pine.

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

Each fluid ounce represents the following ingredients: White Pine Bark 30 grains, Wild Cherry Bark 30 grains, Spikenard 4 grains, Balm Gilead Buds 4 grains, Blood Root 3 grains, Sassafras Bark 2 grains, Morph. Sulphas 3-16 grain, Chloroform 4 minims.

DOSE.—In recent coughs, from one to three teaspoonfuls are required. In chronic cases, three or four times daily, or as the attending physician may direct.

Price per Doz. Bottles of	16 fluid oz.	\$9 00
“ “	Winchester “ 80 “ “	3 50
“ “	Demijohn “ 128 “ “	5 00

WYETH'S

COMPRESSED TABLETS

—OF—

SODA MINT AND PEPSIN.

Bi-Carb. Soda 4 grs., Carb. Ammon. 1-4 gr., Oil
Peppermint 1-6 drop, Pure Pepsin, 1 gr.

In this combination are embraced all the antacid, stimulating, and carminative properties of Wyeth's Soda Mint Tablets, together with the powerful digestive agent, Pepsin, in its most concentrated form. In cases of weak and impaired digestive powers, nausea, headache, excesses in eating or drinking, one or two tablets will almost invariably give speedy relief. They may be taken every two or three hours if the attack is not relieved, but it is rarely that two of the tablets are not sufficient.

Adult dose, one or two tablets; to be repeated every one or two hours if necessary.

In Screw Cap Watch Shape Bottles, price 25c. Per dozen, \$2.25.

DAVIS & LAWRENCE CO., (Lim.)

General Agents, - MONTREAL.

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WYETH'S Liquid Malt Extract.

Containing all the Nutrient Properties of Malt with the least possible amount of Alcohol.

WE CLAIM THAT OUR LIQUID MALT EXTRACT WILL BE FOUND TO CONTAIN ALL THE NUTRITIVE VIRTUES OF THE BEST MALT-LIQUORS IN A HIGHER DEGREE THAN ANY OF THE LARGELY SOLD LIQUID MALTS WITH WHICH WE HAVE COMPARED IT, WHILE IT IS FREE FROM THE STIMULATING EFFECT, WHICH INVARIABLY FOLLOWS THEIR ADMINISTRATION.

It is especially adapted for administration to nursing mothers, and children, to patients suffering from nervous exhaustion, chilliness, etc., and particularly, to those unable to digest starchy food.

TO PHYSICIANS!

We will send by express paid, four regular size pint bottles of Wyeth's Malt Extract for the merely nominal value of \$1.00, to give opportunity to make a trial of it in your practice, feeling satisfied that the test will be so thoroughly satisfactory that you will be then pleased to prescribe it.

DAVIS & LAWRENCE CO., Ltd.,

GENERAL AGENTS, - - - MONTREAL.

WYETH'S Compressed Tablet Triturates.

Combining absolute accuracy of dose, convenience in administration, speedy disintegration, and consequent rapid absorption, thereby insuring the most effective results.

We feel confident that few physicians will prescribe any of the more powerful remedies such as Aconite, Morphine, Digitalis, Arsenic, etc., either in powders or in solutions, when fully aware of the advantages presented by our TRITURATES; their accuracy and convenience in administration, coupled with the absolute freedom from danger in prescribing always attending, to a greater or less extent, the dispensing of dangerous drugs, in the form of powders, drops, or large doses in solutions.

Recent Additions to List.—WYETH'S COMPRESSED TABLET TRITURATES.

	Per bottles of 500 each.
Calcii Sulphidum. 1-8 grain.....	\$.50
Cupri Sulphas. 1-100 grain.....	.50
Ext. Gentian and Ext. Quassia.....	.80
Ext. Gentian 1-2 gr., Ext. Quassia 1-2 gr.	
Ext. Serpentaria 1-4 gr.....	.75
Hydrarg. Chlor. Mite et Sodii Bicarb., No. 2.....	.00
Calomel 1 grain, Soda Bicarb. 1 grain.	
Hydrarg. Chlor. Mite et Sodii Bicarb., No. 3.....	.50
Calomel 1-20 grain, Soda Bicarb. 1 grain.	
Hydrarg. Chlor. Mite et Sodii Bicarb., No. 4.....	.50
Calomel 1-4 grain, Soda Bicarb. 1 grain	
Hydrarg. Cum Creta 2 grains.....	.60
Mist. Glys. Comp. (Brown Mixture).....	.85
Rhei and Soda.....	.50
Rhei 1-2 grain, Soda 1-2 grain.	
Tinct. Hyoseyaini. 5 minims.....	.60
Tinct. Pulsatilla. 3 minims.....	.55

DAVIS & LAWRENCE CO., Limited.

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Please mention THE MARITIME MEDICAL NEWS.

pregnancy. One of these patients was operated on the third month, another the first month, and the third at four and one-half months. The prognosis of the operation was just as good in pregnant women as when there was no pregnancy, but leaving the tumor there increased the danger of pregnancy very much.

Dr. Barbour, of Edinburgh, who was introduced as a visitor, referred to a case of torsion of the pedicle of an ovarian cyst on which he had operated while the woman was pregnant, and although the operation was followed by the bursting of stitches, escape of the bowels and an attack of peritonitis, there was no miscarriage.

Dr. Alloway referred to the great difficulty sometimes experienced in inducing the uterus to empty itself under certain conditions, while on the other hand it sometimes empties itself very easily with little provocation. This depends, he thought, on the stage of pregnancy and also on the endometrium. If the uterus goes past the third or fourth month a miscarriage is very unlikely to occur.

Dr. Laphorn Smith wished to lay particular stress on the possibility of pus tubes and ovarian cysts being present at any confinement, for two serious reasons. 1st, because the slightest force used upon the uterus, such as in Crede's method, might rupture the cyst or the pus tube. 2nd, if this occurred and puerperal peritonitis set in, no time should be lost in opening the abdomen and washing out, otherwise death was almost certain. In any case the operation would not increase the danger.

Dr. Sloan enquired if Dr. Laphorn Smith advocated abdominal section in all cases of puerperal peritonitis, to which Dr. Laphorn Smith replied he most certainly did—if possible by a specialist, but if not, by the general practitioner.

In replying, Dr. Gardner thought the point raised by Dr. Laphorn Smith was a most important one, as in one of his cases the cyst was not suspected and might have been ruptured during labor had it been left. In reply to a question by Dr. Ruttan, Dr. Gardner said, if the practitioner, on taking charge of a case of labor, found an ovarian tumor in the pelvis, he should endeavor to lift it out before the head was engaged. If on the other hand the tumor were in the abdomen, he should leave it alone until labor was over.

Dr. Gibney, of New York, then read a paper on "A Plea for the Early Diagnosis of

Spinal Diseases." He had had 20 years' experience and had come to the strong opinion that if these cases were obtained early and immobilized they might be cured. He reported a number of cases bearing out this opinion.

Dr. Phelps, of New York, was in favor of immobilizing young children by placing them on a hard mattress with extension and counter-extension sufficient to overcome muscular spasm.

Dr. Sheppard, of Montreal, urged that every patient should be stripped and carefully examined.

Dr. Bell spoke in favor of the plaster of Paris jacket.

Dr. Roddick thought the best way to examine these patients was to place them across the knee, face downward, and then separate the knee while the painful vertebræ was sought for.

At the evening session the President delivered an address on "Montreal as a Medical Centre," in which he showed the great amount of clinical material at present available in this city. He also described the new Royal Victoria Hospital which, when completed, would be as nearly perfect as science and money could make it.

Discussion then ensued upon the best means of increasing the interests of the profession in Canada in the National Association.

Dr. Phelps, of New York, then read a paper on the "Mechanical Treatment of Hip-joint Disease." He held that spasm of the muscles was the principal cause of the inflammation of the joint, and the best means of cure was extension and counter-extension sufficient to overcome muscular contraction and keep the joint surfaces apart. He detailed a number of experiments showing that Ankylosis never followed the immobilization of a healthy joint, and when it did take place, it was only when the joint surfaces were very seriously damaged. He generally placed on a child 6 or 8 years old, 12 lbs longitudinal extension and 3 lbs lateral traction, so as to draw the head of the bone away from the joint.

Mr. Thomas Bryant, of London, was enthusiastically received. He held it as a principal that when a joint is inflamed, rest will cure it; but if the disease in the synovial member is tubercular, it is bound to soften and break down and suppurate. When there is suppuration we know we will find diseased bone, and it must be removed. In

some cases he had kept the joint at rest for years.

Drs. Hingston, of Montreal; Sullivan, of Kingston; Fenwick, of Montreal; Christie, of St. John, and Roddick, of Montreal, joined in the discussion, the majority being in favor of the long lateral splint with a similar splint on the opposite healthy leg, with extension and counter-extension. Dr. Phelps showed a very serviceable iron splint for these patients to wear when they are fit to go about.

Thursday morning was devoted to a discussion of the President's address, which included such topics as "The Best Place for the Meeting of the Association,"—the general opinion being in favor of Montreal; "The Period of Study for the Medical Student of the Future,"—the majority being in favor of five years of ten months each. Dr. Bryant urged there should be one central examining board for the whole of Canada, and that an Arts degree should be possessed by every candidate. Some were in favor of having meetings only once every three years, but the majority were in favor of having them every year.

Sir James Grant made a stirring address in which he favored the union of the Canada Medical Association with the American Medical Association.

The members then adjourned to the Montreal General Hospital, where they were handsomely received by the staff, who showed them a number of interesting cases, and afterward entertained them with a champagne luncheon in the Governors' Hall.

In the afternoon Dr. Prægar, of Nanaimo, B. C., read an address on surgery, choosing for his subject "Railway Spine." He mentioned a number of cases which had come under his observation. He had re-sected two cases in which there was a displacement of the vertebræ, with the result that both died. During the discussion, Mr. Bryant was not in favor of operating, but recommended gentle manipulation and fixation with Sayre's Jacket. Sir James Grant called attention to the symptoms of injury to the spine, which were often situated at a considerable distance from the injury.

Dr. Fenwick then read a paper on "Calculus Pyelitis." Although pain was a general symptom, it was sometimes absent. Sometimes hemorrhage was entirely absent. Pain is sometimes present but referred to a distant part, the kidneys are generally enlarged and lower down than usual. The treatment consists in the administration of acids, Mr.

Bryant did not think that all stones were dangerous. Many large stones were found in the post-mortem room without their presence ever having been suspected. When pass in the urine and sometimes blood, you may have either a tubular kidney or a stone kidney.

Dr. Hingston agreed with Mr. Bryant, but differed from Dr. Fenwick when he said only patients in good health were suitable for operation. He was in the habit of operating on the most desperate cases and with the most gratifying results.

Dr. Sheppard agreed with Mr. Bryant in leaving the kidney in every case after having removed the stones and drained. He referred to a case of Dr. Laphorn Smith's in which an exploratory incision had been followed by a cure.

Dr. Armstrong also raised some cases in which the symptoms had been quiescent for over a year after an exploratory incision.

Dr. McCallum, of Toronto, then read a paper on "The Pathology of Anæmia." The paper dealt with the pathology of simple anæmia and chlorosis. The author adopted the view advocated by Burge, that the iron compounds of the animal body are formed in the vegetable kingdom. These compounds are not, as Burge maintains, directly converted into hæmoglobin in the animal, but they are assimilated and constitute the chief nuclear substance of every cell in the body. This nuclear substance, chromatin, has been now definitely determined to be an iron compound and it is abundant in miniature red blood corpuscles, some of the excess becoming converted into hæmoglobin. The latter is, therefore, not directly formed out of the iron salts and proteids of the food and if inorganic iron salts are assimilated at all, the iron of such compounds passes into the hæmoglobin after a delay, during which they are held combined in chromatin. On the other hand, as the author contends, inorganic iron salts are not assimilated at all for the animal embryo receives all its chromatin already formed from the maternal organism and for some time after birth the food (milk) of mammalia contains no inorganic iron salts while there is present an iron-holding nucleus (one of the hæmatoges of Burge) derived from the chromatin of the broken down cells of the mammary gland. The inference from this is that if in the embryo the assimilation of inorganic iron salts does not occur, neither does it take place in the adult animal. The

results of experiments on the administration of iron salts to animals supports this inference.

A deficiency in the quantity of hæmoglobin, as in chlorosis patients, indicates then a deficiency in the amount of chromatin in the body, a condition which practically means starvation of each cell of the body, a limitation of its proliferating energy and therefore an under-development of the organs. This under-development of the organs has been referred to by Virchow under the name *hypoplasia*.

The author, furthermore, contended that hæmoglobin is derived from chromatin by processes which may be classed as degenerative, and which finds a good illustration in those by which hæmatoidin is derived from hæmatin or hæmoglobin.

Anæmia, then, being primarily a deficiency, not of hæmoglobin formation, but of chromatin absorption, the action of inorganic iron salts is, as Burge supposed, partly to protect the food chromatin from decomposition of alkaline sulphides and, further, to retard the development of bacteria which decompose these iron compounds and set free the iron.

Dr. Cotton, of Cowansville, read a paper on "Appendicitis." He cited a number of cases in which, after making his diagnosis sure by means of the epidermic needle, he had operated and drained with good results. One case in which he was about to operate had broken into the bladder and cured itself.

Dr. Armstrong had had a very unfortunate experience, so he had come to dread cases of Appendicitis more than any others.

Drs. Præger, Powell, Roddick and Dupuis joined in the discussion, the general opinion being that the majority of these cases might get well without operation, with or without the assistance of small doses of calomel or repeated doses of sulphate of magnesia.

Dr. Dupuis, of Kingston, read a paper on "Forty Cases of Tumor." Among the cases, 13 were due to smoking a short pipe. He urged early removal.

Dr. Sheppard followed with a paper on "Hernia Cæcum" which he said was a rare complication, and, in the case he was reporting, he had cut off a portion of the cæcum with the sac of the groin. He had, however, sewed the cæcum up with Lambert sutures and the patient made good recovery.

Dr. Buller read a paper on "Conservative Surgery of the Eyes,"—the principal point he wished to make being that it was not always necessary to remove an injured eye

in order to prevent sympathetic ophthalmia. He thought resection of the optic nerve with treatment of the cut surface with bi-chloride solution or even evisceration of the eyeball, to be much preferable.

A discussion then followed, in which Drs. Proudfoot, Foucher, J. J. Gardner, Desjardins and Osborne of Hamilton, took part.

Dr. Alloway then read a paper on "Schroeder's Operation," which was illustrated by many wax and clay models. Dr. Laphorn Smith was very much in favor of Schroeder's Operation where there was great hypertrophy and cystic degeneration. Several cases had come under his care which had been operated upon in Boston and other cities, and which had turned out complete failures, owing to cicatricial tissue having been left in the angles; and in one case, a large cyst had been imprisoned in the angle.

Dr. Small, of Ottawa, then read a paper on "Cancer of the Cervix Complicating Labor." Dr. Gardner thought total extirpation was the best thing, while Dr. Powell of Ottawa, advised allowing the woman to go the full term and extirpating afterwards.

Dr. Johnson showed an apparatus for taking samples of water from the bottoms of reservoirs, consisting of a stoppered bottle from which the stopper could be removed after the bottle had reached the bottom, and which was then automatically re-stopped after filling.

Dr. Williams read a paper on the "Cold Bath Treatment of Typhoid Fever," with the results of which he was very much pleased. He maintained the death rate was only 7% with the cold bath, and 14% with the expectant treatment. Dr. Rutan had employed this treatment years ago with good success. Dr. Powell thought it could not be carried out in private practice. Dr. Smith was very much in favor of it.

Dr. Johnson gave a demonstration of the bacteria of chronic heart disease; and Dr. Elder reported a case of suppuration of the epiphysis of the lower end of the femur.

Dr. Laphorn Smith made a strong plea for the use of the A. C. E. Mixture, which he had introduced to the profession of Montreal some ten years ago. He had since used it in his own practice, and induced others to use it to the extent of many hundred cases, with the very best results,—the patient going under its influence quicker, more quietly, being kept under it more easily, and coming out of it more quickly. There was also much less vomiting afterward. It

was much safer than chloroform alone and required very much less than with ether alone. He had frequently done Emmet's and Schroeder's operations with two ounces of it. He had used it in nearly 500 confinements, and felt so safe with it he allowed the patient herself to take it on her handkerchief with a sprinkler scent bottle—and this might go on for hours with perfect safety. Cases of puerperal convulsions had been kept under it for three days or more without any bad effects. There was no period of excitement after it as there was with ether.

Dr. McConnell read a paper on "Impacted Gall Stones"—occurring in a patient on whom he had urged operation, but who had refused and afterward died.

On Friday at noon the members were conveyed to the Notre Dame Hospital, where they were shown a number of interesting cases by the staff, by whom they were also entertained to a champagne luncheon.

The meeting closed with a hearty vote of thanks to the President, Dr. Roddick, for his patient service.

On Thursday evening the Association was entertained to a banquet in the Windsor Hotel, which was most successful in every way.

The Association meets next year in Ottawa, after which it is probable Montreal will be chosen as a permanent place of meeting.

THE Emperor has conferred on Professor von Helmholtz the title of "Wirklicher Geheimer Rath," and "Excellency." The distinction was announced to Helmholtz by a telegram from the Emperor, in which he says: "Your whole life has been given to the service of humanity, for whose benefit you have made a great number of glorious discoveries. Your mind, always directed to the purest and highest ideals, in its high flight left politics and party strife far behind. I and my people are proud to call so distinguished a man ours. I have chosen the birthday of my dearly-beloved and never-forgotten father for this mark of appreciation, knowing well how highly he valued you, and how devoted a friend and subject you were to him. May God long preserve your life for the good of Germany and the entire world." The sentences in which the Emperor praises Helmholtz for having kept aloof from politics is being much commented on, and is certainly not without a meaning of its own, coming as it does just after the Virchow festivities.

BUT HE CAN'T ADVERTISE.

A physician sits in his office chair,
And there broods on his face a look of care
While he groans and wails and tears at his hair.

"Alas! and alas! and alack!" he cries:
"Surely fortune and fame won'd both arise
If Old Ethics would let me advertise."

At last a bright thought comes into his brain:
Says he: "I must try that old racket, 'tis plain;
It worked O. K. once, and I'll work it again."

He wrote half a page on the "Evils of Pork."
And the case of a man who swallowed a cork
And a spoon and a knife, but got stuck on a fork;

Told how he cured an imprudent fellow
Who swallowed entire a gingham umbrella
And brought it intact from the patient's patella.

The newspapers all extended their thanks;
He opened accounts at all the various banks;
He'd baited with Ethics and caught all the cranks
H. C. BRACE.

WHAT BECOMES OF DOCTORS AFTER GRADUATION.—A correspondent of the *Medical Age* says:—"I have endeavoured to keep track of one hundred of my medical friends after graduation, especially of what they did during the first five years, and find nearly 75 per cent had to resort to other employment to make a living. Twenty-three received a salary either in addition to practice or separate therefrom. Fifteen were proprietors of drug stores. Three were insurance agents. Four loaned money. One sold real estate. Three were connected with medical journals. One was an agent for drugs; one for books. One preached. One was in the patent medicine business. Two were farmers. One a manufacturer. Two gave massage treatment. One sawed wood, and subsequently suicided. Twelve gave up in disgust, and one never tried practice at all. Twenty-nine graduates only in one hundred exclusively devoted themselves to medicine, and of these eleven associated themselves with other practitioners, and in many cases fell heir to their practice."—*N. Carolina Med. Jour.*

TEST OF COMPLETE CHLOROFORM NARCOSIS.—Guelliot (*Journal de Medicine de Paris*) claims that the absence of the cremasteric reflex, is one of the best and readiest means of determining complete chloroform narcosis. The quickness and force with which the reaction is produced is some index of the degree of narcosis. The point seems to be one well worthy of consideration by the practical surgeon.

Maritime Medical News.

November, 1891.

EDITORS:

D. A. CAMPBELL, M. D.	Halifax, N. S.
ARTHUR MORROW, M. B.	"
J. W. DANIEL, M. D., M. R. C. S.	St. John, N. B.
MURRAY MACLAREN, M. D., M. R. C. S.	"
JAMES McLEOD, M. D.	Charlottetown, P. E. I.
JOHN STEWART, M. B.	Pictou, N. S.

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DR. MORROW,
ARGYLE STREET, HALIFAX.

FOLLOWING the example of the Medical Council of Great Britain and Ireland, the Council of Physicians and Surgeons of Ontario has passed a resolution that after July, 1892, the length of time occupied in study in order to qualify for examination for registration or license to practice medicine in that province shall not be less than five years; thus adding one year to the medical curriculum. The fifth year is to be passed in practical clinical work, six months with a registered practitioner and six months in hospital practice.

The amount of knowledge required of the modern graduate in medicine is so large and varied, and so much of it can only be acquired by actual practice, after didactic teaching has imparted all the instruction it can give, that there is no doubt that five years is by no means too long a period to spend in its acquisition. We can see no objection whatever to the new regulation and can only congratulate Ontario on being the first province to initiate the movement; that it will be gradually followed by the others may be taken as granted.

It is probable that the medical schools in Canada will not be at once favorable to the new regulation, their interest lying in obtaining as many students as possible. On this continent, unfortunately, in many cases, medical schools and colleges have shown a greater anxiety to attract pupils and consequently fees, than to impart a thorough education or make their degrees worth having, nor are complaints wanting that in some quarters on the other side of the Atlantic this weakness is not entirely absent. But there are encouraging signs that even in the United States educational authorities are becoming aware that it is time a change was made in the ease with which the M. D. degree is granted, and some of the best colleges there are making a four years course compulsory. In other words it is becoming everywhere perfectly apparent that in these days when the schoolmaster is so very much abroad, a professional man must know something of his profession or his ignoranae will very soon be discovered.

It therefor will no longer pay any young man to go into medicine for a living unless he has the time and the means to get himself thoroughly educated; indeed it may be a question whether it will pay him even then.

It may be urged against the new Ontario regulation that it will make it increasingly difficult for the poor man or the poor man's son to become a doctor, but we are not aware that poor men or poor men's sons make better doctors than the rich or rich men's sons, and on the contrary are of the opinion that the entrance into the profession of the sons of wealthy people will be a positive benefit, by bringing into its fold a more liberally educated and independent set of men than sometimes now find their way in. There is no doubt that the public will gain advantage from the new regulation, and as Ontario is now pretty well provided with doctors so far as numbers are concerned, it is quite likely she will in the future be better provided so far as quality is concerned.

THE responsibility for criminal acts committed while intoxicated, is at present a much discussed question. We see little room for argument as to the justice of confining a person who, while intoxicated, has committed a criminal act. As to pushing the punishment further it seems a reasonable contention that the severity of it should not exceed that deemed just for the mere offence of getting drunk and proving a nuisance to his neighbours.

But when a criminal act has once been committed while intoxicated surely the offender must bow to the justice of his being confined for a sufficiently lengthy period to afford some guarantee of a future continued abstinence, not from crime merely, but from drink. Should such a person while drunk, again commit a criminal act, then it seems a grave question if the safety of his neighbours should not rightly be guaranteed by a permanent incarceration of the culprit.

In the case of a capital crime, murder for example, imprisonment for life is the least, but at the same time the most we should demand, unless it were found that a law based upon the above principle led to the constant defence of "did it while drunk."

NEW PREPARATIONS RECEIVED.—MULTOPEPSONIZED PORTER.—Theoretically this preparation should be a good one, and practically it has quite fulfilled our expectations. The company certainly uses the best of materials, the porter being Guinness' best, imported direct from the famous Dublin brewery. It is recommended for use in cases where the stomach is delicate, and where other and ordinary foods are not retained. Its nourishing properties suggest its administration in all such states as convalescence and when the system requires to gain strength and tone.

We have used samples sent to us in the case of convalescents with the most satisfactory results. We have also used it in patients worn out and exhausted by fever and found it equal to anything in the way of concentrated foods and aids to digestion that we have met with. After the cork has been drawn it still keeps perfectly well for some

time. We highly recommend its use by both city and country practitioners.

It must be remembered that porter is alcoholic, so must be prescribed with a due attention to this quality.

Selections.

THE PARIS SCHOOL OF MEDICINE.

To the Editor of The Post-Graduate.

DEAR SIR: Your letter asking for some information about medical studies in France came duly to hand, and it will give me great pleasure to comply with your request. The study of medicine in this country is organized in such an entirely different way from everything with which we Americans are familiar, that possibly your readers may be interested in hearing about it.

All medical training in France is in the hands of the Government—an absolute monopoly. The Government has established six faculties throughout France—Paris, Lyon, Nancy, Lille, Bordeaux, and Montpellier—and the degree of doctor in medicine, the only French degree, has to be taken in one of these faculties before one can practise in this country. No foreign degrees of any kind are received as equivalent to the French degree; a foreign physician wishing to settle in France is obliged to pay the fees for a full course of medicine at a French faculty, to pass all the examinations, and to hand in and defend a printed thesis. Up to quite recently foreigners were excused from passing the first examination (botany, physics, chemistry, and zoology), but it has now been decided that this favor will henceforth be discontinued. The fifth examination has also just been split up into three parts, and a new system of voting by the professors at examinations has been introduced, whereby all favoritism is excluded as far as it can practically be done; so that foreign aspirants for a French degree now will not have a very easy task. The fact that the Government has entire control of medical education here has great advantages; that is unquestionable. Let us take Paris as an example. Paris has about 24,000,000 inhabitants. There is but one faculty in the city, consequently the attendance on its benches is very great, between 3,700 and 3,900 students on an average each year. This makes it by far the largest faculty in the world, the next being Vienna with 2,200.

I believe. Of these 3,700 students, about 750 are foreigners, of every race, color, and sex—as co-education reigns here, there being about 125 women students enrolled each year, mostly Russians.

With such a large attendance of students it becomes possible to do things on a big scale, and this is an evident advantage. There is here no struggle for life, with survival of the fittest, between a number of rival schools, each quite conscious of its shortcomings, but afraid to alter its curriculum for fear its opponents may draw away the students whereby it lives. There are here no rival doctrines; everybody *must* hold a Government degree, the degree of a regular practitioner. If, after having followed the teaching of such intellects as Charcot, Potain, Bouchard, Fournier, Guyon, etc., for five years, a graduate is then inspired to adopt other ideas and become a homœopath, or to walk in some other similar path of light, he is free to do so. Such deserters are, I am glad to say, very few and very far between in France—"rari nantes in gorgite vasto"—so few that practically one never meets them, and I think this says a great deal for French common sense. France is without doubt the country where charlatans (in medicine) make the poorest show.

The homœopaths, eclectics, faith-curers, dosimetrists, "*et id omne genus*," have not a chance here. Too much is required of a disciple of Æsculapius in France. To begin with, he has to be a bachelor of arts and sciences (restricted) before he can apply for entrance to a French faculty. What would be said in New York if each man entering a medical school were required to present a degree from Yale, Harvard, or Columbia? For the French entrance requirements are the equivalent of these degrees, only differing from them in that they are more practical, the French student coming up with a grounding in zoology, botany, chemistry, physiology, and anatomy, but with not so much Latin and Greek as the graduates at home. To take this preparatory degree supposes a certain amount of intelligence and education, and when the edifice is crowned with five years' teaching from the disciples of Trousseau, Velpeau, Claude, Bernard, Malgaigne, Nélaton, etc., the young doctor is not very likely to be drawn aside by the attractions of the other "schools." The few that do succumb, do so, I regret to say, from a desire to make money by being different from their confrères, and not from any conviction that

the teaching of their masters was erroneous. The French are able to require more from their young doctors in the way of education, because the career offers greater advantages here than in other countries in the following particulars. The French look up to their corps of physicians and respect them. The title of physician will carry one a long way in France, and in this country of marriages with dowries it corresponds to a good round sum of money on the bride's part. There is much less guying of young physicians here than in America, where, if the present state of things continues, they will soon be on a par with the time-honored mother-in-law in the eyes of the press. People here are much more inclined to admit at once their incapacity of judging a medical question, and to submit quietly to what their physician may say.

The main superiority of practice here, however, lies in the fact that the profession is so much less crowded than at home. In France there are about 12,000 physicians to a population of 38,000,000. This makes one physician to over 3,000 inhabitants. At home the population is 1 to 500 or 600.

Another point: At home they are turning out physicians at the rate of 3,700 a year. So that in three years the United States could supply the whole of France with the necessary physicians! In France last year less than six hundred men took their degrees. Even the humblest practitioner can get along comfortably under such circumstances. But when we come to consider the shining lights of the profession, then the difference becomes infinitely greater. The men who reach the position of professors in the faculties simply have the country at their feet. "*Ils faut la pluie et le beau temps*," as the natives say. Autocrats does not express the situation; no autocrat ever occupied the position held by such men as Charcot or Guyon. They are simply demi-gods, and it is difficult for an American to grasp the degree of authority they wield.—*Extract from letter to the Post-Graduate.*

AN English religious paper recently printed the following remarkable advertisement: "A cultured, earnest, godly, young man desires a pastorate. Vivid preacher, musical voice, brilliant organizer Tall, and of a good appearance. Blameless life. Very highest references. Beloved by all. Salary, £120.'—*Boston Post.*

PHYSIOLOGICAL EXPERIMENTS ON THE EFFECT OF ALCOHOL.

It has been well established in late years that under certain circumstances the continued use of alcohol produces a form of inflammation of the nerves known as multiple neuritis, or clinically, as alcoholic paralysis. These cases are rare and often occur in those whose indulgence in alcohol has not been excessive, so that it has seemed as if some element besides alcohol alone was necessary to cause the nervous disorder. Experiments with alcohol upon the lower animals have not heretofore shown that its continued use produces any such condition as multiple neuritis in man.

In a recent essay, however, by Dr. P. F. Spaink, of Baarn, Holland, to which was awarded the Mason Prize, some facts are given which seem to show that alcohol does have a directly degenerating influence upon the peripheral nerves. Only an abstract of Dr. Spaink's work has as yet appeared (*Journal of Inebriety*), and many details are lacking. But we learn that Dr. Spaink fed several series of rabbits with pure alcohol, giving them from 2.3 to 8 cubic centimetres daily (3 ss. to ̄ ss.). The animals were finally killed and the peripheral nerves examined microscopically, control animals being used. In the great majority of cases degenerative changes were noted. They consisted essentially in a splitting or fissuring of the nerve, with the appearance of elongated, usually large, collections of myelin, thickened or thinned parts of nerve fibres, myelin drops, or simply neurilemma sheaths. Very rarely could any increase of nuclei be observed.

Besides this a large number of specimens showed, in addition to the above-described degeneration, a further peculiarity. This was a twisting or looping, after a corkscrew fashion, of the axis cylinders. These corkscrews recurred at varying distances on the same or neighboring fibres. At these twisted spots the axis cylinders appeared thicker, broader, and more diffuse than when their course was direct. Sometimes in badly-stained preparations these corkscrews were all that could be seen of the axis cylinder.

Since a splitting of the nerve fibres and corkscrewing of axis cylinders are changes unknown to human nerves in alcoholic neuritis, the correctness of Dr. Spaink's findings is likely to be questioned.

A corkscrew appearance of the nerves in alcoholism is, however, very suggestive, since that interesting and useful spiral instrument plays so large a part etiologically in the disease. Is it possible that Dr. Spaink is a grim joker who has been trifling with the pundits of the American Association for the Study and Cure of inebriety? One must not forget Dr. Dujardin-Beaumetz and the pigs to which he gave alcohol for two and a-half years without causing serious structural changes anywhere. There were no corkscrews in the pigs. —*Med. Rec.*

SUCCESS IN PRACTICE depends upon some essential elements, says D. L. C. Gordon in the *Boston Medical and Surgical Journal*. First and most important he says, is a capacity for work, and a willingness to do it —work for work's sake, for the love of it, regardless of the immediate recompense. Unless the young man just entering the profession is willing, at all times and under all circumstances, to do any and every kind of professional work that may come to hand, he can never expect, neither has he any right to expect, success. Any case, however simple, or however poor or humble the patient, develops something, either in experience or another case. The former is most needed at this period in one's career. The young man who shows this willingness to work, for work's sake, is not usually long without something to do, neither is he long before he knows how to do it. The older men in the profession are soon to find out who are the drones among the young men; and it is an extremely simple question, who are the men to call upon whenever duties are to be delegated, or whenever advice is sought in reference to such young men. He has never had any sympathy for, or patience with, the young professional man who fails to improve any and every opportunity to acquaint himself with the every-day work of his life, simply because he could not see an immediate pecuniary recompense.

DISEASES OF WOMEN AND CHILDREN.—*Best Posture in the Different Stages of Normal Labor.*—Dr. H. J. Garrigues, of New York, read an abstract of a paper on this subject before the American Gynecological Society (*Med. Rec.*). A change, he said, had taken place in the customary position in which women were delivered in the United States. Now some spoke of an American (dorsal) position, as opposed to English (left

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.

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Please mention THE MARITIME MEDICAL NEWS.

TO THE MEDICAL PROFESSION.

We quote the following from an article on "The Value of Laxatives in Small Doses," (by Q. C. Smith, M. D., Austin, Texas), which appeared in *Gallard's Medical Journal*, for October, 1889 :

"Although want of time will not permit us to speak of the many various axative medicines either vegetable or mineral, yet the importance and wide application of usefulness of *sulphur* constrains us to give it at least a passing notice. As you know, it is a very ancient remedy, and one in which the public has long had great faith, and uses on frequent occasions. That it should be a valuable medicine when properly administered we would presume, when we remember that it is one of the important normal elements which enters into the composition of the tissues, the fluids, and secretions of the body. Therefore, being a basic alimentary substance, and so nearly related and intimately associated in physiological chemistry and the assimilative process with such important and active substances as oxygen, phosphorus, iron and manganese, we can readily see that by proper preparation and administration, it might become a most important remedy for many diseased conditions. And so we find in practice that it is. But we are now permitted to speak of it only as a laxative, for which most useful purpose it is wonderfully well adapted. And as it is necessary that laxatives should be taken regularly for long periods of time, and as it is difficult to induce patients to persevere in the prolonged use of inconvenient or unpleasant remedies, we have taken a hint from Professor Garrod, and requested MESSRS. JOHN WYETH & BROTHER to prepare a compound sulphur lozenge (samples of which we here show you), which are stable in composition, pleasant to the taste, convenient to take, and we believe superior in therapeutic action to the plain sulphur. We have suggested that in future there be added to the present formula (given below) a small portion of some suitable lime-salt—perhaps the bi-sulphate of lime—believing that this addition will increase the solubility and usefulness of the remedy. Besides, the addition of arsenious acid and bi-sulphate of lime will tend to prevent sulphurus eructations, which are liable to occur in some cases, while these basic substances are also valuable stomachic remedies themselves.

After a more extended use, and close observation of the therapeutic effects of the Compound Sulphur Lozenges, Dr. Smith finds his previous estimate of their value and usefulness increased and confirmed. When prepared according to the foregoing formula, he finds them admirably adapted to the relief of chronic pulmonary and hepatic diseases, cutaneous eruptions, and gastric and intestinal indigestion; and well suited as a pleasant laxative (not *purgative*) to relieve or cure chronic sluggish alvine functions.

Messrs. Wyeth & Bro. prepare two combinations, both of which have been largely used, and with most satisfactory results, in the form of Compressed Tablets, and will add others from time to time as may be suggested.

COMPRESSED TABLETS OF SULPHUR AND POTASS. BI-TART.

(Formula of SIR A. B. GARROD.)

Sulphur, 5 grains : Cream Tartar, 1 grain.

Put up in bottles containing 100 tablets, price 35 cents.

COMPRESSED LOZENGES OF SULPHUR, COMPOUND.

(Formula of Q. C. SMITH, M.D., Austin, Texas.)

Sulphur, 5 grains : Cream Tartar, 2 grains : Ext. Ipecac, 1-100 grain ; Ext. Capsicum, 1-500 grain
Acid Arsen., 1-1000 grain : Calcium Bi-sulphite, 1-8 grain.

Put up in 1 lb. bottles.....per lb. \$1.25

Put up in nickel screw cap bottles each containing 30 lozenges,

Per dozen bottles, \$2.80

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lateral), while, until thirty years ago, nearly all American obstetric writers recommended the English position. In deciding the posture which a woman should occupy during labor, we must take into consideration her comfort and safety, the child's safety, and the accoucheur's comfort, which again contributes to the mother's safety. While the child is passing through the bony part of the parturient tract the semi-recumbent position is best. The contraction of voluntary muscles and gravity cooperate with the contraction of the womb; the entrance of the head into the superior strait is favored; the stethoscope can easily be applied to the abdomen; manual pressure may be exercised on the womb. Sometimes a change of position is useful. When the vulva begins to open, the patient should be turned on her left side, and lie horizontally, her thighs at right angles with the trunk and legs, and the lumbar region stretched. All support should be taken away from the hands and feet, and chloroform should be given. In this position the os coccyx has free scope to recede, the genitals visible and easily accessible, while the rest of the body remains covered. The fundus uteri sinks down so that gravitation works in a direction opposite that of uterine contraction. These facts and others showed that the left lateral position offered a safeguard to the perineum. During and after expulsion of the placenta, the woman should be on her back, a position favoring Crede's method.

The kneeling, squatting posture is fatiguing, predisposes to hæmorrhage, makes the use of the stethoscope difficult, nearly precludes any kind of protection of the perineum, and renders the use of chloroform impossible. In cases of lingering labor it may be tried like other positions.—*St. Louis Medical and Surgical Journal*.

HE—Have you heard the news? Yesterday morning Mary Dawson jumped into her father's carriage and eloped with the coachman.

She—What's her father done about it?

He—He has advertised, "Send back the horses, and all will be forgiven."—*Life*.

PEDDLER—Beg pardon, ma'am, but I am agent for Dr. Feeder's Spice Root Bitters, and I'm sure if the members of your family would try them they would soon have the finest appetites—

Lady at Door (severely)—This, sir, is a boarding house.—*Street & Smith's Good News*.

THE PURE AND THE IMPURE.—Ricord, the syphilographer, an American by birth, seems to have led such a species of double existence as to have presented differing aspects to different persons. Dr. Oliver Wendell Holmes says that he was "the Voltaire of pelvic literature—a sceptic as to the race in general, who would have submitted Diana to treatment with his specifics and ordered a dose of blue pills for the vestal virgins." Mr. Gayerre, of New Orleans, wrote, in 1887, some reminiscences in which he said: "Ricord, at the time, was a bachelor, and I believe he has never married. What was my astonishment, when I entered a very large bedroom, of which the walls, from the high ceilings to the floor, were covered with none but magnificent oil paintings, represented sacred subjects. At the head of the bed was a sculptured oak predieu, on which there was a superbly illustrated copy of the Gospels that was lying open. There was a red velvet cushion to kneel on at the foot of the pardieu, surmounted by a beautifully carved ivory Christ on a gilded cross. After a little while I was led to the presence of the medical philosopher, who habitually seemed to delight in being a cynical unbeliever. Guessing at what had passed in my mind, he said, with a laugh not unmixed, I thought, with some embarrassment of manner, 'You are surprised, are you not?' 'Certainly,' I replied; 'who would not be? Faith! my first impression was that I had been introduced by mistake into the bed-chamber of the Archbishop of Paris.' 'Well! well! my friend,' he said, in a half jocose and half serious tone, 'I hear and see so many unclean things during the day that, on retiring at night, I like, before going to sleep, to refresh my eyes by looking round on holy objects.'—*Medical Standard*.

LHOTZSKY reports ten cases of abdominal hysterectomy in Chrobak's clinic with only one death, from causes independent of operation. Chrobak's technique is briefly as follows: After ligating the broad ligaments, the operator dissects off the peritoneum anteriorly and posteriorly, and separates the bladder as low as the vaginal fornix. The cervix is then constricted with a rubber cord, the tumor is removed, and the cavity of the stump is packed with iodoform gauze (after being thoroughly cauterized), which is closed in with temporary sutures. The vaginal fornix is then opened, a sound being introduced as a guide; the uterine arteries are

tied, and the stump is removed. After tamponing the wound from above, the edges of peritoneum are united in such a way as to cover in the stump of the broad ligaments, and the abdominal wound is closed, drainage being maintained per vaginam. The advantages of this method over suprae vaginal amputation are not only the avoidance of the danger of sloughing of the stump, but the shortening of the period of convalescence, and the doing away with the repeated dressing of the wound. The operation is practically reduced to the level of a simple ovariectomy. —*Am. Jour. Med. Science.*

ABSCESS OF THE FRONTAL SINUSES.—In a paper on "Surgical Treatment of Suppurative Disease of Nasal Sinuses," Dr. C. H. Mayo, of Rochester, Minn., gives a short history of a case of abscess of the frontal sinuses recently operated upon by him.

The patient, a lady of 60, had suffered from severe frontal headache for over a year. Six months previous to examination, the left eye began to bulge out and down, the protuberance increasing until the globe was forced almost completely from its cavity. Examination revealed paralysis of the ocular muscles, with a hard tumor at the inner and upper part of the orbit; the ophthalmoscope revealed dilated retinal veins, retina otherwise normal. Nasal examination disclosed congestive and hypertrophic catarrh; the nasal cavities were free from pus. The real nature of the case was not suspected until extensive dissection revealed a tense cyst-wall at a considerable depth. The cyst was incised, and over one and one-half ounces (45 grammes) of muco-purulent fluid evacuated. A digital examination revealed an enormous cavity originating in the frontal sinuses, with complete absorption of that portion of the orbital plate forming its floor. The inner table of the frontal bone was so thin, from atrophy, as to allow more or less brain-pressure, accounting for the severe head-aches in the past. The sharp, thin edge of the supra-orbital ridge was removed, and the cavity drained and irrigated with a solution (1 to 50) of tincture iodii. The patient was discharged cured in three weeks.

The author advises, should simple drainage in these cases fail to effect a cure, permanent drainage by trephining the frontal bone at the root of the nose and reopening the infundibulum from above down.—*North-western Lancet*, August 1, 1891, p. 250.

SUDDEN DEATHS: THE MOST FREQUENT CAUSES.—We are always astonished to notice how frequently physicians called upon to sign a death certificate in cases of sudden decease give as a cause, *foudroyante-apoplexy-rupture of an aneurism.*

Cerebral apoplexy rarely causes sudden death and aneurisms only in proportion of 5 per hundred, as proved by the statistics of Wynn Westcott, of London.

On one thousand inquests noted by him, if we eliminated deaths caused by accident, murders and suicides, and those of children under twelve years of age, there remains three hundred and three cases of sudden death. One hundred and eighty-five among the male sex and one hundred and eighteen among the females. In one-third of the cases sudden death should be attributed to alcoholic excesses.

Westcott divides the causes into three classes:

1. The *synopses*, 210 cases—15 ruptures of aortic aneurisms, 4 ruptures of the heart, 20 cases of valvular lesions of the heart, 3 cases of cardiac dilatation, 77 fatty degeneration of the heart, 10 hemoptysis, 3 hematemeses, 2 metrorrhagia, 2 emboli, 3 perforations of the stomach or of the intestine, 2 cases of angina pectoris, 3 of *delirium tremens*, etc.
2. *Coma* 64—of which 20 were due to alcohol.
3. *Asphyxia* 29—œdema of the glottis, croup, convulsions, etc.—*La Médecine Moderne.*

MATERNAL IMPRESSION FOLLOWED BY THE PRODUCTION OF A MONSTER.—An interesting example of the direct association of maternal impression and the production of monsters is given by Ground, (*North-western Lancet*). A primipara illegitimately pregnant, gave birth to a seven month's foetus, in which the arch of the skull was absent, and other malformations existed, giving the foetus an especially horrible appearance. Shortly after, a pregnant patient saw the monster in a jar in a physician's office, and was deeply impressed by its appearance. Six weeks after seeing the monster, she aborted at four months with a monster closely resembling the first.—*Am. Jour. Med. Science.*

A good application for corns and warts:—

- R. Lactic Acid.
Salicylic Acid aa 1 part.
Collodion 8 parts.

Notes and Comments.

THE salaries of the professors of the new Medical Department of the University of Texas range from \$2,500 to \$3,000.

IN some individuals the use of the ointment of chrysophanic acid will occasion a very marked pigmentation of the skin of the body generally.

THE number of new students in the Woman's Medical College of Kingston is four. We understand the whole number in attendance this session is seventeen.

MONTEVIDEO, South America, has a charity, the Hospital de Caridad, with an income of \$2,500,000 yearly, mostly derived from the sale of lottery tickets. Every effort is made to render it the model hospital of the world.

IT is now an open secret that the Local Government has instituted the dual system of attendance for the visiting physicians and surgeons of the Victoria General Hospital. There will be two physicians and two surgeons on duty together instead of only one surgeon and one physician.

THE members of the Halifax branch of the British Medical Association, with a few guests, dined together at Wilson's Hotel, Bedford, recently. Although other engagements prevented a good many from attending, an enjoyable evening was spent.

THE twenty-third session of the Halifax Medical College has opened with an increased attendance of students. The college may now be considered to have thoroughly recovered from the temporary set back occasioned by the cessation of the final classes consequent upon hospital difficulties, and there seems every prospect that next year will see the largest attendance in its history. Another lecture room has been prepared for the final classes, and is being fitted with convenient seating accommodation.

THE International Medical Congress meets in Italy in 1893. To reduce the expense, and secure larger returns for the money, a company of responsible medical men has been formed in St. Louis, Mo. This company proposed to secure a vessel to sail from New York, having a capacity of four hundred or more, to arrange a trip of six weeks, visiting the islands of historic interest

New York Post-Graduate Medical School and Hospital.

TENTH YEAR—SESSIONS OF 1891-92.

THE POST GRADUATE MEDICAL SCHOOL AND HOSPITAL is beginning the tenth 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 Rousa, 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, M. D.
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.
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, M. D.
Surgery.—Lewis S. Pitcher, M.D., Seneca D. Powell, M. D., A. M. Phelps, M.D., Robert Abbe, M.D., Charles B. Kelsey, M. D., J. E. Kelly, F.R.C.S., Daniel Lewis, M.D.
Diseases of Women.—Professors Baché McEvers Emmet, M.D., Horace T. Hanks, M.D., Charles Carroll Lee, M.D., LL.D., J. R. Nilsen, M. D., H. J. Boidt, M. D.
Obstetrics.—C. A. von Randohr, M. D., Henry J. Garrigues, M.D.
Diseases of Children.—Henry Dwight Chapin, M.D., Joseph O'Dwyer, M. D., J. H. Ripley, M. D., Aug. Cahill, M. D.
Hygiene.—Professor Edward Ketscher, M. D., U. S. N.
Pharmacology.—Professor Edward Bagoe, Ph. B.
Electro-Therapeutics.—Wm. J. Morton, M. D.

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in the Mediterranean, and the cities readily accessible of Italy, France and Spain. Those desiring to take part in the scheme are desired to correspond with the editors of the *Weekly Medical Review* of St. Louis, Mo.

THE recent Canadian census shows that the increase of the Canadian population was 30.5 per cent in the ten years 1851-61, fell to 9.3 per cent in 1861-71, and increased to 17.3 in 1871-81, fell again to 11.5 per cent in 1881-91. Thus the late census has proved most disappointing to those interested in its development. The rate of increase in the population of England and Wales was almost as great as in the new boundless region of Canada. What increase took place was almost entirely in the new western group of provinces.

VAN HOUTON & ZOON, the manufacturer^s of cocoa at Weesp, Holland, have set apart \$100,000 with which to make a splendid exhibit at the Exposition in Chicago, in 1893. They intend to erect a large building in the style of old Holland architecture of the fifteenth century, and to put in it, besides an exhibit in their own line of business, paintings, views, bric-a-brac, etc., illustrative of the Netherlands, and the life and characteristics of the Dutch people. They will have there a "cocoaschool," where Dutch maidens, clad in picturesque native attire, will make delicious cocoa beverages according to the most approved methods, and will serve to visitors.

AN UNVERIFIED RUMOR.—Reporter: Pardon me, but I have called to inquire if there is any truth in the rumor that you are to be married in St. Paul's Church next Tuesday morning, to Mr. Bangup?

Great Actress:—I do not know the gentleman.

"What? Not know Mr. Bangup! Why, his name has been coupled with yours for the past two years."

"Yes, I know; but I have not met him yet."—*New York Weekly*.

THERE is an amazing ignorance among American statesmen as to what the medical profession is, and what is required to give the physicians of the United States a proper footing among the nations. The average American statesman knows of doctors simply as medicine givers and as surgeons, and then only as individuals. The Academy of Medicine, in our city, and the Bellevue Medical College Alumni, each have had Mr.

Grover Cleveland as a speaker on public occasions—an example that should be imitated, until ex-presidents and presidents know something about the aims of our profession in this country. Once let us be appreciated, and we can get all the aid we need.—*The Post Graduate*

WE are told by the *Buffalo Sunday Times* that in that city, with its population of about 300,000, there are 423 physicians, or nearly one to each 700 inhabitants. In Toronto, with a population of 200,000, there are 336 physicians. Of these a few are not in active practice, and, without counting such, we have about one for each 600 inhabitants. Probably most will concede that Toronto is fairly well supplied. Some of the doctors think so.

Reviews and Book Notices.

SELF-EXAMINATION FOR MEDICAL STUDENTS, being 3000 questions on medical subjects arranged for self-examination with the proper references to standard works in which the correct replies will be found. Publishers, P. Blakiston, Son & Co., Philadelphia.

This little book, capable of being carried in the waistcoat pocket, is the latest contribution we have seen to the class of students' aids. There are sections devoted to all the main subjects of medical examinations. We believe that it would prove a useful little book to the student enabling him at least to get some idea of what he knows or perhaps rather of what he doesn't know. The answers to the questions do not appear in the book, but reference to books in which the answers may be found immediately follow each question; the references being mostly to Blakiston's series of quiz compounds.

Personals.

DR. GEORGE A. B. ADDY, son of Dr. H. G. Addy, of St. John, has been appointed to the position rendered vacant by Dr. Esson's resignation.

DR. F. G. ESSON has resigned the position of superintendent and resident physician of St. John General Public Hospital to accept that of an Interne at the Eye and Ear Infirmary in New York. While in his former position Dr. Esson made many friends who will wish him well in his future career, and be glad that he is so fortunate as to secure a situation that will go far to perfect him in the specialty to which he intends to devote his attention.

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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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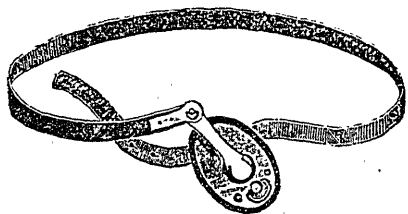
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HALIFAX MEDICAL COLLEGE.

THE TWENTY-SECOND SESSION of the Halifax Medical College will be opened on Monday November 3rd 1890.

The regular order of lectures will begin on that day and will be continued during the six months following.

The College building erected for the special purpose of medical teaching is in every way fitted for the object in view. It is situated in an open, airy locality, in close proximity to the Victoria General Hospital and the new City Alms House. The lecture room, dissecting room, etc., are well lighted, warmed and ventilated, and are fitted with appliances for imparting knowledge in the different subjects of medical education.

Students have access also to the Halifax Dispensary where they have an opportunity of seeing daily cases of such diseases as are usually treated in the different departments of such an institution.

Certificates of attendance on the various courses are accepted as qualifying candidates for examination before the licensing bodies of Great Britain and Ireland, and the Medical Schools and Universities in Canada and the United States.

The Course in Pharmacy has been re-established and regular lectures will henceforth be given in the different subjects of the curriculum.

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