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THE

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A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

Vol. XI.

HALIFAX, NOVA SCOTIA, MARCH, 1899.

No. 3.

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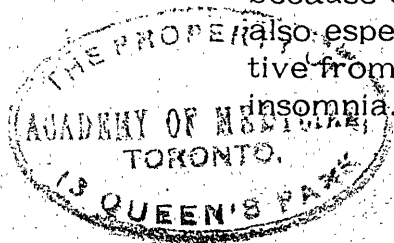
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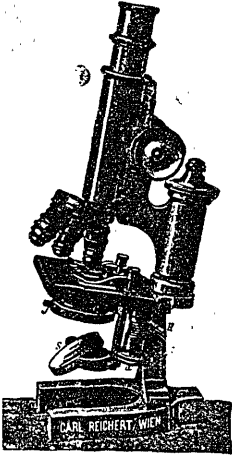
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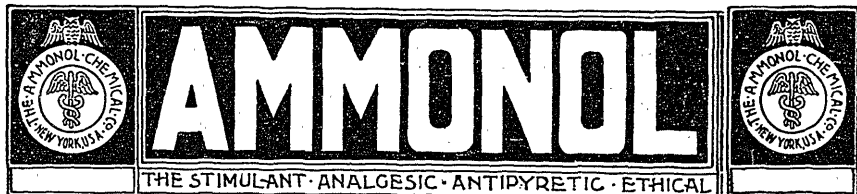
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THE MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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DR. JAMES ROSS,
87 Hollis Street, Halifax.

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Acute Inflammation of the Prostate Gland

The *Journal of the American Medical Association* contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth annual meeting of the American Medical Association, held at Denver, Colo., June, 1898, by Listen Homer

Montgomery, M. D., of Chicago, Ills. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an innunction of 10 or 20 per cent iodoforn, lanoline, as well as of mercury, are also of value.

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—American Journal Surgery and Gynecol.

THE
MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. XI.

HALIFAX, N. S., MARCH, 1899.

No. 3.

Original Communications.

ALBUMINURIA.

By E. F. MOORE, B. A., M. D., Assistant Physician Nova Scotia Hospital for the Insane.

By the term albuminuria, we mean that there is present in the urine, an albuminous substance which is coagulated by heat or precipitated by neutralization. Chemically speaking, albumin belongs to the class of colloids, which do not crystalize and which under ordinary circumstances do not diffuse through animal membrane.

The substance which is usually found in albuminous urine is serum albumin. This is soluble in water, coagulated by heat and precipitated by acids. It is readily soluble in strong nitric acid and is not precipitated by common salt, carbonates of the alkalies, or very dilute acids.

Syntonin or acid albumin is formed from serum albumin in the presence of a free acid. Alkali albumin is a similar product formed in the presence of a free alkali.

Since the presence of albumin in the urine is an abnormality, one of the first questions that arise is, how albumin gains access to the urine. Practically, there are three theories in regard to this phenomenon. Two of these have existed since the time of the Immortal Bright, while the third has appeared at a more recent date. The first of these theories is

commonly known as the "hæmatogenous." According to this doctrine, the initial changes, at least, arise in the blood. Its supporters hold that there is a change in the diffusibility of the albuminoids of the blood. This having taken place, the albuminoids pass more readily through the membrane of the glomeruli. The changes taking place in the structure of the kidney were looked upon as the result, and not as the cause of albumin being excited, inasmuch as it was held that the excretion of albumin was able to bring about an inflammatory condition. This, however, does not seem to be the view of more recent writers, for as one remarks, "Nothing can be further from the truth than to suppose that the elimination of albumin by the kidney is liable to set up inflammatory action, for we know that it may go on many years without any such result." This hæmatogenous theory, however, has not suffered from lack of able defenders, notably Semmola, who states that the blood in such cases contains albuminoids of such abnormal diffusibility that they may be found in the bile, saliva and sweat. This doctrine is also strongly supported by Vulpian and others. By experiments, however, it has been found that albumin taken from the urine of a case of Bright's disease and injected into the circulation of animals does not cause albuminuria. Saundby states that variations in the diffusibility of albuminoids may account for albuminuria in a certain number of cases, and this view seems quite popular with many authorities. Possibly, however, these cases might be more correctly termed globulinuria. Globulin diffuses much more readily than does serum albumin and it has been stated by Lepine that albumin found in the urine after food diffuses much more readily than does that passed during fasting. Several writers have brought forward cases in order to prove that the excretion of albumin is increased after eating, for example, Christison cites the case of a man who always had albumin in his urine after eating cheese, while others have observed similar results following a diet of raw eggs. Saundby, however, objects to such forms of argument, as in the one case the albumin was not shown to be casein, and in the second it was not shown to be egg albumin. These objections, he seems to base upon the fact that when egg albumin is injected into the veins, egg albumin is excreted by the kidneys. In speaking of such cases, Lauder Brunton claims that it is only when the digestive system is over-taxed, as by eating a large number of eggs, that albuminuria results.

Parkes, in endeavoring to support this theory, refers to two cases of Bright's disease in which the amount of albumin was increased after

eating, while it was diminished in a case of heart disease under similar circumstances. He claimed that the albumin was either imperfectly digested or else was changed during the progress of digestion into an acid albuminate, under which circumstance its diffusibility would be increased. This, however, does not seem logical, inasmuch as it is necessary to assume that in the case of Bright's disease there was some peculiar inability to digest the albumin which was not present in the case of heart disease. If on the other hand, we look upon albuminuria as the result of a congestion of the kidneys, then in the two cases of Bright's disease the increased amount of albumin would be due to the stimulation to the circulation in the already inflamed kidneys, while it would be diminished in the case of heart disease when the transudate was due to the passive engorgement of the veins and capillaries.

Opposed to this hæmatogenous theory, we have the "parenchymatous." This locates the primary cause of the phenomenon in the kidneys and not in the blood. That is to say, albuminuria results from the destruction of the epithelium of the tubes. But here again, we are met by many conflicting hypotheses—for example, that of Von Wittich. He claimed that the albumin was normally transuded through the walls of the Malpighian tufts, but was subsequently reabsorbed by the epithelium lining the tubules. When by any means this lining membrane became destroyed, there existed no means by which the albumin could be reabsorbed, and hence its presence in the voided urine. Beautiful though this theory is, it nevertheless has received iconoclastic treatment at the hands of experimenters, who found that after excising a kidney, boiling and hardening it in alcohol no albumin was present about the tufts, though in similar experiments it can be demonstrated in albuminuric kidneys, even though the tubules remain uninjured.

A second form under which the parenchymatous theory is found is that when the epithelium has been destroyed, albumin transudes through the basement membrane of the tubes. Thus far, this theory seems to remain not disproved. The suggestion has been made that the epithelium itself may contribute to the albumin. In certain cases, this may be a factor worthy of consideration.

The third theory, known as the "vascular," refers the transudation to a change in the blood pressure. Here again we have a battle ground of opposing camps, one holding that the transudation is due entirely to changes in the walls of the glomeruli, while others claim that it is due entirely to changes in the blood pressure and the rapidity of the blood

current. As so frequently happens, truth no doubt lies in a middle ground and as one authority aptly remarks, "The walls of the glomeruli probably undergo changes in their permeability from the effects of poisons, inflammations and vaso-motor paralysis, while changes in the blood pressure and slowing of the blood current favor filtration of albumin through them.

What now is the clinical significance of albuminuria? Formerly, the appearance of albumin in the urine was synonymous with Bright's disease. To-day, no man with a professional reputation to lose would make such a diagnosis from that fact alone. The pathological conditions under which albumin may appear in the urine seem to be legion. With your permission I will quote a somewhat lengthy paragraph from Saundby.

"The number and variety of the pathological conditions under which albumin may appear in the urine compel us to regard it as dependent upon not only inflammations, grave congestions, and other coarse organic changes, but upon slight variations in the mechanical conditions of the circulation in the kidneys. Excluding accidental admixture of blood or pus from bladder or urethra, albuminuria is met with not only in acute or chronic Bright's disease, but in diseases of the heart, lungs and liver, peritonitis, pregnancy, abdominal tumors, in most febrile diseases, in many cases of poisoning, in cancer, tubercle, syphilis, in lardaceous disease, in anæmia, purpura, scurvy, and after paroxysmal hæmoglobinuria, in gout, in delirium tremens, in various diseases of the brain and spinal cord, in epilepsy, in certain skin diseases as well as in the apparently healthy after bathing, exercise, etc."

To all intents and purposes then we find albuminuria in

- (1.) Cases of congestion of the kidney, active or passive.
- (2.) Inflammations.
- (3.) New growths.
- (4.) Degenerations.
- (5.) Alteration in character of the blood.

Albuminuria then is a system of very wide clinical significance. Indeed some go so far as to extend its range from the domain of pathology to that of physiology, and make use of the term physiological albuminuria. While this term is in common use by high authorities, yet we cannot but regret its existence, since it conveys a false idea. So far as I can judge, this refers to cases in which there is no structural renal change. Such cases generally are due to some disturbance of the renal

circulation. Personally, I cannot see how such can strictly be looked upon as physiological. True they may not be serious, but they are nevertheless beyond the normal. For example, who would speak of a physiological secretion of muco-pus from the lungs even though it were slight in amount and transient? In the same way, I look upon all albuminuria as pathological. Slight and transient though it may be, it is nevertheless the result of a definite pathological condition, viz., glomerulitis induced from one cause or another. Prognosis in such cases of course depends upon the accompanying symptoms.

In regard to the test for demonstrating the presence of albumin in the urine, we may safely rely upon any of the classical tests when the albumin is present in large amounts. When, however, it is small in quantity the task is not such an easy one. More especially is this so when we take into consideration the fact that urine containing at times foreign bodies such as peptone, vegetable alkaloids, oleoresins as well as excess of normal constituents such as mucin and urates. In such cases, some of the ordinary reagents may give reaction for albumin. The test recommended by Purdy seems to solve this difficulty.

“Into the bottom of an ordinary test tube, pour 15 to 30 drops of acetic acid and to this add about double that amount of aqueous solution of potassium-ferrocyanide (1 to 20.) Next add sufficient urine to half or two-thirds of the test tube. Close the top of the tube with the thumb and invert the tube three or four times to insure thorough mingling of the reagents with the urine and then stand the tube in a good light. In from half a minute to two minutes, if albumin is present even in minute traces, it will come plainly into view in the form of a milk like turbidity. This Purdy claims will bring albumin into view with greater certainty while it will not bring into view any of those substances which often produce albumin—like reaction with other tests.”

The nitric acid test of Heller is still looked upon as excellent when large amounts of albumin are present, but when small amounts are present it may take some little time to show the reaction, hence there is room for improper results from too careless technique. Its results with oleoresins also need corrections. There is therefore in the use of this test necessity for the greatest caution.

Albuminuria, from the point of view of life insurance, opens up a field too extensive for this paper, and I can do no more than simply mention it. Of course where there is a large amount of albumin present, or where in addition to the symptom of albuminuria there are distinct

evidences of kidney lesion, such cases can be easily dealt with. When, however, we come to these cases, where the amount of albumin is slight, the matter cannot be dealt with carelessly. Such cases are frequently met with among the young. Generally speaking, the urine in such cases has a specific gravity of 1025; albumin is often absent from the urine on rising in the morning but appears plainly after exercise, food or mental excitement; there is an absence of renal casts and significant morphological elements, the quantity of urea remains normal. Such cases may persist for a short time and then get well, but Purdy states that they are particularly prone to subsequently develop nephritis. In such cases an examiner ought to proceed very carefully, and delay for sufficient time to determine the ultimate course of the case.



POINTS IN THE ARSENICAL CAUSTIC TREATMENT OF CUTANEOUS CANCERS.—A HOUSE EPIDEMIC OF SYPHILIS.

By WILLIAM S. GOTTHEIL, M. D., Professor of Skin and Venereal Diseases at the New York School of Clinical Medicine.

1. The arsenious acid caustic treatment of skin cancers does not contemplate or depend upon the actual destruction of the new growth by the caustic.

2. The method is based upon the fact that newly formed tissue of all kinds has less resisting power than the normal structure when exposed to an irritation and its consequent inflammation. Hence the former breaks down under an "insult" which the latter successfully resists.

3. If therefore the whole affected area can be subjected to the influence of an irritant of just sufficient strength to cause a reactive inflammation intense enough to destroy the vitality of the new cells, the older normal cells will survive.

4. Arsenious acid of properly mitigated strength is such an agent, and its application causes an inflammation of the required intensity.

5. It therefore exercise a selective influence upon the tissues to which it is applied, and causes the death of the cancer cells in localities outside the apparent limits of the new growth, where there is as yet no evidence of disease.

6. It is superior, in suitable cases, to any method, knife or cautery, which requires the exercise of the surgeon's judgment as to the extent to which it is to be carried. That that judgement is often wrong, and necessarily so, is shewn by the frequency of recurrence under these methods even in the best hands.

7. It is applicable to all cutaneous carcinomata in which the deeper structures are not involved, and which do not extend far into the mucous membrane.

8. It is easy of application; it is safe; it is only moderately painful; and its results compare favorably with those obtained with other methods.

Thanks to a better knowledge of the dangers and modes of transmission of syphilis, and to superior habits of cleanliness, epidemics of the

disease are rare in America ; yet they occur among the lower classes of our population with greater frequency than is generally supposed. In the *New York Medical Journal* of March 26th, the writer records one in which the disease was introduced into a family, according to the history, by vaccination, and in which every member of the family of eight was ultimately infected. The first case was a child of 2 years ; then the mother, aged 34 ; then two girls, aged 9 and 14 respectively ; then a boy of 4 ; then a girl of 7 ; and then a nurseling, aged six months. The father escaped until the last ; but late in the spring he came to the clinic with a characteristic eruption, alopecia, etc. The cases were all severe ; there were several iritis ; all had obstinate and some very extensive mucous patches ; and the 2 year old child had a syphilitic pneumonia. The site of inoculation was discoverable in two cases only, probably on account of the lateness and irregularity with which the patients were brought to the clinic. In the mother it was upon the center of the cheek, and in one girl it was upon the eyelid. The family was very poor, living in one room, and their habits were very uncleanly.



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when taken in doses of from one to two tablets, dissolved in water, and repeated two or three times daily, exerts a marked influence in cases where patients are voiding uric acid gravel, causing the formation of deposits to become less or cease altogether

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have been so perfected that they dissolve almost instantly in water, and a tumblerful of Lithia Water of a known strength can be quickly, easily and economically made by dropping one or more of these tablets into a glass of moderately cold water, producing a pleasant and palatable draught

Price, per dozen bottles, 5 grains, 50 tablets in each, \$5.00
" " " 3 " 40 " " 4.00

Wyeth's Effervescing Anti-Rheumatic Tablets OF SALICYLATES, POTASSIUM AND LITHIUM.

(Each Tablet represents $3\frac{1}{2}$ grains of Combined Salts.)

These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely producing a pleasant, sparkling draught, and we believe, where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of **Acute and Chronic Rheumatism, Rheumatic Gout** and kindred ailments, and is an invaluable remedy in all **febrile affections** inducing headache, **pain in the Limbs**, muscles and tissues; it is also prescribed in **Lumbago, Pleurisy, Pericarditis**, and all muscular inflammatory conditions.

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— IT CONTAINS —

The Essential Elements of the Animal Organization—Potash and Lime;

The Oxidizing Elements—Iron and Manganese;

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And the Vitalizing Constituent—Phosphorus; 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 stimulative, 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 several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL
WHOLESALE AGENTS.

TWO CASES OF INJURIES TO THE BRAIN.*

By ALEX. MACNEILL, M. D., Kensington, P. E. I.

My object in bringing before you these cases chiefly is to hear the opinions of men who have had some experience in such cases, as my own is limited.

CASE 1.—C. McM. is a young man, who on October 15th, 1895, went duck shooting about half a mile from home. He fired a shot, and in so doing, the barrel separated from the stock, the barrel kicking backward and the portion with the screw which connects the barrel and stock entered the cranium on the left frontal side about an inch above the orbit of the eye and three-fourths of an inch to the left of the median line. He had left home about an hour previously. After receiving the injury he felt unconscious for some time, but does not know how long. He walked home after regaining consciousness with the end of the barrel fastened in the wound. Afterwards I was summoned and removed the part of gun barrel and head of screw with some difficulty, as the latter was caught in the inner surface of the frontal bone. On removal some brain matter followed, which was loosened by the end of the barrel. He could sway the end from side to side. I washed out the cavity with carbolized water, removed some spicula of bone and shreds around the margin of wound and dressed and drained it with iodoform gauze. He suffered no pain and I gave no drugs, excepting a purgative.

Oct. 16th.—Pulse 100; temperature 102° ; slept well; mind clear.

Oct. 17th.—Pulse 90; temperature 100° ; rested well; bowels moved on waking in morning. His remarks were irrational and incoherent and he wished to get out of bed. In a very short while he regained consciousness and seemed all right. I dressed the wound, and when syringing it out there was about an ounce and a half, by bulk, of brain substance came away, which had very much the appearance of blubber, and was somewhat brownish in color.

From Oct. 18th the pulse and temperature remained normal. A gauze drainage was kept in as long as wound remained open. No bad symptoms appeared during this period.

CASE 2.—This case was under the care of another physician. M. McK., aged 27, was injured on August 10th, 1887, while hauling in hay. He was at that time 18 years of age. The blade of the hay fork penetrated

*Read at meeting of Maritime Medical Association.

the skull on the left side of head about three-fourths of an inch from the median line and a line drawn from one auditory meatus to the other over the head. He lost about a cubic inch of brain substance. He fell unconscious and remained so for ten minutes. After regaining consciousness he tried to speak, but could not. On the thirty-second day after the injury he spoke a few words. For the first three months he could with difficulty be understood, and then could only say about a dozen words. He was three years before strangers could understand him. His speech was scanning and monotonous until eight years afterwards. The words he found most difficult to say were "music" and "physic." He could speak both Gaelic and English before he had been injured. Since then he has had to learn, as a child would, so that he re-learned his English, but remains quite ignorant of Gaelic. He remembered words but could not say them, and could write when he was able to sit up. He could sing before being hurt, but it was nearly nine years after that he regained the power of being able to sing. His right arm and leg were paralyzed. This disappeared in three months after the injury.

Authors differ as to the chances of recovery in wounds of the different regions of the vault of the skull. Most of the authors which I had an opportunity of consulting say that injuries to the frontal lobes are less apt to be fatal than injuries to the side or back of the skull.

Holmes says that Sir Benj. Brodie states that he had not been able to discover among all the works which he had consulted a single instance of recovery from a wound of the posterior lobes of the cerebrum, and in a great majority of cases in which a cure had taken place the injury was confined to the frontal bone and that part of the brain which is covered and defended by it. On the other hand, Mr. Guthrie's experience led him to believe that an injury of apparently equal extent is more dangerous on the forehead than on the side or middle of the head, and much less so on the back than on the sides.

According to Prof. Starr's analysis of cases of cortical lesions of the brain published: The highest qualities of mind—intellect, judgment, reason, self-control—require for their normal display integrity of the entire brain, but especially of the frontal lobes. A change of disposition and character may be considered as symptomatic of disease of the brain; in the absence of other symptoms, of disease of the frontal lobes.

The first case presented to you seems to have suffered no ill-effect as yet from his injury either to his body or mind. The second had lost his speech, was paralyzed on right side, but to all appearances is now well.

Clinical Reports.

NEW YORK FOUNDLING HOSPITAL.

TETANY.

To one not familiar with tetany, the appearance of a child suffering from it would be alarming and the prognosis far more grave than the history of the disease would warrant; in fact the prognosis is favorable, and is only rendered grave from the other diseased conditions from which the child may suffer. The fact of its rarity does not prevent it from happening at any time or in any practice. The most salient symptoms are the contraction of the hands and feet with puffiness over the dorsum in either case. This contraction of the hand has been called the "accoucheur's hand." The resemblance indeed is very close to the cone-shaped appearance of the hand when an attempt is made to dilate the vagina. The feet are similarly contracted, the planar arch being much exaggerated and the toes in extreme flexion. The contractions may also involve the muscles of the back and neck. It will thus be evident that to one who has seen a case for the first time and has no knowledge of the affection that the appearance is rather alarming and would suggest for differentiation, tetanus, cerebro-spinal meningitis or some obscure cerebral or spinal disease.

Tetanus may be excluded from the fact that there is no rigidity of the jaw, and moreover, the contraction is continuous in tetany and not intermittent as it is in tetanus.

Cerebro-spinal meningitis, frequently an obscure disease to determine, may cause some difficulty in coming to a conclusion, but the peculiar condition of the hands and feet will best serve to indicate tetany.

CASE.—An infant six months old, badly nourished, and suffering from gastro-intestinal catarrh was noticed on January 16th to have its body rigid, arms semi-flexed and hands in classical position of tetany. The lower extremities were extended and the feet in a condition similar to that of the hands. The classical condition referred to means that with the contraction of the fingers in the "accoucheur" position there was also puffiness over the dorsum of hands and feet much the same as is seen in rheumatism.

Slight change was noticed for three or four days, when relaxation gradually took place, and in a few more days the puffiness over the back of the hands and feet subsided. The general state of the infant, due to the intestinal catarrh, did not improve, and at the end of two weeks the patient died of chronic gastro-intestinal catarrh, and not of tetany.

J. J. R.

THE
MARITIME MEDICAL NEWS.

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Editorial.

THE CHURCH, WOMEN, ET CETERA.

In the half-day that the editor took "off" he saw and heard many things, for his eyes and his ears are excellent, and they were wide open on this memorable occasion. It is possible he may some day write a book descriptive of all that occurred during the few hours in which he enjoyed holiday, but for the present he must rest content with a brief mind-easing, which is absolutely necessary for his health. For he became an enforced eaves-dropper, and what came to his ears made him decidedly indignant, and he considers that his indignation is just.

The scene was—well, not in Halifax. The dramatis personæ included four charming ladies, and the editor's unwilling self comprised the audience. The dialogue was so animated that the attention of the audience was compelled. And the editor learned that there existed a difference of opinion among the good ladies as to the propriety of letting the school room of the Presbyterian church of a town not a thousand miles distant from Halifax to the "lecturer" advertising the "Viavi" remedies, as they are called.

This, the editor considers, will be ample excuse for the fact that he did not press his fingers in his ears.

Opinion was so equally divided among the good ladies that two gave their most hearty support to the action of the church authorities, while the other two held opposite ground. And while the two latter argued that there was more information relative to female organization and female predisposition to disorder advanced in the "Viavi" lectures than was desirable for modest ladies to know, the two former expressed different views, and one—evidently a maiden lady—supported her contention by asserting that all women should know what a lady

physician had told her, that all of women's diseases are "given" to them by their wicked husbands. The force of this argument was to some extent offset by the statement that some women who didn't have husbands get sick, but the vote remained a tie.

The editor has his ideas on the following subjects:—

1. The "Viavi" treatment.
2. The gratitude of some parsons.
3. The talkativeness of some lady physicians.

As language which is unparliamentary does not look well in print, he refrains from expressing his ideas. His tale is therefore unvarnished, but his mind is, to some extent, eased.

At the regular annual meeting of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, held in Memphis, December 20th, 21st and 22nd, 1898, the following resolutions were adopted:

Whereas, the medical laws of the various States have been so perverted by political influences as to give legislative sanction to grotesque, ignorant and dangerous sects of pretenders and charlatans; and

Whereas, the privileges granted to one of the most outrageous aberrations, namely, the so-called Osteopathy, constitute a disgrace to the States in which the "osteopaths" are legally entrenched; and

Whereas, a certain William Smith, Osteopathist, having been roundly denounced, together with his sect, by Parke, Davis & Co., and the *Medical Age*, now brings suit against both for \$25,000.00 damages; therefore

Be it Declared, the sentiment of the Tri-State Medical Association, of Mississippi, Arkansas and Tennessee, that Parke, Davis & Co., and the *Medical Age* are entitled to the sympathy of its members and of all medical practitioners; that we wish and expect them to enjoy a complete triumph in repelling this legal assault; and that wheresoever a powerful house takes a bold stand in opposition to quackery it promotes the interests of legitimate and honorable medicine and the welfare of humanity.

MANAGEMENT OF EPIDEMICS AND THE RESTRICTION OF QUACKERY.

At the thirteenth annual meeting of the Conference of State and Provincial Boards of Health of North America, held at Detroit last August, some interesting discussions took place in reference to the work the various Boards were carrying on. One part of the proceedings was particularly pointed out to us by an enthusiastic lady reader who believes the remarks made by one gentleman at that meeting would be of material help to the profession of the maritime provinces. This is in reference

to the restriction of epidemics and the prevention of license to practice quackery of all kinds—especially when the lack of means to do so is much felt.

The remarks made by Dr. William Bailey, of Louisville, Kentucky, are as follows :

“ Inasmuch as the Secretary of our Board is not here, it devolves upon me to briefly state what the Kentucky Board is doing. The Secretary of our Board is its chief executive officer, practically, I might say, that he is the Board of Health of Kentucky, and those of you who know Dr. McCormack, will understand this. He was prevented from coming here by being compelled to remain in our State to control an epidemic of small-pox, and his presence was necessary on the ground. In the mountainous districts of Kentucky, it is very difficult to control an epidemic of the kind, because the people are so ignorant. In Kentucky we are handicapped more or less by what is possibly the smallest public health appropriation of any State ; it is only \$2,500. With this we cannot accomplish very much. In the control of epidemics we have to rely upon other sources of management. One plan that we have adopted this year may be of service to some of you. When an epidemic breaks out in a county we have a right to ask the county court to pay the expenses. In Jackson county, where a number of small-pox cases exist, we sent an inspector but they denied the disease being small-pox, and the county court refused to appropriate a single dollar for its control. We have adopted a method to control it in that county—we have quarantined it against all of the adjoining counties and it can have all the small-pox it wants.

Regarding the work of the State Board of Kentucky, we are handicapped by lack of money to collect statistics. From our small appropriation we employ a State veterinary surgeon and bacteriologist, but we have not been able to establish a bacteriological laboratory. By spending a little money our bacteriologist has been able to do considerable work affording to the physician of the State confirmation of diagnosis of diphtheria. We examine water supplies and may say that everything coming to us has been examined. Our community recognizes that it is proper for them to pay the expense of veterinary and bacteriological examinations because the Jersey cows and blooded horses are more valuable than people. We have not been able to obtain permission to examine our Bourbons, because they consider that all whiskies are good, some better than others, but they are all good.

Our State Board also has control of the law governing the practice of medicine. We were handicapped here also by lack of funds. This law was passed a few years ago and instead of organizing a new board the administration of the law was placed in the hands of the State Board of Health. With that wonderful executive Secretary of ours we set to work and organized a board in

every county composed of physicians. Now when the time came for the introduction and enforcement of this law there was no delay and the results have been very successful indeed. There is no authority to practice medicine in the State of Kentucky save that granted by authority of the State Board of Health. A few years ago we had a great number of quacks in the State; to-day there is not one so far as I know. I will say in passing that I do not think this can be said of another State in the Union. In visiting Detroit, I am perfectly at home. I recognize signs like "K-K," and "Copeland," and others that we used to have a number of years ago in Kentucky. They departed from Kentucky between the suns, but when I visit other cities and see these familiar signs, they make me feel quite at home. There has been another matter with which we have had to contend during the past year, and our experience has been that of other States throughout the West and South, and, particularly, Missouri; I refer to osteopathy. In Missouri the practitioners of this are recognized by the authorities, possibly because they do not use medicine. Objection to State Board of Health control has been made in Kentucky, and we had to take the matter before the Legislature. We went before it last year and asked them to amend the existing law so that everything pertaining to medicine in any way would be under the authority of the State Board. The amendment was finally passed, but when we first took it before the individual members, we met with a very cool reception. In taking sanitary measures before the Legislature, we must remember that the legislators are politicians. In many instances their every action is looking towards being returned the following year. Not meeting with a favorable reception from the members of the Legislature, Dr. McCormack decided to "pull the string," and wrote to all the doctors in our State, and within 24 to 48 hours, these law-makers began to receive letters from their constituents, from five to ten to fifteen letters. Letters from doctors in their own county stating that if they wished to be returned the next year, or perhaps advanced to the Senate, or perhaps sent to Congress, that they must work the amendments offered by the State Board of Health. At our next interview, we met with a different reception. They said after thinking the matter over they were inclined to vote for the amendment, and when it came up it was passed almost unanimously. I say to you, gentlemen, that if the doctors of the State will effect an organization and combine to accomplish legislation they can do it if they go at it right."

THE MICROBE.*

Since the fall of man we've dosed our kith and kin,
We've boil'd our herbs as potions for their ills ;
We've striven to get the upperhand of sin,
With infusions, and with tinctures and with pills ;
But we've kept a-dying younger all the time,
The av'rage limit's now three score and ten ;
Methuselah roll'd up his hundreds nine.

But the microbe wasn't down to business then.
Here's to you, little microbe ! and your chum—the bacillus ;
We are "on to you," but ages you have been "a-doin' us."
Here's to you little microbe ! in your secret habitats,
Whilst you've been absorb'd in business, we've been "talking thro' our hats."

No ! He never thought of danger in the least,
He thought he knew enough to save him whole ;
He mingled with the rev'ler at the feast,
And enjoy'd the fairy function heart and soul.
He went into the spirit of the toast,
And got into the body of the guest ;
He was always very partial to the host,
For he'd entertain with zeal nor ever rest.

Here's to you, little microbe ! and the cocci and the spore,
You're a microscopic robber, that's kill'd lots and's after more ;
Here's to you little microbe ! you Frenchman epileptic,
We have Waterloo'd you squarely with the Lister antiseptic.

He was dipping in our victuals constantly
And a bathing in the water of the well ;
It was dangerous to eat and drink you see,
And to tell the truth 'twas hardly safe to smell ;
For he'd float upon the breezes we'd inhale ;
Yes ! he'd ride upon the cushions of our bug !
He was happy as a prisoner out of jail,
In his palanquin upon the chubby pug.

Here's to you, little microbe ! with your confidential style ;
We couldn't navigate you 'till we had your chart on file ;
Here's to you, little microbe ! you are no aquatic sport,
In the antiseptic ocean you can never get to port.

*Written for the Maritime Medical News.

WYETH'S LIQUID MALT EXTRACT

WYETH'S MALT EXTRACT

contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

WYETH'S MALT EXTRACT

is agreeable to take, and is a valuable nutrient, tonic and digestive agent, containing a large amount of extractive matter. Those of the medical profession who have given the subject of malt extracts careful study are unanimous in endorsing all the claims that are made for it.

WYETH'S MALT EXTRACT

is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

WYETH'S MALT EXTRACT

is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

WYETH'S MALT EXTRACT

is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so-called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

Free sample bottles of Wyeth's Liquid Malt Extract will be sent to any practicing physician in Canada upon application.

PRICE, \$3.50 PER DOZEN BOTTLES.

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SOLE AGENTS FOR CANADA. MONTREAL.

WYETH'S SOLUTION

Peptonate of Iron and Manganese.

(LIQUOR MANGANO-FERRI PEPTONATUS-WYETH.)

Physicians will find very useful in the following diseases : *Scrofula*, *Anaemia*, *Chlorosis*, *Amenorrhœa*, *Debility* from various causes, *Convalescence* from acute fevers and surgical operations, *Nervous Maladies*, such as *Graves's Disease*, *Neurasthenia*, *Epilepsy*, *Cretinism*, and any other *Nervous Condition* requiring a *Tonic Strengthening Medicine*, in *Rickets*, *Pyloric Stenosis*, *Phthisis*, *Diabetes*, etc., etc.

This remedy is of pleasant, neutral taste. It can readily be taken in a little water, milk or sweet wines, free of tannin, as may be preferred. Is non-astringent, and does not injure the teeth or constipate the bowels.

WYETH'S ELIXIR

ANTI-DYSPEPTIC

Will be found peculiarly efficacious in those derangements attended with flatulence, acid fermentation, eructation superinduced by eating rich food, pastry, starchy vegetables, excess in drinking spirituous liquors, and excessive smoking. It will prove equally valuable in almost every condition of weak and impaired or imperfect digestive powers, either due to catarrh of the mucous coat of the stomach or in those symptoms characterized by sensations of distress and uneasiness during digestion, usually termed Nervous Dyspepsia.

Each dessertspoonful contains: Pepsin 1 gr., Pancreatin 2 grs., Cascara Sagrada 1 gr., Ipecac 1-5 gr., Strychnine 1-60 gr., with the active constituents of 30 minims Antiseptic Solution.

Samples of the above will be forwarded to any practicing physician, free of expense, upon application to

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There's no doubt you have a sphere legitimate,
But the colon we maintain is sacred ground ;
And we're going for our antiseptic kit,
Every time we know that you're a-fooling round.
We don't want you in our stomach or our chest ;
We won't have you in our liver or our spleen,
Get into our pancreas, if you think best,
But remember that our antiseptic's keen.

Here's to you, little microbe ! you're no sluggard in a fight,
You used to be a slugger, and a wrestler out of sight ;
Here's to you, little microbe ! we can box and twist you now.
With the Lister antiseptic you're " not in it," in a row.
And here's to you, little microbe ! tho' your star is on the wane
And you'll never be the aggressive social potentate again.
Here's to you, little microbe ! for your death we've cast the die,
Tho' we still must hold your mem'ry blazon'd on sarcophagi.

M. H. A.



Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

FEB. 8, 1899.—Dr. Murdoch Chisholm, President, in the chair.

Dr. Ross presented to the society a case of rodent ulcer which had been of three years standing. The patient was a woman of 70 years of age. There was no hereditary history of malignant disease. A small pimple first made its appearance underneath the left eye, soon ulcerating and showing the characteristics of rodent ulcer. Its situation, persistence, appearance of the ulcer with its rolled edge led to the diagnosis. Excision was thought of when he first saw her, one month ago, since this is generally advocated. However, another plan was tried as advocated by Dr. Atkinson in the *N. Y. Medical Journal* some time ago for superficial cancerous growths. Ethylate of soda, which penetrates quickly, was applied twice a week and a powder consisting of acetanilide, aristol and boric acid was kept on constantly, a piece of wadding with vaseline on it being applied over the powder. The ulcer is now healed. The glands are practically never affected in this disease although it is a form of cancer.

A discussion on "Diphtheria" was then taken up.

Dr. Walsh was the first speaker. He related the history of a case that was affected with diphtheritic laryngitis to which he was called at midnight. He sent for Dr. Chisholm who intubated and antitoxin was at once administered. Next day the tube was coughed up. Grave symptoms of dyspnoea returned and the tube was again inserted, but the child immediately stopped breathing. Dr. Chisholm wished to perform tracheotomy immediately but the mother refused to allow it and the child died. Dr. Walsh referred to the shock produced by intubation. It was often a difficult operation. In this case a piece of loose membrane was probably driven down. After intubation it is difficult to maintain the strength. He thought that if there is time and a proper nurse is available, tracheotomy is preferable to intubation. He believed that one should always be prepared for tracheotomy while doing an intubation.

The President, Dr. Chisholm, then gave what he considered the indications for tracheotomy; for instance, when there is evidence of looseness of the membrane. This is liable to occur about eighteen hours

after antitoxin has been given. If the patient is suffocating at that time it is dangerous to intubate although it is correct to do it with the proviso that all is in readiness for the larger operation of tracheotomy if necessary. The patient referred to by Dr. Walsh would have lived if it had been left alone because the membrane was getting loose. The following points he enumerated in favor of intubation: (1.) Bloodless. (2.) Absence of any great trouble in preparation or nursing. (3.) It is generally sufficient if the membrane is not loose. (4.) More cases could be saved by intubation than by tracheotomy. In the latter there is danger of bronchitis and broncho-pneumonia. Of late years he had considerable experience in intubation. Antitoxin improves the chances of intubation. The first case he had, Dr. Cunningham was called to perform it. The child was allowed to have all the nourishment it wanted. A day or so afterwards it was dead, it having choked. In the second case he also had Dr. Cunningham. The patient was completely relieved at first by the intubation. Twelve hours afterwards one could hardly notice anything was the matter. Six hours later he was called hurriedly to see the child and found it suffering from all the symptoms of strangulation. He ran to the telephone to consult with Dr. Cunningham but when he returned the child was dead. Probably the child would have been saved if he had taken the tube out. Eighteen hours after antitoxin is used the membrane becomes loose and the tube should be taken out. You may take it out sooner and have to put it back. After the tube is removed the larynx remains patent for some time. Dr. Chisholm found that the tubes marked for certain ages did not always suit those ages. Thus he had found some patients at six years of age take a larger tube than others at eight or ten. When a child coughs up a tube and you have to reintroduce one, it is better to use a larger size as it will be less liable to be coughed up. He feeds patient by mouth with a catheter and syringe, though Dr. Holt recommends the usual way of feeding when the tube is in.

Dr. Murphy said that in his experience the mortality varied according to the severity of the epidemic. For instance, in Burgeo, Newfoundland, he had about 300 cases with only three deaths. That this was diphtheria he did not doubt, especially since paralysis followed in about 40 per cent. of the cases. In St. Lawrence he had 70 cases with one death. As a contrast to the above, in the city of St. John's in one family he had seven cases, five of whom died; the mortality on the whole in that place running up to about 40 per cent. He had had

experience with antitoxin and intubation in 85 cases of diphtheria. There were three deaths and these did not receive antitoxin until the third day. The others had antitoxin in the first 24 hours. He performed intubation for croup in 65 cases with one death. Forty of these cases showed the Klebs-Löffler bacillus in cultures. The case that died was intubated and received antitoxin on the third day. One case coughed up the tube four times when he performed tracheotomy and the patient made an uneventful recovery. Some cases were easily intubated; in others it was almost impossible. Dr. Murphy stated that his belief in antitoxin was so strong that he felt assured that if given in the first 24 hours it would prove a certain cure if croup did not set in. He gave no other medicine except a laxative and washing out the throat with normal saline solution. In feeding he never had any difficulty, always having the head lowered. Some interesting statistics from hospitals and private practice were then cited.

Dr. Goodwin stated that he had done intubation in three cases of croup—one of scarlet fever and two of diphtheria. The relief was instantaneous, but they all died. This was before the days of antitoxin.

Dr. Farrell, in summing up the discussion, said that when we consider the relative merits of intubation and laryngotomy, we must make a clear distinction between the results before the use of antitoxin and since its introduction. In antitoxin we have gained a point. The President had learned by his careful observation when to put the tube in and when to take it out. There was a different clinical history when antitoxin was used. Intubation was a bloodless operation and at first he was inclined to think that it might offer many advantages over laryngotomy. But since the introduction of antitoxin better results can be obtained with tracheotomy. Before antitoxin, in an experience of twenty years he had found tracheotomy quite useless. Antitoxin, however, makes recovery possible. And he must say that upon his own child he would be inclined to prefer tracheotomy to intubation. A simple incision is not serious. It is not a dangerous operation, there is very little loss of blood, and we have two channels always open. Dr. Chisholm had offered one objection—the tendency to pneumonia. Antiseptics and steam would prevent this. Again, the cutting operation does not need to be repeated. After the membrane begins to get loose, the two openings are an advantage. The severity of the disease depended partly on the amount of infection. Thus, exposure for a long time

with a severe case would induce severe results in the one exposed, where short exposure might have very little effect. Dr. Farrell wished to protest against any new means being used exclusively. Other remedies which had been useful should be continued.

This closed the discussion on "Diphtheria."

Dr. Walsh referred to several interesting abnormalities lately seen in the dissecting room.

Dr. Farrell spoke of a case of operation for the radical cure of hernia in which there resulted secondary infection in the liver and mesenteric glands—somewhat similar to what had occurred in the aneurism case described at last meeting. He then mentioned a case of pyosalpinx in which he aspirated and made a counter opening; patient is now doing well. Also a case of appendicitis with small exudation in the iliac region, in which he took away by aspiration half an ounce of pus. Patiently recovered quickly, but later secondary abscesses developed.

A paper from Dr. Halliday, of Shubenacadie, was then read by the Secretary, in which he reported some interesting cases, one of appendicitis, and another in which pregnancy was complicated by a hydatidiform mole.

We hope to publish these cases in the next issue of the NEWS.



Our Provincial Charities.

As is usual at this season of the year, our various charitable institutions have issued their annual reports, and in them is to be found much of interest to those who agree with Drummond in his conception of the greatest thing in the world. A feature of the year has been the number of changes which have taken place in the medical institutions.

NOVA SCOTIA HOSPITAL FOR THE INSANE.

The forty-first annual report of this, the greatest of our provincial charities, affords much information relative to the good work which is being done within the walls of the big institution at Mount Hope. The question: "Is insanity on the increase?" is discussed, the evidence *pro* and *con* adduced, and the verdict reached that "the increase of insanity is more apparent than real." The training school for nurses, now in its sixth year, has proved an unqualified success, and its graduates have won the confidence of the profession in all varieties of nursing. A very interesting historical account of the origin and development of the hospital is given by Dr. Sinclair, who traces its growth from the date of its inception to the present. Reproduced in the report is "an outside opinion"—a very flattering description of what was seen within the hospital by a visiting newspaper correspondent.

Dr. Sinclair's valedictory closes the literary portion of the report. After more than twenty years of faithful service at Mount Hope, Dr. Sinclair was, at his own request, appointed Inspector of Provincial Charities, to fill the position made vacant by the resignation of Dr. A. C. Page, and severed his connection with the Hospital for the Insane at the end of last September. His career at the hospital was in every way creditable, and during the years of his superintendency it reached a degree of efficiency which ranks it well with similar institutions elsewhere. As an executive officer, Dr. Sinclair combines all the qualities necessary to a successful administrator—tact, impartiality and judgment; as a physician he is, as is well known, thoroughly abreast of the times, and the recognized authority on nervous and mental diseases in the maritime provinces; while his genial, kindly manner and pleasant address makes him one of the most charming of men. It cannot but be regretted that Dr. Sinclair has thought best to retire from the trying post which he filled so well at Mount Hope, but we are glad to know that the province will profit by his special knowledge and training in his new position.

VICTORIA GENERAL HOSPITAL.

The report of this institution shows that it has had a very successful year, and that a large amount of very excellent medical and surgical work was done during the period. This report is the first to be presented by Mr. Kenney, whose appointment as superintendent dates from the first of May last. Prior to this date the superintendent was always a medical man, and Mr. Kenney is the first layman to occupy the position. It is pleasing to be able to state that he has proved himself to be a most competent and capable superintendent, and that under his administration the hospital maintains its reputation as a first-class institution. In his report Mr. Kenney pays a well deserved tribute to Mr. Puttner, who has for more than thirty years been associated with the hospital, and whose devotion to its affairs accounts for much of the success of the institution.

The tables show that 1,358 patients were treated in the wards during the year. Many of the gravest surgical operations were undertaken, and a notable degree of success attended the work of both surgeons and physicians. Clinical teaching continues, especially during the winter months, and the training school for nurses has had another successful year.

THE COUNTY ASYLUMS.

The various county asylums for the care of the chronic "harmless" insane, are reported upon by Dr. A. C. Page, whose report shows them to be in their usual condition. It is gratifying to know that the "county-care system" in Nova Scotia is very free from abuse, but we cannot feel that the system is the best. The one feature in its favor is economy, and the NEWS will ever contend that too rigid economy in the matter of charitable institutions is unworthy of any civilized people. The insane are so unfortunate a class that no self-respecting community should lend itself to any plan which lessens their chance of recovery, or which condemns them to any unnecessary discomfort. The report before us is the last which is to come from the hand of Dr. Page, as he has found that failing health made it necessary for him to retire. This circumstance will be regretted by everyone who is fortunate enough to know the genial doctor, and it will be cordially hoped that relief from care and responsibility will give him renewed health, and add many years to a life which has been singularly useful.

ABERDEEN HOSPITAL.

The second annual report of this institution testifies to the need of this well equipped hospital at New Glasgow. The statistics show that 182 patients were treated during 1898 and 93 operations performed, while the number discharged cured was 123—a very creditable percentage. The county of Pictou is justly proud of Aberdeen Hospital, and while praise must be given to all who have assisted financially and otherwise, it is noted that the trustees would have had to face a deficit, if it had not been for the Ladies' Auxiliary. This indeed speaks volumes for that organization and is a valuable lesson to the sterner sex to reflect upon. The superintendent, Miss Sheraton, is deserving of every praise for the efficient manner in which her duties are performed. The training school for nurses, which has recently been organized, has an excellent course of instruction.

INSTITUTION FOR THE DEAF AND DUMB.

The efficiency of this commendable institution is well recognized throughout this part of the Dominion. At the same time, however, there is a large majority in this city who know little of the advanced methods of teaching that are being carried out by Mr. Fearon and his able teaching staff. The forty-first annual report contains some very interesting information and we ought to feel greatly pleased that there is such an institution in our midst, which has admirable facilities, and a principal and assistants who are zealous in their efforts to impart the most modern methods of learning. The number of pupils last year was 102, there being 88 from this province. Only one case of an infectious nature appeared in the institution, which speaks well for the value of the cottage hospital where isolation is readily secured.

HALIFAX SCHOOL FOR THE BLIND.

The last report shows a slight increase in the number of pupils over the previous year, there now being 106. It is a great satisfaction that such a large number so sadly afflicted are able to enjoy the best educational advantages. A great many are receiving a good musical training, while those who have not sufficient musical taste to insure their success as teachers of the piano or other instrument, are learning a trade such as a brush and basket-maker, or some similar occupation. A visit to the school is always of interest, for one will see work carried on which otherwise might seem incredible. Not only is instruction given in the different lines we have mentioned, but as well, the girls are instructed in

sewing and knitting, while the teaching of typewriting has been added as the latest departure. The free circulating library of raised print books, contains at present upwards of four hundred volumes. The blind of the Maritime Provinces and Newfoundland have free access to this library, and have gladly availed themselves of reading religious, poetical, historical and scientific works, as well as books of travel, anecdote and fiction. The superintendent, Mr. Fraser, who has worked so faithfully for the school for over twenty-five years, has been a great factor in the wonderful growth and expansion of this institution, the managers having truly said that his services are almost indispensable. Attention has been directed by Mr. Fraser to the inspection of the eyesight of children in the public schools. This is a matter of great importance and we trust that soon a compulsory law will be passed to have this carried out.

The School for the Blind as well as the Institution for the Deaf and Dumb, have as managers and directors, gentlemen of the right stamp, who are ever ready to use their greatest endeavors to promote the cause of education in these institutions.

Matters Personal and Impersonal.

The Prince of Wales has accepted the office of President of the National Association for the Prevention of Consumption.

Dr. T. G. Roddick, Professor of Surgery, McGill University, has been elected an Associate Fellow of the College of Physicians, of Philadelphia.

Dr. F. F. Eaton, formerly of Rose Bay, Lunenburg Co., has just returned from London where he was taking post-graduate work for some months. He has opened an office in Truro.

Dr. H. A. Payzant was married on the 23rd ult., at Truro, to Miss Eugene McCulloch, formerly of this city. Miss McCulloch was well known as one of our most capable nurses. She is a graduate of the training-school of the Victoria General Hospital, and lately has been engaged in private nursing in this city and throughout the province. The News extends to Dr. and Mrs. Payzant its congratulations and best wishes.

We have received the twenty-first annual report of the Presbyterian Eye, Ear and Throat Charity Hospital, of Baltimore. During the past year there were treated 18,944 cases and 3,134 operations performed. This worthy institution is supported by Presbyterians and their friends from other denominations.

Book Reviews.

INTERNATIONAL CLINICS.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng.; and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume IV, eighth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

The volumes of this important work appear with remarkable regularity and fully keep up to the standard of those previously issued. All important medical topics are embraced in the Clinics and nearly every subject needing reference can be found in one of the series, and therein dealt with by a master hand. In the latest volume we find "Treatment of the Syphilitic Chancre," by such an authority as Fournier, of Paris, and "The Principles of Treatment in Corneal Ulcers," by McGillivray, of Dundee. In cases of progressive ulceration of the cornea, where the source of infection is derived from some adjacent inflammatory affection, such as purulent conjunctivitis, McGillivray employs, besides atropine and cocaine, a solution of formol (1 in 2000) every two hours. It possesses great penetrating powers without readily coagulating the albumen of the tissues. He also states that it has almost replaced entirely the use of the cautery in his practice and has therefore simplified the treatment of progressive ulceration of the cornea very considerably. This chapter is a very valuable one, not only to those engaged chiefly in eye work, but to those where the services of a specialist are not easily acquired. The first of a series of lectures on "The Treatment of Chronic Constipation," is interestingly dealt with by Professor Rosenheim, of the University of Berlin. "Scurvy and Purpura," by Oliver, of Newcastle; "A Case of Pernicious Anæmia, with Recovery," by that keen observer, Sidney Martin, of University College, London; "Alterations of Weight by Diet," by White, of Guy's Hospital, London; "Three Cases of Tuberculous Disease of the Knee-Joint," by Andrew Clark, of Middlesex Hospital, London; and "Hernia" by De Garmo, of the New York Post-Graduate Hospital, are some other excellent chapters. As usual there are a number of fine photographic illustrations, those in the article on "Hernia" being particularly valuable.

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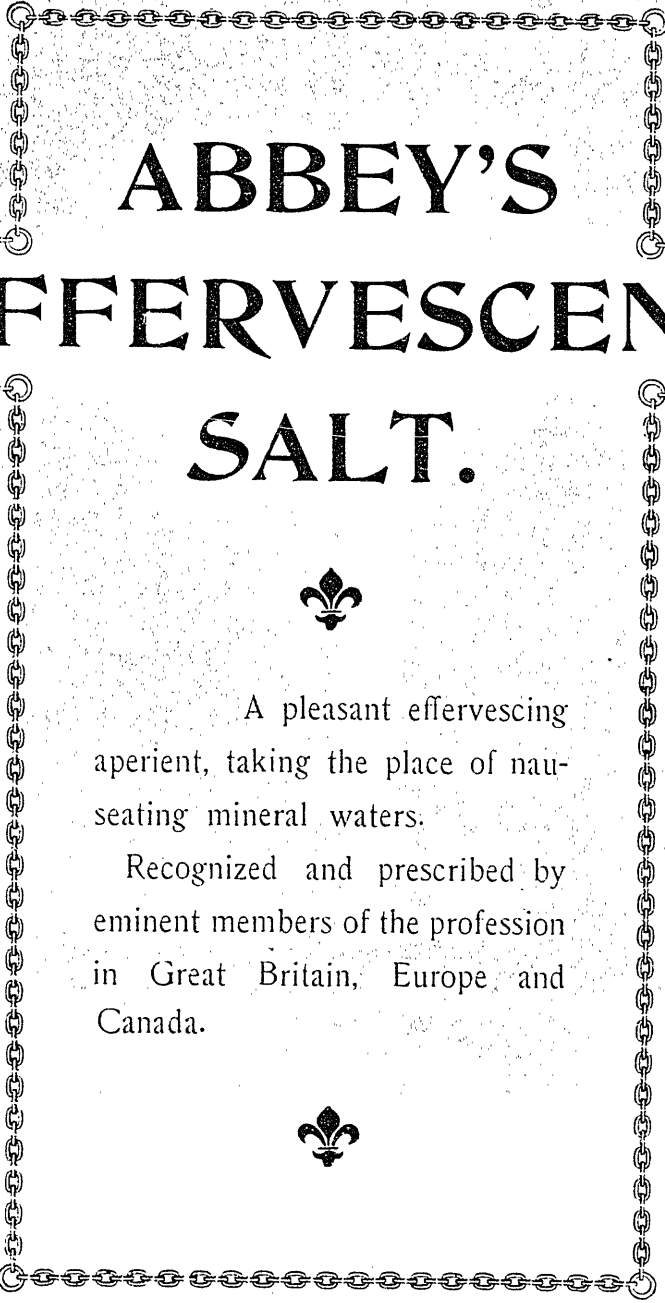
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CHRISTIAN SCIENCE.—A Sociological Study. By Charles A. L. Reed, A. M., M. D., Cincinnati. Single copies, 10 cents. Twelve copies, \$1.00. Sent post-paid on receipt of price. McClelland & Co., Publishers, The Groton, Cincinnati, Ohio.

In our last issue reference was made to the above small work which was first delivered as an address and afterwards published in its present form in compliance with a resolution adopted by the Northwestern Ohio Medical Association. Dr. Reed is well known as an enthusiastic worker against all forms of quackery and humbugism, and it would behoove the profession to arm themselves with a supply of this little book and scatter them broadcast, so that gullible humanity might read and profit thereby.

THE COMING AGE.—A Magazine of Constructive Thought. Published by The Coming Age Co., Copley Square, Boston, and The Midland Publishing Co., St. Louis. Subscription, \$2.00 a year. Single copies, 20 cents.

The February issue contains a number of instructive articles by prominent writers which speaks well for the enterprise of the publishers. The only criticism we have to make is our serious objection to a large advertisement which we trust the editor's good sense will cause to be obliterated from the pages of the journal. The April number promises to contain an interesting article by Professor John Uri Lloyd, the author of "Etidorhpa," the subject being, "Do Physicians and Pharmacists Live on the Misfortunes of Humanity?"

BOOKS OF THE MONTH.

AMERICAN TEXT BOOK OF DISEASES OF THE EYE, EAR, NOSE AND THROAT.—A handsome royal octavo volume of 1251 pages with 689 illustrations, and 15 full page plates. Price, cloth, \$7.00; sheep or half-morocco, \$8.00 net. Published by W. B. Saunders, 925 Walnut Street, Philadelphia.

NERVOUS AND MENTAL DISEASES.—By Drs. Church and Peterson. A handsome octavo volume of 843 pages, beautifully illustrated. Price, cloth, \$5.00; half-morocco, \$6.00 net. Published by W. B. Saunders, 925 Walnut Street, Philadelphia.

PAMPHLETS RECEIVED.

THE USE OF GLOVES IN SURGERY.—By W. R. Lockett, Student in the Jefferson Medical College. Reprinted from the *Philadelphia Medical Journal*.

REPORT OF 78 CASES OF PULMONARY TUBERCULOSIS TREATED AT THE WINYAH SANITARIUM IN 1898, WITH WATERY EXTRACT OF TUBERCLE BACILLI.—By Karl Von Ruck, B. S., M. D.

Matters Medical.

REPORT OF 78 CASES OF PULMONARY TUBERCULOSIS TREATED WITH WATERY EXTRACT OF TUBERCLE BACILLI.—A report of 78 cases of Pulmonary Tuberculosis, treated at the Winyah Sanitarium, at Asheville, N. C., in 1898, with Watery Extract of Tubercle Bacilli, by Dr. Karl von Ruck, appears in the February number of the *Therapeutic Gazette*.

The author giving due credit to the advantages of the favorable climate of the Asheville plateau as well as to the systematic employment of hygienic and dietetic methods, in a special institution, shows nevertheless by his results the unmistakable favorable influence of this preparation, which he perfected in his laboratory in February, 1896.

He with many others, notably Professor Koch, have long realized that the bodies of tubercle bacilli contain a soluble substance, a proteid upon which the curative action of all tuberculin preparations and modifications must depend, small and variable quantities of which were thought to enter into the culture fluid from which the tuberculin preparations are made.

Experiments upon animals have shown that the injection of dead tubercle bacilli produce both curative and immunizing effects, but they have always produced abscesses at the point where they were injected, and often spurious tubercle in the animals experimented upon, conditions which seem to preclude their use in the treatment of human tuberculosis.

A solution of the tubercle bacilli, without injury to the curative proteids was therefore naturally sought for, and in April, 1897, Professor Koch announced that he had accomplished this in the production of Tuberculin R., which was then given to the profession.

Several weeks later Dr. von Ruck announced his success in also making the desired solution and communicated his experiments and methods in a paper read before the American Climatological Association and published in its transactions for 1897. His method of preparation differs from that published by Professor Koch and is briefly as follows:

The tubercle bacilli is filtered out of the rapidly growing and highly virulent culture. After washing with distilled water for the removal of the remains of the culture fluid, they are dried in a vacuum dessicator

Next they are powdered in an agate mortar and then extracted with sulphuric ether. This extraction removes the fats. They are again dried and powdered as before and their further extraction takes place in sterilized distilled water, over a water bath with a temperature of 120 F. The proteids become dissolved in the distilled water, the fluid is then decanted and filtered through porcelain, when finally the amount of proteids is determined and the preparation standardized to a certain per cent.

Prof. Koch simply triturated his tubercle bacilli and then put them into distilled water and separated the undissolved germs with a centrifugal machine. His preparation did however not pass through a porcelain filter and it was subsequently shown that when an attempt of filtering through porcelain was made, a residue collected in the filter consisting of Tubercle Bacilli.

Virulent infection followed the injection of this residue in animals and for this reason Professor Koch was obliged to withdraw his Tuberculin R., it being an emulsion of tubercle bacilli and fragments of such, rather than a true solution.

Koch's claim that in a true solution of the tubercle bacilli the final perfection of a specific remedy was attained, would appear to be verified by the results which Dr. von Ruck reports.

He treated with his Watery Extract 20 cases in the early stages, all of which recovered, with an average gain of 11 pounds in weight, and subsidence of all symptoms.

Of 37 cases in a more advanced stage 27 recovered, 7 were greatly improved, 3 improved, and none grew worse, gaining on an average nearly 13 pounds each.

Twenty-one cases in a seriously advanced stage were also treated, of which 3 recovered, 9 were greatly improved, 7 were improved, only 2 grew worse or died, there being an average gain in weight of 10½ pounds each.

The remedy was also given for trial to Dr. Denison of Denver, Dr. Taylor of St. Paul and Dr. Williams of Asheville, all of which obtained good results. Dr. Williams supplying the date of 12 cases treated by him with von Ruck's extract, shows 7 early stage cases, all of which recovered; of 3 cases in the second stage, 1 recovered, and 2 were greatly improved, and of 2 far advanced cases, 1 recovered and 1 grew worse.

Comparing his previous results with those obtained with the watery extract in von Ruck's institution he shows the results as follows :

	Cases.	Recovered. %	Improved. %
Treated without Specific Remedies	816	12.1	31.0
Treated with Koch's original Tuberculin	379	35.5	37.5
Treated with Antiphthisin and Tuberculo- cidin	182	32.5	46.8
Treated with Tuberculinum Purifica- tum (von Ruck)	166	43.4	39.2
Treated with Watery Extract of Tub- ercle Bacilli (von Ruck)	78	64.1	33.3

Among other matters of interest, the report also contains mention of Dr. von Ruck's efforts to produce a serum, as suggested by Professor Koch, in his paper by using Tuberculin R., and his Watery Extract for immunization. Dr. von Ruck used goats for this purpose and injected them in increasing doses reaching 70 c. c. per single dose in the course of six months.

Serum taken from these animals failed to protect or cure guinea pigs, and finding his results entirely at variance with the claims of Dr. Fisch, he purchased serum from Dr. Fisch's laboratory and treated a number of guinea pigs, all with negative results.

These experiments are given in detail and it does not appear that the degree of tuberculosis or its course was in any way modified by the injection of this serum; the control animals showing no greater progress in the disease than did those which were treated.

Full directions are given for the use of the Watery Extract, the beginning dose being 1-1000 of a milligram, and this is gradually increased to 5 milligrams. There are three solutions, No. 1 containing 1-1000 of one per cent., No. 2 1-10 of one per cent., and No. 100 containing 1 per cent., of the anhydrous extracts.

THE CHEMICAL NATURE OF THE ACTIVE PRINCIPLE OF THE SUPRARENAL CAPSULE.—Ever since the announcement by Schäfer and Oliver of the peculiar action of an aqueous extract of the suprarenal capsule on the blood pressure, great interest has been aroused, followed by much speculation on the nature of this body. The profession know the chemical difficulty of extracting alkaloids, which are perfectly well known, by methods equally well known, but here was a substance, very easily oxidised, which occurred in the suprarenal gland in quantities of probably less than a fifteen thousandth part of a grain to each gland, and that if the nature of the substance were known, and a perfect method of extraction had been devised, it would require the glands of 2,000 sheep to give us one drachm of the active substance. When we

consider the amount of proteid and other material which must go into solution, we can conceive the almost hopeless outlook for the solution of this problem. If the problem was to be solved, it would be expected, as in the past, that its solution would come from some of the large German laboratories by a man who had spent his life at this work, and who had at his back one of those German factories who make it their business to encourage all this class of scientific research, from the simple knowledge, that one discovery may mean a fortune to them. It is therefore a source of unbounded pleasure and pride, that we are able to announce, that, for the first time the laurels have been captured by our own continent, by the discovery, identification and analysis of the active principle of the suprarenal body by Dr. John J. Abel, Professor of Pharmacology, Johns Hopkins Medical School. The first step in this work is what is chemically known as benzoating the body, obtaining thereby a pure benzoate. This work, which was published by Prof. Abel, last year in *Johns Hopkins Hospital Bulletin*, as also in this paper this year, was subsequently confirmed by a German scientist, Fürth, who was working on this problem. After obtaining the benzoate, Professor Abel then made other compounds, and as the result of his analyses he considered the empirical formula to be $C_{17} H_{15} N O_4$, thus approaching in elementary composition some of the alkaloids. The composition of pseudomorphine, for example, is represented by $C_{17} H_{19} N O_4$, that of cocaine by $C_{17} H_{21} N O_4$, that of sanguinarine by $C_{20} H_{15} N O_4$, and that of benzylidene collodine dicarboxy acid by $C_{17} H_{15} N O_4$, and among these alkaloids sanguinarine is noteworthy for its power to raise the blood pressure. It was found that skatol was one of the decomposition products of this body. It is of interest to note in this connection, as the author points out, that Stohr has shown that skatol is liberated when strychnine is heated with calcium oxide, and that Hoffmann and Königs have obtained indol from tetrahydroquinoline by passing its vapor through a tube heated to redness. He considers the picrate will likely prove the easiest to manipulate and most valuable and promises future contributions in regard to it. There is no doubt that the future of medicine lies in the domain of biological chemistry. It is there the greatest triumphs will reward the investigator, and the greatest benefit accrue to medical science from the practical application of his results. We can rest assured, however, with such a distinguished investigator as Professor Abel to head the school of biological chemistry here, that in the future we will have to share very few of our triumphs with Europe.—*The Dominion Medical Monthly*.

ANÆMIA AND ITS TREATMENT.—There are few practitioners of any experience who have not from time to time had to contend with anæmia in some of its forms, either as a Primary or Essential Anæmia, Chlorosis, etc.; or a Secondary or Symptomatic. The pathological condition is characterized by a diminution or deterioration in the quantity or quality of the blood or one or more of its constituents, either as a result of no known pathological condition of other tissues or organs than the blood itself; or as a result of (a) hemorrhage; (b) inanition or want of assimilation; (c) excessive albuminuria, prolonged suppuration, long-continued lactation, chronic dysentery, etc.; or (d) toxic agents, as the absorption of lead, arsenic, mercury, and phosphorus, and the toxic influence of acute and chronic infectious diseases, as typhoid and yellow fever, diphtheria, acute inflammatory rheumatism, chronic malaria, tuberculosis and syphilis. The general practitioner, the surgeon, the obstetrician, the gynecologist, and other specialists, all will continue to meet with it from day to day, and it will often prove, unless promptly and efficiently met and combated, “the last straw that breaks the camel’s back.” After other serious involvements of regions or viscera have been safely tided over, and the original danger is well and satisfactorily out of the way, anæmia may still bar our progress in establishing a successful restoration to health.

The pallor of skin and mucosa as indicated by the general surface and livid lips, the languor, debility, and extreme fatigue under the slightest exertion, occasional palpitations, dyspnoea, headaches, anorexia or possibly perverted and unnatural appetite, the visible undulating pulsations of the carotids, the pulsation of the peripheral veins, the occasional heart murmurs, the ‘*bruit de diable*’ or venous hum over the large cervical veins, both muscular and mental weakness, loss of or impaired nerve function, neuralgia, coolness of surface, the weak, thready or compressible pulse, together with constipation or occasionally its opposite, make up, as a whole or in part, a clinical picture that is usually readily recognized by any careful observer.

Should the diagnosis, however, be in any doubt whatever, a proper laboratory examination will show a diminution of (1) the total quantity of blood in the body, *oligæmia*; (2) of the red corpuscles, *oligocythæmia*; (3) of the hæmoglobin, *oligochromæmia*; (4) of the albumen, *anhæmæmia*; (5) or changes in the shape of the red corpuscles, *poikilocytosis*; (6) or in their size, *micro-*, *macro-*, or *megalocytosis*. It is rare, however, that so thorough an examination is necessary; and many of us, especially those engaged in active practice, have neither time nor opportunity for such an investigation, and rely on the general characteristic features presented together with the previous clinical history.

In the treatment of this condition iron in some form has long been a recognized essential remedy, and a most excellent one it has proved on many occasions; yet sometimes it brings only disappointment, either from the inability

to get the patient to take it in sufficient quantity, or from failure to secure its entrance into the circulation by the absorbents, or from bringing about other symptoms that add to the discomfort and danger impending, as irritability of the bowels, diarrhœa or its opposite, or from its astringent effect on the mucous lining of the alimentary tract, interfering with the proper digestion and assimilation of the limited food supply that is tolerated by the patient.

More than half a century ago M. Burin-Duboisson demonstrated by chemical analysis the recognized fact that the red corpuscles of the blood contain about one-twentieth as much manganese as iron. Nature never doing anything uselessly or unnecessarily, we can but recognize it as one of the essential constituents of the blood; and when its preparation is lessened by hæmorrhages and other conditions that impair the blood, its restoration through natural channels is but slow and uncertain, so that it is quite a natural suggestion to take steps to secure its re-establishment in proper proportion. Soon after its demonstration as existing in the blood, M. Hannon and others used it with satisfactory success in chlorosis, syphilis, scrofula, and other similar conditions. Kugler, in 1838, noticing that individuals employed in bleaching establishments where chlorine was largely used, and in those who handle large quantities of the salts or oxides of manganese, were free from diseases of the skin, bones, and glands, made a successful trial of it in scrofula. The various salts or oxides of manganese used from time to time being deficient in stability or difficult of assimilation, its use has not been altogether satisfactory until quite recently.

A little over a year ago I received from Messrs. M. J. Breitenbach Co., of New York, a preparation new to me, bearing the name of "Pepto-Mangan, Gude," prepared by Dr. Gude, Chemist, of Leipsic, Germany. The *claim being made* that it was a *combination of iron and manganese* as true peptonates, having decided advantages over the preparations of iron, even the albuminate, in both permanency and ease of assimilation. It is clear, of a rich sherry-wine color, neutral in reaction, free from astringency, and of a pleasant aromatic taste. It is also claimed for this preparation that "it is a powerful blood-forming agent; a genuine hæmoglobinogenetic; feeding the red corpuscles with organic iron and manganese, which are quickly and completely absorbed in cases of anæmia from any cause, such as chlorosis, amenorrhœa, dysmenorrhœa, chorea, Bright's disease, etc."

Dr. H. H. Loomis, of New York, in a paper read before the Section of General Medicine of the New York Academy of Medicine, speaks of it most favorably and reports a series of eight cases (Bellevue Hospital) in which anæmia had resulted from various causes and the number of red corpuscles had been markedly reduced from more than twenty-five to near fifty per cent, as demonstrated by careful count by proper laboratory apparatus, and that under

the use of "Pepto-Mangan, Gude" in six to eight weeks they were restored to the normal or increased beyond it. He concludes the paper with the following :

"In most cases the Pepto-Mangan (Gude) had no constipating effect. Of the eight cases of which accurate notes were kept, all showed a marked improvement both in the increase in the amount of hæmoglobin as well as increase in the number of red blood corpuscles. The average increase of the hæmoglobin was 2.2 per cent and of the red blood corpuscles 1,258,000."

Dr. Hugo Summa, of St. Louis, in an article in the *New York Medical Journal*, reports having treated thirty-four cases with Pepto-Mangan, Gude, partly cases of chlorosis and partly cases of secondary anæmia, occurring chiefly after subacute malarial and typhoid fever. Two cases of chlorosis and four of secondary anæmia he gives in abstract, in all of whom there was great improvement or complete recovery.

He says: "In conclusion I should like to state that similar good results were obtained in the remaining twenty-eight cases. It is especially worth while mentioning that no bad after-effects could be detected. In this connection I call special attention to the absence of constipation that could be traced back to the use of this preparation. The dose varied from a teaspoonful to a tablespoonful three times a day an hour after meals, either in sherry or milk, according to the individual case, especially according to the condition of the digestive organs."

Dr. Chas. O'Donovan, of Baltimore, Md, in *The Medical News* of November 27th ult., and in April, 1889. speaks very favorably of the use of manganese in certain cases of dysmenorrhœa. The articles are too long for even brief abstract, yet it is a well-known fact that, as a rule, dysmenorrhœa, when not due to structural lesions of the uterus, or displacements, stenosis, etc., can with almost unerring certainty be traced to be dependent on an altered, depraved or deficient condition of the blood.

In my own hands and limited experience I can look back during a little over a year past with an extreme degree of satisfaction to the following:

CASE I.—*Gastric Ulcer, Acute.* Female, æt. 53 years, school teacher, previous health good for years, was suddenly attacked with profuse gastric hæmorrhage, which persisted at frequent intervals for three consecutive days. The loss of blood was alarming, and the amount and her general appearance justified the most unfavorable prognosis on the part of my associates in the case, who gave up the case as hopeless. The hæmorrhage subsiding, alimentation by the rectum solely and Pepto-Mangan by the same channel for two entire weeks was resorted to, nothing per oris except the least possible amount of ice water or crushed ice to relieve thirst; then a cautious return to gastric alimentation and Pepto-Mangan by the stomach for four weeks more, when she returned to her duties. No other medicines were used other than an occasional hypodermic of morphia during the first week to allay restlessness and procure sleep.

CASE II.—*Occipito-Cervical Neuralgia.* Female, aet. 55 years. Her mother was a great sufferer from neuralgia all her life. Aided by one of our most experienced clinicians and general practitioners, no benefit was derived from the multiplicity of remedies tried, other than brief but unsatisfactory palliation, her suffering being so great that anorexia developed to an alarming degree. After three weeks use of the Pepto-Mangan (Gude) the clouds began to lift, and ten days later she was entirely well and has so remained since February last.

CASE III.—*General Sepsis following Miscarriage at Sixth Month.* Mother of three children, aet. 23 years. The physician in attendance relinquishing the case on the fifth day on account of illness, I was called in, and I found her in the hands of a *trained* negro nurse (?), who had been washing out the uterus with a female catheter, glass, and a family (Davidson's) syringe that had been long in use. This was one of the most desperate cases of general septic infection that I have ever seen recover, and when the symptoms of sepsis began to subside, after nearly four weeks of close watching and the most careful attention, during which time the temperature reached 106.2-5°, her condition of prostration was alarming. Under the use of Pepto-Mangan (Gnde) convalescence was fully established, and she is now again enceinte.

CASE IV.—*Bright's Disease.* Male, aet. 58 years. Theatrical machinist ; a moderate and sometimes a hard drinker. Diagnosis in February last, chronic albuminuria of several years standing. Amount of albumen in three samples of urine examined, 37, 42 and 33 per cent., together with epithelial casts. Marked anæmia and great debility. Was compelled to give up his job before the close of the season. I placed him under treatment, but finding I was making no headway I advised him to go to Red Boiling Springs. This his financial condition did not permit. Left off all other medicines, gave him advice as to diet, and ordered Pepto-Mangan (Gude), one bottle. This he repeated, from time to time during the summer, and, although not cured, he is much improved. Says that he feels better than he has done for years, is strong, or seems so, and resumed his occupation, and has been steadily employed since the opening of the theatrical season this fall.

CASE V.—*Chlorosis and Amenorrhœa with Dysmenorrhœa.* School girl, aet. 16 years. Menstruation only occurring at irregular intervals of two or three months since entering her fourteenth year. Pale, anæmic, irregular appetite, at times complete anoxeria ; when menstruation did occur it was very scanty, sometimes almost devoid of color and very painful ; hsadaches, backache, constipation, with nearly all the other phenomena seen in such cases, showing up from time to time. Had been unable to attend school the last two years, though very anxious to do so. Having tried many other measures with but little satisfactory or permanent improvement, I was much gratified at the results from Pepto-Mangan (Gude,) which I commenced in July last. Her last three periods at intervals of twenty-eight days have been passed with the greatest satisfaction, each one increasing in volume, unattended with pain, and she seems now, from her active and vigorous condition, her appetite, her ruddy complexion, her gradual gain in weight from 76 to 103 pounds, to be well on the way to recovery, if not entirely relieved, and expects to again commence her schooling with the incoming year.

In these cases neither the hæmoglobin nor the red corpuscles were estimated by laboratory methods—nor was there any need. Each case, its progress and its results, have been so plain that “he who runs may read.”

I could cite other cases of both primary and secondary anæmia in which I have had equally good results, but as they were not so marked, so severe and so critical, I will desist, concluding by fully concurring with the statement that is made, that “this preparation, Gude’s Pepto-Mangan, when taken into the stomach undergoes no chemical change whatsoever. Being practically predigested it is readily absorbed by the mucous membrane of the stomach, the process of assimilation is easy, and the metals are taken up by the blood immediately.”—DEERING J. ROBERTS, M. D., Nashville, Tenn., in *Southern Practitioner*.

THE attention of the profession is directed to the advertisement on another page of this issue of Park’s Emulsion of Cod Liver Oil with Hypophosphites and Guaiacol, prepared by Messrs. Hattie & Mylius. This preparation cannot but appeal to physicians as being a very valuable combination. Ever since its introduction the sale of this Emulsion has been steadily on the increase, which speaks well for the satisfactory results obtained from its use.

SANMETTO IN ENURESIS DIURNA ET NOCTURNA.—Some years ago my attention was called to sanmetto as a remedy for troubles of the genito-urinary organs, particularly in men past middle life, and I have had some very gratifying successes with its use. Recently I was called upon to prescribe for two boys, eight and ten years of age respectively. Everything had been tried, including whipping, to break up the “habit” of wetting the bed at night, and one of them also his clothing in the day time. It occurred to me that sanmetto would be worth trying, and to the delight of every one concerned it has been perfectly successful; and now for the past six months and twelve months respectively, these boys have been entirely cured of this unfortunate “habit.” Undoubtedly, the trouble was due to irritability of the prostate and mucous membrane of the bladder; hence the prompt and permanent relief afforded by sanmetto. I have written these few lines hastily, calling the attention of the profession to these cases, with the hope that others will try the same remedy for the same “habit.”

Baltimore, Md.

JAMES A. STEWART, M. D.

A VERY GRAVE ERROR.—The experience of many of the best men of the profession, not only of the United States but abroad, has established the clinical value of antikamnia. Among those who have paid high tributes to its value and who occupy positions of great eminence, may be mentioned Dr. J. Acheson Wilkin and Dr. R. J. Blackham, practitioners of London. They have found it of value in the neuralgias and nervous headaches, resulting from over-work and prolonged mental strain, paroxysmal attacks of sciatica, brow-ague, painful menstruation, la grippe and allied conditions. Indeed, the practitioner who has such cases as the latter come under his observation, who attempts their relief by opiates and stronger drugs, when so efficient an agent can be used, which is much less harmful, commits a grave error. Experience goes to prove that ten grain doses of antikamnia in an ounce of sherry wine, taken every two to four hours, will carry the patient through these painful periods with great satisfaction.—*Medical Reprints*, London, Eng.

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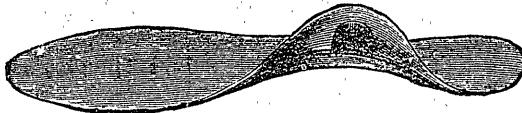
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