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

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

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

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VOL. V.

HALIFAX, N. S., SEPTEMBER, 1893.

No. 9.

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PRESIDENT'S ADDRESS.

MARITIME MEDICAL ASSOCIATION, CHARLOTTETOWN.

BY JAMES McLEOD, M. D.

Gentlemen:—

According to time-honored usage it devolves upon me as President, to address you at this early stage of our proceedings.

It was at one time the vogue to attribute a narrowing influence to a professional life. However unfounded such a charge may have been in the past, as regards the medical profession, no one can be so blind, in our day, as not to see that the domain of medicine, which has outgrown the limits of the capacity of any one man, however great his intellectual endowments, cannot fail to have a broadening not a narrowing, influence and effect upon the life and thought of its humblest votary. Were I to take medicine for my theme on this occasion, to comment upon, or give the merest outline of all the sciences included in it, or tributary to it, or converging upon it, would be far be-

yond the limits at my disposal. In fact the study of medicine is co-extensive with the study of man; for in order to understand man it is necessary to understand his surroundings—his environments and his relationships with these. All the other sciences of man look to ours for argument and direction. Man's origin and evolution, mental as well as physical, are problems which only can be successfully solved by comparative anatomy and physiology. It is alone by the study of these that we are enabled to understand the structure and function of all the organs in the human body, to comprehend their genesis and origin, to trace them down to the lower forms of life, and to show what organs, from disuse, have become rudimentary or atrophied. It also enables us to trace a regular series, step by step, from the one-celled, the very lowest of all animate forms, to the more and more complex in the scale, up to the highest and most perfectly organized—man—"the first dialogue that nature held with God."

We cannot understand the science of optics without a knowledge of the laws of light, or of acoustics without those of sound, nor can we understand the vital processes continually taking

place in our bodies without a knowledge of chemistry, inorganic, organic and vital. And so again does the science of dynamics throw light on the force which drives the blood through our vascular system and moves our limbs. The question under this law of physics, as to whether mind is a force correlated with chemical affinity, heat and motion or not, whether thought has its beginning and origin in protoplasmic movements or not, I will defer for consideration presently, just now contenting myself by saying that it is a question which is on all hands conceded to be capable of answer if at all, only at the hands of the comparative physiologist and pathologist. The new psychology which has superseded the old metaphysics though entering upon regions of speculation not proper to the physiologist, is nevertheless compelled to base all its arguments on the facts and deductions of our science. Rather than to go on thus enumerating other sciences having an intimate relationship to medicine, let me give in the eloquent words of one of its most distinguished exponents his summing up of what modern science claims to have already accomplished; and having done so to direct your attention to the verification or otherwise of certain of his conclusions:—“It (Nature) exhibits to us the animal organism as essentially a food-engine in whose recesses solar energy, stored as potential by the plant, is once more let loose by slow combustion in the kinetic form of heat and motion. It enables us to regard the body as a machine, in which stomach and lungs, stand for furnace and boiler, the muscles for cylinder, piston, and wheels, and nervous system for an automatic valve-gear. It traces for us from small beginnings the gradual growth of limb and organ, of flower, fruit, and seed, of senses and intellect. With the simple key of survival of the fittest it unlocks for us the secret of organic diversity and universal adaptation. It

reconstructs for us from obscure half-hints the origin of man; the earliest stages of human history; the rise of speech, of arts of societies, of religion. It unifies and organizes all our concepts of the whole consistent system of nature, and sets before our eyes the comprehensive and glorious idea of a cosmos, which is one and the same throughout, in sun, and star, and world, and atom, in light, and heat, and life, and mechanism, in herb, and tree, and man, and animal, in body, soul, and spirit, mind and matter.”

With regard to this question of “mind and matter” or mind and motion, the only way to attempt a solution of the problem is through the study of physiological psychology. I need not again repeat that this comes peculiarly within the province of our profession; and, while we cannot but rejoice at the progress so far made, we must admit that there are difficulties which at present appear impossible of solution, and that there are other phrases of the subject which would lead us to the conclusion that they will always remain in uncertainty. However, mental physiology within the last few years has made such very great advances, that he would be a bold man who would predict that a still greater progress in the near future is impossible. Maudsley, who was one of the first to carry the implications of this Science into the domain of mental pathology, in his publication of 1874, less than twenty years ago, says:—“Recently some observations have been made with the view of establishing a theory that a portion of the anterior lobe, the third frontal convolution of the left hemisphere was the seat of language; but the observations reported are unsatisfactory, directly contradictory observations are overlooked.” But it is only fair to add this distinguished physiologist's further objections which subsequent events proved to have been well taken:—“It is contrary to the first

principles of Psychology to suppose that language complex and organic as it is in its intellectual character as the organ and symbol of the idea can have so limited and defined a seat." Subsequent researches have settled beyond a doubt that speech has no such limited and defined a seat as Broca supposed. Again, Kussmaul in Ziemssen's Cyclopædia, 1877, says: "We must agree with Pflüger in ascribing a soul even to the spinal cord, who grounds his opinions on the purposeful character of many of the spinal reflexes," which statement compared with more recent researches into the phenomena of reflex and automatic acts reads like ancient history. On reference to any recent text book on the anatomy and physiology of the brain and spinal cord, one can see at a glance the very great advances made within the last fifteen years. In these later works we find charts defining the exact localization of the various motor areas not only for foot, but also for the great toe, not only for arm and hand, but also for fingers and thumb and so on. Also, the chief sensory areas are well marked off and defined. Also, the various motor and sensory areas for speech, in which, as I before remarked, Maudsley was right in not attributing it solely to Broca's convolution. For as we know the from pathology of speech many centres are involved, and aphasia has many varieties according to the particular part of the brain involved, and the particular portion of the mechanism of this faculty which is destroyed, whether on the sensory, or the motor side. This localization of brain function now established beyond a doubt in the instances referred to, as also in others, has opened a new field for Surgery, namely, Brain Surgery. The brilliancy of these operations numbering now for brain tumors alone, nearly one hundred, and with a percentage of recoveries of about 46, has dazzled the public and blinded many medical men to the important

and far-reaching results accruing, or likely soon to accrue in other directions. If one but think of it, in these very operations, the neurologist stands forth pre-eminent—the surgeon occupies a subordinate place. They stand in relation to each other as thought and action. Deep thought retards action and great activity in action is inimical to deep thought. The contemplative man is never the man of action; for physiology shews that "there are certain general laws that govern the distribution of the nervous activity, at the different points in the system, as there are mechanical laws which govern the circulation of the blood in the vascular system, or as Spencer points out, "Sciences and Arts represent what in their lowest forms we call Sensory and Motor processes, and that without going into direct opposition to established physiological principles, between these more or less distinct kinds of physical activity there is an antagonism, the one competing with the other as they do for supplies of energy and materials from the same general stock. Surgery being an Art—a handicraft—as well as a Science, it will remain true that in the case of brain surgery, at least, the surgeon is the instrument of the neurologist. But let us return to the problem of mind and matter and indicate the methods of enquiry by the physiologist, who attempts to trace mind from its beginnings in simple sensations. These sensations producing cortical excitation leave residua behind them; and, as the sensations are numerous, as for instance, those of sight, hearing, smell, touch and so on, so are their memory pictures. A renewal of the sensations revives the memory picture, showing a permanent material change to have taken place in the cortex. Physiologically then the basis of a concept, a memory picture, an idea, is a complex one, the sensation of sight giving the visual one that of hearing its own peculiar

memory picture and so on. These component ideas of the object are united by association fibres. But going a step further man *names* his ideas. We articulate the name, the word in connection with the complex idea mentioned. This idea of articulation, a motor one, has its mental image also, and has been laboriously acquired. Pathology proves this, for if this centre is destroyed the person thus afflicted can move his tongue, larynx and lips, but he has forgotten the articulate combination for *naming* the object. So also, if the individual be educated, still other centres with their memory pictures, such as writing and reading are added, and all are united by association fibres to constitute the physiological complex concept into one idea. But as in mental blindness and mental deafness we do not find physical blindness or physical deafness, it must be assumed that sensations are produced in sensory cells and then transmitted to memory cells. The total concept, then, having many memory pictures thus united, forms the concrete conception of the object.

Here a curious circumstance is pointed out, viz., that while the sensory pictures are to be found in both hemispheres, those for speaking and writing are to be found in one hemisphere only. Passing then from this simplest conception, consisting of a complex of component ideas that are associated with one another, and with the idea of the word we come to general conceptions. These also are accounted for by the same law of association, and they are accompanied by the appearance of language memory centres,—“hence a physiological process that extends over almost the whole cerebral cortex, corresponds to the act of thinking a concrete general conception.” But when we come to abstract ideas, namely those conceptions that cannot be directly reduced to sensations and their mental images,

we meet with a conflict of opinions among physiological psychologists. One school assumes a special psychical faculty, superior to the association of ideas which it designates as “apperception.” This faculty is supposed to select from the material supplied by the association of ideas, and to turn from one set of association of ideas to another. Then it is called *attention*, or it combines one idea with another to form new combinations, and finally it imparts motor impulses and is then called *will*. The partisans of this doctrine assign its seat to “apperception,” in the frontal lobes of the brain, where in recent plates we find volition, attention, and emotive control mapped out. Dr. Starr of New York, recently diagnosed successfully a brain tumor, as having its seat in this region, having arrived at that conclusion from symptoms of mental deterioration; but I must add that he had also speech interference to aid him in his diagnosis. The opposite school contends that all the arguments advanced against the theory of the so called “faculties of the soul,” can also be directed against this theory of “apperception,” that it assumes a psychical faculty, acting independently of the mechanism of mental action, that the frontal lobes of the brain do not possess this high function of intellection at all; that large portions of the frontal lobes may be destroyed without disturbing the intellectual activity, and that changes in character and mental disturbances may appear from disease in any part of the brain. Also the fact that the “frontal lobes in lower animals are relatively dwarfed, is rather to be accounted for from the absence in them of centres for speaking, writing, and upright locomotion.” Here we have arrived at the battle ground of the origin of Will. One class holding the autogenous theory regarding the Will as a fundamental and elemental factor in mental life; the other that Will is not an ultimate of consciousness,

but is a derivative of sensations, feelings, ideas, &c. Holding either view it can only be inferred that there can be no essential difference between the simple memory pictures, and the more complex ones involved in thought, and that it is possible to imagine a physical basis for these likewise. Some are sanguine enough to assert that it is probable that the mechanism of thought will some day be understood, that reasoning thus depends upon "the play of consciousness, along lines of communication between different regions of the brain," and that therefore the strongest barrier between the lower forms of life and man—the barrier of mind and language is to-day tottering to its fall. Others again maintain that no physical basis no mechanism for such mental acts, as judgment, reason, and imagination, can be pictured to the mind. In either case it requires the assumption of two parallel worlds—the physical and the psychical, and that the latter phenomena "are not functions of any centres, but are simply concomitants with functioning of the most complex nervous mechanism," or as illustration, the highest executions in musical art, are not functions of any complex instrumentations, but are simply concomitant with the most complex musical mechanism. The musical genius is not in the piano nor in the laws of harmony and sound, but the musician cannot produce high art music without such complicated mechanism. So far, then as the study of the mechanism—the physical basis of thought, as yet yields any solution to the mystery of the origin of mind and thought, we can still say, examine the instrument, discover the mechanism of its strings and keys, study the laws of sound, and of music, but you are yet far from understanding him whose musical skill moves these, and still yet farther from any clue to the history of the transcendent genius who composed the grand Oratorio.

Passing then from the mechanism of thought to that other problem of physiological psychology, the evolution of mind, or in other words to show that the highest human product is evolved out of the lower by a continuous process of growth, we find that the human brain passes through the same stages as other vertebrate animals, and that when in a condition of arrested development it displays animal instincts. But in tracing animal inference up to the highest development of thought in man—a break in the chain occurs—a chasm that cannot be bridged over; for man's reason is indissolubly bound up in language. Speech sets an impassable barrier between man and the brute mentally. Romanes, who essays to show a continuous and uninterrupted mental evolution from animals to man encounters this difficulty and attempts to limit the functions of language and urges that there is a good deal of rudimentary generalizing prior to language, but he admits that animal reasoning remains on the plane of receipts or the lowest concrete ideas. The real problem to be solved is to show how the mind's imagery can be carried out without the vehicle of language or that a true thought process does not imply the proper use of a name. This, Romanes fails to establish, for, as observed by a recent writer on psycho-physiology, "the loose complex of ideas constituting general conceptions, would not hold together without the common bond of connexion between the component ideas which is furnished by the idea of the word," or as Darwin remarks: "a complex train of thought can no more be carried on without the aid of words, whether spoken or silent, than a long calculation without the use of figures or algebra." "In the monkey whose brain more nearly approaches to that of man than any other animal, Broca's convolution is as entirely wanting as if it had been scooped out with a gouge."

Herein lies a fact of much importance in mental evolution. Darwin admits the fact of this mental disparity, by supposing that "the mental powers in some early progenitor must have been more highly developed than in any existing ape, before even the most imperfect form of speech could have come into use." If speech and thought in man are the result of a parallel development, if function precedes organization, if action determines structure, the function, the mental impetus to impel to the use of words as symbols of thought is entirely absent in all animals but man. Again as Pflüger assigned a soul to the spinal cord on the ground of the purposeful character of reflex acts, which modern physiology accounts for as the result of organic structural modifications, transmitted from one generation to another through remote ages, so does speech also show organic growth and modifications in its evolution. Also in the individual a gradual passing from a conscious to an automatic act, a psychical process at first acquired consciously and with difficulty, but through continued use, becoming automatic. Nay, more, just as reflex acts may be called unconscious memories of a remote ancestry, so does also speech when tested in the crucible of the linguistic analyst, reveal man's remote and prehistoric life, no less clearly and surely than kitchen midden, lake dwelling, cave or barrow, or any other remains of paleo- or neo-ethic age.

But mental physiology, having as I have already observed for its province to establish the brain as the mechanism, the physical basis of thought, as well as the growth and development of thought, are we therefore to imply, that mind is a product of matter, or that mind and matter are correlated forces? Physiologists are content to regard consciousness as an ultimate fact in science. But members of our profession are popularly regarded as holding materialistic views, unjustly

so because they insist upon the study of mental phenomena, by way of physical research, the only and true method; but justly if certain writers, whose articles appear from time to time in medical literature, can be regarded as representative of the whole profession. These writers confidently assert that mind and motion are correlated forces; that feeling is only a name for a state of molecular motion in the brain, and that the mind consisting of feelings and relations among feelings is therefore but a phase of force. But strange to say these very confident writers, admit that of the ultimate nature of matter and motion nothing can be known. How therefore they can discover the value of an unknown quantity—*mind*—in terms of two other unknown quantities—*matter* and *force*—is to me inconceivable. However I must not enter here upon this broad question, further than to show that the advocates of the correlation of mind and motion, are not the true guides either of the medical profession, or in mental science. Let me quote briefly the conclusions bearing on this question of some of the recognized leaders in modern science:—Spencer, "the Unknowable as manifested to us within the limits of consciousness in the shape of feeling being no less inscrutable than the Unknowable, as manifested beyond the limits of consciousness in other shapes, we approach no nearer to understanding the last by rendering it into the first. The conditioned form under which Being is presented in the subject, cannot any more than the conditioned form under which Being is presented in the Object be the unconditioned Being common to the two." As to mind being a phase of matter, he says:—"Were we compelled to choose between the alternatives of translating mental phenomena into physical phenomena, or of translating physical phenomena into mental phenomena, the latter alter-

STRYCHNINE AS A SPECIFIC IN DIPSOMANIA.

Dr. Portugalow, of Samara, reports that he has actually cured 455 cases of Dipsomania with hypodermic injections of Strychnine. He prescribes:

Strychnine Nitrate.....0.06 gramme (1 grain).
Distilled Water15 grammes ($\frac{1}{2}$ fl. oz).

For subcutaneous injection—daily, 1-2 injections, using for each, at first, 0.5 gramme (8 minims); later, 0.25 gramme (4 minims).

Usually ten to sixteen injections suffice for a complete cure.

Dr. W. N. Jergolski also has published his experience. The results of the treatment were truly *surprising*. Topers who had been addicted to drink for many years became endowed, as a result of the Strychnine treatment, with an *invincible repugnance* for alcohol, and could no longer bear spirituous liquors. One of the author's patients, prior to the treatment, scarcely passed a single day without drinking $\frac{1}{2}$ -1 liter (about 1-2 pints) and more of brandy. On the day following the first injection of 0.0015 gramme (1-40 grain) Strychnine Nitrate he was astounded to find that he had no desire for alcohol, and experienced neither mental uneasiness nor any feeling of pressure in the epigastrium. The injections were continued and the patient was cured.

Another case of fifteen years' standing, complicated with chronic intestinal catarrh and incontinence of urine, was cured by ten daily injections of 0.003 gramme (1-20 grain) Strychnine Nitrate, combined with the internal use of Strychnine in pills. Not only was the Dipsomania permanently cured, but the intestinal catarrh gradually disappeared, and the bladder again performed its functions normally.

MESSRS. WYETH & BROTHER beg to offer this drug to the Medical Profession, in the form of Hypodermic Tablets and Compressed Tablet Triturates, as follows:

WYETH'S HYPODERMIC TABLETS.

No. 88—Strychnine Nitrate.....	1-40 Grain.	Per 100. .45 cts.
No. 89—Strychnine Nitrate.....	1-60 Grain.	.45 “
No. 90—Strychnine Nitrate.....	1-88 Grain.	.45 “

COMPRESSED TABLET TRITURATES.

Strychnine Nitrate.....	1-60 Grain.	Per 500. .45 “
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DAVIS & LAWRENCE CO., Ltd.

MONTREAL,

General Agents.

Arsenite of Copper for Choleraic Ailments.

COMPRESSED
TABLET
TRITURATES.
ARSENITE
OF
COPPER.
1-100 GRAIN.
1-150 GRAIN.
1-200 GRAIN.
PRICE 50 CENTS
PER BOTTLE OF
500.

We have received a large number of letters from physicians in all parts of the country confirming the experience of those mentioned on the attached circular, in cases of Cholera Morbus, Cholera Infantum, Dysentery, Diarrhoea, and other complaints of a similar nature.

It is claimed that Copper Salts have proven valuable in all the Cholera Epidemics within the last fifty years, and medical literature affords abundant confirmation of its great value in complaints of a choleraic nature, many physicians also claiming that the Arsenite will prevent the development of those symptoms which so often lapse into Asiatic Cholera.

JOHN WYETH & BROTHER.

I was called to attend a lady, a resident of Savannah, Ga., who is on a visit here, on Friday morning, the twenty-third instant. I found her suffering intensely from paroxysmal pains of intestinal colic attended with diarrhoea. My patient declared that she could not live another hour unless relieved. I felt sure that I could relieve her pain by giving an injection of morphia and atropia, hypodermically, but would be apt to have a nauseated patient to look after the balance of the day, so I dissolved a tablet of the Arsenite Copper (one one-hundredth grain) in four ounces of water. Gave her the first teaspoon myself and begged her daughter to give another teaspoonful every ten minutes for the first hour, then one dose every hour after, until I call again. I went back in two hours time and found the patient sleeping. She was relieved after taking the third dose of the Arsenite. I requested her daughter to give a dose once each hour, and left with a promise to call again that evening. I found my patient up and feeling well at eight o'clock, and so much pleased with the treatment that she wanted to put the remaining portion of the solution in a phial to carry back home with her. She says that she is subject to these attacks of colic, and was never so easily and pleasantly relieved by any other form of treatment.

C. E. DuPONT, M. D.

Grabamville, S. C.

A. P. Brown, M. D., Fort Worth, Texas, writes us in reference to the above as follows.

"Bloody Flux is very prevalent here, and these Tablets, 1.100 grain to four ounces of water surpass any other medicine we have used in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. BROWN in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhoea, etc.; also, as an antisudoral in the night-sweats of phthisical-patients.

DAVIS, LAWRENCE & CO.,

General Agents,

MONTREAL

native would seem the more acceptable of the two. Mind as known to the possessor of it, is a circumscribed aggregate of activities; and the cohesion of these activities, one with another throughout the aggregate, compels the postulation of a something of which they are the activities."

Romanes in substance says: In all cases of recognized causation there is a perceived equivalency between cause and effect, but as between matter and motion on the one side, and feeling and thought on the other, there can be no such equivalency conceivable, that mind presents absolutely no point of real analogy with motion because involved with the essential idea of motion is the idea of extension, for motion only means translation in space of something itself extended. But thought as far as we can possibly know it, is known and distinguished by the very peculiarity of not having extension and therefore for motion to become thought it must cease to be motion and therefore cease to be energy.

Tyndall.—"The passage from the physics of the brain to the corresponding facts of consciousness is unthinkable. Granted that a definite thought and a definite molecular action in the brain occurs simultaneously, we do not possess the intellectual organ, nor apparently any rudiment of the organ which would enable us to pass by a process of reasoning from the one phenomenon to the other."

Huxley.—"In the first place it seems to me pretty plain that there is a third thing in the universe to wit. Consciousness which in the hardness of my heart or head I cannot see to be matter or force, or any conceivable modification of either, however intimately the manifestations of the phenomena of consciousness may be connected with the phenomena known as matter or force."

Although these scientists, among many others whom I might quote, do not pretend to say what mind is, they

are thus emphatic in denying that it is a product of matter or any conceivable form of matter or motion. If on the contrary the false idea should prevail that modern science proves that mind is a product of matter, and that the law of the conservation of energy as applied to it would consign man's consciousness to extinction, when the energies which had built up his psychical as well as his physical nature had passed back into the inorganic world, it would completely deprive man of the hope that his consciousness, just because it is not included among the correlated forces, is also in its own proper form no less imperishable than they. To regard our destiny as one of extinction, would be to the majority of mankind revolting and unendurable. To deprive a sick man of that hope, so universal to the race, of an after life; that death is not a final separation from those whom he holds dearer than life, would be so depressing and appalling a thought as to minimize to the very last degree his chances of recovery. We know as physicians, that hope is the mainstay and sheet anchor of the invalid. As bodily health is all important to mental health, so, conversely, we know that a lively hope or joy exerts an enlivening effect upon the bodily life, indicating the large part which mental states play in aiding or retarding recovery from disease. The reciprocal relations of mind and body, are portrayed with the subtle insight of genius by the great psychological dramatist:—

"We're not ourselves
When nature, being oppressed, commands
the mind
To suffer with the body."

Sterne.—The humorist, recognizes the same truth:—"The mind and body are like a bodice and its lining, when you rumple the one you rumple the other." If physiology teaches one truth more than another, it is this parallelism between the psychical processes and the material physiological

processes of the brain. As general practitioners, we know that the majority of patients consulting us, cannot be said to be suffering from any specific disease, but that a great many are sufferers from the mind reacting on the body from the result of anxiety and business cares, from domestic troubles, and from causes touching the affections—the emotions in such cases hindering or preventing nutrition. We know that while hope gives a healthy tone to the bodily life, fear and anxiety depress and undermine health. In fact, it falls to the lot of the general practitioner to treat in this wider sense, mental diseases much oftener, fortunately for humanity, than the special alienist, whose services are required only in the case of the few who cross the borderland of sanity. In the former and larger class, the doctor to succeed must treat mind as well as body. Such patients in order that they may view their case in proper proportions, need the help and sympathy, as well as firmness and sound judgment, and will power of their medical attendant. If the physician depends in such cases on his great skill in physical diagnosis and his exact knowledge of the therapeutic value and action of drugs, both he and the patient are sure to meet with disappointment. The "rest cure" of Weir Mitchell affords a striking illustration of the influence of mind on bodily disease, the association of ideas in such cases, affording the true answer and key to the benefits derived from seclusion. The case of a lady who was seized with a paroxysm of "hay fever," by observing a rose on the table of the doctor upon whom she called—the fragrance of this flower being the exciting cause of all her previous attacks—and who upon her next visit saw, as she thought, a rose still there, and was again similarly affected, although in the latter case an artificial one had been substituted, shows a not uncommon form of the effect of the as-

sociation of ideas upon the bodily health. Here through the memory centre of sight, a complex of ideas was set in motion, including that of smell, and the whole train of symptoms established, just as if the offending particles had been present as on former occasions. So we find in the "rest" treatment, that in order to be effective the patient must be removed from old surroundings and associations completely, even to denying a former nurse, no matter how skilful and trustworthy such a nurse may have been. Why? Because this last though innocent link in the chain of association, serves to connect and revive and set in motion the whole train of morbid thought. But while the practical bearings of the study of psycho-physiology, are thus manifold and far-reaching in their consequences as concerns the general practitioner, it is in the field of mental pathology, that its grandest achievements are most conspicuously illustrated.

In the last century, and even within the memory of living men, the beliefs fostered by the old metaphysics and religious superstitions, subjected the insane to the most cruel and inhuman treatment, to the lash, the chain, and the dungeon.

A more rational and scientific method than regarding mental diseases as manifestations of evil spirits is solely due to the patient, investigations of medical men, who subjected their phenomena to the same methods of investigation as other natural phenomena, and thereby established the organic nature of mental diseases.

Great and beneficent have been the results thus already achieved in ameliorating the condition of the unfortunate insane, although we can only be said to be on the threshold of the study of "mind and matter." The humane efforts of late being made to reclaim as well as restrain the criminal classes, based as they are on a recognition of defective physical and mental organ-

ization, are also the direct outcome of the teachings of mental science. And if the past is to be taken as an earnest of progress yet to be made, the future is pregnant with the promise of still greater conquests. The physician, fortified in the impenetrable armor of physiological truth, will continue to rank among the very foremost benefactors of mankind.

REPORT OF A CASE OF DEFORMITY FOLLOWING HIP DISEASE.

BY W. ROSS MARTIN, M. D.,

Senior House Surgeon to Ruptured and Crippled Hospital, N. Y.

In reporting this case, it is not my aim to offer anything new in the treatment but simply show the wonderfully gratifying results to be obtained from the weight and pulley in properly selected cases.

Mary W. met with an accident in 1891, injuring her hip by falling. She was lame for a short time, but apparently recovered, and walked without difficulty for ten months when the lameness returned with the usual signs of acute inflammation in the left hip. The ordinary treatment for inflamed joint was applied by her attending physician, i. e., fomentation for a time, followed by liniments, massage and rest, until the acute symptoms had subsided, but nothing was done to prevent the deformity so often resulting from secondary muscular contraction. The pain and other symptoms subsided sufficiently for the patient to get about with comparative ease, until she entered the hospital, February 1st, 1893, 7½ years of age.

Good personal history, mother having died of phthisis. General condition good. A. G. E., 90 degrees; A. G. F., 50 degrees; popliteal space seven inches from table, the toes only touching.

C.M.	C.	A.	U.	A.S.P.	T.	K. C.
R.,	14,	24½,	26½,	6½,	13,	10, 9.
L.,	11,	22½,	24½,		12,	9, 7½.

Patient placed in bed on frame with weight and pulley: traction given in line of deformity.

March 27th. A. G. E., 145 degrees.

C.M.	A.	U.	A.S.P.
R.,	24½,	26¾,	6½.
L.,	22¾,	26½.	

Limb rotated outward and foot everted.

April 28th.—Plaster paris spica applied to well limb, and extension continued on diseased one.

May 15th.—Plaster paris removed. A. G. E., 165.

Polyclinic and short Thomas hip-braces applied, and patient allowed up on June 1st. Patient gets about well with braces.

A. G. E., 175 degrees.

C.M.	A.	U.	A.S.P.
R.,	27,	26½,	6½.
L.,	25½,	27½.	

Patient discharged with above braces, the deformity having been reduced from 90 degrees (a right angle,) to 175 degrees (practically straight). This case will serve to illustrate the results of this simple means of treatment when properly applied, and care is exercised in selecting the cases. It is simple, easy of application, thoroughly economical and conservative, and demonstrable to the patient's friends.

SALICYLIC ACID AS AN ANTHELMINTIC.

—In the *Nowing Lekarske*, March, 1893, p. 105, Dr. Ozegowski (pron.—Ozegovskee, a polish name) describes twenty consecutive cases of tape-worm in which he resorted to the following plan of treatment. After fasting for a day the patient is given thirty grammes of castor-oil at bed time. On the next morning, about 7 o'clock, he swallows another dose (15 grammes) of the oil, and an hour later takes one gramme of salicylic acid, the dose being repeated hourly until the noon. In such cases where the parasite still lingers in its abode, a third dose (15 grammes of castor-oil is administered. The treatment proved successful in nine teen out of the author's twenty cases.

Society Proceedings.

The 13th annual meeting of the New Brunswick Medical Society was held at Fredericton in the Council Chamber July 19th and 20th, and was a successful and interesting meeting, though not quite up to the usual figure in the matter of numbers, there being only thirty-three present.

After reading the minutes of last meeting the President, Dr. J. W. Daniel, read his address, which was well received, and on motion of Dr. Walker, seconded by Dr. Coulthard, a vote of thanks was accorded to him.

Dr. J. Z. Currie, Medical Registrar, then submitted the report of the Council. From this it appears that twelve names had been added to the register during the year, and that one name, John Hutchinson, had been removed for conduct infamous in a professional respect by order of the Council after due enquiries. Eight students had passed the preliminary examination. Drs. Coulthard, McLearn and Vanwart were appointed a committee to examine books, accounts, &c., of Council, and report at next meeting.

The morning session closed with a very interesting paper by Dr. J. W. Kelly, of St. Stephen, on the "Historical relation of surgery to medicine." In the afternoon Dr. W. C. Crocket, of Fredericton, read a paper on "Rheumatoid Arthritis," referring especially to its possible neurotic origin. It was discussed to a limited extent, and was followed by "Some remarks on the diagnosis and operative treatment of pleuritic effusions, with a report of five cases," by Dr. Foster MacFarlane, of St. John. This paper brought out a free discussion, in which the treatment advocated by the paper, viz., paracentesis or free opening with drainage and lavage, was generally sustained.

Dr. J. G. Nugent, of Queens County, followed with a well-considered paper

on "Puerperal Eclampsia," giving the treatment he had adopted in several cases. His remarks were well received, and many of the members spoke on the subject, the discussion being cut short by the arrival of the hour for adjournment.

At the evening session the following were elected officers for the ensuing year:—Drs. C. Sharp, President; M. F. Bruce, 1st Vice do.; G. F. Smith, 2nd Vice do.; G. A. B. Addy, Secretary; W. C. Crocket, Corresponding Secretary; J. W. Kelly, Treasurer; J. C. Mott, J. H. Morrison and G. H. Coburn, Trustees.

Dr. F. MacFarlane submitted the treasurer's report, showing balance on hand \$128.80. The treasurer's books were referred to an audit committee, which reported them correct.

The election of members of the Medical Council resulted in the choice of the following, viz.: Drs. Geo. E. Coulthard, J. Christie, J. W. Daniel, J. C. Mott and Foster MacFarlane.

Dr. Coburn then moved the following resolution, which was carried unanimously:

Resolved, That this society approves of a bill brought into the legislature last session making statutory certain fees for the giving of medical evidence in the various courts of the province, and pledges its support to further efforts in the same direction, the request being not for the bestowal of a favor, but for the payment of a modest fee for professional services rendered."

Dr. Thomas Walker proposed a resolution providing for a scheme of reciprocal registration of practitioners between the Maritime Provinces, which was adopted.

In the evening the visiting members were entertained at the Queen Hotel by the York County Medical Society. The affair was very enjoyable, and reflected the greatest credit on the society and on mine host of the Queen. The table was elaborately

spread and the repast difficult to improve upon. Dr. Moore, of Stanley, presided, and in a most eloquent address welcomed all present. The toasts, after the usual loyal ones, took in the various societies and interests of the profession in this province and brought the larger part of the company to their feet at different times during the evening. It was among the wee sma' hours before the company dispersed, highly delighted with the good things so generously offered by their hosts, as well as by the songs and speeches and good fellowship generally which enlivened the evening.

The morning session of the 21st was not well attended, a great many members having left for home, and after Dr. Coburn had given his report of a case of ligation of the external iliac artery the meeting adjourned, the other papers being postponed to next meeting.—COM.

Correspondence.

To the Editor of the Maritime Medical News :

SIR.—Although my time is more than fully occupied with professional matters and other duties, I endeavor to scan each number of the NEWS along with many other journals and much other solid literature.

I take this opportunity of making some brief references to the address of Dr. Dodge, delivered recently to the Nova Scotia Medical Society, particularly with regard to his remarks upon the subject of the Provincial Medical Board.

I wish to most emphatically endorse every remark offered by Dr. Dodge, bearing upon the usefulness, the arduous duties, the composition, efficiency and zeal of the Board. I have had considerable dealings with the Board in more than one capacity, and can fairly judge of its doings.

It was I who referred the matter of

the representative of the "London Medical Council," to the Board and I well remember the prompt and efficient action taken thereon. The Board is of inestimable value to the profession of this province, and I trust the medical men of Nova Scotia will not be so indifferent to their own interests, as to allow it to be handicapped for want of funds. I stand ready to do my full share in any way chosen for the purpose of funding the Board.

Yours truly,

D. C. ALLAN, M. D.
AMHERST, N. S., Aug., 7th.

To the Maritime Medical News :

I have read the reports of the Maritime Medical Association which appeared in the Halifax papers and also the correspondence following; and on comparing the printed programme for the meeting and the title of papers with the reports referred to it is evident there has been "a nigger in the fence." There are some who do not require a code of ethics to regulate their conduct: others do; and there are others whom even a code of ethics cannot restrain. Judging from the frequent paragraphs to which the readers of the press are used, and an almost verbatim one which appeared some months ago, it is not difficult to conclude who was the actor in this affair as well as the channel through whom this and similar articles reach the press. When an individual seeks to reach the public in an indirect way—through the aid of another person as a cover—he shows that he is afraid of placing himself in bad repute with the profession by squarely coming out and advertising, but he attempts to gain his object by a method less manly and straightforward than that adopted by the quack. He places himself on a par with the proprietor of the "big G" nostrum who knows that he could not gain admission to a decent paper with his advertisements.

if he said he had a remedy for gonorrhœa; neither could such a medical man gain admission to the ranks of his fellows if he came out openly and advertised himself. It is a pity when men have so little native dignity of character that they are unable to maintain a proper degree of self-respect, and that they even tarnish the good name of the profession. Last year it was resolved at the meeting of the association that only the titles of the papers read were to appear in the press. If the association is to live and command the respect of the profession some method must be adopted to enforce respect for its deliberately expressed convictions. Finally, it is to be feared that the imagination sometimes plays too prominent a part in the preparation of papers, so that fiction takes the place of science, and different observers fail to "see eye to eye" so far as results go.

STEPHEN DONGE, M. D.

In the London *Lancet* of July 1st appears a clinical report by Wm. Bruce Clarke, M. D., on the use of izal in the treatment of fresh wounds, skin grafts, abscesses, sinuses, &c. Izal is a new body isolated from an oil which is described as occurring in the coke ovens of the Thornecliffe collieries near Sheffield. Dr. Klein after a series of experiments on different microbes with varying strengths reports "that an exposure for five minutes in a solution of the strength of 1 in 200 completely destroys the vitality of the microbes of diphtheria, typhoid fever, fowl cholera, swine fever, glanders, cholera, of suppuration, of erysipelas, scarlatina and other non-sporing pathogenic and non-pathogenic species." A solution of 1 in 1,000 inhibits the growth of these bacteria with the exception of the bacillus prodigiosus, which is non-pathogenic, and the typhoid bacillus, which does not enter

wounds. It mixes well with water, has an agreeable smell, and does not combine chemically with living tissues. It is practically non-irritant to mucous membranes, more efficient than carbolic acid, and moreover is non-poisonous to the higher animals even in concentrated solutions. Dr. Clarke from a consideration of Klein's experiments and his own experience has no hesitation in saying that izal seems likely to prove more efficacious practically than any antiseptic at present known. He obtained excellent results even when tested severely. Dr. Clarke concludes:—"One thing, however, is certain, viz., that the surgeon will rejoice to hear that at last an antiseptic has been found which is easy to use, does not irritate his own hands or his patients' skin, and is at the same time by far the most powerful with which he is yet acquainted." Further clinical evidence is required, however, before it can take a definite position among the antiseptics.

AMUSING INGRATITUDE.—It is often said that physicians are well used to ingratitude, but perhaps they could bear the unpalatable draft with composure if it were always as amusingly presented as in the following case:

Dr. J. M. Warren had been in the habit for a number of years of giving professional advice to a lady in reduced circumstances, whom he regarded as hardly able to offer him any compensation.

At length she ceased consulting him and he did not see her for a long time. Finally, happening to meet her in the street, he said to her:

"Why, Mrs.—, what has become of you? You haven't been near me for months."

"Well, the fact is, Dr. Warner," she said with all simplicity, "I didn't seem to gain very much, and I thought I'd consult a pay doctor."

Maritime Medical News.

SEPTEMBER, 1893.

EDITORS.

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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication should be legibly written in ink on one side only of white paper.

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

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THE thirteenth annual meeting of the New Brunswick Medical Society, a short account of whose proceedings is given elsewhere, was quite successful, though not as numerously attended as usual. This may be accounted for partly from the fact that Fredericton is not easy to reach from the northern parts of the province without taking more time than can usually be given. The papers read were interesting and instructive, and we hope to give our readers a chance to read some of them at least. Among the subjects brought up in the shape of general business was a resolution favoring reciprocal registration, which was unanimously endorsed and passed. This is becoming, indeed has already become, a live question in Ontario and Quebec as well as in the Maritime Provinces,

and it is hardly to be doubted that the unanimity of feeling all over the Dominion in favor of this object will not allow the matter to drop without obtaining the result wanted. The first thing necessary is such a scheme as will be accepted by all the different provinces. The difficulty of course is to get such a scheme. It can be done, we think, by the Medical Council of each province preparing a scheme of its own, and it will go hard if from these schemes such a compromise could not be made as would be accepted, after their representatives had met and argued the matter out. The Medical Council of New Brunswick at its last meeting appointed two independent committees to work out this subject, and when they report, will be in a position to say what their requirements will be.

What difficulties may present themselves in getting legislative sanction for anything that may be determined on we cannot of course say, but do not think they will be insuperable. As far as the N. B. Act is concerned it already in section 12 gives the Medical Council power to alter the curriculum, subject of course to the approval of the Lieut-Governor-in-Council, and it is quite probable that in that province at least any changes that may be necessary can be made in that way.

INFORMATION collected from various sources clearly indicates the slow but gradual extension of cholera over the continent of Europe. Up to date there has been no such terrible outbreak as occurred at Hamburg last season. The disease appears to be

very general throughout Russia, and is steadily marching westward. Moscow is now suffering severely, the daily deaths exceeding fifty.

France has not been exempt since last season, and with the advance of summer the disease has become widespread, certain ports on the Mediterranean suffering most severely, notably Marseilles. A policy of concealment has been carried out to such an extent that it is only by accident the truth leaks out. For instance, cholera was epidemic in Marseilles over two months before the facts were admitted by the authorities.

In Italy there have been outbreaks at Naples, Rome and other points. The official reports are not regarded as reliable.

The International Medical Congress has been postponed until next April, and pilgrimages to Rome have been forbidden by the Italian government, and the Pope has absolved the inhabitants of Italy from the obligation of fasting as long as the cholera prevails.

In Great Britain a few cases of cholera have been detected on steamers arriving from Mediterranean ports, but owing to prompt measures the disease has nowhere obtained a foothold.

On August 3rd a steamer from Naples arrived in New York and was detained at quarantine owing to the existence of some suspicious cases of diarrhoea. Two deaths from cholera have been officially announced, and it is said some ten or fifteen cases have developed among those detained. No further extension of the disease is feared.

It is now generally conceded that we are not likely to have an outbreak of cholera in America this season unless through some gross negligence on the part of quarantine officials. Canadian officials are in a much better position to cope with infected vessels than last season. The station at Gross Isle has been very much improved, and extensive alterations are nearing completion at the Halifax station.

It is a matter for regret that no provision has been made for the bacteriological examination of suspected cases at Halifax, the importance of which is everywhere recognized.

THE Canadian Medical Association meets at London, Ont., on the 20th and 21st of September next. An attractive programme has been prepared, excursion rates arranged along the lines of travel, and other measures taken to ensure a successful gathering.

In the selection of a place for the meeting of 1894 the claims of the Maritime Provinces should not be overlooked, as nearly twenty years have elapsed since the association has met in this section of Canada.

HOW TO DILATE THE SPHINCTER ANI.—Anesthetize the patient with nitrous oxide or bromic ether. Introduce the thumbs, and dilate firmly, to the full extent. Go around the anal margin, repeating the dilatation until every part of the sphincter has been completely dilated and paralysed. This is to be done in cases where the sphincter is hypertrophic and in a spasmodic state of contraction, perhaps tightly constringing a protruding hemorrhoid.
—*Ex.*

Books and Pamphlets Received.

Letters from a Mother to a Mother on the Care of Children's Teeth. By Mrs. M. W. J. Published by The Wilmington Dental Manfg. Co., Philadelphia, Pa.

A Chapter on Cholera for Lay Readers. By Walter Vought, Ph. B., M. D. Price, 75 cents net. The F. A. Davis Company, publishers, Philadelphia.

Six Months' Medical Evidence in the Coroners' Court of Montreal. By Wyatt Johnson, M. D., Montreal, and George Villeneuve, M. D., Montreal.

The Surgery of Gall-stone Obstruction. By Robert Abbe, M. D., New York.

A New and Safe Method of Cutting Oesophageal Strictures. By Robert Abbe, M. D., New York.

Proceedings of the Fifth Annual Session of the Association of American Anatomists, held at Princeton, N. J., December 27 to 29, 1892.

A Case of Mediastino-Pericarditis in a Child; Secondary Empyema; Operation; Death. By William A. Edwards, M. D., San Diego, Cal.

Circular of Information 1893-94 of the Bellevue Hospital Medical College of the City of New York.

Treatise on Listerine. This valuable combination of antiseptics has a variety of uses. It can be profitably employed in certain forms of summer diarrhoea in children.

A LINIMENT FOR EXCESSIVE SWEATING OF THE HANDS.—The following formula is attributed to the *Journal des sciences médicales de Lille*: Borax and salicylic acid, each, fifteen parts; boric acid, four parts; glycerine and alcohol, each, sixty parts. The hands are to be rubbed with the liniment three times a day.—*N. Y. Med. Journ.*

Selections.

THE MINOR SYMPTOMS OF CHRONIC BRIGHT'S DISEASE.—Two recent sittings of the Academie de Medecine (*Bull.*, June 6th and 20th,) have been mainly occupied by the reading and discussion of an essay on the minor symptoms of chronic Bright's disease and uræmia, by M. Dieulafoy. His main thesis was that albuminuria was an inconstant symptom of doubtful diagnostic and prognostic value, that the important point to ascertain was whether the urine possessed its normal toxicity, and that certain trivial symptoms were, when taken in combination, of great value in establishing the diagnosis of Bright's disease even in the absence, more or less prolonged, of albuminuria. The minor symptoms which he describes belong to the following classes: (1) auditory: high or low pitched noises in the ear, constant or occasional, accompanied by some deafness, and liable to be mistaken for Meniere's disease when occurring together with (2) vertigo, intractable to most forms of treatment but relieved by milk diet; (3) "dead finger;" the patient experiences formication in the finger, which becomes exsanguine, pale, and insensible; this persists for a few minutes or a quarter of an hour, and occurs generally in the morning; sometimes several fingers are affected, sometimes the whole hand; sometimes it affects the fingers of both hands symmetrically; it may be the earliest symptom; (4) itching; frequently intense, and then a source of great discomfort; (5) pollakiuria: frequent desire to micturate due to a specific irritability of the bladder; it may be accompanied by, but is independent of, polyuria, and is often an early symptom; (6) cryæsthesia; a special sensibility to cold on the surface, so that the patients wear many wraps but never feel warm; the lower limbs (knees, legs and feet) are espe-

cially liable to be thus affected: sometimes only one limb or part of a limb suffers; (7) cramps in the calves; very painful, occurring chiefly at night, and waking the patient out of sleep; (8) slight morning epistaxis; (9) "electric shocks," a clonic convulsion occurring at the time of falling asleep; (10) "the temporal sign;" prominent tortuous temporal arteries due not to atheroma but to high tension. These minor symptoms may be present while well-marked symptoms of Bright's disease have not yet developed. Taken separately these minor symptoms have little significance, but when several are present their diagnostic value may be very great. They may exist at a period when no albumen is present in the urine, and in any case a patient suffering from Bright's disease is in danger not because he passes a little albumen in the urine, but because the kidneys fail to separate from the blood and excrete in the urine poisonous bodies, formed, as M. Dujardin-Beaumetz observed in the discussion, mainly by the liver. Bright's disease should be treated at any stage by attention to the diet. The earlier the existence of the disease can be recognized the greater the hope of lasting relief. M. Dieulafoy advocated resort to milk diet, M. Dujardin-Beaumetz to a diet poor in toxic substances, a diet from which meat, fish, shellfish, crustaceans, and game were excluded, that is to say, a vegetarian diet. In a few rare cases these minor symptoms of Bright's disease are due to syphilitic disease of the kidneys, and disappear in some cases under treatment by mercury and iodide combined, according to M. Dieulafoy, with a milk diet. In a certain proportion of cases of chlorosis these minor symptoms are present. Such cases resist ordinary treatment by iron, but yield to dieting; in such cases albuminuria may or may not be present. If neglected or incorrectly treated well marked incurable chronic renal disease may develop. As to the

frequency of these minor symptoms observations were made on 60 patients: the number of times they were present was as follows:—cramps, 46; auditory, 31; morning epistaxis, 34; dead finger, 33; electric shocks, 25; temporal sign, 14; vertigo, 43—*British Med. Journal.*

INDICATIONS FOR WASHING OUT THE STOMACH.—Pick (*Centrallbl. f. Therap.*, May, 1893,) relates how originally washing out of the stomach by means of siphonage or pumping was resorted to in cases of simple dilatation of the organ, and lays stress on the circumstances that the facilities of the modern method of siphonage have contributed a large number of suitable cases for this operation. As such he recommends all patients in whom food remains in the stomach for an abnormally long period, such deficient function of the organ being due either to simple dilatation or dilatation secondary to stenosis or stricture. In patients suffering from carcinoma of the pylorus, marked improvement in general health and nutrition will frequently follow periodical and regular flushing of the organ, this step being indicated in order to prepare the subject for any subsequent operation. Excessive secretion of mucus, owing to gastric catarrh, is frequently remedied by the same operation, and in these patients the gastric contents abstracted supply useful indications as to the advisability of adding alkalies, anti-fermentatives, or even hydrochloric acid to the injection. Similarly in catarrhal icterus, cholelithæmia, or uræmia, the stomach will frequently contain noxious substances, the removal of which will benefit the patient; and, lastly, in many cases of chlorosis accompanied by atony, the latter condition may be primary, and give rise to the former by producing intoxication and subsequent anæmia. The author met with good practical results after the adoption of this treatment in several obstinate cases of this

malady. Naturally in all these conditions this treatment must be regarded as symptomatic and secondary in importance, to be supplemented by any other necessary means to cure or allay the disease. As contra-indications are regarded simple uncomplicated atony in which the condition might only be aggravated, and also all those cases where the retching, which is frequently produced, might be fatal to the patient—namely, advanced cardiac, pulmonary, arterial, or other diseases.—*British Medical Journal*.

SLOW PULSE.—According to Dr. D. W. Prentiss (*St. Louis Med. and Surg. Journal*) the causes which produce slow pulse may be classified as follows:—

1. Diseases or injuries to the nerve centres, producing either irritation of the pneumogastric or paralysis of the sympathetic (accelerator) nerves of the heart.

2. Diseases or injury of the pneumogastric nerve, increasing its irritability.

3. Disease or injury of the sympathetic nerves of the heart, paralyzing them.

4. Disease of the cardiac ganglia, by which the influence of the pneumogastric nerve preponderates.

5. Disease of the heart muscle (degeneration), whereby it fails to respond to the normal stimulus.

6. The action of poisons, as lead or tobacco, either on nerve endings or centres. The poison generated in salt fish. Also the poison of certain febrile diseases, algid pernicious fever. Another possibility is malaria poisoning.

NITROGLYCERINE FOR VOMITING.—Humphries (*British Med. Journal*, No. 1683, p. 603.) reports having employed nitroglycerine systematically for three years in all forms of vomiting encountered, with highly satisfactory results. In cases of gastric catarrh, in adult or in the infant, acute or chronic, dependent upon alcoholism or upon anaemia, it acted almost as a specific.

It also proved useful during pregnancy. In peritonitis alone it increased the vomiting, but the effect soon passed off. It proved of little value in the relief of the vomiting of pulmonary tuberculosis. In combination with catechu it acted well in several cases of lenteric diarrhoea. The vomiting of influenza was also relieved by the use of the agent, which was in no instance attended by bad results.—*Med. News*.

LACTIC ACID IN DIARRHÆA.—N. V. Lojkin draws attention to the great value of this medicine in chronic dysentery and acute dyspepsia. He reports a case in which several drugs had failed to cure chronic dysentery, but which was entirely cured in nine days by administering half a tumblerful of a two per cent. solution of lactic acid twice daily. The blood disappeared from the stools in a day or two. Another case, one of acute dyspepsia, he reports as being cured in twenty-four hours, only two doses having been given.—*American Therapist*.

DIGITAL PRESSURE IN HICCUGH.—Hiccough is sometimes a very troublesome symptom, and in many cases may be difficult to overcome. Leloir, in a case of a child twelve years old suffering from persistent hiccough, applied digital pressure for three minutes to the left phrenic, between the two attachments of the sterno-mastoid. The hiccough stopped and did not recur. He has since used the method in a large number of cases, and always with success. In some cases pressure for a few seconds has been sufficient, in others a few minutes.

CATARRH CURE.—A very effective application for catarrh of the nasal passages is the following:

Iodoform	10 grs.
Carbolic acid	15 "
Petrolatum	1 oz.

Mix. Apply to the inside of the nostrils at night on retiring.

TREATMENT OF CYSTITIS.—Lanne-longue recommends in acute and chronic cystitis daily irrigation of the bladder with boric acid solution, followed by immediate injection of ten grms. of a two per cent. solution of iodoform in liquid paraffine; or after the washing out with the boric solution, profuse irrigation of the bladder with the following mixture :

R	
Iodoform	50.0
Glycerine	40.0
Gum Tragacanth	0.30
Distilled Water.....	10.0

Sig.—One teaspoonful to one litre of boiled tepid water. To be shaken well before injection.

You must remember that, in treating chronic gastritis, regimen is of the first importance. If the patient is given to alcoholics these must be remanded; if to gormandizing this must be stopped, for without such regimen you will do yourself harm and your patient no good. Otherwise you should have nothing to do with the case unless you regard reputation less than *revenue*: science less than *shekels*.—*Robinson*

Packing the womb with iodoform gauze, in metritis and subinvolution following labor, accomplishes four needful ends, viz.: pressure tending to produce absorption; lessening of blood supply by some cause; drainage and, lastly, antiseptis.—*Ford*.

INTERTRIGO.—Dr. W. de Garmo (*La Semaine Medicale*, No. 12, 1893), recommends the following powder, as superior to all other measures in the intertrigo of children and adults:

R	
Powdered starch, grs.	20 (ʒiv.)
Prepared chalk, grs.	60 (ʒij.)
Burnt alum,	} aa grs. 8 (ʒij.)
Powd. boric acid,	
Carbolic acid, grs.	2 (gtts. xxx.)
Essence of lemon, grs.	1 (gtts. xv.)
Mix and reduce to an impalpable powder.	
Use as a dusting powder. — <i>Pritchard</i> .	

THE VALUE OF THE HANDS AND OF THE FINGERS.—Surgeons have often to estimate the chances of saving injured hands, and the comparative values of hands and fingers. According to a scale of value furnished by the Miner's Unions and Miners' Accident Insurance Companies of Germany, the loss of both hands is valued at 100 per cent., or the whole ability to earn a living. Losing the right hand depreciates the value of an individual as a worker 70 to 80 per cent., while the loss of the left hand represents from 60 to 70 per cent. of the earnings of both hands. The thumb is reckoned to be worth from 20 to 30 per cent. of the earnings. The first finger of the right hand is valued at from 14 to 18 per cent., that of the left hand at from 8 to 13.5 per cent. The middle finger is worth from 10 to 16 per cent. The third finger stands least of all in value; although, like other useless members of the community, it is surrounded by riches, its value is only from 7 to 9 per cent. The little finger is worth from 9 to 15 per cent. The difference in the percentages is occasioned by the difference in the trade, the first finger being, for instance, more valuable to a writer than to a digger.—*Med. News*, July 22, 1893.

TREATMENT OF HEMORRHOIDS.—Hot sitz baths daily, and application on pledgets of cotton, every three or four hours of the following:

R	Potass. iodidi.....	3-7.5
	Iodi puri.....	0.50
	Glycerine.....	60.0

In London alone during 1892, diagnostic errors were responsible for the sending of between four and five hundred patients not suffering from contagious diseases, to contagious disease hospitals. This was recently acknowledged by the President of the Local Government Board to the House of Commons, and is a matter of record.

DR. DUJARDIN-BEAUMETZ'S TREATMENT OF OBESITY.—For the treatment of obesity in a person whose heart and arteries are sound, says the *Lancet's* Paris correspondent, the above-named physician recommends the following method: Every morning a general body sponging with hot eau de Cologne and water, followed by dry rubbing and massage. A tumblerful of purgative water is then administered. At the end of each meal a dessert spoonful of the following solution is swallowed: Fifteen grammes of iodide of potassium and 250 gram. of water. The undermentioned regimen is to be rigorously observed: First meal at 8 A. M., a cup of chocolate and 20 gram. bread. Second meal, 2 eggs or 100 grammes of meat; 100 grammes of green vegetables or salad; 15 grammes of cheese, a little fruit, 30 grammes of bread a glass and-a-half liquid (a light white wine with Vichy water.) Third meal at 7 P. M., no soup, 100 grammes of meat, 100 grammes of green vegetables or salad, 15 grammes of cheese, fruit, 50 grammes of bread, a glass and-a half of liquid (white wine with Vichy water). No drinking between meals, no tea, no coffee, cognac or other alcoholic beverage. Plenty of exercise in the open air.

POULTICING THE EAR.—Poulticing the ear may seem to be a simple operation, but there is nevertheless a right and wrong way of doing it, and it appears that the wrong way is the one usually adopted. Dr. Buck says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best methods of applying heat, as usually put on the poultice has little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side upon the pillow. Then a large flaxseed poultice is applied over the ear as hot as it can be borne. The column of water is thus kept warm and acts as a conductor of heat between the poultice and the inflamed surface.—*N. Y. Med. Times.*

BRUISES OF THE BRAIN. according to Sir William Savage in the *Lancet*, are not uncommon and deserve more attention than has been given them. Post-mortem they are found in all degrees, from visible laceration of blood vessels with clots in the brain substance, to a pinkish or reddish stain which only a careful examination

shows to be due to minute points or specks of blood. Clinically these are no doubt the cases of concussion from which recovery is prolonged perhaps for months, in contrast with those where unconsciousness lasts but a short time. In these cases of slow recovery there is usually partial unconsciousness, drowsiness, persistent headache, the patient being sometimes roused enough to talk intelligently, but soon relapsing again. These are no doubt the cases where a distinct lesion of the brain substance is produced by the concussion, in contrast with the simple molecular disturbance of the less severe injuries.—*Northwestern Lancet.*

TREATMENT OF APPENDICITIS.—Dr. N. Senn concludes an interesting paper on this subject as follows:

1. All cases of catarrhal and ulcerative appendicitis should be treated by laparotomy and excision of the appendix as soon as the lesion can be recognized.
2. Excision of the appendix in cases of simple, uncomplicated appendicitis is one of the easiest and safest of all intra-abdominal operations.
3. Excision of the appendix in cases of appendicitis before perforation has occurred, is both a curative and prophylactic measure.
4. The most constant and reliable symptoms indicating the existence of appendicitis are recurring pains and circumscribed tenderness in the region of the appendix.
5. All operations should be done through a straight incision, parallel to and directly over the cœcum.
6. The stump, after excision of the appendix, should be carefully disinfected, iodofornized, and covered with peritoneum by suturing the serous surface of the cœcum on each side over it with a number of Lembert stitches.
7. The abdominal incision should be closed by two rows of sutures, the first embracing the peritoneum, and the second the remaining structures of the margins of the wound.
8. Drainage in such cases is unnecessary, and should be dispensed with.—*Cal. and Clin. Rec.*

When you are in doubt as to the diagnosis, examine the urine; when you think you know, examine the urine; when you are sure, examine the urine.—*Ea.*

Notes and Comments.

A graduate of the Medical Department of a Canadian university who has had over two years' experience in a maritime city hospital would like the position of assistant or partner to an established practitioner. Parties wishing references please address R. I., Box 446, Halifax, N. S.

Wm. Wood & Co., of New York, announce the early publication of a work on Medical Jurisprudence and Toxicology, supervised and edited by R. A. Witthaus, M. D., New York, and Tracy C. Becker, Esq., Buffalo, N. Y. This work will appear in four large octavo volumes of about six hundred pages each. There are some seventeen collaborators.

The William F. Jenks Memorial Prize of five hundred dollars will be awarded to the author of the best essay on "Infant Mortality During Labor, and its Prevention." Competition open to the world. Essays to be sent to the College of Physicians of Philadelphia, Penn., before January 1st, 1895. Each essay to be type written, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer.

The following papers have already been promised for the Canadian Medical Association:

Address on surgery—Dr. Hingston, Montreal.

Cases in practice—Dr. Campbell, Seaforth.

Treatment of chronic endometritis—Dr. Conerty, Smith's Falls.

Sanitary science; some of its features—Dr. Canniff, Toronto.

Angioma of the eye-brow—Dr. King, Toronto.

The general practitioner and the insane—Dr. Anglin, Verdun.

Some recent changes in British laws affecting coroners' inquests—Dr. Johnston, Montreal.

Is alcohol in all doses and in all cases a sedative and depressant?—Dr. Harrison, Selkirk.

Displacement of the kidney—Dr. Eccles, London.

Thyrotomy for large sub-cordal spindle-celled sarcoma, with presentation of case—Dr. Birkett, Montreal.

The American Public Health Association will hold its twenty-first annual meeting in Chicago October 9, 10, 11, 12, 13, 14. It will be held in connection with the World's Congress Auxiliary of the World's Columbian Exposition, and will constitute an International Congress of Public Health. Payment of five dollars entitles to membership in the American Public Health Association and a copy of the proceedings of the Congress. The meeting will be conducted in sections.

The American Medical Elitors will have a meeting and banquet in Washington on the evening of Monday, September 4th, the day preceding the assembling of the Pan-American Medical Congress.

Dr. I. N. Love, of the *Medical Mirror*, 3642 Lindell Avenue, St. Louis, has been appointed chairman of the committee of arrangements for banquet, which fact gives ample assurance of the success of the latter.

It is earnestly hoped that every medical editor of all the Americas will endeavor to be present on the interesting occasion. Please address the chairman of committee of arrangements promptly.

Any practitioner knowing of a suitable field for a graduate of medicine of a good University would oblige by communicating with the Editor of this Journal.

NERVOUS EXHAUSTION.

Horsford's Acid Phosphate.

RECOMMENDED as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men, teachers, students, etc., in debility from seminal losses, dyspepsia of nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

DR. EDWIN F. VOSE, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

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

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

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BEWARE OF SUBSTITUTES AND IMITATIONS.

New York Post-Graduate Medical School and Hospital.

TWELFTH YEAR—SESSIONS OF 1893-94.

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

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

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

FACULTY.

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

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

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

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

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

Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics and Medical Chemistry.—Andrew H. Smith, M. D., Wm. H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Farquhar Ferguson, M. D., Reynolds W. Wilcox, M. D., LL.D.

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

Diseases of Women.—Professors Bache, McEvers, Emmet, M. D., Horace T. Hanks, M. D., J. R. Nilsen, M. D., H. J. Boldt, M. D., A. Palmer Dudley, M. D., George M. Edobonls, M. D.

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

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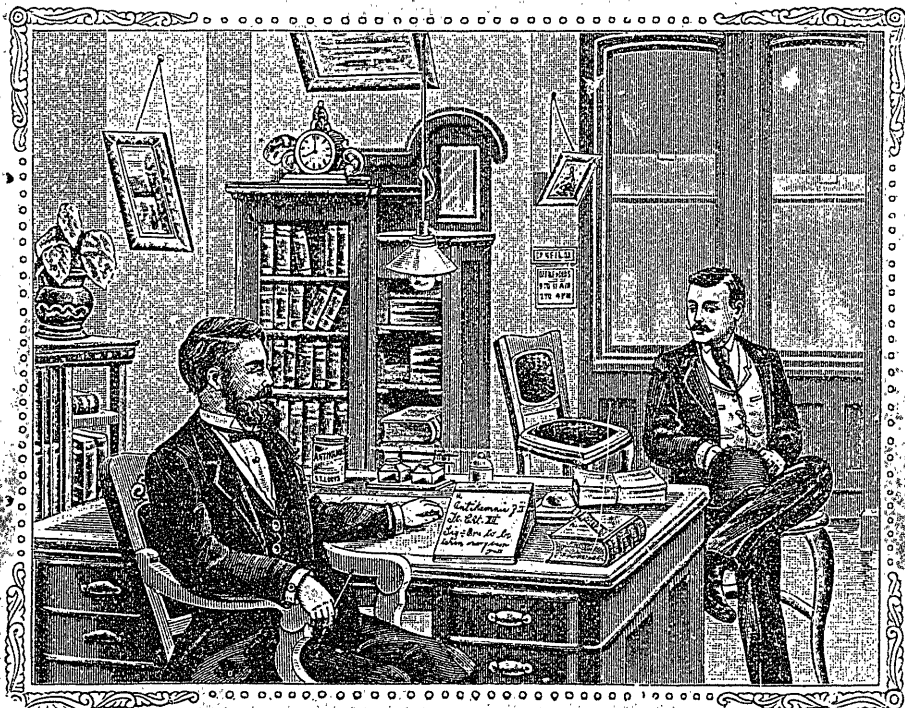
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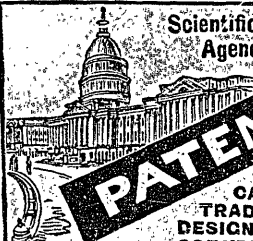
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