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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

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VOL. IV.—No. 9.

SEPTEMBER, 1892.

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Sept. 21st, 22nd & 23rd, 1892.

THE Twenty-fifth Annual Meeting of the Canadian Medical Association will be held in Ottawa, on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September, 1892.

Members desirous of reading papers or presenting cases will kindly communicate with Secretary as to the title of paper or nature of case, as early as possible. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby members and delegates may obtain return tickets for one fare and one-third.

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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

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

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

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

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

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

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

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufactories contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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

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### Original Communications.

#### ENDOMETRITIS.

##### A STUDY.

BY W. B. SLAYTER, M. D., L. R. C. P., LOND.,  
M. R. C. S., ENG., L. M., DUB., ETC.

(Formerly Professor of Obstetrics and Gynecology,  
Hx. Med. College, late Cons. Surg. Prov. and  
City Hospital.)

The first thing to settle is as to what we mean by Endometritis. Of course we all know that the text books and medical magazines tell us that Endometritis means Inflammation of the Endometrium—that there is cervical and corporeal Endometritis—that there are several varieties of corporeal Endometritis such as the *Simple*—the *Fungous* with its two forms described by *Routh* and *Olshausén*, the *Hyperplastic* and the *Polypoid*—the *Gonorrhœal*—that form connected with specific disease, also that form which comes on in old age. We teach and have been taught that the symptoms of Endometritis are well marked or at least sufficiently distinct to permit

us to infer tolerably correctly that Endometritis exists. Those who have had much gynecological practice know also how unsatisfactory all this teaching has been. It may do no harm perhaps to stick to the old definition, provided always that we have in mind just what is meant. At the same time while we talk and write about cervical and corporeal Endometritis we should clearly remember that in some cases corporeal Endometritis is merely an extension of inflammation of the cervical to the corporeal Endometrium, yet what is now-a-days called by Gynecologists Endometritis is supposed to be Inflammation of the corporeal Endometrium alone. I say advisedly *supposed* to be inflammation, for aside from the puerperal condition it has yet to be settled by pathologists, whether Endometritis is or is not an inflammatory condition, or whether some other name ought not to be substituted. In a lecture delivered by the late Matthews Duncan at St. Bartholomew's Hospital, he asks the question, "Who can tell what any one means by Endometritis?" I have no doubt scores of wiseacres are ready to tell us that



they know all about it—but let us find out what Duncan has to say about it. He first of all tells us what he does *not* mean by the term. He says “It is not chronic cervical catarrh or ulceration, a disease which is sometimes called cervical endometritis.” Again, speaking of the various forms of endometritis connected with the puerperal condition, he says “These examples are not in ordinary medical writing or speaking, thought of when this disease (endometritis) is the subject.” Inflammation of part or whole of the corporeal endometrium I (Duncan) shall call endometritis.” Other authorities who hold to the same definition might be quoted, but the professional standing as a scientific gynecologist of Mathews Duncan carries sufficient weight as to anything he may say. Starting out, then, with his restricted meaning of the word Endometritis, we are prepared for the opinion held by most practical gynecologists that it is one not frequently met with—except as the result of gonorrhoeal inflammation extending from the vagina and cervix on towards the fallopian tubes, or as the result of infection from pelvic inflammation or from the presence of submucous fibroid tumors. Duncan says: “To give you an idea of the rarity of the disease, or anything like it, I may tell you what I did one winter. You know what a large number of cases come to the out-patient’s department (at St. Bartholomew’s), and how they are attended to by Dr. Godsen. Well, I secured his special attention to finding for me cases of endometritis, that we might study them. We got *not one*.”

Emmet of New York tells us “that, inasmuch as the greater part of the corporeal endometrium is thrown off at each menstrual period, therefore the condition termed endometritis could not exist but for a limited period.”

Again, Duncan tells us, “At length I come to what would be called at the present day, the real Endometritis. I know nothing more unsatisfactory, I often hear of it but very rarely do I find any evidence of its existence. Much is said

of it and I remind you that many authors delight in long descriptions of what is little known, or not known. There is truly, little to be said of what is known. If you go back to the French journals and elsewhere, to read the startling descriptions of this disease, you will be very much disappointed—little else than Verbiage.”

Price of Philadelphia tells us: “I have removed fifty-four uteri for malignant disease, and with many of these have been associated pus tubes and suppurating ovaries, but in not a single case have I found endometritis that I could not wipe away with a piece of cotton or gauze. I have removed eighty-two huge fibroids, another condition accountable for the endometritis so often found. In about every case I have incised the uterus with the specific purpose of studying this subject. It is exceptional that I find that condition of affairs so much preached about, and to cure which so much is done.”

Here then at the outset we are face to face with the first unsettled points—unsettled so far as professional opinion as a whole, is concerned, unsettled as to the restriction of the meaning of the term Endometritis—unsettled as to the rarity and pathology of the disease. We as practical men meet from time to time with cases in which the constitutional and local symptoms all point to the condition, in one form or other, we call Endometritis. Are we to look on these cases where the corporeal Endometrium is smooth, swollen, loose and tender—or in other cases presenting a fungous appearance, in others again studded with Polypoid growths as ordinary inflammation of the Endometrium, or is the condition due as stated by Emmet to “extraneous inflammation or other conditions which interfere with the regular healthy circulation through the Endometrium, and thus produce a pathological condition and symptoms often mistaken for Endometritis?” Or again, is the fungous variety not an inflammatory condition but a true adenoma as held by Galabin and others. We require more

pathological knowledge before these points can be settled; in the meantime in practically dealing with such cases we should bear in mind that what we now call Endometritis includes a few cases of genuine inflammation, but more frequently, as held by Duncan, a myxomatous Hypertrophy of the Endometrium and some cases of Adenoma, a view held by Galabin. We should bear in mind, however, that Cohen and others consider adenoma to be, at least, a semi malignant condition and govern ourselves accordingly.

Herman, of the London Hospital, says "mere hemorrhage is not evidence of endometritis, but when we have recurrent hemorrhage, persistent pain and persistent leucorrhœa, I think the inference is a justifiable one, that there is a persistent change and that change is an inflammatory one."

Duncan says: "I have no doubt there is endometritis, and if it has any symptoms, they are ill defined or unknown. Smyly, of Dublin, while admitting that endometritis is a disease not unfrequently met with, believes that "only by the use of the microscope can the condition be recognized." Is it too much to hope that when the uteroscope and the electric light is more fully employed as it is sure to be in the future, the symptoms now so doubtful may be found to be more certainly connected with the pathological condition present. So far as the cause of endometritis is concerned there can be no doubt that some of the milder forms of the fungous variety are due as pointed out by Emmet to extraneous inflammation interfering with the circulation through the endometrium—others again seem to be a part and parcel of the constitutional condition of the patient—but I think there can be no doubt that the majority of cases of true chronic endometritis, that is actual chronic inflammation of the endometrium are due to the extension of gonorrhœal inflammation from the cervical to the corporeal endometrium; other causes such as cold during menstrual period, mental anxiety, etc., no doubt are important

features in some cases, but so far as my experience goes, I am led to believe that gonorrhœa is the most frequent of all causes. Many of us remember how the opinions of Noeggerath, with reference to the incurability of gonorrhœa, and the latent condition in which it remained, were looked on as not only extreme but not founded on facts. We may not lose sight of the statement of Hermann, who says, "The next form of corporeal Endometritis is one about which we know scarcely anything beyond that it exists and is very important. We know of its existence by inferences only, but nothing about its morbid anatomy or its symptoms. I refer to Gonorrhœal Endometritis." Nevertheless, we know as a matter of practical experience and fair inferences, that Gonorrhœa is a frequent cause not of a special form but as remarked before of true inflammatory corporeal Endometritis. In my own experience, of nine cases of genuine corporeal Endometritis unconnected with the puerperal condition or extraneous inflammation, five had an undoubted history of Gonorrhœa. Of thirty-four cases of cervical endometritis twenty-three also had a Gonorrhœal history. I have also from time to time examined thirteen prostitutes, seven of whom had had Gonorrhœa at some stage of their career. In four there were well marked symptoms of cervical Endometritis; in two there was corporeal Endometritis; in one there was no trace of uterine disease.

With reference to treatment, our authorities are equally contradictory. Emmet says "that he gives more attention now to general treatment where formerly he relied much more on local means." He has given up internal medication to the uterine cavity, also the introduction of any instrument; he says: "I haven't used a sound for years and my uterine probe has been broken for fully 18 months. He states that the patients admitted to his private hospital since he abandoned the internal applications to the uterine cavity averaged forty-eight days or nearly seven weeks

less time under treatment than those treated in the usual manner.

Smyly on the other hand takes exception to Emmet's course and tells us that the only source of true knowledge of the disease is to be gained by the curette and the microscope.

Bouilly says, "Curetting is indicated in chronic simple endometritis and in the hemorrhagic form it is a most valuable resource." Many other authorities on both sides might be quoted on this question of constitutional versus the local treatment of the disease. Probably the best treatment will be found in the proper adjustment of both forms to suit the individual case. Still this question is far from settled. However, I take it that most of us follow the teachings of the majority of the authorities in sticking to internal medication. Of course, it follows that where internal medication is used, the os and cervix must be dilated. Some use the ordinary tent and go in for gradual dilatation. Others prefer immediate dilatation. In my own experience *rapid* dilatation by means of Goodell's dilator has been very satisfactory. Whether we are content to make local applications only, as for example, the chloride of zinc as recommended by Dumontpallier, or carbolised iodine, or other medicines or to use the curette, I believe we shall always find marked benefit from washing out the uterine cavity with the peroxide of hydrogen and then firmly stuffing the cavity with iodoform gauze and draining by means of a piece of the gauze hanging in the vagina. I must not omit to state that Apostoli, Keith and others have been well satisfied with the local application of electricity in cases of endometritis. I have tried it in four of my own cases with results so satisfactory that in future I shall use this form of treatment before trying any other. While applying the negative pole to the interior of the uterus, I have used a large zinc plate covered with wet cotton as the positive electrode applied to the abdomen, instead of the dirty clay as used by Apostoli in

the very troublesome bladder of water as used by Martin.

We all know how often cervical endometritis is caused or prolonged by rupture of the cervix, and how common nowadays is the operation of Trachelorrhaphy. In connection with this operation I would call your attention to a new needle devised by myself and made by Tieman of New York. The needles of Emmet Nott or Hazeden are all sufficient in most cases, but occasionally one meets with a case where in order to get the needle in at the proper angle, the handle of the needle-holder must be shifted about in a troublesome and unsatisfactory manner. I have used my needle in several cases and find that it answers the purpose so well that the operation is made shorter and easier, and the results more satisfactory than with any of the others.

### BILIARY CALCULI.\*

BY D. N. MORRISON, OXFORD, N. S.

*Mr. President and fellow practitioners,—*

Originally it was my intention merely to make a short report of a case under observation, and its treatment, exhibit specimens of biliary calculi and possibly the patient if desirable. You will pardon me if I have exceeded my intentions. I am firmly convinced that many cases of gall-stone for want of a systematic and through examination of every available source of knowledge have been improperly diagnosed, resulting in indecision, and disappointment for a time, at least, to the attending physician and no doubt in dissatisfaction and loss of confidence on the part of patient and friends. Oftentimes the symptoms are so insidious and obscure as well as complicated that it is a most difficult matter to make a diagnosis unless a calculus has been found in the fœces. I would just here remark the necessity of examining the evacuations from the bowels by a proper *sieve* in every instance

\* Read before the Maritime Medical Association, 1892.

where there is any suspicion of obstruction by biliary calculi. The case in point, forcibly brought to my mind the wisdom of making a very guarded diagnosis in what may appear as the simplest ailment, unless there is positive and unmistakable evidence, based on a systematic and rational method of diagnosis, especially by the mode of exclusion. Unfortunately we all have to confess the blunder of sometimes treating symptoms instead of the cause. My principal object in preparing this brief paper is not to instruct, but rather to elicit an impartial discussion of a subject and its treatment, which has been lately of much concern and interest to myself, and I feel assured is of no little importance to every intelligent and painstaking member of the medical profession.

I found it impossible to procure a text-book or special work on "*gall stones*," hence, the fountain from which to draw experimental facts in regard to the subject and best mode of treatment has been exceedingly limited. It would be presumption on my part to waste your time in giving the minute anatomical relations of the gall-bladder and its ducts. Suffice it to say, that the gall-bladder is situated in the right hypochondriac region lodged in a fossa on the under surface of the right lobe of the liver, connected with it by areolar tissue and vessels, by its under surface with the first portion of the duodenum, hepatic flexure of the colon and occasionally the pyloric end of the stomach. It is pear-shaped, membranous sac, divided into fundus, body and neck and held in position by peritoneum. The fundus is situated between ninth and tenth costal cartilages, outside the edge of the right rectus muscle—directed downwards and forwards towards the right—the body and neck are directed upwards and backwards, and to the left. There is a well-marked constriction where the neck connects with the body and cystic duct. The cystic duct from the gall-bladder joins the hepatic duct from the liver to form the

ductus communis choledochus, which opens in the descending portion of the duodenum. Biliary calculi are supposed to be due to some functional derangement of the liver and are formed principally of cholesterine, bile pigments, bile acid, fatty acid and carbonate of lime.

The way in which *gall-stone* originates is still an unsettled question. Various theories are advocated by different authors. A few of the chief views may be thus stated:—(1) That the bile has some abnormal chemical composition which prevents it from holding certain elements in solution and therefore they are deposited. (2) Calculi have been said to be due to a deficiency of soda, excessive acidity of the bile, excess of lime leading to separation of pigments, decomposition of biliary acids themselves, thereby forcing a precipitate of Cholesterine and biliary pigments. (3) That they originate in plugs of mucus, caused by catarrh of the bile ducts, epithelium or other foreign matter forming a nucleus upon which constituents of the bile deposit. (4) That they are produced by such substances as cholesterine and coloring ingredients. (5) That they are the result of inspissation and concentration of bile. (6) Frequently present with cancer of the stomach or surrounding organs inducing excessive secretion over the requirements for digestion of so little food as is retained. The decomposition mentioned in some of the foregoing causes has been attributed by Dr. Thudichum to the absorption, of some ferment from the intestines. Any one or a combination of one or more of the given causes may be tenable. The important point is to be able to demonstrate scientifically the precise cause in a given case and according to old adage "An ounce of prevention being better than a pound of cure," the maxim would hold true in a case of biliary calculi should we succeed in procuring and safely administering a remedy or remedies which would prevent the conditions favorable to the formation of

*Gall Stones.* In addition to the preceding mentioned causes, there are predisposing facts, viz: Advanced age, female sex, habitual constipation, over indulgence in stimulants and other immoderate habits, saccharine articles of diet, organic disease of the liver, gall-bladder and bile ducts and sedentary habits. The latter I have no doubt has been a predisposing cause in this case.

Although biliary calculi may have their original seat in the liver and bile ducts, yet by far the most common situation is the gall-bladder. There are convincing reasons to presume that the gall-bladder has been the original seat in the subject of this paper. According to some authors the number of calculi varies from one to several hundreds. In this case the patient passed during the month of February, 1892, seventeen gall stones in four days. About three weeks afterwards passed hundreds of seed-like pigmentary substances. On the 24th and 25th of June he was relieved by the bowels of twenty-four *gall-stones* and cannot tell how many are yet in store for future annoyance and pain. In the specimens here presented you will find a good assortment varied in characteristics of size, color, shape, appearance, concentric and tuberculated layers. The mucus formed through a catarrhal state of the biliary passages and duodenum is said to produce decomposition of glycocholate of soda (which is supposed to hold cholesterine in solution) effecting a precipitated condition of cholesterine the principal constituent of calculus. There are maladies with which the incipient stages of obstruction from *gall-stone* may be confounded, and, indeed, during the onset of the first mild symptoms, the medical attendant is more than likely to err in his diagnosis. Biliary calculi is to be differentiated from cancer, gastro-duodenal catarrh, catarrh of the bile ducts, hepatalgia, gastralgia, enteralgia, hepatic aneurism and pressure from any abnormal growth. The symptoms in this case as given by the patient were so misleading and so obscured by reflex pains and tenderness

referred to the epigastric, left hypochondriac and umbilical regions that it was impossible to make out distinctly what parts were actually involved. The complete absence of pain and tenderness over the gall-bladder, and the localized pain and sensitiveness in epigastrium would easily convince a physician that it was only an attack of gastralgia depending upon some other cause rather than upon cholelithiasis.

As the different stages of the case progress symptoms becoming intensely persistent and more aggravated, no relief afforded by the usual course of treatment for gastralgia or enteralgia, the necessities of the case compel the physician to make a more careful and minute examination by the result of which he is likely to reach a definite conclusion. For a short time, two physicians besides myself, were partly deceived by the peculiar and unreliable character of the symptoms, and treated our patient simply for catarrh of the bile ducts and gastro-duodenal tract overlooking the fact that the case was complicated with biliary calculi. As the treatment was peculiar to and serviceable for cholelithiasis there was no serious harm committed.

The clinical history of the case is as follows:—J. R. M., aged 49, height 5 ft. 9 in., weight 220 lbs., temperate habits. Always enjoyed good health previous to 1890. He gives a good family history, worked hard as a blacksmith until he was thirty-eight years old. Fifteen years ago he gave up the blacksmith's trade and engaged himself as provision merchant for ten years, after which he retired from business and was appointed to the office of Stipendiary Magistrate for the town of Oxford. From this account you will perceive the mark change from active physical exercise to sedentary habits, which I believe is an important factor as a predisposing cause. I was called to see him for the first time in September, 1891, when I found him suffering intense pain in the epigastric region. On examination he manifested a great deal of tenderness

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

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"GENTLEMEN,—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 anti-sudoral in the night-sweats of phthical patients.

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The Phosphates address themselves more efficiently to the stimulation and strengthening of the nervous system, which invariably suffers in conditions of debility. Not only theoretically, but in the best private and hospital practice, under the directions of the most experienced Medical men, this combination has proven a most efficient aid in all cases of malnutrition, supplying to the brain and spinal cord elements which are needed for the due performance of their functions, and the want of which is made manifest by many of the symptoms of wasting diseases.

It has been found to be specially useful in Tuberculosis, Scrofula, Ricketts in Children, Anæmia, Neuroses, and kindred diseases.

By careful and intelligent manipulation the salts are all held in complete solution, hence, their efficiency in small dose.

This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

ADULT DOSE—One teaspoonful.

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P. S.—Please be sure to specify WYETH'S.

# WYETH'S COMPRESSED PEPTONIZING TABLETS.

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SODII BICARB. . . . . 15 GRAINS.

The administration of milk peptonized by means of Pancreatin, to infants suffering from marasmus, cholera infantum and kindred diseases, where apparently the stomach has become so enfeebled as to be unable to retain or assimilate food of any kind, has uniformly produced such good results, that we feel certain that a Tablet prepared with the customary accuracy and precision of our other compressed preparations, and containing sufficient Pancreatin to peptonize one pint of milk, will be fully appreciated.

It is hardly necessary for us to expatiate upon the merits of Peptonized Milk as an article of diet for infants and invalids suffering from gastric debility, as it has been used for several years past with such uniformly favorable results as to have led to its adoption as a standard remedy. Unfortunately, however, there has been no convenient method of preparing this valuable article, and as a natural consequence, it has only been used as a last resort, when all other dietetic preparations have been tried and found wanting.

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## Wyeth's Alkaline and Antiseptic Tablets.

As suggested by Dr. Carl Seiler.

(See his article in the *MEDICAL RECORD* of February 27, 1888, on "*Echondroses of the Septum Narium and their Removal.*")

EACH TABLET CONTAINS:

Sodium bicarbonate,	Sodium salicylate,	Thymol,
Sodium baborate,	Sodium chloride,	Menthol,
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**DIRECTIONS.**—Dissolve one Tablet in two fluid ounces of warm water, and use as a spray or wash, to be sniffed up the nose by the patient, morning and night.

This admirable combination has given such marked relief in so many cases of nasal catarrh and its complications, that Messrs. Wyeth have been induced, after consultation with Dr. Seiler, and with his kind permission, to put up the solid ingredients in the form of a soluble tablet, so that the physician can direct his patient intelligently how to use them, and at the same time, enable him to have the means, at all times, of preparing a perfectly fresh solution.

The solution, as prepared from these Tablets, has also been found very agreeable and beneficial as a mouth-wash, in cases of Stomatitis and Retraction of the Gums, etc. It may also be used with benefit as a disinfecting and antiseptic cleansing wash for other mucous surfaces than the nasal mucous membrane. It is particularly useful in cases of dry catarrh with ozæna, as it destroys the disagreeable odor better than any other combination.

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over the stomach, but failed to detect any abnormal condition in the right hypochondriac region—pulse 78, temperature normal, tongue slightly coated, bowels and stomach distended with flatus; no evidence of jaundice. I ordered chlorodyne in 20 drops doses to be repeated every half hour until relief from pain, after which he was directed to take pulv jalapæ co. ʒ i, hydrarg chlorid miti gr. viii, in order to relieve the portal circulation and secure a free peristaltic action of the bowels. He was free from pain within an hour after administration of the chlorodyne. In the meantime I prescribed sod. phos. ʒi tr. nucis vomicæ gtt. x aq chloroformi ʒi t. i. d. I inquired into the history of the case and he gave me the following facts:—For six months previous to the attack he suffered frequently from spasms of severe pain in the stomach which he always succeeded in relieving by self-treatment in the form of hot drinks of ginger, friction over the seat of pain along with some exercise in walking. In January, 1892, I was again called to see him, and found him suffering agonizing pain in the epigastric, umbilical and left hypochondriac regions, spell of vomiting, headache, dry skin, ropy sputa, cold feet and hands chilling feeling over the body, bowels greatly distended with flatus pain in the back, pulse regular, but temperature slightly below the normal. I treated him on the orthodox plan for Gastro-duodenal catarrh with little or no benefit. Hypodermic injections of morphine had to be administered regularly to ameliorate his sufferings. In a few days *Icterus* made its appearance, clay colored stools, scanty and high colored urine, containing a large percentage of biliary coloring matter. Being satisfied that there was now complete obstruction of the “ductus communis choledichus,” and, fearing the possibility of fatal results, I secured the valuable services of Dr. McIntosh, Pugwash, in consultation. Dr. McIntosh was strongly of the opinion that occlusion was due to *gall-stone*. Personally I was in doubt as to whether

the obstruction was caused by a calculus or a catarrhal state of the common duct. The doctor advised me to follow my course of treatment and closely watch the case. The symptoms continued almost unabated for three weeks, except when relieved by anodynes—jaundice of the body increasing, slight hemorrhage from mouth and throat, ropy sputa, dusky yellowish complexion of countenance, and considerable mucus with the feces. At a subsequent consultation, Dr. McIntosh and myself fully concurred in the opinion that the obstruction must necessarily be due to an impacted gall stone. Becoming alarmed in regard to the condition of the case, fearing ulceration or some other fatal result, in February we sent for Dr. W. S. Muir of Truro in consultation, more especially to be advised as regards the wisdom of surgical interference.

On the day of consultation the patient was resting comparatively comfortably and continued to enjoy relief from much pain for one week, the other symptoms persisting. Dr. Muir being doubtful as to the cause of obstruction advised to pursue the same plan of treatment; in addition he suggested hypodermic injections of pilocarpine to act on the skin, and a few doses had the desired effect. The nurse was requested to make a very careful examination of every evacuation from the bowel by a fine *sieve*. About the 20th of February had a severe attack of short duration, when the diagnosis of biliary calculi was fully confirmed by the presence of fifteen gall-stones in the stool, on the following day two calculi were found, making in all seventeen. This was followed by a large quantity of mucus and bile appearing in the *feces*, increased quantity of urine and a gradual diminution of the *Icteric* condition of the body. Patient enjoyed complete relief until four weeks afterwards when he had a mild attack, which lasted three days, and a multitude of seed-like pigmentary substances were found in stools. He suffered frequent paroxysms of the symptoms from March till June, 1892,



M. P. P.

# MALTO PEPTONIZED PORTER,

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Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following:

- (a) **Convalescence from acute diseases—such as typhoid fever.**
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- (d) **In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.**
- (e) **In wasting diseases of children.**
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but comparatively mild in character. On the 24th of June the former symptoms reappeared with increased severity (except jaundice, the obstruction being of short duration, lasting only six hours) and during the following two days twenty-two calculi were found in the *fucæ*. Since that date he has been quite comfortable and has enjoyed his usual health.

*Treatment.*—The special line of treatment for the last six months was as follows:—

Abstinence from fatty, saccharine and starchy articles of diet as much as possible. Daily exercise directed either in walking or some other way. Frequent bathing and friction of the body.

Sod Phos in 3 doses three times a day before meals. Occasional doses of sod-bicarb with small doses of calomel—a pill consisting of ext. Podophyllin, ext. Belladon, ext. Colocynthco. and ext. Nucis Vomicae. The Durande mixture of (3 parts of ether to 2 of turpentine) in 25 to 40 drop dose t.i.d. At the suggestion of Dr. Muir Sod. Sulph. in 5 doses combined with Sod. Phos. During the last three weeks, on the advice of Dr. McIntosh, he has been taking in form of powder Sod. Benz., Sod. Selicylates, Pulv Rhei and nuc vomic. For the *parocysms* hot fermentations and anodynes with hypodermic injections of morphine and atropine.

I am fully aware of the imperfect manner in which a mere outline of the subject has been presented, and of the fact that I may be open to your friendly criticism, but I make no apology as my object is simply to obtain some practical knowledge that may be beneficial to my patient and of value to myself.

It is satisfactory to learn that the Dominion Government have commenced to effect improvement in the various quarantine stations. In view of the lamentable experiences at New York, it is to be hoped that the improvements will be thorough and adequate.

## Selections.

### NEWS ITEMS.

#### SANITARY AND PREVENTIVE MEASURES.

The Philadelphia Board of Health has issued the following instructions:

Thorough ventilation of dwellings is essential to the health of the occupants. Fresh air is a most important means of promoting and sustaining the healthy action of the body. Personal cleanliness, and cleanliness about dwellings and premises, should be most carefully observed. A source of danger to health is the decomposition of organic matter in and about houses. Cellars, areas, drains, cesspools, should be examined to see that they contain nothing to poison the air. Privy wells should be kept free from garbage and refuse matter of all kinds, and if they have been neglected, immediate attention should be directed to them. Damp cellars are injurious to health. The foul and humid air from them will penetrate the house, in spite of every effort to prevent it. A remedy should at once be instituted. It is common habit to throw waste material, especially kitchen garbage, into the gutters and streets, where it decomposes and vitiates the atmosphere. This is an offense alike unjust to ourselves and to our neighbors.

For the prevention of disease, a good nutritious diet and regular habits of life are indispensable; temperance in all things is to be observed; and avoidance of all excesses is strictly insisted upon. Constant vigilance is necessary to guard against the many causes which at this season of the year have a tendency to disturb the stomach and bowels, thereby depressing the nervous system and diminishing the power to resist disease.

Cleanliness is the essential preventive of disease. Keep your houses, cellars, yards, vaults, and sinks clean, wherever it can be done. Whitewash the walls of your houses, cellars, fences, outhouses, shops, factories, storehouses, and every other place about your premises where

dampness exists, and where mould or mildew forms. It keeps the walls dry, sweet, and clean, and prevents the accumulation of moisture, which promotes putrefaction, through the presence of living organisms, which are thought by many to be a specific cause of disease. Avoid all collection of coal-ashes mixed with kitchen garbage, slops, stagnant water, and other semi-solid or liquid filth anywhere about your premises.

Sewers, house-drains, waste-pipes, and water-closets should be frequently *flushed* with water—let on the largest practical volume. Water-closets and house-drains should be *flushed* in this manner every day."

**VENTILATION.**—Your premises, particularly sleeping apartments and cellars, should be thoroughly ventilated. Ventilation is no less a purifier than is water. It cleanses by oxidizing and drying. Keep your houses open and your windows raised during the day in good weather, that they may have the full benefit of sunlight and a free circulation of pure air. Avoid the possibility of exposure to sudden changes of weather at night. When the weather is cool or rainy, be sure to keep a fire in the house in order to prevent dampness; in sparsely settled neighborhoods, or in the suburbs of the city, have a fire in the house the entire season.

**DISINFECTANTS** are important. They absorb impure exhalations, prevent decomposition, and destroy noxious gases, but in no instance should they be considered or employed as substitutes for a pure atmosphere obtained by free ventilation. "These are simply aids in restoring and preserving healthful purity, and not substitutes for cleanliness and pure air."

They may be employed in cellars, yards, privies, vaults, sinks, water-closets, sick-rooms, bed-pans, stables, and in other places about your premises, or wherever practicable, when offensive odors are emitted.

*Quicklime* may be employed as a purifier, to act as a dryer in damp apart-

ments, and upon moist and hurtful effluvia. It may be strewn as dry lime on the earth or placed upon plates, or, better still, in the shape of whitewash upon the walls. In the latter form, the addition of a small quantity of carbolic acid adds to its efficiency.

*Charcoal* is a powerful oxidizing agent. It may be used as a deodorant and purifier. "The sole condition necessary is the free excess of atmospheric air, which the charcoal uses in oxidizing the putrid miasms." It should be freely strewn on the floors of cellars, and all places which may be damp and moldy. It should always be used in a crushed and fresh state.

An excellent deodorizing compound may be made by mixing *one part of peat charcoal, one part of quicklime, and four parts of sand or gravel.*

*Sulphate of Iron (Green Copperas), Sulphate of Zinc, and Sulphate of Copper.*—Dissolve one or two pounds of any of these salts in a gallon of water, and use the solution to correct decomposing and offensive matters. *Sulphate of iron* is the cheapest of these substances. Eight or ten pounds of it dissolved in five or six gallons of warm water, with one pint of crude carbolic acid added, makes *the cheapest and one of the best disinfecting fluids for common use* in privies, water-closets, drains and sewers.

*Before the emptying of privies or cess-pools* the contents should be disinfected. For effective disinfection a solution of two pounds of *sulphate of iron (copperas)* in a gallon of water, or of one pint of liquid *chloride of zinc* in a gallon of water (to each of which two ounces of strong carbolic acid has been added) should be used in the proportion of one pint to each cubic foot of contents. After thorough disinfection a quantity of either of these solutions should be poured down daily to keep the cess-pits in good condition. *Chloride of lime* in the proportion of one pound to a gallon of water may also be used.

**DISINFECTION PROPER.**—*Fire.* The burning of infectious material, infected

clothing, etc., is an effectual way of disposing of it. Articles of little value which have been soiled with infectious material (especially old clothing and bedding), had better be burned.

*Heat.* Boiling for half an hour will destroy all known disease-germs. This is the cheapest and best way of disinfecting clothing and articles which are not injured by the ordinary operations of the laundry. *Moist heat* (steam) at 230° F. destroys germs of all kinds, even the most resistant spores, in twenty minutes.

*Sulphur fumigation* is an excellent method of purification. Place the sulphur in an iron dish, supported upon bricks in a wash-tub containing a little water; set it on fire by hot coals or with the aid of a spoonful of alcohol. All doors, windows and other openings should be closed, and allowed to remain so at least twelve hours; the room should then be opened and well ventilated. Two pounds of sulphur will be required for a room ten feet square (1000 cubic feet of space). The amount should be increased for larger rooms in the same proportion.

*Chloride of lime* is one of the cheapest and most efficient of disinfectants. For the purpose of correcting offensive matters, and for utensils, sinks, water-closets, drains, bed-pans, etc., it may be mixed with water in the proportion of one pound to one gallon. Infected bed and body linen, towels, etc., which cannot be immediately boiled, may be disinfected by immersion in a solution of chloride of lime in the proportion of two ounces to the gallon of water, and left for four hours.

*Corrosive sublimate* is a powerful disinfectant, but on account of its *highly poisonous* quality should be used with the greatest care. Dissolve in water in the proportion of two drams to the gallon, and add one dram of permanganate of potash to give color to the solution. Label it carefully—**POISON**. Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc., or for vomited matters. Leave in vessel ten or fifteen minutes

before throwing into cess-pool or water-closet. It will injure lead pipes if used constantly; it should not be placed in metal receptacles.

*Carbolic acid* is very useful for disinfecting soiled clothing, discharges from the bowels, vomited matters, etc., and for the general purposes of disinfection. A wineglassful (two ounces) of the pure liquid, well mixed with a quart of warm water, may be used in night-vessels, water-closets, sinks, or for wetting a sheet to hang in the doorway of a sick chamber; from half a wineglassful to one quart of warm water, for washing furniture, walls, etc.; two ounces to the gallon of water, for clothing, etc.. One pint of strong carbolic acid added to five gallons of warm water should be occasionally poured into sinks and drains leading into sewers. One ounce of the crystals mixed with four pounds of slaked lime forms a good powder for covering over offensive heaps of filth or refuse that it is impossible or unwise to remove. Liquid acid diluted with two thousand times its bulk may be used for street sprinkling. *Carbolic acid soap* may be used for the hands.

"It appears to be characteristic of *cholera*, not only of the disease in its developed and alarming form, but equally of the slightest diarrhœa which the epidemic can produce, that *all matters which the patient discharges from his stomach and bowels are infective*; that the patient's power of infecting other persons is represented almost or quite exclusively by those discharges; that they are comparatively non-infective at the moment they are discharged; but afterward, when undergoing decomposition, acquire their maximum infective power; and that if *they be cast away without previous disinfection*, they impart their own infective quality to the excremental matters with which they mingle in filth-sodden earth, or in depositories and conduits of filth, and to the effluvia which those excremental matters evolve; that if the infective material, by leakage or soakage from drains or cesspools, or otherwise, gets

access even in the smallest quantity, directly, or through porous soil, to wells or other sources of *drinking-water*, it can infect, in the most dangerous manner, very large volumes of water; that the infective influence of the choleraic discharges attaches to whatever bedding, clothing, and like things that have been imbued with them, and renders these things, if not disinfected, capable of spreading the disease."—*Chief Medical Officer of Great Britain.*

**PERSONAL DUTIES.**—Observe strict cleanliness in your person and clothing. Bathe daily, if you have the convenience. If not, wash freely with cold water every day.

Change your undergarments daily, or as frequently as your circumstances will admit.

Be moral, regular in your habits of life, meals, exercise, and sleep.

Be careful to dress comfortably for the season, avoid the night air as much as possible, and when thus exposed put on an extra garment, and do not go into the night air when in a state of perspiration.

Be careful to avoid the use of alcoholic drinks. Do not suppose that their use will prevent the occurrence of disease. On the other hand, those who indulge in the custom are always fair subjects for disease, and when attacked the intemperate are particularly in a condition to offer feeble resistance.

Live temperately, live regularly, avoid all excesses in eating crude, raw and indigestible food, especially cabbage, salad, cucumbers, and unripe fruits.

*The boiling of milk and all water used for drinking purposes is a necessity.*

Partake of well-cooked beef and mutton, rice well boiled, and avoid pastry and laxative fruit.

Take your meals at regular seasons, neither abstaining too long at a time, nor indulging too frequently. An overloaded stomach is as much to be dreaded as an empty one.

Avoid bodily fatigue and mental exhaustion. Lead a calm and quiet life. Let all exciting causes be avoided. If

you depress or impair the vital forces, it is prejudicial to health. By excitement or violent exercise you increase the susceptibility of the system to disease.

During the prevalence of cholera, do not neglect even the slightest diarrhoea, no matter how painless at first.

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### *Notes and Comments.*

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Dr. Hingston's (Montreal) address on "Surgery" at the recent meeting of the British Medical Association has been very favourably mentioned in both British and American journals.

It was shown that our earlier Canadian surgeons when lacking for the time the fine instruments and appliances found in the modern cities had shown their sterling worth and ability to cope with puzzling conditions successfully, and that our present surgeons are not only not behind those of any other country, but may claim to have been pioneers in certain fields of their art.

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### PERSONAL.

Dr. Tobin of Halifax has returned from a visit to England.

Dr. Murray, recently of Newfoundland, and Dr. Payzant, late of Burlington, have commenced practice in Halifax.

Dr. Dewitt, late of Halifax, has removed to Wolfville.

Dr. Percy Woodworth is about to commence practice in Kentville.

Dr. G. N. Drysdale, who graduated last spring at the Halifax Medical College, intends going towards the Western coast of the continent, where we predict for him a successful career.

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Thomas Leeming & Co., of Montreal, are the Canadian agents for Papoid. See the new advertisement on advertising page vi. Papoid is an excellent preparation.

# Maritime Medical News.

SEPTEMBER, 1892.

## EDITORS.

D. A. CAMPBELL, M. D.....	Halifax, N. S.
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*Communications on matters of general and local professional interest will be gladly received from our friends everywhere.*

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

*All manuscripts, and literary and business correspondence to be addressed to*

DR. MORROW,

*Argyle Street, Halifax.*

## THE CHOLERA.

The dreadful penalty that must sometime be paid by those who neglect municipal cleanliness, who allow sanitary matters to take care of themselves, who are contented to go on year after year and generation after generation without securing a water supply guaranteed free from all sources of pollution, is witnessed to-day, in many European cities, in the western part, notably in Hamburg. The cholera has waked up many municipal bodies no doubt and during the last few weeks has done much to awaken the public as to the importance of earnest intelligent attention to sanitary and preventive measures in general. In Great Britain and in the two North American countries the people are, in the former, great-

ly, and in the latter fairly alive to the situation.

In most of our Canadian towns considerable progress has been made towards educating the people to a realization of the necessity of public health precautions, and even to a readiness to sanction some expense in connection therewith.

Much remains to be done, however, both in city and country, both by local boards and by local and Dominion governments, and the profession should not rest until there is in this country a well organized public health bureau, which shall introduce order and logic and completeness into the quarantine and other public health departments.

At present New York is apparently the only North American port which can be said to be infected, and here the cases are very few, not half a dozen if the authorized reports of the Board of Health are to be relied upon. The several cases have been completely under control from the first and there is reason at the present moment to hope that the plague will be staid. The greatest vigilance should nevertheless be exercised at all provincial ports so that no infected person or person suspected of infection may enter the provinces. If the situation at New York becomes more grave of course the time would come when quarantine against United States ports would be imperative.

The general precautionary measures are well outlined in another page.

In our next issue we shall give a summary of the question of the treatment of the disease.

THERE was one notable omission made at the last meeting of the Maritime Medical Association, and one that, it is to be hoped, will not be repeated at its next, viz., the omission of any action looking towards the obtaining of such legislation as will make it possible for any medical practitioner registered in our province, to be, ipso facto, registered in the others, or at least to have the benefits of registration in such other provinces. It will be remembered that one of the principal arguments in favor of the formation of this Association was, that by its aid, the medical acts of the Maritime Provinces might be so amended that provincial boundaries would form no bar to practise, to any physician on the register in either province.

In this connection we are pleased to note that there is at the present meeting of the Canadian Medical Association a movement on foot to formulate a scheme having a similar object, but one of still wider influence including the whole of Canada, and intended to make it possible for a physician once registered to practise in any province of the Dominion.

It is sincerely to be hoped that

success will attend this effort, and that some scheme may be devised which will command the co-operation of all interested. We believe the initiative in this matter is being taken by the Ontario Medical Council, and that fact is a guarantee that any curriculum which may be decided upon, will not tend to lower the standard of medical education which exists in any of the provinces. As a matter of fact the graduate of the United Kingdom who has placed himself on the British Register is the only one who can now go to any or every province of the Dominion, and by the simple payment of reasonable fees demand to be placed on the register, and this, not by virtue of any Canadian legislation, but by virtue of the Imperial Medical Acts, which declare that all practitioners registered in the United Kingdom may, without further examination, practice in any part of Her Majesty's dependencies. Some years ago the application of this act to Ontario was questioned, and in the trial which ensued, victory rested with the applicant on the strength of his English registry. Lately the Provincial Medical Council of British Columbia refused to register an applicant on the strength of his British registration, but the Chief Justice held that it could not so refuse so long as the Imperial Acts remained unrepealed.

It would appear from the above that there is consequently one way

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Extract of Beef, Citrate of Iron, and Sherry Wine.

## CAUTION.

WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some (not over scrupulous) Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

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# SYR. HYPOPHOS GO., FELLOWS

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**THE TONICS**—Quinine and Strychnine ;

**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 stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

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

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

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light and heat, *in the property of retaining the Strychnine in solution*, and in the medicinal effects.

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

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

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by which a medical practitioner can register and practise in any province, and as a large number of our medical men now hold British degrees, so far as they are concerned, no other legislation is required. But the large majority, of course, are not in this position, and on their behalf we hope that a satisfactory arrangement can be made whereby this end may be accomplished. Whether this will be done, in the first instance, by the present effort of the Ontario council and extend to all Canada, or whether its accomplishment will come piecemeal by the amalgamation of the legislation of two or three provinces, to be afterwards extended gradually, we do not know, but we believe the end will sooner or later be accomplished, and we wish success to every effort made on its behalf.

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### *Society Proceedings.*

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PRINCE EDWARD ISLAND MEDICAL MERGED  
INTO THE SOCIETY ACCORDING TO THE  
MEDICAL ACT OF 1892.

According to notice and pursuant to the provisions of the "Medical Act, 1892," the members of the medical profession of this province met on Wednesday evening, July 27th, at Summerside, for the purpose of organizing the Medical Society. At this meeting the officers were elected, bye-laws drawn up and committees appointed.

The officers for the ensuing year are:

President: Dr. Peter Conroy, Charlottetown.

1st Vice-President: Dr. Robertson, Crapaud, Queen's Co.

2nd Vice-President: Dr. John Sutherland, Bedeque, Prince Co.

3rd Vice-President: Dr. A. A. Allen, Cardigan, King's Co.

Secretary: Dr. S. R. Jenkins, Charlottetown.

Treasurer: Dr. H. D. Johnson, Charlottetown.

*Executive Committee.*—Drs. D. G. McKay (S. side), Ross (Eldon), Robertson (Crapaud), Warburton (C. Town), Beer (C. Town), Taylor (C. Town).

The Society then adjourned to meet next day, after the annual meeting of the Prince Edward Island Medical Association, which Association met in Y. M. C. A. Hall, Summerside, July 28th, at 10.30 a. m.

The president, Dr. D. G. McKay (S. side), called the meeting to order. After receiving the reports of the different officers and committees and finishing some other business, the president delivered his address, which, on motion, was ordered to be published in the *MARITIME MEDICAL NEWS*. A very interesting paper was read by Dr. R. McNeill (of Stanley) entitled, "The Publication of Prescriptions Unauthorized," which elicited a good discussion, at the conclusion of which the sentiments contained in this paper were approved of by a vote of the Association.

The next paper by Dr. Taylor "Medical Adventures" (not at home) was very attentively listened to and well received.

The last paper read was that by Dr. McLellan of Summerside on "Diphtheria." This was an excellent one and was fully discussed and highly complimented by members present.

A resolution was then passed in compliance with the provisions of the Medical Act, 1892, merging the Medical Association into the "Medical Society" as already organized.

The Society again met and adjourned to meet at Charlottetown in July, 1893.

S. R. JENKINS,

*Secretary.*

Charlottetown.

BOOKS AND PAMPHLETS  
RECEIVED.

An American Text Book of Surgery. Edited by William W. Keen, M. D., LL. D., and J. William White, M. D., Ph. D. Publishers, W. B. Saunders, 913, Walnut Street, Philadelphia.

Clinical Lecture. Deformity of Hip and Knee following acute osteitis; Lumbar abscess resembling incipient Hip-joint Disease. By H. Augustus Wilson, M. D., Philadelphia.

The Necessity for early Correction in Congenital Club-foot. By the same.

The Etiology, Diagnosis, and treatment of the Prevalent Epidemic of Quackery: By George M. Gould, M. D., Philadelphia.

The Uses of Fever. The Dangers of Antipyretics in Typhoid Fever. By J. H. Musser, M. D., Philadelphia.

Whooping-cough; its management; its climatic treatment. By the same.

Grave Forms of Purpura Hemorrhagica. By the same.

Tuberculous Ulcer of the Stomach and

The Limitations and the Powers of Therapeutics. By the same.

READING NOTICE.

ROSSVILLE, STATEN ISLAND,  
May 17, 1892.

I reiterate my assertions made nearly a year ago and am prescribing daily Antikammia with happiest effects.

In my practice it accompanies the maid from her virgin couch to her lying in chamber, assuaging the perplexities of maidenhood and easing the trials of maternity with most gratifying results.

I earnestly hope that the proprietors of this valuable remedial agent will keep it up to its present standard of purity and excellence.

Truly,  
CALEB LYON, M. D.

SUIT AGAINST A HOSPITAL.—Alexander Coblitz, the ten-year old boy who sued the New York Hospital for \$50,000 for the loss of his leg, and who was beaten on the technical ground that the institution was a charitable one, and public policy did not permit such suits when the physicians were carefully selected, has decided to appeal his case and get a determination on this question in the higher courts. The main ground for appeal is that if the hospital agreed to take pay for his treatment it cannot claim immunity because it was a charitable institution. Suits have also been brought against the surgeons individually, and the attempt made to fix on some one the liability for what is alleged to have been great negligence.—*Virg. Med. Monthly.*

BUBO.—Neumann recommends equal part of the tincture of iodine and tincture of nutgalls to be painted on the non-fluctuating bubo for the purpose of obtaining resorption. The nutgalls tans the skin and prevents inflammation through the use of the iodine. Absolute repose in bed. If fluctuation is produced, and the skin is red at the level of the bubo, incise to empty the abscess, and when the pus has flown out, if penetrating fistulae are discovered in the deep parts of the bubo, introduce into the pus tracts little sticks prepared as follows: iodoform,  $1\frac{1}{2}$  to  $4\frac{1}{2}$  grains, gum tragacanth starch and glycerin sufficient to make one crayon.—*N. Y. Med. Abstract.*

It is to be hoped that the local Boards of Health throughout the provinces generally have not been inactive lately. In view of a possible visitation of cholera they should all be as energetic as possible in seeing to the improvement of the sanitary condition of their districts. We trust that none will allow it to be said that they waited until the disease was upon them before exerting themselves. Medical men should be the leaders in these matters, and should not wait to be aroused by laymen.

# GASTRIC DERANGEMENTS.

## Horsford's Acid Phosphate.

UNLIKE all other forms of phosphorus in combination, such as dilute phosphoric acid, glacial phosphoric acid, neutral phosphate of lime, hypophosphites, etc., the phosphates in this product are in solution, and readily assimilated by the system, and it not only causes no trouble, with the digestive organs, but promotes in a marked degree their healthful action.

In certain forms of dyspepsia it acts as a specific.

DR. T. G. COMSTOCK, of the Good Samaritan Hospital, St. Louis, says: "For some years we have used it in a variety of derangements characterized by debility, as also in chronic gastric ailments. It is approved of, unanimously, by the medical staff of this Hospital."

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

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in those branches in our own Hospital. 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 that are attached to these Institutions.

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- Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D., President of the Faculty: W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
- Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.
- Veneral and Genito-Urinary Diseases.*—L. Bolton Bangs, M. D.
- Diseases of the Skin and Syphilis.*—L. Duncan Bulkley, M. D.
- Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M. D., Graeme M. Hammond, M. D.
- Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., William H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Frank Ferguson, M. D., Reynold W. Wilcox, M. D., LL.D., J. West Roosevelt, M. 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 McEvers Emmet, M. D., Horace T. Hanks, M. D., Charles Carroll Lee, M. D., L. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.
- Obstetrics.*—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.
- Diseases of Children.*—Henry D. Chapin, M. D., J. H. Ripley, M. D., Aug. Caille, M. D.
- Hygiene.*—Edward Kershner, M. D., U. S. N.
- Pharmacology.*—Frederick Bagoe, Ph. B.
- Electro-Therapeutics and Diseases of the Mind and Nervous System.*—Wm. J. Morton, M. D.

For further information please call at the school, or address CLARENCE C. RICE, M. D., Secretary,  
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**WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Bone-Calcium, Phosphate  $\text{Ca}_3 \text{2PO}_4$ , Sodium Phosphate  $\text{Na}_2 \text{HPO}_4$ , Ferrus Phosphate  $\text{Fe}_3 \text{2PO}_4$ , Trihydrogen Phosphate  $\text{H PO}_4$ , and the Active Principles of Calisaya and Wild Cherry.

The special indication of this combination is Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of therapeutists.

**NOTABLE PROPERTIES.**—As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to good will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Phosphates being a NATURAL FOOD PRODUCT no substitute can do their work.

**DOSE.**—For an adult, one table-spoonful three times a day, after eating; from 7 to 12 years of age, one dessert-spoonful; from 2 to 7, one teaspoonful. For infants, from five to twenty drops, according to age.

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## Bellevue Hospital Medical College, City of New York. Sessions of 1892-93.

**THE REGULAR SESSION** begins on Wednesday, September 26th, 1892, and continues for twenty-six weeks. During this session, in addition to the regular didactic lectures two or three hours are daily allotted to clinical instruction. Attendance upon three regular courses of lectures is required for graduation. The examinations of other accredited Medical Colleges in the elementary branches are accepted by this College.

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The **CARNEGIE LABORATORY** is open during the Collegiate year, for instruction in microscopical examinations of urine, practical demonstrations in medical and surgical pathology, and lessons in normal histology and in pathology, including bacteriology.

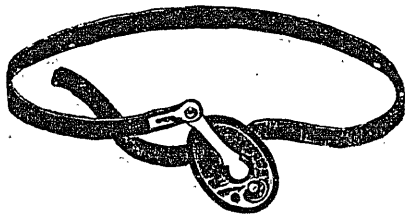
For the annual Circular, giving requirements for graduation and other information, address **PROF. AUSTIN FLINT**, Secretary, Bellevue Hospital Medical College, foot of East 26th Street, New York City.

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The prominent symptom in all cases of dysmenorrhœa, is the severe pain which demands relief, and which in nearly every instance, is mitigated by the use of whiskey or morphia, both of which are very injurious. A succedaneum for whiskey and morphia is a great desideratum, and this we find in ANTIKAMNIA (opposed to pain.)

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