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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 bedside, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

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

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Recently extensive additions were made to the building and the old one 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 manufacturing concerns 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.

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Original Communications.

STRANGULATED UMBILICAL HERNIA:—DEATH.

[Reported at the Quarterly Meeting of the Pictou County Medical Society, October, 1892.]

By JOHN STEWART, M. B., PICTOU.

Mrs. E. aged about 55, had been the subject of umbilical hernia for nine or ten years. It frequently came down, but she had always succeeded in returning it herself, though often with much difficulty, and never completely, a considerable portion being irreducible.

Early in the morning of 30th September, last, I called to see her. The hernia had come down about ten o'clock the previous evening, and the efforts of herself and her friends, carried on assiduously all night, had failed to reduce it.

The patient was a very stout woman, with a prominent abdomen. She weighed 265 pounds. Her health had always been fairly good. She had no family. She attributed the present attack to an unusually hearty dinner.

I found the greater part of the umbilical and lower epigastric regions occupied by a large tumour, measuring eight or nine inches transversely, six inches in the median line, and projecting about three inches above the general level of the abdomen. The umbilicus was situated on the inferior aspect of the tumour. The uneven nodular surface of the swelling, and its hardness, suggested a solid tumour, but percussion brought out a tympanitic sound, varying in pitch in different parts of the tumour. The skin covering it was abraded in several places owing to the application of turpentine stupes and vigorous efforts at reduction. In some places the skin was dusky, and over the whole surface of the tumour it felt cold to the touch. There was no retching, but frequent ejection without straining of a thin bilestained fluid. No flatus had been passed, but there was frequent micturition, and the patient complained of very severe pain.

Very little manipulation convinced me that reduction by taxis was out of the question, and I found the patient willing for an operation.

I obtained the assistance of my friend Dr. MacKenzie, and the patient was placed under chloroform. This had no effect on the hernia, and so the usual antiseptic precautions having been taken, we proceeded to operate.

An incision was made slightly to the left of the median line, and the sac was carefully cut down upon. There was great tension over the most prominent parts of the hernia, and the thickness of the coverings not more than a quarter of an inch, while just above and below there was a thickness of at least three inches of fat between the skin and the recti muscles.

An attempt was made to divide the constriction outside the sac, but this was found to be impossible, the sac overlapping the constricting ring, and forming such an acute angle that the finger could not be passed up to its neck.

The sac was therefore opened, and omental fat and small intestine at once protruded with great force. The gut was of a deep purple colour and appeared unusually dry, but preserved its lustre. It was very much distended with gas, and the finger could not be passed down to the neck of the sac without exerting an amount of force which might cause injury. The most distended coils were therefore punctured with the needle of a hypodermic syringe, a Lembert suture being inserted so as to pucker up the peritoneum over the puncture. Very little gas escaped, but enough to lower the tension in the sac, and the finger could now define the hernial orifice, which was quite small, not more than an inch and a half in diameter, and with thick, rounded edges. The impression conveyed to the finger tip was much the same as that produced by the grasp of the sphincter ani. This dense ring was now divided both upwards and downwards, and the bowel, of which about two feet had prolapsed, was returned; not without much difficulty. The omentum was largely adherent to the sac. Some of

the adhesions were easily torn through; others had to be tied off and divided. The sac was so large and contained so many loculi that it was not considered advisable to dissect it out. The hernial opening was therefore closed up by three or four sutures of stout chromic catgut, and the sac, by means of a continuous buried suture passed from side to side was drawn into a series of folds or plaits. The long incision in the skin was then brought together by continuous silk suture with bits of rubber tubing threaded on it between each point of incision, a method much used by Caird, of Edinburgh, to prevent undue pressure on the skin.

The wound was dressed with iodoform and "wood wool," held in position by strapping and a roller bandage. One-third of a grain of morphia was given hypodermically, and the patient laid in bed.

The pulse, which had been 96 just before the operation, was now 108. On waking from the chloroform the patient at first struggled violently, and she continued restless, though free from pain during the afternoon.

We visited her at 9 p.m. and found her still restless. There was great distension of the abdomen, and the face was somewhat dusky, apparently from interference with respiration by pressure of the distended intestines against the diaphragm. She was not at all collapsed and the muscular strength was good. She complained of tenesmus and was increasingly restless. The passage of a long rectal tube gave no relief; neither did an enema of assafoetida. The pulse was weaker and more rapid, and there was occasional delirium, but for the most part the patient's mind was quite clear until her death which took place at three o'clock in the morning.

REMARKS.—I have called this an umbilical hernia because it was situated in the umbilical region, but the hernial orifice was in the linea alba at

least two inches above the umbilicus. Authorities differ in defining umbilical hernia. A congenital umbilical hernia is of course in the umbilicus, it is a *hernia funis*; and the acquired umbilical hernia of children, generally small and easily cured by pad and bandage, is a hernia through the umbilicus. But in the majority of so-called umbilical hernia, occurring in the adult, I venture to think the protusion takes place in the linea alba at a point higher up than the umbilicus, and perhaps the term ventral hernia would be more accurate.

Umbilical hernia is said to occur most frequently in women who have borne large families. This patient, though certainly stout and flabby, was nulliparous. The hernial orifice is said to be usually large; in this case it was small and with extremely thick edges.

There is great unanimity among surgical writers as to the danger of operation in umbilical hernia, but reasons are seldom assigned for this unusual mortality.

One reason may be found in the anatomical relations of the parts. The omentum is almost certain to complicate matters, and frequently in addition to the strangulation in the abdominal wall there are secondary constrictions due to protrusion of the bowel through fenestrae in the omentum. Then, as a rule, there have been repeated attacks of local inflammation leading to adhesions of the omentum to the sac, and of coils of irreducible intestine to each other, and perhaps to the omentum and sac as well. But probably the chief source of danger lies in the fact that in this situation the wound secretions tend to gravitate into the peritoneal cavity instead of away from it, as at the groin, and if these secretions are allowed to become septic, this is certainly a source of danger.

With the adoption of antiseptic measures however this danger is eliminated, and it is not easy to see why

the results of operative interference in umbilical hernia should ultimately be worse than in other forms of hernia. Indeed, from the point of view of successful antiseptic dressing, the umbilical region offers more advantages than the inguinal or femoral as being further removed from risk of septic contamination.

In many standard text books stress is laid on the advantage of leaving the hernial sac unopened if possible, and this especially in umbilical hernia. But with the clearer views of surgical pathology and wound treatment which have had their rise in the work of Lister, this fear of invading the supposed sanctity of the peritoneum has gone, and most writers on hernia now recommend opening the sac in all cases of herniotomy. * Billroth considers "far better to open the sac on all occasions," and † Nussbaum speaks of Petit's operation, or external herniotomy, as being "nearly obsolete." Taxis is at best a blind operation, and the mortality following herniotomy is doubtless in many cases due, not to the cutting operation, but to prolonged efforts at reduction by taxis.

It is not easy to obtain reliable statistics of hernia, either as to the relative frequency of the various kinds, or as to the results of treatment, but umbilical hernia is certainly comparatively rare and unusually fatal when strangulated.

‡ Paget, in reviewing 100 cases of strangulated hernia, mentions only one umbilical, and that was fatal. In a statistical compilation of 34 cases of herniotomy, in § Bardelebens Clinic, there were no umbilical or ventral hernia. ¶ P. S. Conner, of Cincinnati, in the analysis of 33 cases in his own practice gives one umbilical, fatal. In a resume of 136 operations for radical cure of hernia by ** Socin, of Basle,

* Clinical Surgery. Syd. Soc. trans. p. 250.

† Leitfaden zur antiseptischen Wundbehandlung 1887.

‡ Clinical Lectures and Essays, 1875.

§ Annals of Surgery, 1888, Vol. I, p. 159.

¶ Ibid, 1887, Vol. I, p. 158.

** Ibid, 1887, Vol. I, p. 241.

there is no mention of umbilical or ventral hernia. *Chavasse states that at the Birmingham General Hospital only 4 cases of umbilical hernia were operated on during a period of 27 years, and only one of these recovered.

Browne,† of the Royal Hospital, Belfast, in a paper read at the meeting of the British Medical Association in Liverpool, 1883, reported that in seven years he had operated on 44 cases of hernia; 20 were inguinal, 20 femoral, 2 umbilical, and 2 ventral. In 400 cases of operation for the radical cure of hernia Wood ‡ had only 5 umbilical hernie. In an interesting paper read before the Sheffield Medico-Chirurg. Society, R. J. Pye-Smith § states that about one-twentieth of all cases of hernie are umbilical.

I have tabulated all the cases of hernia reported in the *Lancet* and *British Medical Journal* for a period of ten years, from 1879 to 1888 inclusive, and I find the number amounts to 545. Of these, 328 are inguinal, with a mortality of 28, or about 85 per cent: 154 are femoral, with 22 deaths, or over 14 per cent., and 52 are umbilical with 14 deaths, or about 27 per cent.

Of these 52 cases of umbilical hernia, 9 occurred in males, 36 in females, and in 7 the sex was not stated.

As to age: 6 occurred in the new born (congenital), including one 14 hours old and one 60 hours old at the time of operation. There was 1 at 3 years, 1 at 14 years, 1 at 35, 1 at 39, 13 from 40 to 50, 13 from 50 to 60, 4 from 60 to 70, 3 between 70 and 80, and one at 85.

The average age, excluding the new born, was 54 years. The number of cases reported as congenital was 8. The number reported as strangulated was 36. There were 9 operations for

radical cure in non-strangulated cases, without a death.

The operations, as to age, were: On the newborn, 4 operations and 3 deaths; under 50 years (excluding the new born), 16 operations with no deaths; between 50 and 60, 12 operations with three deaths; over 60, 9 operations with 2 deaths; age not stated, 5 operations with 1 death. In all, 46 operations and 9 deaths.

Two cases were reduced by taxis, and both of these died. In 4 cases no operation of any kind was performed, and 3 of these died.

In 34 cases of strangulated umbilical hernia, herniotomy was performed, with a mortality of 7, or about 20 per cent. In 31 of these cases the sac was opened.

CASE OF UNILATERAL ABSCESS OF TONGUE.

By T. C. LOCKWOOD, M.D., LOCKPORT.

"Abscess of the tongue," Erichson says, "though rare occasionally occurs." Of this affliction, Holmes Coote, in Holmes' System of Surgery, has the following:—"I have seen several cases of abscess of tongue,"—"and a case of unilateral abscess of that organ is reported in *Lancet*, 1877, page 855."

Bryant mentions abscess of tongue as occasionally following a severe glossitis.

Considering the rarity of this disease, the following report of a case may be of some interest:—

CASE.—N. C., male, age 19, of good family history, had never suffered from disease or injury of any kind until present trouble.

When first seen patient complained of soreness of tongue, and on examination this was found somewhat swollen, slightly tender, and covered with thick brown coating. There was no evidence of injury from teeth or otherwise.

It being at first thought the disease was caused by a disturbance of the

**Lancet*, 1882, Vol. I, p. 805.

†*British Medical Journal*, 1883, Vol. II, p. 913.

‡*British Medical Journal*, 1885, Vol. II, p. 1101.

§*Lancet*, 1885, II, 902; also *British Medical Journal*, 1885, II, 836.

general digestive system, bismuth, rhubarb, and soda was exhibited with an astringent and antiseptic gargle for mouth.

The tongue however continued to grow worse, and patient presenting himself for further treatment, the right half tongue was found much swollen, and very tender, with enlargement of sublingual and submaxillary glands on same side. There was also a severe right otalgia and difficulty of mastication.

Anteriorly and on the under and right side, close to frenum, a small fluctuating area was noticed.

The point where fluctuation could be detected being near the ranine artery, it was decided to wait until swelling became more prominent before incising. In the course of forty-eight hours, however, there was a spontaneous evacuation of pus at this point, which continued discharging freely for some days to the great relief of patient.

One week after this first discharge pus again found exit at upper and posterior part of right tongue. Both openings continued discharging for seven or eight days longer, when all symptoms declined and patient soon recovered his usual health.

The cause of abscess, in this case is obscure, but the fact of the affection being unilateral would exclude sequence to general glossitis.

Dec. 14, 1892.

Correspondence.

Editor "Maritime Medical News."

DEAR SIR,—In your issue of December last, appears a communication from Dr. J. F. Black, in the course of which he takes occasion to say, that, of the three regular Medical Schools of New York City, The Bellevue Hospital Medical College has failed to maintain its former position." In his next sentence, by saying that "the Medical

Department of the University of New York has been more fortunate and is doing good work," Dr. Black certainly seems to imply, most pointedly, that the B. H. M. College is not doing good work.

Now, as the latter College is largely patronized by students from the Maritime Provinces, and as such statements as the above, are calculated to do injury to the School in question, it is, I think only fair, to enquire into the truth of Dr. Black's assertion.

It is not to be denied, that in the number of its students, Bellevue, has in, at least, late years, fallen below both of the other colleges, and also, that at the present time, the old college building, in the yard of the Hospital, is from an architectural point of view somewhat infirm, though still serving admirably for the purposes for which it was designed.

But, does this necessarily prove that the college is inferior and not doing good work?

I have just mentioned two important factors in the make up of a college of medicine, or in fact, of any school, viz., (1) the number of its students, and (2) the manner in which they are housed. Still, I think even Dr. Black will acknowledge that there is another element, compared with which, the two I have mentioned sink into utter insignificance. I refer to the teaching staff, or Faculty.

In this latter, Bellevue has led, and still continues to lead, the medical colleges of this continent, with one possible exception.

Is it not, Mr. Editor, the height of absurdity, I had almost said of impudence, for Dr. Black to insinuate that a School, having on its active teaching staff such men as William Thompson Lusk, J. Lewis Smith, Lewis A. Sayre, Austin Flint, Henry D. Noyes, and R. Ogden Doremus, is not doing good work, not maintaining its former position? As you are well aware, the works of those men, are standard

authorities, and are used as text-books, not only in nearly every school in America, but in Europe as well.

It is true that Bellevue, a few years ago, sustained a loss greater than was possible for any other English-speaking college to sustain, in the death of the elder Flint, but she still has an array of men, who for eminence in their profession, cannot be equalled by any medical college in America, with the possible exception before noted, and that exception is certainly not in the city of New York, nor yet in Canada.

In the "circular of information" issued by the B. H. M. College, it is stated that "the requirements for graduation are rigidly adhered to, no honorary degrees are conferred," &c., and it might also be stated that no free scholarships are given, nor any half rates allowed; facts, I think, which could not be truthfully inserted in the catalogues of some of its immediate rivals, and which, perhaps, may serve to explain, in a great measure, the superiority of those rivals in the number of students.

I sincerely trust that some abler pens than mine will take up this matter in the defence of their beloved and respected mother-in-medicine, for the graduates of Bellevue are numerous throughout these provinces, and, wherever located, are known to be able, conscientious and successful practitioners, with, I suppose I should modestly add, one possible exception.

Very faithfully yours,

GEO. W. MELVIN.

Alma, N. B., 16th Jan., 1893.

To the Editor of the Maritime Medical News:

DEAR SIR,—The present appears to be what may be called a typical Canadian winter, plenty of snow and abundance of clear, frosty weather, with the thermometer having a decided preference for keeping near the cipher.

Notwithstanding the cold there is not nearly so much sickness as at this time last winter, the difference being due to the absence of epidemic influenza which so far has not put in an appearance. In St. John there has been quite a little epidemic of diphtheria on the west side of the harbour, which has now pretty well subsided, and some scattering cases have been met with on the east side. These, with some cases of pleuro-pneumonia, are the only ailments noticeable out of the ordinary run. So that, to speak commercially, the disease market may be said to be flat, but with a rising tendency.

The graveyard insurance case has not yet reached its final stage, for although two persons have been brought in guilty of conspiracy, one of whom I am sorry to say is a registered physician, sentence has been deferred until some legal points are settled by the Supreme Court. This, I think, is the first time in the Maritime Provinces in which a member of our profession has been charged with fraudulently issuing a false certificate. It is to be hoped it is the last. At present very general confidence is placed in the medical profession, and a medical certificate is honored as being the bona fide opinion of the signer; if ever this should cease to be the case the profession will stand disgraced and dishonored and no self-respecting gentleman will care to connect himself with it. We cannot afford to show any countenance to any one guilty of any such breach of faith. The trial brought out another interesting point which carries its own lesson with it. It was shewn that persons certified, as of their own knowledge, to certain statements which were proved not to be true, their information coming from agents or interested parties whom they thought at the time to be honest and square. These certificates were not all the work of doctors, though some of them were, and the lesson they teach

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A Liquid Preparation of the **CHOICEST BEEF**, containing the **Nutritious Albuminous Principles** in an unaltered and soluble form.

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READ THE FOLLOWING

From

THE LANCET.

LONDON, SATURDAY, APRIL 30, 1892.

Agricultural Records.

WYETH'S BEEF JUICE.

"The following analytical notes and results testify unmistakably to the excellence of this preparation. It is a dark reddish brown liquid of pleasant beef-like flavour, and free from objectionable preservatives. It contains not only the albuminous principles of beef in an active and soluble form, but in the condition in which they occur in the freshly expressed juice of beef itself. Viewed with the spectroscope, a dilute solution is seen to give two absorption bands, characteristic of fresh blood or hæmoglobin. The liquid loses this property, however, as soon as it is boiled; while the coagulated albuminous principles assume a blood-red tint. According to our experiments, no less than fourteen grains of solid albuminous principles in every fluid ounce are thus precipitated: The following figures gained in analysis will convey some idea of the eminent degree of concentration through which this preparation has been carried. Notwithstanding this, the vital elements of beef juice it contains have been preserved unchanged. Moisture, 44.87 per cent.; organic matter, 38.01 per cent.; mineral matter, 17.11 per cent. The organic materials contain 4.57 parts of nitrogen, and the mineral matter consists largely of common salt and, of course, soluble phosphate. Results like these make it safe to assert that as an example of preparations of this class Wyeth's beef juice is a little short of perfection."

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MAY BE PRESCRIBED WITH VERY MARKED
ADVANTAGE TO PATIENTS.

- Who are 'run down,
As it is a very valuable tonic.
- Who have lost appetite,
As it produces a decided relish for food.
- Who have difficulty after eating,
As it is an excellent digestive agent.
- Who suffer from nervous exhaustion,
As it will produce a prompt reaction.
- Who are troubled with chilliness,
As it effectively promotes circulation.
- Who have tendency to consumption,
As it fortifies and strengthens the system.
- Who are in later stages of consumption,
As it re-supplies in a measure the waste
of strength.
- Who are unable to digest starchy food,
As it will correct this very effectively.
- Who are nursing mothers,
As it **INCREASES** the quantity of Milk.

Probably its greatest value is, as a beverage, during lactation, as it not only supplies strength, to meet the unusual demands upon the system at that time, but it improves the quality of the milk, by increasing the amount of sugar and phosphates, nourishing the infant and sustaining the mother at the same time.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

As it contains less than three per cent. of alcohol, it can be given to invalids, children, etc., without danger of the depressing effect so frequently experienced from the re-action after administration of spirituous remedies.

is: "Do not certify to anything as a fact, unless you know it to be a fact."

Our Province has lost or is about to lose one of its most prominent physicians in the person of Dr. J. Z. Currie, of Fredericton, who intends spending the winter in Europe, studying gynecology, it being his intention afterwards to reside in Boston. Dr. Currie is the Chief Health Officer of the Province, the Secretary of the Medical Council and Registrar; personally much liked, he will carry with him the good wishes of his confres wherever he goes. Another well-known Fredericton physician has been away, but not to stay. Being a military man, his thoughts were naturally of war and war's alarms, but, being a widower, his soul yearned for peaceful possession of domestic bliss; he succeeded in satisfying both aspirations by laying vigorous siege to the hand and heart of a fair lady of Sussex, and after doing vedette duty for awhile, he finally made a reconnaissance in force and successfully carried off his bride to the Celestial City. All who know him will wish Dr. Brown and his wife many years of happy life. Dr. McCully, a well-known physician of Moncton, has also lately become a Benedict, and carries with him the best wishes of a numerous acquaintance.

I hear that it is contemplated to get an Act at the coming session of the Legislature, granting statutory fees for medical evidence in court of law. The profession here has suffered for want of such an Act, and time and again medical men have been summoned to give professional evidence in cases in which they have no personal interest, and after losing a good deal of time and being compelled to undergo the penance of the witness box and submit frequently to the impertinence of flippant and irresponsible lawyers, have found themselves at the end without any adequate remuneration. It is therefore much to be desired that this matter receive a satisfactory solu-

tion. Not to make this letter too long, and so encroach unnecessarily on your space, I must keep other news for some future communication.

Yours, etc.,

St. John.

MENTOR.

P.S.—I have heard several enquiries made as to when you are going to publish the paper on Diphtheria read by Dr. Campbell, of your city, before the Maritime Medical Association.

Literary Notes.

The *Canadian Practitioner* for January, 1893, comes to hand in new and handsome dress and much enlarged. The *Practitioner* has become a monthly with the new year. The editor is Adam H. Wright, B. A., M. D.; assistant editors, James F. W. Ross, M. D., John Caven, B. A., M. D., Edmund E. King, M. D. We congratulate the *Practitioner* on its admirable "get up" in general.

The *Universal Medical Journal* comes as the enlarged and much developed outcome of the former "Satellite." The "Journal" is a monthly magazine, and its style altogether is excellent.

The *New York Polyclinic*, a new publication, edited by the Faculty of the school and published by Ferdinand King, M. D., is also dressed handsomely and contains much interesting matter contributed largely by members of the Faculty.

Influenza has been more or less prevalent in London and other English cities for some time back. Recently cases have been reported in Halifax and other places in Nova Scotia.

Maritime Medical News.

JANUARY, 1893.

EDITORS.

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

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

DR. MORROW,
Argyle Street, Halifax.

WE ask the indulgence of our subscribers in the late appearance of this issue. A change of printer led to an unforeseen delay, of which we are assured there need be no repetition. The February number will be printed almost immediately, and thereafter the NEWS may be looked for between the 1st and 3rd of the month regularly.

The MARITIME MEDICAL NEWS has entered upon its fifth year. The NEWS first appeared as a bi-monthly in November, 1888. In 1890 a monthly issue was ventured upon. We have had no reason to regret the latter undertaking except in regard to a certain tardiness of appearance which crept in during the past year, and which was largely

owing to printing delays, and which, as mentioned elsewhere, need not be anticipated as a permanent feature.

We have in our possession many evidences, amidst our accumulated correspondence, of the fact that the journal has not been without value, and has not been wholly unappreciated. On the contrary we have had reason to experience, and do hereby express, a cordial feeling of gratitude for the many expressions of good will, appreciation and encouragement for our endeavour to unite, to some extent, the profession of the Maritime Provinces as can only be done by the existence of a local professional organ. Of a widespread idea that the journal is of use and of influence, plenty of evidence may be found in the requests that are made upon it to assume semi-judicial and critical functions beyond what we consider to be expedient and within our legitimate sphere.

As to the contributions of original material to our columns, we have also to express our gratification that almost the whole of the original communications for the past year came unsolicited. This is gratifying, as showing the interest taken in the NEWS. But it is also true that many from whom we should like to have heard have not spontaneously contributed. We bespeak the active co-operation of the best men in city and country, and the co-operation of all who have in-

teresting matter to communicate. We ask, too, that secretaries of all medical societies should send a resume of the proceedings.

Will subscribers who receive bills please remit promptly—the best plan is immediately, as this saves us a very material amount of trouble. In the case of those owing for two years (not very many, we are glad to say), and who still forget or neglect their accounts, about the only way we can collect is by draft. This is an expensive method and we wish to avoid it, but in case we do draw we would ask that the draft should be accepted and paid in every case.

NOTICE.

The third annual meeting of the Maritime Medical Association will be held in Charlottetown in July next. The attention of all who may find it possible to make arrangements to be present is called to this reminder, with the hope that it will suggest to many the desirability of beginning in good time the preparation of papers to form part of the programme.

ARTHUR MORROW,
Hon. Sec. M. M. A.

DR. BENJAMIN WARD RICHARDSON adds a note as to the use of a thirty-volume solution in the local treatment of diphtheria; that it should never be used except upon open surfaces. The oxidation is so rapid in the presence of pus and similar disturbing substances that the effect is practically explosive in character. For the destruction of pus, weaker solutions (ten volumes) will answer well enough.—*The Medical Press*, 1892.

Selections.

RECENT PHYSIOLOGICAL AND CHEMICAL RESEARCH IN THE QUESTION OF ANESTHESIA.

Mr. Dudley Wilmot Buxton introduced the discussion at the annual meeting of the British Medical Association for 1892, summarizing as follows:

1. Chloroform in anaesthetic doses, when no asphyxial conditions are present, exerts an effect directly upon the heart muscle, leading by its weakening to a simultaneous cessation of the action of heart and respiration.
2. In cases where respiration persists after, apparently, the heart has ceased to beat, when artificial respiration fails to restore the natural respiration, death is due to the direct toxic action of the chloroform upon the heart.
3. That the fall of blood-pressure is probably due primarily to the direct action of chloroform upon the heart muscle.
4. That, even when slight blood-pressure fall may be protective, it reveals a condition of the circulatory system itself a source of peril.
5. That impurities in the chloroform have some, but what effect we do not at present know.
6. That the elimination of these impurities will not necessarily remove the perils of chloroform.
7. That the experiments upon the lower animals as regards shock are not a reliable guide, taken by themselves, in studying shock in human beings.

Dr. Lawrence Turnbull stated that from inquiries, he and Dr. T. Melvin Lamb, of the Surgeon-General's Office, Washington, had concluded that there were fewer deaths from ether than from chloroform, but that it was necessary to watch both the respiration and the heart.

A note by Mr. Thomas S. Cullen, of the Gynecological Department of Johns Hopkins University, answers the question of how much chloroform should be given, by stating that the

pupil should be always kept well contracted. The rule is only to be deviated from when the abdominal cavity is to be irrigated with the salt solution. Then, about two minutes before irrigation, the anæsthetic is pushed until the pupil is midway between contraction and dilatation: as soon as the solution is poured into the cavity the pupil again contracts on account of the stimulant action. Sometimes, when the pupil is midway between contraction and dilatation, one may be in doubt as to whether the patient has received more than the desired amount or not enough. On ceasing the administration for a few seconds, if not enough has been given, the pupils will dilate and the patient may stir; if more than desired, the pupils will contract.

Dr. Ralph Stockman believes that in heart failure during chloroform inhalation the injection of ether is probably of value, but in respiratory paralysis it must aggravate the condition.

Mr. Rumboll believed that it was safer to precede the administration of ether by nitrous oxide gas than to give ether alone as all struggling was avoided; undoubtedly, to patients suffering from a weak heart, the violent struggling, when ether was being given alone, must be a source of danger.—*British Medical Journal*, 1892, No. 1661, p. 933.

PERU BALSAM IN WOUND TREATMENT.

Dr. A. Eichler, of San Francisco (*Aerzt. Prakt.*) recommends Peru balsam as a dressing, for the following reasons: It adheres well and covers the entire surface of the wound. It has a drying effect, but stimulates granulations. After its application a scab is formed under which healing goes on. Its use is especially indicated in the treatment of wounds having a tendency to marked suppuration or partial gangrene. In injuries of the

hands and fingers the results are excellent. After coaptation of the margins of the wound, the Peru balsam is poured over the entire surface which is then covered with thin layers of gauze moistened with balsam and an ordinary dressing. The latter may be left in place for several days, although it is advantageous to remove the outer dressing daily, and moisten the gauze with the balsam without removing it from the wound surface. Under this treatment lacerated wounds heal within a short time.—*Intern'al Jour. of Surgery*.

GYNECOLOGY.

PREGNANCY AND OVARIAN TUMORS.—Dr. Wm. Gardner (*Montreal Medical Journal*) says:

The association of pregnancy and ovarian tumor, if left to nature, is fraught with danger to the woman, whether the termination be premature, or at full term. When left to nature, abortion or premature labor may occur, in either case with frequently fatal results to the mother.

When the case proceeds to labor at full term, the result to the mother may be rupture or such other injury to the tumor that fatal peritonitis carries her off.

Tapping of the tumor, while it may temporarily relieve tension, is by no means free from danger by injury to the uterus, or otherwise, and it does not cure the patient.

Ovariectomy with modern precautions is nearly as safe as in the non-gravid condition of the uterus, while the woman is at once cured of a disease which must ultimately demand operation.

The second case here related shows that serious complications such as torsion of the pedicle and consequent peritonitis with adhesions, necessitating the use of the drainage tube for so long a period as five days, does not necessarily lead to abortion.

Ovariectomy in the present status of surgery, in the great majority of cases, must be the only proper treatment, and is often urgently demanded to relieve tension.

The indication for the operation in the case of small abdominal tumors is even more urgent, because of their great liability to torsion of the pedicle; and in the case of the pelvic tumors, by reason of the almost certain rupture or necrosis from compression during labor.

SURGERY.

CONTUSIONS OF THE HEAD.—Dr. F. F. Lawrence (*Columbus Medical Journal*) says:

Contusions of scalp caused by slight blows or falls, accompanied by moderate amount of effusion, are simple and require but little treatment.

Contusions of scalp caused by sharp blows or severe falls are always to be examined carefully, and a guarded prognosis given.

Those accompanied by large effusions, and especially if pulsating, should be treated by shaving scalp, incising, turning out clots (examining carefully the pericranium and skull), securing bleeding points, closing with sutures, preferably of braided silk, and dressing with dry antiseptic dressings, which should only be removed when absolutely necessary before the fourth or fifth day, when sutures should be removed and a light compress and bandage applied.

Those accompanied by little or no swelling, when caused by severe blows, should be carefully watched, and on first appearance of local fever or swelling, freely incised, washed out, and treated as open wounds.

If the case is not seen until the patient has had chills, hot dry skin, hard pulse, fever, coated tongue, nausea or vomiting, insomnia, nervous twitchings, or any other symptoms of meningeal inflammation, we should cut

down and trephine at once over site of injury.

While inflammation of either pericranium or the meninges is one of the things likely to follow these injuries, it may be prevented by early incision.

Where caries of bone or meningitis occurs, the cause may generally be found to be injury of pericranium, which became inflamed, effusion followed, then inflammation of vessels from pressure, and then, by extension, meningitis.

THE NATURE OF SHOCK AND ALLIED CONDITIONS.

Dr. Wm. C. Dabney, in the *Medical News* of December 3rd, 1892, presents a well digested paper upon this subject. He favors Dr. Mansell Moullin's definition of shock, who says it has of late "become more and more definitely associated with the conception of a sudden check to the circulation brought about through the agency of the nervous system, and resulting either in a death so immediate as to scarcely have a parallel, or in a condition of prolonged prostration, with or without more or less successful reaction." In considering the symptoms, besides the pallor, faintness, rapid and feeble pulse, cool and clammy skin, etc., he calls attention to the intestinal tympanites, which is sometimes present, especially in cases of railway injury. He attributes this symptom to loss of tone of the muscular coat of the bowel, due to the defective nervous action, and which he thinks very suggestive as to the pathology of many cases of shock.

In speaking of the circumstances under which it may occur he mentions blows upon the abdomen, the ingestion, when overheated, of large quantities of ice-water, the rapid withdrawal of large quantities of fluid in cases of ascites and operation upon the abdominal viscera. He thinks the difference between shock and syncope one

of degree only, and the nature of shock is explained better by the dilatation of the large blood-vessels, especially of the abdominal cavity than by any other view, though it is probable that in most, if not all cases, there is a reflex paresis of the vagus as well. While it is not probable that, under ordinary conditions, these vessels are capable of sufficient dilatation to cause death it may be the case where the vessels have become enlarged and more numerous, perhaps, as in cases of ascites or pregnancy. As a striking evidence that shock may be due to dilatation of the abdominal vessels, he cites the rapid response in cases of shock during abdominal operations, to a flushing of the cavity with hot water; which by contracting the abdominal vessels throws more blood into the general circulation.

He concludes :—

1. Shock is not due to a spasm of heart or vessels.

2. It is often due to a paresis of the vagus nerve, caused either (1) *directly* by emotions, severe jars, etc., or (2) by reflex influence from injuries of other nerves (certain poisons by *direct* action also cause symptoms much like those of shock).

3. It is questionable if shock is ever due to the inhibitory action of the vagus on the heart's action, but possibly some cases of sudden death from shock may be explained in this way.

4. In many cases shock is due to the dilatation of the vessels in the abdominal cavity, which is often accompanied by a paresis of the vagus nerve.

METHODS OF ADMINISTERING TAR.

Dr. William Murrell, of the Westminster Hospital, commends the use of tar in winter cough and not a few other complaints. As he remarks in the *Medical Press and Circular* for November 30, 1892, the remedy has

an ancient history and would be used much more freely if it were not for the many difficulties in the way of its administration. He states that he has recently had his attention called to tabloids of tar containing a grain each, and these appear to him to be the best form in which to administer the drug. These tabloids contain the whole of the constituents, they are palatable, and they disintegrate quickly. The usual plan has been to swallow three or four of these tabloids every four hours, but this is not so good as to suck one frequently—in fact, every time the spasms of coughing occur.

Dr. Murrell refers briefly to the "tar-water" treatise of Bishop Berkeley, called *Siris*, a book that ran through several editions and was translated into almost every European language. The bishop thought he had found a cure-all in tar-water, some of the popular uses of which he had picked up during his residence in Rhode Island. Some great personages subscribed their concurrence in the allegations, or part of them, of the distinguished philosopher, but the tar-water had a short life. In 1875, however, Dr. Murrell brought up the subject again by recording a number of cases of winter cough and bronchial catarrh in the treatment of which tar had been an important substance, and since that time papers and reports of cases by the score "have appeared in almost every medical journal all over the world."

Concerning a certain patented preparation used in this country, Dr. Murrell writes that it has not been wanting in efficacy; it is simply a solution of tar in old Jamaica rum. It is more palatable than some of the other tar mixtures, but winter cough is a very persistent trouble, and "if a wineglassful of this concoction were taken every time the patient coughed he would stand a very good chance of never seeing the summer again."

Regarding the use of tar in capsules

or *perles*, Dr. Murrell has not had much experience. He notes that the European profession has made an increasing employment of the *dragees de Christianie au goudron de Norvege*, but remarks that they are expensive and not adapted to the tastes of his own countrymen. For them, therefore, he welcomes the introduction of the palatable and soluble tabloids of tar.—*N. Y. Medical Journal*.

Among recent additions to the list of Park, Davis & Co., whose constant endeavor is to add to and improve their manufactures, are the following: Fluid extract of Cocillana, the Bolivian remedy for respiratory inflammations. Compressed tablets of Calomel and Sodium and Bicarbonate, 2½ grains each. Tablet triturates of ext. Cascara Sagrada, 1 grain. Antiseptic tablets, R "C." Gelatin-coated pills Terpene Hydrate, 5 grains; also Strychnine Nitrate, 1-40 grain. Pill of Aloes and Iron, No. 797, R "A," half-strength. Normal liquid Golden-seal. Improved Bronchial Lozenges. They also now prepare Liquid Extract Cascara Sagrada, B. P.; Fluid Aloes Co. for dec. aloes co.; B. P.; Fluid Sarsa. Co. for dec. sarsa. co., B. P.; Fluid Gentian Co. for inf. gentian co., B. P.; Fluid Rhei for tinct. rhei, B. P.

A recent letter to the editor of this journal indicates that our confreres in Bridgewater are already looking forward to the meeting of the Nova Scotia Medical Society this summer.

The winter has been an unusually severe one both in the Eastern Provinces and on the American continent generally. But a noticeable feature has been that in Boston and New York the cold has been more severe and there has been more heard of frozen harbours and frozen-in shipping than with us in Nova Scotia and New Brunswick.

Notes and Comments.

It will be noticed that our St. John correspondent writes in another column of a slight epidemic of diphtheria in that city. Halifax has also been so visited, and there has been some excited comment on the matter in the lay press. It would seem as if absolutely strict isolation and quarantine is none too severe a measure to guard against the spread of this truly terrible disease.

An endeavour is being made to entice Prof. Osler back to Montreal from Johns Hopkins Hospital. At last accounts Dr. Osler's answer was unknown; but we will venture our private opinion that the odds are all against Dr. Osler leaving his present field of work with its magnificent resources and opportunities. At the same time the resources and attractions and powers for splendid work are fast developing at Montreal, and all loyal Canadians will rejoice that this is so, and will congratulate McGill University upon her generous friends and growing power.

It will be seen that at this session of the New Brunswick Legislature an endeavour is to be made to get a bill passed, putting upon a more satisfactory basis the matter of fees to medical men who are called upon to give evidence in the courts. The present system is unjust, and an attempt to bring about a more equitable system might well have been made long ago. Will our Nova Scotia medical men take this opportunity to procure a similar change for themselves. Why not the Nova Scotia Branch of the British Medical Association and its energetic Secretary take the matter in hand immediately and have a bill framed.

BEFORE the Johns Hopkin's Hospital Medical Society, November 7th, 1892, Dr. Finney presented a man who, nearly three years ago, had the ends of two fingers cut off by a knife used for cutting tin. He reported to the hospital seven hours after the accident, bringing the ends of the fingers wrapped in a paper in his pocket. One finger was cut off at the root of the nail and the other nearer to the last joint. With no hope of getting union he soaked the amputated ends in warm water and closed the wounds with bichloride 1-2000. The ends were then applied and retained by four sutures to each. There was union by first intention in both fingers, and when presented there was sensation in the tips of both, and hardly a mark to show the line of union.—*Johns Hopkins Hospital Bulletin.*

tional or Federal system, it appears that the energetic New York health officer aided by an influential father-in-law and by others of the Tammany Hall Machine, actually succeeded in, at least, temporarily shelving the question—sacrificing objects of national importance to personal desires and political grasping. It is an unpleasant story this of the New York Quarantine of the past year. However, the medical profession is now taking action, if we mistake not, a deputation from the New York Academy of Medicine having gone to Washington to represent matters in their true light. All medical friends of the Great Republic (and the writer is one) will share in the regret and deprecation felt by the cultured medical men of that country over the temporary triumph of the Tammany Hall element in a question which so affects the interests of the country and the honour of the profession.

THE Quarantine question is an important one in the United States, as elsewhere, at present, and it presents some unsatisfactory features. It is a matter of observation and of history that the Quarantine arrangements at the port of New York during the preceding summer were not in competent and worthy hands. The present health officer, who has been pronounced by a professional committee of unquestionable character and impartiality, to have shown himself not up to the high duties and responsibilities of the position. There followed an agitation for National Quarantine, *i. e.* that Quarantine arrangements and officers should all be under exclusively federal control, instead of under state control as at present. There is every reason that the control should be federal, and the service harmonious and efficient at every point; there is every objection to the system of state control. Nevertheless, when a bill was introduced or about to be introduced into the American Senate looking to the establishment of the Na-

MR. E. B. TREAT, medical publisher, of New York, announces that he has in press for early publication the International Medical Annual for 1893. This is the eleventh yearly issue of this valuable work, and a glance at the prospectus gives promise that it will be superior to any of its predecessors. The original corps of thirty-eight specialists are retained as editors, and these have been wisely chosen from among the more prominent physicians and surgeons of America, Great Britain, and the Continent of Europe.

In this book will be found, arranged in a practical manner for ready reference, whatever is worth preserving of the year's medical literature, together with a number of papers written especially for the Annual, and it will contain over 6,000 references to diseases and their remedies. It is illustrated with a number of instructive cuts, in black and colors, that are serviceable in explaining the text. The price of the book, \$2.75, is very reasonable.

THE SELECTION OF TONICS.

Following upon the reappearance of Influenza, most physicians have remarked great prostration and slow convalescence from this and all other disorders and much ingenuity has been displayed in devising suitable tonics to meet and overcome profound depression at present associated with all diseased conditions.

We take this opportunity, therefore, of directing the attention of the medical profession to certain preparations and medicaments which have long enjoyed a well-merited popularity together with some remarks relative to the special indications of their successful employment. The present tendency of the laity and a considerable proportion of medical practitioners to depend upon alcoholic stimulants for their supposed tonic properties, and which has been recognized as productive of the most disastrous results, furnishes ample reasons for making an effort in the direction of securing better and more practical views concerning medication.

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Each fluid drachm contains two grains of Phosphate of Iron, *one grain of Quinine*, and one-sixtieth grain of Strychnine in simple Elixir, flavored with Oil of Orange.

ADULT DOSE.—One teaspoonful three times a day.

The preparation containing the above named ingredients constitutes an ideal tonic, and is especially adapted to those who have previously enjoyed robust health. It is rendered palatable and efficient by the use of only pure alkaloids of Quinine and Strychnine, excess of acid being avoided. Alternation with our Beef, Wine and Iron is recommended, for the reason that sensitive patients are rendered extremely nervous and "fidgety" by the long continued employment of strychnine.

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The combination of Gentian with Iron in this form supplies a simple bitter with an active hæmatinic, free from the styptic taste of iron preparations in general. It can be taken in small doses by delicate females and children, without derangement of digestion or subsequent constipation, and will often be found invaluable in overcoming malarial cachexia, given in combination with Quinine and alternated with arsenical preparations.

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Our Elixir of Phosphorus is prepared with great care, and will prove efficient in the treatment of the limited number of cases in which this remedy is specially indicated. It will be found of service in all low conditions, associated with profound depression of the nervous system, such as the later stages of pneumonia and influenza, and also in the hypostatic congestion occurring in typhoid fever and other protracted disorders. It is likewise well adapted to the treatment of certain neuralgias, paralyzes, insomnia and impotence. The most satisfactory results follows its exhibition in small doses not too frequently repeated, but care must be exercised in selecting an active preparation.

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

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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 exercises a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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."

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SWALLOWING A RAZOR.

There was much excitement in Paris some years ago over "l'homme," a man who had swallowed a fork, which was successfully removed by a somewhat elaborate operation. A still more remarkable case has this week been successfully treated at the Lincoln Hospital by gastrotomy. The following is a brief note which has been furnished to us of this remarkable and interesting case: A woman, aged sixty-nine, in a depressed condition of mind, was supposed to have swallowed a full-sized razor on December 13th. She was admitted to the County Hospital the same day. There were no symptoms, and the presence of the razor could not be determined till December 18th, when the end could be felt at the pylorus. On December 19th vomiting commenced, and Mr. Cant, surgeon to hospital, operated, opening the abdomen by an incision in the median line; then feeling the razor, and bringing the stomach to the opening, he was able successfully to remove it. The wound in the stomach was doubly sutured, and the external wound closed. Thirty hours after the operation the temperature was normal, the bowels had acted naturally, and there was no unfavorable symptom. The razor, a large black bone-handled one, was somewhat acted upon by its six days' digestion.—*British Medical Journal*, No. 1669, p. 1401.

THE CARE OF THE HANDS.

The first point to be considered in the care of the hands is cleanliness. There are a few standard rules upon this subject. Very hot water should be avoided, except in cases of severe chapping or frostbite; and then, before the hand is put into the water, some sort of an emollient should be rubbed thoroughly in. Tepid water and good unscented soap should be used, as a rule, to wash the hands. If glycerine

agrees with the skin, which it does not in all cases, it should be used while the hand is wet. If gloves are worn at night they should be very loose and the tips of the fingers cut off, else there will develop a dryness of finger nails and skin, which is neither beautiful nor pleasant. Regarding manicuring of the nails, it is a great mistake to use the scissors upon the scarf-skin. A blunt stick dipped in a mixture of lemon juice and glycerine will do very much better work. A red hand is never pretty, and to guard against this or to overcome the defect when present, great care should be exercised in washing the hands. A dry wash of Indian meal and soap, and perhaps a little glycerine, rubbed thoroughly into the skin, is the best remedy for this. Pure white Castile soap is unquestionably the safest soap. Rubbing the hands together gently after washing tones the skin, equalizes the circulation and does away with redness. Five or six grains of chlorinated lime dissolved in a pint of lukewarm water will whiten the hands more than any other application. Redness and warts may be cured by this recipe by soaking the hands in this mixture for ten minutes at night and morning.

THE MECHANICO THERAPEUTIC AND ORTHOPEDIC ZANDER INSTITUTE.

The name conveys, to some extent, the nature of this Institute.

The founder of the system of mechanico-therapeutics practised in the institute is Professor Gustaf Zander of the University of Stockholm, Sweden. Similar institutes have been founded in Berlin, Vienna, London, St. Petersburg, Munich, Dresden, Hamburg, Moscow, Baden Baden, Wiesbaden, Copenhagen and other continental cities. At present, in North America, the sole representative of this system is in New York. Application, how-

ever, has been made by Dr. Pepper for one for the University of Pennsylvania. Johns Hopkins University has obtained the right to establish an institute in Baltimore, and preparations are being made for an institute for Boston, in connection with Harvard University.

The Institute 246 Fifth Avenue, New York, well repays a visit. The director, Dr. Wishnewetzky, makes such a visit very pleasant, interesting and instructive, as he explains with much clearness the details and working of the apparatus.

The Institute has a very central location, and is in a handsome building. The rooms are spacious, well-lighted and heated and beautifully arranged. Everything is kept in admirable order and is surgically clean. Arranged along each side of a lengthy room is distributed a complete set of apparatus. This is for exercising individual muscles and for acting on various parts and organs of the body mechanically, and may be considered in three series.

"1st. Apparatus set in motion by the muscular power of the patient.

"2. Apparatus set in motion by an electric motor.

"3rd. Apparatus intended to exercise corrective pressure upon the frame or to stretch the elastic parts of the body, either by means of the weight of a patient or by a mechanical contrivance."

These apparatus are provided with balance weights, whereby the amount of resistance to be overcome in working the apparatus can be accurately measured and varied in amount according to the needs of the individual patients.

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The length of a course of treatment varies naturally according to the individual case. Generally, treatment requires to be carried on persistently for a considerable period of time.

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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 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 that are attached to these Institutions.

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According to J. Fletcher Horne, M. D., in *London Lancet*, it is especially valuable in nervous and functional disorders of the heart, where digitalis and strophanthus are unsatisfactory, such as palpitation, irregularity, fluttering, intermission, slow or rapid action arising from debility, worry, dyspepsia, or the excessive use of tea and tobacco, comprehensively classed as cardiac erethism.

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