## The Maritime Medical News.

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1. Migrain, with Special Reference to the Gastric Contents. ANDREW HALLIDAY.
2. Shock. J. H. SCAMMELL.

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3. Acute Intestinal Strangulation, with Report of Two Cases. N. E. MACKAY.
4. Malpractice. A. J. MURRAY.

1. HALLIDAY having been a sufferer from migrain for years has made an interesting series of investigations upon his own gastric contents and is of the opinion that the disease is due either to weakened nervous impulses causing a diminished secretion of gastric juice, particularly hydrochloric acid, or to the ingestion of such food in quantity or quality that the ordinary amount of gastric secretion cannot completely digest. This is the primary condition. The secondary is auto-intoxication from fermentation as the common result of either of these failures to maintain the physiological balance. With the idea that migrain is a nerve storm analogous to epilepsy he has no sympathy. Consequently the treatment is to supply the difficiency of acid, and he believes that he has averted several attacks by the administration of hydrochloric acid in ♏x doses, repeated one or two hours after meals, and that the systematic use of the acid has been of great benefit A proper dietary should be observed, never allowing more food to be taken than can be properly digested and reducing the amount still more when subjective feelings that indicate the vicious cycle is about to be established. For the immediate relief of the headache, phenacetin and its congeners may be given, while for the subsequent toxæmia, purgatives, cholagogues, and possibly diuretics, are indicated to eliminate the poison.

2. SCAMMELL discusses shock from several standpoints, but especially that form which is the result of an accident and when the question of operation arises. It is unphilosophical and fatal to operate in cases of primary shock before reaction has come on. Anæsthesia does not diminish existing shock, but prevents the pain of the operation from increasing the shock already present but it adds to the secondary shock if the anæsthesia is prolonged. The plan to follow is to await the reaction, give stimulants, make anæsthesia as short as possible, and avoid all chilling of the patient, afterwards apply dry heat, administer liquid nourishment and stimulants, and obtain quiet and sleep.