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THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XI. HALIFAX, NOVA SCOTIA, JANUARY, 1899. No. 1.

PRINTED BY JAMES BOWES & SONS, 142 HOLLIS ST., HALIFAX.

THE GREAT FACT IN MODERN MEDICINE:

"The Blood is the Life,"
And Where Nature fails to make Good Blood,
WE CAN INTRODUCE IT.

BOVININE is Bovine Blood Unaltered from the Arteries of the Bullock,
The Universal Auxiliary of Modern Medicine and Surgery,
and the TRUE "ANTITOXIN" of Healthy Nature.

In the more enlightened progress of Modern Medicine, "Blood-letting" has given place to Blood-*getting*.

Aye! Get Good Blood—but How? Not by the Alimentary Process. It has already failed to do its work (else the patient would not be sick); and in acute disease must not even be allowed to do the work it can. Stimulate as you will, the whole sum of the patient's alimentary power when fully forced into play, is unable to keep up the nourishing and supporting contents of the blood. There is absolutely but one thing to do; and, thank God, that can be done, usually with success, as ten-thousand-fold experience has proved. That one thing is this: where Nature fails to PRODUCE good and sufficient Blood, WE CAN INTRODUCE IT from the arteries of the sturdy bullock, by the medium of BOVININE.

The vital activity of this living blood conserve rests on no man's assertion: it speaks for itself, to every properly equipped physician who will test its properties microscopically, physically, or therapeutically.

TRY IT IN PRACTICE.

TRY it in ***Anæmia,*** measuring the increase of red cells and hæmaglobin in the blood as you proceed, together with the improving strength and functions of your patient.

Try it in ***Consumption,*** with the same tests from week to week.

Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

Try it per rectum, when the stomach is entirely unavailable or inadequate.

Try it by ***subcutaneous*** injection, when collapse calls for instantaneous blood supply—so much better than blood-*dilution!*

Try it on ***Chronic Ulceration,*** in connection with your antiseptic and stimulating treatment (which affords no nourishment) and prove the certainty and power of topical blood nutrition, abolishing pus, stench, and PAIN, and healing with magical rapidity and *finality.*

Try it in ***Chronic Catarrhal*** Diseases; spraying it on the diseased surfaces, with immediate addition of peroxide of hydrogen; wash off instantly the decomposed exudation, scabs and dead tissue with antiseptic solution (Thiersch's); and then see how the mucous membrane stripped open and clean, will absorb nutrition, vitality and health from intermediate applications of pure bovinine.

Try it on the ***Diphtheritic Membrane*** itself, by the same process; so keeping the parts clean and unobstructed, washing away the poison, and meanwhile sustaining the strength independently of the impaired alimentary process and of exhaustive stimulants.

Try it on ***anything,*** except plethora or unreduced inflammation; but first take time to regulate the secretions and functions.

Try it on the ***patient*** tentatively at first, to see how much and how often, and in what medium, it will prove most acceptable—in water, milk, coffee, wine, grape, lemon or lime juice, broth, etc. A few cases may even have to begin by drops in crushed ice.

A New Hand-book of Hæmatherapy for 1898, epitomizing the clinical experience of the previous three or four years, from the extensive reports of Hospital and private practice. To be obtained of

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The Primary subjects are taught as far as possible practically, by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the cases under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

Above $100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 20,000 volumes, the largest Medical Library in connection with any University in America.

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A POST GRADUATE COURSE is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

HOSPITALS.—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilised for purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

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THE

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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CONTENTS FOR JANUARY, 1899.

The Subscription Rate for the Maritime Medical News is $1.00 per annum.
Advertising Rates may be had upon application to DR. JAMES ROSS, 87 Hollis Street.

Recent Medical Therapeutics

Treatment of Pneumonia

As a rule certain diseases prove more fatal, not only in given districts but during certain periods of time, along particular areas of territory.

Twenty years ago, and preceding the appearance of La Grippe in its epidemic form, pneumonia proved as dangerous as it does at the present time. Medical men were at a loss, not for a remedy for the disease alone, but even for a logical line of treatment. The celebrated Dujardin-Beaumetz became so skeptical that he prescribed stimulants, regardless of therapeutical conditions. The mortality in his ward at the Hotel Dieu in Paris proved that his patients fared no worse than the others submitted to the antiphlogistic remedies then in vogue.

Codeine was considered the best remedy known possessing a marked and distinct effect upon the hypersecretions of the bronchial mucous membrane. What was desired was an analgesic possessing antipyretic properties which could be safely used. This has since been found in antikamnia which can be safely exhibited, especially on account of its not having a depressing effect on the cardiac system.

Doses of from five to ten grains of antikamnia administered under ordinary conditions do not develop any untoward after-effects. In the treatment of pneumonia, antikamnia is indicated as a necessary adjunct to codeine, on account of its analgesic and antipyretic properties and particularly because it acts as a tonic upon the nerve centres. The tablets of antikamnia and codeine containing four and three-quarter grains antikamnia and one-fourth grain sulphate of codeine present these two remedies in the most desirable form. One tablet every hour, allowed to dissolve slowly in the mouth, is almost a specific for the irritating cough so often met with in these complications. For general internal medication it is always best to crush the tablets.

The Prompt Solution of Tablets

We are glad to know that the Antikamnia people take the precaution to state that when prompt effect is desired the Antikamnia Tablets should be crushed. It so frequently happens that certain unfavorable influences of the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. Antikamnia itself is tasteless, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. Proprietors of other tablets would have had better success if they had given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet form are great favorites of ours, not because of their convenience alone, but also because of their therapeutic effects.—*The Journal of Practical Medicine.*

Muscular Soreness and Lagrippe Pains

℞ Antikamnia (Genuine).
Quin. Sulph.....aa ʒ i
Pulv. Ipecac et Opii.....grs. xx
M. ft. Capsules No. xx, dry.
Sig.—One every two or three hours.

Cough—Grippal

℞ Antikamnia (Genuine).....ʒ i
Vin. Ipecac.
Ammon. Mur.....aa ʒ ii
Aquæ Cinnamomi.....ʒ i
Syr. Tolutani.....ʒ iii
Mx. Sig.—Teaspoonful at a dose.

Cough—Tickling

℞ Antikamnia and Codeine Tablets.....No xii
Sig.—Crush and take one every 2 or 3 hours.

THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XI. HALIFAX, N. S., JANUARY, 1899. No. 1.

Original Communications.

THE DISORDERS OF NUTRITION IN CHILDHOOD.*

By W. H. LAUGHLIN, M. D., Milltown, N. B.

The chairman of the local committee having done me the honor of inviting me to prepare and read a paper before this Society, I have chosen for my subject, the "Disorders of Nutrition in Childhood." While I might well shrink from the task which has been assigned me, yet I feel that as it is reserved for a few men to present new medical facts, the only profitable course that remains for the others, when circumstances compel them to write or talk, is to repeat and emphasize certain points that are of practical value. In the limited time at my disposal, it will be possible for me to only point out some of the most practical thoughts in connection with the subject with which I have to deal.

As in all branches of medicine and surgery, in managing the digestive disorders of childhood, we can best cure them by preventing them. In a general way we are safe in saying, that nearly all diseases in early life may be avoided if constant unremitting care be given to the child.

Children are particularly liable to disturbances of the digestive tract, and these are apt to be intestinal rather than of the stomach, as we would expect from a consideration of the anatomy and physiology of infancy.

The small size and vertical position of the stomach makes it act as much as a conduit for food, as a digestive organ. While the partial

* Read at Meeting of New Brunswick Medical Society, St. Stephen, July, 1898.

development of the digestive glands, the great length of the lower part of the colon, the size and importance of the liver, all point to the great importance of intestinal digestion.

An infant does not secrete saliva until the third month; the pancreatic juice is not secreted until the fifth or sixth month, and the bile is poor in salts, necessary for the complete assimilation of fats. Gastric juice is secreted early, and the digestion of proteids is usually complete when given within physiological limits.

The stomach holds at birth one ounce, two ounces at the end of the first month, five ounces at the fourth month, eight ounces at the eighth month, and ten ounces at the twelfth month.

A child should gain in weight one ounce per day during the first few months; after the sixth month, about one-half ounce per day. It should double its weight at birth by the fifth or sixth month, and triple it at the fourteenth or fifteenth month. At its sixth year, its weight should be double that at its first year, and at its fourteenth year, double that at its sixth year.

The growing tendency towards the artificial feeding of infants is the natural outcome of increased knowledge of the subject of substitute feeding, improved methods and simplicity of preparation of artificial foods. The best method of artificial feeding, however, cannot compare with a healthy, natural secretion of the human breast, free from all bacteria, and its several constituents held together in suspension with a nicety no artificial means can equal. Unfortunately all breast milk is not normal healthy milk, and one of the first signs of disordered nutrition is the fact that the child is not sleeping well. Another early symptom of insufficiency of food is the child nursing longer than from fifteen to twenty minutes, or perhaps nursing fifteen to twenty minutes, falling asleep, and in a few minutes awakens and nurses again. The mother will also feel dragging pains in the breast at nursing time. The child's sleep is irregular, and easily awakened. The stools are also irregular, and there is no gain in weight. If these symptoms continue, there is loss of weight, delayed dentition, and all the signs of faulty nutrition. Diarrhœas and skin diseases are evidences of indigestion.

Mother's milk is impoverished by lack of exercise, loss of sleep from frequent nursing at night, worry, anxiety, overwork, and all severe emotions.

The treatment of such cases consists of improving the quality or quantity of the milk, or both as the case may be, by removing these

causes of milk impoverishment. This can usually be accomplished by daily exercise in the open air, artificial feeding at night for a few weeks so the mother can sleep, and correcting the diet. The use of liquid extract of malt often gives good results in such cases.

In other cases, the child tugs away at the breast all the time; its mother weary and worn out, and he vexed and irritated, working hard for a living and not getting it. This condition of affairs goes on until we have a case of "Acute Inanition," characterized by high temperature, great loss of weight, cold extremities, depressed fontanelles, and great prostration. On examination in some cases, the mother will have no milk at all. A delicate child when suddenly weaned, may also present these symptoms.

Treatment.—Procure a wet nurse at once if possible, if not, use a peptonized milk food, low in fats and proteids; give stimulants freely, five or ten drops of brandy every two hours; keep the extremities warm, and be very careful not to unduly expose the child when dressing it.

Cow's milk is the best substitute for mother's milk. The chief differences between cow's milk and mother's milk is in the amount of proteids each contains; the differences in solubility of the curd, and the differences in reaction. In cow's milk only one-fifth of the curd is soluble; in human milk, two-thirds. Human milk is always alkaline, cow's milk is acid, and cow's milk contains about twice the amount of proteids. Proteids are reduced in cow's milk by adding water, but then fat and sugar are in too little quantity to sustain life, so we increase these by adding cream and sugar of milk. A child under three months of age wants a milk containing fat about three per cent., sugar—six, and proteids—one; over three months, fat—four, sugar—seven, and proteids—one and a half, but much is still to be learned regarding precise indications for varying the proportions of the different elements in milk modifications. The only test for nutrition is a gain in weight. A child fed on modified cow's milk, should be fed at regular hours, about every two and a half to three hours, because such milk digests slower than human milk. It should be given at blood heat, and kept so during the meal by a woolen slipper drawn over the bottle. Never give the bottle in the cradle, but nurse him in the natural way. If a mother tells you her child is colicky, and has green acid stools, lower the sugar. If gaining little in weight, there is probably too little sugar. Too much fat produces regurgitation of food, usually sour and foul smelling.

Always examine the movements, and if there are large curds accompanied by a colicky pain, the child is getting too much proteids.

If there is obstinate constipation, leave out the lime water and add a few grains of sodium bicarbonate, or two or three grains of sodium phosphate to each feeding. Patent foods are all deficient in fats. They are all useless as a food, but are useful to bridge over a difficulty for a month or two. Continued use of them will sometimes produce "Infantile Scurvy." Many such cases have been reported in the United States during the past two or three years, and I myself, have seen one such case. In this case the gums were spongy, and bled easily near the teeth; the body was covered by ecchymotic spots; there was hyperasthesia; the joints were swollen and tender, and all the symptoms of malnutrition. This case was due to long continued use of patent foods, and might readily have been mistaken for rheumatism. Treatment consisted of a properly prepared milk food, and the administration of orange juice. The child made a complete recovery.

One of the most frequent causes of death in early infancy is from simply atrophy, or the slow wasting, termed marasmus. It arises in both hand-fed and breast-fed infants, being in either case due to insufficient nourishment. It also often follows a long diarrhœa. You are all familiar with the symptoms of this disorder. The child looks old, skin wrinkled, dry and harsh, extremities cold, and hands claw-like, face pinched, and eyes shrunken, abdomen prominent, and great prostration. When the child is below the eighth month, the prognosis is bad, over this, better.

Treatment.—Stimulants and pre-digested food for a time, then give a modified milk, low in fat and the proteids, and strong in sugar. When the movements become acid, lower the sugar. Cod liver oil by inunction is often of great service.

A very important and common nutritive disorder is that known as "Malnutrition." Usually occurs in children over two years and up to the sixth and eighth year. Inherited tendencies have much to do as an etiological factor, but a more frequent and important cause is imperfect hygiene. Sleeping and living in hot, poorly ventilated rooms, improper food, irregularity in the hours of sleep, children who are up at all hours, and are allowed to have frequent night parties that stimulate and excite the nervous system.

Symptoms.—Anæmia, sleep badly, easily aroused, dream much, and as a result are cross and peevish during the day, miserable appetites, bowels disturbed; diarrhœa in the morning; a movement after meals, passes a great deal of mucus, mothers say they have worms, extremely

vulnerable to disease; catch everything. Diagnosis usually made by excluding any constitutional disease.

Treatment.—Child must be watched a long time, does not get better in months, must be fed carefully and regularly, about four times a day; simple food well cooked, and not too much starchy food; must be trained to eat slowly and masticate thoroughly; plenty of fresh air and sunshine; in the morning a cool bath has good tonic effect, regularity of sleep, and avoid all forms of excitement.

If there is a catarrhal condition of the stomach present, as is often the case, this must first be treated, and then give iron in some form, minimum doses of Fowler's solution often useful when assimilation is poor; cod liver oil and tonics as indicated.

Clinical Reports.

SARCOMA OF ORBIT SECONDARY TO INTRA-OCULAR GROWTH.*

By G. R. J. CRAWFORD, M. D., St. John, N. B.

Patient male, aged 61. Strong and robust in appearance. First consulted me over 6 months ago on account of rapidly failing sight. He was a gentleman of good family history, regular and temperate in his habits. Had received a blow on the head some 15 years previously, which he seemed inclined to blame for the trouble in his eye. Ophthalmoscopically nothing could be made out but a slight detachment of the retina in the anterior and upper part. It hung down like a curtain, plainly visible when the eye was turned upwards.

I gave an unfavorable prognosis as to the vision, but did not suspect anything worse. I asked the patient to write me of any change, and if any unexpected symptom arose to come and see me again.

The patient returned in about 6 months, presenting all the outward symptoms of acute glaucoma, although the eyeball was but very slightly, if at all, increased.

An examination revealed but too plainly the condition then existing and the eye was enucleated the next day.

As you will observe, the photos (which I pass round) give a very good representation of the growth.

About a month after removal of the eyeball, when the patient returned for his artificial eye, I snipped a small portion of tissue from the orbit and submitted it to microscopic examination.

Dr. G. G. Melvin, of this city, who kindly mounted the specimen for me, gave as his opinion, in which I was sorry to be obliged to concur that the field showed an abundance of round cells, strongly suspicious of sarcoma.

This unfortunate extra-ocular appearance of the growth made it necessary to perform a second operation. With the assistance of Dr. Murray MacLaren of this city, and Dr. Wade of St. Andrews, the contents of the orbit were removed as affording the only remaining chance

* Read at Meeting of N. B. Medical Society, St. Stephen, July, 1898.

for the safety of the patient. Some days after, chloride of zinc paste was applied and the orbit thoroughly cleaned out, most of the periosteum being removed in this manner.

It is to be sincerely hoped that the operative procedure resorted to may have been undertaken sufficiently early to ensure the non-recurrence of the growth and that no metastatic secondary deposits have taken place in the internal organs, a contingency always to be feared in those cases.

There are about 25 per cent of the cases cured by early enucleation of the eyeball, before any visible affection of the tissue of the orbit has occurred. Some few cases have been cured after, the growth has become distinctly extra-ocular. So that the operation of removing the contents of the orbit is justifiable even in the third and most serious stage of the affection.

The metastasis to distant organs is supposed to take place by the direct entrance of the cells or germs into the vessels in the diseased area, whence they are carried to and form secondary growths in different parts of the body, most frequently in the liver and lungs.

Just a word as to the diagnosis. In the majority of such cases, Nettleship says, a guess can only be made at the truth and therefore "a tumor should be suspected and excision of the eyeball urged in the following cases:

1st. When an eye that has been gradually failing or blind, becomes painful and congested, exhibiting all the symptoms of acute glaucoma, when the disease does not exist in the fellow eye.

2nd. Blind eyes with normal or diminished tension, presenting inflammatory symptoms are best excised as possibly containing tumors.

3rd. In all cases of extensive detachment of the retina, confined to one eye, without history of injury or evidence of myopia, it is best to warn the patient of the possibility of a tumor, and a careful watch be kept as to the earliest appearance of inflammatory symptoms."

CASE OF PUERPERAL SEPTICÆMIA.

Treated with Anti-streptococcic Serum.

By J. H. Scammell, M. D., C. M., St. John, N. B.

Mrs. S———, aged 33 years, mother of two children, two and four years of age. I first saw the patient Saturday, Nov. 18, 1898. She gave the following history:—On Friday, Nov. 11, while running a sewing machine she was taken suddenly with severe cramps in the abdomen and in a few minutes had a hæmorrhage, per vagina. Her family physician sent her some medicine. The hæmorrhage gradually ceased and she felt better, until the following Tuesday, Nov. 15, when she had a second hæmorrhage. This time her physician called, and he removed a four months dead fœtus. The doctor did not see his patient after this operation, until Thursday, Nov. 17, or nearly 48 hours after the fœtus had been removed. She was then having chills, diarrhœa and abdominal pain.

When I first saw the patient, it was nine days after the first hæmorrhage and four days after the operation. Her pulse was then 132; temperature 102.4 F.; tongue parched and dry; some abdominal pain. There was a slight discharge from the uterus. She was having severe rigors and diarrhœa. My diagnosis was puerperal septicæmia.

I gave the patient repeated large doses of quinine sulphate and brandy. I gave a uterine douche of bichloride 1-8000, curetted and followed it by a douche of sterilized water. The patient did not improve, the diarrhœa increased, the temperature varied from 100 F. to 104 F. There was great thirst.

After consultation with Dr. McLaren I curetted the second time, and gave the patient nitrate of silver pills, gr. $\frac{1}{4}$, one every four hours, and 20 drops of tr. opii every three hours. The uterus contracted nicely after the second curetting, and the discharge ceased. However, her general condition did not improve. Her temperature reached 105 F.; pulse 136; diarrhœa consisting of very watery movements, sometimes four or five, sometimes more, an hour; tongue glairy; low muttering delirium.

I decided to try the effect of Parke, Davis & Co.'s anti-streptococcic serum. The first dose, 10 c. c., was given in the left pectoral region. In less than half an hour the temperature had dropped 1° F. Two and a half hours later the temperature reached 102 F, when a second dose 10

c. c. was injected. It then fell in a short time to 100 F. The pulse decreased from 136 to 112. The next morning the temperature rose to 103.4 F. A third 10 c. c. was injected. The temperature immediately began to drop, and in two hours reached 100.8 F. The patient expressed herself as feeling better. The tongue became moist and the delirium ceased. That afternoon the temperature reached 104 F. and a fourth injection was given, and in a very short time it reached 101 F. The next morning the temperature was 102.6 F. and a fifth injection was given. There was a gradual drop now, and the next morning it reached 96 F, and in the afternoon reached 103, but did not remain high, coming down to 100 F. in a short time. A sixth 10 c. c. was given. Her general condition by this time was greatly improved, and this improvement lasted for three days, when the patient complained of pain in the left inguinal region.

On examination, vaginal, there was thickening and slight bulging to the left of the uterus. On Tuesday, Dec. 6th, assisted by Drs. McLaren and W. L. Ellis, I opened the abscess cavity per vagina, and there was not very much pus came away at first. I put in an iodoform gauze drain for a few hours to keep the cavity open, and on removing it there was quite a discharge of pus, and very foul smelling.

The patient did well again after this operation. The temperature was keeping well down to 100 F.; pulse 98; tongue moist, and diarrhœa decreasing. She was feeling better and able to take considerable nourishment. She kept improving each day.

On the morning of the seventh day after the operation the patient on turning over in bed had a sudden and severe hæmorrhage. By the time I arrived at the house she was in extremo. I made a hasty examination and found that the hæmorrhage was not coming from the uterus but from the opening leading to the abscess cavity. I could only plug the cavity and vagina. She was too weak to respond to any treatment and died about an hour later. I did not get an autopsy.

SUMMARY.—I think the case was unmistakably one of puerperal septicæmia; that the ordinary routine treatment had no effect on the disease; that she reacted well under the serum treatment; her pulse becoming stronger; temperature dropping after each injection; delirium ceased; tongue became moist, and she felt better in all respects.

My only theory as to the very unfortunate termination of the case is, that one of the uterine vessels, crossing the abscess cavity, broke down, causing the sudden fatal hæmorrhage.

MESENTERIC INFARCT WITH INTESTINAL PERFORATION.*

By W. L. Ellis, M. D., St. John, N. B.

J. M., male, aged 57, who had been drinking during the day was suddenly seized on the afternoon of Friday, September 16th, while engaged in a sparring bout, with violent pains in his abdomen accompanied by nausea and vomiting. His symptoms were so severe that he was unable to walk to his own home, a distance of about one hundred yards.

When seen that evening the patient was lying in bed with his knees drawn up and complained of intense pains in the epigastric and umbilical regions. His abdomen was rigid and extremely tender on pressure and his body was covered with a profuse perspiration. The vomiting which had been present had ceased. The pain continued incessantly throughout the night and the vomiting returned.

On the following day the symptoms increased in severity accompanied by an elevated temperature and rapid pulse, and death ensued early Sunday morning.

From circumstances connected with the onset of this illness, the coroner, Dr. T. Walker, decided to hold an inquest, and at his request I performed an autopsy at noon on Monday, September 19th.

Autopsy Notes.—The usual post-mortem changes were well marked. The abdomen and thorax were opened by one long straight incision. The abdominal cavity contained a quantity of turbid fluid. The peritoneum over the small intestines presented areas of congestion and was covered with a layer of fibrinous exudate of recent origin. No adhesions were present. At a point in the mesentery of the small intestine close to its junction with the bowel was a small triangular area of necrosis with its apex pointing toward the vertebræ; this area envolved the posterior wall of the intestine which had also necrosed, perforation of the bowel and escape of intestinal contents ensuing. The appendix vermiformis was normal; other abdominal organs negative. thoracic organs negative. Arteries throughout presented slight sclerotic changes.

Remarks.—The above condition evidently ensued from the blocking at some previous time of a small branch of the mesenteric artery, an infarct resulting which had undergone necrosis, but whether or not perforation with the accompanying peritonitis was induced by the alcoholic stimulation or the exertion or blows received while sparring it is impossible to say.

The jury returned a verdict of death from natural causes, and the "sparring partner," who had been retained, was discharged by the order of the coroner.

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* Read before Saint John Medical Society, September 7th, 1898.

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REPORT OF SIX CASES OF TUBAL GESTATION, WITH REMARKS.*

By A. B. ATHERTON, M. D., L. R. C. P., L. R. C. S. (E lin.), Surgeon to Victoria Hospital, Fredericton, N. B.

CASE 1.—Mrs. C——, aged 31; married three years. Had one child two years ago, which died soon after birth. Was not pregnant since, till the present time. Last menstruation August 9th, 1891. Had a show during latter part of September. Also suffered from nausea and vomiting. Flowed steadily for four weeks, previous to my seeing her in consultation with Dr. Miller of Toronto, on November 4th. Also had several attacks of abdominal pain, accompanied by faintness and eructations of wind. Of late a "lump" has been noticed on left side above Poupart's ligament.

Examination.—A tender, prominent, hardish mass felt on left side, as also one in Douglas's pouch. Uterus and surrounding swellings were more or less closely connected together. There was not much force used in examination for fear of starting more bleeding. Pulse 100.

Diagnosis.—Extra-uterine gestation. with rupture.

November 5. *Operation.*—Chloroform given by Dr. Grafton, assisted by Dr. Miller. Usual median incision; omentum found adherent to parts in pelvis. After separating it, a large quantity of blood-clots was scooped out, a part of which seemed old and semi-organized. The ruptured left tube and ovary were removed, the usual ligatures having been applied. On examining rectum after removal of clots, &c., it was found contracted and in part unsupported by surrounding tissues. Glass drainage-tube was used, and antiseptic dressings applied to wound. Patient was pretty well collapsed at termination of operation.

Nov. 6.—Has had frequent faint feelings since operation. Vomited several times. Pulse 104 and feeble; temperature 98.

Nov. 7.—At 1 a. m. she was seized with a severe pain in rectum, for which Dr. Miller gave a half-grain suppository of morphine, which eased it. At 4 a. m. the pulse was 168 and the temperature in vagina 104°. At 8 a. m. I reopened the lower end of wound and washed out with warm water; not much got away.

*Read at meeting of New Brunswick Medical Society, St. Stephen, July, 1898.

9.30 p. m.—Pain returned in rectum this afternoon, requiring ½ gr. suppository of morphine. Pulse has run from 160 to 170 all day. Has had two or three nutrient and stimulant enemas in last fifteen hours. Some green vomiting to-day. Temperature in vagina 105°.

Nov. 8, 9 a. m.—Much the same as yesterday. Gradually sank and died at 10 p. m.

Abdomen examined post-mortem. Not much evidence of peritonitis. Cæcum and colon much distented with gas. Rectum found flaccid and free in pelvis for several inches of its length, and in parts looked like wash-leather, being evidently gangrenous.

CASE 2.—Mrs. T——, aged 30; had two children. Thinks she was pregnant while being treated for womb trouble. Was curetted for supposed abortion on August 9th, 1893. Has had pain in lower abdomen and fever ever since then, till admitted to St. John's Hospital, Toronto, under my care, September 20th.

Examination.—A considerable amount of hard swelling on either side of and behind uterus; tender on pressure over these parts. She was treated by hot poultices, blisters, iodine and hot vaginal douches for three or four weeks, but with little result. Had a temperature varying from 99° to 101.3° during this time. Also had her menstrual flow once. Flow began a second time on Oct. 20th, preceded by some purulent discharge. Temperature ran up at times to 103° during the few days preceding Oct. 24th, at which date chloroform was given and an exploring trocar thrust into swelling posterior to cervix. Pus was got, and then bistoury was put in and opening enlarged. Several ounces of pus were let out and a large rubber drainage tube introduced.

Nov. 3.—Not much discharge for a day or two, and tube inclined to come out. It was taken away. Temperature has been about normal since operation, and patient has felt much better.

Nov. 26.—Has done fairly well. Some pus still discharging. Menstrual flow began to-day. Six weeks since she saw anything before. A small rubber tube has been kept in sinus a good part of time.

Dec. 6.—Considerable indurated swelling yet about uterus. Some pain at times. Patient is anxious to get out of hospital, and asks for an operation, if it is thought it will expedite recovery.

Dec 7. *Operation.*—Chloroform by Dr. Davidson, assisted by Dr. Mechell. Abdomen opened. Coils of bowel found adherent over pelvic contents were separated. A thick cyst about 2½ inches in diameter found in Douglas's pouch, running over towards right ovary. Fundus uteri dis-

placed to the left. While enucleating the cyst it ruptured and considerable purulent fluid escaped. The cyst with right tube and ovary were removed, ligatures being applied. Left ovary and tube healthy. Washed out with hot boiled water. Glass drainage-tube used and the usual sutures and dressings. Vagina loosely plugged with iodoform gauze to absorb any discharge which might come from old opening there. Pulse 100 and pretty feeble.

On examining cyst it was found lined with a roughish blood-stained membrane. I exhibited it at the Toronto Medical Society, and it was regarded by Dr. J. F. W. Ross (late assistant with Lawson Tait) and others as the result of an extra-uterine pregnancy.

Considerable discharge took place after operation, especially from vagina. Abdominal wound did not heal well, probably from being fouled by contents of cyst. Sutures removed on Dec. 12th. A sinus kept open from behind cervix and from lower abdominal wound until the following June, when a silk ligature came away, and then it soon closed. About a year after this she gave birth to a fine boy.

CASE 3,—On Oct. 10th, 1894, I was asked by Dr. Sloan, of Parkdale, Toronto, to see with him Mrs. H. J. T., aged 25. She gave the following history: Always healthy until present illness. One child three years old. Has had a reducible inguinal hernia since childhood. Menstruated last during first week in August. Began to have morning sickness a few weeks ago. Breasts seemed enlarged, and she considered herself pregnant. Three weeks ago began to have occasional attacks of colicky pains in lower abdomen, lasting from a few minutes to an hour or two. During the last week had two more severe seizures, accompanied with faintness, and then it was that Dr. Sloan was called in. She also complained bitterly a few hours before I saw her of a pain in the left shoulder, which shifted to the right. For this Dr. S. gave a dose of morphine hypodermically. Bowels regular. No vaginal discharge.

Examination.—I found fundus uteri displaced to the right side by a tender hardish swelling on the left. Pulse 90; temperature 100°.

Diagnosis.—Left tubal gestation.

Operation advised and agreed to. Chloroform given by Dr. Hart, assisted by Dr. Sloan. As soon as peritoneum was opened bloody fluid with soft black clots flowed out. Broad ligament clamped on left side, and a ruptured tube was delivered and ligatured. The mass was about three inches in diameter; no fœtus seen. The opening in

the tube was an inch in diameter and was partly plugged by firmclot. It lay towards the outer fimbriated extremity. Abdomen washed out. Glass drainage tube used. The usual sutures and dressings.

The patient did uninterruptedly well after operation, and left hospital before the end of the fourth week. The drainage tube was kept in five days.

CASE 4.—On Dec. 6th, 1894, I saw Mrs. T. McC. in consultation with Dr. Cuthbertson, of Toronto, who was of the opinion that she was suffering from an extra-uterine pregnancy.

History.—Fairly healthy. Had five children. Three abortions during the last year. Menses due two weeks ago. Never vomits during pregnancy. A week ago began to have colicky pains, for which she took some cathartic medicine. These became so bad to-day that she went to bed and sent for the doctor. The same evening he asked me to see her in order to confirm the diagnosis.

Examinaton.—Fundus uteri seemed enlarged and was carried to the left by a mass about the size of a small orange, which lay on the right and posteriorly. This mass was somewhat tender on palpation. A little watery fluid can be squeezed from one nipple. Pulse 88; temperatnre normal.

Diagnosis confirmed and operation advised. Removed to St. John's Hospital next morning, and with the assistance of Dr. Cuthbertson and Dr. G. B. Smith, a ruptured tube and hæmatoma of right broad ligament removed. Glass-drainage tube used. No fœtus seen. Temperature never reached 100° after operation. Tube removed on the third day.

Dec. 24.—Very anxious to go home for Xmas, and was allowed to go, being carried out of hospital and into her own house, and immediately put to bed. No flow occurred from vagina either previous to or after operation until Jan. 5th, and on the 7th Dr. Cuthbertson attended her with an abortion from the uterus. I should say that breasts had continued somewhat enlarged, and fluid could be squeezed out all along from the nipples.

CASE 5.—On June 3rd, 1897, I was called to Boiestown, N. B., to see Mrs. C. D., a patient of Dr. Irvine, who suspected it to be a case of extra-uterine pregnancy.

History.—Aged 29. Married six years. Three children, youngest eleven months. Menstruated for last time ten weeks ago. Four weeks ago began to have a bloody discharge with crampy pain on left side

These symptoms have continued till the present. Some pain of late on right side also, and has had rectal tenesmus at times. Has been able to keep about the house till yesterday, when she became worse. Dr. Irvine at first thought she was having an abortion, but at last decided it might be a tubal gestation and sent for me with a view to operation. The temperature has all along been normal or subnormal.

Examination.—Not much abdominal distension nor tenderness. By vagina, a large tender mass felt behind uterus, lying deeply, and crowding uterus forward to pubes.

1 p. m. *Operation*—Chloroform by Dr. Irvine. On opening peritoneum, fundus uteri seen with bowel and omentum adhering to it. On separating these, a round firm tumor of size of orange came into view, with a large quantity of black clotted blood around and behind it. Then ligatures applied and this firm mass, which proved to be a distended and ruptured left tube with firm clot, &c., protruding from it, removed. The black clots were now scooped out from pelvis and a glass drainage-tube put in. Wound closed as usual and dressings applied.

At end of operation patient was in good condition with a pulse of 84. As there was not much discharge Dr. Irvine removed tube at 10 p. m. June 5th. Highest temperature had been 100°.

June 7.—I saw patient with Dr. Irvine. Bowels had been well moved and she seemed to be doing well in every way.

June 11.—For last two or three days the temperature has been rising, until now it is 102° or more. I again visited her with Dr. Irvine, and suspecting suppuration about some of the old clots, which had not all escaped when the tube was removed, I passed in a uterine sound via sinus where tube lay, and after some forcible probing, foul pus welled out. Large rubber tube then introduced after dilating with forceps.

June 12.—Temperature 99.4°.

June 19.—Doing well. Temperature about normal for last week.

June 25.—Tube left out.

July 7.—Up and about.

CASE 6.—Mrs. G. H., aged 29. Has two children, the youngest seven years old. Has never been very robust—thin and nervous. During past three years has had her menses rather frequently. Last time was Jan. 27th, 1898. On the 20th of March took severe pain in right loin and flank, running down into rectum, and at times shooting across abdomen. No collapse nor faintness with it. I was called to see

her at this time, and felt an indistinct fulness on the right side of pelvis, but the tenderness was such as to interfere with a satisfactory examination. Breasts very small, as was their natural condition.

Had several ¼ gr. doses of morphine during the next few days, and in a week was about the house. Then a colored discharge began, which continued until I visited her on April 20th. Then I examined her again, not using any great pressure. While doing so, a pain started in right loin, running up back and across the belly. During this examination I thought I could feel the fundus of uterus lying deeply in middle line, with a hard mass in front and to the right of it. Two or three ¼ gr. doses of morphine were required to relieve the patient, and as she seemed to be growing weak, I had her removed to Victoria Hospital at 5 p. m., and at once prepared for operation.

Operation.—Chloroform, followed by ether, was given by Dr. McLearn. Patient kept almost constantly straining in spite of the profoundest anæsthesia, and nearly if not quite all the small intestines were forced out of the abdomen before we got through. Also blood flowed freely, consisting of old black clots as well as of fresh blood from the rent in Fallopian tube. Finally right tube and ovary were gotten away after tying them off, and remaining clots cleared out with hand and sponges. Wound closed without drainage. Pulse was 120 and feeble at the conclusion of the operation, although 1-20 gr. strychnia had been given hypodermically, and half an ounce of alcohol in a pint of saline fluid by the rectum. Convalescence was somewhat slow, but the patient was out of bed in five weeks, and able to leave the hospital in another week.

Remarks.—I will not take up the time of the Society by dilating upon the pathology of extra-uterine pregnancy, but may simply observe that it almost always has its beginning in some part of the Fallopian tube, and subsequently either ruptures and causes dangerous bleeding and the death of the fœtus, or it continues to grow and flourish as a tubo-abdominal or tubo-ligamentous pregnancy. Occasionally it aborts through the fimbriated end of the tube without rupture of the latter, or results in a tubal mole.

The diagnosis of tubal gestation is made probable by the following symptoms: (1) Recent cessation of menstruation, followed by the usual signs of ordinary pregnancy, such as morning sickness, enlargement of breasts, with perhaps fluid got by squeezing nipple, &c., &c.; (2) crampy, colicky pains occurring at intervals of a few days, or weeks, increasing in

severity, and accompanied sometimes with faintness and perhaps nausea and vomiting; (3) along with these pains we commonly have a vaginal flow of blood, which resembles in many respects that which occurs with an ordinary abortion, and often leads the inexperienced to suspect this condition. A decidual membrane may or may not be expelled.

It will be seen that in cases 3 and 4 above reported, there was no vaginal discharge up to the time I saw the patients; so that this is not necessarily a symptom always present in ruptured tubal pregnancy. In one of these its absence is accounted for by the fact that she also had a fœtus in the uterus at the time of operation. In the other it was perhaps due to the impregnated ovum's lying towards the outer end of the tube, and in such a case the flow of blood would probably be less likely to extend inwards to the uterus. If I remember rightly, however, some bloody discharge did take place subsequently to the diagnosis being made at my first examination, but it was only slight. We must not therefore expect a bloody flow from the uterus in *every* instance of this condition, and must be prepared to make a diagnosis from the other symptoms present, together with the physical signs obtained by a bimanual examination. By means of the latter we are generally able to fix the diagnosis in any case where a woman presents most of the symptoms enumerated above, as those which generally accompany an extra-uterine gestation.

If such a patient be examined we will find the uterus somewhat enlarged, the arteries at the roof of vagina, on the side of the impregnated tube, pulsating more strongly than usual; and a hardish and somewhat boggy mass, generally on one side of and behind the uterus, about the size of a small fist, which displaces the fundus to the other side and perhaps somewhat anteriorly.

In case 6 this mass was situated to the front of the fundus and carried the uterus backwards instead of forwards; but this is unusual.

According to Dr. John W. Taylor, of Birmingham, England, who has recently delivered a course of lectures on extra-uterine pregnancy, we sometimes get an early rupture of the tube, from two to six weeks after impregnation, in which the bleeding is so rapid and serious that death is apt to take place before much of a tumor has had time to form, either from the size of the fœtal growth or from the coagulation of the effused blood.

In the report of my third case, it will be noticed that a few hours before operation great pain was felt in the top of the left shoulder,

which afterwards shifted to the right. I have once before observed this acute pain in the left shoulder in a case of perforated gastric ulcer, the diagnosis being verified by successful operation, and I have read of a similar experience in the practice of others. But I do not recollect that any one has ever recorded an instance of tubal pregnancy in which severe pain in the top of the shoulder accompanied the symptoms of rupture. It may, therefore, be worth noting in connection with this affection.

In regard to the death of my first case from gangrene of the rectum, I may say that it is but very rarely that one hears of a fatal issue in laparotomies from this cause. I happen to have been unfortunate enough to have had two of them. One occurred about fifteen years ago, after my first hysterectomy for a thirty pound fibroid tumor, which burrowed down under the peritoneum on the left side of the pelvis. The other has just been reported.

In the tumor case, the death of the bowel was I suppose occasioned partly by the removal of the growth from its bed, and partly by the ligatures applied to control the bleeding. It occurred in the early days of operations for fibro-myomata, when we did not know very well how to deal with them, and would not be likely to take place at the present time.

In the tubal gestation case, the rectum was left unsupported after removal of the firm clots around it, which doubtless served as a medium through which it was nourished, and consequently sphacelus resulted.

In both of these cases of gangrene, the patient suffered from an excruciating pain in the rectum for two or three days previous to death.

If I should ever meet with another instance of tubal pregnancy similar to this, I would either leave the clots entirely alone and trust to nature's efforts to bring about a favorable termination by absorption and concomitant organization of the blood, or I would, after the removal of the clots, excise the unsupported portion of gut and unite the ends by Murphy's button.

FOREIGN BODY IN LUNG FOR EIGHT YEARS SIMULATING TUBERCULOSIS.*

By M. A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics, Halifax Medical College.

Wm. B. M., was born at Riverside, Hants Co., N. S., and is 21 years of age.

His father died of rheumatism at 82 years. His mother is still living and healthy. He is an only child.

He is of a nervous imaginative disposition, and inclined in sickness to over-estimate the severity of any trouble.

He states that previous to the commencement of the present trouble eight years ago last June, he was enjoying good health. One day that month he was working in the garden. He was suffering from a decayed tooth. He broke off a head of timothy hay, having on it a stem of a quarter of an inch. This he used, to pick the tooth. The head happened to slip out of his fingers, got into the mouth, first under the tongue and then into the back of the mouth. Beginning to cough, he drew the head of timothy into the larynx. This occuppied only a few moments. As soon as the timothy got into the larynx, a paroxysm of coughing occurred, lasting ten minutes. During this ten minutes he spat up a little blood. He was not certain of having got the timothy into his throat but thought he might have spit it out during the violent coughing. At the end of this time the coughing subsided entirely. During the afternoon he went into the water swimming and took cold. On the third day from this he became quite sick and his physician found that he had pneumonia of the right lung and pleurisy. At the end of two weeks however, during which he coughed a good deal, he was much better, and at the close of another week the doctor pronounced him well.

About this time he began to cough again and to expectorate a dark, thick material, appearing to contain pus and dark blood. The cough soon began to be severe so that he coughed all night and most of the time. The doctor in attendance was at a loss to know what the trouble was. He gave very little credence to the idea of the boy having swallowed the timothy. He believed it had come up and been spit out the first coughing it occasioned. However, after these two days, and for a week the cough again became easier though expectoration continued. Then

*Read at N. S. Branch British Medical Association, Dec. 7th, 1898.

he began to expectorate bright red blood. This would be about a month from the time of the accident in the garden.

After this he had slight attacks of hæmorrhage during the summer and early fall, as often as twice a week.

In September, he first noticed bits of chaff in the expectoration. At first they were quite green in color. The doctor expressed himself convinced as to the cause of the coughing. He said he had found the timothy had lodged in the left lung in the mammary region. The patient had felt pain just above the left nipple for some time.

The cough and expectoration continued during the fall and winter. The attacks of coughing were however more severe when they occurred, and he spit up a larger quantity of blood.

For the next four years the attacks of hæmorrhage occurred at intervals, though not more frequently than once or twice a month. The expectoration was thick and either yellow or a dark brick color, and was pretty constant. Every few weeks portions of the timothy head could be seen in the sputum.

From this time to the present he has always had some cough and expectoration. Until three years ago severe hæmorrhages occurred occasionally, their diminishing frequency seeming to be made up for by their increasing severity. On one occasion he states that he spat up nearly a quart of blood. Two physicians who were in attendance thought he could not live.

In 1894, the patient went to the V. G. hospital, but the only diagnosis ventured at that time, as recorded, was hæmoptysis.

Up to Aprll 13th last, there had been no recent appearance of chaff in the expectoration. The last had been noticed eighteen months before. An attack of pneumonia however, just previous to this date, occurring (by the way) in the right lung, was followed by a good deal of coughing. On April 13th, last, nearly *eight years* after it was said to have been taken into the lung, a number of particles of timothy again made their appearance in the sputum, during my attendance. These I have preserved on a microscopic slide. I have also mounted some particles of timothy with which to compare them. Both of these slides are presented for examination.

There can be no doubt that the history given by the young man is true, and that he has still in his lung portions of a head of timothy which he so strangely inhaled eight years ago.

Physical examination shows somewhat high pitched tubular breathing and diminished vesicular respiratory murmur in the left infraclavicular region. There is also slight dullness on percussion over this region.

His general health is now good. He has still a slight cough, and there is some, but very little expectoration.

THE

MARITIME MEDICAL NEWS.

VOL. XI. JANUARY, 1899. No. 1.

Editorial.

DR. ALLBUTT'S ADDRESS.

For many years past, eminent British physicians visiting Canada and the United States have been asked to speak before professional audiences in the larger medical centres, the choice of theme naturally resting with the speaker. Men of the calibre of Lord Lister, Prof. Chiene, Lawson Tait and the late Ernest Hart could not fail to attract large professional gatherings or say something worthy of the occasion. Such addresses when published have enabled the profession generally to gather the droppings of wisdom from leaders of professional thought abroad.

During the past year the well known Professor of Medicine in Cambridge University, G. B., Dr. T. Clifford Allbutt, visited this country and the United States, and during the course of his travels spoke in many places. In San Francisco he delivered a series of lectures, known as the Lane lectures. An *extempore* address at McGill University, Montreal, aroused great enthusiasm. Quite recently he delivered an address before the Johns Hopkins University, the subject being "Nineteenth Century Medicine," which has been made accessible to the profession by publication (*Bulletin Johns Hopkins Hospital* Dec.) (*Philadelphia Med. Jour.*, Dec. 12). The address is so much above the average in point of quality that we deem it a duty to call the attention of our readers to the subject. It is characterized throughout by terseness, breadth of view, deep philosophical insight, wealth of learning and great beauty of diction. The tendencies and triumphs of modern medicine, the history of the past, the relation of medicine to cognate sciences, medical education and the higher aims of the profession are touched upon by the hand of a master. No abstract or summary comment can convey a just estimate

of the masterly character of the address. It must be read in its entirety, and we feel sure that its perusal will inspire nobler ideals. We append the concluding portion:—

"But do not let us forget that our calling derives its honor not from its power of repairing the carnal body: were this its only title to respect it would take a low place in the hierarchy of professions. Those professions which deal with the ends which alone make life preserving—such as that of the law of religion, philosophy and of the fine arts—would in such case regard our occupation but as a higher kind of farriery. The glory of our profession, from the hour when Hippocrates, in that oath wherewith like a trumpet, the notes of which reverberate still through the ages, summoned us to take our place in the fore front of the fight, has been that we are concerned not only for mankind, but for men. The ideal side of a physician's life is that he brings healing or solace to his human fellow. The Greek philosopher, like the modern socialist, would sacrifice man to the State; the priest would sacrifice man to the Church; the scientific evolutionist would sacrifice man to the race. Yet, while all these elements of co-operation and of aspiration work together for good, we thankfully see that, after all, the tendency of civil evolution, as of Christian ethics, is to use society as a means for man himself, as a means to purify and to elevate the individual soul. The physician, then, is more than a naturalist; he is the minister not only of humanity at large, but of man himself. Thus it is that the humblest of us, and he who labors in the darkest and most thankless parts of our cities, is never a drudge; in the sight of the angels he is illustrious by the light of his service to men and women. The man of science can tell us delightful things about birds, flowers and wild life, for all life is various and touching; he can tell us queer and uncomfortable things about our insides, amazingly useful things about steam and electricity, but at bottom, when the marvel is over, or the material gain is won, all this grows stale. Ideas concerning the harmony of the spheres, concerning cosmic evolution, concerning the inhabitants of Mars, are prodigious; they may uplift us sometimes with a sense of the greatness of man's inheritance, but alone they are cold and unsatisfying. The child of his age feels that a sonnet of Wordsworth, a flash of Browning's lamp into man's heart, an idyll of Tennyson give us thoughts worth more than all the billions of whirling stones in the universe. In strengthening and cherishing this inner life of his brother and sister, happily, the physician has many fellows, but the physician alone among them all holds sacred the lamp of the personal life for its own individual sake; he alone forgets Church, State, nay, even the human race itself, in his tender care for the suffering man and for the suffering woman who come to him for help."

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

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

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

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Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

DEC. 7, 1898.—Dr. MURDOCH CHISHOLM, President, in the chair.

Dr. M. A. B. Smith reported a case of a young man who accidentally drew the head of a piece of timothy hay in his larynx, producing symptoms, which lasted for eight years, resembling tuberculosis. (Published on page 19 of this issue of the NEWS.) Dr. Smith said that Dr. D. A. Campbell thought timothy was the cause when he saw the case and heard the history.

Dr. D. A. Campbell said that the reason he gave credence to the timothy theory was that he had heard of a similar case. While in Digby with Dr. Kinsman, a young man who was a neighbor related an experience. While walking through a hay-field and biting off the heads of timothy, one slipped into a bronchial tube. He was not affected immediately, but subsequently developed hæmorrhage, which recurred during four or five years. Finally the head was brought up almost unchanged.

A discussion on "Gonorrhœa" then took place.

Dr. Ross read a paper in opening the discussion, from which we give a condensed report:

The subject of gonorrhœa is a very comprehensive one, viewed from its etiology, pathology and treatment. There are some points under the heading of etiology which are of considerable importance, especially as some of the best observers hold views at variance with one another.

Just a few words about the etiology of simple urethritis (non-specific urethritis).

It is certain that any systemic affection which gives rise to irritability of the mucous membrane predisposes to inflammation of these structures. This is especially true of rheumatism and gout. Lydston, of Chicago, believes that gout and rheumatism are much more intimately associated with urethritis than is ordinarily supposed. He says either or both may be a powerful factor in cases in which the exciting cause is undoubtedly specific infection. It is well to keep this in mind, as it is sometimes an important guide to treatment. Most of the cases of simple

urethritis are due to sexual, alcoholic or dietetic excesses upon a urethra which has been already damaged and in which the products of microbial infection are present. This must be remembered as bearing upon cases of suspected gonorrhœa in which the virtue of one or both parties may be brought into question.

The predisposing causes of specific urethritis or gonorrhœa are precisely the same as those for simple urethritis. It is probably right to lay special stress upon the excessive use of alcohol as a predisposing factor in gonorrhœa. Lydston says that it is probable not unusual to meet with patients who are in the habit of regular sexual indulgence with prostitutes who have escaped infection excepting on the occasion when the exposure was accompanied or followed by a prolonged drinking-bout, such exposure being with the same class of females—and often indeed with the same individual—as during their periods of soberness.

Exciting causes.—In the years gone by such an authority as Record denied the virulence of gonorrhœa and regarded it as a simple catarrh which may be due to various irritants. He laid special stress on the point that in cases where the male partner had acquired clap the female was often found entirely healthy, or often suffered merely from leucorrhœa, menstruation, etc., and the development of the clap must be attributed to one of the above-mentioned causes. Finally he called attention to acclimatisation which renders one accustomed to it insensible to such irritation, but affects the new-comer with gonorrhœa. From all these experiences Record concluded that gonorrhœa is not a virulent disease; that it may develop without inoculation; that it may be acquired from the most innocent girl and the most virtuous wife. In his easy way of presenting his views he even went so far as to devise a prescription for the means to be employed for surely acquiring gonorrhœa.

Whether the menstrual secretion ever starts a urethritis—a simple one of course—is yet a matter of dispute. Such an authority as Lustgarten mentions the possibility of it being a cause, while Lydston states the possibility of the normal secretions in the female producing simple urethritis is positively absured. "Menstrual fluid, unless decomposed or mixed with the products of bacterial evolution of one kind or another, cannot possibly produe urethritis."

The "strain" theory is a popular one, but the most fallacious one of all.

Regarding the method of contagion in gonorrhœa, Lydston says it has seemed to him that considerable illogical reasoning has been indulged in regarding the possibility of infection with gonorrhœa in an innocent manner. I quote from that author: "Whenever an individual presents himself with a gonorrhœa and gives a history of unknown or innocent source of infection, the practitioner treats the history with lofty disdain and a contempt born of profound knowledge of human nature, particularly as manifested in venereal diseases. The author unhesitatingly affirms that, other things being equal, gonorrhœa is more likely to be contracted innocently than is syphilis. The water-closet theory of the origin of gonorrhœa has received much ridicule, yet the author is inclined to the belief that if logic rather than ridicule be applied to the study of the question, the theory will not appear quite so absurd. Is it illogical to suppose that gonorrhœal infection may occasionally occur in this manner? We are entirely too prone to question the veracity of the patient. Ridicule is hardly a safe argument as applied to a question that can be reasoned upon quite as logically as can the subject of infection of any other kind. This is important from a medico-legal standpoint. The man who goes upon the witness-stand and offers expert testimony to the effect that any individual might not possibly have contracted gonorrhœa in the innocent manner just described must certainly depart from the ordinary rules of logic, and, however profound his knowledge of bacterial infection in other directions, must necessarily manifest upon this question the densest ignorance of sound pathological and bacteriological principles. The same argument is pertinent, although perhaps not equally so, as applied to possible innocent infection of the female. This statement is likely to be received with derision, but as already stated, ridicule upon a question so open to logical reasoning as the one under consideration is hardly worthy of respect."

Pathology.—Inflammation, intense hyperæmia with swelling of mucous membrane. When inflammation is at its height, there exists an infiltration of the corpus spongiosum, resulting in thickening and inelasticity of that structure. Later, the plastic infiltration either subsides entirely or, as is very frequent, localizes itself at certain points. In chronic cases the pathological factors that explain the persistency of the disease are stricture, congested and granular patches, dilatation and enlargement of the glands. The tendency to the formation of granulations is especially marked in the bulbous region. This is worthy of note, as the recognition and treatment of this condition by means of the urethroscope

constitute the sole hope of cure in a certain number of cases of chronic urethritis.

Treatment.—Record's old statement was not far from being right: "Anybody can tell when a gonorrhœa begins, but God alone knows when it will end," though at the present day this may be somewhat modified.

Abortive treatment.—Nitrate of silver, 15 grains to the ounce, kept in for a few seconds and urinate afterwards. Probably better method is prolonged and systematic irrigation of anterior urethra with permanganate 1 to 5000 to 1 in 10000—not too hot; done for half an hour; repeat twice daily for 3 or 4 days, and after once daily. Short nozzle best. Put on alkalies and suitable restrictions regarding diet and exercise. Where patient cannot submit to frequent irrigations, permanganate by ordinary injection used stronger, every 2 hours in large quantities, and at the last keep the urethra full for 10 to 15 minutes. Can be increased to 1 to 2000.

Chronic cases are best treated by the passing of sounds, irrigation to lessen the catarrh and direct application by means of the urethroscope of suitable agents, the most important being nitrate of silver, iodine and carbolic acid. There are many other things that might be said about treatment, but as others are to follow I will not take up any more time.

Dr. D. A. Campbell dealt with general infection from gonorrhœa and spoke principally of so-called gonorrhœal rheumatism. Although the general symptoms are often severe, they are not usually so severe as those of articular rheumatism. The joints are not so acutely affected and the disease does not shift from one joint to another. He thought that iritis or sclerotitis should arouse suspicion of the gonorrhœal origin of a case of rheumatism. This disease may be brought on without exposure to cold or wet. It is very stubborn, resisting treatment. If ordinary remedies such as salicylates and alkalies have no effect you suspect a gonorrhœal origin, for these remedies have practically no effect in this disease. Another feature is that it attacks unusual joints, such as the sterno-clavicular, maxillary, symphysis pubis. In this respect it resembles rheumatoid arthritis.

Treatment.—See to the local treatment of the gonorrhœa first. The supine position aids in curing the discharge. Iodide of potash gives generally good results. Tonics are indicated, such as tinct. ferri mur. and good feeding. When the ankle joint is persistently affected it almost invariably leads to flat-foot. Artificial support relieves the painful symptoms of this affection. In two cases he had seen rheumatoid

arthritis follow. Another feature of the disease is that no matter how bad the joints are the heart remains intact as a rule.

As regards treatment of recent cases of gonorrhœa, his experience was not large. He was generally able to cure them in from six to eight weeks anyway. He believed in abortive treatment. We have an example of the benefit of abortive treatment in gonorrhœal ophthalmia of infants when treated with nitrate of silver. His plan was to give purgatives the first few days and a mixture of alkalies and bromide. When the urgent symptoms were over he gave a combination of copaiba, cubebs and santal oil. He makes it a rule that they should continue this mixture until two weeks after the discharge has ceased. He does not use injections much, but occasionally uses permanganate of potash, also tannic acid in claret.

Dr. Jones mentined the fact that urethral discharge may come from a chancre. A patient of his had urethral discharge for three months. Nitrate of silver and permanganate of potash were used and patient was thought cured. He afterwards had cystitis and a few days ago he developed a syphilitic rash. There was no chancre to be seen. Probably the urethritis was originally due to a urethral chancre.

As regards gonorrhœal rheumatism, some outbreaks of gonorrhœa are followed by rheumatism. A comic opera company came here some years ago. Three cases came to him about the same time, and all had gonorrhœal rheumatism following. One of the girls of the same company returned on a subsequent occasion, and two cases he knew of who contracted gonorrhœa from her, developed gonorrhœal rheumatism. As regards gonorrhœa in women he would divide it into two varieties—primary and secondary, or acute and chronic. Primary is due to direct infection with the male suffering from an acute attack. There is sometimes profuse vaginitis and also inflammation of cervical canal and urethra. In secondary or chronic gonorrhœa, uterus and appendages are more likely to be affected. Primary, however, may attack the uterus. If uterus is affected, the Fallopian tubes soon become involved. There is surrounding inflammation coming from the lymphatics. Noeggerath has said that 80 per cent of married men have had gonorrhœa and 12 per cent have given it to their wives. This was going too far. Many men marry with gonorrhœa not properly cured and the wife becomes infected. Latent gonorrhœa has a tendency to develop in the post-nuptial period. If the woman becomes pregnant the danger is increased. It may cause abortion and septic infection during the puerperal period.

It is not important in the female whether urethra is involved or not. Bladder is more commonly affected in women, but it is more easily treated. He thought vaginitis not present primarily, but might be secondary to inection of the cervix. The gonococcus thrives only on cylindrical epithelium—not squamous as in the vagina. If there is a discharge from the vagina, treat the cervix and the vaginitis will become cured. Lately formalin 1 to 1,000 in the vagina, or 1 to 500 applied to the cervix has been advocated. Do not tampon the vagina as that prevents drainage.

Dr. Murray referred to the predisposition produced by alcoholic and sexual excesses. Normally the secretion of the mucous membrane of the urethra is acid, while during alcoholic or sexual excesses it becomes alkaline, a condition which is favorable to the gonococcus. Regarding treatment, he strongly advocated local irrigation with a fountain. In gleet the gonococcus is embedded in the mucous mebrane. The situation is often one to two inches from the meatus. A strong solution of nitrate of silver will often cure such cases. Begin with a weak application and increase up to thirty or forty grains to the ounce if necessary. The mucous membrane is shed, and he had seen several cases cured in this way, one of seven years standing. Internally in these cases he used iron, ergot and strychnine.

Dr. Murphy stated that in women iodine in the great majority of cases is a sure cure. In male cases he uses thirty to sixty drops of tincture of iodine in four quarts of water. Continue for five to ten days in the form of irrigation. In female cases applications of strong tincture of iodine cured gonorrhœa.

Dr. Kirkpatrick thought Dr. Campbell's dictum stating that iritis generally indicated gonorrhœal origin of rheumatism was not borne out by his experience. Iritis may come from rheumatism, gonorrhœa, syphilis, tubercle and traumatism. In ophthalmia neonatorum and gonorrhœal conjunctivitis, nitrate of silver is about the best. The nurse should never leave these cases, ice, weak bichloride or boracic acid being used constantly, and nitrate of silver applied once or twice daily.

Dr. M. A. B. Smith believed that strong injections used early in gonorrhœa were liable to set up orchitis. Cleanliness was very important, and he advocated the use of a child's stocking with cotton-wool in the toe to catch discharge.

Dr. Mader also referred to the importance of some sort of a bag applied over the penis to allow discharge to flow freely. He mentioned

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A pleasant effervescing aperient, taking the place of nauseating mineral waters.

Recognized and prescribed by eminent members of the profession in Great Britain, Europe and Canada.

a case of gonorrhœal endometritis and salpingitis. He thought tendo-synovitis quite common from gonorrhœa, especially in workmen, e. g., a blacksmith. He was of the opinion that gonorrhœa contracted from a woman having syphilis would communicate syphilis, and thus the case referred to by Dr. Jones might be accounted for.

Dr. Curry referred to a case of acute gonorrhœa in a woman whose husband had been away. He used nitrate of silver, 30 grains to the ounce. With the use of Ferguson's speculum he had applied it by means of a sound and cotton-wool to the interior of the uterus. A vaginal douche was then ordered and the disease was aborted. He thought that gonorrhœa affected the vagina primarily, and different authorities speak of gonorrhœal vaginitis. He believes that in all cases the vagina is the first part affected. The books teach that we should paint the cervix to prevent its further spread.

Dr. Ross, in closing the discussion, said that non-specific urethritis gets well quickly and the symptoms are milder, while the time it appears after coitus is shorter. To distinguish the two forms the microscope is the only sure way. Some persons have chronic gonorrhœa without knowing it, particularly when situated in the posterior urethra. In early irrigation take care not to have the fluid too hot, as otherwise the epithelium is apt to be destroyed.

Matters Personal and Impersonal.

Surgeon-Captain Drew-Moir, who has been on this station for some years, recently left for England.

Dr. D. Murray, of Lower Stewiacke, has joined the army of benedicts, having lately been married to Miss May Irvin of the same place. The NEWS extends congratulations.

Dr. C. B. Munro, of Wallace, left early this month for Southern California on account of ill health. The evening before his departure, about eighty of his friends, both male and female, tendered him a complimentary reception and supper. The gentlemen presented him with a handsome gold-headed cane as a token of their great appreciation, and a fine travelling portfolio was presented to him by the ladies, accompanied by a suitable address.

Messrs. Fairchild Bros. & Foster have issued a neat little physician's visiting list. It can easily be carried in the vest pocket and may be started at any date.

AN ITALIAN ALIENIST has been making an interesting study of the dreams of hysterical and epileptic patients, and claims to have found that out of 53 cases of grave hysteria 35 were fair dreamers, 10 great dreamers, and 8 did not dream at all. Frequent dreaming was associated with light sleepers, the more profound sleepers not dreaming at all. In 45 cases of *grand mal* there were only 10 dreamers. In 21 cases of *petit mal* 16 were great dreamers, 4 fair dreamers, and 1 (a sleep-walker) did not dream at all. In the hysterical, dreams of pain and anguish were most frequent, then those of fear and terror. As to the character, the dreams of large animals predominated, while in alcoholism the dreams are of tiny animals, " micro-zooscopic." The dreams of epileptics were fewer from terror and animal fears, and erotic dreams were more constant. With epileptics the dream vision is brief and simple ; in hysteria it is romantic and complex, and in this relation it is suggested that the sex is a determining factor—the hysterical subjects being women and the epileptics men.—*Health.*

Book Reviews.

THE SEXUAL INSTINCT, ITS USE AND DANGERS AS AFFECTING HEREDITY AND MORALS.—By James Foster Scott, B. A. (Yale), M D., C. M. (Edin.), Late Obstetrician to Columbia Hospital for Women, and Lying-in Asylum, Washington, D.C.; late Vice President of the Medical Association of the District of Columbia, etc. Published by E. B. Treat & Co., 241-243 West Twenty-third Street, New York. Price $2.00.

As pointed out in the introduction, this book contains much plain talking, for which the author offers no defence, its justification being found in the body of the work. Its purpose is "to supply the reader with all the scientifically accurate teachings which relate to or bear upon a life of immorality, and he shall be left to weigh the results and the conclusions according to his own judgment. The author's aim is not to preach, but to teach, and to present the truth in its absolute form without distortion or bias."

It is gratifying that such a work should have been undertaken by a writer who deals with the subject in a truly scientific manner and yet writes with that clearness that can be easily grasped by the class of people for whom it is intended—the non-professional man. Among the chapters ably dealt with in this book are "Physiology of the Sexual Life," "Consequences of Impurity," "The Regulation of Prostitution," "Criminal Abortion," "Gonorrhœa," "Syphilis," "Onanism," etc. There have been works published heretofore aiming at giving man a knowledge of himself, but there is no hesitation in stating that Dr. Scott's book is by far the ablest and most comprehensive work that has come to our notice. The book is intended for laymen—not for women or boys.

We would strongly recommend physicians to secure this work, and after reading it carefully we are sure that they will earnestly advocate its perusal to that class of men for whom it is written.

DIET FOR THE SICK.—By Miss E. Hibbard and Mrs. Emma Drant, matrons at two large hospitals in Detroit. 103 pages; board sides, postpaid, 25 cents. The Illustrated Medical Journal Co., Detroit, Mich., publishers.

This is the third edition of this handy and popular little bedside book. The recipes for sick dishes have all been tried, and are those largely used by the Detroit hospitals where the two contributors of them served as matrons. Added to these are various diet tables, as for: anæmia,

Bright's disease, calculus, cancer, consumption, diabetes, dyspepsia, fevers, gout, obesity, rheumatism, uterine fibroids, etc., as given by the highest authorities. Everything is given in a nutshell, and on every page is found valuable items of information. The booklet is intended to be given to the family by the physician, and for such purposes one-half dozen will be sent, postpaid, on receipt of $1.00.

PAMPHLETS RECEIVED.

ARE COMPLETE CASTRATES CAPABLE OF PROCREATION?—By F. R. Sturgis, M. D., New York. Read before American Association of Genito-Urinary Diseases.

IRITIS: ITS TREATMENT. STRABISMUS: MULES'S OPERATION.—By L. Webster Fox, A. M., M. D., Philadelphia.

INJURIES OF THE EYELIDS AND EYEBALLS.—By L. Webster Fox, A. M., M. D., Philadelphia. Clinical lectures delivered to students of Medico-Chirurgical College.

THE CAUSTIC ACTION OF ARSENIC IN TREATING CARCINOMATOUS GROWTHS ACCESSIBLE FROM THE SURFACE OF THE BODY.—By C. W. Simmons, M. D., Philadelphia. Reprinted from the *Hahnemannian Monthly.*

DISEASES OF THE EAR AS A SPECIALTY.—By Emil Amberg, M. D., Detroit. Read before Wayne County Medical Society.

SOME SOURCES OF FAILURE IN TREATING LACHRYMAL OBSTRUCTIONS.—By Leartus Connor, A. M., M. D., Detroit. Reprinted from *Journal of American Medical Association.*

EARLY DIAGNOSIS OF CANCER OF THE STOMACH.—By Charles D. Aaron, Detroit. Read before Detroit Academy of Medicine.

CARIES OF THE TEETH AND DISEASES OF THE STOMACH.—By Chas. D. Aaron, M. D., Detroit. Reprinted from *Charlotte Medical Journal.*

DIARRHŒA AND BACTERIA.—By Charles D. Aaron, M. D., Detroit. Read before the Northern Tri-State Medical Association.

Matters Medical.

THE INDISPENSABLE.

Said the bottle to the graduate
"We make a healthy pair,
You measure what I give you
With exactness and care."

"Now I've always held the potions
That the Doctor mixes up,
While *you* are just usurping
The rattling spoon and cup."

Up spoke the Bedside Record;
"I'm the latest thing that's out:
And of all the Doctor's allies,
I'm most helpful, there's no doubt."

Then the clinical thermometer
Stood squarely on its end,
Said he: "Look here! I reckon
That *I'm* the Doctor's friend."

"Who could tell him so correctly
Everything that he should know,
The exact heat of the body,
And how the pulse would go?"

The hypodermic needle
Then loudly did declare
That he was the swiftest agent
To free a soul from care.

"That the doctors always use me
To quiet the hardest pain,
Proves even to the patient
That *I'm* the greatest gain."

At this the pills and powders
Began to grasp for air;
The patient pulled the bell-rope
And quickly said a prayer.

In came the white-capped nurses,
In came the doctor, too,
"The patient's pulse is higher
Give her powders 1 and 2."

"Make the room a little darker;
Bathe her forehead, smooth her hair;
All she needs is rest and quiet
And a nurse's tender care."

So of all these boastful agents,
Though we use them every day,
If we had to, we could spare them,
'Spite of all that they may say.

But, of all the late inventions,
Don't you think for half a minute
Of a doctor 'thout a patient—
For he simply "isn't in it."

—MABEL L. STUART in *Journal of Medicine and Science.*

A REMARKABLE OPERATION has been performed at Arras upon a young miner who had accidentally swallowed a five-franc piece. He got the coin safely down his throat, but it lodged in the stomach, and all attempts to get rid of it were unavailing. The patient was accordingly operated upon. A large incision was made in his abdomen, through which the stomach was carefully drawn by means of a wire. A small slit was then made, just sufficient to allow the coin to pass, and it was extracted without difficulty. The stomach was then sewn up and replaced, and the abdomen also. The operation was completely success-

ful, and the patient is now making rapid progress towards a complete recovery.—*Health.*

CHRISTIAN SCIENCE AND THE LAW.—"Christian science," which may have been prophetically referred to by St. Paul when he wrote to Timothy about "science falsely so called," has apparently made itself amenable to the criminal law in England by the proceedings that preceded and it would seem safe to say directly caused or insured the death of an eminent litterateur. The sacrifice of one valuable life has at last called the attention of the public to the delusions which might perhaps have worked disaster to many more obscure individuals without such effect.

It seems strange that a man of culture, of such penetrative judgment, as some of his writings would imply, as Harold Frederic should have been a willing victim to what ought to seem to any practically minded man a very transparent delusion. While the fact is hard to account for, assuming him to have been in mental health, something may be allowed for the common and, as it were, very natural affection of the judgment in even any form of bodily disorder. We are all of us apt to be hardly our normal selves under the influence of sickness, and even an educated and thoroughly well-balanced physician, to assume an extreme case, might, under certain circumstances and with certain surroundings, allow himself to be treated by altogether unorthodox and unscientific methods. There is, moreover, a remnant of superstition in all of us, and irrational prejudices and beliefs crop out in the most unexpected quarters. As a scientific investigator who has been amongst the foremost in discussing and developing some of the most important biologic questions, Mr. A. R. Wallace ought, it would seem, to be qualified to express a correct opinion on sanitary subjects, but we find him raving against vaccination, a preventive measure that has stood the test of one hundred years since Jenner's announcement of his discovery, and which has rendered comparatively harmless one of the greatest scourges of our race. With such examples as this, one need not be surprised at any vagaries on the part of the public or of less prominent individuals.

So far as known, there has not been a conviction for manslaughter of a Christian scientist in this country, though occasions for such an event have certainly not been wanting. In so far as the devotees of this delusion actively interfere to prevent the necessary remedial measures and the patient dies in consequence of this, it is hard to see how, with any reasonable interpretation of the law, they can escape its penalties. They certainly in some cases, like that of Mr. Frederic, prevented what

might and probably would have saved life. The case may be different as regards the standing of Christian science where life is not involved, and we do not see the correctness of the conclusion in a recent editorial in the New York *Sun*, that, because a court held that contracts for such treatment are valid, the same court would necessarily hold that a charge of neglect and of manslaughter would not lie if death occurred under the care of a Christian scientist who it could be proven, excluded rational measures that presumably would have saved life. The civil and the criminal sides of the question may differ to some extent, but where the charge of criminal negligence or worse is raised, it would necessarily have to be seriously considered by any court, and it is not easy to see how well proven evidence of this character could be managed so as to evade the penalty of the law. Judges and juries are fallible, however, some of them may be ardent advocates of Christian science, and it is difficult to say how these facts may distort judicial views and verdicts in special cases.

It will be interesting to follow the proceedings in the Frederic case and to see how British justice deals with the matter; the prominence of the victim and the special issues involved will tend to make it a *cause celebre*. If conviction follows, the status of the delusion in English jurisdiction will be materially affected and it would seem improbable that it could derive any benefit under the plea of persecution if the facts were fairly published and understood. The results of a similar prosecution which has just been instituted in Cincinnati will also be followed with interest by the medical profession and the public generally.—*The Journal of the American Medical Association.*

THE BORDER LINE OF SANITY AND INSANITY.—This line has never been definitely fixed. Maudsley says:—"It would certainly be vastly convenient, and would save a world of trouble, if it were possible to draw a hard and fast line, and to declare that all persons who were on one side of it must be sane, and all persons who were on the other side of it must be insane. But a very little consideration will show how vain it is to attempt to make such a division. That nature makes no leaps, but passes from one complexion to its opposite by graduations so gentle that one shades imperfectly into another, and no one can fix positively the point of transition, is a sufficiently trite observation."

It is with those who dwell near this border line that science receives her greatest perplexities. When crimes are committed by those who are near this line the great question has been—on which side of line have they been? The question of responsibility is determined by an attempt to find the line, and to find out on which side of the line the deed has been committed.

There are many men who are sane, but who live near the border; a slight trip or stumble, and they are liable to be thrown over the line into the land of insanity. Let such a one live properly; let him attend regularly to the laws of his being; let him eat proper food, take proper

drink, and have his proper sleep, and he passes through the world as a sane man. But let that man be thrown into mental worry; let him meet with reverses in business—and he loses his equilibrium, and becomes insane. Let that man drink spiritous liquors to drive away dull care—his weak will-power becomes weaker; his habit of drinking now overcomes him; he swears by all that is good he will leave it, but he is soon found again under the influence of the intoxicating bowl. Let that man commit some deed of violence while in an intoxicated spell; we shall not discuss the question of responsibility—but on which side of the line is he? He may be paralysed in speech and ideas, or he may be furious with rage, or wholly insensible; or he may suffer from delirium tremens, even when he has ceased drinking perhaps for days. Besides, his delirium tremens may run into an ordinary insanity with delusions, and he may lapse into dementia and utter obliteration of memory and mental power, from which he may never emerge.—*Health.*

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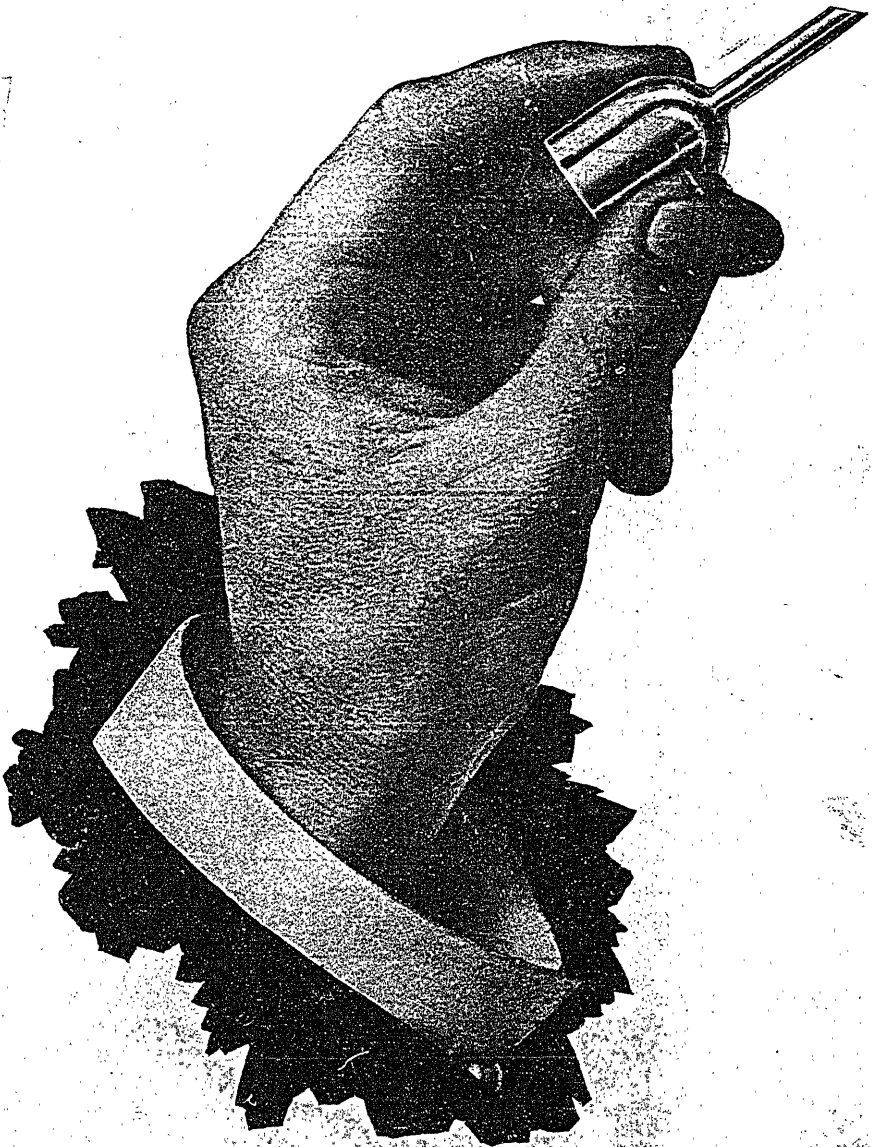

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