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THE

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A MONTHLY JOURNAL OF

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Vol. IX. HALIFAX, NOVA SCOTIA, JANUARY, 1897. No. 1.

McGILL UNIVERSITY, Montreal.

Faculty of Medicine. Sixty-Fourth Session, 1896-97.

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

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The entrance examination of the various Canadian Medical Boards are accepted.

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CONTENTS FOR JANUARY, 1897.

The Subscription Rate for the Maritime Medical News is $1.00 per annum.

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Therapeutic Suggestions

How To Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternité Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alone we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What shall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

℞ Antikamnia and Codeine Tablets, No. xxx.
Sig.: One tablet once every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its associate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in the respiratory or intestinal tract, while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

The London Lancet's Endorsement

"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, lagrippe, etc. It is a white powder of a slight bitter taste and alkaline reaction. It is not disagreeable to take, and may be had either in powder or tablet form, the latter in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. It appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally."

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VOL. IX. HALIFAX, N. S., JANUARY, 1897. No. 1.

Original Communications.

SLIGHT AND SERIOUS EYE TROUBLES.*

BY I. R. MCINTOSH, M. D., St. John, N. B.

I am venturing, Mr. President and Gentlemen, to briefly discuss with you for a few minutes a number of the more common ocular troubles, which come very frequently under the care of the regular medical attendant of the family, and I hope thereby to excite a more common general interest, than if I were to speak of some single trouble of the eye, and treat it in detail.

And first, let me here impress on you the serious matter it becomes to a patient, and especially to an educated and intelligent patient, to have his vision impaired, even in one eye, by a trouble so slight that it would be laughed at were it in any other part of the body.

Let me also call to your mind the prominence any external ocular trouble assumes when we are face to face with a person so afflicted. Then you will understand not only how it is a source of discomfort to himself and his friends, but may readily affect his pocket and his living in certain professions or trades.

Frequently these slight troubles are entirely local in their character and yet become far-reaching in their pathological results. On the other hand, they may be but the local expression of a more general disease which may still quite as urgently demand topical treatment.

*Read at meeting of New Brunswick Medical Society, 1896.

"Blight," as it is commonly known, or *Acute Catarrhal Conjunctivitis*, is one of the more common of the distinctly local troubles, and generally occurs in epidemic form in spring or autumn. It begins as a dry itching, burning sensation under the lid of one eye, as if there were a foreign body there. Redness of the conjunctiva quickly follows, and a degree of soft swelling of the lids proportionate to the severity of the attack is a rapid sequence, which is accompanied by a varying amount of an acrid yellowish discharge. A day or so later the other eye usually becomes affected in a similar manner. With ordinary cleanliness, mild cases are fairly well again in a week and no evil result follows, except that maybe some associates may have fallen heir to the same trouble. So it is well to remember that it is eminently a contagious trouble, and as a consequence those that are affected should have their own towel, basin, etc., at home, should most certainly be relieved from their attendance at school, and at the same time allowed the benefit of all the fresh air that is obtainable. Here, by way of parenthesis, and without dilating on the points, let me say that all forms of eye disease accompanied by a discharge are more or less contagious, some of them eminently so, and that fresh air is an essential in the proper treatment of such cases.

After measles and some of the other febrile states, a similar, though not usually so acute, a condition of the conjunctiva sometimes follows, but it has not the same tendency to spontaneous cure that is conspicuous in the foregoing condition. It rather tends to become chronic in its character, and to spread and affect the edges of the lids in an unsightly manner, and to be accompanied by another condition called phlyctenular ophthalmia, which we will consider presently.

As to the treatment of this condition, a lotion of boracic acid used lukewarm at first and cold later on, several times a day, is all that is required, in order to keep up constant cleanliness and so not allow the secretion to accumulate and cause the lids to adhere by its drying. A little vaseline applied to the edge of the lids after the lotion, is of material benefit to assist this, especially before going to bed. It is needless to add that a purge may do good early in the case.

If however there is a tendency for the discharge to persist to a slight extent, as there sometimes is, the application of a nitrate of silver solution, five grains to the ounce, to the lids on their inner surface, may be of very material benefit in shortening the course.

Now the acute conjunctival catarrh, if neglected, or wrongly treated, —which is often worse—may leave traces behind it just as many other things do. It is often treated at home by the mother according to the copiously bestowed advice of the neighbors, who become consultants in the matter, just as in measles, and in many cases a dirty poultice is the sheet anchor to which they fix their faith. Is it any wonder, then, that the condition spreads and gives rise to other trouble? And it is the glands along the edge of the lids and the eye-lash follicles, that most frequently suffer.

The conjunctiva along the border of the lids becomes thickened, the edge of the lid itself red and sodden, and a sticky exudation glues the eye-lashes together, and maybe often the lids themselves are adherent in the morning. This irritating redness along the edge of the lids studded with pustular points, is a continuous source of annoyance for years to come, and in time the lashes tend to fall out to a greater or less extent. The particular reason I draw your attention to the matter is that it is easily cured in the majority of cases in its early stages, and that it is most rebellious to all forms of treatment when the condition becomes established. We don't get at these cases early enough as a rule, but if we do the treatment is simple. Constant attention is required to keep the parts clean and free from scab formation. Then the application of a nitrate of silver solution, or even the rubbing of the edges of the lids with a crystal of sulphate of copper if necessary, will rapidly bring the condition into subjection. If we do not see the case till later, the scab formations become the prominent feature. These must be kept down. The application of vaseline to soften the scabs, and their constant removal as soon as formed, must be persistently kept up at home; and the afore mentioned applications are equally useful at this stage. In addition, however, epillation of those lashes around whose base a yellow area can be seen, is of material benefit in checking the disease, whilst later on the use of a mild mercurial ointment may afford still further benefit. But we must remember that the necessity for glasses may keep up a persistent redness and irritability of the lids, till that trouble is also corrected.

There is another course the catarrhal process may take—it may spread to the lachrymal sac and duct, and give rise to a *mucocele*. This, at first a small thing, becomes later on a much more serious matter, not only on its own account, but because when it becomes established it

reacts back upon the conjunctiva and eye-lids, and makes the original trouble a much more intractible one.

Let us next look at *Phlyctenular Ophthalmia.*—There are several types of this disease, but they all may be considered as modifications of a simple form which shows itself at first as a small red point in the conjunctiva, just outside the corneal margin. Often there is a row of such points. They may grow in size and become pustular, but the great danger that one has to fear is that they may invade the cornea, and as sure as they do they will make straight for the centre, leaving a streak of red vessels in their rear, looking for all the world like a small comet with its streaked tail stretched out behind it. Now as it invades the cornea we commence to have a new train of symptoms, viz: tearing and intolerance of light, and if the phlyctena is allowed to grow on till it reaches the centre area of the cornea, the sight becomes seriously affected and can never be made perfect again. The scar and impaired vision will ever remain there as a reminder of past neglect on the part of some one. Why do I emphasise this? Simply because it is so eminently curable a trouble in its early stages, and that, too, with a perfect result, while later on, though we can stay the condition, the result is a most imperfect one. Look out for it occuring after measles, especially in young girls, and let them have some dilute yellow oxide of mercury ointment to put inside the eyelids twice a day. That is all that is needed beyond a shade to protect the eyes from the light, and the addition of atropin if the cornea be affected. But it is essential to continue the ointment for at least a month after all sign of inflammation has gone, in order to ensure a permanent result. If you don't you are almost sure to have a relapse.

Akin with the above are the small ulcers, generally grey in color, which do not penetrate deeply and are often seen about the borders of the cornea. The same treatment suits them well, in a general way. They are more apt to be multiple than to strike for the centre.

Wounds or injuries to the cornea which abrade or injure its surface or substance require, as a rule, careful but very simple treatment, and the first thing is to make sure there is no foreign body in the wound or under the lid. Wash the conjunctival sac well with some simple lotion, put in a little vaselin or castor oil to keep the lids from rubbing over the abraded surface, and bandage the eye to ensure rest. In this way it will rapidly heal unless the wound be extensive or have been infected at the time of the injury.

Foreign bodies imbedded in the cornea are easily enough picked out in most cases. If, however, they have been there for some time, there may be some considerable degree of infiltration of the surrounding cornea to be seen, and particles of iron, emery, or such like matters, may leave a rusty staining of the epithelium for a time after their removal. If the foreign body be situated under the upper lid, there is nothing better than the point of a piece of blotting paper with which to remove it.

Here let us consider *lime burns*. They may be trivial, but are never to be looked upon lightly, and as a consequence our prognosis of such cases should be most guarded. The serious character of the injury may not be apparent for some days after it has been received, and an inflamed cornea may suppurate, or considerable scarring may follow what looked at first as but a slight trouble, and adhesion of lid to the eye-ball may result.

If such an eye be seen early, after washing out the debris and putting a drop of castor oil under the lids, it would be well to apply a cold lotion or even an ice bag to prevent the inflammatory symptoms from appearing. But if they have already come on it is much better to rely on luke warm water, etc., bandaging the eyes and supporting the cornea if it is greatly injured. Here we often find great need for atropin, as iritis is apt to supervene, but we should avoid cocain and lead solutions.

Those who work in the harvest fields or granite quarries and such places, certainly suffer more from trivial injuries and wounds of the cornea than most other classes of people, and I would urge you to be on your guard in such patients who may have had a bad night, with neuralgia over the side of the head corresponding to the injury, and considerable local pain persisting for over 24 hours, even though you don't see anything wrong. Advise a consultation with someone else or you may regret it. For why? In two or three days the eye will probably have become very red, the eyelids may be œdematous, and if you look at the injured cornea you will see there is a yellowish edge to the wound. Next day you will see some yellowish matter in the lower part of the anterior chamber, the pain and photophobia are intense, and your patient is half crazy for the want of sleep. The cornea has now become dull and hazy all over, and you cannot see the iris clearly, but you may make out that the pupil is small and that it does not react to light. In fact iritis has been added to the other troubles, and the septic infection is fast travelling backward into the eyeball.

In olden times such cases went blind "by the visitation of God." Now-a-days, this is the stage in which the patient comes into the hands of the specialist in many cases. And indeed much can even yet be done in the majority of cases. What is it? Well it is simply making an opening in the cornea, removing the purulent lymph that has collected there, and keeping the anterior chamber drained, thus not only preventing the spreading of the septic material, but also and more particularly relieving the tension within the globe. This permits a freer circulation to take place within the coats of the eye-ball itself, and so allows the sloughing ulcer to become a clean and healing wound.

If the ulcer perforates the cornea we get the same sort of result in another way—but it generally does not do so till a considerable part of the corneal surface has been destroyed. And as this is the result which follows in such cases, it is desirable that one should be forewarned and recognize them early. Suppose you have done so, how then should you treat it? Chiefly with hot fomentations frequently applied, and a little atropin. If these do not restrict the progress of the disease it is likely that nothing else will, short of the cautery or corneal section. Many other local applications are highly praised I know by certain surgeons, carbolic acid, iodine, iodoform, etc., etc., but they all have their objections and are uncertain in their action and results. There is, however, one thing that is useful, I believe, and that is a weak solution of formaldehyd applied as a wash to the conjunctival sac and cornea every hour. If it is at hand, it is well worth trying, but no medicinal application can for a moment be placed on an equality with tapping the anterior chamber. If purulent lymph has begun to accumulate within the eye-ball, and when such a stage has been reached, the sooner the tapping is done the better for all concerned.

In all forms of corneal ulceration but especially in those cases where there is abrasion of the surface, cleanliness of the eyes, of the fingers and finger nails, and of all brushes and droppers, is most essential for successful treatment. And amongst other sources of infection we should not forget to examine the lachrymal duct, for it is a most fruitful source of trouble in these cases, and failure in recognizing a mucocele means failure in treatment, be that what it may.

Let me here digress for a moment and give you a few hints as to what *not* to do. Never poultice an inflamed eyeball under any circumstances; it increases the congestion, increases the discharge, and gives rise to a conjunctivitis (if it is not already present), and at best it is a

dirty, septic thing to apply to an eye. Simple fomentations of warm water or boracic acid solution (gr. xx *ad.* ℥i) are much superior, far cleaner, unirritating, and give rise to no trouble after, if such a course be indicated to relieve inflammatory trouble or pain. I suppose it is almost heresy to speak in these enlightened days against the ordinary form of celluloid eye shade, which covers only the injured eye, but I wish here to enter a strong protest against it, and advise you never to recommend it. It is used because it is close-fitting and covers only the eye that is affected, but these are the very strongest objections to it. It is a shade one wants, not a shield. Take one off the first patient you see and if it has been there any time you will find its inner surface covered with drops of moisture, and generally the outer surface of the lids are excoriated and marked with a papular eczema as a result of the constant bath of moist heat to which the eye is subjected, the increased congestion of the globe, and the lachrymation that ensues.

What is wanted in all cases of ophthalmia—and I cannot press this on you too strongly—is a large shade that will protect both the eyes from the glare of the light, and at the same time will allow as free ventilation as is possible, and so permit the eyes to get a bath of fresh air rather than to be constantly surrounded with an atmosphere saturated with perspiration. The shade should have its under surface covered with a dark colored lining which is neither glossy nor shining.

From the above you will argue that all bandaging in such cases (of ophthalmia, etc.,) are equally objectionable.

Never put a solution of cocain in an eye where the cornea has been injured, if you can avoid it. For why? You can hardly buy a preparation of cocain not possessed of the germs of a peculiar fungus which seems to find its most favourable nidus in the corneal epithelium when abraded, and there it flourishes and gives rise to an infected ulcer with all its subsequent trouble, amounting often to serious affection of vision. Besides, the cocain of itself seems to have some special power of undermining and loosening up the corneal tissue, and so to prepare it for the entrance of germs.

Never use a lead lotion in an eye in which there is even a suspicion of corneal affection or epithelial abrasion. In its proper place, it is a most excellent lotion; but for an ulcer or such trouble it is bad in this way, that the lead acetate, by the action of the chlorides in the tears, becomes converted into the insoluble lead carbonate, and this forms a white adhesive coating to the surface of the ulcer, which it is almost

impossible to remove. Reflect for a moment on the trouble the painter has to scrape the old paint off the front of your door-post before he applies the spring coat. The cornea does not bear scraping as well as your door-post does. Now, to continue, if the cornea has been penetrated by the injury, it is often the deeper parts that suffer more than the cornea, and these are most likely the lens or the iris. Indeed iritis is almost sure to follow to a greater or less extent in any such case, and if the capsule of the lens be injured, a traumatic cataract or opacity of the lens substance will ensue. This is too broad a subject to enter upon here but let us consider *iritis* itself for a moment.

You know it may arise in many ways and from many causes—from a blow or injury, or from extension of inflammation of the cornea—from syphilis, rheumatism, cold, gout, tubercle, etc., etc. And we have already seen that it occurs in cases of hypopyon ulcer. In a simple case of it we see a true inflammation. The patient comes to you complaining of pain, impairment of vision, photophobia, lachrymation, constitutional disturbance, more or less. Five things, you see, of importance in the order named, and all proportionate to the acuteness of the attack in every case. The pain is deep-seated and throbbing and shoots from the eye all over that side of the head, and the patient gets no sleep. Impairment of vision is marked in every case.

Objectively you note five things also. The iris tends to become of a reddish brown color. It also loses its streaked appearance and assumes a dull, uniform surface—this being due to an active congestion in its blood vessels and effusion of lymph and serum into its substance and upon its surface. This, too, affords a ready explanation of other appearances, for instance, the decreased size of the pupil (due to the swelling of the substance of the iris encroaching on its area.)

Greatly diminished mobility of the pupil in response to the action of light also follows from the same cause, and this loss of action is a most important matter to note in combination with the other symptoms.

A fourth objective sign is greyish or discolored lymph at the pupillary margin of the iris, gluing it down to the anterior surface of the lens. Lastly, there is to be seen a pink injection of the fine vessels which radiate immediately around the cornea, and are connected with the blood supply of the iris and ciliary body, from which pressure only partly obliterates the color for a time. This injection of the fine deep vessels around the cornea is a strong indication of the deep seated nature of the inflammatory trouble. Now it is needless to tell you how to

handle such a case when you have recognized it. Atropin in some form is the sheet anchor in treating such a condition, and you cannot go wrong in using it if your diagnosis is correct. The mistake one is apt to make is not to use enough of it, or to give up using it too soon. You need have no fear of atropine delirium, atropine irritation of the lids, or the atropine rash, all of which, and more too, may follow. The only condition in which atropin is not to be used will most likely have a dilated pupil already and so it differs from iritis and the feel of the eye-ball will be hard as compared with a healthy eye. Such a condition is termed glaucoma. In iritis you may use cocain to great advantage if the cornea is intact. It relieves pain, as you know, and that is a great thing in these cases, but it does much more, it contracts the lumen of the blood vessels and so lessens the local congestion and engorgement of the iris, and in this way allows of a more ready dilatation. You know how to shade the eye, and you know how to give the constitutional treatment that these cases demand, as well as the oculist does.

Should I blister his temple, you ask? Yes, if you want to make him more uncomfortable. That is all the good a blister will do in an *acute* case, but if the case is a *chronic* one—one that has lasted for months—it is another matter. Then I think a blister is often used with advantage. In olden times they used to leech and bleed people for inflammatory troubles, and a good many other troubles, that were not inflammatory, too. That went out of fashion. Now it is being revived, and not being over done as it formerly was, but is being used in a common sense fashion to cause local depletion where pain and congestion are present. And I know of nothing better than a leech, or two if necessary, applied to the skin near the outer canthus, to relieve the pain of an acute iritis and give an afflicted patient a night's rest after atropin has been tried and failed on account of the severity of the disease.

In iritis it is necessary that treatment should be commenced early to prevent adhesion of the iris to the capsule of the lens as well as to keep down the inflammation, i. e., to prevent it from spreading. The more chronic an iritis, the more liable it is to spread and affect the ciliary body. Even an acute and severe iritis is most amenable to treatment if caught in an early stage. An iritis that has been present for some time, or become chronic, has formed firm adhesions to the lens, which nothing short of the knife and forceps can break down. Direct extension of that same inflammation in another direction, i. e., towards the periphery of the iris and beyond it, "imperils the integrity of the ciliary region which is the

great source of nutrition to the vitreous and lens in particular, and indeed a great part of the interior of the eyeball in general."

I have endeavoured, in a small way, to consider with you to-day what might be called the continuity of diseases in one organ—to show how small beginnings may end in serious troubles later on, and I have by no means exhausted them. I have endeavoured to place before you in a strong light the necessity of cutting these troubles short at the earliest stage that is possible, and at the risk of being tedious I have gone into some detail in the diagnosis and treatment of a few of them, in the hope that those who see such cases but occasionally may properly estimate the permanent results which often follow such conditions when they are uncared for or are progressive in their nature; and that they may, to some extent, be guided by the more recent opinions held in regard to them. And I have more particularly been led to speak of them because such cases are constantly coming, as a last resort, to oculists, after having had a variety of treatment under various surgeons before they reach our hands.

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TWIN LABOR, COMPLICATED BY HOUR-GLASS CONTRACTION.*

By C. H. Morris, M. D., Middle Musquodoboit, N. S.

Mr. President and Gentlemen :

This paper begins with the interrogation—Did the ergot do it? And after you have heard its doleful tale, if you have not been bored into silence by its lack of interest, I will ask you to kindly criticize my *modus operandi* in this case, and tell me if I erred. Ergot is blamed for many ills justly attributable to its improper use, and yet it is, like a "poor wretch of a country doctor," useful on so many occasions, that we take great comfort in its presence, and of all the many essentials of the obstetric bag of to-day, the ergot bottle stands in my estimation *nulli secundus* in importance. And though frequently we do not have recourse to its use, I never feel thoroughly equipped on starting to an obstetric case, without having some reliable preparation of the "friend in need" on my person. The obstetrician of thirty years ago was inclined to regard it as his sheet anchor in the lying in chamber, particularly in post-partem stages. It must, of necessity, have been attended with unhappy results occasionally. And while the manner in which I used the drug in the case under consideration is *per se*, I feel quite sure, a wise precautionary measure, and one quite popular in the practice of many good men to-day; still I must confess that I regard its administration as the probable *causus belli* in this case.

On June 30th, four years ago, at 2 p. m., I was called to a case of midwifery seven miles from my home. I found the patient, a primipara, a tall, well formed and finely developed woman 26 years old, working along under easy sail in the first stage of labor at term. She had suffered greatly from gastric disturbance all through her pregnancy, receiving little or no relief from the varied forms of treatment advised by her physician, and latterly had endured almost continuous abdominal pain, chiefly epigastric. Coupled with this, the contents of the uterine tumor had developed habits of a decidedly acrobatic nature, and she was so immensely distended thereby, that she had become an object of much

*Read at Meeting of Nova Scotia Medical Society, 1896.

personal remark on the part of her lady friends, who assured her kindly that she might reasonably expect in the near future to increase her numbers by *three*, at least. And she, poor thing, was obliged to recriminate by plainly telling them that they were simply jealous of her fine appearance. I saw her occasionally during the latter part of her pregnancy and had examined her urine for albumen, but never found any traces of it, so I simply filled her with iron and strychnia as a safeguard for the ordeal. From the swollen state of her lower extremities, she was obliged to remain in the recumbent posture during the greater part of the ninth month, and now I found her at its completion, at the onset of the first great battle of her life. She had been in moderate pain all day, and now her anxious query was, "Can't you help me, doctor dear?" I said, "Of course I can," and immediately proceeded *secundum usum.*

I found the os somewhat rigid, so after emptying the rectum and rendering aseptic the vagina and vulva, I gave her fifteen grains chloral hydrate in glycerine every twenty minutes. When the third dose was due the os had relaxed to my satisfaction, so I shortly after gave her sulphate of quinine in solution grs. xij. In half an hour she was in good labor and loudly exclaiming for relief, so I kept her moving along under the moderate use of the A. C. E. mixture, my favorite anæsthetic in labor cases.

At 6 p. m., the os being well dilated, I found the head, which I neglected before to say was presenting in the third position, had engaged, and the membranes were protruding in a well formed bag of waters. The membranes being tough and unyielding, I ruptured, and shortly after the head descended fairly rapidly for a primipara. But now as the patient was suffering severely at times, and the head was approaching the perinæum, I proceeded to keep her well under the influence of the anæsthetic, for obvious reasons. I passed the catheter, prepared to protect the perinæum, and waited for the head to distend the perinæum, but it did not distend. And you know, gentlemen, how vexatious is the fact that it don't distend in these presentations as we would like it to do. "There's the rub," but it don't rub in the right place. Now, I don't like the forceps, that is, I don't like to use them if I can avoid them. I suppose because, "Dear Old STORER," the father of his profession, urged us to beware of them and never to take them with us to a case, "for," he said, "you will have time to drive twenty miles to get a pair." Of course he was drawing a long bow then, and I don't agree with him at

all on that point, but I never use the forceps without deliberation.—Of course the fashionable accoucher of to-day laughs at this. Let him laugh. He laughs best who laughs last. I did not use the forceps, but placed the patient in the genu-pectoral position, and pushing the fœtal head back, corrected the mal-presentation. On laying her down again the next pain brought the head down in the fourth position. I then gave her a full dose of fluid extract ergot, a good teaspoonful, applied external pressure with the spread hand over the fundus uteri, continued the A. C. E. mixture in full effect, and in a few minutes (the ergot acting promptly,) the child's head was delivered without injury to the soft parts of the mother. Shortly after, the birth was completed of a healthy girl baby, weighing 8½ lbs. As I was engaged tying and cutting the cord, the young mother awakened, surprised and delighted to hear the first sound of her babes voice, and of course wanted to see it. The nurse was now supporting the uterus according to my instructions given before the birth, and she said, "Why doctor, she is as large as ever and harder than before." On examining the abdomen externally, I found as stated very little apparent diminution in her size, or change in the general contour of the abdomen. It was tense, hard, motionless, and yielded no sound on auscultation. She had no pain—not the least, but was easy and comfortable. There was no oozing from the vagina. She was dry and clean, too dry in fact.

The patient noting my manner, asked me, "Doctor, is it all over?" I said, "Well, no, not quite." "Then why don't you finish it and let me go to sleep?" Now twenty minutes had elapsed since the birth of the child and she was still quite easy and comfortable, but I was not at all satisfied if *she* was—in fact I was getting decidedly fidgety. Careful manipulation of the abdomen had been carried on, and still no response. I wanted that placenta, et cetera, particularly the et cetera, for I felt certain there must be "another Richmond in the field," and for aught I knew it might be "a Daniel come to judgment," and I wanted my "pound of flesh,"—that placenta. I got it, and a good deal more.

I cleaned up the approach to the vagina, cleansed and annointed my hands, and found just within the os externum a small pointed, conical body, evidently an elbow, or a foot with the heel projecting, firmly encased in a tough membrane. This conical body was surrounded and grasped firmly about two inches from the point by a firm constricting ring which was impermeable, almost, in its character. I withdrew my hand, sent the patient's mother out of the room for a moment, and followed her to inform her what was before us. An hour-glass contrac-

tion with a dead fœtus and the placenta, single or double, all contained within this closed "retreat." I had occasionally met with an hour-glass contraction before, but never such a presumably greedy one as this fellow proved to be.

I hastily prepared for any emergency, gave the patient a little digitalis in hot water and sugar, placed her well under the anæsthetic. She suspected no danger and was calm and confident. I cleansed my hands and arms to the shoulder thoroughly, and annointing them freely, I reached that conical body by following the cord, and found it to be a foot. I ruptured the membranes and gently overcame the constriction although vice-like in its grip, passed my hand within its charmed circle and followed up till I reached the loins of the fœtus. It was motionless. I gently withdrew the little one, using the hips as a point of traction and now that I was delivering a "multipara" I knew that the head would follow easily, and it did. This child was cyanosed and pulseless, and quite beyond the resuscitating genius of La Borde himself even. It weighed eight and one fourth pounds,—a little girl, well nourished and well formed, and evidently but recently quite viable.

Now for the placenta. Rinsing my hands in the hot carbolized water again, I found the constriction of the uterus chiefly overcome and still no hæmorrhage. Why? Taking the cord of the last child as a guide, I followed up to the anterior fundus and found a single placenta firmly adherent by its whole uterine surface. I could hardly tell where the placenta began, but I carefully detached it all and passed it down, using traction on the cord till it came into the vagina. Then grasping the next funis, I followed it up also, and found it to end in its own placenta, which occupied the posterior fundus. It also was adherent in its full entirety. I separated it carefully, like its fellow, and, withdrawing my hand, was careful to leave the uterine cavity perfectly empty. The patient during this trying ordeal was easy and comfortable under the A. C. E. mixture. I now flushed the parts with hot carbolized water, cleansed the external parts well with same, bandaged her carefully, and applied warm antiseptic compresses to the vulva. Another drachm of ergot was administered, and the patient permitted to sleep. After a little, she took some liquid nourishment and passed a comfortable night, and made an excellent recovery. I only had to see her twice during her convalescence. She left her bed on the tenth day. The living child died eight weeks after birth, of enteritis.

Now gentlemen, this was a unique case of hour-glass contraction, and I think that the ergot was reponsible for it. I have attended the patient in two subsequent confinements, without the use of ergot, and nothing abnormal occured in either case. The last time the child was born four hours before I reached the house, and no woman could hope for a better time than she had on that occasion, but I have coaxed her for my sake, to be very reticent on that point.

CASES OF FIBROMA OF THE NASAL PASSAGE AND NASO-PHARYNX.

Reported by N. E. McKay, M. D., M. R. C. S., Eng.

At a meeting of the (Branch) British Medical Association.

In reporting these cases of fibroma of the nasal passage and naso-pharynx, I do not claim to have anything new to offer on the subject. The literature on fibrous growths in these regions show that they are of very rare occurrence. On account of their variety they are of very great interest to me and might be to you, hence my reason for reporting them.

Case I.—D. B., age 15, was admitted to the V. G. Hospital on the 3rd June, 1890, suffering from a tumor in the left nasal passage.

History of present illness: Two years ago he was troubled with catarrh, and shortly afterwards he experienced a sensation of fulness in left nostril. Occlusion of the nostril soon resulted and the left cheek began to swell. Six months later a tumor was noticed in the left nasal passage. For eight months he had severe hemorrhages from the nose, but these ceased four months before admission. For one year before admission he could breathe through neither nostril.

Condition when admitted: Patient was fairly well nourished; had a large swelling in the left cheek; had stenosis of both nostrils; voice had a marked nasal twang. The bridge of the nose was widened and flattened, which gave him the peculiar facial expression known as "frog face." By anterior rhinoscopy a smooth round tumor was seen in the left nasal passage. The nasal septum was deflected to the right, and occluded right nostril. The growth was firm, resisting and immovable.

Prepared for operation: Operated 31st July, 1890. Patient etherized, and the left ala of the nose was slit up in the naso-labial-fold to the nasal bone. This gave free access to the growth. With the index finger I separated the growth from its attachment to the vault of the nasal passage. The hemorrhage was very profuse. The blood poured out in tremendous gushes. There was no bleeding from the posterior nares. I speedily removed the tumor and packed the cavity with lint soaked in perchloride of iron solution. The operation lasted eight or ten minutes.

So intense was the shock from the loss of blood, that the lad was unable to lift his head from the pillow for two or three days. On being spoken to he answered in a very feeble voice. To open his eyes seemed to be a labour to him. Pulse was weak and frequent

While the shock lasted he was given stimulants freely by the mouth hypodermically and per-rectum, and artificial heat was kept up by hot water bottles. He was fed by mouth and per-rectum with concentrated beef tea.

Aug. 1st. Temperature 101½° morning; evening, 101°. Patient very weak.

Aug. 2nd. Temperature and general condition unchanged.

Aug. 3rd. Temperature, morning, 98¼°; evening, 100¼°; condition unchanged.

Aug. 4th. Temperature, morning, 100¼°; evening, 102¼°; general condition improved. Dressing removed, and parts irrigated with perchloride of mercury solution, 1 in 4000: no bleeding. Parts were washed thoroughly after this with perchloride solution, 1 in 6000.

Aug. 6th. Temperature morning, 101°; evening, 101¼°. Patient gaining in strength.

Aug. 7th. Temperature dropped to normal. After this, convalescence was uninterrupted though slow. He was discharged well 9th Sept., 1890.

In answer to a letter of enquiry respecting the condition of this patient, DR. MACKAY (lately deceased) of Springhill, writes me as follows:

Nov. 29th, 1893.

"The case has been remarkably successful. There is not any evidence of a recurrence. The swelling has left the left cheek completely. There is but a slight deflection of the nasal septum to the right, which cannot be detected except by the nasal speculum. No outward sign of any pushing to the right side. The left passage is more free than the right. The left side of the nose is more prominent than the right, but not enough to attract attention."

CASE II.—W. L., age 13, a schoolboy, consulted me in my office on the 2nd August, 1895. for a growth the size of a small hen's egg in the naso-pharynx.

He gave the following history: He had enjoyed good health until about twelve months ago, when his present illness began. The first symptom he complained of was a catarrhal condition of the left nasal passage. Almost simultaneous with the appearance of the catarrh, he

experienced a sensation of fulness in the naso-pharynx. These symptoms developed gradually. About the end of the third month he found some difficulty in breathing through the left nostril for the first time, and in a month or so more, the catarrh and difficulty in breathing extended to the right nostril. These symptoms went on from bad to worse, until eventually he was unable to breathe through either nostril. The discharge was now muco-purulent in character, and he had occasional attacks of severe pain shooting up to the left ear. The pain at times was intense He consulted DRS. MACLEOD and JOHNSON (H.), of Charlottetown, who examined him two or three different times under an anaesthetic and discovered a growth in the pharyngeal vault. This was about the eighth or ninth month of his illness. He was under treatment for six or seven weeks, which consisted in the application of caustics. He had two or three attacks of epistaxis while undergoing treatment, but at no other time.

Condition when he consulted me on the 2nd day of August, 1895: Heart and lungs negative; general condition fair: breathed entirely through his mouth, which he kept constantly open; had a dull and distressed look; suffered intense pain by times in the left ear; his voice had a peculiar nasal twang: breathed heavily while awake, and when asleep he snored so loudly that no one could sleep in the same room with him; had a profuse muco-purulent discharge from both nostrils; had hypertrophic rhinitis of left nasal passage; the sense of smell was lost; had a growth the size of a small hen's egg behind the soft palate, which it pressed downwards and forwards. He had complete bilateral stenosis. The tumor was smooth and round, and pinkish gray in color. It sprung from the vault of the naso-pharynx, and it was attached to the basilar portion of the occipital bone and body of the sphenoid. On examining the growth with the finger, it was dense, firm and resisting, and practically immovable. It was sessile, but was slightly smaller at its base than around its body.

DR. PEARMAN saw the case with me on the 2nd day of August, and after explaining to the lad's aunt the serious nature of his trouble we recommended to have the growth removed by the cold wire ecraseur, in preference to an external operation.

On the 9th of August DR. STEWART also saw the case with me in consultation, and after carefully considering the relative merits of the various operations that have been performed for the removal of fibromata in the naso-pharynx, we recommended the cold wire snare, and we explained

to the lad's father that this was the best and safest way to remove the neoplasm in this particular case. We also told him that the danger of a recurrence was not very much greater than after removal by a cutting operation, and furthermore that if the growth should recur, it would not militate against the chances of a subsequent external operation. We impressed upon him the fact that there was always danger of a recurrence no matter what operation was performed, and informed him that if the growth should recur, the question of an external operation might then be considered, and if the circumstances of the case indicated such a procedure, we would perform it.

Prepared for operation: Operated 12th August, 1895, assisted by DR. STEWART. The operation was conducted entirely through the left nasal passage. To deaden the sensibility of the parts, a 10% solution of cocaine was freely applied to the nasal passage and also to the throat and vault of the pharynx with a spray and a pledget of cotton wool. Jarvis' snare, with a No. 8 piano-wire, was used. The canula, with the wire inside it, was passed from before backwards through the nostril. BOSWORTH recommends to have the wire introduced through the mouth and passed through the nostril from behind forwards. On passing the wire into the naso-pharynx, it was forced into the canula which immediately enlarged by its own elasticity into a loop, large enough to go over the growth, and with the index finger in the pharynx, the wire loop was lifted over the neoplasm, and it was adjusted well around the base of the growth, as high up as possible. This being accomplished, the wire was tightened by two or three turns of the screw of the snare every three minutes until the growth was cut through. It took us about three hours to cut through the pedicle. When we were about three parts through, the snare broke, and the operation had to be completed with an arrangement made by fastening Kœberle's serre-nœud to the canula of the snare. This accident prolonged the operation. The lad suffered no pain during the whole procedure, the only time he winced was when the loop was being put over the tumor. There was practically no hemorrhage.

The after treatment consisted in irrigating the vault of the pharynx two or three times a day with an antiseptic solution—boracic acid. There was scarcely any discharge from the wound. The lad was allowed out of bed on the third day. Nearly all the symptoms were relieved at once by the operation, and the boy's general health rapidly improved. He could breathe well through the nostril, but the obstruction in the left

nasal passage was practically unrelieved. The index finger in the pharyngeal vault detected nothing and posterior rhinoscopy gave a negative result. The failure to relieve the obstruction in the left nostril I attributed to the hypertrophic rhinitis. Subsequently I removed with a pair of scissors some of the hypertrophied mucous membrane covering the inferior turbinated bones and applied to it two or three different times trichloracetic acid, at intervals of four or five days, with the result that the lad could breath a little through this nostril when he left the hospital. His parents were so anxious for the lad to go home that I was obliged to let him go before completing the treatment. However, when he was leaving I urged upon him to have his nose and throat examined occasionally by a competent surgeon to see whether the growth was recurring or the condition of the left nostril improving. When he left the hospital his general condition was good. He could sleep without snoring; had no pain in his ear or discharge from his nose; he gained in flesh and had a bright and cheerful look; his voice lost its nasal twang, and the sense of smell had returned. He continued to improve for three or four weeks after he returned home. Toward the last of October I wrote to his father to find out how the lad was getting on, and I received an answer to the effect that he was not doing very well and that they feared the neoplasm was recurring. He was subsequently examined by DRS. HONEYWELL, TAYLOR and MACLEOD, who informed them that the growth was recurring.

Early in November he went to the "Massachusetts General Hospital," Boston. On hearing this I addressed the following letter of enquiry to the Medical Superintendent of that institution:

HALIFAX, N. S., Dec. 3, 1895.

Dear Doctor,—I understand that W. L., a young lad from New Glasgow, P. E. I., was operated upon recently in the "M. G. Hospital" for a growth in the left nasal passage. The operation must have been performed within the last three or four weeks. I am interested in the case, and would like to know the exact condition of his nose and throat when he entered the hospital. On the 12th August, last, DR. STEWART and myself removed with Jarvis' cold wire snare from the naso-pharyngeal region, a fibroma the size of a hen's egg. It was attached to the body of the sphenoid and basilar process of the occipital bone. The growth was sessile and immovable. It took us about three hours to cut through it. The operation was conducted entirely through the left nostril. Besides

this growth, he had hypertrophic rhinitis of the left nasal passage. I subsequently removed a small portion of the growth in the nose and applied two or three times trichloracetic acid to the parts at intervals of four or five days. When he left the hospital here on the 14th September, he could breathe as well as ever through the right nostril and a little through the left. His general health improved rapidly after the operation. His voice lost its nasal twang, and he could sleep without snoring. All that he complained of was that he could not breathe easily through the left nostril.

By this you will see that I am interested in the case and would like to know the exact condition of affairs when he reached your hospital also the nature of operation performed.

If you will kindly refer this letter to the surgeon who operated you will greatly oblige.

Yours very truly,

N. E. MacKay.

To Med. Superintendent,
Mass. Gen. Hospital.

In answer to which I received the following report:—

W. L.—*Physical examination:* Well developed and nourished; heart and lungs negative; nasal breathing greatly impaired on left side; no loss of weight, or strength, or appetite; general condition good.

Nov. 15. *Prepared for operation:* Operation—Dr. Porter—ether. Incision starting at naso-labial fold crossing highest portion of the bridge of the nose, running to a corresponding point on the other side. The posterior nares plugged with a sea sponge. With saw, the nasal bones sawed across and separted with a chisel. These, with the soft parts turned down, giving an entrance into naso-pharnyx. With forceps growth grasped and torn out; bleeding quite free. Controlled by gauze pressure. Growth consisted of a pedunculated mass that left, after being torn out, the naso-pharynx perfectly clear and smooth. Packing put in through left nostril. and nose with bones replaced and stitched into position with interrupted sutures; sponge plug being left in naso-pharynx; sterile dressing. Recovered well from ether.

The boy was seen on Nov. 9th by the laryngologist in the out patient department, who removed a piece of the growth for microscopic examination, which showed it to be a "fibro-sarcoma."

It will be observed that this report does not say where the growtn was attached, and anxious to ascertain whether the neoplasm was a

recurrence of the one we removed or a separate and distinct one springing from the vault of the nasal passage, I again wrote to DR. HUBBARD, Medical Superintendent, for more particulars, to which I received the following answer :—

MASSACHUSETTS GENERAL HOSPITAL,
BOSTON, Jan. 16th, 1896.

DR. N. E. MACKAY:

Dear Sir,—The growth was from the body of the sphenoid and basilar process of the occipital bone, and probably was a recurrence of the growth you removed. In size it was as large as the distal end of the thumb and was made up of three lobes.

Yours,
JOSHUA C. HUBBARD.

CASE III.—J. O'H., age 22, single, was admitted to the V. G. Hospital 5th April, 1896, suffering from a *fibroma* of the nasal passage.

Patient had measles in childhood and since then she has been deaf in the left ear. Her health was good until her present illness began. For the last two years she was troubled with epistaxis. About a year before her admission she experienced for the first time difficulty in breathing through her nose; soon after her nasal passages became completely occluded. She had bilateral stenosis. Four months ago she noticed a swelling in the back part of the roof of her mouth. This was accompanied by a sharp intermittent pain shooting up to the right ear which was soon followed by impairment of the hearing of that ear. The hemorrhage now became more frequent and severe. When she came to the hospital she was pale and anæmic. Appetite was poor. Her nose bled the greater part of the time, so much so that an ice-bag had to be kept on the nose almost constantly. The growth had pressed down the hard palate as far forward as the anterior dental arch, and the bones had become absorbed for the most part. As a result of the hemorrhage her general health was so impaired that no operation was attempted. To remove the growth with a cold wire snare or the incondescent loop was impossible, and an external operation was out of the question in her condition. The only operation which I might have resorted to is known as Casselberry's, which consists in incising the tumor with a galvano-cautery knife and in removing the two tongues with Jarvis' cold wire snare. This method would reduce the danger of hemorrhage to a minimum. If I had had the necessary battery and instruments I would have undertaken it. Patient was discharged unimproved. I have lost sight of the case.

RETROSPECT DEPARTMENT.

Medicine.

UNDER THE CHARGE OF
JAS. McLEOD, M. D., Charlottetown,
W. H. HATTIE, M. D., Halifax.

THE NON-OPERATIVE TREATMENT OF CANCER.

We all know too well that, even when it is understood that nothing save operative measures will avail, the tendency of the cancerous patient is to delay the day of the knife and to fribble away precious time in the useless employment of more or less quacky medicaments. And this tendency does not always meet with the discouragement it should receive from the medical attendant. So true is this, and so frequently do we meet with illustrations thereof after all hope for recovery has passed, that one hesitates about recording certain data which have lately accumulated, lest the seeming weight which, to some minds, attaches to a journal article, might serve to encourage the already too prevalent and fatal inclination to procrastinate. Yet there are some timid persons whose dread of operation is so dangerously great as to be a really valid objection to surgical treatment, there are others in whom the disease is inaccessible to the surgeon, and there are still others in whom it has effected such progress as to render an efficient operation impracticable. For the sake of such we gladly note a prospect of possible relief in some recent reports of progress in therapy.

DR. HERBERT SNOW, (*Brit. Med. Jour.*, Sept. 19, 1896), whose long connection with the London Cancer Hospital, gives a force to his opinion, has a good word to say for the combination of *morphia and cocaine* in the treatment of malignant disease. These drugs, when administered with a free hand, have more than a merely palliative effect. Although they often fail in the results desired of them, they not infrequently induce a definitely retrogressive process, and retard post-operative relapse. The good effect is due to their property of "sustaining the

bodily powers under excessive and protracted strain." Moreover, "the local anæsthetic powers of cocaine are of great service in epithelioma of the tongue or mouth; as in gastric, intestinal or uterine lesions. is its property of precluding emesis."

DR. SNOW cites a number of cases illustrative of the benefit following this treatment. A lady of 40 had the left breast excised in March, 1880, for advanced carcinomatous disease with glandular involvement. Three and a half years later she was found to have the skin of trunk, scalp and face covered with very numerous nodules, the right mamma was much diseased and matted to the ribs, and there were evidences of visceral deposit. Marked improvement obtained under morphia, which was sustained until 1886, but then she became worse again and died late in the year. "Under morphia or opium treatment alone a woman operated on in June, 1887, for advanced breast scirrhus, with evident marrow deposit, shewed no palpable recurrence until December, 1893." Another remained well from July, 1886 until June, 1893. Cases also in which the disease involved the pylorus, the cervix uteri, the floor of the mouth, etc., obtained relief from pain and definite extension of life from the use of these drugs.

In article contributed to the *Revue internat. de méd. et de chir.* for Sept. 25, M. LIVET contends that in the majority of cases of uterine cancer the treatment should be palliative, inasmuch as these cases rarely come under observation sufficiently early to justify the hope of a radical cure. A long list of agents have been advocated for the treatment of the symptoms, but none have given results which one would call satisfactory. The inefficiency of the commonly adopted therapeutic measures determined the author to make use of M. GUINARD'S idea of applying the coagulant action which acetylene gas exercises on the blood. This gas is obtained in a nascent state when *calcium carbide* is acted upon by water. The effect of the gas is to control hæmorrhage, and also to remove fœtor and relieve pain. LIVET has used the treatment in cancer of the breast, metritis and epithelioma of the uterus.

There is no great difficulty in the application of the remedy. When the cervix is to be treated, the vulva and vagina should first be carefully cleansed and then pieces of the calcium carbide should be placed in the depressions of the tumor. On coming into contact with the moisture of the mucous membrane or tumor, the agent at once decomposes, so if the cervix has to be entered the manipulation must be made rapidly,

In cancer of the breast, bits of the carbide are simply put into the cavities. In the decomposition of the drug, acetylene gas is set free, its odor being readily detected. In order to confine the gas, a dressing should be applied quickly—an ordinary dressing to the breast or a tampon to the vagina.

The drug is stated to act rapidly and energetically. A burning sensation is noticed immediately upon its application, and it may be very severe. Usually the burning sensation does not last more than an hour or two, although it sometimes persists for a considerable time. When it passes off, the discharge is found to be greatly lessened, and it is no longer fœtid. The pain, moreover, is much relieved.

Usually it is not necessary to repeat the application oftener than once in four or five days, unless it is indicated by a return of hæmorrhage. Or when it is considered advisable to hasten the destruction of the neoplasm, it may be made more frequently. Ordinarily, the treatment is merely symptomatic, and should be persisted in until the fatal termination. By it, life is more or less prolonged, and the condition of the patient very much ameliorated.

DENISSENKO'S report to some of the German publications, concerning the use of *chelidonium* in cancer, is commented upon in the editorial columns of the *New York Medical Journal* for Oct. 19th, 1896. The juice of the chelidonium majus (garden celandine) has had many virtues attributed to it. Of these, the property of curing warts attracted the attention of DENISSENKO, and determined him to test its action upon carcinomatous growths. In his first experiments he employed the fresh juice, but laterally he has been using the extract found in the shops.

He employs the drug both internally and hypodermatically. From twenty-two to seventy-five grains are given by the mouth daily during the treatment, while at the same time he injects a few drops of a mixture of equal parts of the extract, glycerin, and distilled water into a number of places around the margin of the tumor. Not more than a syringeful of this mixture is injected at one time. It is not stated how frequently the injections are repeated. Should the tumor be ulcerated, he is in the habit of painting its surface twice daily with one or two parts of the extract and one part of glycerin. Tonics and supporting remedies are employed as indicated.

Only occasionally does the internal use of the drug lead to any gastric disturbance, and the painting of ulcerated surfaces causes but a slight

and transitory burning. But after the hypodermatic injections there is commonly a burning pain at the site of the injection, and the patient may experience a sense of weakness with a more or less pronounced chill. The temperature rises several degrees, sometimes to 102° F. These symptoms usually disappear on the following day, yet they are of sufficient moment to indicate the exercise of caution.

The effects of the treatment became evident in the course of a few days, and in DENISSENKO's experience were as follows:—"1. The sallow hue of the skin disappeared. 2. Softening of the tumor set in. 3. After from three to five days there formed at the points of injection fistulous tracts, about which the softening process went on with special rapidity. 4. In from fifteen to twenty days a line of demarcation could be distinguished between the morbid and the healthy tissues; the one seemed to be forced away from the other. In general, the tumor diminished more than half in circumference, and the affected lymphatic glands of the neighborhood underwent involution."

This article on Chelidonium called forth a letter from DR. ALBERT S. ATKINSON, *N. Y. Med. Jour.*, Oct. 17th., descriptive of a line of treatment which he advocates warmly. He first cleanses the diseased surface with pyrozone, dries it carefully, anæsthetizes with 10% solution of cocaine (allowing ten minutes for it to act), and then applies deliquesced crystals of *sodium ethylate*. As a result of the caustic action of this drug, diseased tissues become black while the rest of the surface becomes brown. When the black color appears, the preparation becomes gummy and tenacious, and should not be disturbed. Subsequently to the cauterization the surface is liberally dusted with a mixture composed of acetanalid, one part, aristol, two parts and boric acid, eight parts, by weight. A piece of sheet wadding thinly smeared with vaseline is then applied to cover the surface, and outside this come absorbent cotton and the bandage. Coincidently with this local treatment, protonuclein is prescribed for internal use.

The sore is dressed on each alternate day, the same procedure as above being faithfully adhered to. As the cure progresses, however, the caustic is touched to only those parts which shew disease. The ethylate is excessively corrosive in its action, and must be applied by means of a glass rod. It causes much pain, hence the necessity for thorough anæsthetization of the part previously to its application.

A consideration of the non-operative means of treating malignant disease would be very incomplete did it omit mention of the work of DR. W. B. COLEY in connection with the use of the mixed toxins of the erysipelas streptococcus and the bacillus prodigiosus. This has already had review by DR. STEWART'S pen, in the retrospect departments of the issues of January and December of last year. I could not do better than urge reference to those abstracts.

W. H. HATTIE.

THE

MARITIME MEDICAL NEWS.

VOL. IX. JANUARY, 1897. No. 1

Editorial.

A BIT ABOUT OURSELVES.

WITH the commencement of a new volume, the MARITIME MEDICAL NEWS appears in an enlarged form and with an increased editorial staff. Two new names appear on our list of editors, and these gentlemen assume those duties associated with the publication of the NEWS heretofore allotted to the Doctors Campbell. It will be a matter of much regret to our readers to know that Dr. G. M. Campbell finds it necessary to retire from our staff, and that Dr. D. A. Campbell is compelled to devote less time to the journal than has been his custom. Fortunately, we are not to lose Dr. D. A. Campbell entirely, as he still remains upon our editorial board.

Readers of the NEWS throughout the provinces will feel that the change in our board is a subject of personal interest. The Doctors Campbell have been so long connected with the journal, and their acquaintance with the members of the profession in our field of circulation so general, that with many the NEWS has come to be regarded much in the light of a monthly communication from personal friends. To these gentlemen must certainly be attributed very much of the success which has attended the NEWS since its inception.

We feel, therefore, that our loss is a very great one, but we trust that it will not be followed by any lessening of interest in our journal on the part of the profession in these provinces by the sea. Every effort will be made to maintain the NEWS a worthy representative of the medical fraternity of our corner of the world, and in this we hope to receive the generous aid and encouragement of each and every practitioner.

BRITISH MEDICAL ASSOCIATION.

Montreal Meeting.

WHILE the local branch has been busy organizing the meeting in Montreal, it would seem that the authorities of the British Medical Association in London have also been very active. We learn that they have addressed circulars and forms of application for membership to every practitioner in Canada, inviting membership of the nearest local branch. If there are any who have not received this prospectus, the local branches at Montreal, (2204 St. Catherine St.); at Toronto, (Dr. W. B. Thistle, McCaul St.); at Halifax, (Dr. G. C. Jones, 136 Hollis St.); at Victoria, B. C., (Dr. G. L. Milne,) and at Ottawa, (Dr. C. P. Dewar,) will be glad to forward all information and forms of application.

The branch of the Association at Ottawa was established on the 15th ult., and we heartily congratulate our confreres for the enthusiasm they displayed in thus uniting together. Dr. Roddick, President-Elect, was present, and addressed about forty out of the fifty practitioners in the city, and of these over thirty applied for membership. Dr. C. R. Church was elected President; Dr. L. C. Prevost, Vice-President; Dr. W. C. Cousens, Hon. Treasurer; Dr. C. P. Dewar, Hon. Secretary; and the Council of five includes the well known names of Sir James Grant, H. P. Wright, W. R. Bell, A. J. Horsey and P. A. MacDougall.

The Toronto branch was also established during last month with Dr. I. H. Cameron as President; Dr. W. J. Wilson, Vice-President; Dr. Machell, Hon. Treasurer; Dr. W. B. Thistle, Hon. Secretary; and with the following members of Council:—Drs. Allan Baines, John Caven, Chas. Sheard, A. McPhedran and R. A. Reeve. Drs. Wilson, Baines and Caven are presidents of the Medical, Clinical and Pathological Societies of Toronto, respectively. With so active and influential a list of officers, it is evident that Toronto is joining most cordially in the attempt to make the meeting a success.

At the annual meeting of the Montreal branch thirty-one new members were added, and in the ten days that have elapsed since then, close upon forty further applications have been received by the Secretaries in Montreal. About twenty new members have recently been admitted to the Nova Scotia branch.

We may again point out that members may be transferred from the Nova Scotia and other local branches, to other branches which may be

formed in their neighborhood during the ensuing months. It is in all respects advisable that members belong to the branch in their immediate vicinity. The subscription for membership in the Nova Scotia branch, including the delivery of the *British Medical Journal*, is $6.00 per annum.

That the Montreal city council is most anxious to render help, is evidenced by the fact that $3,000 to this end, has been inserted among the items of the loan for which the city seeks authorization by the Quebec Government.

The *British Medical Journal* of December 5th, may almost be called a Canadian number. It contains a very full article upon Montreal, its Medical Institutions, ways of reaching Canada, and the proposed excursions, as well as papers by Dr. G. E. Armstrong, Dr. Wyatt Johnston and Dr. McTaggart, Dr. C. F. Martin and Dr. G. H. Mathewson. We learn that the authorities in London were anxious to make this an even more distinctly Canadian number, and that articles were invited from leaders of the profession outside Montreal, but that the time given for preparation was altogether too short.

Among the local entertainments to be given to the members of the Association and its guests at the meeting, will be the excursion to Ste. Agathe and Monte Tremblante in the lovely country fifty miles north of Montreal; an afternoon excursion down the river in one of the finest boats of the Richelieu and Ontario Navigation Company; a similar excursion to Ste. Anne and down the Lachine Rapids; and an entertainment upon the Mountain. These will be given by the local branch. It is as yet too early to make any statement with regard to private acts of hospitality.

The museum devoted to the exhibition of foods, apparatus, medical preparations, books and everything of special interest to physicians, promises to be an important feature of the meeting. The Museum Committee are authorized to spend $1,000 in fitting up and arranging the Victoria Skating Rink, the largest and most convenient building which could be obtained for this purpose, and the exhibition will be made attractive to the general public as well as to the profession.

Already leading manufacturers of medical specialities both in England and in the States, are making active enquiries about the museum, which promises to assume an international character, the leading firms in England and France desiring to introduce their goods into America. The American firms being anxious to familiarise the visiting members of the Association with the qualities of American products, there will thus be much competition shown and the exhibition promises to be a remarkable one

SYR. HYPOPHOS. Co., FELLOWS,

CONTAINS

The Essential Elements of the Animal Organization—Potash and Lime.

The Oxidizing Elements—Iron and Manganese;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

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

NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

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

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

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THE NEW
CATHARTIC APERIENT
AND LAXATIVE.

There is no medicine for which physicians feel so great a need as an effective cathartic and aperient, one that will act promptly, without pain, griping or nausea, as some action on the bowels is required with almost every ailment or indisposition.

We make many hundred cathartic formulas of pills, elixirs, syrups, and fluid extracts; and for that reason, our judgment in giving preference to the MEDICATED FRUIT SYRUP, we feel is worthy of serious consideration from medical men.

The taste is so agreeable that even very young children will take it without objection; the addition of prunes and figs having been made to render the taste agreeable rather than for any decided medical effect. It is composed of Cascara, Senna, Jalap, Ipecac, Podophyllin, Rochelle Salts and Phosphate of Soda, being treated separately, enabling us to deprive the vegetable drugs of the bitter and disagreeable taste, inherent in nearly all of them.

The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

It will be found specially useful and acceptable to women, whose delicate constitutions require a gentle and safe remedy during all conditions of health, as well as to children and infants, the dose being regulated to suit all ages and conditions; a few drops can be given safely, and in a few minutes will relieve the flatulence of very young babies, correcting the tendency of recurrence.

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MONTREAL.

Society Meetings.

THE YORK COUNTY MEDICAL SOCIETY OF NEW BRUNSWICK.

This society meets monthly at the Victoria Hospital, Fredericton.

The annual meeting was held in September last. The following were elected officers for present year:

President.—Jas. W. Bridges, M. B, Fredericton.

Vice-President.—B. M. Mullin, M. D., St. Mary's Ferry.

Sec. Treas.—G. C. Van Wart, M. D., Fredericton.

Executive Committee.—G. E. Coulthard, M. D., Fredericton: A. B. Atherton, M. D., Fredericton: R. McLearn, M. D., Fredericton: D. R. Moore, M. D., Stanley.

Audit Committee.—T. S. Tupper, M. D., Stanley: Jas. W. Bridges, M. B., Fredericton.

Arrangement Committee.—G. C. Van Wart, M. D., Fredericton: Jas. W. Bridges, M. B., Fredericton.

NOVA SCOTIA BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

The annual meeting was held on Oct. 23rd., when the following officers were elected:

President.—Dr. Wm. Tobin.

Vice-President.—Surgn. Capt. I. Drew-Moir.

Hon. Treasurer.—Dr. M. A. B. Smith.

Hon. Secretary.—Dr. G. Carleton Jones.

Council.—Drs. E. Farrell, D. A. Campbell, Thos. Milsom, E. A. Kirkpatrick, M. A. Curry, W. H. Hattie.

Representative on Council.—Surgn. Major-General O'Dwyer.

The SECRETARY on request took the chair to allow Dr. REID to move a vote of thanks to the retiring President, Dr. TRENAMAN, which he did in a few suitable words; this was seconded by Dr. CURRY and passed unanimously. Dr. TRENAMAN thanked the members for their

kind words and vote, and hoped that he would always be able to serve the branch.

A vote of thanks to the SECRETARY was proposed, seconded and carried.

Dr. KIRKPATRICK showed some new eye and ear instruments.

After arranging a programme for the next meeting, the meeting adjourned.

STATED MEETING NOV. 6TH, 1896.

The PRESIDENT took the opportunity of thanking the members for his election to office for the third time.

Dr. KIRKPATRICK showed three cases of cataract.

No. 1.—A congenital posterior polar cataract.

No. 2.—Traumatic, from a blow on the forehead.

No. 3.—Occurring in a young boy from no known cause.

He made some interesting remarks on these cases, as also did the PRESIDENT.

Dr. D. A. CAMPBELL showed a very interesting specimen of a complete cast of the trachea and bronchi coughed up by a child suffering from pseudo-membranous laryngitis. The membrane re-formed but not so complete. It was coughed up 24 hours afterwards, the child dying in two days time.

Dr. WALSH reported two cases of pseudo-membranous laryngitis.

First case. A very typical one, very severe, seen with Dr. CHISHOLM; decided too late to use antitoxin serum; it died on the same day.

Second case. Also very severe. Antitoxin given immediately, 400 units of Burrough's, Wellcome & Co.'s preparation. This was in the morning, no improvement following. On the following morning 600 units of B. & W. antitoxin was given. Loeffler's solution was applied by an atomizer. In the evening the child was conscious, breathing good, cyanosis disappeared. Recovery was rapid and complete.

Drs. D. A. CAMPBELL, TRENAMAN, JONES, MONTIZAMBERT and CHISHOLM, spoke on this subject.

Dr. SINCLAIR exhibited a specimen of a kidney, the whole substance of which had been destroyed, a large calculus filling up the pelvis.

The Hon. Minister of Militia (Dr. BORDEN) and Dr. MONTIZAMBERT were present as visitors.

STATED MEETING NOV. 20TH, 1896.

Dr. HATTIE gave a demonstration of the effect of the blood serum from typhoid patients on the typhoid bacillus. He had made over a hundred tests, but no notes were kept of some of the earlier ones.

The blood of about sixty individuals examined, of which notes were taken, rendered the following results:—7 cases, healthy individuals—all negative; 3 cases fevers other than typhoid—all negative; 32 cases typhoid (clinical diagnosis)—29 positive, 3 negative. Of negative cases one was ill only two days, one was convalescent three weeks, and the other was mild, confining patient to bed for only ten days. 15 cases, suspected typhoid—7 positive, 6 negative, 2 indefinite. Of those giving positive reaction, subsequent information had only been obtained from one—the news confirming the test. Of those giving negative reaction, subsequent information came from two—in each instance confirming test. Another of these was classed "walking typhoid."

Dr. REID referred to the success of the test and the manner of carrying it out.

Dr. FARRELL asked if other forms of bacteria had the same effect.

Dr. D. A. CAMPBELL said no doubt an interesting fact had been brought to light. The influence of the serum upon the bacilli was undeniable. Whether it would be of value in diagnosis in uncertain cases, was not yet determined. He was not quite satisfied as to whether the test is reliable.

Dr. HATTIE in reply to Dr. FARRELL and others, said that the test was so new and that he had had so short a time to study it, he could not say much as to its possible value. Time and experiment would prove its worth.

Dr. TRENAMAN hoped that members would make a point of reporting all cases of typhoid, so that steps might be taken to improve the sanitary surroundings, etc.

The SECRETARY read a communication from Hon. Dr. PARKER, on the introduction of anæsthetics into Nova Scotia.

Dr. REID moved that a vote of thanks be conveyed to Dr. PARKER for his very interesting letter, this being seconded by Surgn. Capt. DREW-MOIR and passed.

Dr. FARRELL reported the following cases:—

1. Rupture of tendo achillis.—W. T., aged 35. On July 21st, while walking along the shore, stepped with the ball of the foot on a round

stone, when he felt something give away, also experiencing pain. He was at once helpless and unable to walk. When seen, foot was strongly flexed, and a deep sulcus could be made out at point of rupture of the tendon. The foot was extended on the leg and plaster applied, which was left on for three weeks. He still walks with a stick.

2. Recurrent hiccough.—P. H., aged 51. Was seen on Nov. 2nd, 1896. Had been suffering with persistent hiccough for five days. He is a healthy man, continuously engaged as a clerk in a store. Occasionally suffers from indigestion with flatulence. When busy, sometimes took meals irregularly and hurriedly. He had a much worse attack of hiccough twenty-eight years ago lasting eleven days, and a second attack fifteen years ago lasting seven days. During the present attack there were intermissions of some hours when he would sleep. A strong mercurial purge was prescribed, from the effect of which he had a long intermission. He was also given A. C. E. mixture, a teaspoonful to be inhaled when required. All food and drink by the mouth was stopped for twenty-four hours, and then he was allowed very little drink and only solid food well masticated. At first the intermissions became longer, and on the fourth day of treatment the hiccough ceased.

3. Dupuytren's contraction of the palmar fascia.—T. M., aged 51. Had always been a healthy man. Some years ago first noticed a contraction of the ring finger of the right hand. It continued to increase till it reached the condition presented on consultation, the finger being then flexed halfway to the palm of the hand.

Operation.—With careful asepsis an incision was made along the line of contraction and the skin dissected off, leaving the contracted fascia exposed. This was cut away freely, the finger extended and a splint applied. No suppuration followed. Continued the splint for two weeks, then began motion. The result was all that could be desired—perfect motion and no deformity.

4. Epithelioma of lower lip.—W. B., aged 52, admitted to hospital, Oct. 16th, 1896.

Patient has smoked a clay pipe for 40 years. Four months ago scab the size of a five cent piece appeared on the lower lip, showing no tendency to heal. Has gradually enlarged until at time of admission it covered nearly the whole surface of the lower lip. Never had any pain. Lip then presented a large ulcerated surface, without much induration. Neighboring glands were not involved.

Oct. 24th.—Patient etherized. Lower lip removed by incisions outward from each angle of the mouth. Edges were drawn together by hair-lip pins.

Nov. 2nd.—Stitches all removed, which showed the wound nearly completely healed. Good recovery. Discharged Nov. 9th.

Surgn.-Capt. DREW-MOIR referred to the last case and its perfect recovery.

Dr. MADER referred to a case of hiccough in a patient suffering from progressive muscular atrophy.

Dr. JONES—to this symptom in diabetes.

Dr. CHISHOLM said that inspissated bile in the bile ducts was often a cause of hiccough. Possibly this was the cause in Dr. Farrell's case, and hence the benefit from the mercurial purge.

Dr. STEWART thought that hiccough being looked upon nowadays as a neurosis, the bromides were indicated in such cases.

Dr. HATTIE said that the neuroses were considered to be frequently due to autotoxis from the intestinal tract, and that, from this point of view, the purge benefitted the patient by removing the source of the toxic matter.

* *

STATED MEETING DEC. 4TH, 1896.

This meeting was held at the Victoria General Hospital.

Dr. FARRELL presented some cases of tuberculous disease of the knee-joint, giving a short account of the method of treatment adopted in the hospital, and contrasting treatment by rest and treatment by operation.

Dr. MURRAY showed three cases of different forms of cardial disease. The members had an opportunity of examining these cases and an interesting discussion followed.

Dr. WALSH showed a bonnet pin which he had removed from the male urethra. It had been introduced head first for the purpose of dilating a stricture, when the point became embedded in the spongy portion. Dr. Walsh pushed the point through, then everted the pin, and so brought it out. He also showed a piece of a large ship's candle which he had removed from a vagina.

Dr. HATTIE showed some pathological specimens; a section of an adenoid tumour; also a broncholith about the size of a hazelnut.

The meeting then adjourned, and the members were afterwards entertained at supper by the Superintendent, Dr. REID. A most enjoyable evening was spent.

A vote of thanks was conveyed to Dr. REID and Mr. PUTTNER.

Books, Pamphlets and Exchanges.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES AND ANALYTICAL INDEX. Edited by Charles E. Sajous, M. D. Paris, and Seventy Associate Editors. F. A. Davis Company, Publishers, Philadelphia. 1896.

Sajous Annual has become one of the fixtures of medical literature and its appearance is eagerly looked forward to by old subscribers, aiming, as it does, within small compass and at a limited price, to give a yearly report upon the progress of medical and allied sciences throughout the world. In some departments the reports are too brief to be satisfactory, but in all that relates to practical medical and surgical work they will be found to be full and comprehensive. We have pointed out the distinctive merits of the "Annual" in previous reviews hence it is only necessary to call attention to the improvements made in the present issue. They are many and will greatly enhance the value of the publication to the busy practitioner.

The abstracts are better than in any previous issue.

The comments of the Associate Editors are bracketed and initialed, so as to be distinguished from the work of the central staff.

The most striking feature of the issue is the introduction of an Analytical Index and Cyclopædia of Treatment, which gives a summary of every practical article quoted in the Annual proper, and of all the criticisms introduced by the associate editors.

Among minor improvements may be enumerated:

1. Headings and side-headings are presented in large black letters, instead of the small capitals and italics formerly used.

2. All prescriptions are written out in full and in the usual form instead of running into the text as heretofore.

3. All therapeutic subjects have been collected in the fifth volume, so as to enable the practitioner to keep it upon his desk for ready reference.

4. Increase in number of coloured plates, the superiority of which is evident.

The publishers have done their part of the work in good style.

We can recommend this work to those who have not hitherto subscribed for it, as it will enable them to keep in touch with the work done in various fields of medical science.

VARIOLA-VACCINIA.—This is a well gotten-up brochure, issued by the New England Vaccine Co. of Boston, which deals interestingly with the history and diagnosis of variola, and with the subject of vaccination. It is illustrated with a number of very excellent photogravures.

* *

THE SANITARIAN.—Based at the outset upon medical knowledge and sanitary service, over an extensive field of observation in various climates in different quarters of the world, large experience in dealing with epidemic diseases, and practical sanitation for the maintenance of health under the most trying circumstances; the *Sanitarian* is, as the *Mississippi Valley Medical Monthly* has already said: "The best sanitary publication in America." It has now been in existence for twenty-four years, and during that time has been the constant exponent of what is best in matters hygienic. The subscription is $4.00 per annum. The *Sanitarian* is edited by Dr. A. N. Bell, 337 Clinton Street, Brooklyn, New York.

* *

CHANGE OF NAME.—The editors of *Mathews' Medical Quarterly* announce that with the January issue of that publication its name will be changed to "*Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases*." This is a change which has been deemed necessary for some time, as it is essential that the title of a medical journal should convey to the reader an idea of its contents, and this has not been the case with its name from the beginning.

There will be no change in the policy of the journal in the least. As it will continue to be the only English publication devoted to diseases and surgery of the rectum and gastro-intestinal tract; the articles which will appear in it will be limited to these subjects. The journal will continue to be edited by Drs. J. M. Mathews and Henry E. Tuley, and published in Louisville, Ky.

Matters Personal and Impersonal.

DR. I. A. PAYZANT, late of Halifax, now of Burlington, Hants Co., N. S., intends to remove to Manitoba or the North West to practice his profession.

DR. J. W. WILLIAMSON has resigned his position as senior house surgeon to the Victoria General Hospital, Halifax, and has began practice at Hebron, N. S. Dr. Williamson leaves at the hospital a record characterized by geniality, diligence and proficiency, and carries with him the good wishes of a host of warm friends.

December was a great month for the alumni of the Dalhousie medical faculty, no less than three recent graduates having taken unto themselves better halves during the month. The fortunate men are DR. M. W. MACAULAY, '93, of Thorburn, DR. W. F. COGSWELL, '94, of Sandcoulee, Mont., and DR. J. CLYDE MCDONALD, '95, of the cable steamer "Minia." The NEWS extends congratulations and wishes for each a full measure of happiness and prosperity.

A training school for nurses has been established in connection with the Victoria Hospital, Fredericton. The course of instruction requires two years. Lectures are being given by the attending physicians. The first course of lectures began in October.

We would be greatly favored by receiving copies of the NEWS for July, 1889 and January, 1893, which any of our subscribers may have, but are not particular about retaining.

We are pleased to have among our advertisers in the present issue, Messrs. Simson Bros. & Co., whose pharmaceutical preparations are becoming so well and favorably known among the medical men of the country. Messrs. Simson Bros. & Co., have one of the best equipped laboratories in Canada, and are prepared to furnish pharmaceutical preparations of the highest order.

Obituaries.

DR. J. M. MACKAY, OF SPRINGHILL.—We deeply regret the death of Dr. MacKay of Springhill, which took place very suddenly on Thursday, December 31st. The Springhill *Tribune* gives the following particulars:

Thursday morning he complained of pain in the region of the heart and did not come down to breakfast with the family. Shortly afterward his father, the Rev. H. B. MacKay, who had arrived a couple of days previously for the purpose of spending New Year's day with his son, found him in distress. The assistance of Drs. Campbell and Sutherland was at once procured, but the patient speedily passed away, death being caused in the opinion of the medical attendants by paralysis of the heart due to fatty degeneration. Dr. J. M. MacKay was a native of River John, Pictou Co., where his father was for many years pastor of Salem Presbyterian church. He studied medicine at McGill University and while taking his course served on the medical staff during the northwest rebellion. After graduating with honours in 1886, Dr. MacKay settled at Wallace and at once attained a large and lucrative practice. After the death of Dr. Byers the miners of Springhill elected Dr. MacKay to fill his place, and during his stay of 18 months in the town the "big doctor" made hosts of friends. His genial manner and good fellowship apart from his recognized professional skill made him very popular with all classes. During the ten years practice of his profession Dr. MacKay has been very successful and not only did he gain the esteem and confidence of his patients, but he stood high in the estimation of his medical confreres. A very large circle of friends will sincerely mourn so useful a man suddenly cut off at the early age of 36 years. He leaves a widow and one son for whom much sympathy is felt at their sudden bereavement.

The people of Springhill shewed their great respect for him both as a man and as a doctor by the large number that attended his funeral. He was buried with Masonic honours.

DR. WM. MITCHELL, OF NEW GLASGOW.— We regret to announce the death of Dr. Mitchell, which took place on Dec. 31st. The *Eastern Chronicle* says:—Dr. Mitchell was born in Merigomish sixty-one years ago last November, and was a son of the late Dr. John Mitchell, of that

place and so well known to a past generation in the eastern part of the country. The young doctor studied medicine in Jefferson Medical college, Philadelphia, and was admitted to the profession in Nova Scotia in 1859. He settled in New Glasgow, and was consequently the oldest practising physician in the community. Dr. Mitchell was wonderfully skilful and soon commanded an extensive practice. For a number of years of late, he was physically unable to travel, unless driven to and from his patients, and for the last year or two he was unable to go out at all.

Dr. Mitchell was an intelligent, well read man. Not only in his own line, but on all the public questions and leading events of the day he was well posted. In private life he was jovial, fond of humor, and was blunt in speaking to his particular friends. The doctor had many friends in town and country who will miss him. Many a one in the past had such a confidence in his skill that his advice was almost considered infallible. The funeral of the deceased took place New Years day, and was the largest procession here for many a day.

* * *

Thomas Kirby, Esq., died at Tusket last Monday week. Dr. Kirby was born in Cork, Ireland, on May 30th, 1812. He was a son of Lieut.-Col. Thomas Cox Kirby. He came to Ontario in 1836, and went to Columbus, Ohio, where he lived ten years, practicing his profession. Dr. Kirby went to Tusket in September, 1846, where he has enjoyed the esteem of the public for fifty years. His field of practice for many years was a large one, there being no other physician between Yarmouth and Barrington. Dr. Kirby was twice married, his last wife—a daughter of the late Rev. James Lent, survives him. Death was due to diphtheria.

A SECOND ANTITOXIN COLLECTIVE INVESTIGATION BY THE AMERICAN PEDIATRIC SOCIETY.

To the Profession:

The American Pediatric Society are encouraged to ask the co-operation of the profession in a further collective investigation. Laryngeal diphtheria is believed to furnish a crucial test for antitoxin: the present aim is to ascertain (1) What percentage of cases of laryngeal diphtheria recover without operation, under antitoxin treatment: (2) What percentage of operated cases recover.

The Society asks for records of cases of *Diphtheria involving the larynx, whether operated upon or not, occurring in private practice in the United States and Canada, treated with antitoxin.* It is expected that the cases occurring this year will be treated with reliable preparations of the serum, will be treated early and will be given efficient doses. The second report is designed to be a study of cases occurring between the closing of the first report, May 1st, 1896, and the closing of the present collective investigation, April 1st, 1897.

In order to secure data which shall make the tables complete, circulars containing blanks for ten cases have been printed and are now ready for distribution. It is desired that physicians shall fill out circulars, blanks, as cases occur, not trusting to memory, and shall urge their friends having similar cases, to do the same. Circulars can be had by applying to the Committee (address below). Several groups of cases in the first investigation arrived too late and were lost to the report. It is desired that circulars as soon as filled (ten cases) be returned to the committee. The collection of cases must close at the end of March, 1897.

For extra circulars (blanks) for returning circulars (filled) and for further information address the Chairman of the Committee:

W. P. NORTHRUP, M. D.,
57 East 79th Street,
New York.

October, 1896.

Therapeutic Suggestions.

ATROPIN NOT A RESPIRATORY STIMULANT.—UNVERRICHT (*Berliner Klin. Woch., Brit. Med. Journ.*) combats the generally accepted doctrine that atropin stimulates the respiratory function, and asserts that his investigations prove that morphine and atropin do not antagonize one another in their action upon respiration. Atropin can induce Cheyne-Stokes breathing, which is not regarded as an evidence of respiratory stimulation. His experiments went to shew that the action of the drug on respiration is essentially depressing, and that in three cases of poisoning the only symptom which caused any anxiety was the profound disturbance of the mechanism of respiration.

TREATMENT OF CHLOROSIS.—TOWNSEND (*Boston Med. and Surg. Journ.*) recently conducted a series of experiments in the treatment of chlorosis, with especial reference to the effect of intestinal antiseptics. Thirty cases receiving beta-naphthol only, shewed an average weekly gain in haemoglobin of 4.85 per cent. Of thirty-one cases receiving Blaud's pills, 12 had had a prior course of beta-naphthol, and these showed an average weekly increase in haemoglobin of 6.70 per cent., while 19 which had had no such preliminary treatment made an average weekly gain of only 4.50 per cent. Twenty-eight patients were treated simultaneously with iron and beta-naphthol, and in these an average weekly gain of 7.9 per cent. was attained. These results would seem to indicate that a combined treatment is better than iron alone and much better than beta-naphthol alone.

THE ADMINISTRATION OF ANTITOXIN.—The American Pediatric Society make the following recommendations:

(1) *Dosage.* For a child over two years old, the dosage of antitoxin should be in all laryngeal cases with stenosis, and in all other severe cases, 1500 to 2000 units for the first injection, to be repeated in from eighteen to twenty-four hours if there is no improvement; a third dose after a similar interval if necessary. For severe cases in children under two years, and for mild cases over that age the initial dose should be 1000 units, to be repeated as above if necessary; a second dose is not

usually required. The dosage should always be estimated in antitoxin units and not of the amount of serum.

(2) *Quality of Antitoxin.* The most concentrated strength of an absolutely reliable preparation.

(3) *Time of administration.* Antitoxin should be administered as early as possible on a clinical diagnosis, not waiting for a bacteriological culture. However late the first observation is made, an injection should be given unless the progress of the case is favorable and satisfactory.

GELSEMIUM FOR OVARIAN PAINS.—Dr. Talley frequently calls attention to the value of gelsemium for the relief of ovarian pains which are due to no apparent change in the position or structure of the ovary.

The fluid extract is the preferable preparation and is best given in doses of from one to two drops, combined with a drachm of the fluid extract of viburnum prunifolium, this dose to be repeated four times daily.—*Coll. and Clin. Record.*

CHAPPED HANDS.—

℞ Menthol ..... gr. x
Olive oil ..... gtt. xx.
Salol ..... gr. xx.
Lanolin ..... ℥ iss.

M. Sig.: Apply to the affected parts twice a day.—*Atlanta Med. and Surg. Jour.*

THE MENOPAUSE.—For the nervousness and general malaise of the period of menopause:

℞ Ammonii bromidi ..... ℥ ij
Sodii bromidi ..... ℥ iv
Spt. ammonii aromat ..... f ℥ vj
Aquæ camph ..... q. s. ad f ℥ vj

M. Sig.—Tablespoonful every four hours.—*Parvin. Coll. and Clin. Record.*

USES FOR GELSEMIUM.—This is one of the best remedies for the relief of "cold in the head;" drop doses of the fluid extract given hourly will usually secure the best possible results. Given with quinine, gelseminm prevents ringing in the ears. It is also almost a specific in ovarian neuralgia. The physiological effects are ptosis and dimness of vision, which, however, are readily dissipated by means of amyl nitrite or small doses of any good spirituous liquor.—*Medical Age.*

DIARRHŒA IN CHILDREN.—In the acute choleraic diarrhœas of severe type among children, Dr. J. Madison Taylor advises irrigation of the bowel with normal salt solution (1 dram of sodium chloride to a pint of warm water.)

He uses a soft rubber catheter attached to a fountain syringe, and the good results from this treatment are usually so promptly manifest that it may be unnecessary to repeat the injection if once done thoroughly.—*Phila. Polyclinic.*

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Twenty-Eighth Session, 1896-97.

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WALLACE McDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
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GEORGE LAWSON, PH. D., etc., Professor of Chemistry and Botany.
ALBERT H. BUCKLEY, PH. M., Examiner in Mat. Med. and Botany.
W. H. SIMPSON, PH. G., Examiner in Chemistry.

The Twenty-Eighth Session will open on Wednesday, Oct. 2nd, 1896, and continue for the seven months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medical
(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynaecology and Diseases of Children, Ophthalmology Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M Exam.)

Fees may now be paid as follows:

One payment of - - - - - - - - -	$250 00
Two of - - - - - - - - - -	130 00
Three of - - - - - - - - - -	90 00

Instead of by class fees. Students may, however, still pay by class fees.

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Special Note. The serums we are now producing are from three to five times as strong as could be had a year ago, and we expect to still further increase their strength. For this reason we list the serums according to the number of units and not according to bulk. The quantity to be injected is now only from 1 to 5 Cc.

We also supply serums for tetanus, tuberculosis, and streptococcus diseases, as well as Coley's Mixture and the toxins of erysipelas and prodigiosus. We prepare different culture media, microscopic slides of disease germs, etc., a description of which will be furnished upon application.

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