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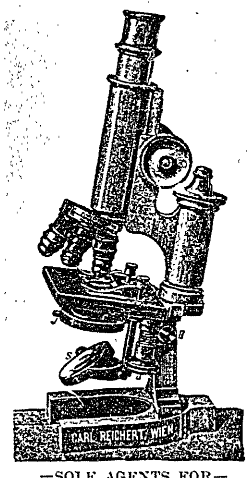

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CONTENTS FOR MARCH, 1900.

ORIGINAL COMMUNICATIONS.

Uterine Displacements with Particular Reference to Retroflexion—*W. F. Roberts* 73

Bubonic Plague—*G. C. Jones* 80

Hæmatoma Auris—*Geo. L. Sinclair* .. 85

CLINICAL REPORT.

Neoplasm of Eyelid—A. P. Reid 88

SELECTED ARTICLE.

Notes from Practice in the Argentine Republic—*F. G. Corbin* 90

EDITORIAL.

The Technique of Vaccination 99

First International Congress of Medical Ethics 101

The Samuel D. Gross Prize 102

Correction 102

Compulsory Vaccination 103

SOCIETY MEETINGS.

Nova Scotia Branch British Medical Association 103

OBITUARY.

Dr. Wm. Norrie 105

Dr. Beverley McCleery 105

Dr. J. F. Covey 105

Dr. G. E. Coulthard 105

MATTERS PERSONAL AND IMPERSONAL.. 106

BOOK REVIEWS.................... 106

BOOKS AND PAMPHLETS 107

NOTES 108

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XII. HALIFAX, N. S., MARCH, 1900. No. 3.

Original Communications.

UTERINE DISPLACEMENTS WITH PARTICULAR REFERENCE TO RETROFLEXION.*

BY W. F. ROBERTS, M. D., St. John, N. B.

It has been nearly a century since retroflexion was first described, which was by Denman. From that time on, many theories of the pathology and treatment of uterine displacements have been advanced only to sink again into insignificance. However, each theory while incomplete in itself, contained truths which in later years proved to be stepping stones to those whose privilege it has been to bring the "Pathology and Treatment" of these conditions to the comparative high standard it occupies to-day.

Definition.—By displacement we mean any decided removal of the uterus from its normal position without reference to the direction in which it has been moved.

Normal Position.—In order to intelligently diagnose an abnormal position it is quite necessary that we bear in mind its natural or normal position. Owing to the fact that the position of the organ varies constantly with inspiration and expiration, muscular effort and quietude, fullness and emptiness of both bladder and rectum, it is difficult to arrive at common ground with reference to its normal position. However, constantly bearing in mind the above influences which are ever being exerted, let it suffice to say that the uterus is suspended in the pelvic

* Read before meeting of the St. John Medical Society, Dec. 6th, 1899.

cavity at an angle of about 45°, the fundus being directed upward and forward on a line below the brim of the pelvis, while the cervix is directed downward and backward in the line of the axis of the inlet of the pelvis, where upon entering the vagina forms an angle with it.

The mechanical influences which maintain the uterus in its position are (1) Retentive power of abdominal cavity; (2) Attachments to the areolar tissue of the pelvis; (3) The juxtaposition of the other organs: (4) And the following ligaments:

The round ligaments, continuation of uterine tissue extending from uterine horns to labia majora.

The utero-vesical ligaments, bands of pelvic fascia and uterine muscular tissue passing between bladder and cervico-corporeal junction where they attach themselves and prevent retreat of cervix.

The utero-sacral ligaments, formed of hypogastric fascia and the uterine and vaginal tissue extending from posterior surface of cervix passing backward to be attached to sacrum and preventing passage of cervix forward.

The broad ligaments, folds of peritoneum enclosing areolar tissue, ovarian and round ligaments, and ovaries, preventing lateral, anterior and posterior displacements.

Pathology.—Flexions of uterus may be either congenital or accidental. As the opposite walls develop *one* may appropriate *more* nutrition than the *other*, and as a result its growth is more rapid; while on the other hand the opposite side begins to atrophy and an inflexion is the result. If the superior development be on the posterior walls anteflexion takes place, or if on the anterior, retroflexion is the consequence. This explanation is no doubt the etiology of congenital flexions, and while difficult to treat, causes less engorgement and constitutional disturbance than accidental flexions which more easily submit to treatment. Congenital anteflexion is much more common than congenital retroflexion, although there are a number of cases of the latter on record. Virchow was one of the first to attribute the formation of flexion to the construction of peritonitic adhesions either in front or behind the uterus respectively. While Schultze is a strong adherent to the belief that many cases of anteflexion depend upon the shortening of the utero-sacral ligaments either (congenital or inflammatory) and gives an illustration of retroflexion as a result of anterior fixation of cervix. It has been proven to the satisfaction of every observer that any influence that weakens the tissue of the uterine walls creates flexion in the direction of that weak-

ness, if in anterior wall anteflexion or in posterior wall retroflexion: or if the weakness appear in both anterior and posterior walls the flexion will be determined by outward forces. This weakness spoken of may be caused by endometritis; cystic degeneration of the cervical gland: abscess of the tissue; development of fibroids which disorder the blood-vessels; varicose degeneration of the veins and sponginess of tissue engendered by prolonged traction upon the neck; disturbance of nutrition by flexure which has been caused by sudden blow or fall or gradually by traction from false membranes; subinvolution or areolar hyperplasia. This loss of power of one or both walls is frequently the cause of accidental flexure. They are sometimes due to force sufficiently strong to overcome the resisting power of the uterine tissues, either suddenly or by slow degrees, and when once flexed degeneration of one wall ensues, thus two causes for the continuation of the condition are combined. The point of greatest weakness is generally where flexion occurs and this is as a rule opposite the os internum; although it may occur below this point in anteflexion from prolonged habitual constipation where the neck only is flexed, and it has occurred in the middle of the body. Acute or chronic congestion, with its resultant hyperplasia of the stroma and catarrh of the mucous membrane, is more or less the result of flexions which interfere with the influx and egress of blood from the upper portion of the organ. At the point of flexion the cervical canal may be more or less closed by opposition of its walls, and from this the ingress of fluids may be prevented and sterility may be the result. While on the other hand it remain a question among prominent authorities as to whether egress of fluids in flexion of the uterus is prevented, some claiming that not even pain is produced by the passage of menstrual blood through a flexed uterine canal, thus doing away with the theory of obstructive dysmenorrhœa; while other authorities have entirely relieved painful menstruation and in other cases sterility by dilatation of the uterine canal. It has been said that menstrual congestion straightens the uterus facilitating the escape of the menstrual blood, but the more popular opinion is that a flexion, which during the intermenstrual period offers no obstructive angle, becomes an obstacle during menstruation because of the enormous increase of diameter of the mucous membrane at that time. This seems to be easily explained by the disappearance of pain many times after the blood has begun to escape and the congestion has been rendered less. The result of the action of the diaphragm on the abdominal viscera plays an important role in not only

keeping the uterus in place, but exerts a powerful stimulating influence upon its circulation and prevents that tendency to sluggishness which perfect quietude so markedly favors.

Etiology.—Any influence that increases weight of uterus. Any influence that enfeebles the supports of the uterus. Any influence that displaces the uterus by pressure, or any influence that displaces the uterus by traction, such as contracting adhesions following pelvic inflammation or a prolapsed vagina. While we have as a predisposing cause of uterine displacements any cause which predisposes to enfeeblement of uterine tone or to the development of a force which overcomes the natural tone of the uterus, or still more one which combines the two evil influences, prepares the way for flexure under the impulse given by a sudden or persisting exciting cause. I shall confine the remainder of my paper to posterior displacements.

Diagnosis.—All are familiar with the symptoms of these displacements such as severe backacke, weight in rectum, nervous disturbance, menorrhagia, etc. The methods employed in obtaining physical signs are: (1.) Vaginal touch. (2.) Conjoined manipulation. (3.) Rectal touch. (4.) The uterine probe.

Differential Diagnosis.—These displacements may be confounded with fæcal impaction, fibrous tumors, cellulitic or peritonitic exudation, extra-uterine gestation, a prolapsed and enlarged ovary and prolapsed kidney.

Consequences.—The ordinary results of posterior displacement are: dysmenorrhœa, endometritis, sterility and areolar hyperplasia. It might be well to bear in mind that should retroflexion complicate pregnancy and the fundus be below the promintory of the sacrum that abortion will be the result, so that where there is a patient who habitually aborts this condition should be suspected and patient examined. Sterility is not so common in retro as in anterior flexion, some authors placing the per cent. as 10 is to 28 respectively.

Frequency.—Retro positions are more frequent in women who have borne children than in virgins or nulliparous women—which fact is the reverse in anterior displacements.

Prognosis.—There are three conditions which render the prognosis of this unfavorable: (1.) Where the uterus is bound down by strong adhesions. (2.) Where the organ contains in its parenchyma a fibrous tumor. (3.) Where the vagina is attached to the cervix so near the

external os that no pessary can rest posterior to the cervix to sustain the uterus after it is replaced.

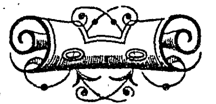
Treatment.—First indication is to restore uterus to its place; and the *second*, to prevent its again becoming displaced. Where the uterus is not held firmly by the surrounding parts and where there are no adhesions, perhaps the following *modus operandi* is as good as any for replacing a retroflexed uterus. The patient is placed in Sims' position, the physician standing at patient's back facing her head. Having lubricated the index and middle fingers of right hand, introduce them into vagina with palmar surface towards rectum; lift gradually the fundus until it becomes erect, then with the dorsal surface (which would really be the backs of the finger nails) push the organ over into its normal position. While the uterus is being elevated, the middle finger is left in the post-uterine space to maintain what is gained, while the index finger is carried in front of cervix, and this part, by pressure, is forced back into sacrum, and now the middle finger is also placed with the index finger which assists in pushing cervix, and then held there for a short time. Another plan is to place patient in the knee-chest position and use more or less force with index and middle fingers in pushing up the fundus. Some have suggested the use of instruments, but if they exert less force they are of no value, and if more there is danger of penetrating uterus and causing peritonitis. And again, where there is so much resistance the cause will generally be found to be adhesions. One writer as a result of large experience has used hydrostatic pressure in the form of the colpeurynter which often accomplishes safely what sudden force would do with danger to patient. Oftentimes reposition is effected by conjoined manipulation or rectal taxis. Having once replaced the uterus the sound may be employed to assure of its thoroughness, but great care must be maintained in its use.

The second point in treatment is "How are we to prevent recurrence of displacement?" In endeavouring to carry out this object the following four points should be borne in mind: (1.) All pressure from above should be removed by use of skirt supporter, abdominal supporter and avoidance of all injurious muscular efforts. (2.) Increase weight of uterus should be diminished by removing cause. (3.) Feebleness of the uterine supports should be remedied by exercises calculated to develope the retentive powers and by general and local tonics. (4.) All traction upon the uterus should be removed by perineorrhaphy or this combined with colporrhaphy. A popular treatment used in retaining a replaced

uterus which has been displaced for some time is what is known as tampon treatment, used generally where there is too much tenderness for the application of a pessary sufficiently powerful to keep it in place, and many times as a preparatory treatment in anticipation of wearing a truss. You are all too familiar with the technique of this to have it explained in detail. Many cases do not require any preliminary treatment, but can immediately have one of the many forms of retroflexion pessaries applied—a few of which are: Hodge's, A. H. Smith's, Meig's elastic ring. The elastic bulb pessary and Thomas' modification of Cutter's pessary each have their good and bad qualities, but perhaps the elastic bulb and *especially* Thomas' modification of Cutter's are the best in use; the latter is painless and efficient and has been the means in the hands of physicians of overcoming difficulties that none of the others could. The inferior extremity of this pessary arches backward over the coccyx and attaches to an elastic cord which passes upward over the sacrum to girdle around the waist. When the vagina unites itself to the cervix so near its lowest point as to almost leave no post-cervical space, it is impossible to sustain the uterus by any vaginal pessary, and then under these circumstances and these alone the intra-uterine stem is used with success. In fixation of uterus, before resorting to any surgical procedure, let us be sure that it is bound down by false and membranous attachments and not due to the contraction of the tissue itself, for in this latter case it would be necessary to use a pessary and gradually change the *organ's* position in the pelvis, but not the abnormal relations existing between body and cervix. When the adhesions are fresh or only slight the patient may be anesthetized and placed in left lateral position, the sphincter ani is stretched by the thumbs and then the index and middle fingers are inserted into rectum and there by steady pressure the organ is lifted upright, and finally by a little further manipulation pushed over into an anterior position. After this the fornix should be filled with a soft moist sponge and this be forced up so as to sustain the body, followed by a tampon of cotton in the vagina, patient kept very quiet for a week and relieved of any pain by the free use of opium.

In cases where body and appendages are both adherent and the symptoms (pain, dysmenorrhœa and sterility) urgently call for relief—Olshausen, Kelly and other laparotomists advise opening abdominal cavity in usual way, and by the fingers introduced through the opening, peel loose the adherent uterus and appendages and stitch the fundus uteri to the

anterior abdominal wall, this operation being called "ventro-fixation." In doing the operation it is necessary to take into consideration as in all abdominal sections the dangers which inevitably accompany it such as peritonitis, septicæmia, intestinal obstruction, etc. Thomas and Mundé seem inclined to limit the operation to where the diseased ovaries and tubes form the *chief* indication for the operation, the backward displacement being of secondary importance in this case, they not only stitch the fundus uteri scraped raw with a knife, but also the pedicles of the appendages to the anterior abdominal wall. Alexander's operation for shortening the round ligaments is sometimes performed for the purpose of supporting the uterus in its position and does not in any way conflict with ventro-fixation as it is only used where the uterus is freely moveable and the appendages are normal. After this operation is performed a pessary is worn for some months until the ligaments are firmly attached in their new relations.



BUBONIC PLAGUE.*

By G. Carleton Jones, M. D., C. M., M. R. C. S., Professor of Diseases of Children and Obstetrics, Halifax Medical College.

The fact that both the Canadian Government and the Government at Washington have seen fit to draw up strict and stringent regulations to prevent the introduction of the bubonic plague, shows that this country is held to be in some danger from this dread disease. It will be seen that Canada is liable to be attacked from both sides, from the east and from the west; the nearest point west is Honolulu, the nearest east is Oporto, and further we have a danger point south in Santos, a port with which we have considerable trade. I have, therefore, thought it might be of interest to bring to your notice a few important points about this, at the present time one of the most interesting of diseases.

For most of them I am indebted to a pamphlet written and issued by Surg.-General Wyman of the United States Medical Hospital Corps.

The present outbreak of the old black death, the scourge of the middle ages, the slayers of millions since all time, dates from 1893. The place was the Chinese frontier, from whence it rapidly spread to Canton and Hong Kong, following as it has always done the avenue of trade. But our knowledge of the outbreak dates from Hong Kong, where in 1894 it assumed epidemic proportions; from this port it rapidly spread to Bombay, and when once introduced into the crowded and unsanitary cities of India, the result can be imagined. The spread was rapid, the manner of living, the poor rice diet, the religious fanaticism, the difficulties in the way of the health authorities all combined to bring about an apalling state of affairs. In Bombay residency alone there were 220,907 cases with a mortality of 164,083. In Poona last July the number of deaths per day, a city with at that time a population of little over 60,000, was 150. From India it spread to various places, Japan, Madagascar, New Caledonia, the Strait Settlements and Formosa. Chiefly, however, amongst the natives, but few Europeans being affected. Its outbreak at Alexandria showed that it was capable of spreading westward, but the stringent methods adopted by the Egyptian government

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* Read before meeting of N. S. Branch British Medical Association, Feb. 28th, 1900.

have prevented the spread of it in that country, which used to be its very hot-bed, and from which it developed strength to attack Europe.

In August last Europe was startled by the report of its appearance at Oporto in Portugal. How it was introduced has never been discovered, the strongest supposition is that it reached Oporto through a cargo of rice from an Indian infected port. From Oporto to Brazil was the natural path of the disease, and it broke out in that country in October, but there is some evidence to show that the Santos outbreak might have been brought from Rangoon or Mozambique. This appearance of the plague at Santos is the first recorded instance of its attacking the western hemisphere. The only North American port threatened as yet from Santos has been New York, two cases having broken out on the steamship "I. W. Taylor" while on the way to that port, but no spread of the disease occurred.

We have had in Halifax one sailing vessel arrive from Santos since the outbreak of the plague there, but with all well on board.

The most recent place to be infected is Honolulu, which occurred in December, when, however, owing to careful and extreme measures on the part of the United States authorities it has not spread beyond the Chinese quarters, but even these form a menace to Canada, there being danger of its introduction into British Columbia.

At the present time according to the latest reports plague exists in Brazil, China, Formosa, India, Japan, Madagascar, New Caledonia, Penang, Paraguay, Phillipine Islands, Portugal, and according to some accounts Lorenzo Marques.

Six years ago, Kitasato being sent to Hong Kong by the Japan government, discovered the bacillus of plague, and since then the knowledge gained by the profession as regards the nature, propagation and means of prevention has made rapid strides. The name which Cantlie gave it of malignant polyadinitis explains its clinical characteristics, an intensely fatal disease with a death-rate ranging from 50 to 90 per cent., depending much upon nationality and surroundings. Still we can almost safely say that little is to be feared from it, when introduced into a sanitary community and one willing and able to take sanitary precautions.

How does the contagion spread from one country to another, affecting not those in direct continuity, but suddenly breaking out in some distant point? The three great sources are: 1. By ambulant cases. 2. By rats. 3. By merchandise.

1. Under the first heading is included those cases when the symptoms are mild, but capable of producing a virulent contagion when meeting proper soil or cultivation ground. Some authorities call these cases "pestis minor," but they are only minor in their clinical aspect, and it can easily be imagined that a case of this kind gaining access to a country could form an infective point for that country. It is for these cases that quarantine officers are ordered to make a careful search, for they might easily slip by when examing a large number of immigrants on ship board.

2. Anyone who has had anything to do with the disinfection of ships must have been struck with the large number of dead rats in the hold of a vessel after sulphur fumigation. I have myself picked up as many as thirty or forty around the hatches after sulphur fumes have been between the decks some hours, and there is a case on record when in a ship of 3,000 tons there were removed from the hold sixteen deck buckets of dead rats. How the rats carry the infection is a somewhat undecided point, possibly by rats eating their dead kind after death; possibly by means of the fleas that infest rats and which leave the body of a dead rat as soon as cold; or more likely by the agency of the secretion from the nose of rats infected by plague.

Whatever the means may be, it is an established fact that rats are the chief means by which the contagion is spread from one country to another. In Hamburg and other German ports the government are paying a price of half a cent for every rat killed, in order that this danger may be averted, and in the quarantine regulations of most countries extra precautions are insisted upon to prevent rats escaping from ships and finding their way ashore.

3. The third means of transit, namely, through merchandise, has, according to our present knowledge of the bacillus and its life history, been over estimated; it is evident that in order to retain its virulence the contagion must pass through the bodies of animals at short intervals. It is therefore doubtful if it can be retained for any length of time in clothes or merchandise and retain its infective power. It is considered advisable, however, to hold merchandise and disinfect it if coming from a plague district. The United States government has stationed at all outports in Europe an officer of the United States Medical Hospital Service who sees that the luggage of all emigrants from a district exposed to plague is carefully disinfected before shipped on board.

Wyeth's

Elixir Uterine Sedative Specific.

Viburnum Opulus (Cramp Bark), Piscidia Erythrina (Jamaica Dogwood) Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla).

The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession, the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers. Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities, but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce, of this Elixir contains forty grains Viburnum Opulus (Cramp Bark), thirty grains Hydrastis Canadenis (Golden Seal, twenty grain Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

DIRECTIONS. — The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc, it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessertspoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

Samples for experimental purposes sent free to any practicing Physician on application.

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SOLE AGENTS FOR CANADA.

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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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WHOLESALE AGENTS.

The plague bacillus while having great virulent properties, is easily assailed and distroyed by disinfectants; a solution of 1% carbolic is capable of distroying it, and a dry heat of 212°F. renders it hors de combat in a few moments.

Making it an easy contagion to handle from a quarantine point of view, it however, grows and develops rapidly in many culture-media at the ordinary temperature of from 60° to 70° F.—and the presence of decaying organic matter furnishes the most suitable nidus for its growth, explaining why it flourishes in eastern countries, where sanitary science and cleanliness are not. It does not do, however, to comfort ourselves with this thought, for whither the bacillus is, there the plague is likely to develop.

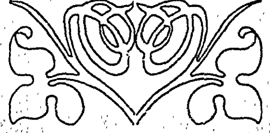
I said a moment ago that our knowledge of its prevention has made great strides. By this we mean the serum therapy and serum prophylaxis. The serum therapy is Yersin's serum, the serum prophylactic is the Haffkine prophylactic—two very different preparations with different powers.

Yersin's serum is an antitoxic serum, prepared through the immunity of horses, by a process not necessary for me to go into; suffice it to say that when the serum has reached a point when a dose of 1-10 c. c. will protect a mouse of 25 grains weight against living cultures and a three times mortal dose of toxin, the serum is then considered to have assumed full antitoxic powers, and is not only protective, but also antitoxic and curative. Haffkine's prophylactic is prepared by planting the bacillus on ordinary agar-agar spread on dishes. These cultures are allowed to remain and mature for four days and the growth of each dish is then taken up in 100 c. c. of boullion free from peptone, then heated to 70° C. for an hour, and decanted into sterile tubes, which are sealed. Haffkine says that 2 c. c. will produce immunity, for how long a period is doubtful. Its use in India has been very gratifying. At Hubli over 4,000 persons were inoculated once, with 45 cases and 15 deaths, over 3,000 twice, with 2 cases and 1 death, and during this time 657 persons to the 1,000 died in a single week among the uninoculated. There is another serum called the Heil serum, prepared by Prof. Lustig, resembling somewhat Yersin's serum; the results as to its use are not at present complete.

While the Haffkine prophylactic is only prophylactic in its action and cannot be used in a case which has actively developed, the Yersin serum acts not only as a prophylactic, but can be administered during the

course of the disease with marked effect, depending on the time injected and to some extent on the dose—30 to 50 c. c. The injection soon has an effect on the clinical symptoms, the fever subsides, and the buboes diminish ; a second or third dose can be given until the symptoms disappear. The manufacture of both these agents is being now carried out in the laboratory of the United States Medical Hospital Service, at Washington, so that we could obtain it very quickly from that source if we were unfortunate enough to require it. The only medicinal treatment advocated so far for plague is the administration of 4 drops of a 1% sol. of atropin every few hours till the effect of the drug on the pupil is noticed ; this is said to have a marked effect on the symptoms.

I have endeavoured very briefly to bring to your notice a few points of interest about this disease which I trust we will not be brought into contact with, and hope that your knowledge will always remain as mine is—second hand.



HÆMATOMA AURIS.*

By GEO. L. SINCLAIR, M. D., Late Superintendent of the Nova Scotia Hospital for the Insane.

Although I can find no mention of the peculiar blood tumor which appears on the ear of the insane, previous to a reference to it by Ferrus in 1838, it is not at all likely that it had not been noticed by other observers; especially in view of the fact that it has been regarded as due probably and generally to violence received by the insane person at the hands of the attendants, a view entirely unsupported by facts.

In Tanner's practice there is a reference to the condition; but it is not mentioned in one or two other works of the same nature which I have consulted and so I ventnre to presume it is not familiar to the ordinary practitioner; hence my attempt to describe it, for his benefit. Criesinger, apparently, thinks the affection peculiar to the insane. I have never seen it outside the wards of an asylum, except upon the ear of a person who has been insane; but cases have been reported of its occurrence in pugilists and football players, two classes of the community especially liable to receive severe injury upon the organ involved. In the *American Journal of Insanity* for 1870, Dr. Hun, attached at that time to the staff of the Utica asylum, published a list of twenty four cases observed by him. Only one of this number was a female. Eight of the cases occurred in patients suffering from general paralysis, six from melancholia, four from acute mania, four from chronic mania and two from terminal dementia. He thought the condition arose from "cerebral congestion of centripital irritation of the sympathetic system by the emotions"—what ever that may mean.

Occurring in the course of an attack of insanity, it is upon the whole an unfavorable sign as far as mental recovery is concerned.

While sudden in its onset the tumor develops somewhat gradually to full size and also slowly recedes or becomes reduced.

SYMPTOMS.—When it is about to form the skin of the concha becomes swollen, smooth and tense, and indistinct fluctuation may be felt; then the entire ear may become painful, hot and red. If at this time the swelling is cut or ruptured there is to be seen a cavity filled

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* Read before meeting of N. S. Branch British Medical Association, Feb. 28th, 1900.

with a substance resembling half clotted or half fluid blood, and if this is removed the cavity rapidly refills. Closer examination shows the tumor to consist of an extravasation of blood under the perichondrium which is thereby separated from the cartilage. The color of the integument over the part changes to a deep red, then to a purplish blue and the swelling obliterates the ordinary irregularities of the ear, leaving instead a semi-elastic tumor, varying in size from a filbert to a walnut. The ear on the affected side is unusually prominent and the skin, in well marked cases, is very thin and easily ruptured. There is usually no pain and the patient appears to suffer no inconvenience. Having reached its full size it remains stationary a few days and then begins slowly to disappear, apparently by absorption taking place of the contents of the tumor, but evidence of its occurrence is felt in the thickened, shrivelled state of the organ attacked, which can always be detected and which remains through life.

For many years I kept a record of the cases occurring at the Hospital for the Insane, which up to the time of my leaving numbered thirty-one. Eight of these only, appeared in women; six being cases of mania and two cases of melancholia. Of the male cases twelve occurred in paretics, seven in sufferers from acute mania and four in melancholics. In the female cases the tumor occurred on both ears in all. In the male patients it came on both ears in six cases, on the left ear in ten and on the right ear alone in the remaining seven.

As to its prognostic importance: in Hun's report he says nine cases died in the asylum, insane, nine were discharged, not improved; the balance drifted into dementia and remained inmates of the institution.

In my cases, eleven are now in the hospital and probably will never be well enough to be discharged. Four made a perfect recovery from their insanity, were discharged cured and have remained so, and the balance are dead, never recovering mental soundness or being sent from the institution.

The cause of the appearance of the hæmatoma varies. In some of my cases it seemed to be of spontaneous origin, at least no traumatic origin could be discovered. I believe physical injury received at the hands of a brutal attendant quite capable of producing it, but I believe also that this is the least frequent cause. and that accidental injuries such as rolling out of bed or friction of the organ against the bedding or bed-stead or violence at the the hands of a fellow patient, are much more commonly the producing agents. I would certainly not

regard the condition as indicative of harsh usage or bad attendants, in the absence of other kinds of injury upon other parts of the body. This assumption has been made and it is to contradict it, as untrue and one likely to lead to injustice, that I have asserted an opposite opinion.

TREATMENT.—It is most desirable that precautions be taken to prevent the fully developed hematoma from rupturing. Some form of protective padding secured by a bandage, is the best means to adopt. In my early experience this, combined with special supervision, was all I attempted. Of late the plan recommended by Clouston of blistering the surface of the tumor with liq. epispastica, has almost invariably been successful in, if not aborting the swelling, (if begun at the time it is first detected,) at least in lessening the amount of effusion and encouraging early and more or less complete absorption of the contents of the tumor.

My method has been, as soon as the first indications of a hematoma appear, to place a piece of cotton wool in the meatus, in order to prevent any of the fluid running into the ear, and to paint the surface freely with blistering fluid, allowing it to dry on. Vesication speedily occurs and is in the majority of cases followed by distinct and rapid reduction of the swelling and a return of the ear to a more normal shape. In the most favourable cases all that is ultimately left is a thickening of the cartilage and its covering, with a smoothing out of the normal irregularities of its surface, scarcely detectable. In other cases, in spite of treatment a deformity is left in the shape of a puckered and shrivelled organ so characteristic that to it the name of *insane ear* has been given. Instead of blistering the ear the application of contractile collodion has been advised; several coats must be painted on to accomplish any good. It has the advantage of not blistering, but in my experience it is a most uncertain agent, not to be compared with liq. epispastica in its positive and beneficial effect. In a few instances where rupture of the tumor has taken place, in spite of efforts to prevent it, I have washed out the cavity with an antiseptic and dressed with sterilized gauze and a bandage. The cavity has filled by granulation and healed, but a good deal of permanent deformity has been left.

Clinical Report.

NEOPLASM OF EYELID.*

By A. P. Reid, M. D., C. M., L. R. C. S., Middleton, N. S.

Mrs. E. M., aged 52, (in ordinary health,) about five or six years ago noticed what appeared to be a wart about the centre of the margin of the left lower eyelid. It gave no pain or inconvenience and was not treated in any way. For two or three years there was but little appearance of change and it was not large enough to be noticeable, but about two years ago it began to enlarge very slowly for the first year and then much more rapidly the past year, until it became from one-quarter to three-eights of an inch wide and one-half inch long, becoming quite prominent. Its rapid growth lately gave rise to suspicion of epithelioma, and the question of its removal was a subject of serious consideration. But how? To use the knife meant an extensive removal of the lower lid with the surgical difficulties attending this proceeding, and as well the deformity which must result. Last fall it became painful, interfered with the comfortable closing of the eyelids, became inflamed and ulcerated. It healed partially and then it was decided to attempt its removal, and preference was first to be given to an escharotic.

There are many preparations from which to choose, but it was decided to use Bourgard's paste, as this exercises a selective affinity for neoplastic tissue and has but little effect on normal tissue other than causing a local inflammation. One of the properties of this preparation is to cause a whitish eschar of the neoplasm, leaving the normal tissue quite unaffected after its application. In addition to the local inflammation a conjunctivitis of a mild character was lighted up owing to a portion of the paste being carried on to the conjunctiva by the upper lid. In a few day this whitish slough separated and fell off. When the local inflammation had subsided the paste was again applied; this produced another large whitish eschar which like the former separated in a few days leaving a small, cupshaped ulcer, which gradually contracted and healed with scarcely an appreciable cicatrix. The paste was again applied but it had no effect on the cicatrix.

The removal of the neoplasm was complete and no appearance of its position was visible except that the sites of lashes of the eyelids became vacant on the edge of the eyelid. The result of the treatment was very satisfactory—1st. In the complete removal of the growth. 2nd. In the small amount of pain and inconvenience suffered, and 3rd. Leaving no cicatrix or deformity visible.

Formula of Bourgard's Paste.

Wheat flour.	
Starch,	aa ℥i.
Arsenious acid	gr. viii.
Hydrarg sulph rub	gr. xl.
Ammon muriate	gr. xl.
Hydrarg bichloride	gr. iv.
Zinc chloride cryst	ʒi.
Hot water	℥iss.

Grind all together except the zinc chloride and water. Dissolve the zinc chloride in the water and pour on the powder, stirring all the time.

The paste after standing 24 hours is ready for use. It can be spread on linen or cotton cloth and applied to the part for 24 hours, and if the whole growth be not removed it can be reapplied as often as necessary. Sometimes it causes considerable pain and then cocaine may be added to the paste.

For small growths it is most readily applied by spreading on a small particle with a tooth pick (wooden) and no dressing is necessary. This proceeding can be repeated as often as necessary.

Selected Article.

NOTES FROM PRACTICE IN THE ARGENTINE REPUBLIC.

By F. G. CORBIN, M. D., (McGill, '90), Mendoza, Argentine Republic.

(*Concluded.*)

Myiasis Narium—Maggots in the Nose.

The following cases, rare even in this semitropical climate will probably be of interest as I find none of the kind reported in the *Lancet* during the last twenty-five years and in the ordinary English textbooks, this condition is not mentioned.

On the morning of January 28th, 1896, I was called to assist the foreman of Milani and Company's jerked beef factory, J. B., an Italian, forty years of age. I found him complaining of intense pain in the right ear and right parotid region.

On examination I found only a slight redness and fullness of the tonsil and soft palate on that side. There was no discharge from the nose or ear or swelling of the face at this time. I had no instruments with me for making an examination of the ear or posterior nares, so without making a definite diagnosis, I gave him half a grain of morphine hypodermically and left him. The following morning they told me by telephone that he was much worse, not having slept and then suffering very great pain. I advised sending him into the hospital at Chascomus, where I saw him at 10 a. m.

His face was now swollen on the right side and on examination I discovered something moving on the floor of the right nasal cavity, about two-thirds of the way back. With a pair of forceps I removed a maggot of a whitish yellow color about half an inch long, smaller towards the head than behind, without feet, segmented, and with a small dark spot, nearly black, near the posterior extremity. On searching my library I found that this maggot corresponded to the larva of the *Lucilia hominivorax*, a kind of bluebottle fly. Beyond this fact, which I discovered in a French medical encyclopædia, I could find nothing, and being ignorant of the experience of others, I began the treatment of the case on general principles ordering a nasal douche of bichloride of mercury, 1 to 2000, followed by insufflations of calomel

and iodoform in equal parts. My colleagues, all native doctors, were in the same boat as myself, not one of them having seen the disease before or having a description of it in their libraries.

The following morning, January 30th, on going to the hospital, my patient complained of being unable to breathe through his nose and the nurses informed me that the solution would not pass. I found the cause to be a living mass of larvæ and began to take them out with forceps. After clearing out a few the man blew his nose and out came from forty to fifty maggots mixed with a very foul and bloody muco-pus. Although from the first moment of the treatment maggots continued to come away the pain was not fully relieved until this large number was removed. The man had suffered terribly, morphine and chloral having no effect upon the pain.

On the afternoon of the same day, for the benefit of a colleague who had expressed a desire to see the maggots, I ordered the nurse to put a couple in alcohol and about an hour after called at his house. Much to our surprise both worms were still living and wriggling at the bottom of the corked bottle. At my request my medical friend saw the patient with me the next morning as his condition was far from satisfactory. At our visit we found the temperature 103° F., pulse 120, and the man looking very badly. On the soft palate, extending from its junction with the hard palate to a point a little to the right of the uvula and to about a quarter of an inch above its base, a white exudation had appeared. My colleague pronounced the condition to be diphtheria in spite of the maggots, and although I did not agree with him, the patient was placed at once in a private ward. The symptoms were very like those of diphtheria, if we except the presence of the maggots, and one could not be blamed for mistaking the two conditions, the exudation having exactly the same appearance as that of diphtheria. My friend agreed with me regarding treatment and the antiseptic solutions were continued while I ordered quinine and bitters for the constitutional symptoms. Owing to purging and slight salivation I changed the mercurial preparations, camphorated naphthol as a paint and carbolic acid, 1 to 40, for the douche. With forceps I removed without any difficulty the afore-mentioned membrane which was lozenge shaped, one inch wide by two long, thick, glairy, tough, and of a dirty, pearly white colour. During the afternoon the patient spat out another bit of the same size and character from the same place. The mucous membrane beneath was raw and bleeding.

On February 1st, the soft palate had sloughed leaving an aperture about the size of the above mentioned membrane and through this opening another lot of larvæ made their way.

My discovery of January 30th made me rather curious to know how long these larvæ would live in the different antiseptic solutions in general use and by experimenting I obtained the following results:—

Bichloride of mercury, 1 to 2000, movement ceased in 105 mins.

Bichloride of mercury, 1 to 1000, movement ceased in 60 mins.

Carbolic acid, 1 to 40, movement ceased in 110 mins.

Carbolic acid, 1 to 20, movement ceased in 70 mins.

Alcohol (spiritus vini rect.), movement ceased in 95 mins.

On seeing these results I became rather astounded and doubtful as to the outcome of my treatment; still, from this date to February 15th, my patient did well. He had slight fever, no pain, and was getting rid of from one to six maggots per day.

On February 6th I received from a medical friend in Buenos Ayres Dr. Morrell Mackenzie's work on Diseases of the Throat and Nose, Vol. II. Here I found this disease described and inhalations and injections of pure diluted chloroform into the nasal fossæ recommended as treatment.

As my patient was doing well and there appeared to be no more maggots, I did not use chloroform in this case except to try its effect upon two maggots which came away on February 8th. In pure chloroform one ceased moving in one minute, while the other in chloroform vapour kept moving for three minutes.

The last maggot, as I thought, having come away on February 8th, on February 11th I put four wire sutures in the cleft palate and drew it together. Although there was still some ulceration I did this operation at this time on account of the great difficulty the man had in swallowing, speaking and breathing, for, owing to the loss and laxness of the tissues, the uvula hung down so low as every now and then to get under the epiglottis causing coughing, while all his food had to be given by a stomach tube. This was very unpleasant and at the same time did not allow him to take sufficient nourishment. The operation, owing to what followed, was not a complete success, but it lifted the uvula and made the opening very much smaller for a subsequent operation done on March 5th.

On February 13th the patient complained of pain and said he thought that he felt something behind his right tonsil pricking him at this spot.

He imagined that I had let a bit of silver wire get in behind. There was some swelling and œdema. From this moment he grew rapidly worse. I diagnosed an abscess behind the right tonsil and pillar of the fauces. Pulse was small, weak, and very rapid, temperature 105.5°F., there was hæmorrhage from behind the right tonsil, and he experienced great pain. As over twenty days had elapsed since the beginning of his illness, and as on the closest examination with the laryngoscope nothing moving could be seen, neither myself nor my colleagues suspected what followed.

On February 18th, I opened the abscess just at the edge of the right pillar and bloody, foul pus and thirty or forty maggots appeared. I enlarged the opening and washed out a like number together with their fœtid nest. The fever and swelling soon subsided. Three maggots came away on the 19th and on the 20th one more. I then began feeding the patient with the stomach tube and he soon got stronger. Washing out with permanganate of potash solution in a few days relieved the fœtor and left me nice clean clefts for an operation. On March 5th, I closed with silver wire all the apertures in the palate and on the 15th, he left the hospital cured. The maggots in this case were not all counted, but 200, more or less, came away, all living.

Case II. A gardener was sent into the hospital on February 24th, of the same year. He presented swelling of the face and nose and had been suffering four or five days with pain and loss of sleep. He had received several injections of kerosene into the nostril. Only eight maggots came away during the week he was in hospital and he had very slight epistaxis. The treatment used was washing out with chloroform water, inhalations of chloroform, and smelling of gum camphor. This was a very mild case, the eggs being probably deposited close to the external opening of the nostril.

Case III. This case which occurred simultaneously with my two previous ones was attended by Dr. de la Sota, who had the kindness to write it out for me when I told him I intended to publish my two cases. I will simply translate his report.

"Manual L., Spaniard, aged 19 years, single, workman, came to my consulting room on March 2, 1896, and on the same day entered the local hospital as a pensionist.

Personal History.—He says that when nine years of age, while at a college in Spain, he had a fall striking on his nose. Since then he has suffered from occasionally profuse but more often slight attacks of epis-

taxis with a running of "matter" from the nostrils. He does not know whether this matter was mucus or pus. In the summer time when he forgot or on account of his occupation was unable to wash out his nasal passages with water as he had been ordered to do by his physician, he suffered from a bad smell from the nose especially noted by his fellow workmen. Beyond this and the presence of a broken and rather peculiar looking nose the man is sound physically.

Present Disease.—About 2 p. m. on March 2nd, he came to my office and told me that he had been in Buenos Ayres two nights before and had slept out in the paddocks of the city slaughter-houses after a hard day's work driving cattle to town. Early that morning he awoke sneezing a great deal and with blood clots in his nostrils, which he thought very strange because at other times he had had no sneezing and the blood had run freely instead of being in clots. He had also felt a kind of pricking or irritation, difficult to explain, in his nose and towards his forehead, only relieved by sneezing. In spite of this he again went to sleep being fatigued. On waking up with the other cattle drivers he was worse and his companions noticed a swelling of his nose, left side of face, and eyelid of the same side. With the peculiarity of the Argentine he paid no attention to these things, nor did his companions, and did not consult a doctor. His friends said it was nothing and would go away. Still he felt uncomfortable sensations in his left nostril and had a watery discharge from it, fœtid, and mixed with a little blood. He also felt feverish, had no appetite, was thirsty and weak. From Buenos Ayres he set out for Dolores on horseback, following the line of railway in case he should get worse and require to complete his journey by train. Last night he again slept out about fifteen miles from here, or rather he lay down intending to sleep but did not close an eye on account of the pain. Early this morning he arrived here and slept an hour or two in the house of a friend before coming to see me.

Present Condition.—March 3rd, a. m., patient lies on his left side, partly turned on to his face, with his head forced into the pillows, keeping both hands applied to his face and breathing through his mouth. His head and limbs are in continual movement. On being spoken to he sits up in bed in an indecisive fashion and acts as if his head were of an enormous weight or as if he were drunk. The left side of his face is swollen as on the previous afternoon and the same bloody, foul smelling fluid is running from the left nostril. On examination, noth-

ing can be seen in the nose. He has not slept since the day before. Temperature 38.8° C. Complains of headache, want of appetite and thirst. The tongue is coated; the heart and lungs are sound, urine normal.

Two cases of a rare disease occurring in the previous month in the hands of two of my colleagues (the cases already reported) made me think of maggots and I did not hesitate in diagnosing myiasis narium produced by the larvæ of the lucilia hominivorax. I prescribed at once a nasal douche of salt water and told the sister in charge to blow into the nostril equal parts of calomel and iodoform after the douche. Some minutes after this was done my patient sneezed and out came about 80 maggots not yet fully developed, but which reached their full growth the following day in a bottle with raw meat.

March 4th. To-day my patient has thrown off 30 or 40 maggots, of which I have picked out a few for experiment, *i. e.*, to see if I can obtain the chrysalis and later on the fly. Patient is worse, temperature, 39.9°, C.; pulse very rapid, and he is, to use his own expression, "crazy with his head." I gave him antipyrine instead of the quinine of yesterday, and told the sister to use chloroform water instead of the saline solution.

March 5th. Saw him twice to-day. He continues throwing out of his nose a goodly number of maggots, some large and some small and most of them living. The treatment was not changed except letting him have an occasional inhalation of chloroform.

March 6th. Since yesterday afternoon he has not thrown off a single maggot and is very ill, acts like a crazy man, it being impossible to keep him quiet. I began the chloroform inhalations at short intervals and in an hour had the satisfaction of seeing about 150 maggots with their filthy nest of bloody, putrid pus coming out of the nostril in a mass.

From that minute he began to make rapid improvement and no more maggots came away up to yesterday, March 10th, when he left the hospital for his home in Dolores, still very weak but able for the four hours journey by train.

This individual had thrown off at least 250 living and perhaps 30 dead maggots."

I saw this case several times with Dr. de la Sota, but could never see anything wrong with his soft palate or throat, so suppose the fly deposited her eggs higher up in the nose than in Case I. Doctor Letamendi, who sent me Case II, had been in Chascomus for nine years

and for six years previously in Buenos Ayres, and had never seen a case of this kind so it must be rather rare.

Very little is said about the disease in Mackenzie's text-book, so I will refer to some of the practical points I have since learned from Dr. Edward Obejero (a pupil of Morrell Mackenzie, by the bye) professor of diseases of the nose and throat in the University of Buenos Ayres. He says it nearly always occurs in persons suffering from ozæna or who have bad smelling discharges from the nose from any cause; that it is often fatal and the best treatment is chloroform, either as a vapour or in solution, and an infusion of albabaca, a native plant, which I do not think is recognized in the European pharmacopœias. He says also that the destruction to tissues is sometimes very great. I, in my nine years and a half in this country, have only seen these three cases, all in a month. Dr. Goldsack here in Mendoza has told me of a case in a young lady, much similar to the first case reported, and which was fatal in four days from what he considered meningitis.

From what I have been told, Case III of this paper is most typical of the three reported.

Two Cases of Diaphragmatic Hernia.

On June 29th, 1894, I was called out of bed to see a wounded man, H. L., aged forty years, a healthy, strong cattleman. He had been wounded in the afternoon twenty miles from Patagones where I then lived.

I found him weak from the loss of blood and the hardship of a journey in a springless cart on a mattress. He had a sheet applied so as to make a firm bandage outside of his ordinary clothes. On taking off his clothes, I found a knife wound, some four inches long, in the left side between the eighth and ninth ribs in the anterior axillary line. Over the wound and flattened down against the thorax was what I took from its colour and feel to be the lower margin of the left lung, a piece the size of an adult hand protruding. This projection I decided to amputate at once and to reduce the rest of the organ.

By candle light, my patient lying on the floor in the police station, I began the operation by peeling off the projecting mass from the thorax and pulling it out a little more so as to ensure cutting in a clean place. On cutting into the mass I discovered that it was not lung tissue at all but one of the appendices epiploicæ of, I supposed, the transverse colon in its curvature, or from the upper part of the descend-

WYETH'S SOLUTION

Iron and Manganese Peptonate

(NEUTRAL.)

Liq. Mangano—Ferri Peptonatus—Wyeth's.

Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood: i. e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day; dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

Offered in 12 ounce bottles (original package) and in bulk at the following list prices.

Per Demijohn, $6.25; Per five pint, $4.50; Per doz., 12 oz. $11.00.

WRITE FOR LITERATURE.

DAVIS & LAWRENCE CO., Ltd.,

Manufacturing Chemists,

General Agents for Canada.

WYETH'S

ELIXIR TERPIN HYDRATE

— AND —

ELIXIR TERPIN HYDRATE with CODEINE.

"The Hydrate of the Diatonic Alcohol Terpin."

This new official is composed of a mixture of rectified oil of turpentine, alcohol and a lesser quantity of nitric acid. It is officially described as "colorless, lustrous, rhombic prisms, nearly odorless and having a slightly aromatic and somewhat bitter taste."

Terpin hydrate was first physiologically investigated by Lepine in 1885, who found it to act both upon the mucous membranes and nervous system in a manner similar to the oil of turpentine. It has since been used in chronic bronchitis, and in advanced stages of acute bronchitis, especially where the secretion is free, also in chronic cystitis and gonorrhœa.

Dose from 2 to 3 grains from four to six times per day.

Each fluid drachm contains one grain of terpin hydrate. At a temperature of 55 degrees or lower there may be a slight crystalline deposit which will redissolve when warmed but therapeutic value is not impaired.

Since the issue of our circular a few years ago, drawing the attention of the profession to the value of terpin hydrate as a therapeutic agent in the treatment of bronchitis, bronchial catarrh, asthma and like affections of the throat and respiratory organs the success of this preparation has reached far beyond the most sanguine hopes of its many supporters. We believe the unqualified statement of that distinguished authority Lepine, that "it is the best expectorant in existence" has been fully substantiated by those who have prescribed it.

We also prepare an elixir of terpin hydrate combined with codeine; each teaspoonful containing

Terpin Hydrate ....2 grains
Codeine Sulphate......................$\frac{1}{8}$ grain

This combination has proved to be most acceptable, embracing the expectorant and calmative properties of these two most valuable remedies. The experience of those who have already used this latter elixir has declared it to be eminently successful in allaying the distressing cough following influenza and other bronchial affections, without disturbing the stomach by creating nausea or loss of appetite; nor does it arrest the secretions, cause constipation, headache or other derangements.

JOHN WYETH & BROTHER,
Manufacturing Chemists,
PHILADELPHIA

DAVIS & LAWRENCE CO., Limited, Montreal,
General Agents.

ing colon. I cut off the bit, however, and then ligatured the arteries and, then sutured the external wound and dressed it with iodoform gauze etc. At that time I had never heard of, or if I had, had forgotton, the possibility of such a thing as a diaphragmatic hernia. I was soon to know what it was practically.

The external wound in spite of everything, dirt, germs, and a twenty mile journey before being stitched, healed by first intention, but my patient kept ill. Pain, dyspnœa, and palpitation of the heart were complained of. On examination fifteen days after the operation, I found the heart pushed over under the sternum, the left lung also out of place while at least one half of the thorax was occupied by intestine. The patient refused to eat on account of the pain he said it caused him afterwards. The gurgling of a dose of salts could be heard at the left nipple. There could be no doubt of the diagnosis. He would not hear of an operation, and so far as I know, still has his hernia.

The symptoms in this case were pain, shortness of breath on the slightest exertion, inability to lie on the left side and, at first, palpitation. A year after the wound the symptoms were the same and he got much thinner.

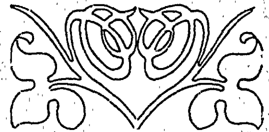
Case II. What would an eastern Canadian doctor do if he were called by telegraph 39 leagues (107 miles), to see a patient with a stab wound of the abdomen?

At 8 p. m., on May 23, 1895, I was asked to go and see a gentleman named G. in Conesa, 39 leagues away from Patagones. They told me that he had been stabbed in the belly and that his intestines were out, and to come quickly. I telegraphed to his friends to wrap him up in a clean warm sheet and keep him lying down until I came. There are two telegraph stations on the road between Patagones and Conesa, so his friends ordered fresh horses to be ready at any hour. At 11 p. m., I got into the saddle and at a stiff gallop started on my long ride. At 11.15 a. m., next day, I arrived in Conesa after changing horses five times.

G. had been wounded seventeen hours before in the epigastric region, was in great pain and vomiting had begun an hour before my arrival. I at once gave him a ½ grain of morphine hypodermically, and after washing with warm boracic acid solution the extruded intestines, I replaced them and sewed up the wound without drainage. In an hour I gave him another injection of morphine. The vomiting ceased and, to make a long story short, he got better in a week.

Shortly after he began to get about he complained of pain, shortness of breath, and also inability to sleep on the left side. On examination I found the same signs, but not so marked, as in Case I; he never complained of palpitation. He would not be operated on and still lives, but can take no exercise, in fact I am told he is a confirmed invalid, and quite believe the story.

He was 55 years of age at the time of the wound and my surprise is that he did not die before my arrival from the peritonitis which had already started when I operated. The country air, free from germs, and the hardy constitution of the Argentine camp-men, explain why many very severe wounds of the abdomen are not fatal in the Argentine camps—camp country. I believe an operation would cure both of these cases and see that Treves recommends it in his System of Surgery, 1896.—*Montreal Medical Journal.*



THE

MARITIME MEDICAL NEWS.

VOL. XII. MARCH, 1900. NO. 3.

Editorial.

THE TECHNIQUE OF VACCINATION.

The ridiculous position in which a physician "in a town not far from Cleveland," (as told us by the Cleveland *Journal of Medicine*), has placed himself, serves to arouse a suspicion that all practitioners of medicine do not possess a sufficient knowledge of the method of effecting a successful vaccination. The physician in question, who, by the way, is the health officer of his town "has been so unfortunate as to experience a large proportion of unsuccessful vaccinations. He attributes this to the poor quality of the virus that he has employed, although other physicians in the same town, using the same make of virus bought from the same drug stores, have experienced successful results. In order to show his authority, his contempt for the opinion of his professional brothers, and his detestation of the fraud that he alleges has been practiced upon him, he now asserts that he will sue for damages the druggists who sold the virus, and that he will compute damages at the rate of 75 cents for every unsuccessful vaccination. Beyond making himself additionally ridiculous, it is difficult to see any result that he may achieve from this procedure."

With a view to the prevention of so humiliating an exhibition of ignorance on the part of any of our readers, we have thought that it might not be amiss in us to say a word or two upon the technique of vaccination. We have already made editorial reference to the advantages possessed by the glycerinated lymph over the old time preparations, which often led to the production of somewhat alarming inflammatory conditions and thus caused much suffering which was quite unnecessary. The proper treatment of the lymph with glycerine kills

the pyogenic bacteria, while it does not lessen the potency of the vaccine, and vaccination by such lymph causes the formation of a typical vesicle which is unattended by the pain and illness which were such regular attendants upon a successful vaccination with the older lymph.

In order to secure success in the use of the glycerinated vaccine, certain simple rules should be followed. In the first place the vaccine should be as fresh as can be procured, and it should be kept in a cool place while awaiting the opportunity to use it. Then the site for the inoculation should be prepared by scrubbing with plain water and soap. If an antiseptic is used, it should be thoroughly removed with sterilized water before scarifying, as otherwise the potency of the vaccine may be destroyed. The skin should be carefully dried before scarifying, and an endeavour should be made *not* to draw blood in the operation. A gentle oozing of serum is the proper result of the scarification. The vaccine should then be rubbed thoroughly into the abrasion, and allowed to dry completely in the air. It is not usually necessary to apply any dressing, but if this be thought desirable it should be a dry sterile material free from antiseptic. When there is objection to waiting until the vaccine is quite dry—and glycerinated lymph dries slowly—the application of some such protective as a bunion plaster will usually prove satisfactory.

A successful result will be indicated by the appearance in due time of a typical vesicle. A much swollen arm, with indurated glands, high temperature and a suppurating ulcer, should not be looked for, and the occurrence of such symptoms in these days indicates either a bad preparation of vaccine or an imperfect technique. Observance of these rules should lead to a large proportion of successful vaccinations among susceptible subjects.

LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine." —*The Medical Times and Hospital Gazette.*

Can be ordered through any Druggist. **Samples free to Medical Men.**

NEW YORK PHARMACAL ASSOCIATION,

88 WELLINGTON STREET WEST, TORONTO.

Liquid Peptonoids with Creosote.

Beef, Milk and Wine Peptonises with Creosote.

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

THE ARLINGTON CHEMICAL COMPANY,

TORONTO.

"BOROLYPTOL"

Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever A CLEANSING AND SWEETENING wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE
AS A NASAL DOUCHE AS A MOUTH WASH
AS A FRAGRANT DENTIFRICE.

Samples sent on application.

The Palsade Manufacturing Co.,

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To the Medical Profession:

ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

FIRST INTERNATIONAL CONGRESS OF MEDICAL ETHICS.

By virtue of the Ministerial Decree of June 11th, 1898, an International Congress, dealing exclusively with economical and ethical questions, is convoked. It will hold its first sitting at the Palace of Congresses and of Social Economy, situated within the Exhibition Grounds, Paris, on Monday, July 23rd, 1900. After the inaugural ceremony the Congress will meet at the Faculty of Medicine, 12, Rue de l'Ecole de Médecine, Boulevard St. Germain, and continue its sittings till July 28th.

FIRST SECTION.

The Relations of Medical Men and Collectivities.

SECOND SECTION.

The Relations of Medical Men and Individuals.

THIRD SECTION.

The Relations of Medical Men with Fellow Medical Men (Medical Deontology.)

FOURTH SECTION.

Professional Organization of Insurance, Mutual Assistance, and Defence.

Great Britain has taken an active interest in this Congress and although the subject of Medical Ethics has so far not been a subject of active agitation in Canada, yet more and more attention has been paid to its various phases and it is to be hoped that many Canadians who purpose to be at the main International Congress in the first week of August, 1900, will take the opportunity to attend this Congress.

The managers in Paris are making every endeavor to arrange for the comfort of those attending and the Secretary has sent out a series of circulars recommending agencies which undertake for very moderate prices to obtain rooms in advance, from 6 francs per day up, and to meet the members of the Congress at the station on arrival, look after the transport of the baggage to the lodgings, afford interpreters and so on. Such for example are the Agence Desroches, 21 Rue de Faubourg Montmartre, La Société des Voyages Duchemin, 20 Rue de Grammont; Voyages Pratiques, 9 Rue de Rome and the Voyages Modernes, Dur de l'Echelle, No. 1, Paris. All these different agencies are strongly recommended by the officials of the Congress and through them all arrangements can be made with regard to lodging and transport, etc.

The representative on the committee for Canada is Dr. J. George Adami, of Montreal, who will be glad to give particulars to any practitioner wishing fuller information.

THE SAMUEL D. GROSS PRIZE.

ONE THOUSAND DOLLARS.

No Essay which the Trustees deemed worthy of the prize having been received on January 1, 1900, they hereby announce that the prize will be awarded on October 1, 1901.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathology or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page, it shall be stated that to the essay was awarded the Samuel D. Gross Prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 219 S. 13th Street, Philadelphia," on or before October 1, 1901.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

W. W. Keen, M. D.,
J. Ewing Mears, M. D.,
J. Chalmers Da Costa, M. D.

Philadelphia, February 20, 1900. *Trustees.*

CORRECTION.

In some mysterious way pages 69 and 70 followed 66 in our last issue. The pages were numbered properly, but the leaves were put in their wrong position.

COMPULSORY VACCINATION.

Our brethren from Cape Breton County have shown other societies a good example judging from the following resolution recently passed by the Cape Breton Medical Society:

"That this meeting advise the Warden of this County and the Mayors of the different incorporated towns of Cape Breton to order a general vaccination, and we also advise that medical officers be appointed to inspect strangers coming into Cape Breton County by any avenue, and that said officers should enforce necessary measures to prevent the disease of smallpox coming in by such way."

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Feb. 14th, 1900.—Dr. G. C. Jones, Vice-President, in the chair.

Meeting was held at the Halifax Medical College at 8.30 p. m.

Dr. Murray presented a case of exophthalmic goitre which he had treated for two months with syrup of the iodide of iron, with marked improvement.

Dr. G. M. Campbell then showed some interesting specimens.

(1.) First a brain from a case which had been diagnosed abscess of the brain. A thickened layer of fibrin was found covering the cerebrum and cerebellum. The gall-bladder was distended and a stone impacted in the duct. Jaundice had not been present.

(2.) Drs. M. A. B. Smith and Shaw gave the history of a young man who went to the V. G. Hospital complaining of enlarged glands in the inguinal region where an abscess afterwards formed; this was opened and pus discharged. The patient died and an autopsy held which revealed tubercular disease of the kidney and a perinephritic abscess with pus burrowing along the abdominal wall. The mesenteric glands were enlarged and the diaphragm showed miliary tubercles, while the psoas muscle contained trichina spiralis. Of these Dr. Campbell showed microscopic slides.

(3.) Specimen of a uterus was shown which had first been curetted by Dr. Curry and the scrapings were found to be sarcomatous.

(4.) Lung of a coal miner affected with anthracosis.

(5.) Cases of chronic Bright's disease showing small grandular kidney with largely hypertrophied heart and sclerosed vessels, also large white perenchymatous kidney with dilated heart.

(6.) Case of tumor in the brain affecting floor of left lateral ventricle.

(7.) Intestine from a case of chronic dysentery.

(8.) Atrophy of the heart in a case of typhoid fever.

Dr. Trenaman moved a vote of thanks to Dr. Campbell for the amount of work done in the preparation of the specimens and presenting them to the Branch. This was seconded by Dr. Black and carried unanimously.

Feb. 28th, 1900.—Meeting met at Halifax Hotel at 8.30 p. m.

Dr. Ross showed a young man with a purpuric eruption of the hands and feet, one hand showing considerable thickening. The patient had been a painter for years, the eruption having been present three years. Also an elderly man with multiple keloids occurring after severe burns on different parts of the body. Thiosinamine was being used hypodermically.

Dr. Murphy reported a case of a woman who had suffered from menorrhagia and metrorrhagia with anteversion and also severe pain at the menstrual period. There was also an intramural fibroid. The sound had penetrated the uterus. He removed the uterus by abdominal hysterectomy. The specimen was exhibited.

Dr. Chisholm reported a case on which ventro-fixation had been performed by another surgeon. The patient could not stand up so Dr. Chisholm operated and freed the uterus. He did not like the operation of ventro-fixation.

Dr. Murphy said ventro-suspension rarely causes bad symptoms while ventro-fixation does.

Dr. Cunningham commended Dr. Murphy on reporting the case in which perforation had occurred.

Dr. Jones then read a paper on "Bubonic Plague. (See page 80 of this issue.)

Dr. Sinclair followed with a paper on "Hæmatoma Auris. (See page 85 of this issue.)

Dr. Trenaman reported having seen several cases of hæmatoma auris among the insane in the Poor's Asylum.

Obituary.

DR. WILLIAM NORRIE.—We regtet to record the death of Dr. William Norrie, of West Branch, River John. Dr. Norrie in his boyhood came to this country from Scotland, and he was a graduate of Harvard University, where he took a distinguished position among his fellow students, coming out at the head of his class. He settled in Earltown and subsequently at the village of West Branch, Picton Co. Here he practised his profession with remarkable success for over thirty years, and the universal regret expressed throughout the whole district testifies to the esteem in which he was held by all classes of the community. Dr. Norrie was a regular attendant at the meetings of the Medical Society of Nova Scotia, where he frequently read papers, generally on practical therapeutics, which where characterised by great originality of thought as well as by an extensive acquaintance with the literature of the subject. In fact Dr. Norrie was a student until the very last, his library contained the best and most recent authors, and he subscribed to the best journals. He frequently revisited the hospitals of the United States, and a few years ago, made an extended tour in Britain. The outstanding feature of Dr. Norrie's practice was his promptness and boldness in the use of remedies. He was a remarkably successful practitioner, and was looked upon with implicit trust by his large circle of patients.

Some months ago his health began to break down. His constitution, naturally very powerful, began to give way under the strain, and for some time he had to relinguish practice, on the advise of his professional friends. But his energetic spirit chafed against inaction. He frequently expressed a wish to "die in harness." And this he may be said to have done. He had improved slightly, and had resumed practice. He prescribed for a patient a few hours before his own death, the end coming with startling suddenness.

Dr. Norrie leaves a widow and an only daughter and to them we extend our sincere sympathy.

DR. BEVERLEY McCLEERY.—The sudden death of Dr. McCleery took place at St. John on Feb. 14th. He graduated from the University of New York in 1862, and entered the American army as surgeon during the civil war. He was 60 years of age, a kind and good-hearted physician and an interesting conversationalist.

DR. J. F. COVEY.—After being confined to bed for over a year, Dr. Covey died last month at Summerside, P. E. I. He was of an unassuming disposition and full of good fellowship by which he won the esteem of all classes. He was above all honorable and charitable. The town in which he lived the past few years has lost an able debater and humorous public speaker. Dr. Covey practised for a number of years at Crapaud, five years ago removing to Summerside where he soon became a busy practitioner, treating all with assiduous attention. He leaves a widow and three children.

DR. G E. COULTHARD.—The death has just been announced of Dr. Coulthard which took place at Fredericton on Saturday morning, the 17th inst. An extended obituary will be published in our next issue.

Matters Personal and Impersonal.

Dr. J. F. Black has gone to New York to spend a few weeks.

Dr. N. F. Cunningham, of Dartmouth, has just recovered from an attack of la grippe, which kept him in the house for several days.

Dr. E. A. Kirkpatrick, after two or three slight relapses, is now able to attend to his office practice.

Dr. N. E. McKay has fully recovered from his accident and has been able to attend to work for several weeks.

Quite a number of our confreres were in town to see the embarkation of the Strathcona Horse. Among those whom we met were Drs. W. S. Muir and F. S. Yorston, of Truro, E. D. McLean, of Shubenacadie and A. M. Perrin, of Yarmouth.

The *British Medical Journal* in a recent issue mentions the appointment of Col. W. P. Warburton to the office of Superintendent of the Edinburgh Royal Infirmary in succession to Major-General Lithgow He spent a number of years in India, and for seventeen years was medical officer to the important native state of Kapurthla, when he organized the medical and vaccination departments and introduced registration of births and deaths. For four years he was Inspector-General of Civil Hospitals of the North-West Provinces and Oudh. There are more than 300 hospitals and dispensaries in these provinces, as well as a large medical school at Agra and four lunatic asylums, and the indoor and outdoor patients treated in a single year exceeded four millions. Colonel Warburton controlled the financial as well as the medical arrangements of all these institutions. He received the decoration of Companion of the Star of India from the hands of Her Majesty a few months ago; and as a mark of distinction was appointed honorary surgeon to the Viceroy. He retired from the Indian Medical Service in January, 1899.

Dr. James Warburton, mayor of Charlottetown, is a brother of Colonel Warburton.

Book Reviews.

INTERNATIONAL CLINICS.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia. Volume IV, ninth series, 1900. Published by J. P. Lippincott Company. Philadelphia. Canadian representative, Charles Roberts, 1524 Ontairo Street, Montreal.

A review of this favorite periodical is always an embarrasing matter, as each number is composed of such a large number of articles, all distinctly meritorious, that it is distinctly out of the question to even mention all, and one hesitates to single out any one paper for special review. The editor, Dr. Judson Daland, is certainly to be congratulated upon being able to present from time to time such a mass of valuable and instructive articles as go to make up a volume of the *International Clinics.* The task of selecting these articles from the immense number of papers which must come to his hand is certainly not a light one, but it is always performed satisfactorily and well. Volume IV. of the Ninth Series is composed of a large number of papers, covering the usual wide range of subjects, and all from the pens of men of experience and ability. This volume is not behind its predecessors in point of interest, and it contains articles of definite value for every physician, whether he be a general practitioner or not. We are always glad to recommend the *International Clinics* to our readers.

A Pocket Medical Dictionary.—Giving the Pronunciation and Definition of the Principal Words used in Medicine and the Collateral Sciences, including very Complete Tables of Clinical Eponymic Terms, of the Arteries, Muscles, Nerves, Bacteria, etc., and a Dose-List of Drugs in the English and Metric Systems. Fourth edition, revised and enlarged; 30,000 words. By George M. Gould, A. M., M. D. Price $1.00. Published by P. Blakiston's Sons & Co., Philadelphia.

This handy little dictionary has now reached its fourth edition, and instead of 12,000 medical words when it first appeared, it now contains no less than 30,000. The vast number of new words and terms that are being constantly concocted necessitates a new edition in a very short space of time and also naturally a greater number of pages. There is in the last edition of this work a supplement containing clinical eponymic terms which will be found of great advantage to the student, whether undergraduate or otherwise. Its neat appearance—leather covers with gilt-edged leaves—speaks well for the enterprise of the publishers, while the price is extremely reasonable. The Pocket Dictionary will be found a handy reference guide and an immense saver of that commodity so scarce among medical gentlemen—time.

BOOKS OF THE MONTH.

American Year-Book of Medicine and Surgery for 1900.—In two volumes. Vol. I. treating of General Medicine, contains 656 pages

with two illustrations and nine colored and half-tone plates. Vol. II. treating of General Surgery, contains 560 pages with 114 illustrations and seven colored and half-tone plates. Price per volume, cloth $3.00 net: half-morocco $3.75 net. Published by W. B. Saunders, Philadelphia.

INTERNATIONAL TEXT-BOOK OF SURGERY.—Vol. II—Regional Surgery. Edited by J. Collins Warren, and A. Pearce Gould. Containing 1072 pages with 471 illustrations and 8 full-page plates in colors. Price per volume, cloth $5.00; half-morocco $6.00.

SURGICAL PATHOLOGY AND THERAPEUTICS.—By John Collins Warren, M. D. New second edition, greatly enlarged, containing 873 pages with 135 illustrations in the text; 33 of which are in colors, and 4 full-page plate in colors. Price per volume: cloth, $5.00; half morocco, $6.00. Published by W. B. Saunders, Philadelphia.

PAMPHLETS RECEIVED.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE.—By J. Z. Currie, M. D., L. M., Ph.D., Cambridge, Mass. Reprinted from *Boston Medical and Surgical Journal.*

SANMETTO AND IMITATIONS.—I gave sanmetto a trial in a case of gonorrhael cystitis, where all the usual remedies and sanmetto imitations had failed, and it gave the desired result. Will continue to use it.

Hudson, Iowa. L. H. SARCHETT, M. D.

THE PROPER TREATMENT OF HEADACHES.—J. Stewart Norwell, M. B., C. M., B. Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for *Medical Reprints*, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language:—

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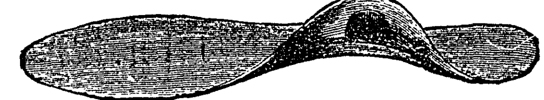

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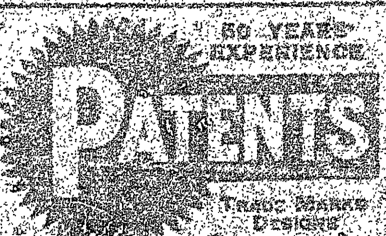

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