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MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. IX. HALIFAX, NOVA SCOTIA, MAY, 1897. No. 5.

Medical Society of Nova Scotia.

29th Annual Meeting will be held in Pictou, N. S., on Wednesday and Thursday, July 7th and 8th, 1897.

All registered medical men in the Province are invited to attend and become members of the Society.

Gentlemen who intend reading papers or presenting cases, are requested to forward not later than the 30th of May, the titles of the same to the Secretary.

J. F. McDONALD,
Hopewell, Pictou, N. S.
President.

W. S. MUIR,
Truro, N. S.
Secretary.

Post Graduate Course.

McGILL UNIVERSITY, Montreal.

FACULTY OF MEDICINE.

A Special Course of Instruction for General Practitioners has been arranged by the Faculty of Medicine of McGill University.

This course begins Tuesday, May 4th, and closes about June 19th, 1897. It will consist of:—

A. **EVENING LECTURES,** four per week, on the recent advances in Medicine and Surgery by Profs. WM. OSLER, WM. GARDNER, RODDICK, STEWART, SHEPHERD, MILLS, BELL, ADAMI, LAFLEUR, FINLEY, ARMSTRONG and others.
(Prof. Osler's course will consist of four lectures on Diagnosis of Abdominal Tumors.)

B. **REGULAR GENERAL CLINICS,** four per week, on groups of cases in the Medical and Surgical Wards of the Montreal General and Royal Victoria Hospitals. These will be conducted by Profs. STEWART, SHEPHERD, BELL, BLACKADER, WILKINS, FINLEY and LAFLEUR.

C. **REGULAR CLINICS ON SPECIAL DEPARTMENTS OF MEDICINE AND SURGERY.** In Ophthalmology, Otology and Gynæcology, two per week. In Dermatology, Genito-Urinary Surgery, Orthopædics, Laryngology and Pædiatrics, one per week; conducted by Profs. BULLER, WM. GARDNER, SHEPHERD, BIRKETT, BELL, ALLOWAY and others.

D. **SPECIAL DEMONSTRATIONS,** one or more as required, on modern treatment of Diphtheria (at Hospital for Infectious Diseases), Pelvimetry and Aseptic Midwifery at Maternity Hospital), Mental Diseases (at Verdun Asylum); Medico-Legal Autopsy Methods, etc.: by Drs. J. C. CAMERON, WYATT JOHNSON, BURGESS and others.

E. **LABORATORY COURSES,** for which a small extra fee will be charged to cover cost of material, will be given in Operative Surgery, Clinical Bacteriology, Clinical Microscopy of Dejecta and Blood, Clinical Chemistry and Post Mortem Methods: by Profs. ARMSTRONG, ADAMI, RUTTAN, MARTIN, WYATT JOHNSTON and others.

F. **LABORATORY DEMONSTRATIONS,** on the Physiology of the Circulation and the Nervous System, Morbid Anatomy, Medical and Surgical Anatomy, Microscopical Methods, Urinalysis, Serum Therapy, Serum Diagnosis of Typhoid, etc., by Drs. WESLEY MILLS, RUTTAN, WYATT JOHNSTON, MARTIN, ELDER, MORROW, GUNN, and others.

The above course of instruction is given wholly apart from the regular lectures, clinics, etc., for undergraduates in medicine.

The Fee for Full Course, including Hospital Fees,	$50.
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PROF. R F. RUTTAN, Registrar,
Faculty of Medicine.

1897.

Maritime Medical Association.

SEVENTH ANNUAL MEETING.

The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 21st and 22nd.

Extract from Constitution:

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

J. W. DANIEL, M. D.,
President,
ST. JOHN, N. B.

GEO. M. CAMPBELL, M. D.,
Hon. Secretary,
HALIFAX, N. S.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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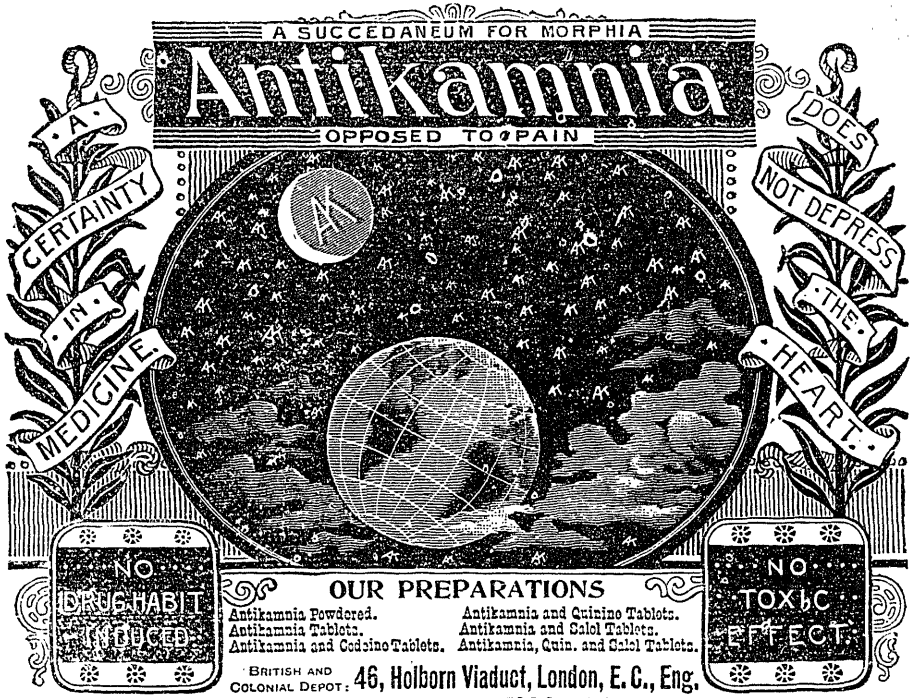

THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IX. HALIFAX, N. S., MAY, 1897. No. 5.

Original Communications.

NOTES OF CASES ON MIDWIFERY.

[The following paper was read by the late Dr. R. S. BLACK, before the Halifax Medical Society some twenty years ago. We think it well worthy of publication, as it will be of interest in connection with papers we have recently published on the same subject by Dr. FARRISH of Liverpool, N. S., and Dr. COULTHARD of Fredericton, N. B.]

MR. PRESIDENT AND GENTLEMEN:

A few days since I was asked by our worthy secretary to furnish some memoranda from my note book on interesting cases of midwifery that had occurred in my practice. At first I declined, but afterwards, remembering that I possessed some statistics that I thought might possibly be interesting to the society, I consented. I regret that my notes are so scanty. My diary dates as far back as 1838, in which year the labor involved in taking notes was not great, as I find but one case recorded. Without arrogating to myself any unusual success in the management of obstetric cases, I think I may fairly claim that my yearly average of deaths has not been greater than that of my professional brethren who entered upon practice about the same period. Any professional man who claims to have been invariably successful in the treatment of these cases is either laboring under a mental hallucination or is lacking in the essential element.

I find the total number of deliveries to have been 1454; 752 males, 696 females, twin cases 12. The presentation in 1391 cases was vertex, in 56 occiput lodged in hollow of sacrum; 19, breech; 22, footling; 5, funis: 3, elbow; 2, shoulder; 2, face; 3, placenta prævia. Total

number of forceps cases, 191; children lost, 14. Total number of version cases, 35; children lost, 8. Embryotomy, 1; woman lost. Cord around neck, 120. Cord twice around neck, 13. Placenta adherent, 4. Premature, 16. Hour glass contraction, 4. Convulsions, 5. Rupture of uterus, woman recovered, 1. Acephalous infant, 1. Hydrocephalic infant, 1. Imperforate anus, 2. Hypospadias, 1.

It will be observed that the number of forceps cases is large, being about 13½ per cent. of the total number of cases. Some of the fathers in the profession would no doubt have considered such a frequent resort to the forceps as extremely reprehensible, but I think what may be regarded as the great practical improvement of recent midwifery is the timely use of the forceps, shortening the second stage of labor. Some years ago the forceps was hardly ever resorted to, until the parturient woman, worn out by the protracted sufferings she had endured, was almost moribund, and when too the child was probably dead in consequence of the long continued pressure it had been subjected to. Keeping in view the law that the maternal and infantile mortality attending upon parturition increases in a ratio progressive with the duration of the labor, we are justified in using every means in our power to shorten that duration, provided always that it can be accomplished with safety to the mother and to the child. Many of us can call to mind the urgent protest of our teacher against any interference so long as the head advanced though ever so slowly—and even were the head stationary or fixed in a position favorable for the use of the forceps, wait they said four, six, or even twelve hours before you attempt to deliver the woman from her sore travail. It is unnecessary to enumerate the complications which may, and often do arise in tedious and protracted labors, but these would seem to range themselves under one or other of the following heads: 1st. Danger arising from exhaustion, either of the nervous, muscular, or circulatory systems. 2nd. Danger arising from mechanical pressure. It is only necessary to mention as coming under the first category, rupture of the uterus, and post-partum hæmorrhage. Whilst in the second we have placed prominently before us, inflammation or sloughing of vaginal, rectal or vesical walls, with all their concomitant evils — these in the mother; and on the part of the child, death, or cerebral lesion from compression. I can only call to mind three cases of rupture of perinæum which could fairly be laid to the use of forceps, all in primiparæ. These were operated upon, two immediately after the accident, the other eight or ten days subsequent to the injury. The quilled suture was used, and the

success of the treatment was largely aided by the use of Marion Sims' S shaped catheter to which a piece of rubber tubing was adapted. These three ladies have all borne children since. One has passed into other hands, so that I cannot speak of the result, but in the other two cases the cicatrix resisted the pressure and all went well. One other case of laceration of perinæum occurred when the labor was natural, and the shoulders were propelled with great force and suddenness.

The number of cases of version (and here I allude to podalic version) was 35, number of children lost 8, or something over 22 per cent. or 1 in 6. This no doubt is a very serious operation, both for mother and child. According to Churchill, out of 542 cases of version, 1 in 3 of children and 1 in 15 of mothers are lost. According to Madame LaChapelle, 1 in 3.96 of children are lost. It would appear that this operation is much more frequently resorted to in Germany and France than in England. In England 145 cases of version in 39,539; or 1 in 269. In Germany 337 in 21,516 or 1 in 63$\frac{3}{8}$. In France 400 in 37,479, or 1 in 93$\frac{1}{2}$. And there is little doubt that this operation might with advantage be substituted for the forceps in many cases where the head remains above the brim, and where the long forceps must otherwise be used.

I may state that in the performance of these operations I am in the habit of having the patient lie upon her left side. I am aware that on the continent of Europe and in the neighboring republic a different practice obtains—the patient being delivered upon her back. This necessarily involves a much greater exposure without, as far as I can see, any commensurate advantage.

One case of rupture of uterus is recorded, this case was reported to the society shortly after its occurrence in extenso, so that it is not necessary to dwell longer upon it.

Five cases of convulsions are noted. In the early part of my practice it was the fashion to bleed largely in these cases, and administer brisk purgatives and antimonials. Bleeding is still resorted to in plethoric women, but we have a remedial agent in chloroform which in many of these cases may be said to be almost invaluable. In one of the cases above referred to where speedy delivery was desirable, and where the os uteri was rigid and undilatable, Dr. W. J. ALMON was associated with me, and by his skilful application of Barnes' dilator, in twenty-five minutes the os was sufficiently dilated to enable me to introduce the hand and turn the child.

It has been my practice for many years, as the head is passing through the vulva, to make gentle pressure over the uterus. This is of great importance in two ways, it helps to secure the early delivery of the placenta, and, by promoting uterine contraction, to prevent post-partum hæmorrhage. I hope I shall not be considered as insulting the intelligence of the members of the society in alluding to this which to some may appear a trifling matter. I know that it enters into the teaching of most professors of the obstetric art of the present day, but I believe it is much neglected and was too much neglected by myself in my early practice, and I am now convinced that I might have been spared many an anxious hour of watching by the bedside of patients in a state of collapse from post-partum hæmorrhage, hovering as it were between life and death, had I attended to this rule of practice.

I have always used the bandage after extraction of the placenta, with a view to gentle compression of the uterus and the support of the vascular system of the mother; and to obviate the tendency to syncope, just as we use it in paracentesis of the abdomen in cases of ascites. I allude to this matter for the purpose of eliciting the views of members, for I am aware that some consider it unnecessary: and the editor of Tyler Smith's lectures makes the following remarks upon the subject:—

"The bandage, or roller, applied generally after labor is very often productive of more injury than benefit. In cases of severe flooding, it is generally inadvisable, and for the simple reason that it is in the way. It's presence prevents the manipulation of the abdomen, the application of ice, the douche, etc., and prevents the attendant from obtaining the very important information of the presence or absence of uterine contractions. There are some who hasten to put on the bandage after delivery, as if the life of the patient depended upon it. Nature puts no bandage upon the cow, or the sheep, and in the lying-in hospital of Paris, the midwives put none on the women. The cows and sheep have no hæmorrhage, and out of some seven hundred women that I saw confined at l'Hopital des Clinique, under the charge of DUBOIR, I did not see one solitary case of flooding."

In cases of post-partum hæmorrhage I have followed the practice of the books, and in cases of internal hæmorrhage have not hesitated to introduce the hand into the uterus for the purpose of withdrawing the clots, believing that whilst these remain there is little hope of securing a safe contraction of the uterus.

Among the accidents occurring to the infant in cases of difficult labor, a not uncommon one is fracture of the long bones. I think it better in these cases that there should be no concealment of the matter, for they, with a little care, always do well. I mention the following cases for the encouragement of the younger members present who may possibly at some time or other be equally unfortunate with myself. Mrs. F., primipara, moderately plethoric, after a tedious first stage, the os uteri failing to dilate for some hours, although the emetic tartar and chloroform were freely used. The presentation was at last made out to be a breech one. After waiting for some hours upon nature, and little or no progress being made, I proceeded to introduce index finger into groin for the purpose of drawing down the child. I felt the femur give way. This was bad enough, but you may judge of my dismay when, upon applying my finger to the other groin, the same result followed. The infant was a well developed male, and upon looking at it in its present maimed condition I devoutly wished that I had chosen some other profession. It was impossible to conceal the matter from the parents, and after informing them of the nature of the case, the limbs were put up with pasteboard splints and starched bandages. And the cure was perfect. At fifteen months the child was running about without the slightest trace of deformity.

I have only to mention chloroform and I have done. Since the introduction of this anæsthetic by Dr. SIMPSON I have used it without an accident. Latterly, in natural labors, I used it only towards the end of second stage, as I have fancied that a prolonged use of it leads to inertia of the uterus and consequent hæmorrhage.

Of course in version and forceps cases its use is indispensable.

IMPAIRED VOICE-POWER.*

By J. R. McIntosh, M. D., St. John, N. B.

The organ of voice, the larynx, may be affected, as you are aware, in many ways. It may be the subject of purely local trouble, or suffer indirectly from distant disease of the respiratory tract—the nose above and the lungs below. It may exhibit the results of a general dyscrasia, or be defective from nervous or muscular causes.

However profitable and interesting it might be to look at it in all its bearings, one cannot do more than touch upon the fringe of such a wide subject in one night.

The voice, as you know, is produced in the larynx by the passage of air driven from the lungs through the rima glottidis, and modified in the resonant chambers above by the action of the tongue and lips. It is needless to bring to your notice that we have here a most intricate mechanism, one the beauty and complexity of which we regard but slightly, so well has nature given us power to control and co-ordinate its action. When we consider that the voice requires for its perfect production the integrity and healthy condition of the whole respiratory tract as well as the muscles, the nerves, and the nerve centers which control its action; when we also consider that there is likewise brought into use the whole mechanism of the oral cavity (which is really part of the alimentary tract); when we think that it requires the combined action of over one hundred muscles to utter a single word; is there not cause for wonder that the voice is so little affected as it is?

Comparatively speaking, how rarely is it seriously interfered with, and yet how frequently it is affected in some slight degree, and wanting in clearness or power.

There is one thing I would more particularly wish to emphasize in introducing my subject this evening, and it is the condition of the resonant chambers of the oro-nasal region. Their walls must be relatively rigid, yet flexible at will, so that their cavities may assume such size and shape, and acquire such tension or relaxation, when demanded, as may be necessary in their united action with the movements of the vocal cords to give rise to the sounds we know as articulate speech or musical notes.

*Read before St. John Medical Society, March 17, 1897.

The action of their walls must not be hampered by thickenings in their substance or adhesions between their parts: and deficiencies in their continuity, congenital or acquired, may even more seriously interfere with or alter the quality or power of the voice.

But this is not all. A much more common cause of defect is the ingrowths which take place from these walls into the consonating cavities—thus limiting their size, misdirecting the sound-waves, and altering the tone of the speaking or singing voice to a considerable degree.

You are all well acquainted with these most obvious causes of impaired voice-tone, and have frequently had chances of inspecting cases of paralysis of the soft palate, of cleft palate, of chronically enlarged tonsils, to say nothing of the lingual troubles and such like affections. But there are other conditions higher up in the respiratory tract which also may affect the voice and are not so obvious unless the nose itself, or the post-nasal space, be examined. Amongst these conditions may be mentioned the enlargement of Luschka's tonsil, familiarly known as "adenoid," which partly fills up the naso-pharynx and shuts off to some extent the nasal chambers, thus interfering with their functions as resonant chambers. Then the nasal cavities themselves may be naturally small or may become so pathologically by traumatism, by adventitious growths, or by the continuous engorgement of their vascular linings, and in this way become a most unpleasant source of trouble to a public speaker, especially when he is obliged to speak in a close and moist atmosphere or in a heated room.

Such conditions as I have mentioned act chiefly in a mechanical way above the larynx proper, but some of them have a further or indirect action on the human voice box. Nostrils obstructed from whatever cause, even if they are only partly obstructed, and especially if there is associated enlargement of the tonsils, produce mouth breathing as a natural consequence. So air unmoistened and cold rushes in upon the larynx at each inspiration, chills its lining membrane, abstracts moisture from a surface that has none to spare, and there results a chronic dry catarrh, a chronic irritating cough often painful in character, very considerable injection of the whole larynx, and a harsh voice. If the person has more than the ordinary amount of speaking to do, the voice soon tires from the increased exertion necessary to clear phonation. Such often is the condition of the patient who tells you he has a weak

chest because he has a pain somewhere under his clavicles. No wonder he has a pain there, the way his respiratory muscles constantly have to work to give him wind enough to speak with the force and energy necessary to make his voice clear and distinct. A further reason for all this force being required is the fact that the muscular apparatus within the throat and larynx is also affected and impaired in power by the condition of the mucous membrane which lines the air passage. The chronic congestion of the mucous membrane extends the evil results to the small muscles which lie beneath it, and this condition becomes one of the essential elements in the later stages of the condition we know as clergyman's sore throat. So this muscular apparatus becomes tired out after slight use and demands further power in the air current to make up for its deficiency.

All this might be elaborated on, but let us look at the opposite condition, when the nostril cavities are enlarged by extensive atrophy of their lining walls. Here the condition is much the same as in mouth breathing, so far as the larynx is concerned, but with an addition. The air passes in to the lungs quite freely through the nostrils, but is imperfectly heated and imperfectly moistened, and carries with it from the nostrils the odor and fœtor from the accumulated crust-formation that is present in all such cases. Thus it exercises a baneful influence on the larynx, and both directly and indirectly, for the atrophic condition is sure to spread down from the nose to some extent, while the dry and impure air as it passes the glottic opening abstracts moisture and the same crust-like formation in time is seen to be present on and around the vocal cords, impairing their action and even obstructing the opening at times till it is coughed away in whole or in part.

Having touched upon these conditions to some extent, and having in a very general manner mentioned the "fons et origo" of the trouble, we know that we must direct our treatment, at least after the acuteness of any individual attack has passed off, to the obliteration of the offending part, be it a congenital fissure or hyperplastic new formation, and so endeavour by medical or instrumental measures to restore to a healthy size and action the functional activity of these resonant cavities.

So we see that, as regards the diseases and conditions which affect the voice, their name is legion.

Passing from these generalities, what is the condition then that most commonly impairs the power of the voice or renders it intolerant of

exertion? The palm may fairly be given, I think, to that class of conditions which is variously known as congestion or relaxation of the lining membrane, or "clergyman's sore-throat." There is no doubt that amongst those who use their voice to a considerable degree in public speaking, be they ministers, platform orators, or school teachers, want of early training for such duties, and bad elocution are to a very considerable extent responsible. Moreover the atmosphere in which these persons have to use their voice is often of the vilest kind, and reacts upon their bodily health as well as upon their vocal apparatus. But beyond that, whether as a result or not I do not intend here to argue, a more or less diseased or abnormal condition of the nasal cavities, a condition which tends as time goes on to extend in a downward direction and to require increased effort on the speaker's part to overcome, is more or less constantly present. Inspection of the nares of such persons may frequently lead us astray in this class of cases, for resting quietly in the chair before us they breathe freely through their nostrils, to all appearances, and we do not notice much wrong by the use of the speculum. But there is an irritabilty of the lining membrane ever present, which gives rise to unpleasant conditions at times, when they are least desirable. In some cases the nasal tone of the voice at all times is sufficient proof of the ever present disease. The obstruction or other trouble that is found in such cases is not marked as a rule, and is only brought into prominence by the occupation of the person, but it is sufficient in time to extend its baneful influence to the vocal organs and give rise to a chronic congestion or thickening of the cords, and hoarseness or roughness of the voice follows.

In contrast with this class, which is mostly composed of adults, we might place a second class, a youthful class who do not complain much themselves of their voice, but others notice it. They have a throat full of chronically enlarged tonsils, which impart a peculiar want of resonance or deadness to the voice, and the impression often of a loose foreign body in the throat if the obstruction be great. Here the initial trouble is nearer the larynx, and the impairment of voice is chiefly of mechanical origin from obstruction which is marked and cannot escape the observation of anyone.

Such persons are mouth breathers, and it is easily understood how they also came to have the voice affected in another way, by the direct action of the atmosphere upon their larynx, and so have the foundation

laid of a more or less permanent liability to future laryngeal ttacks of greater or less severity.

The next and last of the more common ways in which the throat becomes affected so as to interfere with the voice to any extent, is by "catching cold." There is no mucous membrane, save that of the nose, which is so prone to acute inflammatory catarrh as that of the larynx. The sudden changes of temperature in a moist and cold atmosphere must most certainly take the first rank as a cause for the disturbance in the voice which is ever a more or less marked symptom in such a condition. It is needless for me to give you a clinical picture of these cases. You all know them well from personal experience. You know this condition usually is more a source of annoyance and discomfort than real anxiety in adults, but still it may end fatally. In children, however, in whom the larynx is not only absolutely but relatively small, we are ever on the lookout for urgent symptoms of obstruction and do not think lightly of such cases for anatomical reasons as well as for the other fact that the instability of the nervous system in children is much more apt to give rise to spasmodic closure of the glottis than it is in adults.

Acute laryngitis is common enough, especially in children. The chronic condition of the same disease is equally common, more particularly in men, and besides following on the acute stage, as is often the case, it not uncommonly comes on without an acute beginning from the prolonged and irritating action of catarrhal conditions higher up. And it is a well-known fact that a tuberculous state is often preceded by a number of more or less severe attacks of subacute laryngitis.

What I would more particularly desire to draw your attention to, is the catarrhal or other condition, more or less abnormal, in the respiratory tract, which has a most intimate relation to the acute attacks of laryngeal catarrh, if it is not the prime cause of them, and the fact that the exposure which gives us colds may be but a gentle breeze which readily fans the smouldering fire of a latent congestion into a fierce conflagration so long as it is allowed to persist.

Besides these three classes there are many others which give rise to affections of the voice, but those I have mentioned stand out prominently on account of their frequency, and I shall not consider any other, at present.

Now as to the treatment of these various conditions.

The patients in class I, as we saw, started wrongly in their life work and have acquired in many cases bad habits and continue in them. They

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In response to numerous requests, Messrs John Wyeth & Bro. have prepared Effervescing Tablets of Salicylates of Potassium and Lithium, in the above proportions, which are readily soluble and effervesce quickly and freely. **Salicylates** of Potassium and Lithium are invaluable remedies in all febrile affections inducing headache, pain in the limbs, muscles and tissues, also are particularly indicated in Lumbago, Pleurisy, Pericarditis and all muscular inflammatory conditions.

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Salicylates of Potassium and Lithium.

(Each tablet represents 3 grains of the combined salts.

ELIXIR TARPIN HYDRATE.

Elixir Terpin Hydrate Comp.
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There seems to be little or no doubt from recent investigations and the flattering results of the internal exhibition of this derivative of Turpentine, that it plays a very important part in the therapeutics of the profession. In the treatment of Chronic and Obstinate Cough, Bronchitis, etc., it has proven itself. A number of our medical men most familiar with the treatment of diseases and ailments of the lungs and throat have pronounced it as "the best expectorant in existence."

In addition to the elixir forms, Messrs John Wyeth & Brother manufacture it in a compressed tablet form affording a most convenient, agreeable and efficient mode of administration.

Made of two, three and four grains.

SYRUP WHITE PINE.

Practical physicians need hardly be told how frequently ordinary cough remedies and expectorants fail; the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough it is of vital importance to maintain the nutrition, the value of a remedy such as Wyeth's Syrup White Pine can be readily appreciated.

DAVIS & LAWRENCE CO., LIMITED.

General Agents, Montreal.

should rest their voices for some time and receive such medical treatment as is necessary to their cases, and afterwards have a proper course of instruction in voice production if they wish a permanent relief. All, of course, cannot afford this three-fold line of treatment, and are obliged to depend on what the physician can do for them in one way or another. There is no royal road or straight and well defined line of treatment which will suit them all alike. One may receive the greatest amount of benefit from an iron tonic, another may require some operative procedure within the nose or elsewhere, while a third, whose chief trouble so far as he himself is concerned is dryness of the throat, gains most relief from a simple acid drop or other form of lozenge, which increases the moisture of his mouth and throat while speaking. So far as surgical treatment is concerned it is chiefly limited to the removal of some nasal obstruction either by operative procedure or some form of caustic or astringent application, while a stimulating line of treatment, directed to the throat, in the majority of cases proves beneficial, unless there be hypertrophic changes present.

After this, attention to any constitutional conditions such as rheumatism, anæmia or dyspepsia, may be of benefit as a matter of routine, but our chief duty is to elucidate the cause of the trouble. The symptoms of some of these case are improved by removal to a dry climate, but it would be ridiculous to send to California a cleric whose sole trouble arose from a misuse of his voice, or a singer whose failure was due solely to wrong methods of breathing.

In regard to the second class, in which enlarged tonsils and adenoids are the cause of the trouble, by not only misdirecting the course of the sound waves in the upward passage but also by filling up the resonant cavities of the naso-pharynx, nothing short of their removal by operative procedure is of the slightest use, as you well know. That done their troubles cease and the voice is soon perfect again if secondary troubles of a catarrhal or inflammatory nature have not given rise to other further mischief affecting the voice

It is not needful for me to tell you how imaginary are many of the ideas held by the public in regard to their tonsils. They fear they will grow again. It is true they may do so, but only in young children, and in exceptional cases at that. Next it is objected that their removal may make their voice worse. This is only, however, an idea of timorous parents and has no real foundation in fact.

Coming next to the class of those who suffer from acute laryngeal disease of a catarrhal or inflammatory nature, I will limit my observations to adults, for we treat the same condition in children on somewhat different lines. In children we are able to do but little more than treat the condition on the general principles of a cold, unless suffocation is imminent, when we can have recourse to tracheotomy or intubation.

It is unfortunate that we can do so little for children, for in proportion to the youth of the sufferer, so much more dangerous is the condition as a rule.

Many an adult is still able to go about with his husky voice and hopes in time to throw it off by braving out the condition. Some come out all right apparently, but a considerable number have an inflamed larynx for a long time after, and the condition is apt to become a chronic one in such cases. They recover their voices to a considerable extent, but a catarrhal condition is left behind which frequently gives rise to an irritating cough on the slightest provocation. If caught early, such a condition might be cut short by many of the ways we cut short a cold elsewhere and a hot drink with a Dover's powder at bed time, has, I have no doubt, many and sincere advocates. If it can be done conveniently the local application of a solution of cocaine and atropin to the larynx would be quite as beneficial in the larynx as it sometimes is to the nares in the initial stages of a coryza.

If the condition is not stopped in this way, we fall back into the routine of rest to the voice, a warm room with, perhaps, medicated air, and inhalations. By these means, and by free catharsis, we hope for the more acute symptoms to pass off, but at the same time we endeavor to suppress the coughing and all use of the voice which is intensely irritating to the patient and to the mucous membrane locally as well. Drinking of hot sweetened milk is said to be of use in this respect. Many drugs are advocated as well, but none of them equals or gives anything like the comfort of a guardedly administered opiate. At the same time the patient must be impressed with the idea that he is to yield as little as possible to the cough, except to free himself from any expectoration that may be present.

There is much diversion of opinion as regards local treatment during the acute stage, unless there is reason for interference to save life. Œdematous conditions however may require scarification, paretic conditions may require stimulation of some sort, and obstructive trouble may require an opening to be made to admit air to the lungs. When

such treatment is considered as likely to become necessary, it is best done at once, before pulmonary engorgement becomes so great as to lessen the chances of subsequent recovery.

After our patient has recovered we still have important duties of a prophylactic nature to perform, for the tendency to recurrence of these acute catarrhs of the respiratory tract is considerable in adults, and in children it is much more so.

It is necessary in the first place to improve any nasal or pharyngeal trouble in all such cases, and if we do that we have done much for our patient. Any unhealthy condition in the nose or naso-pharynx is bound to have an injurious effect upon the organs lower down, especially in catarrhal conditions and cases of impaired respiration through the nasal passages.

We must also endeavour to increase the powers of resistance so far as we can. Open air exercises, well ventilated rooms, warm but judiciously selected clothing, attention to the various bodily functions, salt water bathing and rubbing, and such like methods should all be impressed upon these patients, and anæmic and strumous conditions improved as best they can be.

Such is a general outline, I think, of the treatment of these cases. I have endeavoured to draw your attention to parts that may escape our notice in the treatment of these conditions and still play an essential part in the case. Such parts are not always cured by treatment, but in the great majority of them at least some improvement can be obtained from attention to the upper limits of the respiratory tract.

RETROSPECT DEPARTMENT.

Dermatology and Genito-Urinary Diseases.

UNDER THE CHARGE OF

JAS. ROSS, M. D., Halifax.

VASECTOMY, ORCHIDECTOMY, AND PROSTATECTOMY IN PROSTATIC HYPERTROPHY.

The various methods for relieving the troublesome symptoms due to prostatic hypertrophy, have, during the last year or two, evoked considerable discussion and publication of papers on the subject. In the pages following, it has been my object, briefly, to quote cases and sum up the experience of well-known observers in the United States, Great Britain and Europe. In this way, we may, to a minor degree, at least, get a broader view of the subject; so that when a patient with the distressing symptoms following prostatic enlargement presents himself, the surgeon may carefully consider, which operation affords the most hopeful chance for relief and least detrimental to the patient's life.

At the New York Academy of Medicine in January last, DR. TILDEN BROWN presented a patient aged seventy-two years. This man went to the Presbyterian Hospital in August, 1895, with an enlarged prostate and complete retention. He was treated by rest and catherization for ten days without any benefit. He was still unable to pass a drop of urine. He was then treated to a trifling anterior urethrotomy, when a soft catheter of 30 French size could be substituted for the smaller one. That also failed to improve his bladder difficulty, and he was then subjected to double ligation of each vas deferens without severing and without any resection. The functional improvement which gradually followed this operation was surprisingly gratifying, and continued to be such while he was in the hospital. Dr. Brown kept track of him since he left, and he was still in a very blissful condition. He uses a catheter once in twenty-four hours, and voids his urine comfortably without pain at varying

intervals. The amount of residual urine was only one ounce, a year previously it having been two and one-half to three ounces. The rectum had not been examined lately, so it could not be said whether there was any diminution in the size of the prostate further than a slight reduction noted eight or nine months after the operation.

Dr. HOWARD LILIENTHAL spoke of a case where castration had been performed a year and a half previously. An improvement in the symptoms followed, but the patient for the last year has had a most persistent and trying ptyalism, which begins at about four o'clock in the afternoon and continues throughout the entire night, so he finds great difficulty in sleeping. He has to spit constantly. A vessel stands beside his bed, in which he spits, and the amount of saliva he secretes is enormous. It is interesting to note that the apparent connection between the testicles and the salivary glands is occasionally met with in inflammatory diseases such as mumps. Dr. Lilienthal had never heard of a case similar to this one.

Dr. BOLTON BANGS referring to resection of the vas deferens, did not think there was yet enough accumulation of experience to draw conclusions from. He had operated on four cases, but the results had not been very satisfactory. One of the cases, a man aged sixty-nine, has an interesting and peculiar history. His prostate was very large—twice as large as normal—very hard, and extremely sensitive. He was suffering intensely when he first came under Dr. Bangs' care. The prostatic urethra was so sensitive that catheter life could not be entered upon. Each effort at urination was accompanied by the most violent tenesmus. His whole being seemed to be engaged in an effort to force out a few drops of urine. At the same time he had the most intense burning in the soles of his feet. It was difficult for him at times to say which gave him the more distress, the burning in the feet or the pain on urination. It was found that he had a chronic interstitial nephritis. He was a delicate, feeble old man, and after trying all sorts of measures, including cystoscopy, and believing that prostatectomy or castration would be fatal, resection of the vas deferens was performed. At first there was no amelioration. He was kept in bed, endeavors made to catheterize him, but without result. This went on for about two weeks. Massage of the prostate was then tried and the fluid pressed out on each occasion examined. To the surprise of Dr. Bangs, some living spermatozoa were found. This operation was repeated every three or four days, until sud-

denly the spermatozoa disappeared, and almost as suddenly an amelioration in his symptoms appeared. That is to say, the catheter was enabled to be passed without pain and the patient gradually got upon catheter life. There was a diminution in the size and sensitiveness of the prostate, and there was a shortening of the urethra of about one inch. The pain in his prostate on spontaneous urination did not entirely disappear, but was lessened, whilst the burning in the soles of his feet disappeared entirely. Then he had a relapse of pain in the prostate and burning in the soles of the feet. This was probably due to sexual excitement and coitus, which he was apparently unable to control. No theory was deduced from this case excepting that the living spermatozoa may have excited some hyperemia of the prostate. He has been partially relieved by applications of nitrate of silver to the prostatic urethra.

Dr. J. B. WALKER reported a case, where excision of both vasa deferentia was performed, about one-quarter of an inch being removed from either side. Marked improvement followed; the prostate which was hard, large, and tender, becoming soft, and the catheter went in with much less effort.

Dr. KAMMERER had two cases in which he had ligated the vas deferens. In the one case there was not the slightest amelioration in his condition; while in the other there was decided improvement.

In the report of the French Association of Genito-Urinary Surgeons held last year, CARLIER speaks of five cases in which resection of the vasa deferentia had been performed in prostatic hypertrophy. In these cases there was no improvement that he could ascribe to the operation. The fact that the urine became clearer he ascribed rather to the treatment following the operation. He also believes that the favorable results in the hands of others, are due, not so much to the resection as to the methodical after-treatment. In performing this operation, Carlier makes a small cutaneous incision on one side only, draws out the vas, and makes resection of desired length; then, with a steel sound, he breaks through the fibrous septum, and draws out the vas of the opposite side, and resects that. The small, cutaneous wound is covered with collodion.

BOUSQUET operated on a case aged seventy-six, who twice in the six months previous, had complete retention, his prostate being the size of a child's head, catheterization being painful and difficult. Two days after the operation, catheterization became easy, and on the third day

urine flowed spontaneously for the first time. In a week the patient urinated completely alone. The prostate was reduced two-thirds.

Carlier thought the result was to be ascribed to the after-treatment, as the patient had never had previous careful and methodical catheterization. On the other hand Bousquet maintained that catheterization had never reduced the size of the prostate; in this case it was diminished two-thirds.

CHEVALIER stated that under the influence of regular catheterization the enlarged prostate may be reduced one-half if this is carried out in the early stages; in the older cases also the diminution may be marked. Another observer was convinced that often a successful result is ascribed to some form of operation which has really been attained by regular catheterization and corresponding antisepsis. He gave the history of a case in which, after long, careful, methodical treatment for three months, an excellent result was obtained which, had castration or vasectomy been performed, would have been ascribed to the operation.

It will not perhaps be out of place to mention the history of two or three cases and their results after castration. A patient, aged sixty-six, in which double castration was performed, no improvement followed, though there was marked atrophy of both lateral lobes of the prostate. Catheterization was still difficult. This was found to be due to a prostatic bar in the region of the bladder neck. The catheter could be passed, with the assistance of the finger inserted in the rectum. Another patient, fifty-nine years old, had had symptoms of prostatism for ten years. His first attack of acute retention occurred three years before, when it lasted eight days. During one of these attacks a false route was made by the patient, when aspiration was performed. Suprapubic cystotomy was then done, and from that time on, the urine evacuated entirely by the fistula; two months later resectism of both vasa deferentia, without improvement; four months later the fistula was closed by operation and castration performed at the same sitting. This was a success, the fistula remained closed, urination was spontaneous every two or three hours, and the prostatic enlargement was reduced one-third. A very interesting case was one where prostatectomy had been performed six years ago, a considerable mass of the prostatic tissue having been removed. The man was perfectly relieved until a year ago, when he again found it necessary to resort to the catheter. Double castration was proposed but consent would not be given. The vas was then resected on each side. This produced no appreciable change in the size of the prostate, but the

patient was able to pass his water more comfortably; the improvement, however, was only temporary.

Without quoting cases to show the great value of prostatectomy in selected cases, CABOT'S valuable *resumé* of the collected records of the last year, comparing this operation with castration, may here be alluded to. He gives the mortality of castration for prostatic hypertrophy to be 19.4 per cent., and that of suprapubic prostatectomy to be 20 per cent.; and after making allowance for unpublished cases of death, arrives at the following conclusions:

(1) Prostatectomy has the advantages that it allows of a thorough examination of the bladder and of the discovery and correction of other conditions not before suspected. Stones are frequently removed in this way without adding to the gravity of the operation. In several reported cases of castration the absence of improvement has led to the subsequent discovery of stones which have required other operations for their removal.

(2) Prostatectomy has, on the other hand, the disadvantages that it confines the patient for a longer time, and that it is sometimes followed by a fistula. This occurred in one of forty-two cases.

(3) It is too early to know whether any permanent loss of vigor follows castration when done on old men. The nervous effects which sometimes immediately follow the operation suggest a suspicion that with the testes the system may lose some tonic effect exerted by those organs.

(4) The functional results of the two operations seem, at present, to be as nearly equal as possible, and the tendency to relapse shows itself in about the same proportion of cases after either operation.

(5) The reduction in the size of the prostate after castration is largely due to a dimunition of congestion. Later a degeneration and absorption of considerable portions of the gland may occur. The glandular elements are particularly affected by this atrophy.

(6) Castration would seem to be especially effacious in cases of large tense prostates, when the obstruction is due to pressure of the lateral lobes upon the urethra.

(7) Castration is of but little use in myomatous and fibrous prostates.

(8) Prostatectomy has its especial field in the treatment of obstructive projections which act in a valvular way to close the urethra. There

is, however, no form of prostatic obstruction which a skilful operator may not correct by prostatectomy.

(9) Prostatectomy is then applicable to more cases than castration, and is especially to be selected when an inflamed condition of the bladder makes drainage desirable.

WHITE criticises these conclusions of Cabot, and points out that he has seriously over-rated the mortality. He also shows that Cabot has not been careful enough in eliminating cases in which death resulted from causes other than the operation. White considers the mortality in ninety-two cases lately collected to be about 6.5 to 9.5 per cent.

At the French Surgical Congress, held in Paris, GUYON gave his views on bilateral resection of the vas deferens. He had performed the operation on two patients, the first of whom had suffered from incomplete retention for ten years, and latterly from frequency of micturition, demanding the constant use of the catheter. Rectal examination revealed considerable hypertrophy of the prostate. A few days after the operation the frequency of micturition diminished notably, and the catheter could be passed with more ease. At the end of a month the gland had decreased in volume. The second patient came in about the same condition, and the operation gave a certain relief, but the prostate had not changed much in volume. In both patients the testicles remained normal. Still another case was reported where the results of the operation were quickly manifest: the man was able to dispense with the use of the catheter for ten days at a time, a month after the resection. Guyon concludes that this operation, although it could not pretend to the radical cure of hypertrophy of the prostate like the operation of total castration, yet it might take rank among those measures addressed to certain complications of prostatism.

HELFERICH performed double vasectomy in ten cases and in every case found a satisfactory result at the end of two months. The effect was almost constant in all the cases, micturition was greatly improved, but only in a few instances was the prostate diminished in size. He does not pretend that resection equals in efficiency double castration, but it frequently succeeds in improving sufficiently the condition of the patient, and as it is a benign operation, it ought to be tried.

REGINALD HARRISON places the matter in a very good light. He states that it is probable that in a certain number of prostatic cases the amount of shrinkage of the gland necessary to make all the difference between a life of misery and one of comfort is comparatively slight.

He is disposed to think that division of one vas or both vasa is capable of providing in many instances the relief that is thus desired. Then there is the further consideration that, if the minor proceeding fails, castration may still be resorted to without prejudice. The best results have followed where the prostatic enlargement was due rather to overgrowth of muscular tissue than to a preponderance of fibrous tissue. The difficulty of accurately determining these structural differences beforehand is an added reason why a tentative measure should, in case of doubt, be first undertaken.

In the course of a recent discussion, Harrison took the opportunity of saying that from his own experience, the results of vasectomy depended very much on attention to certain details connected with the operation. In the first place he does not think it well to operate on both vasa at the same time, as any risk connected with the proceeding is increased, and mental effects of a serious nature may follow such as have been observed after castration. He has not met with an instance where any ill effects resulted, when a sufficient interval was allowed to elapse between the two operations. The interval should not be less than a month. Instances have occurred where the relief following the division of one tube was so sufficient as to render division of the opposite one unnecessary. In some cases after one vas had been divided the prostatic symptoms subsided at once, and then, after an interval of three weeks or so, began to reappear coincidently with some hypertrophy of the testicle of the opposite side, where the tube had not yet been divided. The second operation was then proceeded with, and it was in the group of cases in which this incident was observed that he obtained the most satisfactory results. Prostatic atrophy or inactivity by section of the ducts is brought about through the medium of a double process, or rather by the induction of an atrophy by an atrophy. Hence the effects of vasectomy upon the prostate are longer delayed and more gradual than when the testes are primarily removed. In some of the cases of double vasectomy it was observed that the division of these ducts was not immediately followed by cessation of sexual desires, and months sometimes elapsed before these sensations finally ceased and atrophy of the testes was marked. Harrison is not aware of an instance where these effects, though delayed, were not finally attained. Though vasectomy must be regarded as a slower process than castration, relative to prostatic changes, in this he believes lies its comparative safety and advantage. The operation of vasectomy is a very simple matter and all would

welcome it with much satisfaction if its value could be proven as a means of relief for the symptoms accompanying prostatic hypertrophy. Many observers are of the opinion that the relief has been due more to the enforced regular catheterization and laying up, rather than to the operation itself. Others have stated that although in a proportion of the cases mentioned a distinct shrinkage occurred, still it is noticeable that diminution in the size of the prostate is not so much remarked upon as in the reports of cases of castration.

Now regarding castration there is no doubt this operation has been performed too promiscuously, in spite of the fair manner in which Dr. White first presented the subject. It is important to remember the fact that the operation is not a trivial one, as was formerly believed. The question, when considering whether castration or prostatectomy ought to be performed on a given case, would be, Which operation would relieve the condition with the least added danger? The drainage instituted after prostatectomy immediately relieves the bladder and kidneys, while after castration the relief is more gradual. The kidneys might stand the strain or they might not after the latter operation, and this has probably been the chief factor in the fatal cases that have occurred. Another factor was that the testicles no doubt exerted some tonic influence on the nervous system, and the cases of mania that have been reported following the removal of these organs were probably due to this fact.

Summing up the subject, it might be well in all cases to perform vasectomy first, and if after some weeks no benefit has been derived, the question of castration or prostatectomy could then be entertained, depending of course on the symptoms and physical condition of the patient.

THE

MARITIME MEDICAL NEWS.

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Editorial.

THE HALIFAX MEDICAL COLLEGE.

With the session just closed the HALIFAX MEDICAL COLLEGE completes the most successful year in its history. The total attendance during the winter was sixty, of whom fifty-five were undergraduates in medicine, two were students in pharmacy, and three were general students. Eight senior students, having completed the full four years' course, presented themselves for the graduation examination at Dalhousie and were awarded the medical diploma of that University. The junior and sophomore years each comprised twelve students, and the freshmen numbered twenty-two. Nova Scotia contributed the majority of the students, there having been two only from New Brunswick, one from Ontario, one from Newfoundland and two from England.

The rapid growth of the classes during the last few sessions is a matter not less gratifying to the faculty than is the excellent type of students which the college has been fortunate enough to attract. The members of the faculty are fully alive to the responsibility which this growing popularity of the college brings, and are determined to do all in their power to merit the trust imposed upon them. In order to increase the efficiency of the college, important changes have been made in the curriculum with the object, more especially, of widening the field of clinical instruction, and bringing into use all of the numerous medical charities in the city of Halifax. The time-table will hereafter be so arranged that the students of the junior and senior years must devote their mornings, throughout the session, to practical clinical work. Steps are being taken, also, to provide better laboratory accommodation than the college now affords, so that the scientific part of medical study may

be in no wise neglected. There is reason for the assurance, therefore that the teaching of the HALIFAX MEDICAL COLLEGE will continue to represent that which is best in medical knowledge, and to claim the confidence of the profession and of the public.

BRITISH MEDICAL ASSOCIATION.

MONTREAL MEETING, 1897.

We publish with very great pleasure the list given elsewhere of the officers appointed by the home authorities for the forth-coming meeting of the British Medical Association in Montreal. It would, we think, be difficult to have a more distinguished list of office-bearers, especially when it is taken into account how many of the leaders in the profession in the old country have already filled the most important posts at previous meetings, and, as a consequence of the wise system of rotation adopted by the council of the association, were not eligible to serve here. That so many who have not previously accepted office have consented to preside here in Canada is a matter for genuine self-congratulation.

Of those appointed to deliver addresses we need say little: Dr. OSLER is one of ourselves, even if a great American University has for a time secured him for its staff, and, as a Canadian, is a most happy choice, inasmuch as he belongs to Toronto as well as to Montreal. Mr. MITCHELL BANKS is a most popular surgeon in the north of England, is a speaker of great power, and is already no stranger in Canada.

Of presidents of sections, we heartily congratulate the association as well as ourselves, that we have secured two such Canadians as Dr. E. P. LACHAPELLE and Dr. A. M. BUCKE. Most of the names of the remaining presidents are familiar to all of us—STEPHEN MACKENZIE, CHRISTOPHER HEATH, WATSON CHEYNE, EDWARD NETTLESHIP and MALCOLM MORRIS: these names immediately gain the approval and self-congratulation of every Canadian. Drs. SINCLAIR, WALLER, LEECH and GREVILLE MACDONALD may not be so generally known, though each is recognized as a leader by those interested in his special line of work. W. J. SINCLAIR, Professor of Gynæcology at Owens College, Manchester is a brilliant and thoughtful writer in matters gynæcological. Dr LEECH, another of the professors at Owens College, is senior physician to the Manchester Royal Infirmary, the founder of one of the very

few active schools of pharmacology in Great Britain, and an authority on that subject. Dr. A. WALLER the brilliant son of a celebrated physiologist, is perhaps the brightest and most original of metropolitan physiologists. Dr. GREVILLE MACDONALD, another brilliant son of a celebrated man, (his father is GEORGE MACDONALD, the novelist,) is one of the most popular and highly esteemed of English laryngologists.

Referring to the lists of vice-presidents in the various subjects, it will be seen that a most conscientious attempt has been made by the parent association at the suggestion of the local executive committee, to embrace the whole of the Dominion. When Montreal of its own free will gave up the opportunity of appointing its leading practitioners as presidents of the various sections, it is but becoming that leaders in the profession in Montreal should be appointed to vice-presidential posts, and no one can object if this list contains a considerable proportion of well-known Montreal names, but it will be seen that Toronto, Quebec, Ottawa, London, Winnipeg, Hamilton, Halifax, St. John, Victoria and all the leading centres, are given recognition, and are duly honored so far as it is in the power of the authorities to do so. Naturally there has been a difficulty in appropriately including all the leaders in the sections of Medicine, Surgery and Gynæcology, it has in fact been impossible to include all who we would have desired to see nominated as vice-presidents, but it must be confessed that as far as they go the lists in these subjects are excellent—that in short, by these lists a successful meeting is assured, both from an imperial and national point of view.

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CONTAINS

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

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

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

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

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

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MONTREAL.

Medical Society of Nova Scotia.

Our advices from the local committee go to shew that the Pictou meeting on July 7th and 8th, will be a very enjoyable one. The PRESIDENT writes:—"The Pictou city authorities give a reception, or something of the kind, on Wednesday evening—a welcome by the mayor, also a short, very short welcome from the president on behalf of the profession in Pictou county. On Thursday afternoon an excursion to Ferrona to see the iron works and witness a "cast"—the furnace vomiting out the liquid, boiling, seething iron; then a luncheon to brace up the inner man—and woman too: then a visit to the hospital and steel works (at New Glasgow): and return in time for the evening session."

The title of the PRESIDENT'S address will be "The Duty of our Profession, as Physicians and Citizens, in the work of Sanitation and Preventive Medicine." The following papers have already been promised:—

"The present state of Vaccination in the Province."—G. CARLETON JONES, Halifax.

"Puerperal Convulsions, with report of a Fatal Case."—C. H. MORRIS, Middle Musquodoboit.

"On Gastric Contents in relation to Migraine."—ANDREW HALLIDAY, Shubenacadie.

"Clinical Evidence that the Micro-organisms of Puerperal Septicæmia and Erysipelas are the same."—D. MURRAY, Lower Stewiacke.

"Report of Case of Cerebral Tumour."—D. M. DICKSON, Great Village.

"Cases in Practice."—D. N. MORRISON, Oxford.

"Ichthyol and its Uses."—W. S. MUIR, Truro.

"Pyoktanin Blue—Merck."—H. H. MACKAY, New Glasgow.

"Cannabis Indica."—F. W. GOODWIN, Halifax.

SKIN CLINIC by JAMES ROSS, Halifax.

DISCUSSION IN MIDWIFERY.—Subject, "Extra-Uterine Pregnancy," opened by GEO. MCKENZIE, Pictou.

DISCUSSION IN DISEASES OF CHILDREN.—Subject, "Bronchitis and Broncho-pneumonia," opened by G. CARLETON JONES, Halifax.

DISCUSSION IN SURGERY.—Subject, "Appendicitis," opened by EDWARD FARRELL, Halifax.

DISCUSSION IN MEDICINE.—Subject, "Pulmonary Tuberculosis," opened by W. H. HATTIE, Halifax.

British Medical Association.

The 65th annual meeting will be held at Montreal on Tuesday, Wednesday, Thursday and Friday, August 31st, September 1st, 2nd and 3rd, 1897

PRELIMINARY PROGRAMME.

PRESIDENT.

HENRY BARNES, M.D., M.R.C.S., F.R.S.E., J.P., Physician Cumberland Infirmary, Carlisle.

PRESIDENT-ELECT.

T. G. RODDICK, M.D., M.P., Professor of Surgery in McGill University, Montreal.

PRESIDENT OF THE COUNCIL.

ROBERT SAUNDBY, M.D., F.R.C.P., 83A Edmund Street, Birmingham.

TREASURER.

CHARLES PARSONS, M.D., Dover.

Addresses will be delivered as follows:

MEDICINE.—Dr. W. OSLER, F.R.C.P., Professor of Medicine in the Johns Hopkins Univ., Baltimore, U.S.A.

SURGERY.—Mr. WILLIAM MITCHELL BANKS, F.R.C.S., Surgeon to the Liverpool Royal Infirmary.

PUBLIC MEDICINE.—Dr. HERMANN M. BIGGS, Director of the Bacteriological Laboratory of the Health Department, New York City.

The Scientific Business of the Meeting will be conducted in Eleven Sections, as follows, namely:—

Medicine.

President: Dr. STEPHEN MACKENZIE, London.

Vice-Presidents: Dr. J. E. GRAHAM, Toronto; Dr. W. BAYARD, St. John, N. B.; Dr. J. P. ROTTOT, Montreal; Dr. F. W. CAMPBELL, Montreal; Dr. J. STEWART, Montreal; Dr. H. P. WRIGHT, Ottawa.

Secretaries: Dr. H. A. LAFLEUR, Montreal; Dr. W. F. HAMILTON, Montreal; Dr. WM. PASTEUR, 4 Chandos Street, Cavendish Sq., London, W.

Surgery.

President: Mr. CHRISTOPHER HEATH, London.

Vice-Presidents: Sir WM. HINGSTON, M.D., Montreal; Hon. Dr. SULLIVAN, Kingston, Ont.; Dr. FARRELL, Halifax, N. S.; Dr. I. H. CAMERON, Toronto; Dr. F. LEM. GRASETT, Toronto; Dr. JAMES BELL, Montreal; Dr. G. E. ARMSTRONG, Montreal.

Secretaries: Dr. R. C. KIRKPATRICK, Montreal; Dr. THOMAS WALKER, St. John, N. B.; Mr. JORDAN LLOYD, F.R.C.S., Richmond Hill, Birmingham.

Obstetrics and Gynæcology.

President: Prof. W. J. SINCLAIR, Manchester.

Vice-Presidents: Dr. WM. GARDNER, Montreal; Dr. JAMES PERRIGO, Montreal; Dr. J. A. TEMPLE, Toronto; Dr. J. C. CAMERON, Montreal; Dr. T. J. ALLOWAY, Montreal; Dr. JAMES ROSS, Toronto.

Secretaries: Dr. D. J. EVANS, Montreal; Dr. W. BURNETT, Montreal; Dr. A. E. GILES, 58 Harley St., Cavendish Sq., London, W.

Public or State Medicine.

President: Dr. E. P. LACHAPELLE, Montreal.

Vice-Presidents: Dr. MONTIZAMBERT, Quebec; Dr. R. CRAIK, Montreal; Dr. P. H. BRYCE, Toronto; Sir JAMES GRANT, M.D., Ottawa; Dr. R. H. POWELL, Ottawa.

Secretaries: Dr. WYATT JOHNSTON, Montreal; Dr. E. PELLETIER, Montreal; Dr. HENRY LITTLEJOHN, Town Hall, Sheffield.

Psychology.

President: Dr. R. M. BUCKE, London, Ont.

Vice-Presidents: Dr. D. CLARK, Toronto; Dr. T. J. BURGESS, Verdun, Que.; Dr. A. VALLEE, Quebec; Dr. G. WILKINS, Montreal.

Secretaries: Dr. J. V. ANGLIN, Montreal; Dr. GEO. VILLENEUVE, Montreal; Dr. J. G. BLANDFORD, London County Asylum, Banstead, Surrey.

Anatomy and Physiology.

President: Dr. AUGUSTUS WALLER, F. R. S., London.

Vice-Presidents: Dr. F. SHEPHERD, Montreal; Dr. A. B. MACALLUM, Toronto; Dr. T. WESLEY MILLS, Montreal; Dr. A. PRIMROSE, Toronto; Dr. J. B. A. LAMARCHE, Montreal; Dr. LINDSAY, Halifax, N. S.

Secretaries: Dr. J. M. ELDER, Montreal; Dr. W. S. MORROW, Montreal.

Pathology and Bacteriology.

President: Mr. WATSON CHEYNE, F. R. S., London.

Vice-Presidents: Dr. J. G. ADAMI, Montreal; Dr. J. CAVEN, Toronto; Dr. J. STEWART, Halifax; Dr. J. C. DAVIE, Victoria; Dr. L. C. PREVOST, Ottawa; Dr. M. T. BRENNAN, Montreal.

Secretaries: Dr. W. T. CONNELL, Kingston; Dr. C. F. MARTIN, Montreal; Dr. ROBERT BOYCE, University College, Liverpool.

Ophthalmology.

President: Mr. EDWARD NETTLESHIP, F. R. C. S., London.

Vice-Presidents: Dr. F. BULLER, Montreal; Dr. R. A. REEVE, Toronto; Dr. ED. DESJARDINS, Montreal; Dr. A. A. FOUCHER, Montreal.

Secretaries: Dr. W. H. Smith, Winnipeg; Dr. Jehin Prume, Montreal; Dr. T. H. Bickerton, Liverpool.

Pharmacology and Therapeutics.

President: Dr. D. J. Leech, Manchester.

Vice-Presidents: Dr. A. D. Blackader, Montreal; Dr. James Thorburn, Toronto; Dr. C. R. Church, Ottawa; Dr. J. B. McConnell, Montreal; Dr. F. J. Austin, Sherbrooke; Dr. Walter Smith, Dublin.

Secretaries: Dr. F. X. L. DeMartigny, Montreal; Dr. J. R. Spier, Montreal; Dr. Charles R. Marshall, Downing College, Cambridge.

Laryngology and Otology.

President: Dr. Greville Macdonald, London.

Vice-Presidents: Dr. W. Tobin, Halifax; Dr. G. A. S. Ryerson, Toronto; Dr. H. S. Birkett, Montreal; Dr. G. R. McDonagh, Toronto.

Secretaries: Dr. Chretien, Montreal; Dr. H. D. Hamilton, Montreal; Dr. W. Permewan, 7 Rodney Street, Liverpool.

Dermatology.

President: Mr. Malcolm Morris, London.

Vice-Presidents: Dr. J. E. Graham, Toronto; Dr. F. J. Shepherd, Montreal; Dr. J. A. S. Brunelle, Montreal; Dr. J. L. Milne, Victoria.

Secretaries: Dr. Gordon Campbell, Montreal; Dr. J. M. Jack, Montreal; Dr. James Galloway, 21 Queen Anne Street, Cavendish Sq., London, W.

The time table has been arranged as follows:

TUESDAY, AUG. 31, 1897.

12 A. M.—Cathedral Service.

2.30 P. M.—Windsor Hall: Opening Ceremonies. Address by the president-elect, Dr. Roddick.

4.30 P. M.—Garden Parties, etc.

9 P. M.—*Soiree* at Laval University.

WEDNESDAY, SEPT. 1, 1897.

10 A. M.—McGill University: Opening of Sections.

3 P. M.—Windsor Hall: Address in Medicine by Dr. W. Osler.

4 P. M.—Excursion down the St. Lawrence; Garden Parties, etc., Golf Match, etc.

9 P. M.—Reception at City Hall or at Sohmer Park.

THURSDAY, SEPT. 2, 1897.

9.30 A. M.—McGill University: Sectional Meetings.

1.30 P. M.—Lunch on the Mountain.

3.30 P. M.—Windsor Hall: Address in Surgery, by Mr. T. Mitchell Banks.

4.30 P. M.—Excursion across the Island, etc.

7.45 P. M.—Annual Dinner of the Association, Windsor Hotel.

FRIDAY, SEPT. 3, 1897.

9.30 A. M.—McGill University: Sectional Meetings.

3 P. M.—Windsor Hall: Address in Public Medicine by Dr. H. M. Bigas, and Concluding General Meeting.

4.15 P. M.—Excursion to St. Anne's and down the Lachine Rapids.

9 P. M.—*Soirée* at McGill University.

SATURDAY, SEPT. 4, 1897.

Excursion to Ottawa, Quebec, Kingston, Lake Memphremagog, etc.

New Treatment of Pott's Curvature.—Dr. Calot affirms that, judging from his experience of 37 cases, all children with Pott's curvature of the spine can be cured without deformity, by forcibly correcting the curve as soon as it appears. The patient is put under an anæsthetic, while four assistants pull the upper and lower extremity of the spinal column backwards, and the surgeon exerts strong pressure on the convexity of the curve. When the spine has thus been straightened a plaster jacket reaching from the head of the pelvis is applied. If it is impossible to correct the curve by these means, the projecting spinal processes should be removed. Exceptionally, however, (in 2 out of 37 cases) the posterior wedge of bone which prevents the vertebral column from being straightened must be excised. Then, after cutting through the bone anterior to the spinal canal the column can be replaced in its normal position. Only five to ten months are needed for a cure, instead of two to three years as under the usual treatment, and the occurrence of paralysis is largely prevented. Calot shewed five children before the Academy of Medicine whose humps, after existing for six months to six years, had been treated by his method. In some no trace, in others but very little of the former deformity remained. Photographs taken before treatment showed how marked the difference was.—*Lancet*, (New York.)

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

Dr. J. H. MORRISON, President, in the chair.

MARCH 22, 1897.—"Treatment of Pneumonia." Dr. THOMAS WALKER opened a discussion on this subject. He first referred to the treatment by blood letting as practised by WATSON. Later, in 1859, this method was opposed by HUGHES BENNETT and AUSTIN, and in its place tartrated antimony was advised, given in doses sufficient to produce slight constant nausea. During the stage of resolution the administration of mercury in the form of calomel, or grey powder, or the inunction of mercurial ointment was advised with the view of promoting absorption. Following this lowering plan of treatment, TODD, of London, introduced the stimulation method—the free administration of spirits or wines. Still later the treatment was advocated of letting the patient alone, as it was held that the disease would pursue as favorable a course without medication.

The present day view is about as follows: Pneumonia is a disease essentially of the same nature as, for example, typhoid fever, being due to the presence of a pathogenic germ, the pneumococcus of Frankel Death is generally due to heart failure and not to asphyxia. There are two main indications for treatment, first, to lower the fever, and second, to support the heart. It is well to start with a calomel purge. It is a mild antiseptic, clears the bowel and unloads the portal system. The temperature may be reduced by cold baths, cold sponging, or cold packs. For the heart, strychnine is the best tonic. Digitalis is now not generally advocated. The use of stimulants depends on the case, and is guided by the force of the pulse and the heart sounds. Expectorants generally are not to be recommended. When, however, expectoration is scanty and sticky, alkalies may be given, such as bicarbonate of potash or ammonia. Oxygen gas sometimes is given, but in all cases it should be given in the form of fresh air, due attention being paid to thorough ventilation.

Food should be easily digestible and fluid.

Treatment of complications. The pain of pleurisy may be relieved by cold or hot applications; more surely by hypodermic injections of morphia. Delirium is especially noticeable when the apices of lungs are involved, Phenacetin, administered occasionally, will give relief to this condition. while opiates should be avoided.

In the discussion, Dr. INCHES quoted Dr. POWELL to the effect that a high temperature is beneficial by tending to the destruction of micro-organisms. Dr. MOTT found alcohol especially serviceable in pneumonia of the aged. Dr. T. D. WALKER referred to mild cases of pneumonia which may be overlooked; also to the stimulating effect of strychnine and cold baths on the respiratory centre as well as their other beneficial results. Drs. SKINNER, JAS. CHRISTIE, MORRISON and MACLAREN also took part in the discussion.

MARCH 29, 1897.—A specimen of acute necrosis of the humerus, and a case of rupia appearing as a secondary manifestation of syphilis, were exhibited by Dr. MACLAREN.

The discussion of the evening dealt with school board matters, such as the registers now in use by the teachers, it being urged that their use involved eye strain. The construction and ventilation of public schools also received consideration. Much stress was laid upon the fact that the buildings should be made as nearly fire-proof as possible.

APRIL 5, 1897.—"Ophthalmia Neonatorum."—A paper on this subject was read by Dr. M. F. BRUCE. He referred to statistics shewing that 72 per cent. of infants who become sightless during the first year of life, have suffered from purulent ophthalmia, and also that 32 per cent. of the inmates of blind asylums have suffered from the same cause. The gonococcus is present in the great majority of cases. The disease is contracted during or shortly after the birth of the child.

Prophylactic treatment is of great importance. It should embrace cleansing of vagina previous to delivery and washing out child's eyes and surrounding parts with a solution of perchloride of mercury (1-10,000) immediately after birth.

Treatment for the various stages of the disease was considered, with special reference to the frequent use of a mild perchloride wash. The paper was discussed by several members. The use of a solution of nitrate of silver in the later stages of ophthalmia was considered to be generally useful.

On adjournment the society was entertained at Dr. WALKER's house.

APRIL, 12, 1897.—"Neuritis and Paralysis following Labour."—Dr. R. G. DAY read a paper on this subject. The nerves affected and the various causes, such as pressure of fœtal head, forceps, etc., were considered. For treatment, rest in bed, hot applications to give relief from pain; in later stage, strychnine, massage and electricity, are among the remedies to be used.

After the discussion, which followed the reading of this paper, a case of embolism was related by Dr. T. WALKER and a case of bullet wound of the head, with deafness, by Dr. J. H. MORRISON.

Matters Personal and Impersonal.

Drs. MURDOCH CHISHOLM and JOHN STEWART, of Halifax, have recently spent some time in visiting leading hospitals in the neighboring republic.

Dr. OSCAR DORMAN has, after competitive examination, been appointed junior house-surgeon to the Victoria General Hospital. Messrs. M. G. ARCHIBALD and A. McD. MORTON have been appointed clinical clerks to the same institution.

Recent advices from Bombay indicate a marked abatement in the violence of the plague.

Drs. OSLER and WELCH, of Johns Hopkins, have declined a call extended to them by the University of New York.

Dr. J. CLARENCE WEBSTER has been appointed assistant gynæcologist to the Royal Victoria Hospital, Montreal.

A club of cyclists has been formed at Madrid, known as "La Tortuga," (The Tortoise), which aims at the encouragement of cycling as a hygienic measure. A leading physician is vice-president. If there is anything in a name, we would suppose that scorching will not be favored by the new organization.

At the convocation of Dalhousie University, on April 27, the degree of M. D., C. M., was conferred upon the following students of the Halifax Medical College:—Robie Dugwell Bentley, B. A., Ernest Eugene Bissett, Martha Wyman Brown, Oscar Chipman Dorman, Alexander Fraser, B. A., Charles Randall Gates, Robert Grierson, B. A., Henry Allison Payzant.

Books and Pamphlets.

SYRINGOMYELIA.—By GUY HINSDALE, A. M., M. D.—Published by P. Blakiston, Son & Co., Philadelphia. Price $1.00.

This monograph by Dr. HINSDALE is the essay which was awarded the Alvarenga prize of the College of Physicians of Philadelphia for the year 1895, which fact at once prepares us to expect in it a work of real merit. And we are not disappointed. Dr. HINSDALE bases his essay upon two hitherto unreported cases of syringomyelia, and reviews, in association with them, the literature of one hundred and eighteen cases previously published. No less than 388 authorities have been consulted by Dr. HINSDALE, and these represent a total of 514 references. We cannot but admire the diligence of our author, and at the same time feel considerable surprise that so much has been written upon a disease about which very little is generally known.

The work commences with a brief history of our knowledge of syringomyelia, which it defines as "a chronic affection of the spinal cord characterized anatomically by the pathological formation of cavities in its substance, and clinically by peculiar disturbances of sensibility associated with trophic disorders." The embryological development of the spinal cord is reviewed, and some cases of the disease are shewn to be due to a congenital defect. The histology and pathology of the affection receive careful consideration and ample illustration. Especial attention is devoted to symptomatology, which is exhaustively discussed. Minor sections are devoted to the etiology of the disease, to the forms it assumes, to its association with other diseases, to its diagnosis, etc.

After being deeply interested in the disorder by Dr. HINSDALE, and after following him through many pages of his excellent presentation of a somewhat difficult subject, we cannot help feeling a bit disappointed to find it leads up to but a bare half page on the question of treatment. We must remember, though, that the disease is comparatively new to physicians, and Dr. HINSDALE'S very excellent and very valuable essay may prove to be of material assistance in the formation of a more efficient line of treatment for this malady than has yet been advocated.

OPHTHALMIA NEONATORUM.—By L. WEBSTER FOX, M. D. Reprint from *Medical Council.*

Ulcers of the Cornea.—By L. Webster Fox, M. D. Reprint from *Medical Bulletin.*

Introductory Clinical Lecture.—By L. Webster Fox, M. D. Reprint from *New England Medical Monthly.*

Results of (Chemical) Electrolysis versus Divulsion or Cutting in the Treatment of Urethral Stricture.—By Robert Newman, M. D. Reprint from *Medical Record.*

The Diagnostic Value of Blood Examinations. By Thomas P. Prout, M. D. Reprint from *American Medico-Surgical Bulletin.*

Contributions to Traumatic Abdominal Surgery. By Thomas H. Manley, M. D. Reprint from *Annals of Surgery.*

On the Treatment of Fractured Shafts of Bone in Children: Simple, Complicated and Compound. By Thomas H. Manley, M. D. Reprint from *Journal of the American Medical Association.*

Matters Medical.

The Microbe of Mumps.—The Berlin correspondent of the *British Medical Journal*, writes that Professor von Leyden has discovered a new diplococcus in the parotid-gland secretion of persons suffering from mumps, which he takes to be the mumps bacterium. It is distinct in appearance, and can be cultivated on the usual media. Attempts to inoculate animals proved unsuccessful. The diplococcus has been found not only in the parotid-gland secretion, but also in the pus of the inflamed gland.—*Med. Record.*

The Tanret and Esbach Tests for Albumen.—According to Boureau (*Gaz. Méd. du Centre*), the reagent known by the name of Tanret, acetic solution of iodide of potassium and bichloride of mercury, is not trustworthy, because it precipitates at the same time the peptones and alkaloids. Thus the urine of an individual taking sulphate of quinine would show an abundant precipitate, causing a belief in the presence of albumin. In the same way, one taking antipyrin would have a reaction take place in testing with the Esbach solution. The author, therefore, believes these two tests should cease to be employed. He gives a sure test for serin and globulin, the two pathologic albumins: Mix equal parts of urine and sulphate of sodium and add a few drops of acetic acid. If heat produces a precipitate, serin or globulin is surely present.—*Med. Record.*

Therapeutic Suggestions.

ACUTE RHEUMATISM.—The mistake usually made in the administration of alkalies is in ordering too definite an amount. I have seen a great many cases of articular rheumatism treated according to a regular formula—a mixture of citrate and acetate of potassium, of which a certain number of grains were given at certain intervals. This is not the best way of giving alkalies. It is much better to lay in a good supply of bicarbonate of sodium, and give this persistently in drachm doses as often as practicable, until the urine becomes alkaline. Other alkalies can be given in combination if desired; but the main point to remember is the importance of influencing the reaction of the urine. Bicarbonate of sodium is so familiar a substance that it is easy to get the patient to take a sufficient amount.—BISHOP.

SPERMATORRHŒA.—This symptom, insignificant in itself, but which occupies an important place in the thoughts of those neurasthenics in whom it is present, is to be attributed to an exaggerated irritability which is often hereditary. It is best treated by electricity, the positive pole being placed over the lumbar cord and the negative pole on the spermatic cord, the penis, and the perinæum. The application should last two or three minutes, and be repeated from four to six times a week during ten weeks. Static electricity may also be applied. Hydrotherapy and potassium bromide may also give good results.—*Medical News.*

IMMUNIZATION AGAINST DIPHTHERIA.—There are circumstances under which the prophylactic use of diphtheria antitoxin may be even more valuable than its therapeutic employment, as in schools, etc. LOHR, on an outbreak of diptheria in a children's hospital, immunized 460, arresting the outbreak, none being attacked within three weeks of the injections, though a very few were at a later period, showing the temporary character of the immunity in a disease that does not naturally confer permanent insusceptibility to reinfection. Of 99 cases of measles immunized on account of the special danger in the event of the supervention of diphtheria—post-morbillary diphtheria being, it is alleged, more fatal than post-scarlatinal—all escaped.—*British Medical Journal.*

ANTITOXIN IN DIPHTHERIA.—The striking success met with in the use of antitoxin in the treatment of diphtheria has placed it as the most

valuable remedial agent in this disease which so baffles medical skill. Few physicians now question the superiority of serum medication in the treatment of diphtheria, but everything depends upon the quality of the serum employed.

In a paper by DOUGLAS H. STEWART, M. D., of New York, covering eleven cases treated of Laryngeal Diphtheria, we find the following: "My prejudices are strongly in favor of Parke, Davis & Co.'s, so much so that I have determined to use no other. My experience has been that it is not only reliable, but of smaller bulk than any other preparation, and this is a great factor, as the shock of injecting large quantities of fluid into a delicate child must be considerable."

Aside from the quality of serum, the manner in which it is marketed by Parke, Davis & Co. is worthy of attention. This firm, taking every possible aseptic precaution not only in its manufacture, but using hermetically sealed, glass bulbs, insures against contamination from the air or otherwise.

In Harper Hospital, Detroit, where the serum manufactured by this firm is now exclusively employed, the previous mortality of about forty per cent. has been reduced to nearly two per cent.; and with respect to private practice, the medical journals are full of clinical reports testifying in the warmest language to the merit of their product. We have no hesitation in assuring our readers that by utilizing this brand of the antitoxic serum they can render the best service to their own reputations and to the community.

AN ACROSTIC—LA GRIPPE.

A-ll the nerves gone on a bender,
N-ot an organ is exempt,
T-eeth and scalp and muscles tender,
I-cy chills, the bones pre-empt;
K-aleidoscopic are the symptoms legion,
A-s they over-run the system,
M-aking life a weary region,
N-o one able to resist them.
I-s there nothing that will cure?
A-ntikamnia will, I'm sure!

Atlanta, G. FREDERICK B. SUTTON, M. D.

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Twenty-Ninth Session, 1897-98.

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F. W. GOODWIN, M. D., C. M., Lecturer on Materia Medica.
G. M. CAMPBELL, M. D., Instructor in Microscopy.
GEORGE LAWSON, PH. D., etc., Professor of Chemistry and Botany.
ALBERT H. BUCKLEY, PH. M., Examiner in Mat. Med. and Botany.
FRANK SIMSON, PH. G., Examiner in Chemistry.

The Twenty-Ninth Session will open on Wednesday, Oct. 3rd, 1897, and continue for the seven months following.

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

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

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

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

Fees may now be paid as follows:

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Two of - - - - - - - - - -	130 00
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