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THE

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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

The fifty-eighth session will commence on the 1st of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the Student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting-room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five miscroscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 76 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriologycarried on.

Recently extensive additions were made to the building and the old one entirely remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating-room for a smaller number. There is also a Library of over 10,000 volumes and a museum, as well as Reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

MATRICULATION.

Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University, on the first Friday of October, or the last Friday of March.

HOSPITALS.

The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and large manufactories contribute a great many examples of accidents and surgical cases. In the Out-Door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff.

REQUIREMENTS FOR DEGREE.

Every candidate must be 21 years of age, have studied medicine during *four* six months' Winter Sessions, and *one* three months' Summer Session, one Session being at this School, and must pass the necessary examnations,

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JAMES STEWART, M. D., Registrar,
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The Maritime Medical News,

A JOURNAL OF MEDICINE, SURGERY AND OBSTETRICS.

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SURGERY OF TO-DAY.

BY J. F. BLACK, M. D.

Read at Meeting Nova Scotia Medical Society, Granville Ferry, July, 1890.

IN considering the present position of Surgery either as a science or an art, we are struck in the first place by the fact that it no longer holds, as it so long did, a subordinate position to its sister department—Medicine. For although custom still leads us to speak of physicians and surgeons, I do not think it is because the former can now claim any preeminence, and unless they look to their laurels it will soon be in order for the position of things to be reversed. At all events the days when surgery was only a higher department of work of the Knights of the Razor and Scissors have long passed by, and we can now fairly claim for it at least an equal position to that held by its more pretentious rival.

This contention would seem to be fully borne out if we consider the immense strides which surgery has made in the last twenty years. While medicine doubtless has made steady progress and is far in advance of what it was in the days of our fathers, still there have been none of the brilliant successes and grand achievements which have made the surgery of to-day almost phenomenal. And if it is urged that the improvements after all in surgery have been only in matters of detail and have involved no great amount of brilliancy of thought or research—we reply that the principles established and the results obtained would never have been had unless by patient and continuous work and study followed by careful and thorough reasoning on the part of capacious intellects.

In looking at modern surgery I think we may justly characterise it as the Surgery of Cavities. We have not of late made any very essential changes in the way we treat fractures, or perform amputations, or remove external growths, or tie arteries, or operate for hernia, or reduce dislocations. In these, as in all other surgical procedures of course we are constantly making improvements, but it is when we come to deal with the internal cavities of the body that we particularly notice what a vast difference there is between the surgery of to-day and that of the past—even the quite recent past.

Parts which formerly were looked on as utterly inaccessible and to be avoided with a sort of holy horror are now approached with the utmost freedom and apparent recklessness. Whether it be the interior of the skull containing the most sacred of all the organs of the body, or the abdominal cavity so long a terra incognita to the surgeon and only revealed on the post mortem table, or the cavity of the thorax with its highly vital contents, or the interior of the large joints, or the inside of the bladder, or the stomach, or the bowel, no internal cavity is safe from the prying eyes and the audacious fingers and instruments of the surgeons of to-day, and there is hardly a disease of any of these parts which has not been dealt with more or less successfully, as a result of our modern resources and our modern confidence in our ability to go where formerly we halted on the brink, and let our patients die unrelieved.

Of course no account of modern surgery would be complete without a reference to Antiseptics. And however we may differ as to the exact present position and value of germicides and of simple cleanliness, it would be folly as well as base ingratitude to wink out of sight the fact that it is to the introduction of Antiseptic practice and to that greatest of modern surgeons, Sir Joseph Lister, that we really owe most of the advances which we have made.

Without Listerism we would never have dared to

attack the strongholds of disease which we have overthrown; and however much some may now claim can be done without following his exact methods, still it is to him and to his school that we have to give thanks for showing that it is in attention to utter absence of dirt and to minute details of exactness in operating that we must look for success.

If Listerism is to be credited with much as regards the treatment of wounds and superficial affections, more especially does it evoke our gratitude when the Surgery of Cavities is being considered, for it is here par excellence that it has accomplished its greatest triumphs—because without it certainly the bravest of surgeons would never have dared to be the first to enter the forbidden land, whatever now, with added experience, some are essaying to do.

Still, if in morals cleanliness comes next to Godliness, in surgery it must at least have an equal place, for no amount of prayer for the good result of an abdominal section will counteract the evil influence of an unclean sponge.

Of course it would be useless as well as presumptuous for me to attempt to give you a detailed account of the surgery of the various cavities of the body, and I can only briefly refer to a few points.

Looking first at the operative surgery of the contents of the cranium, our thoughts naturally revert to MacEwan, of Glasgow, who has more than any other surgeon led the van in this department, and any one who had the privilege of being present at the meeting of the British Medical Association, two years ago in Glasgow and of hearing him speak and relate his cases, could not but feel that he was facile princeps. It may now be taken as demonstrated without a shadow of doubt that we can with impunity open the skull, remove clots, cut into and drain abscesses, and take away growths even when deeply imbedded in the brain substance, and in fact deal much as we would with any other region of the body, always provided of course that we take proper precautions.

Naturally in this region, inclosed as it is in a hard bony case our great difficulty consists in diagnosis—in other words—in locating the diseased condition whose presence we can only usually guess at from symptoms making themselves often in distant parts of the body.

The surgical treatment of brain diseases is comparatively a thing known and determined—but unfortunately the means at our command for knowing just when and where to operate are less satisfactory. For their improvement we must look to the physiologists and the chemical observers, only hoping that light may come out of darkness, and that some day we may have more accurate knowledge regarding the citadel of life, and be able with confidence to attack or rather to fortify its buttresses when weakened by diseases or injury.

In this connection I may briefly refer to a case of brain surgery coming just recently within my own personal experience. It occurred to a patient 19 years of age who, when a boy of five, fell down a deep well and fractured his skull—portions of bone were taken away by surgeons at the time and others subsequently separated. At age of twelve he began having epileptic convulsions which had continued ever since in spite of persistent medical treatment. When first seen by me he was in a state of complete coma of several days duration, it having supervened upon a succession of numerous severe convulsions. After a consultation between Dr. T. R. Almon (whose patient he was), Dr. Campbell and myself, it was decided to do an operation to see whether any pressure was being exerted on the brain at the seat of injury which had occurred so many years ago.

The operation was undertaken the same day. As careful antiseptic precautions were adopted as are generally obtainable in a private house. The scalp covering the seat of injury was raised by a semi-circular flap, including the scar. Upon the button of bone first removed by the trephine was formed a bony projection of about half an inch pressing downwards upon the dura mater and brain. Another button was removed about three-quarters of an inch from first, and the bridge of bone between sawn through—upon this bridge was found a continuation of the stalactiform projections. The wound in scalp was united by interrupted sutures, sufficient drainage being provided for, union by first intention took place and to-day, about four weeks after the operation, the boy has been up and about for a week. So far there has been no sign of an epileptic seizure—he is perfectly bright and sensible, and I hope we have made a cure, though of course time alone can determine this. A peculiar feature of the case was the escape at time of operation, and for some days afterwards, of a large quantity of serous fluid—evidently through an opening in dura mater at points where projection of bone pressed upon it. This gradually ceased as wound healed. The result would seem to fully justify the performance of the operation, and to suggest that if it had been done long ago the boy might have escaped many years of suffering.

Coming next to the Cavity of the Thorax, we find that less has been attempted in the way of surgical interference. The removal of fluid from the pleural cavity by paracentesis is now an every day occurence—with antiseptic precautions it can be done with very little risk—and the tendency now-a-days is to do the operation early rather than, as was formerly the case, simply as a last resort after all sorts of internal medication and external applications had failed to remove the fluid.

In connection with this procedure we have lately another operation established—namely the removal of portions of one or more ribs so as to secure plenty of room for thorough drainage. In the only case in which I have had the opportunity of doing the operation the patient unfortunately succumbed after some weeks to an exacerbation of previously existing tuberculous disease. When the fluid contained in the pleural cavity has become purulent the treatment is

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looked upon much as that of an ordinary abscess anywhere else. The external treatment of tubercular and abscess cavities in the substance of the lung has been somewhat extensively tried, and with good results in some cases. Some surgeons too have removed portions of diseased lung tissue with fair success, but I think so far these operations must be considered to be of a tentative and experimental character.

In regard to the heart and large vessels I do not know that any surgeon has ventured to tamper directly with them, though of course removal of fluid from the pericardial sac is a recognized plan of treatment for effusion there.

The Surgery of Joint Cavities has progressed markedly since the advent of Listerism, and it was in these cases that some of its earliest and greatest triumphs were gained. We can now deal with joints with a freedom which in old times would have been almost criminal, because sure to result in destruction of the function of the joint concerned.

But it is when we reach the Abdominal Cavity that we are met with the most striking exemplification of what the surgery of to-day has done and is doing. Here have been the brilliant results and the formidable undertakings which may be said to have completely revolutionized surgical practice and surgical ideas. And it is safe to say that thousands of patients are living to-day who would, if their lot had been cast even in the middle of the present century, have beyond peradventure, succumbed to disease then called incurable.

Abdominal Surgery is such a large subject that it would be impossible to give anything but a very meagre account of it even in a paper wholly devoted to it. It is a branch of surgery which it has fallen to my lot to become more particularly interested in, and I could give you a good deal of personal reminiscence which might not be devoid of interest. I have had the opportunity of seeing a good deal of it in the practice of the principle operations on both sides of the Atlantic. I believe I have the honor of having done the first "ovariotomy" recorded in the province, and either as principle or assistant I have been concerned in most of the abdominal sections so far performed, and although our record does not, perhaps, show as large a percentage of good results as that of the noted specialists abroad, still I think we have good reason to be satisfied with what we have done so far. These facts must be my excuse if I seem to give undue prominence in my remarks to abdominal surgery.

A very full discussion of the position of abdominal surgery took place a short time ago before the Medical Society of London. There were present most of the leading men of the United Kingdom representing all types and varieties of opinion and the advocates of all the different methods of treatment. The subject was discussed during two sessions of the Society and taken up in all its different aspects. It would be fruitless to attempt to follow this discussion, a full report of which appeared in the *British Medical Journal* of April 19th and 26th.

I will instead of this refer briefly to some of the more important divisions of the subject—give some idea of the questions looked upon as still undecided, and indicate as concisely as may be in which direction the majority of evidence seems to tend. The discussion spoken of above was opened with a paper by Mr. Meridith, whom I had the pleasure of seeing operate a number of times at the Samaritan Free Hospital for women. He dealt more particularly with the operations connected with the female reproductive organs of ovariotomy, oophorectomy, hystorectomy, Cæsarian section and Porro's operation, subsequent speakers taking up in addition the more general operations upon the other abdominal organs. Of course one great point still at issue in all these operations is as to the use of antiseptics. Upon this question the position would seem to be that a majority of operators use some form of antiseptic solution—that a few still retain in addition the now old-fashioned spray—while a still smaller minority have discarded all chemical agents and germicides and depend entirely upon perfect cleanliness—using nothing but simple water for all purposes. Of these latter Lawson, Tait and Bantock, are the foremost advocates, and they claim equal results to their opponents. I may say that personally I have so far not dared to abandon antiseptics, though I have not for some time past employed the spray—unless it is to sometimes use it in the room before the operation, where there is doubt as to the hygienic surroundings.

As to flushing out the peritoneal cavity, the rule seems to be that it should be done in every case where there is any doubt as to its being perfectly clean and free from cyst fluid or other deleterious matters. Most surgeons use simple warm water which has been previously well boiled — some still employ weak antiseptic solutions I am myself inclined to favor the use of the water alone, as I think I have seen bad results from the use of solutions when very weak.

The form of antiseptic used for making solutions does not seem to be a matter of very great importance, and of all the various substances which have been prepared the two still most in favor are Carbolic Acid and Corrosive Sublimate, though Lister is continually experimenting in hope of finding something which will be more satisfactory.

The use of the drainage tube is usually confined to cases where there is fear of bleeding or accumulation of purulent or other fluid, though some drain every case which it has been considered necessary to wash out.

The treatment of Fibroids of the Uterus, may be said to be a choice between the removal of the appendages — Apostoli's electrolytic methods — and Hystorectomy. Each method has its earnest advocates, the truth probably being that each is best in certain particular cases. I have to report one case in which Apostoli's method has given me most satisfactory results, some others have not been so encouraging,

but I cannot help thinking that the method is a very valuable one, at all events as a palliative for the symptoms resulting from the presence of the growths. The elder and younger Keith still think it should completely take the place of operative interference, but Thornton, Meridith, Tait and the majority are still sceptics in regard to it. In Hystorectomy the chief point in dispute is the treatment of the pedicle. Many advocate the intraperitoneal method where it is dropped back just as in the case of ovariotomy—but a majority seem to consider it safer to keep control of it by retaining it in the abdominal incision—for this purpose Kæberlé's serre nœud is the favorite apparatus.

In cases of pregnancy where for any reason a living child cannot be delivered per vias naturales the modern idea is strongly in favor of removing it by an abdominal incision. The chief point to be settled here is whether a simple Cæsarian-Section shall be done, or whether the Uterus and appendages shall also be taken away by what is known as Porro's operation. In favor of the latter course is the fact that the patient escapes the risk of ever again being in a like danger, and as the operation is usually called for in women who could not bear a living child, this is a point of importance. It seems to be settled that the operation has very little more danger for the mother, when properly performed, than when craniotomy is done, and here the child's life is spared. Just before leaving Halifax a case was up for decision of a consultaton as to doing the operation, but I have not had any report of its termination.

Leaving the purely gynæcological and obstetrical aspects of the matter, and looking at the more general surgery of the abdomen we find, first, in the surgery of the kidneys almost a subject in itself.

Nephrectomy or removal of the kidneys for cancerous growth or other tumours originating in it or connected with it, has for some time been practiced successfully—the contest is between those who favor an operation by an abdominal incision, and those who operate in the lumbar regions—to the latter operation alone is rightly applicable the term Laparotomy, which has now improperly become almost synonomous with abdominal sections. The operation by abdominal incision is especially favored by Thornton, who has had special experience in kidney operations. Nephrotomy, or cutting into the kidney is constantly done for treatment of pyelitis, or abscess in body of the organ here the incision is in the lumbar region, and free drainage is insisted upon.

For stone in the kidney we have nephro-lithotomy, giving often most satisfactory results. What is called Nephroraphy consists in securing a floating or moveable kidney in its place by stitching it to the adjacent structures. Removal of one kidney is not found to exercise any prejudicial effect upon the system—the supposition of course being that the remaining organ enlarges with the added work given it. I have had for over a year under observation a patient in whom the operation was performed by Thornton, and she has not seemed to suffer any inconvenience.

The Spleen has been removed successfully in some few cases, but their number is very limited—still there does not seem any reason why the operation should not be a legitimate one, as the successful cases prove that the economy can get along without the organ.

So also as regards the Pancreas.—Its surgery is largely in an embryo condition, and more experience is necessary before we can pronounce with any certainty about the propriety of dealing with it.

Coming to consider the Liver we find a good deal that is encouraging in the way of results. More particularly in the treatment of abscess—in the removal of gall stones by incision into the gall bladder, and also in the removal of the gall bladder itself in cases of distension due to obstruction of the duct. No one so far has suggested the removal of the Liver itself.

Treatment of cancerous and other diseases of the stomach by the removal of the organ in whole or in part, is becoming a recognized operation, though unfortunately results hardly seem yet to recommend it very highly.

The intestines are being dealt with much more satisfactorily. Malignant disease affecting them can be removed—in some cases the whole calibre of the bowel being taken away and the divided ends united by suture—an ingenious device for maintaining the lumen of the canal in such operations, is the insertion into it of a piece of decalcified hollow bone, the trachea of some one of the lower animals, or some other absorbable animal structure. In gunshot and puncture wounds of abdomen involving the intestines, the proper course now is to do an abdominal section, find out what the injuries to intestine are and close them by suture.

Besides dealing with diseases of the different organs, we also have operations for removal of retro peritoneal sarcomata and other tumours of independent growth, many of them attaining enormous size and involving operations of a most formidable nature.

In the treatment of stone in the bladder the suprapubic method is finding favor even to the discredit of Lithotrity—which until lately was supposed practically to have supplanted all cutting operations.

Opening the Peritoneal Cavity and draining it in cases of abscess, or suppurative peritonitis is regarded now as the only satisfactory course. Where the inflammation, however, is of tubercular character, the results are not usually very good. These operations are commonly done for Typhlitic or Perityphlitic inflammation, and in such cases early operation is urged.

As to the material for internal ligatures or for tying pedicles which are to be left closed in, silk seems to be superceding cat-gut and other substitutes, it being found when properly prepared, never to give any trouble.

In closing the abdominal wound, silk stitches close

together and including peritoneum skin and intervening tissues all at once are most in vogue.

After abdominal operations the less the patient is meddled with the better. Nothing in way of food should be given by the mouth usually for the first 24 hours—the strength being sustained by nutritive enemata.

The use of the opium treatment in peritonitis subsequent to operation is beginning to be questioned very seriously, some surgeons now strongly recommending the employment of saline purgatives, thus upsetting all our preconceived ideas in toto.

The question of the advisability of special hospitals for abdominal cases is still a subject of dispute with the majority of evidence largely in the affirmative. My own experience would go to show that abdominal cases do better in a special institution, or at all events outside of a general hospital. As to whether these operations may not be done as well by general surgeons as by specialists much is said on both sides, but it would seem only natural to suppose that special application must give special aptitude. This, perhaps, applies more especially where the diseases peculiar to women are concerned. Other abdominal operations of course come more naturally within the scope of the general surgeons and are being more and more dealt with by them.

And now, gentlemen, I must thank you for having borne with me so long. Though our subject is by no means exhausted, I feel sure your patience must be. In what I have said I am quite aware that there is nothing that is original, or even new to most of you, but in these days of Medical Journals it is difficult to say anything somebody has not said before. In alluding almost exclusively to the surgery of cavities, do not understand me as meaning that in the surgery of to-day we have not made progress in other directions, but merely as stating that it is chiefly in this direction that the striking triumphs have occurred.

One point I would like to make before I close, and that is the agreement of nearly all surgeons now upon the advisability of early operation in all doubtful cases of internal disease, not necessarily operation looking towards positive cure of the disease, but more especially for purposes of diagnosis. Where formerly we went on in doubt, groping in the dark, trusting to external examination and awaiting for things to develope, now we perform—or ought to—what has come to be known as an exploratory incision, prepared to proceed, if found possible, to the completion of the treatment by operation, but equally prepared if found impracticable, to close our incision and to feel that we have done the right thing, and have not subjected our patient to any undue risk, and certainly to none not fully justifiable. It is here that so many general practitioners do wrong by delay and by not obtaining early the advice of the specialist, or man accustomed to deal with such cases, for certain it is that more lives are sacrificed by too long deferred interference, than by operations too soon or unnecessarily undertaken.

SOME OF THE ULTERIOR EFFECTS OF GONORRHOEA.

Paper read before St. John Medical Society, by J. W. DANIEL, M. D., M. R., C. S., ENG.

GENTLEMEN,—One or two cases that I have lately had under my care have led me to think that it might not be amiss for me to bring before this Society the subject of "Gonorrhœa in some of its ulterior effects." As a general thing there is no doubt that both in the male and female this disease may be, and is successfully treated, notwithstanding the views of Noeggerath, who believed it was never entirely cured, views which, I believe, he afterwards modified so far as to recognize that complete cure did sometimes take place.

The male urethra, as you know, is a membranous canal of about 8 inches in length, composed of mucous, sub-mucous and muscular tissue; the spongy portion has many crypts and lacunae, while the bulbous and prostatic portions have the openings of Cowper's glands, prostatic ducts 15 to 20 in number, the vasa deferentia, and ducts from vesicular seminales. On the floor of the prostatic portion is the veru montanum, on each side of which is the shallow depression of the prostatic sinus, and in these are the numerous openings of the prostatic ducts, while in front of it is the sinus pocularis in which are the small slit like openings of the ejaculatory ducts. This short reminder of the anatomical relation of the parts will impress on your attention the very numerous openings in this part of the urethra.

"The endoscopic appearance of the mucous membrane is pink and similar in appearance to the buccal mucous membrane. The surface has a fine gloss or brilliancy given to it by a thin lubricating layer of mucus. Along the floor two fine furrows course forwards, and towards the deeper parts minute carmine tinted papillae are visible. The openings of ducts can be seen in health in the prostatic portion, but seldom or never in the part anterior to the triangular ligament. The lumen is generally linear when closed, and in the penile portion transverse, except at the fossa navicularis, where it is vertical and lozenge shaped. At the membrano-prostatic portion the lumen is saddle shaped or arched." (Berkeley Hill.)

The disease under consideration may be limited to mucus membrane and be of slight virulence, or, more severe, cause inflammation of mucous, submucous and erectile tissue, may pass down the ducts into Cowper's glands, and affect the prostate and vesiculae seminales through the openings leading to the organs, or reach the bladder or testicle producing cystitis, orchitis or epidydimitis. Seminal vesiculitis is almost as common as epidydimitis, for when inflammation reaches ejaculatory ducts it is just as liable to extend to seminal visicles as to epidydimis. It gives rise to swelling at base of bladder, most frequently terminates in resolution, but sometimes suppurates. The symptoms are those of vesical irritation, pain during defecation, nocturnal emissions of painful character, irritability of sexual organs shewn by almost constant erections. Swelling may always be detected by finger in rectum.

In addition to the inflammatory action accompanying gonorrhœa, there may be erosions of the membrane accompanied with patches of granulations stretching obliquely or transversely along the urethra ending in fibrous ridges and forming strictures. When there is deep seated inflammation the changes left are more serious, the tissue affected being

turned frequently into scar tissue, the appearance after the congestion has left being a lustreless grey. After some months the surface of the scleroses become irregular and ridged, and they form fibrous strictures. When the inflammation gets into the glands and crypts, it causes that unpleasant and well known symptom called gleet. Often in the prostatic portion is left a prostatic catarrh, accompanied it may be with erosions, giving rise to pain on micturating of a smarting, burning character, and I have known such a patient to be sounded and treated for stone, and have very active local treatment applied to interior of bladder. I have under treatment at the present time a patient suffering with an erosion or granular patch of this portion of the urethra, the result of gonorrhœa, accompanied with intense smarting on micturition, and altho' the trouble is not extensive or spread over a large surface, it is the source of much mental as well as physical pain. It is seven years since he had gonorrhœa; he got well, as he supposed in a couple of months. Afterwards this trouble commenced associated with bloody urine, very frequent painful micturition and tenderness on pressure against perineum.

It appears to me that it is the prostatic portion of the urethra on which the more chronic injuries of gonorrhœa are wrought and they partake frequently of the nature of erosions or granular patches, and especially of a chronic, tender and catarrhal condition of the ducts opening in this region. Frequently the subject may consider himself completely cured; true, he may notice a little moisture at the meatus, but it is occasional, and there are no distressing symptoms; he believes himself well, gets married, and in a short time is horrified to find himself with an acute gonorrhœa. The trouble does not end there, for by this time he has infected his wife. For the husband, it may be, under the circumstances, one need not feel much sympathy. But what can be more unfortunate than the wife, who through no fault of her own becomes the victim of this loathsome disease, which if not speedily cured, may be the means of permanently destroying her health. These cases in the male would seem to be what Noeggerath calls "latent gonorrhœa." Dr. Reanney, of Cincinnati, a writer on diseases of uterus and vagina, says of it, "In this form the gonorrhœal inflammation is supposed to have been long cured, but there exists in reality a granular inflammation of the urethra at some one point producing scarcely any appreciable discharge or other symptoms. Proper exploration reveals a stricture of large calibre. This condition I have repeatedly known to produce a viginitis, endometritis and salpingitis very soon after marriage, when the cause of the trouble was not suspected by either husband or wife." Of 99 cases of pelvic peritonitis grouped in a memoir by M. Bernutz, 28 were caused by gonorrhœa. He says: "in these cases the peritonitis never appeared before the 8th day, rarely before the 14th, frequently at end of month, corresponding to menstrual period. It was the result of genorrhœal endometritis extending by continuity of tissue along fallopian tubes to the peritoneum." Reference has already been made to the views of Noeggerath, and as it is now some years since his paper was published, I will remind you of some of his deductions:

1. As a rule gonorrhœa, both in the male and female, persists during the life of the individual, in spite of apparent cure.

2. There exists a latent gonorrhœa in the male, as well as in the female.

3. This latent disease in both male and female, may cause either a latent or an acute gonorrhœa in a previously healthy person.

4. A latent gonorrhœa manifests itself in women, in time, as acute, chronic or recurrent perimetritis, or ovaritis, or as a catarrhal affection of the individual parts of the mucous membrane of the genital tract.

5. Wives of those men who at any period of their lives have had gonorrhœa, remain as a rule sterile.

6. Those who may become pregnant either abort or bear only one child. In exceptional cases 3 or 4 children may be produced.

He further says: "I believe I do not go too far when I assert that of every one hundred wives who marry husbands who have previously had gonorrhœa, scarcely ten remain healthy, the rest suffer from it or some other of the diseases already mentioned as resulting from it."

You will probably not accept these views as being correct *in toto*, and the author somewhat modified them afterwards, but while they are too sweeping in their generalizations, they embody a large amount of fact which it is our duty to recognize; indeed as far as the production of sterility is concerned, it is now generally admitted that the sealing up of the ends of fallopian tubes by the inflammation of this disease is one of the most frequent causes of sterility in prostitutes.

In the American Journal of Gynecology Dr. Mann gives us among the most frequent causes of endometritis the extension of gonorrhœal inflammation from vulva and vagina. I have at present under treatment a case of this kind, cervical endometritis accompanied with erosion of os. This young woman, before the attack of gonorrhœa was strong and healthy, now while not an invalid exactly her health and strength are both much impaired, and probably permanently impaired. It would appear then if what I have been stating is true, that in addition to gleet and stricture, epididymitis and orchitis, troubles long recognized as the result of gonorrhœa in the male, erosions and granular patches of urethra, prostatic catarrh, inflammation either simple or suppurative of the vesiculae seminales, inflammation of Cowper's glands, some one or more of these inducing or keeping up what may be called a latent gonorrhœa, must also be added to the ulterior effects of gonorrhœa, and they make a list which if more generally known by the public would cause.

> "Many a young man's conscience to wake despair
> That slumbered, wake the bitter memory
> Of what he was, what is, and what may be."

The extension of the disease in the female to the cervix and body of the uterus, I believe to be very common indeed, accompanied as this disease usually is, by erosions difficult to heal; in the female too the disease apparently cured, may become latent, and in this form may become acute, and the women, if married, may reinfect her husband. It is in this way, I think, that the doctor is sometimes called upon to explain to the satisfaction of the husband how it is he has got a gonorrhœa when he is quite sure of his fidelity to his wife, whose right living is also unquestioned; or it might be the wife who would know the meaning of the discharge or other gonorrhœal symptoms with which she has become suddenly affected. Happy the physician who without offending his conscience can so explain matters as to cause a return of the domestic peace so nearly wrecked; and unhappy may he always be, who without going further into the rationale of the whole affair, tells a gonorrhœic patient who insists on his own marital fidelity, that his wife must necessarily be unfaithful. The responsibility of a

medical opinion in a case of this kind is very great, both legally and morally, and in these cases all the ulterior effects of gonorrhœa must be clearly kept in mind. Endometritis and salpingitis arise of course, from other causes than gonorrhœa, but when the result of catarrhal inflammation, are more readily remedied, nor is there the same liability to pelvic peritonitis and sealing up of the tube, nor is the inflammation so severe or protracted.

With regard to the treatment of gonorrhœa in the male it is not necessary to speak, it being a disease you are all called frequently to treat. I may say that erosions and granular patches must be treated by direct local applications to the affected part, which if contracted as it usually is, must first be dilated with the proper instruments. Argent. Nitrat. is probably the most useful astringent to apply in strength varying from 5 grains to 25 grains to ℥1 of water. With regard to treatment of the disease in the female, Dr. Cullingworth of St. Thomas' Hospital recommends that patient should be placed on her back in a good light, so that vulva may be exposed, discharge wiped away with pledgets of cotton, any abrasion on nymphal be swabbed with strong carbolic acid, as also the mucous membrane surrounding orifices of vulvo-vaginal glands, after pressing out and removing any pus that may be in the ducts. If urethra is implicated, he dips a pledget of cotton wool wrapped around a probe into strong carbolic acid and passes it along urethra and gives copaiba internally. If cervix is affected he removes all discharge, scrapes erosions and applies strong carbolic acid to erosions and canal, and if body of uterus is affected treats that in a similar manner. He then swabs the whole vaginal canal through a speculum with Sol Hydr. Chlor. Corros, (1 to 1000.)

Dr. Lee, of New York, recommends the laying of strips of lint dipped in a proper antiseptic and astringent solution along the whole surface of the vagina, protruding an inch; these are left in for 24 hours, then taken out, vagina douched and fresh lint replaced. This to be repeated as often as necessary. This treatment was for vaginitis, not necessarily gonorrhœal, but I think it an excellent suggestion for the latter as well as the former.

COCAINE, ITS USE AND ABUSE.

BY W. S. MUIR, M. D., *Truro.*

EVERY medical practitioner is perfectly familiar with the use of cocaine, but many are not aware of its abuse. That it is, when skilfully and judiciously employed, a perfectly safe local anaesthetic few will doubt, and like many other drugs of this class its use has, I am sorry to say, drifted into the hands of the travelling quack and advertising dentist, the former usually prescribing it inwardly, the latter using it as a secret remedy for the painless extraction of teeth.

To the specialist cocaine is invaluable. In Gynaecology, Otology, Ophthalmology, Laryngology, Nasal, Dental and Genito-Urinary Surgery it has occasioned a new era, which might be called the Cocaine Era.

As long ago as 1860, Niemann produced the Alkaloid Cocaine from the leaves of the Erythoxylon Coca. Christison tells us that the peculiar properties of the coca leaves have long been known to the natives of Peru; we read of marvellous journeys and remarkable feats of endurance performed by the natives of the Andes. However, we do not require to go back to the writings of Humbolt or Markham to prove the exhilarating effects of coca, as we find many public speakers of the present day, (temperance orators and clergymen not excluded,) who think their respiratory organs as well as their intellects and rhetorical powers much improved by the use of coca.

The sale of the different preparations of coca is enormous. We find the athlete, the clergyman, the teacher, and the delicate woman, all alike taking fluid extract and wine of coca, and in many cases prescribed by that victim of circumstances known to the public as a conscientious doctor. The conscientious doctor of the community is generally the circumscribed one, mixing little with his medical brethren, and medical societies, but never losing a chance to be at some district tea meeting when he can air himself as a teetotolar and prohibitionist. Gentlemen this pays, and ours is not the only profession in this country that is driven to it. The man who has true temperance at heart will never forget his profession, whilst the humbug who is only scratched with it, never forgets to air himself at every corner, thus gaining a temporary reputation.

Medical men in the province of Nova Scotia, those in the country districts especially, who have the courage of their convictions, are taunted and ostracised by extremists and fanatics, when, under any circumstances they prescribe brandy or whiskey, The good doctor, will, however, give beef, iron and wine, blood bitters and wine of coca, and such like, at the same time singing his little song, alcohol is but a stimulant! no curative effect! ammonia is just as good! while the honest man gives the most honest form of hydro-carbon as well as the most concentrated known to us. Which do you pity most the nice doctor or his patient?

As long as thirty year ago Niemann first produced the alkaloid Cocaine, procuring a sulphate, in a semi-liquid, greenish mass, sparingly soluble in water and soluble in alcohol and ether.

The advent of the Cocaine era dates from September, 1884. Barely six years ago, Dr. Karl Koller, formerly of Vienna, but now of New York City, demonstrated to the Ophthalmological Congress, then assembled at Heidelberg, that a two per cent, solution of the hydro-chlorate of cocaine dropped into the eye produced complete insensibility of the conjunctive. We are told that this wonderful exhibition completely transfixed those present, and that some of the Americans present immediately cabled the discovery to New York.

In the early part of 1885 Prof. Horatio C. Wood of the University of Pennsylvania, delivered some lectures on the use of the hydro-chlorate of cocaine in minor surgical operations. However, Dr. J. Leonard Corning, of New York, demonstrated that the insensibility in a part can be localized and prolonged by arresting the circulation in the part to be operated upon. You will see in a few moments how important this discovery was. Dr. J. A. Wyeth, of the New York Polyclinic, one of the best and most practical surgeons in the United States to-day, states in the *International Journal of Surgery*, October, 1889, that he uses the following solution: distilled water, one ounce; hydro-chlorate of cocaine, twenty grains; boracic acid, one to three grains; and for every day use sealed capsules containing one grain of cocaine disolved in half a teaspoonful of warm water free from lime. This is about equal to a four per cent. solution. This essay of Dr. Wyeth's is one of the best, if not the best, upon the use of cocaine in surgery, up to date. Dr. Wyeth confirms Dr. Corning's remarks about the necessity of localizing the alkaloid as far as possible. He tells us that absorption can scarcely be prevented when introduced into

the face and trunk, and that any procedure where the necessary anaesthesia can be obtained by the employment of not more than one drachm of four per cent. solution may be safely done with this agent. Again, allow me to quote from Dr. Wyeth's most excellent paper to show how necessary it is to prevent absorption, and how very easy in some cases. The doctor says: "Circumcision in adults need no longer require general narcosis; constricting the penis at the pubes with a rubber tube, after thorough disinfection, the prepuce, is pulled forward, put thus on the stretch, and the needle entered at the free border in the middle line on top between the mucous and cutaneous layers. The point is then carried back as far as the proposed line of section and one minim forced out. Half way withdrawing it is carried forward again to right and left, forcing out a minim for every quarter of an inch of the line of section. It is usually necessary to again introduce the needle at or near the frenum and deposit two or three minims here on account of the extra sensitiveness of this point. The patient frequently assists at this operation, such is the freedom from pain."

Cocaine is a true local anaesthetic, that is, a local anaesthetic to pain only and not to tactile impressions. Its local effect is due to an inhibitory action on the peripheral sensitive nerves, the immediate effect being an anaemia of the affected part due to constriction of the blood vessels. This is followed by increased arterial pressure thus stimulating the cardiac impulse. This impulse soon passes away.

Bartholow states that cocaine first stimulates and afterwards paralyzes the pneumo-gastric nerve and respiration is at first increased and afterwards paralyzed, failure of respiration being the mode of dying.

Brown-Sequard has demonstrated the fact that when cocaine is injected into a vein it produces a general anesthesia, the insensibility being complete as regards painful and tactile impressions.

During the past year several travelling dentists have visited us, all professing to extract teeth without pain, and with a great remedy unknown to all others. They will swear it is not cocaine and does not contain cocaine. This is only a myth. On two or three occasions I was called professionally to attend the injured. My first visit was to the dentist's office, where I found a lady in a very bad condition. Her respiration was only 10 to the minute and gasping, pulse 130, small and jerky, face pale and fearfully anxious, skin cold; she thought she was dying and feared approaching death, which she said was certain, and although ordered stimulants and friction she refused both, declaring death was inevitable. She never lost consciousness, but it was some hours before this sensation of approaching death disappeared. The dentist informed me that he had only given one small injection of his secret remedy, and that his remedy did not contain cocaine, which statement I believe to be untrue. In this case the cocaine seemed to influence the circulation as well as the respiration. Cases are reported very like mine by honest men, but I have not the slightest doubt but mine was a case of cocaine poisoning. Since that I have seen several other cases. They all had the same symptoms, pallor and the coldness of the extremities, the awful fear of approaching death, small, quick pulse, and slow, gasping respirations. I have only heard of one case of complete unconsciousness, that unhappy condition being to a great extent kept off by the operator always keeping up a varied and forced conversation with the patient, which, to a great extent, prevents drowsiness. Many patients have had sloughing of the soft parts after visiting these travelling quacks; this must be due to the lack of antiseptic precautions In no instance have I known the operator to use antiseptic precautions, not even a mouth wash before using the secret remedy, young, old, fat, lean, alike are treated in this manner. No precaution whatever for the obese whose circulation is always in doubt; no precaution whatever for the old with their blood vessels filled with atheromatous deposit; no precaution for the thin and anaemic girl; no thought of idiosyncracy ever enters their minds; 'tis all for money.

Is it not time, gentlemen, that the members of the dental profession in the Maritime Provinces, and especially the public, should have protection from these quacks. As most of the dentists in this province are gentlemen who have spent their time and money to become qualified, why should they not have the same protection as the physicians and druggists.

The cocaine habit is assuming wonderful proportions. In many cases it has been unintentionally formed, some taking it for sleeplessness, others have contracted the habit from simply brushing the nostrils with a solution for hay fever. I am told by one who has passed through the fire that it is as difficult to abandon the cocaine habit as to abstain from drinking and the use of tobacco. The drinking of wine of coca has, as I said before, become enormous. Many people in this country keeping it in their houses as a staple article. However, the day is coming when all these articles containing more alcohol and flavouring than anything else must be controlled and take their proper places upon the grocers and druggists shelves.

Cocaine is, as I said in the beginning, a perfectly safe local anaesthetic when used carefully and correctly. I do not think that the surgeon should use it in any operation when he cannot control the circulation. I have never heard of an accident or death from cocaine when the circulation in the part operated upon was controlled. Then it must be of great use to the surgeon in an operation about the feet and hands, circumcision and all other operations about the penis. It is invaluable to the oculist, most of the operations of the day being performed under its influence. Its mydriatic effect, which lasts for only an hour, may in some cases interfere with the operator, however I have not noticed this spoken of. The Laryngologist uses it daily in examination and operation about the larynx. In genito-urinary surgery it has taken its place to stay, and is used in all minor operations about these parts causing them to be painless. As an injection in acute gonorrhoea I have found it relieves the painful erections, also in passing the sound and catheter in a sensitive urethra, and in a case of cystitis its results were happy. It is recommended in tonsillitis, hay fever, epistaxis, and in the second stage of labour it has been found useful. In neuralgia, asthma, whooping cough, paralysis, agitas, chorea, vaginismus, pruritus, tetanus, strychnia poisoning, and very lately it has been advocated in the iodine treatment of hydrocele before the introduction of the trocar, so that the sac may become completely insensible before the introduction of the iodine. Attacks of migraine have been cut short by the hypodermic use of cocaine, but as most cases of this troublesome complaint yield to antipyrine, its usefulness here is limited. Luton has used it with marked success in the treatment of small-pox, giving it by the mouth and hypodermically three times daily; at the beginning of the disease it lowers the temperature, and if given during the eruptive stages it cuts the disease short, and the pustules desicate. In sea sickness, in large doses, it has been successfully tried. In bronchial

asthma combined with the fourth of a grain of morphia I have found it gives immediate relief to the dyspnœa. I have used it as an ointment to allay the itching of vulvar and anal pruritus, but in my hands it was a complete failure. I also tried it in the form of a solution for these same complaints but with similar results. In two cases of obstinate vomiting its administration failed to give relief. In the first case I thought that my giving it in solution may have been the cause of failure, but in the form of compressed tablets it failed also. In morphinomania its use by the mouth has been recommended, but never if any toxic symptoms thereby arise.

That cocaine has dangerous effects none can doubt, and that it is a much abused drug none can deny, but as I said at the beginning this is almost entirely due to the hands its use has fallen into, many of the accidents occurring in the hands of dentists, due to two causes no doubt, the amount required to extract a number of teeth, also the vascularity of the mouth. A case is reported where total unconsciousness, with irregular and slow respirations, was produced by 3 minims of a 20 per cent. solution placed in the cavity of a tooth. Many of you will remember reading of the unfortunate surgeon in Russia who committed suicide after the death of his patient caused by the injection of cocaine into the rectum. Dr. Abadie reports a case of death following the hypodermic injection of $\frac{3}{4}$ of a grain of cocaine into the lower eyelid, but it should be remembered that the patient was a feeble old woman. I notice in the English Year Book of Treatment for 1890 that the use of cocaine hypodermically about the head is especially liable to be followed by unpleasant symptoms. I also quote the following from the same source to prop up this opinion. In one case the surgeon had incised the drum head, and dropped some cocaine solution into the middle ear. The patient, a lady of 47, suddenly grew pale and giddy and fell off the chair. The symptoms lasted for over 4 hours; complete recovery did not take place till the following day. In the second case he dropped the cocaine into the middle ear through an old perforation, prior to the application of electrolysis to the eustachian tube; the symptoms were the same as in the first case. In the diseases of childhood it should be very carefully used. It has been noticed that opium eaters bear large doses of this drug. To sum up I would say that cocaine is to the general practitioner a most useful drug; that it should be used cautiously, especially when you cannot control the circulation; that it claims its victims under the head of idiosyncrasy is a point always to be kept in mind; that it acts directly upon the blood vessels, and causes a rise of temperature which according to to Masso and Stockman, is quicker in appearance and more permanent than that produced by any other known substance, causing death by asphyxia, the respiration being paralyzed, and that from these reasons it should not be used except in unavoidable cases where you have any organic heart or lung trouble; that your solution should always be freshly prepared, and antiseptic, (boracic acid is the best antiseptic to use,) that your solution need not be stronger than 4 per cent., which is equally efficacious and less dangerous than a stronger one; that fifteen minims of a four per cent. solution, which is equal to $\frac{1}{3}$ of a grain of cocaine is usually enough for a single hypodermic, while double of that may be used with safety in a healthy subject. That in the urethra and rectum you can use from one to two drachms of this same solution with impunity.

In cases of poisoning by this alkaloid, artificial respiration is the first treatment to adopt, following it up with stimulants. Amyl nitrate by inhalation is said by some to be useful, but according to Masso, it is not of much use in the majority of cases. Chloroform, ether and strychnine antagonize the action of cocaine, and should thus be useful in cases of poisoning.

June 30, 1890.

GONORRHŒAL CONJUNCTIVITIS.

BY E. A. KIRKPATRICK, M. D.,

Late Resident and Assistant-Surgeon to the New Amsterdam Eye and Ear Hospital, New York.

CONSIDERING the prevalence of specific urethritis and the highly contagious character of its foul discharge, we wonder at the comparative infrequency of a like disease in the conjunctiva. Instinct apparently teaches even the most degraded and ignorant of the human race that it is very imprudent and extremely unclean, after attending to the urgent demands of a gonorrhœa, to raise the unwashed hand to the face, and yet a sufficient number of cases are inoculated in this manner to make it imperative upon us to warn patients suffering from gonorrhœa of the danger of carrying the poison to the eye direct by the hand or through the medium of towels, handkerchiefs, etc.

The sequelæ of a gonorrhœa, including stricture, epididymitis and even thickening of the penis, are amenable to the knife, sound or drug, but how different the sequelæ of a gonorrhœal conjunctivitis which has pursued an unfavorable course. While interference in vision caused by a small leucoma may be remedied by an iridectomy, the cases on the other hand in which the whole corneæ have become destroyed, are doomed to a life of the blackest night.

A man in the prime of life was led into the New Amsterdam Eye and Ear Hospital last spring totally blind with anterior staphyloma of both corneæ, and upon receiving his history it was learned that in the month of January he had suffered from gonorrhœal ophthalmia. A few weeks later a patient was admitted to the same hospital in whose right eye a fully developed gonorrhœal conjunctivitis existed, with the same disease just beginning in the left. These two cases serve for examples, and from their course, treatment and results, something may be learned. In the one as a result of improper or neglected treatment, the conditions present almost destroys the man's very existence, leaves him an object of pity, and he and his family become a tax upon the state. With the other life is radiant sunshine itself, and he goes forth into the world with a full appreciation of the enjoyment which comes through the medium of good vision. The practical importance of such observations prompted me to draw the attention of the readers of the MARITIME MEDICAL NEWS to a disease preventable in its nature, amenable to careful and judicious treatment, but sadly disastrous when left to itself; and at the same time to communicate the cases above mentioned, giving in detail

the cause, management and result of the one which was constantly under our care I trust that the effort may meet with a general and practical application.

Case 1.—T. R., aet 45, an ignorant Italian contracted gonorrhœa in the later part of December, 1889, and soon after the beginning of the discharge from the urethra his eyes became inflamed, probably inoculated with the gonococci. It was learned that the inflammation was very severe and that some measures had been taken to subdue it, such as hot applications, bandaging and like unscientific means. When he entered the hospital he was irretrievably blind in both eyes, having complete leucoma of both corneæ as well as marked anterior staphyloma. Abscission of the right staphyloma was performed simply to permit of the closure of the lids, and not with a view of the restoration of vision. Nothing more could be done, and he therefore was discharged as he came—so far as vision was concerned—totally blind.

Case 2.—A. G., aet 17, entered the same hospital June 7th, suffering from a typical gonorrhœal ophthalmia, set up by the direct transference of pus from a gonorrhœa into the conjunctival cul de sac. The inoculation had taken place in the right eye four days before admission, and in the left the day before. In the right eye the disease had progressed to the second stage when copious and purulent discharge, extensive chemosis of the conjunctiva and great swelling of the lids were present. The discharge was so abundant as to require cleansing the cul de sac every few minutes, the chemosis over-lapped the cornea all around, and the swollen upper lid hung down over the lower, but the cornea was clear and uninvaded.

It was impossible for the patient to open his eye, while of course much discomfort was experienced. The left eye was in the first stage presenting more the appearance of an ordinary catarrhal conjunctivitis with a watery and mucoid discharge, considerable injection of the conjunctiva and the subjective symptoms of photophobia, lachrymation and some pain. Thus we had one eye in the height of the inflammation, the other in the beginning of the first stage.

A day and night nurse were provided, ice cloths were applied and changed every minute, and the conjunctival cul de sacs cleansed every five minutes with corrosive sublimate solution 1–10000.

On June 11th a crescentic ulcer was forming on the right cornea situated superiorly and peripherally, and a slight haziness spread over the remaining part of that tissue. The chemosis was a little greater, while the swelling of the lids remained about the same as upon entrance. Slight pain radiating upwards was complained of. The disease in the left eye had progressed to the second stage. A solution of sulphate of atropia 1% was ordered for the right eye—one drop every three hours. The ice cloths and cleansing with corrosive sublimate solution were continued. The next day the ulcer perforated, completely obliterating the anterior chamber. A dense and deep infiltration occupied a large central area of the corner, showing that the nutrition of that tissue was seriously interfered with and necrosis of its substance threatened. More pain was complained of by the patient. The left eye remained unchanged. Atropia was discontinued and eserine (1 gr. to the ounce) ordered for the right eye, thinking to draw the iris away from the perforation and thereby prevent its entanglement in the perforated ulcer, and at the same time to assist in clearing up the cornea.

The following day, June 13th, revealed a beginning iritis in the right eye, though the central corneal infiltration had almost entirely disappeared and the anterior chamber reformed. Conjunctival chemosis, swelling of the lids and discharge still very great in either eye. Eserine was discontinued in the right eye and atropine again resorted to in order to control the iritis.

On June 15th, in the right eye two broad synechiæ posterior prevented a regular dilation of the pupil while considerable exudation was seen on the capsule of the lens and in the anterior chamber, which now was of normal depth. No apparent change was noticed in the corneal ulcer though evidently there was no longer a perforation. The pain referred to the patients right temple becoming severe, four leeches were applied with much relief. In the left eye no change had taken place.

By June 17th, the exudation from the iritis had became absorbed and a circular dilated pupil had responded to the persistent use of atropine. The swelling of the lids and the chemosis of the conjunctiva in both eyes began to subside and this gradual improvement continued till recovery.

A daily application of nitrate of silver 1% was begun on the 20th, and atropine omitted. On July 1st for the first time in the three weeks the night nurse was dispensed with, and therefore ice cloths and cleansing of the cul de sacs omitted, but only for six hours out of twenty-four.

July 9th, five weeks after admission the patient was discharged with normal ocular conjunctivæ and but little thickening and irregularity of the palpebral. Right vision was $\frac{20}{200}$, and left vision $\frac{20}{30}$. Daily applications of nitrate of silver were continued for some days after the patient's discharge.

On July 16th R. V. = $\frac{20}{40}$ and L. V. = $\frac{20}{20}$. It will be noted that the vision in one eye is normal, while in the other it is sufficient for all practical purposes. It will not be amiss to describe somewhat in detail the treatment of this dreaded disease as carried out by Dr. Pooley in the New Amsterdam Eye and Ear Hospital; by Dr. Webster, in the Manhattan Eye and Ear Hospital, and by other ophthalmic surgeons of good repute, in New York city and elsewhere. If only one eye be inflamed the other should be protected by Buller's shield, which consists of a watch glass inserted between two pieces of India-rubber plaster, a round window being cut in the centre of each. This plaster should be cut about 4″ square and

fixed to the cheek, nose and forehead, in such a manner as to leave only the outer lower angle open for ventilation. Place in a basin a block of ice about 10″ square and upon its surface pieces of linen 2″ square; these are passed from the ice to cover the eye lid and removed as soon as they loose their sensation of cold One piece should be applied but once and after removal should be burned. A large bottle of corrosive sublimate solution, 1 to 10000 is kept at hand and a small quantity is poured into a towel, and with bits of absorbing cotton the lids should be exerted and thoroughly cleaned as often as necessary to keep them free from accumulating pus. A fresh bit of cotton and fresh solution should be used each time—the cotton afterwards being burned. If there be a very copious discharge, and therefore very frequent washing the corrosive sublimate solution will have to be reduced in strength to 1 in 15000, or 1 in 20000, or 1 in 25000, as indicated by the amount of irritation produced. Applications of nitrate of silver are to be avoided until the disease is on the decline—cauterization even of a mild character being certainly contra-indicated, at least until the acute infiltration has passed its height. Leeches to the temple may be of slight service when complications arise, but I have never seen any indications for dividing the outer canthus, scarification of the palpebral conjunctiva and like measures. Corneal and iritic complications are to be met as in the case reported. Doubtless in this case eserine was an important factor in the causation of the iritis, but at the same time the drug assisted materially to close the perforation and clear the cornea, while iritis is far preferable to panophthalmitis.

Priestly Smith and some others in 1882 and 1883, were enthusiastic over the abortive influence of iodoform in the disease, but in reviewing the ophthalmic literature since that time we do not find any further reference to its efficacy. If used very finely powdered to avoid mechanical irritation of the sharp crystalline edges, it doubtless would be of service and particularly useful in those cases where we fear neglect on the part of the attendants to keep the eyes clean. The danger of the drug being adulterated with potassium and other salts, is against its use.

Finally, and of great importance, the attendants should be warned of the extremely contagious character of the disease and should not be permitted to use a spray apparatus for cleansing the cul de sacs, lest some of the spray rebound and in this way inoculate their own conjunctivæ.

Attention to the urethritis and general health must not be neglected in our anxiety to save vision by careful and judicious local treatment.

A WOMAN in Allenford fell dead while giving her husband a curtain lecture. The local paper hasn't room for her "last words" without crowding out six columns of advertisements—hence they will not be printed.—*Norristown Herald.*

Hospital Practice.

GENERAL PUBLIC HOSPITAL, ST. JOHN, N. B.

F. G. ESSON, *Superintendent and House Surgeon.*

(Case—Congenital absence of uterus. Under the care of Dr. Murray MacLaren.)

A. R., aet 23 years, was admitted in the month of August of this year, complaining that she had never menstruated nor borne children, although she had been married for two years. The patient has always had good health, and noticed that once a month she had severe headache and vomiting, with considerable pain in the hips and throughout the body. Her breasts enlarged somewhat at the same time. On examination the patient was found to be well developed, the breasts normal in size, and the pubic hair present. A digital examination, per vaginam, showed a blind pouch about three inches in length, or rather less, with no evidence of cervix uteri. The Bimanual Abdomino-vaginal examination was made very satisfactorily, and demonstrated very clearly the absence of the uterus. The appendages could not be palpated.

POSTHUMOUS LABOR.—A correspondent writes in the *Lancet*, July 19, 1890, that at Moglia, in the province of Mantua, there recently occurred a case of *post-mortem* delivery in some respects unique. A woman, Lavinia Merli by name, subject to chronic epilepsy, had suddenly lapsed into the cataleptic state when in the eighth month of pregnancy. So death-like was the trance that she was certified as dead and ordered to be buried. The coffin containing the unfortunate woman was closed and deposited in the mortuary chapel pending the grave digger's work, when next morning it was found with the lid raised. The woman's body, now a corpse, was horribly contracted, and, closely pressed between the knees, lay a new-born child, quite dead. The grave-digger and his men, for reasons of their own, kept their discovery a secret and buried the two corpses. The facts, however, leaked out, and the judicial authorities, aided by physicians from Mantua, at once proceeded to exhume the coffin and examine its contents. A very minute and prolonged inspection was made, with the result that the physicians declared themselves satisfied that the mother was already dead when the child was expelled from the womb. From the position of the bodies and the commencing decomposition in which they were found, taken in connection with other considerations set out at length in the official report, the conclusion was arrived at that the gases, disengaged by the putrefactive process, and seeking an exit, had forced out the fetus; that, in short, the case was one undoubtedly very rare, but by no means unprecedented, in obstetric experience of "posthumous labor."

The incident, however, has attracted notice beyond the Mantuan province, and medico-legal discussion on its details is yet far from being exhausted. It is asked not unnaturally, if the woman Merli had really ceased to live, how the coffin lid came to be even partially raised? She is not by any means the only patient, in catalepsy or "nona," who in quite recent Italian experience has been certified as dead and treated accordingly and the anti-cremationists, making the most of such cases, are warning the people how still more slender, in apparent death, would be the chances of escape for Merli and her like, if, instead of the coffin, she had been consigned to the crematarium.—*Medical and Surgical Reporter.*

The Maritime Medical News.

November, 1890.

Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication must be legibly written in ink on one side only of white paper.

All manuscripts, and literary and business correspondence, to be addressed to

DR. MORROW,
ARGYLE STREET, HALIFAX.

THE twenty-second session of the Halifax Medical College will be opened on Monday, November 3rd, 1890. Twenty-three sessions comprise a history, and a college with a history of twenty-three sessions deserves more than a passing notice from all interested in higher and especially in medical education.

In the face of many difficulties, the Halifax Medical College has been maintained for a generation. The time has now come when we can and must recognize in this College the bud and promise of a most important, valuable, and soon to be powerful institution. The past difficulties have been such as oppose the progress of all higher educational institutions in new countries. Means have been lacking, the number who have understood and acknowledged the need and opening for such an institution has been comparatively small; there has perhaps been a greater tendency with some to enumerate and even emphasize its disadvantages and lackings than to encourage and assist its progress; and lastly on the part of the governing bodies of certain institutions and the Provincial Government itself there has not uniformly been evidenced an enlightened disposition to co-operate in the worthy project of medical education, as might be done by facilitating the access of students to confinement cases, and by assisting in or by the permitting of a satisfactory supply of dissecting material.

These difficulties have been real and at times oppressive. Then, not so long ago, such a material difficulty arose affecting the relations between hospital and college, as to necessitate for a session or two the closing of the college. But from the virility associated with its intrinsic *raison d'etre*, the College at the first possible moment resumed classes, for a year in the primary branches only, and then in all the subjects of the curriculum. The Faculty is now thoroughly organized, is more complete than ever before in the history of the College, and the curriculum is in keeping with the requirements of a modern medical education.

Halifax is an increasingly populous and busy seaport, and the clinical advantages to students are now considerable. Besides the medical, surgical and pathological departments of the Hospital, students have access to the Dispensary, to the hospital wards of the Poor House, and under the guidance and teaching of the resident staff, to the wards of the Hospital for the Insane.

The population of the Maritime Provinces forms a substantial constituency from which the students do and will present themselves, and, altogether, the Halifax Medical College has now at its disposal all that is necessary to guarantee for it a rapidly progressive and prosperous future. Whether the College continues its work independently and separately, as at present, or sooner or later becomes known as the Medical Faculty of Dalhousie University, is a matter meanwhile of minor importance.

The College has strong claims to support and encouragement, and such may now be reasonably expected from the body of the profession in the Maritime Provinces.

THERE came lately to the office of this journal a circular from a college in the United States.

The circular includes a general invitation to physicians to send donations of surplus books, and it is promised that the donors will be "properly remembered." We quote from this invitation: "It (*i. e.*, the —— —— Medical College) is recognized as a first-class college in all parts of the United States, and no college in this country lives up closer to its requirements than this. No person is graduated from this college unless actually in attendance, full time, and a thorough examination .... so that persons who favor the college with their donations of literature can rest assured that it is seed sown upon good ground; the stones and rocks having all been cleared away." Then again: "Remember that students matriculating for session 1890–91, and who fill all other requirements, will be entitled to graduate

on attendance at two courses of lectures, but after this session must take the three years' graded course."

We do not mention the name of the college for two reasons; firstly, lest some stray student or other person ambitious for an M. D. degree should be attracted by this easy mode of getting one, and secondly because the college is, we suppose, entitled to some credit for being about to lengthen its course by one year. But we are happy to say that our Canadian professional status and laws are now such that a college professoriate would be neither able nor, we believe, inclined to advertise such a deplorable and disgraceful state of affairs as that in which credit and support are claimed because *candidates for the M. D. degree are compelled to be actually in attendance* FULL *time* (*i. e.*, two courses of seven months each). The self-satisfaction of the secretary of this particular college is apparently considerable, partly because of the "full time" and partly, no doubt, because this college insists on a "thorough examination."

Think of giving a boy time to get a smattering of, at most, a book or two of Euclid, and then guaranteeing to examine him thoroughly in the science of Geometry. We are glad to be able to disagree with the claim that the college referred to is recognized as a first-class college in all parts of the United States. We doubt if it could claim a third-class position. We know that in Canada it would not be *classed* at all.

Society Proceedings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

THE third annual meeting for the election of officers was held on September 25th, 1890. The election of officers resulted as follows:

President.....WM. TOBIN, F. R. C. S., (Ire.)
Vice-President.....DR. FOWLER, A. M. S.
Treasurer.....THOS. TRENAMAN, M. D.
Secretary.....A. MORROW, M. B.

Council.—Drs. Wickwire, Weston, A. M. S., J. F. Black, Cunningham, Bolstor, N. M. S., D. A. Campbell and Goodwin.

It was decided to hold meetings fortnightly.

The third annual report was read.

ORDINARY MEETING OF BRANCH, OCT. 23RD.

Dr. D. A. Campbell read a report of a case in which a phosphatic calculus-like body, somewhat bean shaped, was removed from the soft palate in the region of the junction between uvula and tonsil. Before the nature of the tumour was recognized, it was supposed that the case might be one of syphilis and under potass. iodid treatment in full doses a remarkable improvement in health and increase in weight took place, but no diminution of the swelling in the soft palate. *Query.*—*Was* the case one of syphilis? The nature of the tumour became known and its removal accomplished after the discovery of a small sinus leading to the calculus. Other interesting features of the case were noted. (We hope to publish the paper in a future issue.)

Dr. Farrell introduced a discussion on typhoid fever, and asked if any members had used *tinct. ferri perchloride* in treatment. He had lately done so in three cases, (enteric symptoms were not present,) and he thought with advantage to the patients.

Several speakers expressed their favorable opinion of the treatment; some favoured the old plan of waiting for and treating symptoms.

In regard to the fever of typhoid, Deputy Surgeon General McDowell had found the cold bath to be very efficacious and satisfactory.

A. MORROW,
Hon. Sec.

CANADIAN MEDICAL ASSOCIATION.

THE 23rd annual meeting of the Canadian Medical Association was held in the Theatre of the Normal School, Toronto, Sept. 9th, 10th, and 11th. The programme was a full one, but the attendance, especially at the opening, was small. The President, Dr. James Ross, of Toronto, delivered a very interesting address, in which he fully explained the aims of the Association and its purpose. In the afternoon Dr. Prevost, of Ottawa, gave the address in medicine—an excellent one, which appears in this issue of *The Canada Lancet*. The programme, which we gave in our last number was pretty faithfully carried out.

The officers for next year are as follows:—

President.....DR. T. G. RODDICK, Montreal.
General Secretary....DR. BIRKETT, Montreal.
Treasurer.....DR. W. H. B. AIKINS, Toronto.

Vice-Presidents—Ontario, Dr. A. H. Wright, Toronto; Quebec, Dr. S. P. Lachapelle, Montreal; New Brunswick, Dr. S. H Coburn, Fredericton; Nova Scotia, Dr. John Stewart, Pictou; Manitoba, Dr. D. Young, Selkirk; British Columbia, Dr. E. A. Prager, Nanaimo: Prince Edward Island, Dr. Taylor, Charlottetown; North-West Territories, Dr. E. A. Kennedy, of McLeod.

Local Secretaries.—Ontario, Dr. Provost, Ottawa; Quebec, Dr. P. Robertson, St. Andrew's; New Brunswick, Dr. Bruce, St. John; Nova Scotia, Dr. A. Morrow, Halifax; Manitoba, Dr. Milroy, Portage la Priarie; British Columbia, Dr. Fagan, New Westminster; Prince Edward Island, Dr. McKay, Summerside; North-West Territories, Dr. Oliver, Medicine Hat.

Committees—Necrology—Drs. J. L. Davison, Stewart, Montreal; and Daniel, St. John.

Publication—Drs. Sheard and A. H. Wright, Toronto; George Ross, Campbell, Desrosiers, Fortier, Montreal; A. Morrow, Halifax; Pennefather, Winnipeg.

Ethics—The President, Secretary, and eight vice-presidents.

Arrangements—Drs. Bell, Roger, Lachapelle, Desjardins, Lamarche, and Shepherd, with power to add to their number.

Climatology—Drs. Oldright, Toronto; McGuiness, Edmonton; D. A. Campbell, Halifax.

Auditors.—Drs. T. A. Rogers, Montreal, and A. A. Macdonald, Toronto.

Education and Literature.—Drs. I. H. Cameron, Toronto; Chown, Winnipeg; Shepherd, Montreal.—*Canada Lancet.*

PICTOU COUNTY MEDICAL SOCIETY.

THE quarterly meeting of the Pictou County Medical Society was held in Rice's Reception Rooms, New Glasgow, on Tuesday, Oct. 7th, the President, Dr. McKenzie, of Pictou in the chair. Eight members were present.

Two new members, Dr. Smith, late of Barney's River, and Dr. H. H. Mackay, both of New Glasgow, were admitted to the Society.

A letter was read from the Secretary of the I. C. R. Employees Relief and Insurance Association in reference to the action taken by the Medical Society at its annual meeting. After a full discussion it was resolved that we adhere to our tariff, and the Secretary was instructed to notify the I. C. R. Employees R. and I. Association accordingly, and to explain our grounds of action.

Dr. Macdonald, in accordance with notice given at the annual meeting, brought up his motion with respect to tendering for contracts, and after full discussion the following was resolved :

Whereas, The Commissioners for the County Insane and Poors' Asylum have been in the habit of procuring the medical services for that institution by tender and contract, tenders being asked for through the public press ;

And whereas, Competition by members of the medical profession underbidding each other is derogatory to the dignity of our profession and contrary to the code of ethics by which the medical profession is governed ;

Therefore Resolved, That this Association records its disapproval of the practice above named, and strongly recommends that the members of this Association strictly adhere to the code of Ethics governing the medical profession in this country.

That a copy of this resolution be sent to the Commissioners for the Asylum.

The Secretary then read notes of the clinical history and *post mortem* in a case of enteric fever in which the symptoms were very slight, (ambulant typhoid,) but which was fatal from perforation in the third week.

The Society adjourned to meet in Stellarton on the first Tuesday in January next.

JOHN STEWART, *Secretary*.

Correspondence.

MR. EDITOR.—Let me take your readers to a thriving town of this Province, surrounded by a fine agricultural district, whose productiveness the early French settlers soon discovered. Partaking of the progressive spirit of the business men of this community, the medical men, or at least some of them, are determined not to be outdone in the march of progress, and they bid fair to rival some of the greatest men of the times in the medical profession. Genius is not confined to any clime or country, and in a small town of two or three thousand inhabitants future Flints, Brights, Dickensons and Taits are arising to bring relief and health to many a household and fame to our Province.

But a short time ago I received the heading of the writing papers used by one of these gentlemen, in which it was stated that he gave special attention to *cardiac* and *nëphrëtic* diseases. Truly this is the age of specialism, and though I did not know what organ of the body was so unfortunate as to be seized upon by the latter diseases, I made up my mind that I was behind the times, and sighed that medical science was becoming so comprehensive. Mrs. Partington told her friends on one occasion, after she had been to hear a lecture on the circulation of the blood, that she believed she had been afflicted in that way for fifteen years, and I am beginning to be afraid that I have been suffering for some time from these nëphretic diseases.

Another styles himself *gynæcologist*, and if he is as well up in that branch as in business resources, he is bound to make his mark. A man from a mining town some miles distant went to consult him about his wife. But before looking after her interests he thought that he would "see the boys" around town and the various sights. His funds unfortunately became exhausted, but as he was bent upon securing the return of health for his wife, he presented himself to the gynæcologist, who informed him that he "did not open his mouth without first receiving his fee of five dollars." The unfortunate man was nonplussed, but the disciple of the healing art was equal to the occasion. Seeing a watch upon the individual, he told him to let him have the "ticker" as a security for the money. The kind husband could not refuse such a reasonable and modest request in his wife's interest ; whereupon the oracle opened his mouth, with what effect the writer has not heard, further than this—that the next week the time-piece was taken out of pawn.

M. D.

Selections.

ON THE TREATMENT OF DIABETES AND POLYURIA.

DUJARDIN BEAUMETZ, of Paris, thus sums up an important lecture upon the above subject. Suppose a case of diabetes of arthritic origin.

1. Let the patient take before breakfast and dinner 5 grains of carbonate of lithium in a tumbler of Vichy or Vals water ; 2 drops of Fowler's solution should be added to each dose.

2. Give after meals, in a little coffee sweetened with saccharin, 1 gramme (15 grains) of antipyrin.

3. Sponge the body all over every day with warm water containing a little *eau de Cologne*. Energetic dry friction with a hair glove after the sponge bath.

4. Require the patient to rinse the mouth, after carefully brushing the gums, after meals, with the boracic acid* mixture above given.

5. Pursue with rigor the following dietetic treatment : A diet exclusively of eggs, meats of all kinds, fowl, game, mollusks, crustaceans, cheese. All green vegetables are permitted except beets, carrots and turnips.

Urge the free use of fatty foods, such as sardines in oil, tunny-fish with oil, sour herring with oil, pork, butter, *pâté de foie gras*, "*rillettes*," bacon fat, etc. For soups, recommend principally cabbage soups, bouillon with poached eggs, chicken broth, onion soup, mutton broth, clam broth, etc. All these soups should be taken without bread or crackers.

For bread allow gluten bread, †soja bread, fromentine

*Acid, boric.....25 grammes.
Acid, phenic.....1 "
Thymol.....25 "
Water.....1 litre.
Add to the above :
Spirits of Anise.....10 grammes.
" " Peppermint.....10 drops.
Alcohol.....100 grammes.
Cochinaal q. s. to color.
M. To be diluted with as much water before using.

†Made from soja bean, used in Japan and cultivated in Europe. Contains hardly any starch ; contains a purgative oil ; taste a disadvantage.

bread; with each meal allow three ounces of boiled potatoes. To sweeten drinks, use pastilles of saccharin. Tea, coffee, matè, kola are permissable.

Prohibit all amylaceous foods, bread, panada, macaroni, rice, pies and cakes, custards, puddings, sugar, sweetmeats, chocolate, preserves, all fruits.

Milk is forbidden, unless taken in very small quantity. All sauces and gravy containing flour are also forbidden.

For drinks, allow with the meals wine diluted with Vals or Vichy water, but little pure wine, no brandy or other distilled liquors.

6. Regular daily exercise to be taken. All bodily exercises are favorable. Insist especially on walks in the open air, mountain excursions, fencing, boxing, joinery.—*Ther. Gazette.*

Notes and Comments.

JAMES M. DOHERTY, the insane lover of Mary Anderson Navarro, shot and killed the Assistant Superintendent Dr. Lloyd, of the Kings County Insane Asylum, at Flat bush, N. Y., October 9.

THE new church hospital in Halifax has been, we understand, very fairly successful. The committee have taken a large and well situated house to which the hospital will be shortly removed.

WE understand that the civil, military and naval departments of the British Government are supplied with the Fairchild digestive products, and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India.

STANLEY'S recent Emin expedition was equipped entirely with Fairchild's Digestive Ferments in preference to any others, and in the recent attack from which Mr. Stanley suffered he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

HALIFAX is now almost free from diphtheria. There are now very few cases. The civic authorities have been much more energetic in causing yards, &c., to be cleaned out. It is better late than never. It would have prevented much sickness and saved much life and money had it been done long before.

THE French Society of Hygiene will award in 1891, a gold medal of 200 francs, also a silver medal, and two bronze medals, to the authors of the best essays on the following subject: "What is to be done, before the arrival of the doctor, in case of a street accident, or accident in a factory." Further information, 30 Rue du Dragon, Paris.

A MEDICO-LEGAL VIEW OF PAINLESS LABOR.—Dr. Brunon recently reported to the Société de Médicine of Rouen the case of a primipara whose labor was so nearly painless that she herself mistook it for difficult defecation, and would have been delivered in the water-closet if she had not been removed from it. According to the abstract published in *La Normandie Medicale*, she felt only lumbar pains and a sense of weight in the rectum, and was not aware of the flow of liquor amnii. The author infers from this case that the discovery of a new-born infant in a water-closet pan does not necessarily raise the presumption of premeditated infanticide.—*New York Medical Journal*, Sept. 6, 1890.

A $200,000 LIBEL SUIT.—Suit has been entered by William Radam, manufacturer of Radam's Microbe Killer, against the *Druggists' Circular*, of New York, for $200,000 damages, the largest amount, so far as heard from, that was ever asked for in a libel suit of this kind.

The pleadings show that the action is brought to recover damages claimed to have been done the business of the plaintiff by an article published in the *Druggists' Circular* for September, 1889. This article gave the result of an analysis of the Microbe Killer made by Dr. R. G. Eccles, a prominent chemist of Brooklyn, who stated that an identical preparation could be made by the following formula:

Oil of vitrol (impure)	4 drams.
Muriatic acid (impure)	1 dram.
Red wine, about	1 ounce.
Well or spring water	1 gallon.

This mixture, it was alleged, could be made at a cost of less than five cents per gallon, for which Radam charged three dollars.

It was further alleged that while, when properly used, sulphuric acid, the principal constituent of the Microbe Killer, was a valuable medicine, it was, when taken without due caution or advice, a slow but certain cumulative poison; and the theories advanced by Radam as to the causes of diseases and the proper method of treatment, were alleged to be totally erroneous, Col. Robert G. Ingersoll, the famous lecturer, is the counsel for the plaintiff.

The *Druggists' Circular*, which is published at 72 William street, New York, expressess a desire to hear of any case in which unfavorable results have followed the administration of the Microbe Killer, or of any other fact that would be interesting under the circumstances. They claim to have published this analysis without malice and with the sole intention of protecting the public from the loss of their health and money by the use of a dangerous nostrum.

AT Kingston-on-Thames, on September 24th, a man found lying on the pavement, insensible and unable to give his name or address, was taken into custody by a constable and charged the following morning before the borough magistrate with being drunk and incapable. No medical man was or had been called to see him, and no skilled examination was made, nor was the man's previous history known. He was sentenced to five days' imprisonment. On the second day in prison he had a fit, was admitted to the prison hospital, and died the following day. The *post mortem* examination conclusively proved the existence of inflammation of the brain, and there were present none of the usual appearances of drinking habits. At the inquest the coroner seems to have endeavoured rather to shield the constable and magistrate than to have emphasized the negligence and thoughtlessness that made such a mistake possible. The *British Medical Journal* strongly criticizes the lack of such medical inspection as would prevent the otherwise inevitable repetition of lamentable mistakes like the above. Every police system should have some guarantee against similar errors.

THE *Münchener Med. Wochenschrift*, August 19, 1890, contains some interesting information about the attendance at the Berlin Medical Congress, and how it was distributed. The whole number of members at the conclusion of the Congress was 5,737, of participants 143, and of women 1,376. Of the members Berlin furnished 1,166; Germany, (exclusive of Berlin), 1,752; Austria-Hungary, 262; Great Britain and Ireland, 358; Netherlands, 112; Belgium, 62; Luxemburg, 12; France, 179; Switzerland, 67; Italy, 146; Monaco, 1; Spain, 41; Portugal, 5; Sweden, 108;

Norway, 57; Denmark, 139; Russia, 429; Turkey, 12; Greece, 75; Roumania, 32; Servia, 2; Bulgaria, 5; United States, 658; Canada, 24; Brazil, 12; Chili, 14; Mexico, 7; the rest of America, 30; Egypt, 8; the rest of Africa, 6; China, 2; Japan, 22; East Indies, 2; Dutch East Indies, 2; Australia, 7. Of participants Germany claims 97, other countries, 46. The number of medical women who took part in the Congress was 14.

It will be noticed from these figures that America sent 745 members, and that the United States alone had a larger number of representatives than any other country except Germany.—*Medical and Surgical Reporter.*

DR. WILLIAM CAPP, of Philadelphia, gives the following figures of illegitimacy for continental cities in recent years:

Vienna, 50.06 per cent. in 1867; 41.9 per cent. in 1877; 44.1 per cent. in 1879.

Prague, 49.6 per cent.

Rome, 44.5 per cent.

Stockholm, 40 per cent.

Moscow, 38 per cent.

Paris, 28.5 per cent.—(in 1886, 24.42 per cent).

Copenhagen, 25 per cent.

Brussels, 22.5 per cent.

St. Petersburg, 20.2 per cent.

Lisbon, 21 per cent.

The figures for continental countries are given as follows, the averages being chiefly for the years 1865 to 1883, inclusive:

Bavaria, 15.24 per cent.

Austria, 13.5 per cent.

Sweden, 10.17 per cent

German Empire, 8.7 per cent.

Norway, 8.49 per cent.

Prussia, 7.50 per cent.

Hungary, 7.45 per cent.

France, 7.41 per cent. (In 1886, 8.2 per cent).

Italy, 7.55 per cent. (Ranged in 1863 to 1879 from 6.7 to 8.4 per cent).

Belgium, 7.08 per cent.

Spain, 5.53 per cent.

Switzerland, 4.78 per cent.

Holland, 3.49 per cent.

The figures for England and Wales for 1861 to 1878, inclusive, are 5.43 per cent.; Edinburgh, 8.9 per cent.; all Scotland, 9.7 per cent.—*Medical and Surgical Reporter.*

PURGATIVE TREATMENT OF PERITONITIS.—In a paper on the "New Treatment of Peritonitis," in the *Kansas City Medical Index*, July, 1890, Dr. Emory Lamphear strongly advocates the abandonment of the old method of rest and opium and the adoption of purgation with saline cathartics or operation. He specially cites the practice of Dr. John H. Musser, of Philadelphia, who gives a summary of twenty-six cases treated with small doses of calomel, olive-oil enemata, etc., without opium (except one or two small doses of morphine or atropine when pain was excessive); nineteen recovered without surgical interference, four convalesced after laparotomy, and three died. His method consisted in local blood-letting until pain is much relieved; if more than forty-eight hours have elapsed, a blister; liquid diet absolutely; stimulants administered freely to prevent collapse; cracked ice, lime-water and iced champagne for thirst, if desired, but sips of hot water or hot whiskey are better; calomel in small doses hourly until the bowels are moved freely; veratrum or aconite for fever; whiskey, digitalis, atropine and amyl nitrite if collapse be imminent. While Dr. Musser's cases did not receive salines, the plan of treatment was the same—that of purgation instead of opium—and the results were startingly favorable, for of these cases fifteen were desperately ill at the first visit of the doctor.

Many more cases, especially following laparotomy, might be given with like favorable results, but these suffice to show that prominent men are changing from the opium to the purgative treatment of this disease, and with a greatly decreased mortality. Recalling, then, the experience of my preceptor, remembering my own cases and adding thereto the accumulating weight of evidence, my conclusions are that the saline treatment should be adopted early in simple, acute peritonitis; that small doses of calomel may be given to mild purgation in cases seen after the disease has fully developed; that cases which fail to be relieved by cathartic measures should receive early operative interference; that whenever peritonitis has gone on to that stage where the formation of pus is known, or even suspected, to have taken place, abdominal section and drainage are imperatively indicated; that when the existence of tubercular peritonitis is diagnosticated, or strongly suspected, operation (exploratory incision) is justifiable.

Opium is only indicated in the second stage of peritonitis, and then not because it "forms a splint" but because it relieves pain, sustains the heart and prevents shock—thus combatting the tendency to death.—*Medical and Surgical Reporter.*

Books and Pamphlets Received.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Sajous. F. A. Davis.

SPINAL SURGERY. A report of eight cases. By Robert Abbi, M. D., Professor of Surgery, Post Graduate School, New York, &c.

Personal.

DR E. A. KIRKPATRICK has commenced practice in the eye and ear in Halifax.

DR. DEWITT, of Halifax, was recently appointed assistant to the city medical officer.

DR. DANIEL, of St. John, has the congratulations of very many friends on the occasion of his marriage, which took place the other day. A long life and a happy one.

DR. JACQUES has been appointed medical tutor, and Dr. Ross surgical tutor to the Halifax Medical College. Dr. George Campbell has been appointed assistant to the Chair of Physiology.

WE were pleased to meet Dr. Muir of Truro, N. S., and Dr. Coburn of Fredericton, N. B., at the Toronto meeting. Dr. Muir's address on Therapeutics was an able resumé of the recent advances in this subject.—*Montreal Medical Journal.*

"WHY don't you go to work?" she asked of the tramp.

"I am a working, lady."

"At what? You show no signs of it."

"No matter for that, mum, I'm a-working as a travelling adver. for a soap firm. I'm the 'Before Using' card, and my pardner around the corner represents the 'After Using' end of the combination. Thank you, mum."—*Philadelphia Times.*