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THE
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A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

Vol. XIII.

HALIFAX, NOVA SCOTIA, OCTOBER, 1901.

No. 10.

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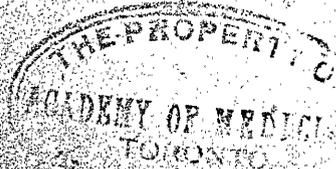
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The Primary subjects are taught as far as possible, practically by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side,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

Above \$200,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 22,000 volumes, the largest Medical Library in connection with any University in America.

MATRICULATION.—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

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

FEES.—The total fees including Laboratory fees and dissecting material, \$125 per session.

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DIPLOMAS OF PUBLIC HEALTH.—A course open to graduates in Medicine and Public Health Officers—of from six to twelve months duration. The course is entirely practical, and includes in addition to Bacteriology and Sanitary Chemistry, a course in Practical Sanitation.

DIPLOMAS OF LEGAL MEDICINE.—A practical course in Medical Jurisprudence is also given in the laboratories and by the Coroner's Physician in the morgue and courts of law.

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

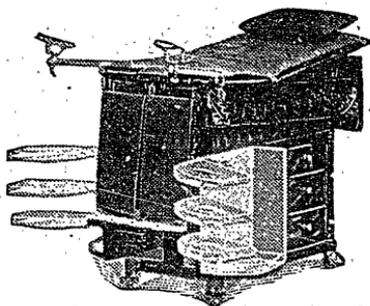
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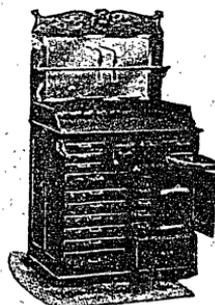
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A true and most appropriate specific in the treatment of Dysmenorrhœa, Amenorrhœa, etc.

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HÆMORRHOIDAL Suppositories.
CONDITIONS. (Adult and Infant)
Sizes.

Combines the local effect of the Suppository, as well as the systemic action of the Glycerine, Sulphur, Nux Vomica and Witch Hazel.

Dose: One (1) at retiring, to be repeated if necessary.

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ANTISEPTIC AND Vaginal
ASTRINGENT. Cones.

Indicated in the treatment of Leucorrhœa and similar ailments. Composition: Boro-Glyceride, Zinc Borate, Hydrastis, Thymol, Eucalyptol, etc.

Insert at night—use napkin. Douche with WAMPOLE'S FORMOLID before and after using.

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Thirty-Third Session, 1901-1902.

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The Thirty-Third Session will open on Tuesday, September 3rd, 1900, and continue for the eight months following.

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

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 (Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)
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 (Pass Primary M. D., C. M. examination).
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 (Pass in Medical Jurisprudence, Pathology, Therapeutics.)
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Bougies of our manufacture are practically a cylindrical suppository similar in both shape and size to an ordinary Catheter, containing the medicaments thoroughly incorporated with a base which is a mixture of gelatin and glycerine, this combination insuring flexibility, elasticity and ready solubility. Introduced into the urethra they dissolve slowly, and purposely so, that the medicating ingredients may be in thorough and prolonged contact with the mucous membrane. They cause no pain, and after insertion a prompt and immediate effect is noticeable, which effect continues until the bougie is entirely dissolved.

Bougies of our manufacture are six and one-half (6½) inches in length, and are packed in boxes containing one (1) dozen wrapped in oiled paper and tin foil. When ordering simply specify the number of formulæ desired.

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- FIRST.—Prolonged and direct contact with the diseased mucous membrane.
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- FOURTH.—Cleanliness, Portability.
- FIFTH.—Absolute and unvarying accuracy in dosage.

WAMPOLE'S BOUGIES do not turn rancid or become brittle like those made with a base of cocoa butter.

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Each Bougie contains one-half (½) grain of Protargol.

Protargol is universally conceded to be the most valuable of the Silver Salts in the treatment of Specific and Acute Gonorrhœa, Gleet and Urethritis. By its penetration the gonococci are killed without increasing suppuration or inflammation. Protargol is highly recommended by Professor Neisser, Dr. Goldenberg, Dr. E. Desnos and others, as being far superior to SILVER NITRATE, COPPER SULPHATE and other remedies, the use of which (accompanied with many disadvantages) afford but a temporary relief.

FORMULA No. 2.—Each Bougie contains:—

Boric Acid.....	2 grains,
Acetanilid.....	1 grain.
Extract Hydrastis Fluid.....	2 grains.
Zinc Sulphate.....	½ grain.
Creosote.....	½ "
Extract of Opium, Aqueous.....	½ "
Extract of Belladonna Leaves.....	½ "

This combination is of the greatest value in the treatment of Sub-acute Gonorrhœa, particularly when a sedative effect is desired.

FORMULA No. 3. Each Bougie contains:—

Morphine Sulphate.....	½ grain.
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Particularly adapted to the treatment of Catarrhal Gonorrhœa when accompanied with a fetid discharge.

FORMULA No. 4. Each Bougie contains:—

Zinc Sulphate.....	½ grain.
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Extract Belladonna Leaves.....	1 "

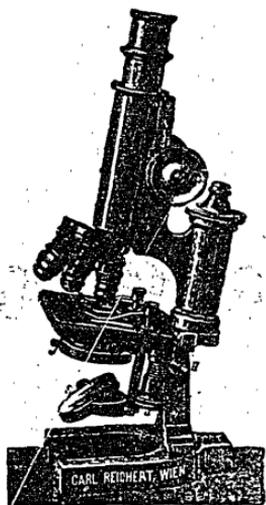
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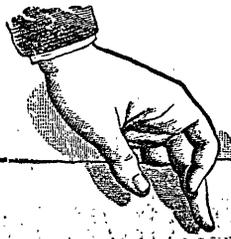
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No. 10.

Original Communications.

FRESH AIR IN THE TREATMENT OF CONSUMPTION.*

By G. E. DEWITT, M. D., Wolfville, N. S.

Fresh air, unlike many remedies which have been lauded in the past in the treatment of tuberculosis, and in their turn have been relegated to oblivion, is here to stay.

I realize that I am but a tyro in the advocacy of the open air treatment. I do not however speak without some experience and venture to claim that of all treatment now used for tuberculosis fresh air is the most valuable. For the past two years I have closely watched and treated at least one patient, who at all times had free access to the open air and with good results. Seeking to obtain for the patient better accommodations and more desirable surroundings than a mere dwelling with veranda afforded, I in February last sought and obtained admission for her into the Muskoka Cottage Sanatorium in Ontario. For the first two months after the patient's admission, tubercle bacilli were found in the sputum. During the last two months, frequent analyses having been made, the bacilli were seldom found, and then in a fragmentary and inactive condition. The patient has increased in weight, in strength, her digestion permits her to eat any kind of nourishing food; cough is entirely absent and she is capable of undergoing a great deal of exercise.

I had the privilege of staying a few days at the Muskoka Cottage Sanatorium, and from a tolerably close observation of the inmates I became more convinced than ever that the fresh air treatment was

* Read at meeting of the Maritime Medical Association, Halifax, July 4th, 1901.

not a myth, or advocated by a few speculative individuals for the purpose of making money; but a necessity, a reality, a physiological and reasonable means to reach and combat that mighty enemy of mankind, the tubercle bacillus. The faces of the patients in the Sanatorium were tanned from being exposed to the open air. As they became used to the open air, the digestion improved, appetite increased, and the amount of food that most of them managed to consume, was astounding. I was especially favorably impressed with that class of cases whose digestive organs were affected with the same feebleness that depresses the general vitality, a form of dyspepsia found in many who do not have tuberculosis, who have in fact atonic dyspepsia. A few weeks of the open air treatment, in such cases, produces good results.

The Sanatorium is situated at the head of Muskoka Bay, a delightful summer resort, surrounded by forest and located on a gravelly and porous soil.

THE CLASS OF CASES BENEFITED OR OTHERWISE.

The class of cases that were not benefited were those where the stomach had manifested from the first the most conspicuous failure—the thickly furred tongue, the utter detestation of all food, attended with nausea and vomiting. This class of cases met with little or no success from the open air treatment. It is often asked at what stage of consumption are patients likely to recover at Sanatoria or by adopting the open air treatment. To this question a definite reply cannot be given. The success attending treatment is largely and chiefly dependent upon the resisting power in the host. While a large proportion of incipient cases get well with the open air treatment, there are exceptional cases even in this stage whose resisting force is so feeble that a cure cannot take place. On the other hand the bacilli may have produced cavities, purulent expectoration, loss of weight, hæmoptysis, night sweats, in patients who owing to the capabilities of the tissues to restrict and limit the growth of the bacilli, completely recover when subjected to the open air treatment.

TREATMENT.

The treatment at the Muskoka Cottage Sanatorium was pure and abundant open air, in and out of doors, by day and by night; such good and plentiful food as the open air enabled the patient to digest; frequent and complete rest; a long night of sleep, an hour's rest after walking, in all cases absolute avoidance of fatigue. To these

are added rest from worry and anxiety. The patients in the Sanatorium were the most cheerful it has ever been my lot to meet.

Rest from anxiety and worry counts much in the treatment of the consumptive. Although a physician may have the facilities for providing pure air in a common dwelling he cannot be sure that his patient does not come in contact with worry and anxiety in many ways that are hard to avoid. Also the mistaken kindness of friends who advise this and that diet, this and that medicine, keeping the patient in the state of suspense and worry. In the Sanatorium they at once learn to submit and make a total surrender to the authority and rules prescribed for them, which materially assists to bring about convalescence and recovery.

THE ADIRONDACK COTTAGE SANATORIUM.

I also visited the Sanatorium at Saranac Lake. Here, one mile from the town of Saranac nestling among the Adirondack hills, I found a fully equipped Sanatorium, consisting of a main building and a dozen cottages with library and laboratory. This Sanatorium accommodates about one hundred patients. The rooms were nearly always full, patients often waiting months after making application before being admitted. The Sanatorium is situated 1800 feet above sea level amid lofty hills densely covered with forest, with the Saranac River in sight, two or three hundred feet below the buildings, winding its way through hill and wood.

Dr. Trudeau who is the founder and manager of the institution and who, thirty years ago, when entering upon his medical career in the city of New York, developed tuberculosis, has since then conducted a large practice in Saranac, established a Sanatorium, one of the best of the kind in the country, prolonged his life by inhaling the pure and open air of the Adirondacks, and materially assisted hundreds of others to add years of health and comfort to their own.

The results observed in the Saranac Sanatorium were similar to those already mentioned in the Muskoka Cottage Sanatorium.

Dr. Trudeau has treated over twelve hundred patients at the Sanatorium during the last 15 years. 23 per cent were discharged apparently cured; 56 per cent with the disease arrested or much improved; 19 as stationary; 2 died in the institution. One half of this number are heard from as being perfectly cured. The percentages of improved cases is increasing every year, as more early cases are admitted.

Can we cease to wonder at the inertia and negligence of ourselves, as a profession, in not grasping and applying this simple and rational form of treatment in pulmonary consumption before? Have we appeared as wise in our day and generation as we would have our patients believe? Can we still wonder why even those who pride themselves as being good housekeepers, tolerate close, stuffy and unventilated rooms? Do we wonder that men will build houses for human abode on an undrained and impervious soil, where dampness lurks all the year round? The medical profession are and must be the teachers, to promulgate the laws of hygiene until the public sentiment will accept and act in accord with those laws.

PURE AIR.

The lesson of pure air is being taught and learned throughout the civilized world as never before and not to be forgotten. To quote the words of Hillies, "It has been true that pure air is largely destructive to the tubercle bacillus outside the human host inasmuch as vegetable fungus will not flourish in the sunlight. When however the microbe is buried in the tissues of the lungs pure air cannot act upon it directly. Nor do I know," says Hillies, "that it is taught by any authority that it does—but it acts upon the cellular elements surrounding the microbe." Dr. Trudeau whom I have quoted, has experimented on rabbits, by inoculating them with the tubercle bacillus and has demonstrated that those rabbits so inoculated and kept in a dark place have succumbed in a few days to consumption, but those that were allowed pure air and sunlight, with but few exceptions, recovered. The subject who undergoes the pure air treatment is placing himself in a position inimical to the disease germ, whether lodged there by his own sputum or from any other source. His danger from fresh contact is greatly lessened on account of the pure air depriving the microbe of its virulence and powers. The action is on the soil, not on the seed within the soil.

RESPIRED IMPURITIES.

The theory so long adhered to that the absence of oxygen and an atmosphere vitiated by the presence of carbonic acid were the chief causes favorable to the development of tuberculosis is now untenable. It is now claimed that it is not so much the presence of one or absence of the other, as the presence of respired impurities and re-inhaling them. Pure air invigorates and intensifies the cellular elements around the bacillus and thus checks the growth of the disease germ. Impure

air or air charged with respired impurities constantly permeating the elements around the bacillus favors its growth. Quoting Hillies again: "As manure an effete animal product put into the soil causes the seed sown in it to flourish, so do these respired organic impurities—another form of manure or effete animal product, reinhaled into the lungs and reabsorbed into the tissues cause the vegetable fungus the tubercle bacillus to flourish."

TEACH IT IN OUR SCHOOLS.

This is simple and rational physiology, why not teach it in our schools where impressions early learned are never forgotten? That housekeepers, janitors of churches, of public halls, and employers of labor, may be reared with the knowledge how to live. When those who have the care of our houses and churches and public buildings realize that respired air is a poison and to live so as to reinhale it is a transgression of the laws of nature, a sin against the Creator, will there be less sickness in the household and more lives made comfortable and happy.

In 1881 Koch discovered that a distinct bacillus existed to cause consumption. Under what conditions these bacilli will thrive; how communicated, how prevented, have all been demonstrated within the last two decades.

THE DAWN IS BREAKING.

Although we have been providently supplied with an abundance of pure air yet it is only in the 20th century we awake to the fact that fresh air and sunlight are destructive to the bacillus, and air seasoned by man's negligence and imprudence is the most powerful factor in producing and communicating the disease. However the dawn is breaking and the sun rising, showing and demonstrating to us the truth as far as science has revealed it. We are encouraged to believe that we will yet emerge into the open day, the light of which will furnish us with additional means and weapons, by which we may combat and conquer this determined and unrelenting foe, which more than decimates the human race.

ISOLATION.

There is an opinion expressed by some in the profession that the consumptive who seeks a foreign climate and expects to be cured or benefited must always remain there. This opinion is scarcely compatible with the theory that pure air is the essential and most potent

factor in the treatment of tuberculosis. While the climate of the Maritime Provinces may not be as dry or the altitude as high as that of some other countries, they certainly have "fresh air." Consumptives have been and are being successfully treated in Sanatoria in Germany and in Scotland where the climate is not as good as our own. To banish all consumptives from the place of their nativity would be impossible; to isolate the bread winner from his own family, the mother from her household, to separate father from children, brother from sister, the men and women of a community who have in them the seeds of consumption, who have been and are the moulders of character in a community, would be to disintegrate and tear down the fabric of society and cause mourning and desolation. "Pure air first and everything else afterwards." Air unladen with mist and fog, but a foggy and misty air if nothing better can be obtained—so long as it is unpolluted and devoid of respiratory impurities and the emanations from insanitary surroundings, made so by a foul drain, an offensive cesspool, or a wet soil. When the atmosphere is protected from such nuisances, a humid and foggy air may be beneficial to the consumptive.

DRIVING HARD AT ONE SET OF RULES AND IGNORING OTHERS.

Since the stir regarding the open air treatment of consumptives the people have come to realize that the disease is contagious, some regarding the disease as being contagious in the same way that scarlet fever or diphtheria are contagious. In the town of Gravenhurst, two miles from the Sanatorium, the residents will not allow "lungers" as they call them, to enter their houses, nor will they accommodate consumptives at hotels and boarding houses. One house in the town has been selected by the town authorities and a license granted to the proprietor to keep consumptives. The residents are afraid of their exhalations and near proximity. Communities must learn that "tuberculous sputum is the chief and great source for the spread and propagation of consumption." While we must admit that tuberculous sputum is the chief and direct source of tuberculosis, as it has been demonstrated by Schills and Fischer that putrifying sputum will contain active bacilli for forty-three days and sputum dried at the temperature of the air will preserve its bacilli in virulence and power for one hundred and eighty-six days; while we are thankful for this knowledge, we cannot and must not fall into the errors of the past, by driving hard at one set of rules and ignoring

others, as in previous times in the practice of blood-letting and mercurial-purgation. The treatment of tuberculosis does not consist only of "fresh air" or isolation, or high altitudes, or the destruction of the sputum, but all and each have their role and import in the effectual and successful treatment of this malady, and it is the duty of the faithful practitioner ever to keep in mind that filth, darkness, dampness, and foul air are favorable to its existence, and that light (preferably sunshine) and pure air, are the agents to suppress and destroy it.

WET SOIL.

The open air may not always be fresh and pure, it may be polluted by a foul drain, an offensive cesspool, a miasmatic swamp, a wet and impervious soil. The earth on which we live and move must be made sanitary. When man for his transgression was expelled from the Garden of Eden, he was sent forth to toil for his existence, to encounter and fight microbes, to till the soil, to make wet places dry and his abode habitable; and yet after age upon age, which geologists and theologians have been unable to number, the greater part of the human race live indifferently to the simplest rules of hygiene. One of the most prolific sources of the propagation and spread of consumptive germs, as of other infectious diseases, is a wet and impervious soil.

Why should individuals be allowed to live and rear a family on an undrained soil? It is surely as incumbent upon the government of a country to enact laws prohibiting the living upon wet and undrained soils, as to make and enforce laws governing insanitary back-yards, cesspools, water-closets, and other nuisances. If decaying animal and vegetable matter are nuisances and dangerous to the public health because of the culture and propagation of disease germs so is a wet and undrained soil. The senses of smell and sight may not be offended in the latter as in the former but the indirect effect may be more dangerous to the dweller and to the community.

My imperfect and incomplete contribution to this subject would not be as complete, did I not refer to the eloquent testimony of a notable French physician, Daremberg, himself a consumptive. "No one," he writes, "knows the happiness of a consumptive who quits his tainted chambers to live *au grande air* if he has not himself experienced the benefits of this change. In 1876 after having passed several months between the four walls of a small room in Paris, I arrived on the French Mediterranean coast and after the advice of Henri Bennett, I stretched myself all day in the sun, at night I lay with my window open. As Voltaire says the hope of recovery is half a recovery soon my powers revived and I could walk, make small excursions, find pleasure in existence. I discovered that the sun of life had not yet set. I saw it rise each morning with delight and each day linger too short a time to allow me to enjoy to the full, the pure air, the bright light, the blue sea, the heavens, the earth, everything. It is good to feel oneself reborn."

A PLEA FOR THE EARLY REMOVAL OF FIBROID TUMORS OF THE UTERUS.

By A. LAPHORN SMITH, B.A.; M.D.; M.R.C.S., England; Fellow of the American and British Gynecological Societies; Professor of Gynecology in the University of Vermont, Burlington; Professor of Clinical Gynecology in Bishop's University, Montreal; Surgeon-in-Chief of the Samaritan Hospital for Women; Surgeon to the Western Hospital; Gynecologist to the Montreal Dispensary; and Consulting Gynecologist to the Women's Hospital, Montreal.

This short paper will be divided into the reasons for early operation and the consideration of the objections to the operation which are raised by the patient and her family physician.

Necrosis, suppuration, sepsis, and malignant degeneration.—Those who used to say that as long as a fibroid tumor was not causing symptoms it should be left severely alone, could not have been aware of these possibilities all of which I have seen become realities. Some years ago for instance I was visiting a medical friend in Ontario, when he asked me to help him with an operation for the removal of a fibroid tumor which the patient had had for many years without apparently having caused her any trouble. A few days before, however, she developed a high temperature and chills with great pain in her tumor. He thought that the tumor would have to be removed at once in order to save her life and I agreed with him although I remarked that it was not a good time to operate. As there seemed to be no help for her otherwise, we proceeded with the operation but on introducing the corkscrew and pulling on the tumor a large piece of gangrenous tissue came away. The operation was quite successful but the woman died from the sepsis from which she was suffering before the operation, and for which the latter was performed too late to save her. In about one-fourth of all the fibroid uteri I have removed I have found either gangrene or suppuration going on in the centre of them. In one case there was at least a quart of pus in the tumor, although this woman was not septic and made a good recovery.

That fibroid tumors become malignant is well known; being of very low vitality they readily fall prey to the parasite of cancer. When I used to treat fibroid tumors with electricity I several times

* Read before meeting of the Maritime Medical Association, Halifax, July 3rd, 1901.

had to abandon the treatment because the tumor showed signs of malignancy and one of these women died from hæmorrhage and sepsis; and yet these women had had these tumors for years and had been advised to have nothing done for them, because they were not causing much trouble. I mention these merely to show that a fibroid tumor is sometimes a very dangerous thing to keep.

Pressure on the Ureters.—This is a much more frequent accompaniment of fibroid tumors than is generally supposed: and yet any one who has seen how tightly a fibroid tumour sometimes fills the pelvis, as is evidenced by the force which it is necessary to employ in order to extract it, will readily understand that the ureters must be seriously compressed and that there will in consequence be back pressure of the urine in the pelvis of the kidneys. These tumors sometimes fit so tightly that they are held in the pelvis by suction or atmospheric pressure and cannot be got out until the finger has been forced down beside them and air thus allowed to enter the pelvis. It is evident that a tumor which fits thus tightly will offer a great obstruction to the passage of the urine down the ureters. Even when the tumor is out of the pelvis and lying freely on the pelvic brim it may nip the ureter as it passes over the brim of the pelvis. I know of one woman who died of uræmic convulsions from this cause, and I am sorry to say that I myself advised against operation, because the tumor was not *apparently* causing any trouble. But in extenuation I can only plead that at that time, ten years ago, the operation had a high death rate, about twenty-five per cent. I should certainly have no extenuating circumstances to offer for following such a course now, that the death rate is only five per cent. or even less.

Pressure on the bladder and urethra.—Some contend that no matter how big a fibroid tumour may be, there is always room for the bladder and bowels. but I have seen many cases in which the bladder was flattened out against the abdominal wall so that it would only hold a few ounces; and to some of the women I was first called on account of retention of urine, and discovered the tumor for the first time while passing the catheter. I do not think we are justified at the present time in allowing women to go on suffering even from these two conditions when we are able to relieve them with so little risk.

Pressure on the rectum.—Many women with fibroids are unable to empty their bowels except by using great efforts, and even then only by the aid of purgatives. Sometimes the pressure on the rectum

causes a sort of dysentery, and there is at the same time constipation, as regards fecal motions, and diarrhœa as regards the more purulent discharge from the irritated rectum.

Pain.—Although occasionally a woman with a fibroid tumor does not suffer any pain, yet most of those on whom I have operated had suffered severely, either at the menstrual period or all the time; and some of them had become morphine eaters. The pain is often due to the disease of the tubes and ovaries, which accompanies fibroids of the uterus. Among its complications I have frequently met with pyosalpinx, hydrosalpinx, sclerotic ovaries, and also a few cysts of the broad ligament.

Interference with digestive apparatus.—Although I am unable to say exactly how it comes about I have noticed in nearly every one of the one hundred and fifty cases of fibroid tumor under my care, that the digestive apparatus was broken down. Of course the treatment with ergot to which most of these women had been submitted may have had something to do with it, yet I have seen the same condition in those who have never taken ergot; so that I have come to the conclusion that the mechanical pressure on the abdominal organs directly, and indirectly through the nerves which supply them, is the cause of the disturbance. This disorder is manifested not only by indigestion and defective assimilation but also by bronzing of the skin, due to irritation of the suprarenal capsules, so that many fibroid cases look as though they had Addison's disease. This bronzing usually disappears in a few months or a year after the tumor has been removed, showing that the disease of the capsules is not an organic one but only functional and temporary.

Menorrhagia.—There are some who still think that a fibroid tumor is not giving a woman any trouble because she does not suffer any pain, even although she is bleeding profusely for fifteen days out of every month. They do not consider that the intense anæmia and weakness count for anything and that they are certainly not a sufficient reason for submitting them to an operation. I have had many such women who had been treated for years with ergot which did not stop the bleeding, and who were waxy in appearance, short of breath and unable to walk. Surely such women should have some effective treatment which will stop their hæmorrhages. The advice to have nothing done but to wait for the menopause is delusive for it is notorious that the menopause is delayed for five or ten years after

the usual period; indeed I have seen women bleeding profusely at fifty-five with no prospect of its ceasing. A woman in this condition of chronic anæmia has very little pleasure in life; both her brain and muscles are starved and incapable of effective work; several of these patients have had to be brought from the train to the hospital in the ambulance. One would hardly recognize such a woman as being the same person six months or a year after her tumor has been removed, the improvement in her appearance is so great. Even in six weeks after the hæmorrhage has been stopped I have seen them walk several miles a day without effort.

Adhesions of the Bowels.—As we all know the longer a tumor remains the more chance is there of the intestines becoming adherent to it; and it is also well known that every adhesion or every square inch of adhesion increases the gravity of the operation; for where the adhesions are torn off there will the intestine adhere again; several times I have operated eight or ten days afterwards for obstruction of the bowels, due to raw surfaces of intestines becoming adherent.

Let us now consider a few of the principal objections which are sometimes made to early operation.

Objections to the removal of fibroid tumors.—One of these is that it necessitates the removal of the ovaries, although this is not absolutely the case; for if we were certain that the ovaries were healthy and would not subsequently give rise to trouble we might leave the ovaries in many cases. There were many other cases on which I have operated, in which it would have been folly to have left the ovaries, as they were bound down in a mass of adhesions, full of cysts and enlarged, or cirrhotic and contracted. In one case in which the tubes and ovaries formed a tumor fully as large as the fibroid, namely the size of a cocoa-nut, the woman told me a year after the operation that she had experienced much more sexual desire since the operation than she had ever done before. Besides women with fibroid tumors have very little sexual feeling, so that as far as that part of it is concerned, the removal of the ovaries is no great loss. The effect of their removal in bringing on the menopause prematurely is of more importance. But the older the woman the less inconvenience does this cause her; and as most of those on whom I have operated for fibroids were over thirty-five years of age the suffering from hot flashes was marked in only a few cases, and even in these the discomfort was greatly mitigated by giving senna and salts for three mornings every month.

together with twenty grains of bromides three times a day. I have tried ovarian tablets without avail, although Jacobs of Brussels assured me that the extract of cow's ovaries which he prepared himself, absolutely stopped the flushings. Another objection to the operation is *that it prevents the women from having children*; but these women are already sterile by reason of their disease. Fully 95 per cent. of those whom I have treated were absolutely sterile already and were therefore not made so by the operation. As most of them were elderly single women their chances of becoming mothers were small, quite apart from their sterility due to their tumor. The removal of the tumor by no means prevented these women from performing their duties as wives; it might be so to some extent if the cervix were removed owing to the shortening of the vagina, but as we now perform the operation, leaving the vagina, the objection hardly holds good. In none of the cases in which I have operated have I heard of any difficulty on this score.

Choice of operation—Let me say a few words now on this point. There are three or four operations varying in value and efficiency, some of which I have abandoned because they did not cure. Thus curretting, which I have performed many times, cannot always be done effectively; sometimes not more than a third or a fourth of the bleeding surface being reached by the curette and consequently the patient derives very little benefit from it. Removal of the ovaries and tubes, which I have performed about ten times, has given a very satisfactory result in the end; but it was slow in coming, sometimes requiring a whole year for the bleeding to stop. But all the women eventually regained their health and their tumors gradually shrunk to a half or a quarter of their size. But the death rate of this simple operation is as high if not higher than that of total removal, and there is therefore no object in performing it, as it is much more satisfactory to remove the tumor at the same time, and obtain the result immediately instead of having the patient reproaching us for a whole year or so for our want of success.

Myomectomy has the great merit of leaving the uterus and ovaries, and were the result as good as that following hysterectomy we would choose it much oftener than we do. But against that one advantage we must set down two great disadvantages; first the greatly increased danger due to leaving a number of cavities of greater or less capacity in which blood and serum may accumulate and ferment causing death

from ptomaine poisoning; a danger which can be obviated to some extent by careful drainage. Besides myomectomy as a rule is a much longer operation, and for this reason alone more dangerous. In a case which I saw Doyen of Paris operating on in Edinburgh a few years ago, there remained such a ragged shell of a uterus that he feared to leave it on account of the danger of sepsis. But what I consider almost as great an objection is that after the woman has run all the risk, and undergone the suffering of the operation, there is no guarantee whatever that she is cured. She may suffer as much as or more than ever before from her ovaries if they were diseased, and she may have a larger fibroid than ever, a few months or a year later. Many of the fibroid uteri which after removal I have cut into slices were found to contain as many as twenty tumors in different stages of development, so that the removal of the largest or even of several of the largest would have still left a great many others which would almost surely have developed later on.

Abdominal Hysterectomy.—The only operation in my opinion which we are at present justified in entertaining is abdominal hysterectomy, taking the uterus off at the internal os and leaving the cervix. By our present modern method proposed by Plyn and introduced by Kelly, beginning with the ovarian artery on the easy side and going down that broad ligament across the uterus and coming up on the difficult side, we are able to perform the operation quickly and almost always without losing an ounce of blood, and yet we are able to deal with all complications that we may encounter such as diseased tubes and ovaries and cysts of the broad ligament. In fact the immense reduction in the mortality rate has completely altered my views as to the proper method of treatment: for when I was assistant to Professor Trenholme twenty years ago, the death rate then being nearly fifty per cent., I was much opposed to the operation and eagerly embraced electricity as an alternative when Apostoli introduced it fifteen years ago; yet now I am just as strongly in favor of the operation because during the last two years and a half my own death rate has only been one in eighteen cases and even that was due to cerebral hæmorrhage during the operation, as the woman fifty-six years of age awoke with hemiplegia and died four days later with a normal pulse and temperature. Although I still employ electricity in two or three cases a year to stop hæmorrhage and arrest the growth of fibroids, I do not care for it on account of the time and trouble it requires, and I much prefer the operation because such a satisfactory result is thus obtained with a very small expenditure of time, a result which is well worth the very small risk which is now incurred by those who submit to operation.

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Editorial.

ANENT THE CASE OF PRESIDENT MCKINLEY, ETC.

The case of President McKinley, apart altogether from the natural desire of a right thinking person that a life so full of usefulness should be spared, was one to which unusual interest attached on account of its illustration of the possibilities of modern surgery. Undoubtedly cases as serious in nature occur with comparative frequency in the clinics of many noted surgeons without exciting any comment, but when the patient occupies so prominent a place in the esteem and affection of a people as Mr. McKinley did, and has risen to so lofty a position among his countrymen, it is but reasonable that interest in his welfare should be more than ordinarily keen and universally felt. The press, well knowing the general desire for full particulars about the President's case, lost no opportunity to display enterprise, and the accounts with which succeeding editions of the leading newspapers regaled their leaders were replete with details and minutiae which would scarcely be supposed to be of interest to the average layman, but which nevertheless were read most attentively. As a consequence the public were instructed in the advance which surgery has recently made in a most effective manner, and doubtless some good was accomplished in increasing the confidence of the people at large in the possibilities of the surgery of today. To this extent the publicity given to the surgical aspect of the President's case may be regarded as being of service, and justifiable.

Certainly much of which was made public was of a nature most

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

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

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NOTICE—CAUTION.

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

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

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creditable to all concerned. The opportunity offered for early aid at the emergency hospital on the Exposition grounds, the prompt action of those called upon to render surgical assistance to the stricken President, the excellent judgment shewn by the operators, and the skill with which they executed their task—all these are deserving of the very highest commendation. But we feel that the wisdom of the surgeons in taking the reporters into their confidence to such an extent, for example, as to describe the manner of nourishing the patient (per rectum) is a matter about which some doubt can reasonably be entertained. And while, when all men were so desirous of the President's recovery, the hopeful forecasts bulletined by those in attendance might perhaps be justified on the ground that the wish oftentimes fathers the thought, the boastfulness of some of the utterances attributed by the reporters to men high in the ranks of American surgeons, is absolutely unpardonable. A certain degree of braggadocio is so common a characteristic of our American cousins that we have come to pass over their milder effronteries with the psychic equivalent of a smile, but we cannot, even with the utmost exercise of generosity, find excuse for such consummate arrogance as has been attributed to one of New York's most eminent surgeons, who, in the excess of satisfaction over what he regarded as the certainty of Mr. McKinley's recovery, is said to have asserted that, while the President was to get well, any European monarch who might have been similarly stricken would have certainly died. And this at a time when continued fever and rapid pulse should have indicated to the veriest novice that danger was not past!

We willingly accord to American surgeons an eminence which they well deserve. Their work compares very favourably with that done in other countries. But for one of their number to assume that their work outclasses that done in European countries is presumption as childish as it is impudent. British surgeons may not manifest such an impetuous desire to rob women of their ovaries and men of their appendices as is so controlling a characteristic of many American operators, but the results of the work of British surgeons are quite as favourable as those which our American confreres can shew. Nor is Canadian surgery undeserving of recognition, altho' inasmuch as it has not been impugned it is not in need of defence.

We are under the impression that American surgeons sometimes go to British hospitals to study methods, and some have been known

to go to Germany, France, and other European countries, professedly to gain knowledge. But nowhere outside the United States could one receive an injury like President McKinley's and be fortunate enough to obtain such surgical skill as to enable him to survive!

Of course the matter is in itself so ridiculous that it does not even deserve passing notice, but unfortunately it is illustrative of a very conspicuous if undesirable trait of American character—self complacency and conceit. A certain measure of this is sufferable, but there is a limit beyond which its exercise becomes disgusting. If report be true, we think we can safely say that an eminent New York surgeon has passed the limit.

THE PREVAILING EPIDEMIC.

In connection with the existence of smallpox in this province we feel that the profession should know what has been done by the Provincial Board of Health in the matter. Has this body asked the local boards to report every case and instructed them on the methods best known to stamp out the disease? If so, has the Provincial Board enlightened the profession where cases of smallpox exist? True it is that the majority of cases have been of a mild type but we cannot overlook the possibility of this scourge taking on increased activity and thereby deal sorely with our population.

Another practical proof of the value of vaccination was recently mentioned by Dr. G. A. Kennedy in his paper on "Mild Smallpox," read at the recent meeting of the Canadian Medical Association, which is referred to in the proceedings of the Association published in this issue. Of some 1500 cases in the North-West Territories no case occurred among the Galicians, Doukhobors or Romanians, owing to compulsory vaccination in their youth and revaccination on their arrival in Canada. The greatest number of smallpox cases were among the French half-breeds who had never been vaccinated, while Indians on reserves had been but little affected as annual vaccination is the rule.

It is pleasing to know that in the maritime provinces the profession is in one accord as to the good effect of vaccination and therefore all should unite to have compulsory vaccination thoroughly carried out.

Society Meetings.

CANADIAN MEDICAL ASSOCIATION.

(Continued from September issue.)

SECOND DAY, *Morning Session.*

MILD SMALLPOX.

Dr. G. A. Kennedy, McLeod, Alberta, presented this paper. It dealt with the recent outbreak of the disease in the North-west Territories, an outbreak which was wide-spread and which had existed for some time before its true nature was recognized. Dr. Patterson, Quarantine Officer for the Dominion Government was satisfied that there had been 1,500 cases. A noteworthy fact was that the greatest number of cases occurred among French half-breeds, who had never been vaccinated; and further, Indians on reserves had not suffered to any great extent as annual vaccination is the rule. Not one case was seen or heard of among Galicians, Doukhobors or Romanians, which was due to the fact that compulsory vaccination was the rule in youth, and then they had been re-vaccinated on their recent passage across the Atlantic and at Halifax. Fifty per cent. of all cases were extremely mild in character; forty per cent. were cases of typical varioloid; ten per cent. were severe, almost confluent. The mortality was slight, only thirteen deaths occurring; and the disease prevailed fully as much amongst adults as amongst children.

Dr. Muir, Truro, Nova Scotia, discussed the merits of the different vaccines on the market, and the paper was further discussed by Dr. MacDonald of Brandon, Dr. Inglis of Winnipeg, Dr. D. H. Wilson of Vancouver, and Dr. Montizambert of Ottawa. The latter considered it would be unfortunate if the impression went abroad that any doubt existed in the minds of the Canadian Medical Association as to the true nature of the disease which had been epidemic for some years. He considered the facts presented in Dr. Kennedy's paper relating to Doukhobors and Galicians were perhaps the most valuable portion of it. At the close of this discussion the following Resolution was moved by Dr. R. S. Thornton, seconded by Dr. J. L. Bray, and unanimously adopted:

Resolved, That in view of the general prevalence of smallpox throughout the continent, this Association desires to urge upon the profession and the public generally the necessity of vaccination and re-vaccination.

CHRONIC ULCERATION OF THE STOMACH, SIMULATING CANCEROUS DISEASE.—A CASE OF GASTRO-ENTEROSTOMY WITH MURPHY BUTTON.—RECOVERY.

By Dr. J. F. W. Ross, Toronto. This occurred in a woman twenty years of age, the condition of whose stomach had been bad for three years. She was a nurse in the Training School of a hospital, and her gastric conditions grew gradually worse and worse. Dr. Ross was asked to see the patient by Dr. E. B. O'Reilly, Hamilton, in December, 1899. He found her emaciated with the opium habit already formed. In January, 1900, he again saw her with Dr. Griffin of Hamilton. At this time rectal alimentation was being persevered in with considerable benefit. In March, 1900, she was discharged from the hospital and remained well for two weeks. As soon as food passed into the stomach great rigidity of the right rectus muscle was noted. When the patient came under Dr. Ross's attention she weighed about 75 lbs. As malignant disease of the stomach is rare at this age of life, it was difficult to diagnose the tumor as such, and the symptoms pointed to the pyloric end of the stomach. It was not possible to say whether cancerous or not. The symptoms pointed to the presence of ulcer, but the thickening easily made out led to the belief that malignant disease had been grafted on to the ulceration. Some dilatation also could be made out, but the rhythmic muscle waves so characteristic of pyloric obstruction could not be found; but a large growth was found at the pyloric end. The case was looked upon as hopeless, and decision was arrived at not to remove the growth but to give temporary relief by gastro-enterostomy. This was done and the patient made an uninterrupted convalescence. Eleven months after the operation the patient weighed 140 lbs., and looked the picture of health. On examination of the abdomen no mass could be felt, and the patient was not suffering from any gastric symptoms at all. Dr. Ross then went into the literature on the subject, quoting Fagge, Sydney Martin, Moynihan and Mayo Robson.

Dr. Laphorn Smith, Montreal, began the discussion, stating that the case was especially interesting to him, but rather from the general practitioner's point of view. He believes that no case of cancer of the

stomach ever begins as cancer of the stomach. First there is some sort of irritation of the mucous membrane. This irritation finally becomes a chronic ulcer and upon this the germ of cancer is engrafted, or whatever it is which is the essential constituent of the cancerous process.

Dr. Martin, Montreal, discussed the importance of the examination of the stomach contents in these cases.

Dr. Bruce, Toronto, stated that he had an experience with a case a year ago which corresponded closely to the one Dr. Ross has reported. His patient was thirty-eight years old.

Dr. Gilbert Gordon, of Toronto, thought we should look at these cases from the standpoint of the physician as well as from the standpoint of the surgeon.

Dr. Howitt, of Guelph, stated that the second case of ulceration of the stomach upon which he operated was one of acute perforation.

Dr. Ross thanked them for the reception they had given his paper.

SOME FORMS OF HYPERACIDITY AND THEIR TREATMENT.

Dr. C. F. Martin, of Montreal, presented notes of some interest, judging from the result of systematic examination of the gastric contents. The unfortunate general employment of the term dyspepsia is responsible for the disregard of this condition. In the case of organic disease producing excessive secretion the diagnosis is often difficult. He gave the history of two cases in illustration, the second being an individual forty-five years of age, who gave the usual history of having been ill for six months. There was no obstruction of the pylorus, but simple dilatation of the stomach. He also referred to the medical treatment following gastro-enterostomy.

Dr. Macdonnell of Winnipeg discussed this paper.

MEDICAL DEFENCE.

The report of the Committee on Medical Defence was here presented by W. S. Muir of Truro, Nova Scotia. It reported favorably on the formation of a Medical Union, and the organization thereof was immediately perfected. It will be known as the Medical Protective Association, will be incorporated, and will have for its object the protection of the character and interests of medical practitioners in Canada. It will further promote honorable practice, will aid in suppressing or prosecuting unauthorized practitioners and will seek to advise and defend or assist in defending members in cases where proceedings involving questions of professional principle or otherwise

are brought against them and other like matters. Dr. R. W. Powell of Ottawa was elected President; Dr. McKinnon of Ottawa, Secretary, and Dr. James Grant, jr., of Ottawa, Treasurer.

REPORT OF COMMITTEE ON DOMINION REGISTRATION.

It is proposed to secure an amendment to the B. N. A. Act, or, to take advantage of section 91 of that Act and under it obtain legislation from the Dominion Parliament, by which the profession in Canada might form a Dominion Council, and which could be supplemented by legislation by the various provinces recognizing any certificate of standing issued by the Dominion Council as entitling a holder to practise in such provinces. Dr. Muir approved of Dominion Registration and spoke for the Province of Nova Scotia. Dr. Jones voiced the sentiments of the profession for Manitoba. Drs. A. A. Macdonald and J. L. Bray, endorsed the scheme for Ontario. Dr. Russell Thomas spoke for Quebec. Dr. Christie said that New Brunswick was in favor of Dominion Registration. Dr. Lafferty said the North-West Territories were favorable.

SECOND DAY—*Evening Session.*

CANCER OF THE UTERUS; WITH LANTERN DEMONSTRATIONS.

This was a very interesting and profitable demonstration conducted by Dr. Thos. S. Cullen. In introducing Dr. Cullen, Dr. Chown spoke of him as a young Canadian who had gone wrong in having removed to the United States and never returned. Dr. Chown considered that the experimental work pursued by Dr. Cullen if done in Canada would meet with as signal success as that which attended his labours in the United States. For over an hour Dr. Cullen was engaged in showing a large number of excellent lime-light views, the results of microscopic examinations of tissues, each view being lucidly explained by the demonstrator. At the close of his excellent demonstration Dr. Cullen was accorded a hearty and unanimous vote of thanks moved by Dr. Eccles of London and seconded by Dr. Gray of Winnipeg and carried amid great applause.

SKIN DISEASES, WITH LANTERN DEMONSTRATIONS.

This was another valuable demonstration, and was conducted by Dr. Francis J. Shepherd of Montreal. He first exhibited cases of blastomycetic dermatitis and further spoke of a few cases which he had seen of this disease. Views were given also of cases after treatment with iodide of potash. Some interesting views were those caused by

drug eruptions, of which he showed two or three due to salicylate of soda. In one of these Dr. Shepherd said that the lesions first came out with large welts like urticaria. This is rather a rare form of drug eruption. It appeared after two doses of ten grains each of the drug. One case almost died of acute laryngitis from the eruption in the throat. Amongst other views shown were papular purpura, which is generally associated with rheumatic attacks, psoriasis of the nails, X-ray burns as the result of one application, and most interesting were cases of smallpox, one showing pustules upon the palm of the hand, particularly interesting, as in adults you never see chicken-pox upon the palm of the hand, but you invariably do in smallpox. Views of feigned eruptions were also shown. This demonstration proved so interesting to the members that Dr. Shepherd was frequently called upon to give more or go on.

THE VARIETIES AND DISTRIBUTION OF BACILLUS DIPHThERIE AND THEIR CLINICAL SIGNIFICANCE.

Dr. F. F. Westbrook of the University of Minnesota presented a paper on this subject, primarily from the laboratory point of view. He exhibited a carefully prepared chart, showing in tabulated form the results of numerous examinations in schools, and stated the conclusions which he deduced from these facts. Formerly, it was believed that the bacillus remained localized at its point of entrance, but now within recent years, however, careful observations have shown that the toxins had been distributed throughout the body and the bacillus itself found in organs far removed from the atrium. From evidences of 230 cases of diphtheria at autopsy, observers had called attention to the frequency with which the bacillus of diphtheria was found in the organs of the body. The bacillus and its toxins have been shown to be capable of producing lesions which differ greatly from each other, as in ulcerative endocarditis, meningitis, etc. In summarizing Dr. Westbrook said where each school was reported and where great care was taken in the isolation of clinical cases with typical form, the per centage was very small.

REMOVAL OF HAIRY TUMOR FROM THE STOMACH WEIGHING 23 OUNCES. SPECIMEN. RECOVERY.

By Dr. H. A. Bruce, Toronto. The subject of the case was a woman aged 26, who had been married six years and had two children. A lump was noticed in the abdomen two months previous

to the birth of the last child. Patient had no symptoms. The lump was about five inches in width and it could be lifted forwards. It reached to within three inches below the umbilicus. It gave the patient no special discomfort, there being absolutely no symptoms present. Dr. Bruce advised exploratory incision. This was done on July the 22nd last at St. John's Hospital, Toronto. On opening the abdomen in the middle line the spleen and kidneys were found in a normal condition, but there was a large mass in the neighborhood of the stomach. The surgeon could make out the mass lying free in the stomach, a portion extending through the pyloric end of the stomach. An incision was made into the stomach and the mass removed. After removing the mass of hair, the opening of the stomach was closed in the usual way. Hot salt solution was given for two hours after the operation and nutrient enemata for six hours. Twenty-three hours after the operation sips of hot water were given by the mouth. Forty-eight hours after operation patient was given one half an ounce of milk and lime water every hour. She left the hospital on the twentieth day. The tumor was entirely of hair, exactly the same colour throughout and the same color as the hair on her head. It was about 24 inches in length being about 2 inches in diameter at one end and gradually tapering to a point at the other. Dr. Bruce considered this case rare, but offered no solution as to how the hair got into the stomach. There were no evidences of hysteria present in the patient. There are some specimens of hairy tumors in the McGill Museum at Montreal.

THIRD DAY—*Morning Session.*

A CASE OF TRANSPLANTATION OF THE URETER FOR CURE OF URETERO-VAGINAL FISTULA.

By A. Laphorn Smith, Montreal. This occurred in a married woman thirty-four years of age, who came to Dr. Smith on the 1st of July, 1901. During parturition forceps were employed and the vagina lacerated and ever since there has been a constant flow of urine by the vagina. Operations for her relief had been performed in England without success. Dr. Smith had seen Sanger perform an operation of this character in Leipsic when he was there three years ago, namely, to open the peritoneum running over the large vessels at the brim of the pelvis and to feel for the artery, see the vein and pick up the third tube which was the ureter. The operation was done in the highest Trendelenburg posture. A

very small incision was made in the peritoneum lining the pelvis in the line of the ureter, a silk ligature was passed around it and then the ureter was severed a little above the ligature. The end of the ureter was split open to a distance of a third of an inch. A slit was then made obliquely into the right upper corner of the bladder and the ureter stitched into it, the mucous membrane of the ureter to the mucous membrane of the bladder with very fine chromicised catgut. This is the first time this operation has been done in Canada, and Dr. Smith stated that not a drop of urine had passed through the fistula since.

SYPHILIS AS SEEN BY THE OPHTHALMIC SURGEON.

This paper was read by Dr. F. Buller, Montreal. In commencing his paper Dr. Buller expressed the hope that it would elicit a little discussion. It often falls to the lot of the ophthalmic surgeon to discover the presence of active syphilitic virus where the disease had long since been considered cured, or that the subject cherished the belief that there was no more to fear from it. The ophthalmic surgeon is scarcely, if ever, called upon to treat the disease in the primary stage. The largest share of his work is in connection with the tertiary period, and in this class of case the disease has been apparently cured for a long period of time. Dr. Buller considers that the time at which the syphilitic lesion makes its appearance is always a very important element in the diagnosis. Discussing medication Dr. Buller does not believe that the protiodide of mercury, at least as ordinarily administered, is a reliable anti-syphilitic. He appears to favor the inunction method first and then gray powder. The following took part in the discussion of this paper:—Dr. Lafferty of Calgary, Dr. Muir of Truro, Dr. Laphorn Smith of Montreal and Dr. Shepherd of Montreal, who also condemned the protiodide treatment.

THE PRESENT OUTBREAK OF SMALLPOX IN AMERICA.

This subject was presented by Dr. H. H. Bracken, Health Officer, Minnesota. He outlined the origin and traced the course of many outbreaks in various parts of the State of Minnesota. The case of a porter on the Great Northern Railway, who arrived in St. Paul in March 1899, was mentioned as the source of the outbreak. He was supposed to have contracted the disease in Seattle and when told that he had smallpox he said that if so there was plenty of the same disease where he came from. Other epidemics were spoken of in various parts of Minnesota, with a total of 9,429 cases, and the disease

has still many centres in that State. It is impossible to locate positively the source of the present wide-spread epidemic farther than it spread from the southern and south-western States into North Dakota, Minnesota, Nebraska, Montana and Texas. Dr. Bracken showed that returning soldiers from the Philippines were not responsible for its introduction. He suggested that it was probably imported into the United States by Cuban refugees before war broke out between that country and Spain.

An interesting discussion took place on this paper. Dr. Russell Thomas wanted to know where the best vaccine was manufactured, a product that could be relied upon.

Dr. Inglis, formerly Medical Health Officer, Winnipeg, related his experience in the schools of Winnipeg and spoke of some of the bad results resulting through impure vaccine.

Dr. Bracken in reply: Vaccine was frequently spoilt by not being kept in proper temperatures as it was constantly being shipped in cans that were too hot and subsequently kept in warm offices. The Health Commissioner of Minneapolis kept all his vaccine in an ice-box, but, of course, not frozen, and he had obtained good results. Replying to a question in regard to isolation Dr. Bracken favored eighteen days quarantine.

THE NECESSITY OF A RECOGNITION AND ISOLATION OF TRACHOMATOUS PATIENTS IN CANADA.

In the absence of Dr. W. Gordon M. Byers, Montreal, Dr. C. F. Martin of the same city read this paper. The paper recited the history of a young girl from Glengarry County, Ontario, who came to the clinic at the Royal Victoria Hospital, Montreal, with a most intense condition of granular lids. She had been unable to open her eyes properly for months past and her vision was reduced to the counting of fingers. The seriousness of her disease had not been recognized at home as she mixed freely with other members of the community. Another case was referred to in the county of Leeds, and in this case as well no precautions had ever been taken to prevent the spread of the disease. Dr. Byers believes that there are many unrecognized and untreated cases scattered here and there throughout the Dominion. The disease is said to be prevalent in districts of Manitoba and certain centres in the Eastern Counties of Ontario and others in Quebec. The trachoma problem has had to be faced by one Government in Europe and the matter has been brought to the

attention of the Dominion Government which has not yet taken any action in the matter. Dr. Montizambert stated that the question of exclusion of trachomatous immigrants had been under consideration by the Government for some time. He considered these people somewhat undesirable immigrants.

A FEW NOTES ON THE TREATMENT OF TYPHOID FEVER.

Dr. J. L. Bray of Chatham discussed this subject under medicinal, dietetic and hygienic headings. The first he thought might be eliminated except in cases where complications arise and he thought a certain amount of medicinal treatment useful during the initiary stages. He was in the habit of employing calomel. Tympanites could be avoided to a great extent by a proper diet. In feeding he now gives very little milk but that little always peptonized. He believes in making the patient drink two or three quarts of pure water in the twenty-four hours. Albumen water with sugar may be given from the first, after the first two weeks he gives liquid peptonoids, or some of the numerous preparations of beef, jellies, mutton broth or a soft boiled egg.

As regards the hygienic treatment, the bedding and the night clothes should be changed daily. The room should be kept thoroughly ventilated admitting plenty of fresh air and sunshine. The patient should be sponged frequently with tepid water and you get just as good results from tepid water as from sponging with very cold water or the cold bath, and it is not so distasteful to most patients. In hospital practice, Dr. Bray used the electric fan after using the tepid water. He has found this plan very satisfactory, especially in young and sensitive children.

Dr. Russell Thomas discussed the paper and said that he had found the ice-cap beneficial, that it did not disturb the patient and had a decided effect in reducing the temperature.

THIRD DAY—*Afternoon Session.*

THE ADDRESS IN SURGERY.

This was delivered by Dr. O. M. Jones, Victoria, B. C., and it proved a very able and masterful effort. He opened his address with a reference to surgical diseases in Western Canada as compared with those in the East, and stated that he had often found Western sufferers more impatient which often demanded severer methods. He illustrated this by citing a humorous incident. A lodging-house

keeper on learning that one of her lodgers was to have an operation performed on a Wednesday, wrote to the surgeon asking that it might be postponed until Friday, as her daughter was to be married on Thursday, and they didn't want the corpse home until after the wedding. The address dealt mainly with surgery of the stomach and related the deductions Dr. Jones has arrived at from his own experience of twenty-six cases. His first operation upon the stomach was in 1893—a case of pyloric obstruction in a wiry woman. Senn's plates were used. This patient died in three days, the result not being encouraging; and Dr. Jones attributed the failure to the use of catgut instead of silk sutures. The introduction of Senn's plates and the Murphy button gave a great interest to intestinal surgery, as before 1890 operations on the intestines were rare.

He discussed the preparation for operation and first spoke of gastrostomy, an operation which he had performed five times for ulcer of the œsophagus. In four of the cases the operation was performed with very excellent results. He then discussed the class of cases in which pylorotomy is indicated and said that rapidity of operation in these cases is the very important factor; prolonged operation has generally proved fatal. A suitable case should be cancer of the pylorus. The time occupied in performing the operation is not great. In one of his cases he performed posterior gastro-enterostomy; this patient still lives and it is now nearly three years since the operation. Gastro-enterostomy was next discussed. This Dr. Jones considered the most important and most interesting part of the whole subject. It is the most frequent and the most useful and the simplest of all the operations performed upon the stomach. It is performed for pyloric cancer, ulcer and stenosis, and for gastric ulcer, dilatation, etc. Nothing can be simpler than this operation performed with the Murphy button. Dr. Jones has used it in fourteen cases and in only one case was there any trouble. In two of his cases, which died from shock, he examined one and found perfect union. He has found that the passage of the button has taken from fourteen days to four months; and in several cases he has not been able to obtain the button. A recital of several cases followed which proved very interesting. Dr. Jones closed his paper with a few words on perforating duodenal ulcer.

Dr. F. J. Shepherd of Montreal proposed a vote of thanks; Dr. A. A. Macdonald of Toronto seconded this; Sir James Grant of Ottawa

WYETH'S Granular Effervescing

Each Dessertspoonful contains 30 grains of the salt.

SODIUM PHOSPHATE

A Remedy for Constipation, Obesity, Rickets, Jaundice, Etc.. Etc.

Sodium Phosphate is Unexcelled:

1. As an Hepatic Stimulant with beneficial effect on the appetite.

2. As a Treatment for Diabetes.

3. As a "Nervetone" in cases characterized by Debility, S. e. matorrhœa, etc.

4. As a Purgative in cases of Exanthematous Fevers.

5. As a cure for Bilioussness, Constipation, Jaundice, Diarrhœa, Dysentery, etc., especially in children.

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of bland action.

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "gripping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterised by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Bilioussness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectively controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

DOSE.—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary, $\frac{1}{2}$ to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. As an excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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IRON & MANGANESE PEPTONATE

(NEUTRAL.)

Liq. Manganio—Ferri Peptonatus—Wyeth's.

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

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

Anæmia, Chlorosis, Scrofula and Debility.

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

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

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

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

Per Demi-john, \$6.25; Per five pint, \$4.50; Per doz. 12 oz \$11.00.

WRITE FOR LITERATURE.

DAVIS & LAWRENCE CO., LTD.,

Manufacturing Chemists,

MONTREAL, CANADA.

General Agents for Canada.

supported the motion which was unanimously passed by the Association.

A SURGICAL PROCEDURE FOR THE RELIEF OF OVARIAN-TENSION PAIN.

Dr. Henry Howitt, Guelph, Ont., read this paper. Is not pain frequently, if not usually, caused by tension on some nerve filament? In Dr. Howitt's opinion the answer should be in the affirmative. The operation Dr. Howitt employs is quite simple. The ovary is exposed and then a number of cross-sections are quickly made through the tense capsule in such a manner as to divide it. Then the larger Graafian follicles are opened. These are merely touched with carbolic acid. If the capsule is thickened a portion should be removed. Hemorrhage has never been troublesome. Adhesions give rise to no complications. Dr. Howitt recited the histories of two or three cases in support of the operation.

Dr. Laphthorn Smith stated that he had never heard of this operation before and considered that it was original with Dr. Howitt.

SYMPOSIUM ON TUBERCULOSIS.

Prof. Russell of the University of Wisconsin introduced this subject in a careful yet exhaustive paper on human and bovine tuberculosis and their inter-relation. The importance of any phase of investigation relating to tuberculosis and its relation to milk is unquestioned in these latter days when the general public is beginning to appreciate, for the first time, the magnitude of the problem that confronts them in attempting to lessen the ravages of the "great white scourge" of the human race.

In considering this subject it may be approached from two points of view:

1. From the standpoint of animal industry.
2. From that of public health.

Bovine Tuberculosis and Animal Industry.

The rapid extension of the disease amongst cattle within the last few decades has forced upon breeders and dairymen the necessity of considering this subject whether they desire it or not. It is customary in many quarters, even yet, to decry all consideration of this matter as unnecessary, inexpedient, and harmful to the dairy interests. But, as is too frequently the case, the motive for such action rests upon a financial foundation, and many breeders are averse to a calm, judicious discussion of the matter simply because it may mean financial loss to them.

Since the introduction of the tuberculin test as an aid in the diagnosis of the disease in cattle, it has been positively determined that the malady, at least in its incipient form, is very much wider spread than was formerly supposed, but it by no means follows that all animals that react to the tuberculin test are actually in a condition in which they or their products are dangerous to man and beast.

The slow insidious nature of the disease that characterizes it in the human is also to be found in the cattle, and not infrequently an animal may be infected with the seeds of the disease for a considerable time—even a year or so—without showing in any degree physical symptoms that are manifest to even the animal expert. Such animals are not diseased in the ordinary meaning of the term, i. e., they are not capable of transmitting the disease, either directly or indirectly, through their milk or meat. The affection in such cases is latent, generally confined to various lymphatic glands; but animals so affected are, however, potentially dangerous, for the latency of the disease may be overcome through the operation of various factors, and the chronic type may thus be awakened into an acute phase. It is in this way that the disease spreads slowly and unperceived through a herd. Before it has made such inroads as to cause actual death of any considerable number of animals, many more have acquired the trouble, at least in the earlier phases. Necessity of controlling its spread and eradicating it is evident for the sake of the herd itself, if from no other point of view. Successful animal industry, especially with cattle, requires that herds shall be kept free from all taint of this disease. As to treating milk, Prof. Russell said pasteurization and sterilization were the two best forms of applying heat to destroy the organism. He recommended the rotary pasteurizing machine, one of which has been used in Winnipeg for some years, as the best method of removing organisms from milk.

Dr. Good of Winnipeg, in discussing the paper, said that it afforded him some relief to learn that milk is not so dangerous after all. He stated that he had been avoiding milk and all organic fluid for the past year or two but he was glad to know that he could now go back to its use with the same freedom as in his younger days. He then moved a vote of thanks to Prof. Russell, seconded by Dr. McArthur, which was unanimously adopted.

Dr. A. J. Richer of Montreal contributed the next paper on "The Sanitarium Treatment of Tuberculosis." This treatment had been

introduced by Dr. Trudeau in America under great difficulties, and at the present time this distinguished scientist was able to house and treat over one hundred individuals in his institution. According to Dr. Richer, the treatment is made up of rest, outdoor life, over-feeding and medical supervision. This latter was described as the key-note to success in phthisical treatment. Over-feeding was also emphasized.

The last paper was contributed by Dr. Gilbert Gordon of Toronto and it referred to the etiology and the early diagnosis of pulmonary tuberculosis. He spoke of the early stages of the disease, and thought that we ought to be able to diagnose it before the appearance of the bacilli in the sputum. Direct inheritance he considers very rare. The inhalation of dried sputum is the most direct cause. Dr. Gordon considered that we are woefully behind in Canada in fighting this plague, and more money should be spent by governments and philanthropic individuals in fighting this disease. He went carefully into the symptoms of the pre-tubercular stage and considered that a persistent cough was a very dangerous symptom.

An important discussion took place upon this topic. Dr. Lafferty warned the profession in Ontario against sending advanced cases to the North-West Territories. Dr. Barrick of Toronto pointed out that Ontario was leading in regard to the treatment of tuberculosis and he hoped to see the sanitarium brought with a wide open door to all conditions of life. Dr. Brett of Banff suggested that the Association should pass a resolution pointing out to the Parliament of Canada the necessity of providing for the establishment of sanitarium for the benefit of the community. This suggestion was carried out.

The report of the nominating committee was presented by Dr. W. S. Muir, Truro, N. S., who expressed regret at having to accept the resignation of their General Secretary, Dr. F. N. G. Starr. Montreal was selected as the place of meeting in 1902 and a suggestion was left with the members of the Association that they meet in British Columbia the following year.

These officers were elected for the ensuing year:

PRESIDENT:—F. J. Shepherd, Montreal.

VICE-PRESIDENTS:—Prince Edward Island—S. R. Jenkins, Charlottetown. Nova Scotia—J. F. Macdonald, Hopewell. New Brunswick—Wm. Christie, St. John. Quebec—J. Alex. Hutchison, Montreal. Ontario—Bruce L. Riordan, Toronto. Manitoba—A. J.

Macdonnell, Winnipeg. North-West Territories—H. G. McKid, Calgary. British Columbia—J. M. Lefevre, Vancouver.

GENERAL SECRETARY:—George Elliott, 129 John St., Toronto.

SECRETARIES:—Prince Edward Island—H. D. Johnson, Charlottetown. Nova Scotia—J. M. McLean, North Sydney, C. B. New Brunswick—W. L. Ellis, St. John. Quebec—C. F. Martin, Montreal. Ontario—H. A. Bruce, Toronto. Manitoba—J. T. Lamont, Treherne. North West Territories—G. A. Kennedy, MacLeod. British Columbia—C. Morris, Vernon.

TREASURER:—H. B. Small, Ottawa.

EXECUTIVE COUNCIL:—Jas. Stewart, F. G. Finley, J. M. Elder, Montreal.

The Winnipeg meeting of the Canadian Medical Association will go down in the annals of the history of that Association as the best meeting ever held under its auspices. On the first day alone, one hundred and thirty members were registered and the total number at any time reached one hundred and seventy-five, a number considerably larger than that at Ottawa last year and second in point of numbers to the meeting at Toronto in 1899. A large number of new members were elected particularly from Ontario, Manitoba, the North-West Territories and British Columbia. Every province was represented at the Association meeting with the single exception of Prince Edward Island, one delegate coming as far as North Sydney, Cape Breton. The meeting was generally voted a pronounced success; and certainly the profession in Winnipeg and Manitoba and the citizens of Winnipeg more than eclipsed in point of social functions any previous meeting. The reception by the Board of Governors of the Winnipeg General Hospital, the reception by the ladies of Winnipeg at Wesley College, the special trip down to lower Fort Garry, where Mr. and Mrs. Chipman extended their hospitality to the members and their wives and invited guests from Winnipeg, the visit to the Ogilvie Mills, the reception at Government House by Lieutenant-Governor and Mrs. McMillan, and the special trip out to Brandon by courtesy of the C. P. R. through the great wheat belt of Manitoba, with the entertainment provided by the ladies of Brandon—all will stand as a series of social functions which have never been surpassed and will probably remain unsurpassed for some years in the history of the Canadian Medical Association meetings. One of the best and most important discussions took place on the formation of a Medical Defence

Union; and it is very gratifying to have to record that such an organization was unanimously supported by the Association. All the leading officers of this Protective Association are located in Ottawa, and Dr. Russell Thomas of Lennoxville, P. Q., along with W. S. Muir of Truro, N. S., are deserving of much praise for the great good work they have performed in this connection. Much regret was expressed at the resignation of the General Secretary, Dr. F. N. G. Starr of Toronto, who has so long and so faithfully, so ably and so energetically discharged the responsible and important duties of this position. At a time when the Association is so prosperous it is due to the new General Secretary that a united and earnest effort be put forth by all the members of the Association to continue that prosperity.

Matters Personal and Impersonal.

Dr. E. E. Bisset of Port Morien and Dr. W. P. Ternan of Sydney who were both ill with typhoid have entirely recovered. Dr. Ternan had a severe attack and was stopping at Bedford.

Dr. Dugald Stewart, of Bridgewater is the latest victim to the same disease. Late reports bring the good news that he is recovering.

Dr. W. F. Smith of this city is just returned from a short trip to Boston.

Dr. J. Purcell is looking after the cases in the smallpox hospital.

Dr. J. J. Doyle is having quite an interesting experience with smallpox at the quarantine station. We look forward to a report of the same in the near future.

The Pennsylvania Vaccine Co. supplied the twelve warships in the port of Halifax with vaccine, compulsory vaccination having been carried out on each ship. C. E. Puttner, Ph. M., Halifax is agent for the maritime provinces.

Book Reviews.

A TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Rakhaldas Ghosh, L. M. S., Cal. University. Lecturer on Materia Medica, Calcutta Medical School. Cloth, 2s. 6d. Published by Hilton & Co., Calcutta. 1901.

This is a pocket volume for students. It is divided into four parts :

(1.) *Materia Medica proper*.—After some introductory material this part gives all the B. P. preparations in groups, with doses, mode of preparation and therapeutic class. These tables give a bird's eye view of the mass of materia medica.

(2.) *Pharmacy and Dispensing*. This seems the most valuable part of the book. Many an old practitioner would learn useful points by reading it, while students expecting to dispense their own drugs would gain by studying this part carefully.

(3.) *Administration of Drugs*.—Under this are considered the leading principles in combining drugs, explosive combinations, and important points in prescribing. There are also some valuable tips on prescribing for children and the simplification of posology by late improvements in the B. P. is clearly set forth in a table.

(4.) This division of the work gives us a classification of drugs according to their action and uses. The classification is minute and exhaustive and one rises from the perusal of it feeling that a great many things can be done by drugs.

From reading the book one is led to think that the author has a very methodical mind. Everything is pigeon-holed.

The author gives us to understand that we may expect another volume. This we suppose will be devoted to therapeutics of drugs and general therapeutics. For our own part we do not like a book in which materia medica and therapeutics are too much separated. In the preface of the volume before us we are told that materia medica is not an attractive subject. To make it more attractive it seems to us that pure materia medica should be freely mixed with accounts of the action and uses of drugs which are always interesting to students. Whitt's method of separating preparations, doses, etc., from action and therapeutical uses does not commend itself to us as well as that of Bruce who puts them all together. Points in pharmacy also, we think, would be better given while considering the drug as a whole. For instance would not that admirable list of points in reference to the dispensing of quinine be better given under the head of cinchona?

This valuable little manual is somewhat marred by the bad spelling that frequently appears. Errata to the number of four are given in which we are told to read *creosote* for *creasote*. The list of errata could be very largely extended and many of them more serious. Thus we have *clair* for *elixir*, *liquify* for *liquefy*, etc. Occasionally the English construction is a little bewildering. Thus he says, "alcohol can be consumed in very large quantities in cold countries than in hot and temperate ones." Of course we do

LACOTOPEPTINE TABLETS.

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

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

—*The Medical Times and Hospital Gazette.*

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Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonised with Creosote,

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

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

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

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

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"BOROLYPTOL"

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

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

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not wish to harshly criticise one who is writing in a language not originally his own. Certain points with reference to India are curious to us as for instance the domestic weights and measures. On the whole we congratulate the author on producing a valuable little work for students, and we shall look with interest for his next volume.

DISEASES OF THE INTESTINES.—By Dr. I. Boas, Specialist for Gastro-Intestinal Diseases in Berlin. Authorized translation from the first German edition, with special additions by Seymour Basch, M.D., of New York. With forty-seven illustrations. Published by D. Appleton & Co., New York.

The treatise of Dr. Boas has enjoyed much popularity abroad and the absence hitherto of any work in English upon this important specialty makes the appearance of an English translation very welcome. The volume is divided into two main sections, part one dealing with the technique of the examination of the patient and with the general therapeutics of intestinal diseases, while part two discusses in detail the various morbid conditions which are found involving the intestine. In the introduction, to which fifty pages is devoted, there is a chapter upon the anatomy and histology of the intestine, and a discussion of the physiology and physiological chemistry of this portion of the digestive tract.

The book is intended to meet the requirements of the general practitioner, and is consistently practical in its teaching. The concise description of physiologico-chemical processes and of laboratory methods, however, makes the work of value from the scientific as well as the practical point of view.

Dr. Basch has furnished a very readable translation, singularly free from the small faults of expression which are so commonly found in translations. He has moreover added to the value of the work by contributing chapters on appendicitis and hydrotherapeutics, and a special account of the intestinal gases, as well as numerous brief notes by way of explanation or amplification of the text.

Altogether the work is one of very decided merit, and will doubtless become quite as popular with us as it is in Germany. The publishers, it is needless to say, have done their part in a manner which is worthy of so excellent a text.

INTERNATIONAL CLINICS.—A Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Surgery, Therapeutics, etc., etc. Vol. II, Eleventh Series, 1901. Published by J. B. Lippincott Company, Philadelphia.

The latest volume of this excellent publication contains much to interest and instruct. A very valuable article, particularly at this season, is by Prof. Jay F. Schamberg on "Smallpox, with Particular Reference to the Prevalent Epidemic." Six plates are given in this article bringing out most plainly the lesions in both the mild and severe types. We only need refer to a few more instructive articles, viz: "Treatment of Atony of the Stomach and Colon," by Fenton B. Turck; "The Oxytocic Effect of the Lumbar Injection of Cocaine, Particularly to Induce Labor," by A. Doléris; "The Treatment of

Puerperal Eclampsia by Saline Diuretic Infusion," by Robert Jardine; and "Croupous Pneumonia," by James Tyson. The experiments by Dr. Wlaeff of St Petersburg in his article on "The Treatment of Malignant Tumors by an Anticellular Serum," give promise that something has been attained in the treatment of carcinomatous and sarcomatous growths. Dr. Wlaeff gives his results after having used the serum in twenty-six patients. Recently we endeavored to obtain some of the serum but were informed that it was not as yet on the market.

The Clinics are a good investment, each volume contains something of profit to every practitioner.

REMINGTON BROTHERS' NEWSPAPER MANUAL. Twelfth (1901) Issue Price \$5.

A New edition of this well known Newspaper Manual has just been issued, and is by far the finest this house has yet published. Indeed, from the point of typography and binding, it is unsurpassed. It contains over 700 pages, and is handsomely bound in brown and gold.

The Manual is a complete catalogue of all the newspapers and other publications in the United States, Canada, Porto Rico, Cuba and Hawaii, and also contains valuable supplementary lists.

The arrangement of the text is most compact and concise, enabling an advertiser to obtain any information regarding any publication with the least possible effort.

Remington Brothers, New York, the publishers of this work for the past fourteen years, are one of America's foremost advertising agencies and have attained their high position by progressive, forceful and successful methods.

THE LADIES' HOME JOURNAL FOR OCTOBER.

The Ladies' Home Journal for October is, perhaps, the best number of this magazine ever issued. The literary features include "How the Leopard Got His Spots," by Rudyard Kipling; "A Fifth Avenue Troubadour," by Ernest Seton-Thompson; the first instalment of "A Gentleman of the Blue Grass," by Laura Spencer Porter; the last of "Miss Alcott's Letters to Her 'Laurie,'" and the closing chapters of "Aileen," "Some Things the President Does Not Do," a collection of anecdotes about Whistler, the artist, and Mr. Bok's advice to a young man about to marry are important features. The regular editorial departments are supplemented by nine new ones of great interest, among which Professor Edward Howard Grigg's talk on "The Education of a Child from Eleven to Eighteen," Professor Schmucker's "Seeing Things Outdoors," and Miss Withey's "Writing and Speaking Correctly" are noteworthy. The illustrations and art features are superb. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a number.

Books of the Month.

W. B. SAUNDERS & Co., PHILADELPHIA, have recently published new editions of the following books:—

THE NEW STANDARD.—THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY, For Practitioners and Students. By W. A. Newman Dorland, A. M., M. D., of Philadelphia. Second edition. Contains 700 pages of text and 42 illustrations, many of which are in colors. Bound in full flexible leather. Size, octavo. Price, \$4.50 net; with thumb index, \$5.00 net.

NERVOUS AND MENTAL DISEASES. By Archibald Church, M. D., of Chicago, and Frederick Peterson, M. D., of New York. Third edition, thoroughly revised. Contains 869 pages of text and 322 illustrations. Size, octavo. Price: cloth, \$5.00 net; sheep or half morocco, \$6 00 net.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M. D., Ph. D., LL.D., of Philadelphia. Fifth edition, thoroughly revised. Contains 1297 pages of text and 81 illustrations. Size, octavo. Price: cloth, \$5.50 net; sheep or half morocco, \$6.50 net.

THE PATHOLOGICAL TREATMENT OF SEXUAL IMPOTENCE. By Victor G. Vecki, M. D. Third edition, revised and enlarged. Contains 329 pages of text. Size, 12 mo. Price, \$2.00 net.

PATHOLOGICAL TECHNIQUE. A Practical Manual for Workers in Pathological Histology and Bacteriology, Including Directions for the Performance of Autopsies and for Clinical Diagnosis. By F. B. Mallory, M. D., A. M., of Boston, and James H. Wright, A. M., M. D., of Boston. Second edition, revised and enlarged. Contains 432 pages of text and 137 illustrations. Size, octavo. Price, \$3.00 net.

A TEXT-BOOK ON DISEASES OF WOMEN. By C. B. Penrose, M.D., Ph. D., of Philadelphia. Fourth edition, revised. Contains 539 pages of text, and 221 illustrations. Size, octavo. Price, cloth \$3.75 net.

A TEXT-BOOK OF OBSTETRICS. By Barton Cooke Hirst, M. D., of Philadelphia. Third edition, thoroughly revised. Containing 873 pages with 654 illustrations and 14 colored plates. Size, octavo. Price; cloth, \$5.00 net; sheep or half morocco, \$6.00 net.

THE DEARNESS OF BUTTER.

One of the most eminent authorities on consumption, Dr. Hughes Bennett of London, made the remark that "The main causes of consumption are the dearness of butter and the abundance of pastry cooks." It is evident from this that the doctor believed that the poor and underfed are unable to obtain sufficient fat, while the digestion of the wealthy class is upset by their rich pastries so that they do not assimilate the proper amount of fat. In either case it is a question of fat. We must have fat in some form cheap enough for the poor, and easy enough for the enfeebled digestion of the rich. Cod liver oil in its crude condition is both too difficult, and too unpleasant for any one, but in the form of Scott's Emulsion as manufactured by Scott & Browne, it is not only easy to digest, and pleasant to take, but acts as a medicine in purifying the blood, as well as the very best kind of fat forming food.

Notes.

ANTI-KAMNIA & HEROIN TABLETS.

Our readers will find in this number, the announcement of a new remedial preparation, viz.:—"Antikamnia & Heroin Tablets," each tablet containing $\frac{1}{2}$ grain Heroin Hydrochloride (muriate) and 5 grains Antikamnia. All members of the medical profession should familiarize themselves with this combination and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of cases submitted by Dr. Uriel S. Boone, Professor of Pharmacology and Surgery, College of Physicians and Surgeons, St. Louis. We reprint one of said cases:

Ed. H. Age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on Antikamnia & Heroin Tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Neither in this, nor any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial and useful to both patient and physician.

NEUROTIC CONDITIONS OF CLIMACTERIC PERIOD.

This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic; a statement that seems borne out at least in part by the predominance of the various reflexes. How far the latter condition may be due to irritation of the nerve-ends in the ovary depends, it would seem, on the degree of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often much annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases, two five-grain antikamnia tablets repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothed and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak, as they relieve pain, and without unpleasant after-effects. In cases of threatened metrorrhagia it is always advisable to administer "antikamnia & codeine tablets" as frequently as may be found necessary, say one every hour until six are taken.

George Brown, A. M., M. D.,
Atlanta, Ga.

SANMETTO IN SPASMS OF BLADDER NECK.

Sanmetto is not new to me as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about forty years of age had spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half hour. I commenced giving her Sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours, every four hours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.

Saginaw, E. S., Mich.

Wm. S. McLean, M. D.

H

V

C

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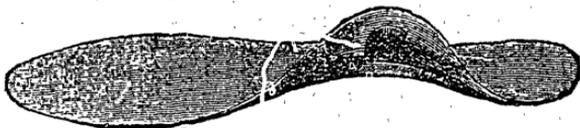
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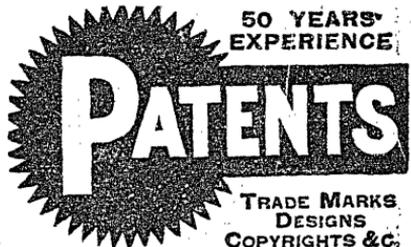
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