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The Collegiate Course of the Faculty of Medicine of McGill University, begins in 1895, on Tuesday September 24th, and will continue until the beginning of June, 1896.

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 cases 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.

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

The Faculty provides a Reading Room for Students in connection with the Library, which contains over 15,000 volumes.

MATRICULATION.—The entrance examination of the Medical Boards of the different Provinces in Canada, is accepted by the University as equivalent to the Matriculation examination, which is held by it in the months of June and September.

COURSES.—The regular course for the degree of M. D. C. M., is four sessions of about nine months each. Arrangements have been made with the Faculty of Arts of McGill University, by which it is possible for a student to proceed to the degree of B. A., and M. D., C. M., within six years, the Primary subjects in Medicine, i. e., Anatomy, Physiology and Chemistry, being accepted as equivalent for Honour Natural Sciences, of the Third and Fourth years of the Arts course.

ADVANCED COURSES.—The Laboratories of the University, and the various Clinical and Pathological Laboratories connected with both Hospitals, will after April 1896, be open for graduates desiring special or research work in connection with Pathology, Physiology, Medical Chemistry, etc. A Post-Graduatecourse for practitioners will be established in the month of April, 1896, and will last for a period of about six weeks.

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

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

For information and the Annual Announcement, apply to

R. F. RUTTAN, B. A., M. D, Registrar,
McGill Medical Faculty.

The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx.

Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikomnia is followed with almost complete relief from the sufferiag. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx.

Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx.

Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx.

Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always intructs patients to crush tablets before taking.

THE
MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

OUR PROFESSION.

BY JAMES A. COLEMAN, M. D., GRANVILLE FERRY, N. S.

Read at meeting of Maritime Medical Association.

The members of our Medical Fraternity are entitled to be called "Doctor," an honorable title it is true, but one I fear too often dishonored by omitting the last three letters. Any honorable title or calling may be dishonored by those who should exalt it. The medical profession is what its members make it. The alleviation of human suffering is a beatitude; and in devoting our lives to this grand and noble work we but follow the lead of many great names, too good to be dishonored. The Physician and Surgeon of to-day needs literally "clean hands and a pure heart." No profession offers a better scope for men of high character, hence it stands us in need to keep clean. We should not make it a trade, as that is our chief danger to-day. If a physician resorts to dishonest methods, he surely disgraces the fair name of his profession, respected since the world began.

Abraham Lincoln has correctly said "that it is possible to fool *some* of the people *all* of the time, all of the people some of the time, but we can't fool all of the people all of the time." We aim to be practical to-day. The theoretical charity which wastes its eloquence in urging a sufferer from green-apple colic to bear his torture with fortitude telling him that all earthly things must end, has no place in our therapeutics. We calm the pain with an anodyne and explain it afterwards. Our

professional career does not admit of a life of ease, but on the contrary, one of unceasing toil. The sufferer's call is an imperative summons, hence we cannot sleep, and disregard it. When perchance we have a respite from visiting the sick there is still no time for rest, as immense volumns are being printed every day. We must study or we cannot keep pace with the advance to say nothing of digging in that immense *mine* of past experience already recorded. It is not necessary that the books in our libraries should rest upon marble or walnut shelves, nay nor the dust of time to accumulate thereon, but with ambitious desire to keep abreast with modern thought and science, we need but the light of heaven to make them of great utility to a suffering world.

There is however one book we should study more than all the rest, a difficult book—The book of nature. It is indeed a great and grand book of truth. Some of its characters are plain, while others are obscure to our limited understanding. Let us search that book. It is at all times open for him who can read. Let us learn its common characters by heart. Where it seems obscure we may help ourselves, by reasoning from the known to the unknown. Obscurity will decrease as our knowledge grows wider. If there seems to be a discrepency let us ever remember that the book is true, and that we must be wrong. We may and should have opinions, but let us hold them subject to change as evidence presents itself. In this way we shall hope to reach the truth. We cannot know too much of nature's processes, for she presents analogies of an instructive kind; and if we know her well, we can often anticipate her doings and prevent some of the things we do not wish to happen. For instance, we can remove a child from the danger of a contagious disease. This is a simple example. The healing power of nature, I like its classical name best, the *vis medicatrix naturae*—is an omnipresent force. Let us be on good terms with her, as she is truly the physician's friend, and without her aid we should be impotent indeed; hence let us endeavor to understand her ways so well that we shall not conflict with her. Imagine trying to perpetuate a race of beings in whom nature had made no provisions for the repair of injuries. What would remedies effect? The fact is nature always makes an effort to repair an injured part, and it is well for us to observe her methods. We know that if the web of a frog's foot is wounded under the microscope, it is wonderful to behold the manner in which she sets about to repair the breach. It seems as if some intelligence were there directing the process. Such ever ready, ever present provision for repair is beyond our comprehension. We notice too a when *tornado*, the pruning-knife or saw

severs, a limb from a tree the wound soon becomes cauterized by the air. Unseen forces throw out a ring of new bark around the circumference of the wound, this ring growing wider and wider until the breach is finally closed. A patient refuses to have a frozen foot amputated. It dries, turns brown and shrivels. At the lower border of living tissue, a red line forms, the line of demarcation between the living and dead tissue. Little new loops of blood vessels grow out from the living ones. The dead vessels are plugged. The dead is gradually separated from the living until finally nature completes the amputation in her own way. But the stubborn patient has given months instead of the moments he would have given had he allowed the Surgeon to imitate nature with the knife. If we watch the formation of a common boil on our patient's neck, and detect that the deadly poison has gained access to the circulation, he will die of blood poisoning. But ninety-nine times out of one hundred nature throws out a protecting wall or film of fibrin between the poison and the circulation, hence the patient recovers, while the one-hundreth dies with an abscess in the brain or elsewhere according to circumstances. Nature is constant being truth itself. Let us ever be mindful of the valuable hints which she affords and follow them up to a rational and logical conclusion, avoiding the invention of a beautiful theory and then distort the facts to fit it. It is seemingly clever, yet we injure ourselves and our noble profession, for we bar the path of progress and it may be some time before some one with the requisite courage and brains will come along and explode it. True science is extremely simple, and the most learned man the plainest and most unprejudiced in word and deed. Nature adapts herself to altered conditions with marvelous readiness. If one organ is disabled, with a little assistance she will make another do its work. In our efforts in behalf of the sick let us aim to ascertain what nature is trying to do and why, and let our treatment conform to a certain extent, to the suggestions thus obtained, bearing in mind, however, that she is always lavish and may require a restraining hand. Thoughts such as nature inspires do not make men mean. Let us keep under her influence and I am sure we will not violate the true ethics of our profession. If we sometimes need the inspiration of a wider field let us look at the mountain, to the sea, or turn our telescope towards the heavens. Astronomers tell us that every diameter you add brings out new stars, and when we have become thoroughly acquainted with the life history of a star, we can figure out its relation to other stars for a thousand years. Every accession of knowledge leads us deeper into the mysteries of nature's book. From a

servey of all we know, we get the idea that nature is everywhere consistent, surely a consoling thought when we sit at the bed side discouraged, and feeling how impotent we are.

She is consistent in the frog's foot as well as in the torn tree. She is consistent in the mountain and sea, as well as in the heavens. She is equally consistent in ways we cannot see. In our struggle with disease let us remember that the *vis medicatrix naturae* is on our side, and we should be ever careful not to retard her operations. A comprehension of the laws of nature makes men modest. It banishes pretension of every sort. It will prevent us from falling into one of the greatest evils of the present day, viz.: over medication. It will prevent us from saying I cured his wound, but rather to say what *Ambroise Pare* more truly said in 1550, I dressed his wound and God healed it.

The profession of medicine needs broad minded liberal men. Nature's laws are too ample to be grasped completely by any mind, much less by a narrow one, and we need to know more of natural processes. Let us first recognize the necessity of liberality. It is then but a step forward to strive to attain it. We may first begin by keeping our minds open to conviction on all points, whether they seem reasonable or not. If we know how to weigh evidences of the kind presented to us, we shall then be able to reach conclusions through them. When we get into thorough sympathy with nature we shall understand her evidences according to our capacity. A man possessed of a natural adaptability for the study of medicine, together with studious habits and perseverance, will acquire more knowledge during two years at college than one intended for a carpenter or a shoemaker will in six. It is the qualities inherent in the man which must decide whether or not he will be successful in the practice of medicine, and if he possesses that enthusiasm and application that every searcher after truth should have, he will make a vera medicus, whom the people will delight to honor and employ. To be successful healers we must be careful observers. The laying aside of prejudice is the hardest of all sacrifices, but we must make it cheerfully or be left hopelessly behind in the march of progress.

And whilst we naturally hold tenaciously to remedies which have served us faithfully in time past, we should manifest a willingness to thoroughly try the new remedies which are recommended from time to time. Let us strive against narrowness. Nature has given us minds with an adjustment, an adaptability to circumstances. She has not chained us to a *stake* like the "Devils in Holy Willie's Prayer." She has given us power to reflect, and reflection should make us liberal.

We can limit our liberality by grasping part of a truth and considering it the whole truth. Such is the method of the *crank*, and the *crank* is a man of small adjustability. When the *crank* has reached the incurable stage, he has about as much adjustability as a *shoe punch*. The *shoe punch* makes the same said hole from the beginning to the end. The work the *shoe punch* did in 1850, cannot be distinguished from that it did in 1890. When you subtract the work of a man at 20, from the same man's work at 60, if you find no residue he is entitled to a quiet burial by the county undertaker, assisted perhaps, by a demonstrator of anatomy, and to the epitaph "Failure as a worker." Imagine a *shoe punch* going into a new business, or conceiving new ideas as to what a hole should be! Let us never be *cranks*, and let us never become *shoe punches*. Liberality promotes progress. We must be progressive in our profession or we are soon *shoe punches*, making the same said hole from beginning to end, except that as we become worn the hole gets more ragged. The liberal spirit and progressiveness of an individual sometimes deteriorate with advancing years as they should not do. A man's experience should make him more liberal if he has studied nature. If he does not do so, we are free entertain to one of several causes: Has he reached that degree of egotism that enables him to say he knows everything and is infallible? Are *stalagmites* and *stalactites* forming in his brain? Or is mental effort painful, like the movements of a rheumatic knee joint? Let us not become unalterably wedded to an idea without careful consideration. If we are perplexed by a difficult problem in pathology or therapeutics, we should sum up the premises, adopt an independent line of reasoning and follow it to a logical conclusion, accepting all the assistance that may be offered, carefully weighing it in the scales of reason, and if found wanting cast it aside.

We will need to limit our adjustability. Different people are endowed with different degrees of adjustability, different degrees of comprehension; but there is a dead line for every man, beyond which he may not pass. Hardly any man develops himself to this limit however, because he limits himself. We chain ourselves to a stake of one kind or another. It may be laziness, if so nothing is more fatal to progress. Lazy men are the most positive; they are too lazy to inform themselves, or to change their mind. They are usually idle men who live on theory, sleep in hope, and die in despair. It may be habit. It may be liberality. Sometimes one faculty is developed towards perfection while another is neglected. This developed faculty is then, the stake to which the others are chained, and around which they revolve in blind devotion. That is lack of liberality.

That Scotchman was about right who said he preferred a man who had sixteen ideas which he could express in one language, to a man with one idea, though he could express it in sixteen languages. Our profession needs liberal, truthful, active men who can bridge the chasm, constantly widening, between the laity and the profession. The layman says: the physician does not represent an exact science, but does not know why he says so. He does not believe in vaccination, but doesn't know why. He sees that the Rev. Dr. Somebody certifies that he had a dreadful malady which was completely cured by the electropoise; that he understands because a good man told him so. He knows that he had a pain in his knee, and that the family doctor ordered a lotion to be well applied, which drove the pain to his heart. That he understands, because he felt the pain in his heart after the rubbing was done. Such ideas as these show the physician that the public are 200 years behind the times in his ideas; that he clings to the long exploded idea that disease is some kind of an existence. No one has taken the pains to instruct the laity in the more modern, hence more correct ideas and they naturally cling to the old ones. Then there is a host of pretenders for whose advantage it is that patients entertain false ideas of the ailments and they create the ideas they wish received. We trust the time has passed when the ignorant charlatan can endanger public health, it is the educated physician of corrupt morals, whose quackery menaces the people's welfare. To correct all these errors we need honest, patient men. The public should be instructed. The labor is an immense one, but one that needs attention. The enlightenment of the masses is truly a slow process, but it is the only certain method of overcoming the evils which beset our civilization, as these evils are beyond the power of legislative —enactment to correct.

Intelligence is the only barrier they cannot overlap. The high schools, the colleges, the church and the public lecture, are the means for correction. The profession and the laity should understand one another, and physicians should be too honest to give a false though plausible explanation to any questions. One of the most important things, especially for young physicians to learn is gentleness in his intercourse with the sick. Familiarity with suffering should not tempt us to underestimate the pain we do not feel. To handle an inflamed or sensitive part with unnecessary roughness is a mean advantage, an offense not easily forgiven. A tender and skilful touch will give information that a painful and awkward manipulation will not afford. Sensitive patients we must remember will suffer more from a given injury than

WYETH'S

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Contains the elements which are in the "Staff of Life," but it is much more than a bread. When bread is taken into the stomach the starch in it (wheat flour contains about 70 per cent. of starch) must be changed into sugar before it can be used up in the body, whereas our Malt Extract, owing to the process it has gone through, is at once taken up by the system without taxing the digestive organs in the least, and the active principle in it, which is called by chemists "Diastase" acts at once on other food, changing it into the form whereby it can be readily absorbed, and go towards enriching the blood and repairing the waste which is continually going on.

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To give strength after illness.—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutriment with Stimulus.

To those who suffer from weakness it is a Nutritive Tonic, indicated in the treatment of Impaired Appetite, Impoverishment of the Blood and in all the various forms of General Debility. Prompt results will follow its use in cases of Sudden Exhaustion, arising either from acute or chronic diseases.

To Growing Children—Especially those who are sickly, get great benefit from this preparation. It builds up by giving just the nourishment needed, and in a very palatable form.

To people who are getting old, who find their strength is not what it used to be, they experience a decidedly tonic effect from its use as occasion requires.

To clergymen, teachers and members of other professions, who suffer from weakness, WYETH'S BEEF, IRON AND WINE is very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

For Overwork—Many men and women know that the continuous fatigued feeling they labor under is due to overwork, still they find it impossible just yet to take complete rest. WYETH'S BEEF, IRON AND WINE gives renewed vigor, is stimulating, and at the same time is particularly nourishing.

JOHN WYETH & BRO., *Manufacturing Chemists, Philadelphia.*

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strong and vigorous ones will do. A refined and skilful nurse may teach us a hundred little arts to attract a sufferers attention from minor but nevertheless real ones.

The small hours of the night are those when sufferers suffer the most. Anything that can be done by *doctor* or *nurse* to soothe the sick at such a time is a real charity. It cannot be accomplished by a gruff manner. Gentleness is most effective in dealing with children, and roughness most terrifying. It is their thought that doctors like to hurt, and I fear that they are not always wrong. Children are tractable when complete confidence is established, hence our first meeting with a child should be a diplomatic interchange of courtesies in order that full confidence may be secured.

"Gentleness and love and truth"
Prevail o'er angry wave and gust.

Not long since our profession lost one of its greatest surgeons. *Theodor Billroth*, a man who stood "so near that veil which separates the known from the unknown" that every word he uttered and every act he did were done in modesty. He was never too old to learn. It is said by those who have heard him lecture to his students, exclaim: "Anatomy, gentlemen, again and again I say anatomy; a human life will often hang upon your knowledge of this most important branch. Would it not be well for us to frame those words and hang them where our eyes may rest upon them every time we indulge in a moment of idleness or discouragement. They will set us to work, and work will dispel our gloomy thoughts. Like Billroth let us never be too old to learn. There is no condition of mind "me thinks," more hopeless then that when one thinks he knows enough, all that's essential. That is surely the end of progress and the beginning of retrogression. General paresis, that pitiable condition in which oblivion is gradually casting its shadows over all that remains of normal mental life; in which delusions of grandeur, and affluence, and power increase as the mind grows weaker, is not more hopeless, so far as advancement is concerned.

The man who is too old to learn, is too old to be a physician. He should retire—. He is in decay. He is past help He is past helping others. He has entered a hopeless shadow. Gentlemen, our profession deals with living issues as important as any human interest. It is thoroughly alive. It cannot tolerate dead limbs, it lops them off. We must progress or we will fall to the rear at once. There is surely something to learn everywhere. Do not let us neglect any source of know-

ledge however humble, remembering that some of the most important facts have been discovered by accident.

Finally, life is full of compensation. If the young physician perchance should appear too youthful to be inviting to patients, he will nevertheless certainly be interesting to the daughters of patients. If he cannot have patients he can have attention. In closing my remarks in this connection I hope the junior physicians may be cheered in their laudable profession by a generous share of both.

The late Dr. Oliver Wendell Holmes states it pleasantly:

> "Talk of your science; after all is said,"
> There's nothing like a bare and shiny head:
> Age lends the virtues that are apt to please,
> Folk's want their doctors mouldy like their cheese.

Gentlemen, in conclusion permit me to say, let us ever strive to be *famous* enough to be *honest* and at last when our earthly membership has been severed we may have the unutterable joy of entering into that fellowship when all *dishonest healers* will cease from troubling, and *honest* and *weary ones* have unending rest.

WHOOPING COUGH.

By G. Carleton Jones, M. D., Halifax, N. S.

Read at Meeting of Maritime Medical Association.

Whooping Cough is a condition which has very little attention paid to it, either by the profession or by the laity,—the latter look upon it as one of the many minor evils which children have to endure during their probationary period of existence. The former make little or no effort to impress its importance on the public and to exert those measures of prevention which are now widely adopted in almost every other similar disease. The consequence of this is, that we find many cases of whooping cough running their course unattended and unassisted by medical aid, and resulting disastrously owing to serious complications which are almost certain to arise.

Whooping Cough is responsible for many a death in children. The lowest we can place the rate of mortality is perhaps at 15 per cent. The total number of deaths in Prussia during 5 years was over 85,000. But we must bear in mind that a large number of deaths put down to bronchitis and pneumonia are in reality caused by whooping cough, the former being merely the complication of the latter.

It is, however, not the immediate consequences that are the most to be feared, but the effect of that long standing disease on the constitution and on the general system. We have marked pathological changes in whooping cough.

The damage to the mucous membrane is extensive. The enlargement of the bronchial glands is marked. We have then a very favourable condition for the reception and development of the germs of tuberculosis—a result which is unfortunately far too common. As Dr. Barbour recently says: "If, after whooping cough, children were examined for enlarged bronchial glands, and proper treatment pursued, it is my opinion that we should be able to prevent tubercular infection to a great extent." Any, person, who has noticed a child recovering from a two months siege of whooping cough, during which period the little sufferer, has been racked with convulsive seizures, and starved by frequent vomitings, can not but fail to acknowledge, that it is no trivial complaint. We see that we have a serious disease to deal with, but do we deal with it in a manner befitting its gravity? I think not.

Many a child, while suffering from this acute contagious disease, that is a source of danger to the community, is allowed to go to school to play about and mingle with other children. We know that it is a disease of a germ origin, although the specific micro-organism has not yet been definitely isolated, and we recognize it as a serious disease. Ought we not therefore, to adopt the measures and precautions which are insisted on, when dealing with diseases that are hardly more fatal, namely, scarlet fever and diphtheria, &c.?

Opinions differ on the question of the transportation of the source of infection. But we can hardly explain the origin of many cases, unless we look upon it as being possible for an intermediary person to carry the germs to one not directly exposed to the contagion. It therefore rests with as to educate the public, who look to the medical profession for aid and advice, and will regard any disease very much as we regard it. And will not consider it trifling, when we regard it as important.

How are we to manage this disease when a child is seized with it? It seems to me that the greatest benefit is to be gained by keeping the child in one room at an equable temperature. Further, I think it better still to keep the child in bed, at least during the active period of the convulsive stage. What is perhaps better than one room is two rooms, when it can be managed. One to be used at night and one during the day, the one not in use, to be disinfected during the time that it is not occupied, with the fumes of sulphur.

The diet ought to be light and nourishing, easily digested and assimilated. After each convulsion, when there is vomiting, the child ought to be made to take nourishment, by this means the food has more chance to be digested and assimilated, and the child is not exposed to the danger of semi-starvation.

The medicinal management of the disease presents many difficulties. The multiplicity of drugs recommended is alarming. The very number shows that the majority can be of little or no benefit. Every new drug is at once put down as a specific for whooping cough, a disease which we can safely say has no specific. The latest specimen of this kind is bromoform. The published results obtained from the use of this agent have been most glowing. Wonderful results are given and extremely gratifying tables of statistics are compiled. I am sorry to say that from my own personal experience, I have seen little or no benefit derived from the exhibition of bromoform. I have never seen the convulsions lessened, nor marked the shortening of the convulsive stage. It is a

powerful drug, with a disagreeable taste, of high sp. gr., and therefore very difficult to suspend. The last doses in the bottle are very apt to be much stronger than the early ones. It is recommended to give it in doses of 1 to 2 minims.

From our knowledge of the Pathology and the Etiology of the disease, it is reasonable to suppose that local germicidal remedies would be of service. Such we find to be the case. We can make a marked impression on the malady by antiseptic vapors and inhalations. By means of the atomizer and solutions of Eucalyptus, Thymol, Carbolic Acid, Peroxide of Hydrogen or other agents, properly and frequently applied, the convulsive seizures are distinctly lessened in number and the duration of the disorder is cut short.

If, however, as often happens the child is too young to submit to atomization, we must rely upon vaporization by means of a volatile antiseptic and the bronchitis kettle, constantly going in the room. The mixture I prefer is one of Eucalyptus, Carbolic and Turpentine. From internal antiseptics I have had little benefit, unless we include Quinine, which is often of service, however, it is almost impractible, owing to the impossibility of disguising its taste, but they are strongly recommended by eminent authorities.

The other class of drugs to be mentioned are the anti-spasmodics. The two chief ones being belladonna and opium. Of the use of the former I need say nothing, the experience of many members is no doubt greater than mine, but I can quote Prof. Jacobi where he says that after trying the new remedies one after the other, he invariably returns to the use of belladonna. It must, however, be given in sufficiently large doses to produce the physiological action of the drug.

Opium is of great benefit. I have found the course and severity of the attack markedly affected by small doses frequently repeated. I am in the habit of giving $\frac{1}{4}$ gr. of Dover's Powder, in the form of one of Parke Davis' Pink Granules three times a day, in a child of three years, with excellent effect.

This method of treatment, combined with inhalations and the proper hygienic management, seems to be a rational way of treating an almost untreatable complaint. But we must also bear in mind the specific severity of the disorder and the fact that the period of convalescence is very slow and protracted and that whooping cough is by no means cured when the spasmodic attacks have ceased, and also that the child ought to be kept under medical supervision for some time, taking tonics and being submitted to the best hygienic surroundings.

NEW YORK CLINICAL NOTES.

Acute Yellow Atrophy of Liver.

AUTOPSY.

The case here reported of this very rare disease is of special interest, from the fact that the patient was under observation from the beginning, in an institution in New York, and although a number of medical men saw the case, the diagnosis was only suspected a few days before death, and a positive diagnosis reached within the last twelve hours, during which time the hepatic dullness disappeared. The rarity of the affection can be appreciated when it is remembered that there are less than three hundred cases on record.

Acute yellow atrophy of the liver runs its course in two weeks During the first ten days the symptoms point to catarrhal jaundice with hallucinations or possibly maniacal symptoms. It is the mental condition that should suggest to the observer the suspicion of the true nature of the case. It can be nothing more than a suspicion, but will be sufficient to direct the attention to a critical study of the liver dullness, and on the change in the percussion note of the liver the diagnosis must eventually rest.

A woman aged 34 had been confined two months previously with an uneventful labor and showed no evidences of disease after confinement. At the end of this time she complained of dyspeptic symptoms with slight jaundice. The case was in no respect different to any of the common cases of catarrhal jaundice. The patient protested that she was not sick, but on Sunday evening she created a disturbance in the ward and insisted that her baby was to be taken from her. She became quiet after a time, yet never regained her proper mental balance.

TEMP. 99°. Examination of liver negative.

Tenth day.—Went to bed complaining of severe pain in the back. Jaundice increased, with clay colored stools; left lobe of liver seemingly diminished.

Eleventh day.—It was considered advisable, in order to relieve the cholaemic symptoms, to try saline transfusion. Four ounces of blood was taken from a vein in the arm and four ounces of normal saline solution introduced. Slight improvement followed.

Twelfth day.—Patient comfortable. Temp. 97°, pulse 78. Ecchymotic spots on chest and limbs, but no hemorrhages. During the afternoon, in consideration of the transient benefit of the transfusion, another four ounces of normal saline solution was introduced into the circulation. Later on the patient had a chill and became delirious.

Thirteenth day.—Much weaker. During the night the liver dullness disappeared. Urine normal in amount. Sp. gr. 1028, contained tyrosin, leucin and bile pigment.

Fourteenth day.—Comatose. Temp. 105°. Died at 11 p. m.

AUTOPSY.—Sixteen hours after death.

Liver 21 oz.—very soft and pliable; crackles on being pressed as if it contained air. Lower border at level of ensiform cartilage.

Microscopical examination showed *acute* degeneration.

Spleen enlarged 11 oz. Pancreas enlarged.

The other viscera showed nothing that had any special interest.

THE

Maritime Medical News.

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

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

All manuscript and literary correspondence to be addressed to

DR. D. A CAMPBELL,
9 Prince Street, Halifax.

Business correspondence to be addressed to

DR. G. M. CAMPBELL,
9 Prince Street, Halifax.

Editorial.

THE paper of Deputy Surgeon-General W. Tobin, published in the December issue of this periodical, has no doubt been received with much interest, not only by the medical officers of the militia in the military districts comprised in the Maritime Provinces, but by the profession generally, more especially the younger portion, many of whom may at some time become members of the force. The fact that Dr Tobin was for many years a medical officer in the imperial service, and that he had the peculiar experience of serving under both the regimental and departmental systems, and of thus becoming practically familiar with the excellencies and weaknesses of these systems, makes him specially qualified not only to write on the subject, but also to advise the military authorities as to what changes are most required to impart efficiency to the medical department of the Canadian militia. This also makes it difficult for one who has not had these advantages, to discuss the matter with him, and impossible to do so with equal weight.

SYR. HYPOPHOS. Co., FELLOWS,

CONTAINS

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

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

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

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

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

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

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

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

NOTICE—CAUTION.

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

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

WHOLESALE AGENTS.

Wyeth's Saw Palmetto

(SABAL SERRULATUM.)

Preparations.

Current literature during the past year or two has furnished a number of communications relating to the therapeutic properties of Saw Palmetto, and we desire to call the attention of the profession to the fact that we are prepared to supply the remedy in the form of

FLUID EXTRACT.

Dose.—One half to two fluid drachms.

— ALSO —

COMPRESSED TABLET TRITURATES,

REPRESENTING ONE-HALF AND ONE MINIM RESPECTIVELY.

Dose.—One tablet every two or three hours.

MEDICINAL PROPERTIES.—Saw Palmetto was originally employed for the relief of Prostatic Enlargement, as it occurs in elderly persons, but more recently it has been found to possess marked aphrodisiac properties when administered in small doses at short intervals. Not infrequently it will be found to produce most salutary effects when enlargement of the prostrate is associated with sexual incapacity, the exhibition of the remedy being followed, it is said, by renewed vigor of the reproductive organs. In this class of cases, however, it is needless to add, that caution should be exercised, to avoid the depression which is certain to follow over-stimulation.

Samples of these triturates will be furnished to physicians on request, with a view to obtain further reports calculated to determine more definitely the position it is entitled to occupy in therapeutics.

JOHN WYETH & BRO.,
Manufacturing Chemists,
Philadelphia.

DAVIS & LAWRENCE CO., LTD.,
General Agents for the Dominion.
Montreal.

He brings these ideas prominently forward as being advisable for the greater efficiency of the medical service of the militia, viz. :—

1. A change from the Regimental to the Departmental system.
2. The formation of a Medical Reserve Corps.
3. The formation of an Ambulance System and Bearer Companies.

These are three very important suggestions.

The present condition of the medical service may be summed up in few words, and may be taken generally to consist of men quite well qualified to perform the purely professional part of their duties, but with some exceptions, ignorant of that part of their duty which falls on them as being part of a military organization. They have been taught nothing of military medical administration or organization, of discipline or interior economy, nor has any effort been made to see that they get this knowledge. One half probably do not know that there is such an official as a Surgeon-General, and the other half have never heard from that officer directly or indirectly. The surgeon of the rural corps goes into camp for twelve days in summer for the purpose of having a good time, and generally gets it; the surgeon of the city battalion exists apparently for the purpose of swelling the regimental fund. It is not fair to call this sort of thing a regimental system, and then condemn it as inefficient; it is at best only part of a system, to perfect which no attempt has ever been made.

Small wonder was it, therefore, that at the time of the Riel rebellion, when a campaign was to be undertaken, the authorities were all at sea what to do for a medical department. They seemed to be so completely ignorant of the "personnel" and fitness of the medical officers of the militia that they cut the gordian knot by calling in medical men who had no connection with the force, and placing them at its head. This was not the fault of the regimental system, it was the necessary consequence of having no system at all, but simply a certain number of medical men attached to a certain number of corps.

Before condemning the regimental system, it is necessary, we think, to bear in mind that the Canadian militia is not a regular army always on duty and liable to sudden demands of foreign

service, that its medical officers do not join for the purpose of a career or making a living, but that, on the contrary, they join largely through a feeling of comradeship or friendship for those already belonging to it, or from patriotic motives which induce them to attach themselves to an organization they consider necessary to the welfare of the country; in all cases, however, it is the associations of the regiment which attract and keep them. We think there is even room for doubt whether in "peace times" a purely departmental service would attract a sufficient number of recruits to make it a success, and before such a change is made, we venture to suggest to Dr. Tobin that he would first recommend that the attempt be made to improve the system we have and get at its capabilities. We think this might be done. A year or two ago the general officer commanding made surgeon-majors of all the surgeons attached to the permanent corps, thus in some cases pitchforking over the heads of many who had been years in the service, young men who had just joined and who knew no more of military medical administration than those they superseded. Unless this was done with a well considered purpose of utilizing these officers for the general welfare, it would appear a most unwarrantable proceeding. Let the government have these officers thoroughly trained in their duties, for which purpose they might be attached to the A. M. S. C. at Halifax for a certain time, and then cause them to impart instruction to the medical officers in their district during the camps for rural corps, and during annual drill for city corps. The Inspector of Artillery every year sends down a set of questions for the officers and N. C's. of that branch to answer at his inspection, and the marks they get for these answers count toward the "general efficiency" standing of the corps. Our P. M. O. could accompany the D. A. G. at his inspection and do the same thing and the marks of the medical officers should also count towards "general efficiency," as this would give the Colonel an interest in seeing that his surgeons kept themselves posted in their duties. They could instruct also in Ambulance work and in Bearer Company organization and drill, keep a record of the service of each medical officer, of his efficiency and attention to duty. The two medical officers to each corps should be retained, and one of them would

thus be available for Bearer Company, Ambulance, or Field Hospital work in Brigade.

We are, therefore, not yet prepared to approve of Dr. Tobin's contemplated complete change in system, and though he instances the imperial service in its favor, a suggestion that has very great weight, still we might remember that that service is not without its frictions and trials, and there are whispers that the new commander in chief intends making changes there, perhaps even a partial return to the regimental system.

With Dr. Tobin's other suggestions we are in hearty accord, and think the medical staff for the higher administrative grades which he recommends, would be what is required, although perhaps one Deputy Surgeon General at Headquarters with the Surgeon General might be sufficient at present.

The establishment of a medical reserve corps is a most happy suggestion, and we hope we may see it carried out.

The matter of Bearer Companies is perhaps the most important of all, as no brigade on service would be complete without them. If Dr. Tobin can influence the authorities to grant Bearer Companies in proper strength to each brigade, the formation of a medical reserve corps, the appointment of a medical staff qualified for their duties as he lays them down, and with power and authority to carry them out, he will do very much indeed towards obtaining efficiency in the medical service, and will deserve the thanks, not alone of the medical officers whose interests we are sure he has at heart, but of all who desire to see a militia prepared and reliable in all its departments.

There is one matter, which, though not referred to by Dr. Tobin, is we are assured, of great importance to the medical officer, and that is his standing or rank. At the present time, he has what is called 'relative' rank, which is expressly defined as being 'social' merely, carrying with it neither military 'status' or command. Now, it is clearly understood that medical officers want no 'command' outside of their own hospitals, Bearer Companies, &c., but so long as they wear a uniform they should have a clearly defined substantive rank or status in an organization in which mere rank counts for so much, and if the authorities do not wish to grant that, they should take away the uniform

altogether, and thus leave no doubt about the matter. This is matter deeply affecting the usefulness of the medical officer, a well as his comfort and self respect, and it cannot be placed t one side as a 'matter of sentiment.' But even as a mere senti ment, it should be dealt with. Patriotism on which the whol idea of a militia force rests is a 'sentiment.' Sentiment is one o the most powerful political and social forces that exists. We therefore, hope that the military authorities will very soon com mission medical officers as is done in the U. S. Army, or with th compound titles now employed in the imperial service. W think the U. S. system the simplest and best.

MEDICAL PROGRESS.

NOTES, ABSTRACTS, SELECTIONS.

Medicine.

REPORTERS—JAS. MCLEOD, M. D., Charlottetown,
W. H. HATTIE, M. D., Halifax.

The "Rampoldi" Sign.

Some years ago (1885), Rampoldi, writing in the *Annali di Ottalomologia*, announced that a transitory, but recurrent (and unequal) dilatation of the pupils is an early and fairly constant sign of pulmonary tuberculosis. This statement has quite recently been republished by Rampoldi, and a brief review of his article, by Dr. Casey A. Wood, appears in the January number of *Medicine*.

Destree, in a paper read before the last meeting of the International Medical Congress, claimed that in 97 p. c. of cases of tubercular phthisis he had observed an unequal dilatation of the pupil, which he considered to be induced by the pressure of diseased glands at the hilus of the lung upon the sympathetic plexus.

Recent researches have gone to show that the peribronchial glands are generally involved at a very early stage in tubercular disease of the pulmonary tissues. It is therefore quite possible that there is reason for attaching importance to this symptom. Certainly anything which suggests aid in arriving at an early diagnosis in this disease demands the attention of medical men, and it is desirable that this sign be looked for by physicians and the results of observations published, so that the actual value of the sign may be estimated

Another Sign of Beginning Tuberculosis.

According to the *Sanitary Era* (December, 1895), Dr. C. W. Ingraham is "credited with the assertion that a rise of temperature of from one-half to one degree at some period of greater or

less duration every twenty-four hours, may be regarded as the first symptom of pulmonary tuberculosis." This is said to occur before any other symptom, and may be present even though the general condition remains good. When nothing else can be held accountable for such an elevation in the temperature, and especially if there be associated with it any loss of weight or vitality, tubercle of some part of the respiratory system may be shrewdly suspected—"even though there has been no accompanying cough or expectoration, and though physical examination gives negative results."

I do not know that any great novelty can be claimed for this symptom, but I am afraid that its importance is not sufficiently realized. Perhaps the use of tuberculin, in cases which present this sign without further evidence of tubercular disease, might assist in the diagnosis.

"A Constant Sign in Commencing Meningitis."

Under this heading the *Alienist and Neurologist* epitomizes an article from an exchange, without stating its authorship. The sign is said to be present from the outset, even in insidious cases. It should be looked for carefully, with chest and abdomen bared. Accidental movements, set up by excitation of the hyperaesthetic skin, are to be avoided by uncovering the patient gradually—thus preventing the shock of sudden exposure.

"In the first period of meningitis may be seen irregularity of rhythm and inequality of the amplitude or development of the chest. Another sign is irregular type of respiration and dissonation of the movements of chest and diaphragm. The respiration is effected by the lower respiratory muscles of the chest. Looking at the umbilical region, instead of the normal elevation with each inspiration, there is either immobility or depression. These movements are not connected with the Cheyne-Stokes type of respiration."

Tabes Dorsalis.

A case of tabes dorsalis, presenting some interesting trophic changes, is reported by Dr. J. B. McConnell, in the *Canada Medical Record* for November, 1895. The patient, a woman aged 32, dated her trouble back to the exposure which she had suffered in the Montreal floods of 1888—her house having been situated

in the inundated district. The first symptom noted was pain of a shooting character in both legs. Other symptoms developed in time, including gradually increasing weakness in the limbs, pricking sensations in the feet, gastric attacks, disturbed vision, etc. Associated with these were found loss of muscular sense, allocheiria, absence of knee reflexes, Argyll-Robertson pupil, progressive atrophy in lower limbs, etc.

Three years after the shooting pains were first noticed (at which time the weakness of the lower extremities had already become so marked as to make locomotion difficult) while engaged at putting a stick of wood in the stove, her right hip suddenly gave way, and the limb became two inches shorter than the left. This fracture was unattended with pain, and had no treatment other than rest. Three years subsequently she fell while trying to get down stairs, and fractured the left femur. Both fractures were intracapsular and neither caused the patient pain At the time of writing there was little sign of repair in either limb. There had been only slight formation of callous, and crepitus could be easily demonstrated without producing pain.

"About a year ago there began to appear in the right side of right hip a bony plate, which has gradually increased in size, now measuring about three inches in length and two inches in breadth, triangular in shape, the base upwards, occupying the position of the tensor vaginæ femoris muscle." This plate Dr. McConnell found to be quite movable beneath the skin. He considered that it could only be regarded as a calcareous infiltration of a muscle undergoing atrophy. The possibility of its being the result of calcification of callous being eliminated by the length of time which had elapsed since the fracture. Ossification of muscle is one of the rarest of complications of tabes, very few instances having been observed.

This case perhaps throws some additional light upon the pathology of tabes. I quote Dr. McConnell:—"The progressive atrophy in the lower limbs is not accompanied by any fibrillar contractions, and the lessened power indicates degeneration in the peripheral motor nerves, which is most marked at parts remotest from the cord. This case thus lends support to Dejerines view, that atrophy is due rather to peripheral neuritis than to

involvement of the anterior roots or horns in the cord, and points to the new views in regard to the pathological anatomy of this affection, which locates the primary changes in the nervous tissue of the posterior roots and even in the peripheral sensory trunks and nerves, rather than in the posterior horn and columns of the cord.

"The fractures observed in this case are the chief elements of interest, the fragility of bones being caused undoubtedly by the same influences which produce the muscular atrophy and are the result of destruction of the conducting tissue between these parts and their trophic nerve centre, or possibly some defect in the sensory portion of the nerves, etc. Although we have a symmetrical condition at present in the two hips, the fact that several years elapsed before the second fracture occurred would shew that the degeneration was not so much of primary spinal origin as from the roots, or peripheral, as if progress was unequal on either side."

Dr. McConnell compares, as interesting, a somewhat similar resorption of bone which occurs in a form of Greek lepra, very prevalent in Columbia, South America. This disease is very slow in its development, begins with anaesthesia of the extremities, and goes on to atrophy of the muscles and eventually to complete resorption of the bones. W. H. H.

Society Proceedings.

HALIFAX BRANCH OF BRITISH MEDICAL ASSOCIATION.

Stated Meeting Nov. 15th, 1895.

Poisoning from Belladonna and Aconite.

After the disposal of routine business Dr. T. W. Walsh read notes of a case of poisoning by belladonna and aconite. Quite recently he had been called to see a man aged 63 who by mistake drank a quantity of a liniment composed of equal parts of belladonna and aconite liniments. When first seen the man was unconscious, the face, neck and chest were covered by a bright red rash, pupils widely dilated, pulse 90, full and regular, voice husky, active delirium at times requiring restraint, grasping at imaginary objects, and chronic spasms of the muscles of the legs.

Gave morphia mur. gr. ¼ hypodermically and administered twenty grains of sulphate of zinc which acted promptly. After the stomach had been thoroughly emptied the patient seemed quieter.

Two hours later the patient could by an effort be aroused, breathing slow and irregular, pulse thready, rash gone and many indications of a tendency to collapse. Prescribed a mixture containing aromatic spirits of ammonia, tincture of digitalis and tincture of strophanthus every hour. Three hours later he seemed much better though there was still considerable stupor. In twenty-four hours recovery was complete. The point of interest in this case is one not much referred to, viz.: The interaction of two potent drugs differing in their physiological effects. Is there any marked antagonistic action between aconite and belladonna? This man took the equivalent of 360 minims of tincture of aconite and 60 minims of fluid extract of belladonna, yet the ordinary effect of the former, were wholly overshadowed by those of the latter. Belladonna would seem to be antidotal to aconite.

DR. MADER asked how the respiration was affected.

DR. WALSH said that the respiration was hurried for several hours and the pulse from 85 to 90.

DR. REID thought that no mistake had been made in giving an emetic—he referred to a case of his in which after poisoning by belladonna, mustard had been given and free emesis produced even after some hours. No doubt a portion of the poison had not been absorbed.

DR. M. A. B. SMITH was of the opinion that much larger doses of belladonna could be given than was generally supposed. He referred to a case in the V. G. Hospital when he was house surgeon there, 15 minims of liq. atropiæ having been given hypodermically without serious disaster.

DR. FARRELL said that the point that impressed him was the fact of not neglecting to give an emetic. Evidently absorption by the stomach is in many cases very slow as is shown often in giving an anæsthetic. He differed from Dr. Reid as to the value of a stomach tube—favouring the use of emetics.

DR. REID said that the tube was useful in cases where the stomach did not respond to an emetic.

DR. KIRKPATRICK thought that belladonna had a very different effect on different persons. He referred to a case of marked susceptibility to the drug, the instillation of a solution of atropine into the eye causing dryness of the throat. The effect of a poisonous dose of belladonna was to notably quicken the pulse evidently the aconite had antagonized the usual effect of belladonna in this case.

Fracture of Femur in a Child.

DR. CARLETON JONES reported a case of fracture of the femur in a child. A. R. Aet 2, male. On Friday, Nov, 1st, 1895, while playing with the other children slipped on the floor covered with wet oil cloth and fell with the left leg doubled under him. The mother says she distinctly heard the snap before the child fell to the ground. The child had slightly marked symptoms of rickets and also genu-valgum and could not walk until he was eighteen months old. When seen by Dr. Jones on Nov. 2nd a fracture of the upper third of the femur could be made out. Considerable deformity marked curving of the thigh outwards and forwards, crepitus very evident. The leg was put up in an extension and a long side splint. When seen again a week later, the child living in the country, the leg was in good position and evidently doing well. But when seen to-day (Nov. 15,) the leg was very sore and raw and the child in a dirty condition, the long splint was removed. Dr. Jones referred to the rarity of this accident and said that he looked upon it as a case of spontaneous fracture of the femur. He also referred to the difficulty of treating such cases.

DR. MADER thought that vertical extension ought to have been adopted in this case it being now the generally recognized plan of treatment.

DR. MILSOM found gutta percha a useful material for dealing with fractures in children. He instanced cures treated in this way. Extension was also used in fractures of the femur.

DR. FARRELL said that the difficulty was to overcome the displacement in order to accomplish this the double inclined plane was often of service. He referred to the importance of fixation of the other limb by means of Hamilton's box or some other form of apparatus.

DR. SMITH said that vertical extension was the method commonly employed in New York.

DR. CAMPBELL was also in favour of vertical extension.

DR. JONES said that there had been no difficulty in overcoming the displacement and maintained that the difficulties which arise could not have been overcome by the use of the vertical method.

Abdominal Belt—DR. A. P. REID exhibited an abdominal belt for use after abdominal section which was most favourably regarded by all the members present. He had found it very useful in preventing ventral hernia.

Management of Abortion.

DR. FARRELL in opening the discussion on this subject said that the subject was a very large one and therefore he would limit his remarks to treatment alone. He would not refer to simple cases of complete abortion because in these cases there was practically no treatment except as regards clean linen.

What do we dread in cases of incomplete abortion? There is no danger except septicæmia and every physician should recognize that a uterus in this condition is that of an open wound. The plans of treatment had been changing, the old method was to allow the case to drift along, nature did the delivery. We had in these cases an open wound and a foreign body, an excellent soil for the development of micro-organisms. There arose the plan of treatment of emptying the uterus. Is that interference always necessary? He felt certain that the weight of opinion was leaning towards the side of interference, he thought however that this was an extreme view. If interference is the plan adopted it must be thorough, unless it be thorough it is useless. He referred to cases illustrating this point. He said that it ought to be a distinct operation, by means of the speculum the uterus being brought well into view, dilated and curretted and thoroughly cleaned out. He then gives his views as regards prevention and emphasized the importance of cleanliness on the patient's part.

DR. MADER in continuing the discussion on this subject said that he had always thought it better to remove the placenta at once. He quoted some cases, showing the difficulty of coming to a correct diagnosis it being often anything but an easy matter to distinguish between a complete and incomplete abortion. He differed from Dr. Farrell when he said that infection came always from without referring to a case showing the contrary. He thought that dilating the cervix in cases where fever existed was fraught with danger.

DR. CAMPBELL said—If called early to a case of threatened abortion he endeavored to prevent it by means of rest and opium. He had given viburnum preparations a fair trial but without any striking results. If miscarriage occurred at second month or earlier the majority of cases terminated favourably without active intervention.

In abortion after the second month the question of interference arises If there is free bleeding he usually controlled it with a tampon and very commonly on removing it the uterine contents came away. A condition he frequently met with was partial dilatation with the placenta partially extruded. In such a case he believed it was the best plan to interfere, but never did so unless permitted to give an anæsthetic in order to effect a thorough removal. He regarded the finger as a better instrument than the curette. If bleeding continued day after day without much dilatation it is better to interfere, thorough work being a necessity.

DR. MILSOM said that in his experience the great majority of cases ended favourably without interference. In private practice hemorrhage is a more serious feature than sepsis.

The president's experience was much the same as that of Dr. Milsom's. He could not recall a case in his own practice where sepsis occurred and non-intervention was his rule.

DR. WALSH said it was a question between rest and ergot on the one hand, and the curette on the other. It did not seem clear to him how he could decide in any given case which plan to follow. He would like Dr. Farrell to be more specific.

SOME PRACTICAL POINTS ON THE APPLICATION OF PLASTER-OF-PARIS.

W. Ross Martin, M. D., *(International Journal of Surgery)*, says:—In surgery, plaster-of-paris is used to immobilize parts, as in fractures, simple or compound, in diseases of bones involving the joints, in spinal disease, and as a model for various prominences and depressions of the body. With casts of the parts the instrument maker can more accurately shape apparatus to patients who are often necessarily at a distance. Its application is simple, but to be effectual, experience and familiarity with technique are necessary. Probably every one who has used plaster-of-Paris has encountered more or less difficulty, and indeed to some its use is a bugbear, while many deem it ineffectual, untidy and cumbersome, suitable only as a makeshift to be used when other appliances are not at hand. Some surgeons completely ignore it, while there are those more familiar with its application who cherish it as a dear friend in times of need, always ready for use, effectual in its results, neat if properly applied, giving comfort to the patient and credit to the surgeon.

The first objection seems to lie in the time required for the plaster to become hard, and it is usual to attribute this to the plaster, thinking that it has absorbed moisture, which very often is the case: but it requires a very humid atmosphere to affect its quality as it is ordinarily prepared for shipment. True, it is shipped in coasting vessels and large pervious casks and stored in open warehouses, permitting the free circulation of air, regardless of its dry or moist character, as was shown by Dr. Goldthwait, of Boston, in a recent paper. But these packages are all lined with a glazed paper which prevents direct contact with the air. That moisture does affect the quality of plaster is proved by the fact that in the hospital a barrel is kept standing in a small closet in which there is a hydrant and sink. The water here is allowed to run most of the afternoon, and the steam from the hot water faucet sometimes fills the room and the condensing renders the air quite moist. For the first few days after the barrel is opened, the plaster sets well, and then it begins to set slowly and we experience much difficulty in using the latter half of the barrel. Whereas, when the barrel is kept in the dry room near the radiator, we have no difficulty from the time the barrel is opened until it is emptied. It is best, therefore, except when used in

large quantities, to have the receptacles air-tight. The plaster we use is furnished in tin cans of convenient size, and the tops are hermetically sealed. Plaster put up in this way is more expensive, but really is cheaper in the end, as it occupies less space and is easier to handle.

Another reason why plaster bandages harden slowly, or not at all, lies in the bandage itself. It has been found that glue added to plaster prevents rapid setting, and much of the crinoline in the market is sized with glue. Crinoline sized with starch interferes in no way with the setting, and should, therefore, be selected. A very good test is to take a sample of the crinoline as it comes from the dealer, and handle it with a slightly moist thumb and finger. If sized with glue, it will adhere slightly when the pressure is removed. This is not the case when starch has been used. The iodine test for starch may also be applied. If after being thus tested there is reason to doubt its efficiency, the practical test can be used by applying a bandage to one's forearm and noting the time required for it to set. Good plaster usually hardens in fifteen or twenty minutes. In those special cases where time is an object and perfect immobilization is required, it would be well to make this practical test. If it is found impossible to get a properly sized crinoline, the goods may be washed and thoroughly rinsed in warm water. The crinoline should be torn into bandages before it is washed. Washed bandages set quickly, but are rather difficult of application, as the threads along the edge are loosened and prove of great annoyance to the surgeon. Again, the size of the thread forming the meshwork has some influence on the setting. A very coarse thread absorbs too much water, and it is impossible to squeeze it out and leave enough plaster in the bandage. If it is left in, the plaster seems to harden, but in the course of an hour or so becomes moist and soft and is useless. The best crinoline is brand "A Virtute." Salt and alum should not be added to the water, as it renders the plaster brittle and makes of it a poor support. True, it hardens quickly, but to give the same strength the dressing must be thick and necessarily heavy. On taking casts, for instance, where salt is added to the water the casts become soft in a few hours and are difficult to remove from the mould. Still another objection is that it excoriates, and that excoriations thus made are difficult to heal. When the plaster is properly applied one need have no fear.

The usual untidiness in the use of plaster may be avoided if the surgeon and his assistants are careful. It has been said by men of wide experience, adepts in the use of plaster, that "Plaster can be applied in the parlor, the operator in his dress suit, without the slightest danger of

either being soiled." The plaster bandage should be from two and a half to four inches wide and six yards long. Only the mesh-work of the crinoline should be filled with the dry plaster. This is best accomplished by taking a cigar box, with the lid, one end, and the bottom removed, or a similar contrivance made for the purpose, the lower edge being perfectly smooth and flat, and placed upon the level of the polished top of a table. On the inside of this box the dry plaster is placed, the crinoline bandage being drawn through it and under the edge of the box, and loosely rolled as it emerges. Any excess of plaster can be easily removed with the hand in rolling. By this method the meshes are filled, and a bandage of plaster and crinoline of uniform thickness results. The roller thus prepared, when ready for use, should be placed on end in lukewarm water. If hot water is used, the increased heat produced in the setting process will burn the patient. The water should be renewed as often as the plaster which settles to the bottom of the pail renders it so thick that portions of the bandage remain dry. When the bubble ceases, you know that the bandage is sufficiently soaked. The excess of water is removed by holding the bandage firmly at each end. If one takes it by the middle, the water is not well distributed, and you have an uneven roller.

A plaster spica should be applied as follows: The patient is supported by means of hip and shoulder rests about five inches from the table, and while extension is made by an assistant at the shoulder and another at the foot of the affected side, a good position is secured. Care must be taken, now, to protect with cotton and flannel bandages the bony prominences, such as the anterior superior spinous process, the knee, ankle, and especially the spinous processes of the column. Over this layer of cotton a canton flannel bandage or a cheese cloth can be applied without drawing too tightly, and it is important to bear this in mind, as uneven tension at any point may lead to excoriations. The plaster should be as nearly skin-fitting as possible, especially above the ankles. In rolling the bandage, moistened as above indicated, one should simply push it around with the palm of the hand, keeping the roller in close contact with the body, never forgetting for a moment that it must be even and without tension. A point of much importance is to rub each successive layer with the other hand and thus smooth out all inequalities. We get then a compact and strong plaster dressing. As a means of reinforcing so that there will not be too much weight, strips of steel shaped to the contour of the parts can be laid on, after two or three rolls of the bandage are applied. If one must leave a

large surface for extensive abscesses, a bit of steel shaped into a bracket may be employed. At the close of the application, and before complete setting has taken place, the plaster should be trimmed at points where pressure is to be avoided, with a pruning knife.

Once the plaster is hard and dry, its removal has always been considered laborious, and many are the instruments devised for this purpose. The easiest and perhaps the quickest method is to cut through with a large pruning knife, first scraping the line of incision. Apply over this line a piece of cotton profusely soaked in hot salt and water. The incision can be easily completed after a little while. The caution is necessary perhaps, that one cut carefully and be governed by the underlying bandage of muslin.

To summarize: Plaster-of-Paris should be dry and kept preferably in tightly sealed cans.

Only the meshes of the crinoline should be filled with plaster.

Crinoline sized with glue should not be used without having the glue washed out.

The bandages should be moistened in lukewarm water without the addition of salt or alum.

The excess of water should be removed by even pressure.

All bony prominences should be well padded. At other points the dressing should be nearly as skin-fitting as possible.

The bandages should be applied evenly and without tension.

Each layer of plaster should be thoroughly rubbed by the hands of the operator or his assistant.

These preliminaries being carried out, we reach the following conclusions as regards the advantages of plaster-of-Paris:

(1.) It gives comfort to the patient.

(2.) Night cries are relieved.

(3.) It effectually immobilizes and retains the parts in the desired position, allowing the patient to move about in bed, or even walk around with ease.

(4.) It does not excoriate when properly applied.

(5.) It is questionable whether plaster alone ever produces atrophy or pathological changes of the joints.

(6.) It is neat and easy of application.

(7.) It is equally applicable to adults and children.

Book Reviews.

CONSUMPTION—Its Nature, Causes and Prevention. by Edward Playter, M. D.: Published by William Briggs, Toronto.

This book is written for the purpose of diffussing current medical opinions as to the cause and prevention of consumption among the laity.

The bacillary origin of the malady is accepted and the facts which support that view are stated in a way that they may be easily understood by the average reader.

The prevention and best methods of treatment in this disease are thoroughly discussed.

We do not think the writer has over estimated the advantages of the Canadian climate in the early stages of tuberculosis and to persons predisposed to the disease. Medical men will find much to interest them in this work, The publisher has done his work well.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS—with especial reference to the Clinical Application of Drugs, by John V. Shoemaker, M. D., Prof. Materia, Medica, &c., Medico-Chirurgical College of Phila., &c., &c. Third edition, thoroughly revised, p.p. 1108. Publishers, F. A. Davis Company, Phila.

The second edition of this important publication has been reviewed in these columns. The present edition comes in one volume instead of two which is a decided improvement. As the number of pages indicate the work is very full and complete. While it may be said that it is too large for a student still we think it an advantage for him to study from a book of this kind. The tendency is to read too little upon any given subject. It is impossible for the majority at first to remember everything even about the most important and useful drugs. Next to remembering the facts is to know where they can be found. Hence the importance of text-books with complete and accurate details for the student as well as the practitioner. This treatise may almost be said to cyclopædic in character. In the present revision, the new preparations, and they seem to be many, have received attention. New applications of the older remedies have also been noted. With respect to acetanilid, antipyrine, creasote, hydrogen dioxide, salophen, trional, dermatol, &c., &c., much additional information has been inserted. The

drugs are arranged alphabetically. The enumeration of preparations agrees with the U. S. Pharmacopœia of 1890.

Treatment by means of animal secretions extracts or juices, and immunized serum or antitoxines is discussed and a fair presentation of the present state of knowledge concerning the value of these agencies is given. The natural forces and physiological agencies, which are often more successful in treatment than drugs, receive due attention. They are discussed under electro-therapy, massage and rest cure, pneumo-therapy, hydro-therapy, climato-therapy, diet in disease, hypnotism and suggestion, metallo-therapy, heat, cold, light and darkness, music, acupuncture, antiseptics, aquapuncture, aspiration, bandaging, blood-letting, rectal feeding, setons and nerve stretching.

Clinical and general indexes make it easy to refer to special points. We cannot say that the proof reading has been careful.

BOOKS AND PAMPHLETS RECEIVED.

Annual of the Universal Medical Sciences.—A yearly report of the Progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors. The F. A. Davis Company, Publishers, Phila.

Report of One Hundred and Eighteen Cataract Extractions, with Remarks.—By David Webster, M. D., New York.

Introductory Lecture, at the opening of the ninety-fifth annual lecture course of Dartmouth Medical College, Hanover, N. H., July 15th, 1891.—By David Webster, M. D., New York.

Description of an Artificial Eye Intended for the Study of Ophthalmoscopy, and the Objective Determination of Ametropia.—By Charles A. Oliver, A. M., M. D., Philadelphia, Pa.

History of a Case of Indurated Chancre of the Eyelid.—By Charles A. Oliver, A. M., M. D., Philadelphia, Penn.

Protonuclein, Leucocytes and Nuclein.—By Thos. S. Summers, M. A., M. D.

Thirty-Eighth Report of the Nova Scotia Hospital for the Insane.

Clinical Address.—By David Webster, M. D., New York.

A Case of Ciliary Wound followed by Sympathetic Irritation, Clinical History and Enucleation.—By David Webster, M. D., New York.

Case of Sarcoma of the Ciliary Body and Choroid, Clinical History and Operation.—By David Webster, M. D., New York.

Foreign Bodies in the Eye.—By David Webster, M. D., New York.

Clinical Memoranda in Ophthalmology.—By David Webster, M. D., New York.

Notes and Comments.

THE Provincial Board of Health of Nova Scotia has taken a step in advance by the appointment of a Bacteriologist and in making provision for a laboratory. It is over four years since efforts were made in this direction and during that time arrangements have been progressing so that the department is likely to be efficient. The plan of the work was outlined by a joint committee of the health board and the Halifax branch B. M. A. As the details are not yet worked out they will be published in our next issue. The laboratory will be at the Victoria General Hospital. Dr. W. H. Hattie has received the appointment of Bacteriologist. He has devoted some years of work to the subject, and he is enthusiastic and energetic and will be sure to enlist the support of the profession.

* * * *

DR. JAMES VENABLES, Halifax, N. S., (*Boston Medical and Surgical Journal, Sept. 19, 1895,*) gives brief notes of 1,000 cases in obstetric practice. We subjoin the statistics:

Number of cases		1,000
Number of abortions		47
Number of premature births		36
Number of males (maturity)	384	
Number of females (maturity)	382	867
Case of uterine hydatids		1
Case of tubal pregnancy		1
Cases moved away before confinement, or attended by others		60
Total, cases and births		1,012

There occurred in the above: primiparæ 179, twin cases (maturity) 12, placenta previa 4, convulsions 3, forceps cases 41, still-born (maturity) 59, acephalous 1.

Presentations: face 3, breech 15, footling 6, left arm 1, right arm 1, natural 841. Total 867.

Cases occurring in each month. January 81, February 67, March 79, April 68, May 93, June 85, July 87, August 79, September 79, October 68, November 60, December 89, not known 65. Total, 1,000.

THE SECRET OF CENTENARIANISM.

A "CHIEL" from *Tit-Bits* has been with Sir Benjamin Ward Richardson, "takin' notes" of his opinions on things in general, which he has printed for the edification of the readers of that educational periodical. The eminent physician fought all his scientific battles o'er again, and confided to his appreciative listener many interesting details as to his professional career. With these we have no concern at present. On one point, however, as to which the interviewer was particularly eager to hear the deliverance of the oracle the reader will doubtless to some extent share his curiosity. Sir Benjamin gave it as his "fixed opinion that every man, and every woman for that matter, should attain the age of 100." He proceeded to show how this was to be done. First of all as we gather, the would-be centenarian must have "light hazel eyes, light brown hair, complexion inclined to be florid, lips and eyelids of a good natural red—never pale, and rarely of a blush tint." Then he must never smoke and never drink—the prohibition is absolute, but we presume the restriction applies only to alcoholic liquors: further, he should eat very little meat. He should work as little as possible by artificial light: in fact, one of Sir Benjamin's most widely quoted sayings, we are told, is: "Make the sun your fellow workman." If, by the way, this rule is strictly adhered to in this country, few people are likely to die of overwork. What the colour of the eye may have to do with longevity does not seem to have been revealed to the interviewer. An American authority professess to be able to diagnose a predisposition to centenarianism by the length and breadth of the head: he says nothing as to its thickness, which yet may help to make a man's days long in the land. As to the rigid abstinence from tobacco and alcohol enjoined by Sir Benjamin Ward Richardson on all candidates for the long distance race of life, it has almost as slight a basis of fact as the importance he attaches to the colour of the eyes. Immoderate drinking of whisky, like immoderate drinking of tea, or for that matter immoderate eating of bread, will shorten life: but what evidence is available on the subject seems to show that a strictly temperate use of alcohol tends to prolong life, for the excellent reason that it assists digestion, and thereby promotes health. The most trustworthy statistics on this subject are those of Sir George Humphry. Of 45 cases of centenarians collected by him only 12 were total abstainers, while 30 were moderate drinkers, and 3 were heavy drinkers. Of 689 persons between 80 and 100 years of age in Sir George Humphry's tables only a fraction over 12 per cent. were abstainers, while nearly 9 per cent. were heavy drinkers. The abstainers would appear from these figures to have only a slight advantage in point of longevity over the non-abstainers. The real secret of centenarianism is well expressed by Sir George Humphry when he says: "The prime requisite is the faculty of age in the blood by inheritance." In other words, if you wish to live a hundred years you must, as Oliver Wendell Holmes said of another matter, begin by going back two or three hundred years, and securing for yourself a sound and long-lived ancestry.

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools who are attached to these Institutions.

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Electro-Therapeutics and Diseases of the Mind and Nervous System.—Wm. J. Morton, M. D.

Diseases of the Skin.—George T. Elliott, M. D.

For further information please call at the school, or address **CHARLES B. KELSEY, M. D.,** Secretary of the Faculty,

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Twenty-Eighth Session, 1896-97.

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(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
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