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Vol. X. HALIFAX, NOVA SCOTIA, SEPTEMBER, 1898. No. 9.

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. X. HALIFAX, N. S., SEPTEMBER, 1898. No. 9.

Original Communications.

THE IMPORTANCE OF THE EARLY RECOGNITION OF GLAUCOMA BY THE GENERAL PRACTITIONER.*

By J. H. MORRISON, M. D., St. John, N. B.

An unrecognized case of primary glaucoma results in total blindness.

If a case of glaucoma be recognized early and properly treated, everything may be saved. If unrecognized until the disease has insidiously progressed so as to become pronounced, or if then improperly treated, everything is lost. Any other disease of the eye may effect one eye only. Primary glaucoma always effects both eyes though not necessarily at the same time. Hence is this disease more terrible in its results to the unfortunate patient. Choroiditis, irido-cyclitis, iritis, retinal detachment and cataract are all serious eye affections; but greater than any of these is glaucoma.

Its premonitory symptoms are such that the general practitioner is the first to learn of them. Hence is it essential that he should be on the alert for, and be able to recognize them; and having recognized them he should be conscious of their importance to the future of his patient.

In the premonitory stage the patient seldom consults a specialist, the various symptoms, unaccompanied by pain, being referred to head, stomach, or liver troubles. It is only when the second stage, from which there is no retreat, is well ushered in that the advice of a

* Read at meeting of Maritime Medical Association, Halifax, July, 1898.

specialist is sought. Here, then, is the great reason why the general practitioner, being the pilot of his patient, should be on the watch for the shoals which lead on to the reefs of total wreckage: should be able to guide him safely beyond the danger of the gloom of life-long darkness.

The cause of all the long train of symptoms of glaucoma is *increase of intraocular tension*. The eye ball becomes hard: that is the whole story.

The fluids of the eye are being constantly reproduced by secretion, and constantly drained away through the canal of Schlemm. The canal of Schlemm is a fine plexus of veins in the sclera, encircling the edges of the iris and cornea, to which the effete fluids of the eye gain admission by filtration or osmosis. If, for any reason, access to this venous plexus is cut off, either by impaction of the iris upon it, or by occlusion of the canal of Petit which leads to it, then there must inevitably follow an abnormal accumulation of fluid in the vitreous and aqueous chambers. The lens and iris are pushed forward. The iris, by increased pressure upon it, becomes partially paralyzed and remains dilated and folded upon the canal of Schlemm, the difficulty in drainage being thus still further increased. The continued pressure upon the retina produces insensibility to light, and pressure upon the disc of the optic nerve produces atrophy and consequent deep cupping of the end of the nerve. When the escape of the superabundant fluids is cut off it is easy to see that the process of destruction by pressure must go on until the last vestige of sight is gone, never to return. If, however, before actual damage to the retina and optic nerve be done, the way to the canal of Schlemm be opened up by removing a portion of the iris, the equilibrium of secretion and drain is restored, and the eye that would inevitably have sunk into the never ending night of total blindness becomes restored to its sphere of usefulness, to glory in the light of day.

There are two kinds of primary glaucoma which every general practitioner should be able to quickly recognize, viz.:

Glaucoma Simplex, the chronic variety which insidiously steals upon its victim like a thief in the night.

Glaucoma inflammatorium, or the acute variety which develops suddenly after a period of premonitory symptoms and which sometimes makes such a sudden onset, and the symptoms of which are so violent, that it is also denominated *glaucoma fulminans*.

Glaucoma is a disease of advanced life and rarely occurs in patients under forty years of age. It may be a simple idiopathic disease or it may be secondary to some other affection of the eye.

What then, are the symptoms with which every practitioner should be thoroughly familiar?

1st.—*Increase of intra-ocular tension* or hardness of the eyeball, *which can be felt* by placing the tips of the fingers upon the ball over the closed lids.

2nd.—*Shallowness of the anterior chamber.*—The lens and iris are pushed forward so that the iris seems to lie close against the cornea. This condition can easily be detected by taking a sidewise view of the eye. This symptom varies in different cases from almost imperceptible shallowing to complete obliteration of the anterior chamber. There is no excuse for overlooking it in a fairly well marked case.

3rd.—A permanently dilated and irresponsive pupil. The pupil of one eye may be larger than that of the other. It may be circular, irregular or oval. Condensation of light upon it shows the iris either to be totally irresponsive, or sluggish and irregular in its action. *There is no excuse for overlooking this symptom.*

4th.—*Haziness of the Cornea.*—The cornea appears like a greasy window pane or like glass upon which vapor has been condensed. Viewed in some lights it has a distinctly cloudy look. Sometimes it has a decided greenish reflex. This haziness of the cornea is due to œdema of the interstitial tissue which lies between Bowman's membrane and the membrane of Descemet. It is easily demonstrated by either direct or oblique illumination. *There is no excuse for overlooking this symptom.*

5th.—*Engorgement of turgescence of the surface veins of the sclera.*—In chronic glaucoma there is constant engorgement and tortuosity of the episcleral veins. In acute cases there is general hyperæmia and œdema of conjunctiva and sometimes chemosis.

6th.—*Cupping and excavation of the disc of the optic nerve.*—This can only be made out with the aid of the ophthalmoscope. The excavation of the papilla or nerve end is found to be deep and wide, the vessels crowded to the nasal side and are seen to bend over the edges of the excavation and be, for a part of their course, obscured from sight as they dip under its projecting edge. The nerve is surrounded by a halo or yellowish circle, due to atrophy of the surrounding choroid.

7th.—*Marked pulsation of the veins of the disc,* sometimes accompanied by pulsation of the arteries. It must be borne in mind that the

arteries of the retina and of the optic disc do not pulsate in the normal eye. Pulsating veins are frequently met with in the healthy eye. Pulsation of the arteries is pathognomonic of increased intra-ocular tension, and may be induced in the healthy eye by pressure of the finger on the eyeball. These symptoms of course can only be observed or detected by the physician who knows enough to at least play with the ophthalmoscope. Every physician should have an ophthalmoscope and he should be able to at least readily find and view the optic nerve. More than this he cannot expect to do without special training and constant practice.

8th.—*Insensibility of the cornea.*—This symptom must be sought for when the suspicion of the presence of increased intra-ocular tension is aroused by the observation of other symptoms. If the cornea be lightly brushed with a small camel's hair pencil or a small wisp of cotton or touched with the point of a very small feather, it may be found to be totally anæsthetic, or sensitive only in spots. This insensibility is due to pressure upon its nerve filaments induced by œdema of the part.

9th.—Subjectively the patient will complain of sudden "blind spells" which may last a few seconds or many minutes, but which pass away as they came. These may occur after a severe headache, a restless night, or a hearty dinner, and herein lies the great danger of overlooking the first warnings of glaucoma Patients almost invariably associate these "blind spells" with some imagined head, stomach or liver trouble but no properly qualified physician should do so.

10th.—*Colored rings or "beautiful halos" appear around artificial lights.*—This symptom should bring you up with a round turn. *It means glaucoma.* These halos are due to corneal haziness. They may show all the colors of the prism, but they are inverted, the red circle always being outside. The patient may observe that he cannot see "as widely" as before, and that his field of vision for each eye is limited toward the nasal side. If he has not observed this fact himself, it is your place to observe it for him if your suspicions have been otherwise aroused. Direct him to close one eye. Stand squarely in front of him and let him look steadily at the tip of your nose. Hold up the index finger or any other small object and slowly move it from side to side. Do not allow him to follow it with his eye. If there be much limitation of the field of vision the object will pass out of his sight when it is moved beyond the line of his nose. If by this limitation of the field of vision you mistake hemianopia for glaucoma it is a harmless error, *but it is a terrible error if you mistake glaucoma for hemianopia.*

11th.—There may also be defects of color vision. Certain colors are not recognized as quickly as usual and in certain positions are not seen at all. The patient will in all likelihood have made this discovery himself.

12th.—The last symptom which I will mention is the one which will probably first arrest your attention. The patient will evince a desire to frequently change his reading glasses. This means one of two things—either the onset of "second sight," the softening and degeneration of the previously hardened or presbyopic lens, a harmless thing; or the onset of glaucoma, a very serious thing. When a patient complains of this changing refraction, go right up to him and feel his eyeballs for increased tension. If you find it you will find all the other symptoms which I have enumerated. If you fail to detect it make a strict search for these symptoms and if you fail to find them or any of them, send him at once to a specialist. If either you or the specialist should make out a diagnosis of glaucoma there is one thing to be done. An iridectomy must be performed. If he cannot see a specialist at once, instil and continue to instil into the eye a solution of eserine. *Do not be any more ready to put atropine into a glaucomatous eye than you would be to run your lancet into it.*

Eserine decreases intra-ocular tension by contracting the iris and drawing it away from the canal of Schlemm, atropine *increases it* by still further dilating the pupil and crowding the folds of the iris back upon the already obstructed drain.

It is not the purpose of this paper to detail the management and treatment of glaucoma. It is only intended to point out the method of and necessity for its early recognition. It may not be out of place however to give a very short resumè of its clinical history.

The premonitory or prodromal stage may extend over one or two years either in an acute or chronic case, and it is during this stage that the disease may be cured. In an acute case these prodromal symptoms continue to more often recur until quite suddenly the eye is seized with a true glaucomatous attack. The onset is fierce. Without previous warning, in the latter part of the night, the attack begins with violent pain in the head so severe that nausea and vomiting may be produced, the patient suffering from all the symptoms of severe shock. To this state may succeed a general rise in temperature. The lids become swollen, the conjunctiva greatly injected and even chemotic, the pupil dilated and motionless, the cornea cloudy and completely

anæsthetic, the iris discoloured and the aqueous turbid. The fundus cannot be seen with the ophthalmoscope. The eyeball becomes very hard and vision is entirely lost. After a few days the attack passes away and the vision returns almost as good as before but with visual field contracted. After a few weeks or months the attack is renewed and again passes away. The attacks continue to recur at shorter intervals and vision is completely destroyed. In *glaucoma fulminans* the symptoms are so severe that the eye is completely destroyed at the first attack. It is in these acute attacks that the general practitioner is liable to make his greatest mistakes. The violent inflammation is mistaken for iritis and atropine is instilled into the eye—*the very worst thing that can possibly be done.* It may be mistaken for an attack of acute conjunctivitis, the result of a cold, and some simple wash containing cocaine prescribed. Cocaine is almost as bad as atropine and should never be instilled into a glaucomatous eye except when an iridectomy or some other operation for the relief of tension is to be performed.

Chronic glaucoma steals on quietly and slowly. There is no congestion, and no pain, but the veins of the sclera are tortuous. The tension is slight and the shallowing of the anterior chamber not well marked until the disease is well advanced. One or both eyes may be affected, but generally the pupil of one eye will be found to be larger than the other. The field of vision is contracted at the nasal side. When the patient with chronic glaucoma complains that the sight is failing, the general practitioner taking a casual look at the pupil and seeing its greenish reflex is apt to make a hasty diagnosis of incipient cataract, and leads his patient to hope that when the cataract is ripe the vision will be restored by its removal—a hope that is never realized, for while waiting under this fond delusion he gradually sinks into the gloom of total darkness, into which no ray of light can every break.

Secondary glaucoma may follow any inflammatory disease of the tissues of the eyeball. It may follow a simple instillation of atropine. Wherefore, the general practitioner should always keep his finger tips in training to detect the least increase of intra-ocular tension.

To recapitulate :—

If your patient, over forty years of age, desires to change his glasses frequently, if he sees colored rings around artificial lights, if he experiences short blind spells, if he complains that his sight is failing, is slow to recognize colors, has a dilated or irregular pupil, you should search for all the symptoms of glaucoma. If an eye becomes quickly inflamed, lids swollen, conjunctiva greatly injected with vision reduced to mere perception of light, be sure you eliminate glaucoma before making a diagnosis of anything else. If you are tempted to put atropine into such an eye while doubtful of your diagnosis, *don't do it.*

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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.

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

NOTICE—CAUTION

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

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

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

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These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely producing a pleasant, sparkling draught, and we believe, where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of **Acute** and **Chronic Rheumatism, Rheumatic Gout** and kindred ailments, and is an invaluable remedy in all **febrile affections** inducing headache, **pain in the Limbs,** muscles and tissues ; it is also prescribed in **Lumbago, Pleurisy, Pericarditis,** and all muscular inflammatory conditions.

Price per dozen bottles - - - $4.00
(Each bottle contains 50 Tablets.)

DAVIS & LAWRENCE CO., LIMITED.

MONTREAL.

SOLE AGENTS FOR CANADA.

THIOSINAMIN IN THE TREATMENT OF PAINFUL GASTRIC TUMOURS.*

By J. F. MACDONALD, M. D., Hopewell, N. S.

Thiosinamin, a chemical product obtained from the volatile oil of mustard, has been used with favourable results in lupus, glandular enlargement, adenoid growths, for absorption of cicatrical tissues, especially that of burns, exudation products, and in clearing up nebulæ of the cornea. Its medicinal use was first reported by Hebra in 1892. Other investigators have reported favorably on its use. I first used it in 1896, giving it hypodermically in doses of gr. $\frac{3}{4}$ to gr. iii every third day. It is readily soluble in hot water, but the solution is not permanent, a precipitate being thrown down after twenty-four hours. The watery solution is readily made and if used at once is the least painful and is otherwise satisfactory. It is freely soluble in alcohol, the solution being permanent; a solution in glycerine and water, equal parts, is also permanent. I have kept this for a year without deterioration and is the solution I most often use. It should be used hypodermically. It is absorbed rapidly and patients often say that they have a garlicky taste in their *stomach*, in from two to five minutes after the injection. Taken by the mouth it has no appreciable effect on the system. I have used it per rectum with good results, the garlicky taste appearing in the mouth in about five minutes after giving it. There are no unfavourable symptoms following its administration, no inflammation at point of injection, no systemic reaction. (Although I report one exception.)

CASE 1.—Mrs. M., æt. 62, married, never had children. Was a strong, healthy woman until about ten years ago, when she began to have dyspeptic attacks; five years ago had a severe attack with pain and persistent vomiting, from which she recovered: but has not been so well since; has been subject to attacks of pain and vomiting. Two brothers and one sister died of cancer of the stomach. A year before beginning this treatment the pain became more severe and gradually became constant, vomiting frequent, until very little food was retained; was becoming emaciated, anæmic, cachectic. Morphia was constantly taken for about four months. On palpation of stomach a hard

* Read at meeting of Maritime Medical Association, Halifax, July, 1898.

tumour, painful to handle, in size as large as the closed hand, was found in the median line, and could be plainly seen on inspection. She readily recognised it both by touch and sight as also did other members of the family. As I knew of no medication that had been used that would remove the disease, I determined to try thiosinamin, obtaining the consent of patient and her husband—with some difficulty—on Sept. 18, 1896. I gave by hypodermic injection gr. ½. . About two minutes after, while arranging my syringe, she said that she had a "queer taste in her stomach"—the garlicky taste so often experienced after a dose has been given. 22nd. Says the pain has been less since first injection; no inconvenience from the injection. Gave for second dose gr. ¾. 26th. No pain, no vomiting; can take a little food. Tenderness on pressure unchanged; says she feels much better and able to sit up: third dose administered.

Oct. 1st.—Called at my office on her way home from church and got her dose. Is feeling well and takes food without inconvenience or discomfort. From this date she called at my office, but irregularly, for the injections, which were increased to gr. i ¼.

Oct. 17.—Reports herself as feeling well, has "not felt so well for years." Is gaining in weight and strength; appetite good, no pain, no nausea. Tumour decreasing in size and only slightly tender on pressure. From this date the improvement was uninterrnpted. On Jan. 16, 1897, she received the last injection; she thought no more was needed. I urged her to continue treatment longer, but she did not. She took but 17 injections extending over a period of four months. The tumour has disappeared, there is neither pain, tenderness nor vomiting. Two weeks ago she called to let me know how well she was. Whether the cure is permanent I cannot tell, but she has had twenty-one months of good, comfortable health. (June 30, 1898).

CASE 2.—Mrs. A. M., æt. 50, married, has had eight children; family history good.

Oct. 26, 1896.—Is suffering from pains in the stomach and vomiting; anæmia and cachexia marked. Has had frequent attacks of pains in the stomach and vomiting for the last year, with dyspeptic symptoms extending further baek; has lost flesh rapidly lately. Pain is almost constant, severe, cutting, and darting, and vomiting frequent, so that very little nourishment is taken or retained. No blood vomited. On examination I found a tender uneven induration near and to the left of the pylorus. From these symptoms we would infer that there is a strong suspicion of malignant disease of the stomach.

Began treatment by giving gr. i, hypodermic injections of thiosinamin. 31st, second dose; no appreciable improvement. No ill effects from the drug—felt no effect in any way from it. Nov. 4th, third dose, found her feeling better, pain not so severe. Nov. 7th, fourth dose, improving; pain almost gone, no vomiting. Takes food with little inconvenience and goes about the house. The treatment was continued giving gr. jss to gr. ii twice a week at my office. 30th, very much improved; tenderness on pressure much less.

This patient had twenty-three injections, extending over a period of four months, at the end of which time she was apparently well and continues well to this date, June 30th, 1898.

CASE 3.—C., male, æt. 45, married; has had severe attacks of "cramps" in the stomach with vomiting, several times during the last four years. These attacks he says were very severe. Is now confined to bed and is suffering much pain and vomiting. The pyloric end of stomach is very sensitive to touch; he says it is most of the time so sore that he cannot bear the weight of his hand or bed clothes upon it. Is anæmic, cachectic, and greatly emaciated. Palpation of stomach reveals a small hard, flat, nodulated tumour at, and to left of the pylorus. Diagnosis was probable malignant disease of stomach.

Nov. 4, 1896.—Gave hypodermic injection of thiosinamin gr. i, which was repeated twice a week, relief occurring as in the other cases.

Nov. 21st.—After the seventh dose he came to my office (distance 6 miles) for the injections, which were continued for three months, taking in all twenty-two (22) doses. Is now well, says he has not felt so well for years, and he looks it.

CASE 4, male, æt. 58, married. One uncle died of cancer of face, otherwise family history good. Complains of pain at umbilicus, at times extending to the right, sometimes to the left, with almost continuous soreness across the upper portion of abdomen. No vomiting; has lost flesh but is not cachectic. The pain and soreness have been troublesome for a year, but could not for a time, *place* the *sore* spot. The pain increased and after a while he found a tender spot near the navel and thought he felt a small lump. Jan. 1898, on examination I found a tumour a little above and to left of umbilicus, painful and tender to touch; in shape pyramidal, the apex pressing up the abdominal wall, the base about 2½ in. by 1¼ in.

This case was treated principally by rectal injections of thiosinamin gr. 2 to 3 every third day for ten weeks. The pain was relieved after the

fourth injection. The tumour gradually decreased and in three months had disappeared, and with it the pain and tenderness.

CASE 5.—Male, æt. 64, married. One sister now suffers from uterine cancer. Is a chronic dyspeptic and a chronic patent medicine guzzler, and has been one for the last 25 years, taking everything he hears of or sees advertised. Stomach never well, sometimes painful, often vomits. For six months, he has been vomiting every day with pain in stomach pretty constant, increasing in severity. For three or four weeks before I saw him the pain had been very severe, and vomiting frequent. Says he vomits everything he swallows, comes up without any change, no blood. Vomiting occurs 10 or 15 minutes after the ingesta.

May 11, 1898.—On examination of stomach found it tender on pressure, with a hard, nodular, painful enlargement at the pylorus. He is greatly emaciated, cachexia very pronounced. Diagnosis was stenosis of pylorus caused by malignant growth.

Gave hypodermic injections of thiosinamin, gr. jss repeated every third day; pain and vomiting relieved after the third injection and was able to take some solid food. He took in all ten injections then refused to follow the treatment further, the tumour or enlargement almost disappeared. When last heard from was better, but had occasional attacks of pain and vomiting.

I also used thiosinamin in one case of cancer of breast; after fourteen injections had been given—there being no improvement, the treatmen was discontinued.

In a case of opacity of the cornea, from inflammation, thiosinamin had a very good effect.

In a case of enlarged and painful cervix uteri, I gave injection gr. i., which was followed by chills, fever, severe headache, flushed face. Four days after I gave a second dose, and fifteen days after the second I gave a third dose of gr. $\frac{3}{4}$; the reaction in each case was the same, and so severe that no more was given. The patient has, however, been in better health since—pain much relieved. This is the only case in which the slightest unfavourable effects were experienced.

In a case of leukæmia of two and a half years standing, the spleen filling nearly two-thirds of the abdomen, its use was nil; except that the tumour became a little smaller and the pain was relieved.

The cases 1, 2 and 3 before treatment by thiosinamin, I had no doubt of being malignant disease of the stomach; the fourth I was not so sure of. There was no chemical test of contents of stomach. The

symptoms and history, to my mind were unmistakable. The same may be said of case 5. The rapidly of relief in each case was somewhat remarkable. Nos. 1, 2 and 3 at the end of twenty-one months remain well.

I report these cases for what they are worth. I do not say that I have cured cancer of the stomach by hypodermic injections of thiosinamin. The number of cases is too few. Further use of the drug is needed to settle the question of its utility.

Gentlemen, if you have not already done so, give the drug a fair trial and report results.

Malignant disease of the stomach, painful and fatal, is one that the profession is often called upon to treat while the resources at his disposal are limited. Surgery has come to the physician's assistance, but results so far have not been encouraging. Anything, therefore, suggested for the relief of this painful and fatal malady deserves a fair trial.

SOME LEADING EUROPEAN GYNÆCOLOGISTS AND THEIR WORK.

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S. (Eng.), Montreal, Canada.

My last letter described very briefly what I saw in Paris; this letter will speak of some well known gynæcologists in Florence, Vienna, Prague, Dresden and Berlin.

PESTALOZZA of Florence. Having heard that he was doing a large amount of good work I left the beaten track and went to Florence to see him. He received me most courteously and invited me to come next morning, which was Tuesday, at 7 o'clock to see some operations. He has an immense clinic, being in sole charge of forty gynæcological and eighty obstetrical beds. Ten of the latter are reserved for isolating infected cases coming from outside. Among his own cases he has had no death from sepsis for several years. The first operation was abdominal hysterectomy for multiple fibroids in a woman who had also prolapse of the vagina; he left a small portion of the cervix to which he afterwards stitched the upper part of both broad ligaments in order to draw up the vagina. He used isolated silk ligatures for the two ovarian and two uterine arteries, and he operated very quickly. The silk was prepared by first soaking it for twelve hours in ether to extract the fat, and then sterilizing it in steam for two hours, after which it remains indefinitely in 2 per 1000 sublimated alcohol. As it appeared to be particularly good, I took down the address of the manufacturer, Bouti, Silk Manufacturer, Porta Rossa, Florence. He afterwards removed a cervix which had been left after hysterectomy two years before, and which had now become cancerous. Some of the old silk ligatures were found encysted and calcified. He then took me over his hospital, and showed me about 20 patients convalescing from laparotomy. I would strongly advise those who intend to visit gynæcological clinics in Europe to spend a few days with this talented gentleman.

SCHAUTA of Vienna. During my short stay I was unfortunate in not seeing him operating, but this was amply compensated for by seeing his first assistant, Dr. Schmidt, perform a vaginal extirpation of the uterus and appendages for pyosalpinx. He opened the anterior vaginal

fornix first, and then the posterior, sewing the peritoneum carefully to the vaginal edge, in order to avoid hæmorrhage, after which he placed just six silk ligatures on the broad ligaments, completely controlling the bleeding, of which there was almost none. By cutting off the lower half of the uterus he obtained more room for the difficult task of detaching and bringing down the densely adherent appendages. I spent another profitable morning with Dr. Gustave Kollischer, second assistant to Professor Schauta, who is quite celebrated for his work on the bladder. He catheterized the ureters, and gave me a fine view of the bladder with the catheter in the ureter, by means of his cystoscope, which is a modification of Nitze's and Brenner's. I was so pleased with its easy working, after seeing it used on several cases, that I procured one at Leiter's, instrument maker, Vienna. It has many advantages over examination by speculum, the principal one being that it does not require any dilatation, nor external light. All you have to do is to draw off the urine, fill the bladder with clear warm water, introduce the cystoscope and touch the button for connecting the current from a little five cell battery, when the whole of the bladder is beautifully lighted up, and the smallest foreign body, as well as the openings of the ureters, can be easily seen. There is a small channel adjoining the optical apparatus, through which the elastic bougie is passed and can be guided into either ureter. He also showed me a beautiful little curette for removing granulations, and also little scissors for cutting off polypi and forceps for seizing calculi. He told me that he had removed several wandering silk stitches from the bladder which had ulcerated into it after laparotomies and vaginal fixations.

PAWLIK of Prague, received me very kindly, and put me in a good humour by mentioning many of my papers. Speaking of electricity, he said he had employed Apostoli's method in a great many cases, and with very good success, in arresting hæmorrhage, in diminishing the size of fibroids, and in expelling some of them from the uterus, but he had given it up because he could not be sure of the result in any given case. He removed a large ovarian cyst by the abdomen, using catgut for ligature, and burning instead of cutting off the tumour in order to avoid adhesions to the bowel, and also to lessen risk of sepsis. He closed the abdomen with two rows of buried catgut, and a third of superficial silk sutures. He prefers the abdominal route for fibroids and pus tubes. I saw them using three per cent of ichthyol in glycerine in the out patient department. Pawlik is a great linguist, and speaks English, French,

and German perfectly, besides three other languages, but what he excels in is catheterising the ureters. He showed me the instruments which he used twenty years ago in Vienna, where he told me the proceeding was employed for the first time, and by him. His skill in using the ureteral catheter is wonderful: he seemed to introduce it into the bladder and up into the ureter with one gliding movement. No dilator; no endoscope: no artificial light: not even by sight, but merely by the sense of touch. I asked him to measure it—the catheter—and it was found to be 32 centimetres long. In a case of pyonephrosis he first injected 200 grammes of water to distend the bladder, and then introduced the ureteral catheter and injected 130 centimetres of 1-3000 nitrate of silver solution, which he gradually increases after some days to 1-1000. Sometimes he uses sublimate solution. The patient told him when her kidney was distended, and on removing the rubber pipe the solution spurted out of the catheter. On making intermittent pressure on the kidney the liquid could be made to spurt out in jets. He also showed me the woman from whom he had removed the whole of the cancerous bladder.

LEOPOLD of Dresden. As my train did not get in until 9.30 a. m., and I did not reach the hospital until 10, I was too late to see him operating, which he begins every morning at 7 o'clock. He is a firm believer in total extirpation of the uterus whenever both ovaries and tubes are severely diseased. He gave me his recent paper on the results of 67 such cases, with a mortality of one and a half per cent. Also another paper giving results of 100 cases of removal of the uterus by the vagina for myoma with a mortality of 4 per cent.

OLSHAUSEN of Berlin. I studied under him 10 years ago, and was pleased to see that he had not aged at all since then. He gave me a kind welcome, and invited me to an operation next morning at 8. When he has several operations he commences sharp at 7, so one has to rise at 5.30 or 6 to be there in time. The case was a woman of 65, who had a bleeding polypus which, on removal and examination a few days before, was found to be cancerous. He opened the two pouches, and sewed the peritoneum to the vagina. He used nothing but catgut throughout, but he always ties three knots on the arterial ligatures. The ligaturing of the broad ligament was greatly facilitated by his having the best needle I have ever seen, known as Olshausen's "Unterbindungsnadel," and much superior to Deschamp's. As he trusted entirely to catgut I asked him how it was prepared: 1st, soaked for 6 hours in

sublimate water 1-1000; 2nd, the water is removed by soaking for 24 hours in sublimate alcohol 2-1000; 3rd, matured for several months in absolute alcohol, and used directly from that. After the operation he took me over his wards, and showed me a great many cases convalescing nicely from laparotomy. In the latter he closes the abdominal wound with 4 layers of catgut in fat patients, or three in thin ones. He objects to through-and-through silk-worm gut for fear that it will lead pus into the peritoneum; although another operator, Landau, told me of a woman having died on the sixteenth day owing to being closed up by layers of catgut; the pus could not get out and so broke into the peritoneum, while it would have escaped to the skin if she had been sewed up with through-and-through stitches. Olshausen dresses the abdominal wound with a very little iodoform, and a single little strip of gauze, over which collodion is painted so as to completely seal the wound, and this remains undisturbed for twelve days. I saw several of these first dressings removed, and they looked very well; the catgut was all absorbed, and the knots could be brushed off. As I thought that the buried catgut would cease to hold the wound after a few days, I asked him if he ever saw hernias. He replied that they would happen in spite of any method of suturing. I told him that I used silk-worm gut and left it in a month. He does ventrofixation by passing a silk-worm gut stitch around each round ligament near the uterus, and fastening it to the abdominal fascia and having it buried there. I saw him introducing a pessary, and sending a woman away, who was brought for operation with a freely movable retroverted uterus, which he first replaced. Next day he did abdominal section for an ovarian tumour with twisted pedicle, and another case of pus tubes and ovaries also by the abdomen, taking great care to wall off the bowels with quantities of sterilized gauze.

No one here flushes the abdomen with water, and they have also abandoned constant irrigation in vaginal work, using instead great numbers of little gauze sponges, which are thrown away as fast as used. Olshausen did not remove the uterus, but carefully closed all bleeding points and left it in. On the walls of the operating room he has two cards: "NOLI TANGERE" and "FAVETE LINGUIS." He told me he was going to get another one with "not to expectorate" in Latin. He showed me two cases of eclampsia, of which he has about sixty a year, sometimes as many as six at a time. As is well known, he is the first authority in Germany on obstetrics and is accoucheur to the Empress.

MARTIN, of Berlin, still stands at the top of the gynæcological ladder in Germany. He operates at his private hospital every day at twelve, which is a great boon for visitors, as it enables us to see two, or even three, other operators each day, and he did two or three a day during the whole week. The first was a vaginal hysterectomy for cancer of the cervix, using catgut for the broad ligaments. It would have been a very difficult case for any one else, but was quite easy for him. The second case was vaginal fixation in a lady who had been wearing a pessary for retroversion for many years without being cured. He is the quickest operator I have ever seen, only taking ten minutes for this pretty operation. The same running catgut suture went through vagina and peritoneum, and the fixation stitch was of catgut. The third case was one of cystic ovaries, in which he opened the abdomen by the vagina, brought out the ovaries, found them diseased, removed four-fifths of them and carefully sewed up the remainder with catgut, and put them back again. After closing the vaginal incision he did an anterior and posterior colporrhaphy on the same patient. Next day he did vaginal hysterectomy for a small fibroid, which was difficult on account of the senile atresia. I made particular inquiries whether he had ever known of a case of post-operative hæmorrhage, and he replied not for several years, because they tied it tighter. Next day he did two vaginal fixations for retroversion with fixation. He was greatly aided by an instrument I have never seen before, consisting of a forceps, the posterior blade of which was a stout uterine sound, and which being introduced was used as a lever to lift the uterus forwards while he was opening the vesico-vaginal plica or fold. He then detached the appendages and removed them, and after carefully closing the torn surfaces on the back of the fundus, he attached the uterus at the level of the internal os to the vaginal wound. The bad results of pregnancy following the operation in the early cases were due to fastening the top of the fundus to the vagina, the uterus thus being held upside down. In another case he brought out the appendages, emptied some cysts in the ovaries and replaced them, and then did vaginal fixation. The next day I saw him cauterizing an inoperable cancer with a very pretty electrical cautery made by Hirshman, 15 Johanniss Strasse, Berlin. It consisted of a sharp porcelain tip, heated by platinum wire, and was supplied with current from a small storage battery not larger than a cubic foot. It was quite portable and only cost $60, including a cystoscope and a head lamp for operating on dark days.

LANDAU, of Berlin, is one of the leading teachers there. He is assisted by his brother, and he has a large and handsome private establishment in the Phillip Strasse, near the Charité. The pathological department is looked after by Dr. Pick, who speaks English fluently. He has a beautiful method of preparing specimens, which are first hardened in 4 per cent. of formaline, and then stretched on wire netting. They have the specimens of every case both macroscopical and microscropical from whom they have removed anything even done to curettings and vaginal discharges systematically indexed for ready reference. I have never seen anything like it anywhere. Dr. Pick gives a course of microscopy to physicians. I saw Landau remove large double ovarian tumours which Dr. Pick took sections from and mounted and stained while the operation was going on, and showed us in a few moments carcinoma. Landau used silk to tie the pedicles, and through-and-through silver wire for the abdomen. Another day I saw him remove pus tubes by the vagina in a case of retroversion with fixation He split the uterus up the middle with his scissors, and after digging out the pus tubes he put two or three clamps on the broad ligament on each side and cut them off. I was very favorably impressed with this method in this case. But immediately after he did another patient in whom the pus tubes were much higher up in the pelvis, and he had tremendous difficulty in getting them out by the vagina, and I felt sure that he could have done it much easier by the abdomen.

(To be concluded in next issue.)

THE

MARITIME MEDICAL NEWS.

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Editorial.

A PATENT ON ANTITOXIN.

OUR medical brethren in the great neighboring republic have recently been surprised to learn that a patent has been issued to Professor Behring granting his manufacturers a monopoly of the production of antitoxin in the United States. It looks like a case of the importunate widow, for the patent was granted only after the rejection of Behring's application no less than five times before it was finally favorably considered. The business is not a creditable one, and it is needless to say that neither the Board of Appeals at Washington, nor Professor Behring, are at present in favor with the medical profession of America.

Quite aside from the glaring ethical breach, the claim upon which Behring succeeded in getting the patent—that he was the exclusive inventor of antitoxin—is, as everyone who keeps himself abreast in medical reading knows, absolutely preposterous. Is the work of Pasteur, and Roux, and Chamberland, and Kitasato, and Aronson, and of many others, to be absolutely ignored? The spirit of commercialism in medicine is, at any time, to be deplored, but when it is attended with such manifest unfairness, it is simply intolerable. It outkeeley's Keely.

Fortunately, we in Canada will not be effected by this scandalous action on the part of Prof. Behring and the Washington Board of Appeals, for our good friends, Messrs. Parke, Davis & Co., have for some time been manufacturing antitoxin in Canada, and any such legislation as that just enforced in the United States, is a very remote possibility with us. We cannot, however, but be interested in the fate of our neighbors across the line, and are glad to know that the manufacturers of antitoxin there will not quietly submit to being snuffed out. Messrs.

Parke, Davis & Co. have engaged counsel and will fight the matter in the courts. Not only do they intend to defend themselves, but they promise to shield their patrons against intimidation, and agree to bear the full cost of the defence of any one against whom action may be brought for using antitoxin of their production. This will be a relief to those who have learned to place confidence in their product and who have no wish to use a foreign made article of doubtful efficiency.

THE PATHOLOGY OF PROGRESSIVE PORTAL CIRRHOSIS.

PROF. ADAMI, of McGill University, contributes to the *Montreal Medical Journal*, for July, a preliminary communication upon the existence of a minute micro-organism in association with cases of progressive portal cirrhosis. When engaged some years ago in the investigation of the "Pictou cattle disease,"—a disorder characterized by a peculiarly extensive cirrhosis of the liver—he discovered a characteristic micro-organism, pathogenic for rabbits and guinea pigs. This bacterium was found constantly in cultures from the liver and abdominal lymphatic glands, and frequently also in cultures made from other organs. Its extremely minute size renders its detection in the tissues a matter of considerable difficulty; nevertheless, care in the making of sections and in the staining enables one to demonstrate it successfully.

Taking a cue from his observation in connection with the Pictou cattle disease, Prof. Adami has since been studying the human cirrhotic livers which he has found at autopsy, and as the result of his studies he "would go so far as to say that in a certain number of cases, at least, of hob-nailed liver, there is present, more especially in the liver and the abdominal lymph glands, a minute micro-organism resembling closely that found pathogenic in the infective cirrhosis of cattle; a form which is present most frequently as a minute micrococcus, but sometimes has a more bacillary appearance, and which is thus to some extent polymorphous."

Should Dr. Adami's observation be substantiated, and we have every confidence that he would not make public any without having first given it full consideration, we will be led to an entirely new view regarding the etiology and pathology of fibrosis in general. We will await with much interest a complete account of his discovery.

Society Meetings.

THE ANNUAL MEETING OF THE MARITIME MEDICAL ASSOCIATION.

(Concluded from last issue).

After the disposal of routine business, Dr. J. F. Macdonald, of Hopewell, read a paper on the "Treatment of Painful Gastric Tumours by the Hypodermatic Injection of Thiosinamin," which appears in this issue. The paper was fully discussed.

Dr. R. MacNeill, of Stanley, P. E. I., then addressed the meeting on the "Claims of Medical Men for Higher Fees in our County Courts." Considerable discussion was evoked, and on motion the questions considered in the addresses of Drs. Bayard and MacNeill were reported to a committee.

Dr. A. P. Reid spoke upon the advisability of perfecting a method for securing vital statistics.

Dr. F. H. Wheeler, of St. John, read a very interesting paper on the "Treatment of Typhoid Fever," which will be published in another issue. This paper was considered in the discussion on "Typhoid Fever" which followed.

Dr. R. MacNeill referred to the Brand method which, though particularly valuable in most cases, was very much dreaded by a considerable proportion. This was especially impressed upon Dr. MacNeill in the case of his own son, who was subjected to this treatment in Montreal. He did not believe its therapeutic value could compensate for the fear produced, and in such cases the Brand method was anything but humane. The use of cold sponging and cold sheet pack he considered valuable, and especially to be used in those cases where the Brand treatment could not be borne. He also spoke of the results in a Philadelphia hospital of the Woodbridge treatment carried on under Woodbridge himself, and the results obtained were that it did not cut short the disease, neither was the mortality less than under other treatment.

Dr. W. S. Muir said that in Truro typhoid always breaks out in the same part of the town—in the shut-up water districts. No true case of

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typhoid could be aborted. These so-called aborted cases are really something else. He believed the sulphocarbolate a good intestinal antiseptic, but does not believe it has any influence in aborting the disease. Too much treatment is often the fault. The patient should, when possible, have two nurses. He generally begins treatment by giving a large dose of calomel when the case is seen early. He considered the treatment advocated by Thistle, of Toronto, of keeping the bowels open in the early stages, very valuable and having less tendency to perforation.

The President stated that Dr. Cunningham, of Dartmouth, had used the sulphocarbolates with considerable success.

Dr. W. B. Moore, in following, said that he clears out the lower bowel first, then gives sulphocarbolate, and has had better results with this than anything else.

Dr. A. R. Andrews told his experience with sulphocarbolate in twenty-seven cases of typhoid. The results obtained were very pleasing, though the disease was not cut short in any case.

Dr. G. E. Buckley found milk diet better than anything. If any change is given in the diet watch the temperature, and if it goes up return to the milk diet. He nearly lost a patient by only mentioning to give light articles of food, and they gave him sæur-kraut, which they considered a light article. During the first week of the disease alcohol is not of much use, but is useful about the third week. When some people are against using alcohol, you can practice a little deception by giving it with tinct. cinchona co. Turpentine he thinks useful when tongue is red or dry, whether tympanites is present or not. To keep a patient quiet and free from visitors is very important.

Dr. Wheeler, in reply, said he did not believe the sulphocarbolates had any effect on the bacilli of typhoid, but where the stools have been very offensive the sulphocarbolates, he believed, had a good effect in counteracting the fermentation process going on in the bowels, and on this account the disease progressed in a shorter period than otherwise.

Dr. H. D. Hamilton, of Montreal, then read a paper on "Diseases of Accessory Nasal Cavities."

Dr. J. H. Morrison, in discussing the paper, referred to his own case, where his internal carotid artery had been wounded and both carotids had to be tied.

Dr. F. P. Taylor, who was present when Dr. Morrison was operated on, said that the tying of the one artery did not stop the bleeding a bit-

After the ligature of the other carotid, some weeks afterwards, the hæmorrhage became gradually less.

A vote of thanks was moved by Dr. Yorston, and seconded by Dr. Morrison, and conveyed to Dr. Hamilton for his interesting paper, to which he replied in suitable terms.

Dr. J. H. Morrison, of St. John, then followed with a paper on "The Early Recognition of Glaucoma by the General Practitioner," which appears elsewhere in this issue.

The afternoon session was opened by an interesting discussion on Dr. Morrison's paper.

Dr. Jas. Ross exhibited a patient with lupus vulgaris, which started about three years ago. In several of the patches the disease had been destroyed leaving not bad looking scars.

Papers were then read by Dr. Stephen Dodge, of Halifax, on "Some Interesting Cases in Practice;" by Dr. T. D. Walker, of St. John, on "A Case of Bilateral Interference with the Peripheral Circulation accompanied with Gangrene;" by Dr. Carleton Jones, of Halifax, on "Experiences in Quarantine with Nine Hundred Immigrants at Lawlor's Island;" and by Dr. James Ross, of Halifax, on "Treatment of Chronic Urethritis."

This finished the scientific part of the programme, and the members then enjoyed a sail around the harbor on the S. S. "Bridgewater," including a visit to H. M. battleship "Renown," where the courteous officers were most attentive and afforded everyone ample opportunity of seeing the methods of working the wonderful armament of a modern man-of-war. The party then proceeded to Bedford, and to the Hotel Florence, where supper was served and a very enjoyable evening was spent.

Next year's meeting will be held in Charlottetown, and we bespeak for it a success as great as any meeting which has yet been held.

NEW BRUNSWICK MEDICAL SOCIETY.

The annual meeting this year was held at St. Stephen on the 19th and 20th of July.

The following members were present:—Drs. Jas. Christie, (President), G. R. J. Crawford, Frank J. Blair, Frank M. Brown, James D. Lawson, J. H. Morrison, A. J. Murray, A. B. Atherton, Foster MacFarlane, John C. Mott, P. R. Inches, J. R. N. Smith, Thomas Walker, G. T. Smith,

W. M. Deinstadt, R. L. Botsford, G. E. Coulthard, Murray MacLaren, Geo. A. Hetherington, H. P. Reynolds, J. R. McIntosh, Geo. G. Melvin.

An admirable address was delivered by the President, which dealt with the advantages to be derived from medical societies and the friendly intercourse among the profession.

It was decided not to appoint a representative to the Board of the Victorian Order of Nurses.

The following officers were elected for the ensuing year:

President.—A. B. Atherton.

1st Vice-President.—J. D. Lawson.

2nd Vice-President.—G. T. Smith.

Corresponding Secretary.—J. H. Scammell.

Recording Secretary.—G. C. Vanwart.

Treasurer.—Foster McFarlane.

Trustees.—R. L. Botsford, Frank M. Brown, J. R. McIntosh.

The recent attempt made in the Legislature to legalize osteopathy was fully discussed and criticised, and the following resolution was adopted:—

"*Resolved*, That the New Brunswick Medical Society, in regular annual session assembled, hereby endorses the stand taken by the Council of Physicians and Surgeons upon the question of permitting persons to practise the so-called science of osteopathy in the province without passing the regular medical examination, and desires to mark its high appreciation of the effort made to restrict the attempt made at the last sitting of the Legislature to contravene the provisions of the New Brunswick Medical Act in this particular.

"That the Society deems it expedient to caution the physicians of the province against any relaxation of their efforts individually, or in their country and city societies, in maintaining the integrity of the present N. B. Medical Act, which has worked most satisfactorily in protecting the public against imposition, and which holds open the door to all who are willing to submit to the conditions of similar acts in force in Great Britain and the States of the neighboring Republic."

Revision of Tariff of Fees.—A committee composed of Drs. T. Walker, Atherton, Botsford, J. Benson, Deinstadt, Crawford, and Mott, were appointed to report on this matter at the next annual meeting.

Discussion—"Recent Abdominal Surgery."—The Secretary, on opening, read a synopsis for Dr. Murray MacLaren, who was unavoidably absent from the evening session. Reference was made to the surgery of

the gall bladder and bile ducts, perforations of the stomach and intestine, Kraske's operation on the rectum, the ureters, and some other subjects.

Dr. Atherton recommended the use of the Murphy button in cases of great urgency. He preferred ventral suspension to ventral fixation of the uterus, and to Alexander's operation.

Dr. Brown reported that he had operated on a case presenting the symptoms of appendicitis, and no appendix could be found. This condition is said to occur once in every fifteen hundred cases.

Dr. Coulthard referred to the operative treatment of tubercular peritonitis.

A paper on "Sympathetic Ophthalmia" was read by Dr. J. H. Morrison.

Discussion on "Diabetes Mellitus."—Dr. T. Walker opened the discussion. He referred to the various theories as to etiology and pathology, and discussed treatment. The use of bromide of arsenic was not favoured, nor any other special medicine. The prognosis is now to be regarded more hopefully than of yore. The discussion was continued by Drs. Coulthard and Foster McFarlane, who demonstrated the testing for sugar by Einhorn's method.

A paper on "The Use of the Catheter in Middle Ear Disease," was read by Dr. J. R. McIntosh. Drs. Morrison and Crawford took part in its discussion.

Dr. Crawford reported cases and exhibited specimens and photos of "Sarcoma of the orbit."

Dr. Atherton reported six cases of 'Tubal gestation." All the cases had been operated upon, with five successful results.

A paper entitled, "Some interesting Skin Lesions in Practice," was read by Dr. G. G. Melvin. (1) Lupus erythematosus with scrofuloderma. The ear on each side was the seat of the disease. (2) Circumscribed scleroderma. (3) Psoriasis. (4) General seborrhœa.

Dr. W. H. Laughlin read a paper on "Nutritive Disorders of Children." Drs. Walker and Smith took part in the discussion.

The Society enjoyed a trip on the electric cars on the invitation of Dr. Black, of Calais, Maine, and in the evening the Society dinner was held at the Windsor Hotel.

MEDICAL SOCIETY OF NOVA SCOTIA.

The annual meeting of this society was held on July 6th. On account of the meeting of the Maritime Medical Association being held at the same date, the session was devoted entirely to business matters.

Officers for 1898–99 were elected as follows:

President.—John McMillan, Pictou.

1st Vice-President.—Andrew Halliday, Shubenacadie.

2nd Vice-President.—M. A. Curry, Halifax.

Secretary-Treasurer.—W. S. Muir, Truro.

Committee on Medicine.—W. H. Hattie, Halifax, (Chairman); F. S. Yorston, Truro; H. H. MacKay, New Glasgow; N. F. Cunningham, Dartmouth; W. B. Moore, Kentville.

Committee on Surgery.—R. A. H. McKeen, (Chairman) Glace Bay; D. C. Allan, Amherst; John W. McKay, New Glasgow; J. J. Doyle, Church Point; C. A. Webster, Yarmouth.

Committee on Obstetrics.—Carleton Jones, (Chairman) Halifax; J. J. Cameron, Antigonish; W. Rockwell, River Hebert; Dougald Stewart, Bridgewater; T. C. Lockwood, Lockeport.

Committee on Therapeutics.—G. M. Campbell, (Chairman) Halifax; M. Chisholm, Halifax; M. S. Dickson, Great Village; S. L. Walker, Truro; J. I. Wallace, Economy.

Committee on Sanitation.—H. S. Jacques, (Chairman) Halifax; C. D. Murray, Halifax; H. Rindress, North Sydney; D. McKay, Upper Stewiacke; H. R. Munro, Stellarton.

SAINT JOHN MEDICAL SOCIETY.

Dr. W. W. White, President, in the chair.

May 18, 1898.—Dr. Crawford referred to a case of neuralgia of the fifth nerve. The infra-orbital branch was first divided; this gave temporary relief. Later the Gasserian ganglion was removed by Dr. Richardson.

Dr. McIntosh reported the use of orthoform in three cases; (1) a woman suffering from malignant disease of the ear; pain was relieved. (2) case of tubercular laryngitis. Insufflation of the powder gave partial relief. (3) case of deep ulceration of the pharynx with severe pain along one side of jaw; no relief of pain.

Dr. James Christie reported one case of tubercular laryngitis with intense pain on swallowing. The powder used two or three times a day gave great relief.

Well marked cases of German measles and typhoid fever were reported by Dr. Inches.

Dr. J. H. Morrison reported (1) a case of disease of the inner ear. The hearing was much improved under the hypodermic injections of pilocarpine; (2) rapid enlargement of the parotid gland with facial paralysis and pain in the ear. Pilocarpine was used with success.

MAY 25, 1898. — The committee on the question of certified milk submitted its report, and the evening was devoted to the consideration of this subject.

JUNE 1, 1898.—ANNUAL MEETING.—The election of officers resulted as follows:—

President, G. A. B. Addy; 1st Vice-President, J. H. Scammell; 2nd Vice-President, J. R. McIntosh; Secretary, S. S. Skinner; Corresponding Secretary, Clara Olding; Treasurer, James Christie; Librarian, E. Doherty; Pathologist, W. W. White.

The President appointed Drs. Mott and McFarlane on the Room Committee. He also referred to the large attendance of members during the past year and the many successful meetings. The members of the Society were afterwards entertained by the new President.

JUNE 8, 1898.—The President, DR. G. A. B. ADDY, in the chair.

A paper on "Dermoid Cysts" was read by Dr. T. D. Walker. The various positions of these cysts were mentioned, and the different theories as regards their development were discussed. The ovarian dermoids were more especially dealt with, and a specimen was exhibited. There was a cyst of left ovary containing hair and cheesy matter, while there was also a pelvic abscess originating from the right side. The young woman had died from pulmonary phthisis.

JUNE 15, 1898.—The consideration of the question of the Medical Society undertaking to certify the purity of milk was again taken up, and finally the proposal was defeated. The meetings of the Society were adjourned for the summer. The next meeting is to be held on the first Wednesday in September.

CARLETON COUNTY MEDICAL SOCIETY.

On the sixth day of September, there was a large and representative meeting of the physicians of Carleton County, in the Carlisle Hotel at Woodstock. After some discussion, it was decided to organize the "Carleton County Medical Society."

Any registered practitioner may become a member after being elected by two-thirds vote of members present.

The regular meetings will be held on the first Tuesday of each alternate month.

In each year three of the meetings are to be held in Woodstock, and the other three at some one of the villages of the county.

Committees were appointed to draw up by-laws and investigate the powers and duties of the medical profession arising from the enforcement of the Scott Act.

The following officers were elected:

President.—Dr. D. W. Ross, Florenceville.

Vice-President.—Dr. W. N. Hand, Woodstock.

Secretary.—Dr. W. D. Rankine, Woodstock.

Treasurer.—Dr. I. B. Curtis, Hartland.

Additional Members of Executive Committee.—Dr. Bearisto, Lakeville; Dr. Geo. W. Somerville, Bristol.

REPORT OF THE COMMITTEE ON INTERPROVINCIAL REGISTRATION.

The following members of the Interprovincial Registration Committee met, in accordance with instructions, during the recent meeting of the Canadian Medical Association in Quebec:—Dr. Roddick (Chairman), Drs. J. A. Williams, W. W. Dickson, James Thorburn, J. A. Mullin, H. P. Wright, J. M. Beausoleil, (Hon.) D. Marcil, H. Cholette, A. R. L. Marsolais, J. S. Gauthier, R. MacNeill, and W. S. Muir. Thus four provinces of the Dominion were directly represented. It might be fairly mentioned that Dr. Walker, of New Brunswick, and Dr. Thornton, of Manitoba, signed the report of 1896, on behalf of their respective provinces, and would, we have every reason to believe, have likewise supported this one. British Columbia and the Northwest Territories have hitherto failed to send representatives.

At the conclusion of the second conference, Dr. Williams, of Ingersoll, a member of the Ontario Medical Council, and Dr. R. MacNeill, of Stanley Bridge, Prince Edward Island, Member of the Island Medical Board, and President of the Maritime Medical Association, were appointed a sub-committee, with instructions to draft a report embodying the views of the committee. The report was, at a subsequent meeting, unanimously agreed upon and signed by all the members whose names are given above.

On Friday, August 19th, during the last business meeting of the Association, the chairman of the committee called upon Dr. MacNeill to read the report, which was subsequently adopted by a unanimous vote of the Association.

It will be observed that the main object of the report is to establish a uniform preliminary and professional curriculum which the various Provincial Medical Councils must exact of all teaching and licensing bodies in the Dominion, before said Councils are authorized to proceed further to the organization of the Dominion Board of Registration.

MATRICULATION.

1. From any recognized university, or in lieu thereof, first-class or grade A, provincial certificate in any of the provinces for teachers' licenses, or an examination of the following branches, which shall be compulsory and conducted by the various councils of the educational departments of each province, viz.:

1. English grammar, composition, literature and rhetoric.

2. Arithmetic, including vulgar and decimal fractions, and extractions of the square and cube root and mensuration.

3. Algebra to the end of quadratic equations.

4. Geometry, first three books of Euclid.

5. Latin. First two books of Virgil's Æneid, or three books of Cæsar's Commentaries, translation and grammar.

6. Elementary mechanics of solids and fluids, composing the elements of statics and dynamics, hydrostatics and elementary chemistry.

7. Canadian and British history, with questions in modern geography.

8. Translation and grammar of any two of the following subjects: Greek, French and German.

9. In lieu of the above we also recommend that any student presenting a certificate after examination from the professors of any standard or approved university in Her Majesty's dominions, of having completed a course of said university, be accepted in any of the provinces of Canada for matriculation registration.

Fifty per cent. of the marks in every subject shall be required for a pass, and 75 per cent. for honors.

Professional Education.

(A) The curriculum of professional studies shall begin after the passing of the matriculation examinations and registration, and shall comprise a graded course in the regulation branches of four years sessions of not less than eight months in each year.

(B) The subjects to be anatomy, physiology, chemistry, materia medica, therapeutics, practical anatomy, histology, practical chemistry, pharmacy, surgery and clinical surgery, medicine and clinical medicine, including diseases of the eye, ear, throat and nose, mental diseases, obstetrics, diseases of women and children, medical jurisprudence, toxicology, hygiene, pathology, including bacteriology.

(C) That at least twenty-four months out of the graded four years of eight months each, be required for attendance on hospital practice.

(D) That proof of attendance on not less than six cases of obstetrics and post-mortem examinations be required.

Examinations.

All candidates for registration in the various provinces in addition to having filled the foregoing requirements shall be required to undergo examination before the examiners to be appointed in each of

the provinces by their respective councils. Fifty per cent. shall be required for a pass and 75 per cent. for honors.

Your committee recommend that as soon as the foregoing basis of agreement is ratified by the councils of the various provinces, each council shall endeavor to secure legislation to authorize the carrying out of the foregoing preliminary and professional curriculum and to embody the following to secure a board of examiners for a Dominion qualification, viz:

That so soon as the various councils of the Dominion shall establish an examining board for the Dominion conducted by examiners appointed by the medical councils of the several provinces, their candidates passing a successful examination before said board and obtaining a certificate to that effect, shall be entitled to registration in the several provinces of the Dominion on payment of the registration fee, providing he is not guilty of infamous or disgraceful conduct in a professional respect.

Your committee desire to recommend that further efforts be made to ascertain the practicability of federal legislation leading to the establishment of a central qualification which will also place the profession in Canada upon an equal footing with that of Great Britain, and that Dr. Roddick be authorized to take the necessary steps in said matter.

We further recommend that this association shall appoint a committee who shall consider and recommend the details as to the number of examiners to be appointed, the method of conducting examinations, the fees to be charged, and other necessary details to bring the aforesaid scheme into active operation, which details the officers of this association shall with the foregoing send to each of the respective councils for approval.

The following were named a committee to strengthen Dr. Roddick's hand before the Government:—Dr. McNeill, Prince Edward Island; Dr. Muir, Nova Scotia; Dr. Walker, New Brunswick; Hon. Dr. Marcil, Quebec; Dr. Williams, Ontario; Dr. Thornton, Manitaba; Dr. Bain, Northwest Territories, and Dr. McKechnie, British Columbia.—*Montreal Medical Journal.*

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Matters Personal and Impersonal.

The marriage of Dr. Reginald H. Burrell, of Yarmouth, took place on the 7th inst., at the First Methodist Church, Charlottetown. The bride was Miss Sophia M. Large, daughter of Philip Large, Esq.

The Turkish Baths are now in full swing in this city, and we are pleased to know that the patronage, so well deserved, is rapidly increasing. It should be a boon to the busy doctor, who, not able to get the necessary amount of sound sleep, will find this form of bath an admirable recuperative agent.

Dr. Lapthorn Smith, who has been studying in Europe during the summer, has returned to Montreal. Following the example of the European gynæcologists he is forming a post graduate class limited to six practitioners, each demonstration lasting one month.

Obituary.

Dr. A. F. Falconer.—The medical profession of this province has suffered severely this year by the hands of death, and now, another well-known practitioner. Dr. A. F. Falconer, of Sherbrooke, has joined the great majority. Dr. Falconer was a graduate of Harvard, and practised his profession in Sherbrooke for over thirty years, often driviving fifty miles to a sick call, not minding stormy weather nor the poor condition of many of the roads. Last January the severe strain began to tell on him, but it was not until June that any serious symptoms developed. Several of his medical friends had been called to see him during his illness, including Dr. Macdonald, of Antigonish, Dr. Stewart, of this city, and Dr. Reid of Windsor, his son-in-law, who was with him at the last. Unfortunately, nothing could check the progress of the malady—organic disease of the kidneys. Uræmic symptoms developed and death resulted on the 6th inst. Dr. Falconer was greatly respected and will be especially lamented in the community where he practised faithfully so many years.

Book Reviews.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS.

A Practical Treatise on the Diseases of Women and their Treatment by Electricity.—Third Edition, Revised, Re-written and Greatly Enlarged. By G. Betton Massey, M. D., Physician to the Gynecic Department of Howard Hospital, Philadelphia; late Electro-Therapeutist to the Infirmary of Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Société Francaise d'Électrotherapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal Octavo. 400 pages. Extra cloth, beveled edges, $3.50, net. The F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218–220 S. Clark St., Chicago, Ill.

Dr. Massey is a firm believer in the therapeutic resources of electricity, and his book cites many instances of the successful use of this agent. He deplores the too frequent use of the knife and urges conservatism in gynæcologic practice. The failure of electricity in some hands is to be attributed, he contends, wholly to the improper application of the agent, which should be administered with the same careful attention to dosage, etc, as is the case when a drug is employed. Dr. Massey's confidence in the curative properties of electricity is very great, and the results of his wide experience in this line of treatment certainly appear to fully justify his claims.

The book under review is a revision and extension of the second edition of the author's work on "Electricity in Diseases of Women." What was originally a treatise on the use of electricity in fibroid tumours and certain other affections, has been broadened into a comprehensive volume upon the treatment of the medical and surgical diseases special to women. The first chapter is devoted to a consideration of the nature and predisposing causes of the more common affections of women. Chapter two treats of the examination of patients, and following this are chapters dealing with the uses and limitations of electricity, with the phenomena attending the transmission of galvanic currents through living organs, and with the methods of applying electricity, etc., to gynæcic practice. The electrical treatment of menstrual derangements, of catarrhal and inflammatory disorders of various parts of the genital tract, of fibroid tumours, of displacements, of ectopic gestation, of malignant growths, etc., etc., as well as a variety of conditions associated

with or dependent upon genital abnormalities, is accorded full and dispassionate consideration.

The second part of the book, in which the physics of electricity and the means to be used for the production and control of the various forms of the agent are fully and plainly described, adds greatly to the value of the work.

The publishers have given a fitting dress to Dr. Massey's excellent work, the typography being all that could be desired, and the colored plates and other illustrations very fine indeed.

INTERNATIONAL CLINICS.—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng.; and David W. Finlay, M. D., F. R. C P., Aberdeen, Scotland. Volume II., eighth series, 1898. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

The editors of the Clinics are deserving of praise in keeping up the standard of each new volume. The success thus produced has been in a great measure due to the careful selection of the contributors. It is pleasing, when reading over the list, to notice so many writers whose names are of sufficient guarantee that something of merit must be contained in the chapters ascribed to them. It is rather amiss for a reviewer to refer to several admirable articles without mentioning others just as deserving. This of course is imperative when amount of space is limited. The first article in the volume before us is full of sound sense. It is "On Suggestions as to the Use of Digitalis," by Dr. J. N. Hall. Other good articles are, "Remedial Measures in Obstruction of the Common Bile Duct," by Dr. J. McFadden Gaston; "Treatment of Acute Failure in Chronic Heart Disease," by Dr. Alex. McPhedran; "Treatment of Functional and Lateral Curvature," by Dr. James K. Young. In the last chapter mentioned the illustrations are excellent, and show explicitly the gymnastic exercises, as advocated by the author, to be followed in treating such cases. "The Operative Treatment of Sclerotic Catarrh of the Middle Ear," by Dr. Seth Scott Bishop, is well represented, figures of the different instruments used being well shown. "The Etiology and Classification of Cystitis," by Dr. N. Senn, is an admirable article of nearly forty pages. Nothing more need be added in respect to the merits of the last volume.

PAMPHLETS RECEIVED.

CATARACT OPERATIONS; MULES'S OPERATION ILLUSTRATED BY SKIAGRAPHS; CAPSULOTOMY; OPERATION FOR PTERYGIUM. — By L. Webster Fox, A. M., M. D. Reprinted from *International Clinics.*

THE PREVENTION OF DISEASES NOW PREYING UPON THE MEDICAL PROFESSION.—By Leartus Connor, A. M., M. D. Reprinted from *Bulletin of American Academy of Medicine.*

DISEASES OF THE LACHRYMAL PASSAGES, THEIR CAUSES AND MANAGEMENT.—By Leartus Connor, A. M., M. D. Reprinted from *Journal of American Medical Association.*

UPON THE EXISTENCE OF A MINUTE MICRO-ORGANISM ASSOCIATED WITH CASES OF PROGRESSIVE PORTAL CIRRHOSIS. — By J. G. Adami, M. A., M. D., F. R. S. E. Reprinted from *Montreal Medical Journal.*

A CONTRIBUTION TO THE STUDY OF THE SYMPTOMS OF CHRONIC URETHRITIS.—By Ferd. C. Valentine, M. D. Reprinted from *Journal of American Medical Association.*

* *

BOOKS OF THE MONTH.

ATLAS OF SYPHILIS AND THE VENEREAL DISEASES.—By Prof. Dr. Franz Mracek. Translated by L. Bolton Bangs, M. D. With 71 colored plates. Price $3.50 net. Published by W. B. Saunders, Philadelphia.

ATLAS AND EPITOME OF OPERATIVE SURGERY. — By Dr Otto Zuckerkandl. Translated by J. Chalmers DaCosta, M. D. With 24 colored plates and 217 illustrations in the text. Price, $3.00 net. Published by W. B. Saunders, Philadelphia.

ELEMENTS OF HISTOLOGY.—By E. Klein, M. D., F. R. S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London, and J. S. EDKINS, M. A., M. B., Joint Lecturer on and Demonstrator of Physiology in the Medical School of Bartholomew's Hospital, London. In one 12mo. volume of 506 pages, with 296 illustrations. Cloth, $2.00 net. Enlarged and thoroughly revised. Published by Lea Brothers & Co., Philadelphia.

THE ESSENTIALS OF HISTOLOGY.—By Edward A. Schafer, F. R. S., Professor of Physiology in University College, London. New (5th) edition. Revised and enlarged. Octavo, 350 pages, with 325 illustrations. Cloth, $3.00, net. Published by Lea Brothers & Co., Philadelphia.

Therapeutic Suggestions.

USE OF A NEW ALBUMEN PREPARATION.—On the use of a new albumen preparation, "Tropon," in the nourishment of the sick. (*Therap. Monatsh.*, 1898, p. 241.) This new preparation is practically a pure albumen, analysis showing from 83—97.2 albumen. The aqueous extract yields no biuret on Trommer's test, therefore no soluble albumen or carbohydrates. It is a fine, greyish brown, meally-like powder, which is insoluble in water and is without odor. It digests well in artificial gastric juice. In conditions where large pieces of food would irritate or be impossible, as in œsophageal stenosis, or gastric secretory insufficiency, or typhoid fever, and owing to its being a fine powder, tropon can be used with advantage as a concentrated nitrogenous food. One advantage over other new artificial foods, as nutrose, eucasin, etc., is its cheapness, one kg. of albumen in form of tropon costing, in Germany, four marks ($1.00). Twenty to sixty grams pro die were administered without irritative symptoms. It is best given in milk—one drachm of tropon freshly stirred up with one-half litre of milk. It can also be used with chocolate, or in the form of zwieback, and may be taken for months without opposition from the patient. Uric acid determination shows a lessened uric acid output. Therefore, as it is not a neuclein, it may be useful in gout or nephrolithiasis.—*The Journal of Treatment.*

THERAPEUTIC USE OF STROPHANTHUM.—(*Therap. monatsh.* 1898, p. 245). From a clinical study of the use of strophanthine in cardiac and other cases Stahr comes to the conclusion that Merck's crystalline strophanthine per os is not a very powerful poison and can be given with impunity up to 20 mg pro die. 1. That in doses above 15 mg it increases diuresis. 2. That it is not cumulative. 3. It has no untoward action, and 4, that patients notice that the attacks of palpitation of the heart lessen—but he is undecided as to whether it is merely due to the rest in bed.—*The Journal of Treatment.*

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