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A MONTHLY JOURNAL OF

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Vol. IX. HALIFAX, NOVA SCOTIA, MARCH, 1897. No. 3.

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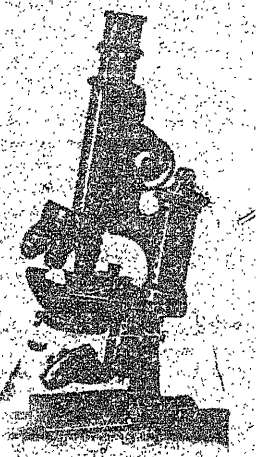

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THE
MARITIME MEDICAL NEWS,
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Original Communication.

THE TREATMENT OF TYPHOID FEVER.*

By G. C. VANWART, M.D., (Univ. of Penn'a.). Fredericton, N.B.

A full discussion of the treatment of disease, especially if it be of a protracted course, would involve the questions of prophylaxis, complications and sequelæ. This brief paper is not intended for a dissertation on the treatment of typhoid fever. I will simply state the plan I myself use, rather than detail the various methods now in vogue.

The prophylactic treatment of typhoid fever may be divided into two heads: 1. Prophylaxis of the community: 2. Individual prophylaxis. The former belongs to the general subject of hygiene, and is not so much in the hands of the physician as in those of the city officials and board of health. For every case of typhoid, someone is responsible; and for every epidemic, the whole community.

Turning our attention to individual prophylaxis, we find it includes the disinfection of food, especially milk and water, and of the discharges, both fæcal and urinary, of typhoid fever patients. In times of epidemic, the drinking water should be boiled; and at all times, in cities where typhoid is endemic, it should be filtered. With reference to suspected milk, the only safeguard is total abstinence or boiling.

The stools should be immediately and thoroughly disinfected. The crudest ideas prevail with reference to this vitally important matter. A typhoid stool should be thoroughly disinfected before it is thrown into a privy or water-closet. We know that the best laboratory germicide is corrosive sublimate, but in the sick-room it is open to certain practical objections, the first of which is its poisonous nature. Another is that it

*Read at meeting of New Brunswick Medical Society, 1896.

coagulates albumen, and since a typhoid stool often contains blood clots or sloughs from ulcers, the exterior of these albuminous particles will be coagulated and the typhoid bacilli will be carefully preserved within them. Under such circumstances, nothing short of trituration will enable one to thoroughly disinfect. And finally, corrosive sublimate is destructive to water pipes and all kinds of plumbing work. Lime is what I use. "The advantages of lime as a disinfectant are its speedy and thorough action, absence of odour, cheapness and entire safety, in all of which respects it compares most favorably with all other disinfectants. Unlike corrosive sublimate, it is a penetrating substance, *i. e.*, it does not, by hardening the surface of albuminous or other bodies, oppose a barrier to its own progress." With reference to its preparation, it is enough to direct the nurse to mix slaked lime in a wooden or earthen vessel with sufficient water to make a thick "white-wash," and to thoroughly mix the discharges with this solution.

The soiled and unsoiled linen of typhoid patients should either be boiled for several hours or destroyed by fire.

The curative treatment may be conveniently divided into three heads viz.: Hygienic, dietetic and medicinal.

The practical rules of hygiene should be strictly enforced in the sickroom. Rest is an agent which may be looked upon either as hygienic or medicinal, but whatever opinion is held of its nature, it is of the first importance in typhoid, and should be insisted upon as soon as the disease is suspected. The food should be of the blandest, most digestible and most nutritious character. Milk is the most suitable food, but too much is often given. We are apt to forget that milk is not a liquid food: it no sooner enters the stomach than it is solidified by the milk-curdling ferments. I am not in favor of administering carbohydrates, such as arrow-root, rice, oatmeal-gruel, etc., as I believe that the absence of such articles from the patient's diet is not detrimental. If the milk is not well digested, it may be skimmed, peptonized, or diluted with lime water in the proportion of two parts milk to one of lime water. A mistake is often made in not using lime water in sufficient quantity. I always encourage my patient to drink freely of water. We must remember that the characters of the blood in typhoid are such as to indicate a deficiency of water. To state clearly the dietetic treatment:—the main reliance is milk, which I prefer skimmed: water freely given; beef-juice twice a day: a small cup of beef-tea, chicken or mutton-broth every six hours. When milk is distasteful or cannot be digested, substitute egg albumen.

Medicinal treatment.—Although we know of no specific treatment for typhoid fever, the hope that one may be discovered is justified by the results of modern bacteriological research. At present our treatment is almost purely symptomatic, and has for its chief objects the control of pyrexia, diarrhœa and abdominal disorders, and the prevention of complications. When I first see a case of typhoid fever, I prescribe, if the bowels are costive, fractional doses of calomel with bicarbonate of soda. I prefer this drug because it is a sedative to the stomach and one of the mildest and most manageable of the laxatives. If a laxative is needed during the course of the disease, I also use it. I have also found pulv. glycyrrhiz. comp. (U. S. P.) very efficient during convalescence.

Very laudable endeavors have been made from time to time to introduce methods of treatment directed towards the destruction of the typhoid bacilli, or the toxic agents which they produce, by the employment of such drugs as carbolic acid, iodine, thymol, beta-naphthol, chlorine water, quinine, salol and preparations of mercury. My own decided preference is for the nitrate of silver, so strongly advocated in this country by WILLIAM PEPPER of Philadelphia. This I give from the time when the nature of the disease is first suspected, and usually continue its use until convalescence is established. This drug is compatible with any other remedy likely to be required for special indications. If the stomach is retentive, silver is best given in pill form; if irritable, I make it into a solution with distilled water. If constipation be present, add the extract of nux vomica. A mistake is very frequently made in using the nitrate of silver in too large doses.

I think that the medicinal antipyretics are rarely indicated. We should remember that these cases are usually of the asthenic rather than of the sthenic type, and should depend more on hydrotherapy than upon the coal tar series of drugs, such as antipyrin, acetanilid, etc.

When the thermometer registers 102.5° F., I believe that the fever should be reduced by cold: either by cold sponging or the cold pack, or better still, if possible, by the cold bath. In private practice the latter mode is not always available, since friends or patient may object, or the bath may be wanting. My experience has been that hydrotherapy properly applied reduces the fever and nervous symptoms, thus lessening or totally doing away with the need of the antipyretic drugs which are so depressing to the patient. While I do not believe that cold hydrotherapy is contraindicated in bronchitis and pneumonia of adults, I think that tepid water should be substituted in the case of children.

Treatment of special indications and complications.—For the abdominal pains and tympanites I have found turpentine stupes excellent. Should the meteorism be distressing, it may be relieved with an enema of asafœtida and turpentine. I believe in the internal use of turpentine as well. If the stomach be irritable, give small doses of the drug and add to each dose one or two drops of the deodorated tincture of opium. Diarrhœa is one of the symptoms that frequently demand attention. I feel confident that if carbohydrates be excluded from the diet, and the nitrate of silver be properly used from the first of the disease, this symptom will seldom present itself. When it is present, I use an enema of starch-water and laudanum, at the same time giving the subnitrate of bismuth. Unlike the enema, which should be very small, the doses of bismuth should be very large to be effective. Constipation, on the other hand, may demand treatment. In my experience it has been more frequently present than diarrhœa, though it is not so stated in the text-books. I treat this symptom by careful attention to diet, and when enemas fail, as is often the case, by fractional doses of calomel or a mild saline such as Friedrichshall water. For intestinal hæmorrhage, require absolute rest—even to passing the motion in the draw-sheet, ice locally, and ergotin hypodermically, rather than the styptic measures so often used. However, should there be a tendency to collapse, hypodermics of ether are useful. Heart failure is guarded against by the use of alcoholic stimulants, large doses of strychnia, and, in an emergency, ether hypodermically. I am satisfied that I bore a patient over the critical period of a third relapse of typhoid by the free use of strychnia. He was given a thirtieth of a grain hypodermically every two hours until he had taken two-fifths of a grain.

Nervous symptoms of typhoid are best treated by hydrotherapy. A special advantage of this plan is that the restlessness is allayed, the delirium quieted, and other sedatives are rarely needed. For the nocturnal restlessness, so distressing in some cases, I have found it best to give opium in some form.

Pulmonary complications should, if severe, receive appropriate treatment. Frequent changing of the patient's position is useful by way of prophylaxis. Retention of the urine is in some patients a very annoying feature which is more often found in males than in females. Bed sores can with care be avoided: if present I use antiseptic and protective medication. I have never yet met in practice such complications as peritonitis and phlegmasia alba dolens.

Convalescence.—I do not allow my patients any solid food for at least ten days after all fever disappears. Then, and not till then, is the patient permitted to get out of bed, and thus relapses and sequelæ are guarded against.

In conclusion, I may say with DUJARDIN-BEAUMETZ: "The best treatment of typhoid fever is a good physician."

Clinical Reports.

OVARIOTOMY IN THE CASE OF A LARGE MULTILOCULAR CYST WHICH RUPTURED FOUR DAYS BEFORE OPERATION. RECOVERY.

By EDWARD FARRELL, M. D., Professor of Surgery and Clinical Surgery at the Halifax Medical College, Surgeon to the Victoria General Hospital.

Mrs. E., aet. 24, was married in July, 1895. She had always been a healthy girl, though slight and small in stature. She remained in good health until April 1896, when she first began to notice an enlargement of the lower part of the abdomen. It was believed to be due to pregnancy by her friends, and little attention was given to it. During the months of April and May, her menstrual periods ceased. In June a physician was called and said he supposed she was pregnant, but no examination was made. She was seized with a somewhat profuse flow in July, and after this time her "turns came off and on" until I saw her on October 1st, in consultation with Dr. G. M. CAMPBELL, who, when called a few days before, suspected something more than pregnancy in her case. On my first visit with Dr. CAMPBELL, I found a little, weak and emaciated woman with an enormous swelling filling up and distending the whole abdominal cavity, reaching from above the ensiform cartilage, which was pushed outwards by the growth, to the pubes. She was unable to lie down on account of the size of the tumor.

At that consultation a thorough examination was made. To our surprise, we found an almost imperforate hymen with a very narrow vaginal passage admitting the forefinger with great difficulty and pain. She then admitted that she had had no intercourse with her husband since their marriage, on account of the great pain the effort produced. Abdominal palpation and percussion indicated the presence of fluid; resonance could only be found in one flank. Under the circumstances I did not hesitate to use the sound, as pregnancy was likely out of the question. The vaginal roof was hard and unyielding in all directions. With some difficulty the sound passed into a small uterus crowded forward between the mass and the pubes.

We decided that she should go at once to the Victoria general hospital for operation, as it was likely a case of large ovarian cyst.

On the night of the examination (October 2nd) she was seized with a sudden pain in the abdomen, accompanied by great weakness and vomiting, with fever. She went to hospital October 6th. When admitted she was in very bad condition, very weak, had some pain and much distress, pulse 120, temperature 100.4°F. I had appointed Thursday, the eighth, for the operation, but on account of her condition I operated the day after admission. Anæsthesia was by ether, and after very thorough antiseptic precautions the operation was begun.

On opening the abdomen, a large quantity of dark, thickish fluid escaped. It was evident that one of the cysts had ruptured, probably on the day she first had the pain and other bad symptoms. We found an immense multilocular cyst. There was a good deal of fresh adhesion, but none that was not easily separated. A large abdominal opening had to be made, and with some difficulty—for many of the cysts could not be emptied—the tumor was lifted out and the pedicle tied off. The peritonæum presented an alarming appearance, being deeply congested in all directions, granular looking, and coated here and there with lymph spots of a dark unhealthy hue.

The toilet of the peritonæum was made as thorough as possible, but at this stage we had to make great haste as the collapse was very marked. The dressings were hurriedly applied and the patient removed to a warm bed. This state of shock continued for three days, when her condition seemed altogether hopeless. During this time the pulse ranged from 140 to 150 and was very weak: temperature from 100.3° to 101.4°F. On the fourth day the heart's action improved, and the pulse came down to about 126, the temperature continuing to range from 101° to 103°F. The improvement was now very slight for the next fifteen days, after which her symptoms indicated the possibility of recovery. Subsequently she made a slow but good recovery. During the period of collapse a bed-sore had formed, which was troublesome. She was able to sit up in the fifth week and was discharged from hospital on December 9th.

Among the cases of abdominal section we have had in the hospital during the past year this one was the most severe, and presents a number of points of interest which warrant me in giving the history publication. The case illustrates, in the first place, the difficulty of diagnosis which obtains in all cases of abdominal tumor, for every operator soon learns that he never knows, even after most careful study of symptoms, what condition he is going to find in a case of abdominal section, until he has the abdomen opened, and even then it is not always easy. The diagnosis is especially troublesome when pregnancy is suspected.

The case also teaches us the lesson we so often learn, the danger of delay in deciding upon a definite plan of treatment in any case where a radical operation may be required.

As a general surgical rule it may be said that early operation, where surgical interference is called for, means success, while a late operation is likely to be followed by a fatal result.

The great danger of allowing a case, which even gives promise of critical symptoms, to drift, is one of the most serious faults of our practice.

It is due to every patient that at least an accurate diagnosis, based upon a complete and careful examination, should be made.

It is especially cases of chronic disease, such as growing tumors or tubercular joints, that are allowed to drift along, often until, when the operation is performed, the delay has lessened the chances for the patient, perhaps fifty per cent.

The general practitioner, who gives the most careful attention to a case of acute disease, makes two or three visits a day, watches pulse, temperature, and other symptoms for any indication of serious change, in other words is careful and thorough in his treatment, will often allow a case of chronic disease which may require a surgical operation for its cure to drift on from day to day without an accurate diagnosis and a prompt decision based upon it. The fatal result which is nobly fought in the acute case is actually courted in the case of chronic disease.

I believe also that this patient's recovery was due to the fact that the peritonitis which existed at the time of the operation and continued afterwards, was irritative (if I may use that term), not septic.

A CASE OF FRIEDREICH'S DISEASE.

By F. S Kinsman, M. D., Digby, N. S., and G. D. Turnbull, M. D., Areadia, N. S.

Miss ————, aged twenty-two, first came under observation in September, 1895. She then sought medical advice on account of unsteady gait and shaky hands. Her health had been very good till some eighteen months or two years before, when she had been in charge of an invalid aunt for some time, and was subjected to considerable mental and physical strain, including a bad fright. From that period her health began failing, and for the past six or eight months she had been quite miserable. Of her previous history nothing of importance could be learned, except a fall down stairs when about fifteen years old.

She was never very fleshy, and has always been subject to spells of headache, which of late have become less frequent. Menstruation began at fourteen and continued quite regular for a year. Since then she has menstruated every two or three weeks, with an occasional four week interval. Usually she is unwell about four days, and suffers considerable pain. The pain begins before flow and lasts two or three days. At times she has quite a marked leucorrhœa and generally more or less backache. No urinary trouble present.

She is fairly well nourished, has a very good appetite with good digestion, and the bowels are regular. At times she becomes quite low spirited, and is generally more or less inclined to be emotional, but she has never exhibited any marked evidence of hysteria.

The maternal family history is good, but on the paternal side neurotic tendencies exist. Her father is rather unsteady in gait, probably on account of alcoholism. Brothers and sisters are all healthy.

When first seen she could not walk through a doorway without striking against one or other side; could not pass a cup of tea at table, or carry liquids, without spilling them; got easily tired; and seemed generally below par. On examination she presented a marked lateral spinal curvature, and a lack of muscular development on the right side.

She was prescribed a series of systematic exercises to improve muscular system and put upon general tonic treatment—iron, strychnine and arsenic, in combinations varied from time to time.

Her condition slowly but steadily improved for some months and the spinal curvature seemed somewhat lessened.

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All the Nutritive Virtues OF THE Best Malt Liquors

While it is FREE from the stimulating effects which invariably follow their administration.

The Concensus of opinion amongst Medical men is, that it is the best MALT EXTRACT on the Market.

DR. J. B. McCONNELL,
Asso. Prof. of Medicine,
BISHOP'S COLLEGE,
Montreal.
Under date Oct. 6th, 1896, says: "I have for a number of years freely prescribed *WYETH'S LIQUID MALT EXTRACT* and it always gives the results expected and desired." . . . . . .

500,000
BOTTLES
CONSUMED
IN
ONE YEAR
THE
DEMAND
INCREASING
DAILY.

DR. A. R. GORDON, of Toronto, in a letter, says: "I write you regarding your *LIQUID MALT EXTRACT*, and congratulate you upon its merits. I may say that during the past year I have ordered in the neighborhood of 30 doz. of same, besides my prescriptions Have been highly satisfied with its effects." . . . .

IT IS HIGHLY RECOMMENDED

For Nursing Mothers during Lactation.
Convalescing Patients.
Promotes Circulation in those who suffer from Chills.
Is a strength-giver to the weak,
Produces sleep to those suffering from Insomnia.
And is one of the Greatest Digestive Agents.

Prices to Physicians. $3.50 per Doz. Bottles.

FOR SALE BY ALL DRUGGISTS
OR

DAVIS & LAWRENCE CO. LTD.,

DOMINION AGENTS, MONTREAL.

JOHN WYETH & BROTHERS'

ELEGANT

Pharmaceutical Preparations.

EFFERVESCING LITHIA TABLETS,

Containing 3 and 5 Grains Lithium Citrate Respectively.

For the treatment of subacute and chronic rheumatism, rheumatic gout, uric acid diathesis, renal calculi composed of uric acid, and irritable bladder from excess of acid in the urine.

The Lithia Tablets embrace advantages not possessed by any other form of administration: economy, absolute accuracy of dose and purity of ingredients; portability and permanence; convenience, ready solubility and assimilation. An agreeable, refreshing, effervescing draught.

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

ANTI-RHEUMATIC TABLETS

Salicylates of Potassium and Lithium.

(Each tablet represents 3½ grains of the combined salts.

ELIXIR TERPIN HYDRATE.

Elixir Terpin Hydrate Comp. Elixir Terpin Hydrate and Codeine.

Remedies for the cure of Bronchitis, Coughs, Bronchial Catarrh, Asthma and like affections of the Throat and Organs of Respiration.

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

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

Made of two, three and four grains.

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

SYRUP WHITE PINE.

DAVIS & LAWRENCE CO., LIMITED

General Agents, Montreal.

In May, 1896, she could walk over a smooth road fairly well, by exercising a constant effort of will, and could pass a cup of tea at table without spilling. Her gait, however, continued peculiar. She walked with feet wide apart and even then her course would be a little zig-zag. The motion of legs was jerky. This was especially noticeable on attempting to get in or out of a carriage; her foot would go in several directions before she could bring it down on the step. Her hands were also jerky, as shown clearly in writing; the letters were angular, poorly formed, with here and there a line shot up or down. To hold anything firm she would supinate forearm and extend hand as much as possible, so as to put the flexors on the stretch. Exercise of any kind tired her quite easily.

Examination then still revealed the lateral spinal curvature, the knee jerk was absent from both legs, while attempts at walking along a straight line revealed a jerky, ataxic gait, with considerable swaying of body. She could not stand with feet together and eyes closed. The pupils reacted both to light and distance. No nystagmus was observed; neither could anæsthesia, hyperæsthesia or delayed sensation be found. Her mental condition was good, but speech somewhat difficult to understand—at least a stranger required to pay strict attention in order to easily converse with her. She gave no history of lightning pains, visceral crises, or neuralgias of any sort.

In June her eyes were examined with the ophthalmoscope, but no optic atrophy or other abnormal condition was found. Since early summer her condition has continued much the same, with perhaps an increase in the ataxia of late. The improvement during the first months of treatment was probably due to education of muscles by the systematic exercises as much as anything. The same line of treatment has been persisted in, but the benefit derived has not continued in proportion.

A diagnosis of Friedreich's disease was made in this case, based upon the following symptoms:

(a.) *Positive*:—Age of patient (about twenty at time of probable development.)
Absence of patellar reflexes.
Presence of Rombergs symptom.
Jerky motion of hands and feet, somewhat controlled by will.
Good mental condition.
Change in character of speech.

Ataxic and zig zag gait.
Presence of lateral spinal curvature.

(b.) *Negative:*—Absence of Argyll-Robertson pupil.
Absence of optic atrophy.
Absence of sensory disturbances, as anæsthesia and delayed sensation.
Absence of lightning pains, etc.

One interesting point about the case is its isolation. The patient's brothers and sisters are healthy. Such isolated cases are infrequent although a number have been reported during the past few years.—(see London *Lancet*, vol. ii, 1893, p. 487, and vol. i, 1894, p. 1014.) Such cases go to show that occurrence in several members of the same family is not characteristic of the disease, as was formerly supposed.

Regarding the etiology, in this case, but little can be learned. She had no severe illness preceding the ataxic trouble, but did receive a fright, and was severely taxed mentally and physically. There is also the history of a fall, and of alcoholism in a parent, but whether or no any or all of the above are determining factors, is hard to say. Inasmuch as the trouble seemingly developed soon after the fright and anxiety, these circumstances might be regarded as having an etiologic significance.

HELMINTHIASIS EXTRAORDINARY.—The following medical item appeared in *The Boston Weekly News-Letter*, January, 1717, the first newspaper, and at that time the only one, published on this continent: "*Boston*, On the Lords day Morning the sixth Currant, a strange thing fell out here. One Thomas Smith a Sawyer about four Month ago, bought a Lusty Tall new negro, fit for his Employ, who after complain'd of something within him that made a Noise Chip, Chip, Chip; his Master sent for a Doctor, one Sebastian Henry Swetzer a German, who told him he had Worms, whereupon he gave him Physick on Wednesday; from Thursday till the Lords Day he gave him some Powders, which on the Lords Day had that effect as to cause him to vomit up a long Worm, that Measur'd a hundred and twenty eight Foot, which the negro took to be his Guts; it was almost as big as ones little Finger, its head was like a Snakes, and would receive a Mans little Finger into its Mouth, it was of a whitish Colour all full of Joynts, its tail was long and hard, and with a Microscope it seem'd to be hairy: the Negro before voiding the Worm had an extraordinary Stomach."—*Albany Medical Annals.*

A CASE OF MISPLACED IMPERFORATE URETHRA IN A FEMALE INFANT.*

By W. G. PUTNAM, M. B., C. M. (Edin.), Yarmouth, N. S.

I report this case on account of its rarity and the successful result of operation.

Miss H—was confined April 8, 1895, and was delivered by forceps of an apparently healthy, well-formed daughter. Next day I was informed that the child had passed no urine since its birth. On examination I could find no trace of urethral orifice. I decided to wait until next day before going further. Accordingly on April 10 I went prepared to interfere if necessary. No water had been passed, and the bladder was much distended. I gave a little chloroform and examined thoroughly, but could find no trace of the urethral orifice. I then incised quite freely where it should be, but without result. The child was taking the chloroform badly, so I aspirated suprapubically and got six ounces of urine. The child had been very fretful previously, but was much quieter for the next twenty-four hours, when its fretfulness returned, so I aspirated on April 11, and again on April 12, getting over four ounces each time.

I talked the case over with Dr. RANDALL, and we decided that the bladder must be opened to see what could be done from the inner side. We went together on April 14, prepared to operate. Dr. RANDALL gave the chloroform, and we examined once more, but without result. We decided then to open the bladder suprapubically, and try to find the inner end of the urethra. The operation was easily done, since the bladder was so much distended, while the venous bleeding was quite small in amount. Through the small opening in the bladder I inserted an ordinary probe, slightly curved at the lower end, and after some manipulation, succeeded in making it enter the urethra. The passage was found to be impervious, but very little pressure sufficed to overcome the obstruction, and the point of the probe appeared from the vagina. The chloroform was being taken badly, so I hurriedly threaded the eye of the probe with a doubled piece of braided silk, brought it through the vagina, knotted the upper ends together, and secured them

*Read at meeting of Nova Scotia Medical Society, 1896.

by a stitch passed through the upper end of the abdominal wound. I put a pad over all and returned the child to its crib, where it very soon rallied.

Next morning the nurse reported that the child had taken some food and that the water was coming "both ways." This continued uninterruptedly, so that on April 18, I was able to take out the silk, after which nearly all the water passed per urethram.

On April 21 the abdominal wound was doing nicely and all the water passing per urethram.

Since that time there has been no trouble. The child has thriven excellently, and on June 8 last I saw her playing on the roadside as I drove by the house.

The grandmother, who is caring for the child, told me a few days since that she holds her water as other children, but in making it there is no stream, but merely a dribble from the "front passage."

I could find no reference to a like condition in any of my text books, so my treatment was the best that occurred to me after getting Dr. RANDALL'S opinion, and, fortunately, it was attended with an excellent result.

APHASIA OF THE HAND.—Professor GRASSET, of Montpelier, records in *Progres Medicale* an interesting observation of a deaf mute, aged fifty, who with the symptoms of a gradual local softening of the brain from thrombosis of branches of the left Sylvian artery became unable to express himself as he had been accustomed to do in the sign language with his right hand. He could still talk with his left hand, but was unable to write as he had never learned to use his left hand for this purpose. His understanding of what was said to him in the sign language was perfect, and his ability to read was unimpaired. There was a certain degree of paresis of the right arm, co-ordinated movements were not seriously interfered with, and there was no purely physical difficulty in the way of his using the finger language. Mentality was also only slightly impaired. There was, therefore, in this case a true aphasia of the hand, combined with agraphia, which latter has been called by CHARCOT "aphasia de la main." It is an interesting question what part of the brain was especially in fault; the paresis of the arm would suggest a possibility of the arm centre, but we have here a defect that altogether exceeded that involving the general use of the hand, which ought to have been more seriously impaired were the finger or arm centre affected. The symptom of agraphia observed in this case is often attendant in motor aphasia from lesion of Broca's convolution. In this patient, it would seem that there existed a speech centre distinct from that of the hand.—*Canadian Practitioner.*

RETROSPECT DEPARTMENT.

Surgery.

UNDER THE CHARGE OF
JOHN STEWART, M. B., C. M., Halifax.
MURRAY MACLAREN, M. D., M. R. C. S., St. John.

SULPHUR AS A SURGICAL DRESSING.

Two or three years ago Mr. ARBUTHNOT LANE of Guy's Hospital drew attention to the value of sulphur in certain classes of wounds and sores, notably tuberculous and septic ulcers. (*Lancet 1894, Vol. 1, p. 859.*)

Mr. LANE draws attention to the researches of a French chemist, Dr. RAY-PAILHADE, who has concluded from his researches that there is a close affinity between living tissues and sulphur. It is probable that a molecular combination occurs between the sulphur and some substance in the living tissues and that this combination is accompanied by the formation of definite sulphur compounds, which in the nascent condition exert a powerful influence on the tissues with which they come in contact. One of these compounds in probably sulphuric acid, for a certain amount of caustic action is present; and sulphurous acid and sulpuretted hydrogen are also present, as is evident to the sense of smell, and these in all likelihood, exert the antiseptic effects which soon manifest themselves in the sores treated with sulphur.

In the *Practitioner* for February of this year, Mr. A. G. MILLER of the Royal Infirmary, Edinburgh, contributes an article on "Sulphur in septic and tuberculous sores," in which he substantiates the claims of Mr. LANE. He recommends the following method of application:

"1. On an open surface, whether of a recent wound (as at an operation) or of an ulcer, the sulphur, in fine powder, should be gently rubbed in with the finger, and the wound or sore dressed with an antiseptic dressing.

"2. In the case of an abscess or other septic or tuberculous cavity, the sulphur is injected suspended in glycerine (℥i to ℥i)."

The consequences are: "First, a slight burning pain; next, a strongly "smelling discharge (from the gaseous products of the sulphur); third, a "slough, varying according to the character of the wound (recent or "granulating) and the amount of sulphur applied: and lastly, there is "the therapeutic (germicidal) action. The burning feeling, if complained "of, can be mitigated or removed by cocaine. As a rule when the slight "slough produced by the sulphur separates (in a day or two) healthy "granulations are manifest, and I have not infrequently seen sores heal "in a week or two that had resisted all other treatment for months."

Mr. MILLER endorses Mr. LANE'S conclusions as to the use of sulphur in surgery, which are as follows:

"1. Sulphur appears to exert no deleterious influence on the health "of the patient.

"2. It gives rise to products which are powerfully caustic in their "action, so that the drug must be used in small quantities and with "discretion. The most active agent produced is apparently sulphuric "acid.

"3. It destroys all organisms whether free in a cavity or invading "the surrounding tissues.

"4. It acts more powerfully upon recently incised structures than "upon granulating surfaces.

"5. Its action is rendered more uniform and general and less violent "by mixing it with glycerine.

"6. If the drug be used in any quantity it must be removed within "a very few days. Twenty-four hours is generally quite sufficiently "long for the sulphur to produce its destructive action in a recent wound."

There appears to us no good reason why sulphur should be applied to a recent incised wound, but in the light of the experience of Mr. LANE and Mr. MILLER it would appear that in sulphur we have a valuable agent for the treatment of foul lacerated wounds, or the sloughing ulceration of cancerous tumours, the escharotic action expediting the cleansing of the sore and the germicidal action penetrating deeply into the surrounding tissues and producing a clean aseptic healthy ulcer.

THE TREATMENT OF GONORRHŒA BY DILUTE SOLUTIONS OF PERMANGANATE OF POTASH.

The solution employed by JANET varied in strength from 1-500 to 1-2000: others had obtained better results by diluting the solution still further, 1-5000 to 1-10,000. The washing out, or lavage, is done by

syringe or siphon pressure once or at most twice in twenty-four hours. Success is greatest when the treatment is begun within three days of infection, in this case the anterior portion only of the urethra requires lavage, and cure may be expected in from eight to twelve days.

Even if begun at a much later date treatment is very successful, but the irrigation must now extend to the posterior part of the urethra. JANET has recorded his experience of this method over a period of five years, during which time he has never met with any of the complications of gonorrhœa, nor has he observed a single case of stricture result in patients treated by his method.—From *Edin. Med. Journal, Feb. 1897.*

MOVABLE KIDNEY.

The *Scottish Medical and Surgical Journal* quotes the following, which is of interest surgically, from an article by CORDIER in the *American Journal of Obstetrics* for Oct., 1896:

"A movable kidney often produces a dilated stomach with all the symptoms of disease of the latter.

"It is a fruitful cause of gallstones by the pedicle producing a partial obstruction of the common duct. The bending of the ureter often gives rise to a hydro-nephrosis and this may become a pyo-nephrosis. It may produce death through strangulation by torsion of the renal vessels and ureter. By dragging on the abdominal aorta and kinking of the vena cava, a condition simulating an aneurysm of these vessels may be produced. A general nerve exhaustion is frequently induced by this condition interfering with digestion, assimilation and elimination. Nephrorraphy is a safe and effective surgical procedure. All cases of movable kidney, if accompanied by symptoms pointing to the kidney as their source should be operated on. Symptoms are not to be relied on in making a diagnosis, the physical examination is the only trustworthy guide."

THE
MARITIME MEDICAL NEWS.

VOL. IX. MARCH, 1897. NO. 3

Editorial.

THE STUDY OF ANATOMY.

An act passed during the recent session of the legislature of Nova Scotia will, it is firmly believed, result in the complete removal of the embarrassment experienced by the HALIFAX MEDICAL COLLEGE, during the last year or two, in providing a sufficiency of anatomical material. The excellent work of this college has been attracting to its halls a constantly increasing number of students, but this very increase in attendance came to be a source of difficulty. For the income of cadavers, which a few years since was ample, had become quite inadequate to supply the large classes of the last two sessions. We learn that the recent legislation is already bearing fruit, and that the danger of a famine in the dissecting room has been averted. The immediate result will doubtless be the provision of an abundance of dissecting material, and the very important department of anatomy, under the energetic and capable guidance of Dr. A. W. H. LINDSAY, will continue to be a strong feature in the curriculum of the HALIFAX MEDICAL COLLEGE.

BRITISH MEDICAL ASSOCIATION.

MONTREAL MEETING.

Since our last issue there has been much accomplished in connection with the forthcoming meeting, but most of the work has been of a nature that, while useful, does not lend itself to being chronicled.

Most important of all has been Dr. RODDICK'S journey to England and its result. We can merely make mention of the warm welcome

received by the president-elect and of the dinner which was given in his honor in London—a dinner presided over by the president of the council of the association, Dr. SAUNDBY, and at which were present many of the old presidents of the association, together with Dr. BARNES of Carlisle, the present president, and many others who are prominent in the profession in old England. Dr. RODDICK made an excellent campaigning speech which was published in full in the *British Medical Journal* of Jan. 23rd.

Evidently the fact that the president-elect ventured to cross the Atlantic in the middle of winter simply to attend a council meeting of the association, made a great impression.

Until the list of officers is officially declared, we cannot make public the names of those appointed as readers of addresses and as presidents of the various sections. This much, however, we can say, that the council at home is determined that there shall be eleven sections: Medicine, Surgery, Gynæcology and Obstetrics, Anatomy and Physiology, Pathology and Bacteriology, Pharmacology and Therapeutics, Public or State Medicine, Psychology, Laryngology and Otology, and Dermatology, and that the list of presidents of these various sections will comprise the names of a greater number of distinguished men than has been the case at any previous meeting of the association, the meeting in London itself perhaps excepted. If we accomplish nothing more, Dr. RODDICK by his efforts in obtaining these presidents, has made it certain that the '97 meeting of the association must in this respect be most memorable.

We are glad to note that the other colonies of the Empire, even as far away as Australia, are showing great interest in the forthcoming meeting, and that letters received from Australia and the Cape, not to mention British possessions nearer home, such as Bermuda and Barbados, show that we are assured that the profession there will help to increase the success of the meeting.

It is a matter of genuine satisfaction that the efforts made by the local executive in Montreal to render the meeting national rather than local and to associate the leaders of the profession throughout the Dominion in the work of the association, is being so highly appreciated

No steps have as yet been taken to ask for subscriptions outside Montreal, and unless the meeting attains enormous dimensions it is probable that nothing will be attempted in this direction. Nevertheless it was with genuine pleasure that the announcement was received at the

last meeting of the local executive, that a leading member of the profession in Manitoba had offered no less than $100 in aid of the expenses of the meeting.

We are asked by the secretary of the museum sub-committee to state that although many applications for space in the museum building have been received, spaces for which tenders are asked will not be allotted until March 27, in consequence of the necessary length of time required for correspondence with British exhibitors.

With most hearty appreciation of the good-will shown by the great Canadian railway corporations towards the meeting, we announce that the Canadian Pacific and Grand Trunk Railways have agreed to extend to Canadian members of the association the privileges granted to foreign members and to guests, namely, half rates. So considerable a concession has never previously been granted, and is a sign of the great national importance attached by the companies to the meeting in August. In other words, to quote the words of the joint letter received from Mr. W. E. DAVIS, of the Grand Trunk, and Mr. D. MCNICOLL, of the Canadian Pacific, "it has been decided to extend to Canadian members of your association the same basis of rates to and from the convention, and excursion fares, as we have already advised you we are willing to extend to visiting members from over the sea." Practically every Canadian member can thus attend the meeting and return at the rate of a single fare for the return journey, and can join the excursions at the same rate.

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 recruited.

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

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

NOTICE—CAUTION

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

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

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

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

WHOLESALE AGENTS.

A Palatable Laxative Acting without Pain or Nausea.

Wyeth's Medicated Fruit Syrup.

THE NEW CATHARTIC APERIENT AND LAXATIVE.

There is no medicine for which physicians feel so great a need as an effective cathartic and aperient, one that will act promptly, without pain, griping or nausea, as some action on the bowels is required with almost every ailment or indisposition.

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

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

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

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

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

JOHN WYETH & BRO.,

DAVIS & LAWRENCE CO. LTD., General Agents,

MONTREAL.

Matters Personal and Impersonal.

An honor which every Nova Scotian physician, at any rate, will feel to be almost personal, is that which has been bestowed upon our genial and talented townsman, Dr. Edward Farrell, in his selection to the vice-presidency of the section of surgery at the Montreal meeting of the British Medical Association. The News feels that congratulations are due not to Dr. Farrell alone, but to the profession of our province generally, for in him we will have a competent representative of the medical fraternity of this province by the sea.

The vacancy caused by the death of Dr. J. M. Mackay, at Springhill, has been filled by the appointment of Dr. R. L. Murray, who has for some years been practising at Pictou. Dr. Murray is a gentleman whose goodness of heart and openness of manner have won for him many a warm friend, who will always be glad to learn of his advancement. His professional attainments are such as to command the respect of all his acquaintances, and will undoubtedly win laurels for him in his new field of labor.

The News is delighted to extend congratulations to Dr. H. S. Jacques, of Halifax, upon his recent marriage to Miss Locke. The genial doctor's host of friends will unite with us in wishing him and his wife all happiness and prosperity.

The attention of our readers is directed to a change which has been made in the announcement of the McGill Post-Graduate Course. The subject of Dr. Osler's lectures, instead of being "heart diseases" as first announced, will be "Diagnosis of Abdominal Tumors."—The success attending the first post-graduate course at McGill last spring, and the high endorsement accorded it by Dr. Halliday in the February issue of the News, should lead the loyal physicians of the maritime provinces, who plan a brush-up, to look towards "old McGill," and to consider well the advantages offered by our great Canadian University before deciding to go elsewhere.

The editors of the News are anxious that our readers should appreciate the position in which we stand with reference to them. Our journal is not published as a financial venture, but solely to represent, as fitly as is possible, the medical profession of the Canadian Maritime

Provinces. The task of editing and publishing the NEWS is not a light one, but it is done absolutely without remuneration. Any increase in the earnings of the journal is devoted to its improvement. We feel then that we deserve the active support of every medical man in our constituency, not only by way of subscription, but also by contributions to our columns. We would also ask that our readers would patronize, as much as they can, those who advertise in our pages. Much of our income comes from those who advertise with us, and the more results which our advertisers are able to credit to the NEWS, the more readily will we be able to secure additional advertising. So that an order to one of our advertising patrons may not only be profitable to the buyer, but may assist very materially in the enlargement and improvement of the NEWS.

CONGENITAL ABSENCE OF ONE KIDNEY.—E. BALLOWITZ (*Virch. Arch., 1896, cxli., 309*) gives a resume of 240 cases of authenticated absence of one kidney, together with three cases observed by himself. He excludes those cases of simulated absence of one kidney, which were really due to the intergrowing of both, or to a hyperplasia of one. His conclusions are as follows: Absence of the left kidney is of more frequent occurrence than that of the right; at least this is true in the male subject, in whom this abnormality appears nearly twice as often as in the female. Deformity or change of position of the remaining kidney is rarely met with, only a more or less intense hypertrophy is usually present. Besides the kidney, all its vessels and nearly always the foundation of the ureters are generally absent. Changes in the bladder are also very rare. Occasionally the suprarenal capsule of the same side is also absent. Abnormalities of the genital organs, which are more frequently found in the female, exist nearly without exception on the side of the absent kidney and affect in the first instance the canals of exit, rarely the ovaries, which, however, may frequently be atrophic. Very rarely, and then only in the female, is the whole genital apparatus undeveloped. *Pediatrics, March 1, 1897.*

Messrs. SIMSON BROS. & CO., will shortly place upon the market a preparation of iron in liquid form which can be administered without detriment to the teeth.

DOING A WHOLESALE BUSINESS.—A Viennese woman of 40 has already presented her husband with 32 children at 11 births.—*Wiener Medicinische Wochenschrift.*

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

J. H. MORRISON, M. D., President, in the Chair.

JANUARY 27, 1897.—A paper on "Scarlet Fever" was read by Dr. ROBERTS, in which the symptoms, complications, etc., were dealt with.

Dr. GRAY advocated the employment of cold baths in simple cases. The paper was further discussed by the other members present.

FEBRUARY 3, 1897.—Dr. CLARA OLDING read a paper on "Hypnotics." The subject of insomnia was fully considered. For the plethoric patient, a hot bath at bed time is useful, the temperature of water to be gradually raised from 90°F. up to a point as high as can be borne; about 20 minutes to be devoted to the bath.

Other means for relieving insomnia: hot baths of the extremities continued for from one half to one hour; hot compresses applied to the temples: static electricity when available; massage of the head, especially the movements produced by one hand on top of the head, the other hand under the chin and passively rotating the head so that the face passes through a circle. This movement should be persisted in for at least one half hour.

In cases of mental excitement with fever, the cold pack.

In insomnia of neurasthenia, warm sponging of the spine one hour before bedtime may be tried, with rubbing from above downward; then give a glass of hot peptonized milk. If drugs are necessary, urethan, sulphonal or phenacetin would be preferable to chloral or opium.

In simple melancholia, a warm bath, rubbing, warm bed, cold water to the head and a cup of hot gruel or an egg-nog.

Electricity is especially valuable in cases of hysteria and neurasthenia.

Anæmia, indigestion, constipation, irritability of the bladder, pruritus, etc., may cause insomnia.

Antipyrin is particularly useful in affections of the head. Cannabis indica is very suitable in pulmonary affections.

The bromides should be given for cases of mental strain. In mania and acute alcoholism, chloral and opium with bromides are most useful. Belladonna may succeed in the low delirium of fevers.

The effect of active exercise, change of scene and pure air were also referred to.

A general discussion followed.

FEBRUARY 10, 1897.—A paper was read by Dr. J. W. DANIEL on "Enlargement of the Prostate," illustrating several varieties by drawings. The enlargement is due to a hypertrophy of the constituent substances of the body, which consist largely of muscular and glandular tissue: the muscular tissue constituting the bulk of the body, the connective tissue being scanty; while the glandular tissue consists of numerous follicular pouches opening into canals which open into the floor of the prostatic urethra, giving exit to the prostatic fluid. This fluid, when in excess, gives rises to prostatorrhœa, a condition which may give unnecessary alarm to nervous patients, who may think that the discharge is spermatorrhœa.

Enlargement rarely occurs in those under 55 years of age.

The varieties of enlargement were described, with symptoms—especially vesical—or occasionally with the absence of symptoms. The urethra is elongated. The diagnosis usually does not present much difficulty.

As regards treatment, prostatic dilatation may be tried, especially when the hypertrophy is in the lateral lobes, with no residual urine. With middle lobe enlargement, sounds are passed with more difficulty, and there is a large amount of residual urine, necessitating frequent catheterization. Dr. J. W. WHITE says when residual urine amounts to three ounces, the catheter should be used once a day: to six ounces, twice a day: and once more for every additional two ounces.

Prostatotomy, prostatectomy (perinæal and suprapubic), were referred to, and lastly castration, with the more recent operation—removal of portions of the vasa deferentia (vasectomy).

FEBRUARY 17, 1897.—Dr. W. W. WHITE reported a number of recent operative cases: 1. Gonorrhœal arthritis of knee of long duration, in a man aged 50 years, necessitating amputation. 2. Internal hæmorrhoids. 3. Large cystic sarcoma of testicle. 4. Varicocele treated by subcutaneous ligature. 5. Varicocele treated by excision of veins. 6. Femoral hernia for which BASSINI's method was followed. 7. Removal of ovary for ovaritis. 8. Pyosalpinx, large pus sac removed, gauze packing. 9. Procidentia uteri and cervical laceration—ventral fixation and repair of cervix. 10. Removal of ovaries and tubes. 11. Ovariotomy.

NOVA SCOTIA BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

DECEMBER 18, 1896.—A letter was read from Surgeon-Major-General O'DWYER accepting the position of representative on the General Council.

Dr. FARRELL showed a large calculus which he removed from a female bladder. The urethra having been dilated under ether, the stone was removed by means of long uterine forceps.

Dr. HATTIE opened a discussion on "Acute Lobar Pneumonia," he going into the bacteriology of the affection.

Dr. M. A. B. SMITH spoke on the question of diagnosis.

Dr. D. A. CAMPBELL in continuing the discussion, said there is strong evidence that primary pneumonia is an infectious disease, from bacteriological evidence, from its clinical characters, and from its occurring in epidemics, notably an outbreak in Middlesborough, England, where seven hundred cases had been traced to direct infection. Whatever the proximate cause may be, cold is an important and prominent factor in its production, that is, the chilling of the surface. The disease is common during the changeable weather in the spring, when fires are discontinued, heavy clothing discarded, it being also the season for house-cleaning and moving. As regards symptoms he would refer to one or two points. The fine crepitant rale was looked upon as pathognomonic of pneumonia. His impression was that in most cases it was of pleural origin; that it was not invariably present, and could not be wholly relied upon. In every case of pneumonia, the pleura was more or less involved. Dr. CAMPBELL then referred to complications that sometimes arose. Jaundice, which is more frequent in children, appearing a day or two after the initial chill, is slight, and usually disappears at the time of crisis. He could not exactly explain this condition. It had been met with where the right base was affected, but also in pneumonia of the left base: therefore the theory of the extension by continuity did not hold good. Delayed resolution was then spoken of in which he referred to the return of febrile symptoms after the crisis, drifting on week after week without any improvement. The delay no doubt was due to several causes not clearly understood. Some cases were due to pleural effusion and some to tuberculosis. He followed the expectant line of treatment except in aged persons, when he gave stimulants. In persons under

forty-five, it runs a favorable course. He had seldom met with cases calling for antiphlogistic treatment. In the later stages, for cardiac failure, he relied upon digitalis, ammonium carbonate, and strychnia. When cough was painful and distressing, he gave opiates. For local treatment he relied on poulticing, blistering, and cupping: for the last six or eight years he had almost discarded the use of poultices.

The PRESIDENT asked if pneumonia was more common in England than here.

Dr. CAMPBELL replied yes.

Surgeon-Capt. MOIR said cases were more common in England. He had seen cases in which dry cupping gave great relief, the patients expressing their appreciation of the same.

Dr. REID referred to the practice of cupping in vogue when he began practice. He thought that we had dropped an active and useful method of treatment, which might sometimes be used with great benefit.

Dr. BLACK said that it was disappointing that we had not learned more during the last thirty or forty years regarding the treatment of pneumonia. He had not a great deal of faith in cupping and blood-letting. Generally one cannot be sure of pneumonia early enough to do good by blood-letting. If the patient were a strong robust man, it would no doubt do good. His treatment was very much the same as that taught by ALONZO CLARK thirty years ago.

Dr. MUIR wished to know what effect blood-letting would have on the leucocytes. He thought it was an acute infectious disease like typhoid which was an autumnal disease, pneumonia being a disease of the spring. Cases for bleeding ought to be carefully selected. He could not strongly enough condemn the coal-tar series, which he considered ought to be abandoned in this condition.

Dr. FARRELL spoke of the influence of the bacteriological theory on the treatment of pneumonia. He thought bleeding did not injure the resisting power of the blood. He referred to the use of small doses of calomel.

Dr. CHISHOLM thought that the treatment was based on rational grounds. He referred to the importance of relieving the congested condition by such drugs as sp. æth. nit., and liq. ammon. acetatis, and the importance of using poultices which are rational and grateful. He thought cupping and bleeding were both rational. He did not know that we were any wiser than our forefathers, but thought we were more rational.

Dr. HATTIE said, in answer to Dr. MUIR, that the ultimate effect of bleeding was to increase the number of leucocytes. After some further remarks by Dr. HATTIE, the discussion closed and the meeting adjourned.

JANUARY 8, 1897.—Dr. KIRKPATRICK showed a case of loss of vision, with the following history. Man, aged thirty, came to town Dec. 31st, complaining of rapid loss of vision. On Nov. 1st he had scratched his arm with a nail, and "blood-poisoning" set in with suppuration about the wound. This condition lasted about three weeks. From Dec. 1st to 21st, he felt well, but about the latter date noticed his vision beginning to fail. On Christmas day he could not read. When first seen he had 1-100 vision, and a partially dilated pupil not responding to light. Nothing abnormal could be made out in the fundus. The muscles were not affected. Dr. TOBIN had seen the case with him. The patient was put on simple treatment and now could see ordinary type. He regarded it as a case of poisoning of the visual centres. The centre in the floor of the fourth ventricle must have been affected.

The PRESIDENT said that when he had seen this remarkable case, there was simply loss of vision with dilated and inactive pupils.

Dr. CHISHOLM asked if the patient had been taking quinine—mentioning a case where blindness had occurred from the use of this drug.

Dr. KIRKPATRICK replied that the patient had taken no internal treatment previous to his consulting him.

Dr. ROSS exhibited a patient with a purpuric eruption on both legs below the knee. The patient was a robust young man and had never suffered from any form of illness.

Dr. JONES reported a case of strangulated femoral hernia, with operation.

A SUIT FOR USING X-RAYS.—A Chicago pugilist has brought suit for damages against a surgeon for locating a bullet by the X-rays. The plaintiff alleges that the surgeon kept his body exposed thirty-five minutes to the rays; that he suffered much while the bullet was extracted, and as a result a sore on his breast two inches in diameter has developed, which will probably never heal entirely. In order to make the punishment fit the crime, he asks for damages to the amount of X thousand dollars.—*Medical Record.*

Books, Pamphlets and Exchanges.

On the difference between serum and blood solutions, the conditions of the test culture and the significance of bacterium coli infection in relation to typhoid diagnosis.—By Wyatt Johnston, M. D. and D. D. McTaggart, M. D. Reprint from *Montreal Medical Journal, March 1897.*

Restoration of vision to an eye that had been practically blind for seventeen years.—By David Webster, M. D. Reprint from *Archives of Ophthalmology, Vol. XXV, No. 4, 1896.*

Notes on some of the newer remedies used in diseases of the skin.—By L. Duncan Bulkley, A. M., M. D.—Reprint from *Journal of the American Medical Association, Nov. 28, 1896.*

Report of the Halifax Dispensary for the year 1896.

BOOKS OF THE MONTH.

The American Year Book of Medicine and Surgery.—By twenty-seven representative American writers, under general editorial charge of Dr. George M. Gould.—Cloth, $6.50; half morocco, $7.50.—Published by W. B. Saunders, 925 Walnut St., Philadelphia.

Inebriety, its Source, Prevention and Cure.—By Charles Follen Palmer.—Published by Fleming H. Revell Company, Toronto, Chicago, and New York.

A Test for Albumen in the Urine.—Dr. Alex. C. Ewing proposes the following test for albumen in the urine:

Draw up into a small glass pipette, or tube, about an inch of the urine, let the finger remain tightly over the top, and insert the pipette into nitric acid and draw up under the urine about the same quantity of acid, when if even a trace of true albumen be present, there will appear a beautiful line of demarcation between the acid and urine. This test is as accurate as it is simple, and, besides, is decidedly economical and far less trouble than all others.—*Medical Record.*

Matters Medical.

HEREDITY OF CANCER.—MANICHON *(Jour. de Med.)* discusses the question of heredity in cancer. He bases his observations on twenty-three families observed by himself, in which several members were affected. In these twenty-three families there were 69 cases of cancer, distributed as follows: 57 in the stomach, 4 in the uterus, 3 in the breast, 3 in the rectum, 1 in the bladder and 1 in the liver. Of the 57 cases occurring in the stomach, 41 were in males, 16 in females. In eleven families the heredity was exclusively in the male line, in five in the female; in six cases both sexes were equally affected. Moreover, fourteen out of twenty-two families showed cancer in the stomach, and of these the males were affected in eight. It appears, therefore, from this paper that heredity in cancer should be no longer doubtful. The author also points out that the special form of cancer is itself hereditary.—*Brit. Med. Jour.*

PREGNANCY DIAGNOSTICATED BY THE URINE.—WILLIAM E. PARKE, following Dr. WILLIAM D. GRAY, of Richmond, states in the *American Gynecological and Obstetrical Journal* that he can make a positive diagnosis of pregnancy within twenty days after conception, by certain changes in the microscopical appearance of the urinary phosphates. The normal triple phosphate is stellate and markedly feathery. Soon after conception the feathery parts begin to disintegrate, take on crystals, approach to normal, and at term are normal. In preparing the urine for examination Dr. GRAY takes about one inch in a test tube and adds about one-third as much of Tyson's magnesian fluid. This will throw down the triple phosphates in fifteen or twenty minutes and furnish the necessary material for examination. Tyson's fluid consists of one part each of muriate ammonium, aqua ammonia, and sulphate of magnesium and eight parts of distilled water. When conception occurs the triple phosphates lose their feathery appearance, the change beginning at the tip and progressing toward the base. One side only may be affected, or both, leaving only the shaft and perhaps a few fragments adhering. The shaft assumes a beaded or jointed appearance. These changes are most marked in the early months of pregnancy. Dr. GRAY draws the following conclusions:—

1. The change occurs in a very large percentage of pregnant women.

2. This change is not equally pronounced in the urine at the same period of gestation in different women nor at consecutive examinations of the urine of the same woman.

3. When recognized it forms strongly presumptive evidence of pregnancy. This sign is recognizable very early (Dr. GRAY, in a personal letter, states that he has made many diagnoses as early as ten days after conception.) It is, therefore. of the greatest value when other signs are of the least value, or not present at all.

4. A diagnosis of probable pregnancy can be made without a physical examination or without exciting suspicion of the patient.—*Medical Record.*

PUNCTURE OF THE LATERAL VENTRICLE.—VON BECK (*La Tribune Medicale, No. 13, 1896.*) reports three cases of puncture of the lateral ventricle.

The first case was that of a boy fourteen years old, who, following diphtheria contracted at the age of seven, suffered from middle-ear disease. This lasted for three years and remained cured for four. The boy was suddenly attacked with pains in the ear, radiating over the right side of the head, vomiting, coma, but no fever. His neck became stiff, general hyperæsthesia developed, and the ophthalmoscope demonstrated a neuro-retinitis; the pulse dropped to 54; the right ear-drum was thickened, discolored, but not painful. The mastoid was trephined and found to be markedly sclerosed. The cells were filled with a turbid serum. The transverse sinus and the temporal lobes were exposed; the sinus was intact. There was no pulsation of the brain. Puncture of the temporal lobe gave negative results. The lateral ventricle was then punctured and seven drams of cerebro-spinal fluid withdrawn. The comatose state disappeared, pulse rose to 80, neuro-retinitis dimished, and the patient felt very well. The tenth day after intervention cephalalgia reappeared, with pains in the teeth. A few days later there was vomiting and coma, and the pulse dropped to 54. The trephine opening was then enlarged, and with an aspirating needle the occipital and frontal lobes were explored, with negative results. A new puncture of the lateral ventricle was then practiced, and two and one half ounces of clear cerebro-spinal fluid withdrawn. The symptoms promptly disappeared, but in ten days again developed, and were accompanied by facial paresis and palpebral ecchymoses. The lateral sinus was again punctured and two and one half ounces of clear cerebro-spinal fluid

aspirated. The patient had no further relapses: he left the hospital two months later comparatively well, and has remained so since (two years).

The second case was a boy four years old, who, as a result of a fall, suffered fracture of the frontal bone without paralysis. Three weeks after this accident the child was brought to the hospital with the phenomena of meningitis. There was coma, the pulse was running 120, the neck was stiff; general hyperæsthesia, exophthalmos, double retinitis, and high temperature prevailed. Examination showed a comminuted fracture of the right frontal bone, with suppuration extending over the temporal region. The region of fracture was exposed, the dura mater was found torn, and beneath it there was a cortical abscess the size of a pigeon's egg. This was evacuated and drained. All the symptoms were ameliorated, but eight days later symptoms recurred and there was a hernia of the brain. On the eleventh day convulsions developed; on the fifteenth these were renewed and there was loss of consciousness, with left hemiplegia. The lateral ventricle was then punctured and two and one half ounces of turbid cerebro-spinal fluid evacuated. The symptoms promptly lessened in severity and finally disappeared. The patient recovered completely.

The third case was a girl thirteen years old who, in May, 1894, suddenly lost consciousness. Insensibility lasted but a short time, but was followed by severe cephalalgia. Three weeks later there was a second attack. From this time these recurred daily, accompanied by vomiting, vertigo, and cephalalgia. This condition remained stationary until September, 1895, when the acuity of vision of the left eye was diminished. Two months later there was blindness of the right eye. Examination showed nystagmus and double neural retinitis, more marked in the left eye. Tumor of the brain was diagnosed. Iodide of potassium given internally produced no beneficial effect. Osteoplastic resection was made over the left occipital region. As intracerebral pressure seemed especially well marked, the lateral ventricles were punctured. After evacuation of two and one half ounces of cerebro-spinal fluid the cerebellum was explored, but no tumor was found. All the symptoms became better. Twenty days after intervention there was a relapse, followed six days later, in consequence of excitement, by a loss of sight, high temperature, comatose condition, and an attack of convulsions. The ventricle was again punctured and over seven ounces of cerebro-spinal fluid aspirated. The symptoms again disappeared, and for four weeks the patient remained well. There was then recurrence, which was relieved for the third time by puncture and evacuation of four ounces of liquid. The patient is still under observation.—*Therapeutic Gazette.*

Therapeutic Suggestions.

A New Method of Skin-Grafting.—Von Mangoldt, of Dresden (*La Semaine Méd., XV, 1895, p. 520*) employs the following method of skin-grafting: First, he selects the part from which the grafts are to be removed, preferably the inner or outer surface of the arm; then, after thoroughly cleansing and antisepticising the spot, the razor is sterilized and held perpendicular to the skin, the epidermis being scraped away until the papillary layer is reached. In this way a magna is obtained, being composed of extravasated blood and epithelial cells, which is placed upon and pressed into the part to be treated. At times the author first scarifies the part to make sure of adherence. After the foregoing, strips of adhesive dressing are placed over the part. This method, to which the author has given the name of "epithelial sowing," is said to have advantages over the Thiersch method, in that no pockets of necrotic tissue are closed in by the new-formed skin. After the fifth day the dressing is changed every two days, and the wound gently irrigated with sterile and warmed normal salt solution, and towards the end of the third week the surface shews a normal appearance.—*Philadelphia Polyclinic.*

To Prevent Hæmorrhage.—In the course of a description of a case of lympho-sarcoma of the left side of the naso-pharynx, Mr. Watson Cheyne makes the following note: Just at the time this case occurred Dr. Wright had published some papers on the value of chloride of calcium in increasing the coagulability of the blood, and also of fibrin ferment as a styptic, and I therefore asked him to be present and to superintend the use of these substances, for I anticipated that there would be a good deal of bleeding. Accordingly, an hour before the operation a pint of water containing half an ounce of chloride of calcium was injected into the rectum, and during the operation pledgets of salicylic wool, soaked in Wright's fibrin ferment solution, were applied to the freshly cut surfaces. Whether as a result of this treatment or not, the fact is that extremely little blood was lost; I do not think more than an ounce or an ounce and a half.—*Lancet.*

Sea Sickness.—Dr. Charles S. Bomean attributes *mal de mer* to a disturbance of the central nervous system, caused by a partial paralysis

of the vaso-motor nerves. This paralysis causes a passive congestion of the brain, owing to the relaxed blood-paths, and produces the distressing dizziness, headache and vomiting. To prove that the nausea is due to nervous irritation, the patient vomits with a clean tongue, unless there is constipation present, when there may be a slight coating. What causes the primary nervous disturbance he is unable to say. Nausea may be allayed almost immediately by an injection of one-quarter grain of morphine, combined with one-hundredth grain of atropine. This combination, he maintains, never fails to relieve the patient after one repetition. He has tried it not only in sea-sickness, but in the nausea caused by railway travel, and has reason to believe that it always proves efficient. Chloral will also prove to be a good prophylactic. Given in fifteen grain doses three times a day, for two or three days before sailing, will be found enough to produce the desired effect. Knowing that there is a relaxed condition of the blood vessels and a nervous excitability, it stands to reason that the use of morphine for the nervousness and of atropine for a vaso-motor stimulant are the proper therapeutic indications.—*Medical News.*

LARYNGEAL OR WINTER COUGHS.—FLEMING, (*Jour. Nerv. and Mental Diseases*) says: "In acute attacks of laryngeal or winter cough, tickling and irritability of larynx, faith in antikamnia and codeine tablets will be well founded. If the irritation or spasm prevails at night the patient should take a five grain tablet an hour before retiring and repeat hourly until allayed. This will be found almost invariably a sovereign remedy. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail morning or mid-day, the same course of administration should be observed until subdued. In neuroses, neurasthenia, hemicrania, hysteria, neuralgia and, in short, the multitude of nervous ailments, I doubt if there is another remedial agent in therapeutics as reliable, serviceable and satisfactory; and this, without establishing an exaction, requirement or habit in the system like morphine.

"Finally, in indigestion, gastritis, pyrosis, nausea, vomiting, intestinal and mesenteric disorders and the various diarrhœas, the therapeutic value of antikamnia and codeine is not debatable. The antipyretic, analgesic and antiseptic properties are incontrovertible, and therefore eminently qualified to correct the obstinate disorders of the alimentary canal."

PARENCHYMATOUS INJECTIONS OF CARBOLIC ACID IN TONSILLAR DISEASE.—The frequently recurring attacks of suppurative disease of the tonsils has led KRAMER (*Cent. fur Chir., Nov. 21, 1896.*) to the conclusion that this recurrence, which is so persistent in such large numbers of cases, is really due to the presence in the tissues of the gland of bacterial spores, which are evidenced by some fresh exciting cause or condition to a new activity. His observations on a large series of cases confirmed this opinion and led him to try to destroy these spores by parenchymatous injections of carbolic acid.

For this purpose he employed, a few weeks after the recovery from an attack, the injection, by means of a sterilized hypodermatic needle, of a 2 or 3 per cent. solution of carbolic acid. The amount employed was nine minims injected two or three times a week, the treatment comprising four to six doses.

The point selected for injection was cocainized, the needle introduced, and, if no blood could be withdrawn, the injection made, pushing the needle in different directions and distributing the whole amount over a limited area.

The later injections were made each time in some new point.

The patients were all full grown. Very little pain was felt: only a slight difficulty in swallowing, which lasted for a few hours. No marked general symptoms were noticed, or the slightest sign of poisoning. The local swelling of the part disappeared shortly, without the production of an abscess or other complications. Patients who had previously experienced a number of relapses previous to this method of treatment were entirely freed from further attacks, fifteen patients having had no relapses during two years and a half since treatment, while many others had had no relapses, although the treatment was of late date.—*Am. Jour. of the Med. Sciences, March, 1897.*

HYPERIDROSIS PEDUM.—Apply with a brush for two or three days a solution of formalin (Hochst). If excoriations are present, they must be healed beforehand, and care must be exercised during the application not to breathe the fumes of the formalin.—ADLER, *Prager med. Woch., No. 39.*

Calcium chloride in dose of one to three grams is claimed by SAVILL to allay itching in a remarkable degree.—*Medical Record.*

Night sweats of phthisis are diminished and sometimes made to disappear by the employment of sulfonal in dose of one to two grams.—*Ibid.*

Quinine is distinctly contraindicated in inflammation of the middle ear, of the skin, of the meninges, of the urinary and alimentary tract. —*Ibid.*

Hydrobromate of hyoscine not only quiets the nervous symptoms and induces sleep, but destroys in a measure the desire for alcohol.—*Ibid.*

SOMATOSE AS A GALACTAGOGUE.—DREWS (*Jour. de Clinique et de Thérapeutique Infantiles*) refers to the unsatisfactory character of all plans of treatment previously advocated for the purpose of preserving or increasing the supply of maternal milk. His attention was first drawn to somatose by the quite unexpected effect of its use by a mother in the third month of lactation, one of whose breasts was dry and the other failing. Under the use of a teaspoonful of somatose three times a day in a cupful of warm milk the woman began to gain in weight and the breast filled and yielded such an abundance of milk that nursing was continued into the seventh month. Discontinuance of the somatose for a few days, in spite of maintenance of good appetite, was followed by diminution of secretion and a return of symptoms. Twenty-five cases have been treated by the author in a similar manner, almost uniformly with the same favorable results.—*Am. Jour. of the Med. Sciences, March, 1897.*

PNEUMONIA.—Regarding bleeding, opinions are diverse. Recently before the American Medical Association a gentleman advocated veratrum viride in the treatment of acute pneumonia, and asserted he had entire confidence in this treatment, thereby keeping the pulse at or near normal; he further asserted that all cases can be cut short by this mode of treatment. In a case in which the patient had an attack of heart failure caused by the cumulative effect of the veratrum viride, he expressed the opinion that the failure of the heart acted favorably on the course of the disease, as the turning point seemed to be established at this time.—*New York Medical Journal.*

TEDIOUS LABOR AND RIGID OS.—Put ten grains of tartar emetic in half a tumbler of water and give two teaspoonsful every ten or fifteen minutes until emesis occurs. This produces free relaxation without diminution of expulsive efforts.—MUNDE, in *Medical Record.*

HEMORRHAGE FROM THE BOWELS IN TYPHOID FEVER.—WM. OSLER (*Maryland Med. Jour, Nov. 14, 1896*): Bleeding of moderate amount may occur and cause no special anxiety, except, perhaps, the unavoidable apprehension lest the bleeding should recur in a more grave form.

Hæmorrhage is one of the most dreaded accidents of the disease, and justly so, since it may occur when everything has gone along smoothly, and the patient appears to be improving in every way. In 239 cases of typhoid fever treated in six years in Johns Hopkins hospital, there were twenty cases of hæmorrhage, three died from loss of blood, and three from perforation after bleeding had ceased. Cases are quoted showing history, etc., of hæmorrhage.

The treatment pursued is as follows: The lead and opium pill by the mouth and small doses of morphia hypodermically. Normal salt solution is injected when there is much loss of blood, and favorable results follow its use in most desperate cases. A fatal result may follow in typhoid fever without blood appearing externally, so we must be on our guard. There are cases where hæmorrhage recurs at intervals.

ERYSIPELAS OF THE FACE.—The *Presse Médicale* recommends the following formula:

℞	Ac. carbolici Tinct. iodi Alcoholis ..... āā	30.00
	Ol. terebinthinæ	60.00
	Glycerini	90.00 M.

The lesions are to be painted with this liniment every two hours, and covered with aseptic tarlatan.

RHEUMATISM OR MUSCULAR PAINS:

℞	Chloroformi	ʒv.
	Tr. opii	ʒiv.
	Acidi salicylici	ʒiv.
	Spir. vini rect	℥iv.
	Ol. dulcis ..... q. s. ad.	℥iiiM.

This should be rubbed into the parts thoroughly, or applied by means of flannel cloths.—MANLEY.

TO OVERCOME THE CATARRH FOLLOWING THE ADMINISTRATION OF IODIDE OF POTASSIUM.—COHEN, (*Lancet*), advises that, in cases in which there is coryza from the use of iodide of potassium, tincture of belladonna be used, five mimins being added to each dose of the iodide.

ANTIDOTE TO STRYCHNINE.—MASMECI recommends the stomach, in strychnine poisoning, should be washed out with a decoction of eucalyptus globulus, which he claims has a true antidotal action in frogs.—*Lancet.*

CLEANLINESS IN CATARRH.—Dr. EDWIN PYNCHON, (*Annals of Ophthalmology and Otology*) calls attention to the widely varying

formulæ of Dobell's solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh.

Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant, that to people of moderate means the expense is a serious factor, while to the poor it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use, and go back to the home remedy of salt and water of varying strength, and usually with disastrous results.

The Seiler's tablets, made by different manufacturers, also vary in strength and composition, and our experience has taught us that several of those on the market cannot be used without causing great smarting, and even pain.

The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis, should be of about the specific gravity of the serum of the blood, and this is acquired in the solution advised by Dr. PYNCHON, which is as follows:

℞ Sod Bicarb.....
Sod Biborat..... āā ʒ ii
Listerine (Lambert's).....ʒ viii
Glycerini.....Oiss. M

One ounce of this formula added to a pint of water, yields a bland and pleasant alkaline solution with a specific gravity of 1.015.

The addition of the listerine takes the place of the carbolic acid in the original formula, and is a decided advantage, as it imparts a pleasant taste, and is quite as efficacious as the acid.

The common use of listerine and water should be superceded by the addition of the alkaline solution given, and in the preparation thus made we have all the advantages of any cleansing agent, and it can be furnished at a price commensurate with all pockets.

TREATMENT OF ASTHMA.—GRAYSON, writing in the *University Medical Magazine*, states his belief that asthma is not a neurosis, but that the cause of the disorder should be sought for primarily in the gastro-intestinal tract. The treatment should include the correction of anything abnormal in the tract, and careful attention to diet. The nasal passages should also be examined, and any abnormality there should received appropriate treatment.

THE FOLLY OF AN EXCLUSIVE MEAT DIET.—The non-digestion of starch (*Mod. Med.*) is unquestionably one of the most common causes of disordered digestion.

This is doubtless the chief cause of the extensive use of beef and other forms of flesh food in this country. Meat is readily dissolved in the stomach, and its digestion is not accompanied by the flatulence, acidity, and other distressing symptoms present in amylaceous dyspepsia.

A beef diet is the most ready means of obtaining relief from these annoying symptoms, and hence is one of the most common diet prescriptions made by physicians, and one which is, perhaps, more frequently than any other made use of by patients for themselves.

The result is relief from a certain set of symptoms, but at the same time the development of others, which, if less disagreeable, are in the end not less serious.

An exclusive meat diet robs the system of its proper supply of fat, and overwhelms the body with a great quantity of ptomaines, leucomaines and tissue poisons, which decrease the resistance of the body to disease.

BOUCHARD, ROGERS and others have shown that the poison-destroying function of the liver depends upon the amount of glycogen which it contains.

This is almost exclusively derived from the starch of "farinaceous foods," hence a person who, in consequence of inability to digest starch, confines himself largely to meat diet, is exposed to the double injury, the introduction of toxic substances into the system and the lessened ability to destroy toxins and ptomaines.

The dyspeptic who is suffering from the inability to digest starch, in exchanging a farinaceous for a flesh diet, simply exchanges one class of morbid conditions for another, the biliousness or general toxæmia, the uric acid diathesis, and the resulting rheumatism, neurasthenia, and and allied conditions which proceed from a meat diet being far more serious in their ultimate effects than the acidity, flatulence, and other annoying symptoms experienced from the indigestion of starch. The fermentation of proteids in the stomach, intestines and colon, which always accompanies a flesh diet, produces toxic substances of a peculiar character, while the fermentation of starch results in the formation of acids and gases which are annoying and irritating, but not to any degree toxic.

The substitution of a meat diet for one consisting of farinaceous foods, while a convenient mode of dissipating certain unpleasant symptoms, is, nevertheless, not the best remedy for this condition.

What the patient requires is not the withdrawal of starchy foods, but the ability to digest them.—*Medical Times, March 1897.*

HALIFAX MEDICAL COLLEGE.

HALIFAX, NOVA SCOTIA.

Twenty-Ninth Session, 1897-98.

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