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THE MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO MEDICINE & SURGERY

VOL. XVIII HALIFAX, NOVA SCOTIA, OCT. 1906. NO. 10

Maritime Medical News

CONTENTS FOR OCTOBER, 1906

THE MARITIME MEDICAL NEWS is a monthly magazine devoted to the interests of the medical profession. Communications of general and local professional interest will be gladly received from friends everywhere. Manuscript for publication should be legibly written in ink (or typewritten, if possible) *on one side only* of white paper. All manuscripts and correspondence relative to letter press should be addressed to The Editors, MARITIME MEDICAL NEWS, P. O. Box 341, Halifax, N. S.

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THE
MARITIME MEDICAL NEWS
VOL XVIII, *OCTOBER, 1906*, NO 9

Medical Inspection in Public Schools. Inez C. Philbrick, writes (*Medical Record*, August 18, 1906), of various systems of medical inspection which are in operation to-day. The complete physical examination of the child can be made only by the physician. Such examination must be systematic and individual. By medical inspection children of marked mental deficiency will be discovered. If they are removed to special classes they will receive far more benefit than they could in the regular grades. By medical inspection inherited tendencies will be combated and present vices of constitution corrected. Such inspection to meet the twofold need of pupil and public, besides the systematic, complete, and frequent examination of the pupils, must include supervision of the sanitation of the schools.

Otitis Following Measles. A contribution to the Etiology of Otitis Media Suppurativa Post Morbillos, by Gustav Baar, appears in the *Medical Record* of August 18th. He reports the history of five children in the same family who were attacked with measles. In all of them there appeared an acute suppurative otitis media. In three of these children the mastoid process, the antrum, and the cranial cavity had to be opened on account of alarming cerebral symptoms which appeared in spite of previous painstaking antiphlogistic and antiseptic treatment, poultices, and drainage after careful irrigation of the exterior auditory meatus with warm solutions of borax or instillation with peroxide of hydrogen and drying. The writer declares that the appearance of purulent inflammation of the middle ear at the end of the second week of illness seems to speak very much against the universal view that the measles otitides are caused by the primary exanthem. The pus taken from the depth of the exterior meatus, as well as from the antrum, mastoid process, and extradural abscesses, contained the same staphylococcus.

Prevention of Tuberculosis. Notices have been sent to many physicians throughout the United States and are appearing in the medical and public press, regarding an "American International Tuberculosis Congress," to be held in New York City, November 14th. to 16th. next, and an Association

known as "The American Anti-Tuberculosis League," whfch is to meet in Atlantic City next June, at the time of the meeting of the American Medical Association. It should be stated that the gathering in New York next November and the one in Atlantic City next June have no connection whatever with the International Congress on Tuberculosis authorized at the last session in Paris, in 1905, which will hold its meeting in Washington in 1908, under the auspices of the National Association for the study and prevention of tuberculosis. We are assured by Professor Adami that his name has been advertised in connection with the former schemes wholly without his authority, and that, to his knowledge, no physician of repute in the United States has signified his participation in the above "American International Tuberculosis Congress."

Factors Predisposing to Phthisis. L. P. Barbour declares (*Medical Record*, September 22, 1906) that susceptibility as applied to tuberculosis is, like immunity, always relative. Certain influences and conditions of life lower the natural resistance and predispose to phthisis. As to heredity, children of very old or of very young parents are usually predisposed to the disease. Weakening of the parent by any cause may act in like manner. Crowded and unsanitary homes, workshops, and factories all favor spread of the germs. Workmen who for years breathe gritty dust, almost always contract phthisis. Children are more susceptible than are adults. Excessive child-bearing and prolonged lactation increase susceptibility. Pleurisy, diseases of the heart, and diabetes appear to be predisposing factors. The habitual use of even moderate quantities of alcohol, is without doubt, to be added to this list. In touching on the treatment, the writer says that by keeping the patient in the path of healthful living, the physician can, in most instances, avoid the lighting up of quiescent tuberculosis.

Aural and Nasopharyngeal Diseases in The Insane. W. Sohier Bryant undertook some researches on the functional derangement of the ears and upper tract in the insane, in order to show the relation, if any there might be between insanity and functional derangement of the ear and upper air tract. He reports his results in a paper appearing in the *Medical Record* for August 25th last. Only three cases out of one hundred and sixty-one had perfectly normal hearing. These patients were examined at the Manhattan Hospital. Although, as the author states, the number of cases is not large enough to prove any point conclusively, they suggest that nasopharyngeal or aural diseases are far more prevalent among the insane than among normal individuals; and

that sometimes hallucinations of hearing appear to be excited by subjective sensations of hearing; and that aprosectic psychosis is sometimes aggravated, if not excited by intranasal pressure. The prognosis for psychical improvement from treatment of the nasopharynx when nasal complications were a disturbing factor; and of the ear, when active aural disease is a disturbing factor, is good. The prognosis is bad when chronic inactive aural conditions are a disturbing factor.

Association of Nasal, Ocular and Aural Diseases.

Alice G. Bryant, writing under the caption, "Clinical Observations Concerning the Nasal Passages and the Relation They Bear to the Organs of Sight and Hearing," in the *Medical Record*, September 15th., 1906, emphasizes the necessity of attending to the first symptoms of nasal and nasopharyngeal obstructions, which are so often the causal factor in producing cerebral symptoms and many diseases of the eye, ear, larynx, chest, as well as stomachic and intestinal disorders, and more general disturbances and nervous and reflex conditions. Ear statistics state that 60 per cent. of all ear diseases are due to a faulty condition of the nose or throat. There is strong clinical evidence in children of the association between adenoids and granular lids. There is even a closer relation between trachoma and adenoids. The writer then gives a long list of ocular disturbances arising from nasal affections. Every case of nasal obstruction should be studied by itself. No examination of a child is complete until the eye, ear, nose and throat have been thoroughly looked over.

Sodium Citrate in Infant Feeding.

A. C. Cotton, (in the *Journal of the American Medical Association* October 6), says that the important question as regards the indigestible proteids of cow's milk in infant feeding is not how to reduce them and to sustain life, but how to increase the proteids and to maintain unimpaired digestion. He, therefore, gives his experience with the use of sodium citrate in the solution of the problem. He has employed it in more than fifty cases in private and hospital practice, which, with other records available, make a total of 112 cases, covering nearly all conditions of milk dyspepsia. He began using the citrate in cases in which varying milk mixtures had been used with poor success, and as he found that a larger proportion of milk could be borne with the citrate than with any other modification known to him, he used it more and more freely. He gives it in a watery solution, adding enough to represent 1, 2 or even 3 grains to each ounce of milk in the feeding mixture, according to the requirements of the case. Vomiting of curds is one indication for

the giving of the higher amount. As toleration is established, the amount of citrate is reduced to 1, ½, or ¼ grain to the ounce of milk until it can be discontinued. In no case has he seen any reason to regret the use of the method; its simplicity recommends it, especially in dispensary and out-patient practice, and in private practice it affords another rational method of infant feeding.

Hyperacidity and Gastric Symptoms. J. D. Steele, with a view to confirming Stockton's theory that the symptoms credited to gastric hyperacidity are due mainly to a hyperæsthesia of the gastric mucosa, and to ascertain what other factor might also be effective, has studied thirty cases under his observation. In an article appearing in the *Journal of the American Medical Association* of August 18th. he gives an account of his researches. In about one-half of his cases the cause of the irritation and pain lay in the existence of decided gastric motor insufficiency, or of hypersecretion. In fourteen, however, no cause could be demonstrated for the hyperæsthesia, but in nearly all of these the gastric symptoms were directly connected with overfatigue or worry or were a part of a general nervous irritability. All the patients were benefited and ultimately cured by treatment directed to the nervous condition. This, with the fact that the symptoms do not appear to depend necessarily on the amount of acidity and may be absent when it exists to a very high degree, seems to indicate that in these cases it was the local manifestation of a general state of nervous irritability. This was the view taken by Kaufmann, Stockton and Musser, each of whom have reported similar cases. The practical bearings of this on the treatment are obvious, as that for the neurosis must differ from that of cases due to ulcer, retention or hypersecretion. Steele finds a liberal mixed diet non-irritating to the sensitive mucosa, and the use of nerve sedatives, together with agents to relieve acidity, most useful. His experience also agrees with that of Musser as to the value of nux vomica, in doses slowly ascending to the physiologic limit, in the treatment of these cases.

The Present Status of Brain Surgery. M. A. Starr, considers that sufficient time has elapsed to enable us to estimate the value of brain surgery for the relief of tumours, epilepsy and abscess with considerable accuracy. He contributes an interesting review of recent achievement in brain surgery, to the *Journal of the American Medical Association* of September 22nd. It is only in localized Jacksonian epilepsy (about 2 per cent. of all cases), that operation is indicated and in only about 20 per cent. of these is it successful. Trephining for epilepsy, therefore, is of very

limited application and is only to be recommended in a few selected cases which present the necessary guide to both physician and surgeon. In abscess of the brain, early operation at soon as the condition is diagnosed is imperative, and in cases of skull fracture or concussion followed within two or three weeks by symptoms suggestive of abscess, even if there are no localizing symptoms, trephining is imperative. There are many regions of the brain, injuries of which are associated with no localizing signs. In abscess due to chronic otitis, operation is demanded as soon as the diagnosis is made. While statistics show the percentage of recoveries after operation for cerebral abscess at present is only about 60 per cent., there is every reason to believe that it will be much greater when early diagnosis and immediate operation is the rule. In brain tumour with positive localizing symptoms, operative interference may be warranted, but in the far greater number, without localizing symptoms, operation promises nothing. Postmortem statistics indicate that about 10 per cent. of brain tumours are open to surgical treatment, and that the best results may be expected when the growth is located near the Rolandic or Sylvian fissures, and the highest mortality when it is in the cerebellum. The proposition to afford relief in inaccessible tumours by making a considerable opening in the skull to relieve pressure, may be of value in some cases. Starr mentions one of his own obervation in which this procedure was of benefit and two others in which it failed. In cases of extradural hæmorrhage from traumatism, with symptoms of intracranial pressure, slow pulse, steady rise in blood pressure, deepening coma, Cheyne-Stokes respiration, and increasing hemiplegia, all appearing within six hours of the injury, trephining is sufficiently clearly indicated. The hæmorrhage is usually from the middle meningeal artery, hence a large trephine opening, or a large, bony flap should be made in the area just above the ear. In apoplexy Cushing has applied successfully, in hospital cases, the test of the condition of the blood tension in determining the need of surgical intervention to save life. When the blood pressure rises steadily to 250 mm., measured by the Riva-Rocci or the Janeway apparatus, in a case of apoplexy, and when coincidently with this there is a slow pulse falling to 50 a minute it may be said that the case will be fatal unless pressure is relieved by a considerable opening in the skull, without regard to the finding or removal of the clot. The best place for this is over the motor area of the side opposite the paralysis, as the clot may be there. Cushing's cases show that this operation may sometimes save life in an otherwise hopeless condition. Cushing has also treated

surgically with success, new-born infants who, after a difficult labour, have suffered an extradural or intradural hæmorrhage. Such infants usually die, or if they survive, are defective, hemiplegic, idiotic, etc., and any measure for their relief is justifiable. It is easy in these cases to relieve intracranial pressure by opening the sutures of the parietal bone with scissors, and his success warrants urging obstetricians to consider this operation in the case of asphyxiated infants of the class described above Obstetricians see these cases, and if they are convinced that delays are dangerous, the percentage, Starr says, of idiocy and hemiplegic epilepsy will certainly be reduced. The last class of cases of cerebral hæmorrhage suitable for trephining is that in which hemiplegia or hemianopsia develops slowly after an injury and does not come to its height for three or four days. In these there is probably a surface hæmorrhage from a vein in the pia mater and lumbar puncture will probably reveal blood in the cerebrospinal fluid. The symptoms may progress and threaten life, or come to a standstill, leaving the patient permanently incapacitated. In either case surgery is indicated. Starr refers here to a case of this kind in which a clot was removed from the lower third of the Rolandic fissure with good results, and remarks that many other similar cases, equally successful, could be cited. In conclusion he refers to the methods that have been recommended and employed to cure microcephalic idiocy by relieving pressure on the brain and permitting its expansion. Experience has shown the uselessness of such surgery, and it is no longer recommended.

EXTENSIVE BURN FROM LIGHTNING

By W. H. MACDONALD, M. D.,

Rose Bay, N. S.

(Read at meeting of Medical Society of Nova Scotia, July 4th, 1906.)

MY reasons for reporting the case are three: 1st, the unusual way in which the injury was received; 2nd, the extent of body surface involved; 3rd, the after effects.

HISTORY OF ACCIDENT.—The patient, Mr. A. M., aged 66 years, farmer and fisherman, was a strong and very active man. On the day previous to the accident he had walked several miles to look after his cattle. Remained with his son's family over night on his way home. In the morning about eight o'clock, during a heavy lightning storm, he went out to the stable, and while he was leaning against one of the frame posts of the barn, lightning struck the peak of the barn, followed down the post and passed through or over the body of my patient completing the circuit with the floor and ground, setting the barn afire, and incidentally doing the same to Mr. M.

The lightning shock threw him to the floor unconscious. He was carried to the house at once; the only sign of fire about him being a slight burn of the beard. He remained totally unconscious for over one hour. At times those watching him thought him to be dead. After an hour he showed signs of returning consciousness, giving a moan. The man who was with him testified that the odour of sulphur from his breath and body was unbearable. He remained in this state of semi-consciousness for about half an hour longer, when he quickly recovered and stood up on his feet.

Patient at once complained of great pain in palms of hands and numbness of the body generally, the pain in hands being so severe that he could not sit still but kept walking the floor lamenting, in which position I found him when I arrived on the scene about two hours after the injury had been received.

I found him as described above, complaining only of the pains in hands and wrists. He had no idea at that time that he had been burned, and there was no external evidence of the fact. There was no paralysis.

I gave him what relief I could, and when he felt better I took a look at the ruins of the barn and was preparing to leave for home, when I was hastily called back to the house and notified of a discovery. The patient had asked a clergyman, who was present, to offer prayer, and when they were on their knees the reverend gentleman, who does not go through life

with his eyes closed, noticed that the heel and upper of our kneeling patient's left boot were considerably burned. The prayer was quickly concluded and attention again directed to our man.

We at once very carefully removed all the clothing and to our great astonishment found that there was an extensive and quite severe burn to deal with.

The outer clothing was not injured, but the woollen undershirt, drawers and one sock were badly scorched, and the skin of the neck, trunk and legs seriously burned. Classifying the burns according to Dupuytren's six degrees—in severity they ranged from the first to the fifth degrees, the greater portion being of the third degree, viz., destruction of the cuticle with part of the true skin.

The surface burned included the right ear, right side of neck, spreading out here to take in all the front of the chest and abdomen, extending from anterior axillary line of right side to the posterior axillary line of the left side, over the right groin, penis and scrotum, down the left leg spreading out as it descended, till at the knee it included the whole lower leg and heel. There were also occasional burnt areas about the size of my hand on the right and left arm, right leg and lumbar region. I am safe in stating that that one half of the surface of the body had been more or less burned. The chest, abdomen and lower part of left leg were most deeply burned, and the neck the least injured.

The room had previously been well warmed and patient was fairly comfortable, complaining not of the burn, but still of the pain in the arms. There was no evidence of great shock, pulse being about 100.

TREATMENT.—The treatment was directed toward the restoration of depressed vitality, relief of pain, limitation of resulting inflammation and prevention of septic infection.

As it was the only available and adequate application to be had, I mixed up a quantity of carron oil, of linseed oil and lime water, and saturated with this clean linen cloths and laid over the wounds, covering as much as possible with absorbent cotton, old linen and bandaging. When we were through the bandages covered every portion of the body, with the exception of one lower leg and forearm. Patient was put on light, nourishing diet and kept warm.

Next day the condition was fair, pulse 100, temperature 99°. Dressings were changed without much difficulty. Blisters, which were almost everywhere, were carefully opened to allow serum to escape. As to the dressings—from this time on the dressings were varied to suit the condition and depth of burn, and there was a good opportunity to observe the efficacy of the various applications. For the less severe burns, those

of the second and third degrees, I used largely sterilized gauze wrung out in saturated solution of picric acid (one and one-half drams with three ounces of alcohol in two pints of water, about 1 in 180), using rubber gloves to prevent staining the hands. This I found an excellent dressing, relieving the pain, being antiseptic, and hastening the formation of new skin. The picric acid hardens the scab of epithelial cells and the scar beneath is smooth and supple.

On the deeper burns, carron oil with creolin did fairly well. Among the antiseptic dressings used were vitogen, which proved very serviceable, iodoform and boracic acid, campho-phenique, and Saratoga ointment—made up of boracic acid, zinc oxide and eucalyptol. Sterilized gauze, oiled silk, absorbent cotton, and the usual dressings were used. For cleansing the wounds, either boracic solution, listerine or weak carbolic solution was adopted.

The wounds ran the usual course. Sloughs formed, and in the deeper ones there was considerable suppuration with offensive odour. Here vitogen proved helpful, stimulating sluggish granulations. After the first week carron oil was discontinued. Some of the sloughs, being very deep, took weeks in separating. If removed early profuse bleeding resulted.

The condition three months after the injury was: wounds all healed except on left lower leg, where small blisters were continually forming, leaving punched out cavities which granulated slowly.

On the second day after the injury that which we dreaded made its apperance, viz: nephritis, and gave us trouble for about a week. Urine was high coloured and scanty,—containing albumin in quantity, pains in head and back, dropsy of the face and feet, vomiting and slight delirium. Free catharsis, ice to head, milk and water diet, etc., had desired effect and the symptoms gradually subsided.

Then when the sloughing was in progress the temperature would run up. The pulse became rapid, and general treatment would be demanded.

The accident occurred October 25th, and on November 18th (24 days after) patient was able to be driven to his home about eight miles distant.

The danger from the burn was passed,—wounds were healed or were healing nicely leaving good scars, with no contractions nor deformity except three small keloids on the abdomen and on groin.

But there was still trouble; and a disagreeable feature is that this complication is present yet to the great distress of the patient. The pains of which he first complained persist. Pains in arms, legs and abdomen, numbness with tingling and needle-sensations in legs and hands, hands rapidly changing from hot to

cold, and other symptoms resembling multiple neuritis. Treatment has been given along different lines but to little purpose. At times nepenthe with cascara gave fairly satisfactory results. He went to the Victoria General Hospital, where he was given the agreeable advice to try the effect of whisky. He came home with a demijohn and gave it a more faithful trial even than he had given previous treatment, but it was of no benefit. At present the patient shows wounds all healed with smooth supple scars and a few small keloids which cause no discomfort, but he complains of the constant pain and numbness with peculiar sensations. He has a fair appetite and sleeps well at night. His mental status (never any too stable) at times is not all that could be desired. A neurasthenic condition, along with the neuritis, makes him complain considerably.

In conclusion, after looking up several authorities I find that a burn covering over one-third of the body nearly always terminates fatally, so Mr. M. did well to recover from a burn extending over one-half of the surface of his body, thanks no doubt to a fine constitution, even though the after effects resulting from the electric shock are so unpleasant.

TRAUMATIC RUPTURE OF ILEUM WITH CYST OF SPERMATIC CORD.

OPERATION—RECOVERY.

By G. CLOWES VANWART, M. D., (Univ. Penn.)

Fredericton, N. B.

(Read at meeting of New Brunswick Medical Society, July 17th, 1906.)

AT 10.30 a. m., on May 7th., 1906, I was hurriedly summoned to see the following case:

P. D.—Male, single, aged 50; address, Fredericton; occupation, truckman.

Had always enjoyed good health. At thirteen years of age he had an attack of enteric fever and had made a good recovery. His family history was negative.

When called in at 10.30 a. m. I found the patient lying on a sofa, and complaining of great pain in the abdomen. He gave the following history: At 6.45 a. m. while harnessing a horse he was kicked in the lower part of the right iliac region. He experienced little pain at the time, and finished the harnessing of his horse. He then drove to the I. C. R. station about a half a mile away, and with the help of an assistant put on a load of flour. Returning to the store he unloaded the flour alone. He now had nausea and cramp-like pain in the abdomen, and quitting work, walked to his home about a half a mile distant. He was forced to rest several times on the way, and, as he expressed it, "felt sore and weak." By 10 a. m. he had spasmodic attacks of great pain with frequent desire for a movement of the bowels, but with no result. Shortly after this I was sent for. Pulse 80, full and regular. Temperature normal. Pupils slightly dilated. The abdomen gave no external evidences of injury. On the right side above the external abdominal ring there could be seen and felt a cyst-like tumour, about the size of a hazelnut, irreducible and very tender on pressure. Pressure over any part of the right iliac region gave pain. When questioned he was very positive that the tumour was not there previous to the accident, nor had he at any time shown any symptoms which would indicate its presence. When told to point out the exact spot where he was struck, he put his hand above the internal abdominal ring. I advised an immediate surgical operation to which he gave his consent. Atropia sulphate gr. 1-60 was given hypodermically.

At 11.30 a.m. the patient was removed to the Victoria Public Hospital and the abdomen prepared for exploratory cœliotomy. The pain was now constant, very severe, and radiating through the abdomen. Just before being taken to the operating room he was given a hypodermic injection of morphia sulphate gr. ¼ and atropia sulphate gr. $\frac{1}{150}$. Ether was administered by Dr. W. H. Weaver, assisted by the male nurse and two of the nursing staff. An incision was made over the inguinal canal. The cystic tumour was connected with the spermatic cord, midway between the two abdominal rings. The internal abdominal ring was found normal. The tumour was dissected out and the peritoneum closed by interrupted sutures of catgut. The internal oblique and external oblique muscles were each united to their opposite borders. The skin was sutured by interrupted silk worm gut. The cause of the patient's serious condition was yet to be found. An exploratory cœliotomy by median incision was then made midway between the umbilicus and the pubes. The omentum was congested. Search was then made for a rupture of the intestines with the result that a ragged wound about one inch in length was found in the lower part of the ileum. There was bleeding at the mesenteric attachment, with extravasation of fæces. The parts were well walled off with gauze pads, and then cleansed with normal saline solution. The intestinal wound was closed with interrupted sutures of silk passing entirely through the thickness of the bowel in order to hold the parts firmly together. Lembert sutures were applied, inverting the first tier and covering it over completely. A gauze drain was inserted at the lower angle of the wound. Through and through sutures of silk worm gut were placed and the upper part of the incision was closed. The lower sutures were left untied and a sterile dressing was applied. The patient stood the effects of the anæsthetic and operation very well. At 1.45 p. m. he was removed to his room. Pulse 78; respirations 24.

4 p. m.—Temp. 99.4°, pulse 86, respirations 24.

11 p. m.—Quite free from pain, but complained of nausea and vomited mucus.

May 8th, 9 a. m. — Still had nausea with pain over incision.

Summary for first 19 hours following operation:

Nourishment—None.

Medication—None.

Highest T., P., R., 99.8°, 96, 22, Lowest T., P., R., 99°, 78, 20. Urine, 15 ounces. Slept 1 hour 25 minutes.

Dressing changed, considerable bloody serum. Enema ordered (soap suds, glycerine and turpentine). Result, considerable flatus and a fair fæcal movement. Cold water was allowed by the mouth.

8 p. m. — Outside dressing changed; very little serum. For restlessness ordered morphia sulphate gr. ⅛ hypodermically.

May 9th, 9 a. m.—Summary for 24 hours (second day).

Highest T., P., R., 99.4°, 92, 26.
Lowest T., P., R., 98° 80, 24.
Urine 8 ounces. Slept 6 hours.

Outside dressing changed; very little serum. For thirst, continued cold water. For gas, compound enemas p. r. n. Morphia sulphate gr. ⅛ hypodermically at bed-time to secure rest.

May 10th, 10 a. m.—Summary for past 24 hours (third day).

Highest T.,P.,R., 99.6°, 104, 28.
Lowest T.,P.,R., 97°, 80, 24.
Slept 5½ hours. Urine 15½ ounces.

Expelled flatus voluntarily. The gauze packing was removed, and a rubber tube was inserted through the lower angle of the wound. Peptonized milk was ordered.

May 11th, 9.15 a. m.—Summary last 24 hours (fourth day).

Nourishment—8 ounces, peptonized milk. Urine, 12 ounces. Slept 5½ hours. No nausea or vomiting.

Highest T., P., R., 99°, 100, 26.
Lowest T., P., R., 98.4°F, 76, 24.
Defecation—none.

9.15 a. m.—Dressing changed. Rubber tube removed and two sutures tightened. Ordered peptonized milk, 3 ounces every two hours, iced tea and enema.

May 12th., 9 a. m.—Summary for 24 hours (fifth day).

Nourishment—peptonized milk 22 ounces, iced tea 12 ounces.

Highest T., P., R., 98.6°, 80, 24.
Lowest T., P., R., 97.8°, 60, 22.
Urine 21 ounces. Slept 6 hours.

Bowels moved twice naturally with considerable flatus. Diet increased.

May 16th.—Ninth day after operation all sutures removed from both wounds. There was good union.

May 23rd.—Patient allowed to sit up in bed. Diet increased.

May 31st.—Abdominal support adjusted and patient allowed to get out of bed.

June 2nd.—Returned to his home in perfect health.

CHRONIC BILATERAL SALPINGO-OOPHORITIS

WITH MULTIPLE ADHESIONS ; LAPARTOMY ;—RECOVERY

By W. H. IRVINE, M. D.,

Fredericton, N. B.

(Read at meeting of New Brunswick Medical Society, July 17th, 1906.)

THE clinical history in this case so strongly suggests its ætiology; the pathological conditions found at operation, so clearly explain its symptomatology; and the results obtained so plainly justified the means employed, that the case may possibly be considered worthy of presentation.

Mrs. E. H., aged twenty-five, of stout habit and good physique, 5 ft. 6 in. in height, weight 127 lbs., came under my care on December 19, 1905, presenting the following history:

Mother living, good health, 54; father died of pulmonary tuberculosis at 46; had four brothers, of whom one died of phthisis, whilst the other three are living and healthy, all younger than patient.

PERSONAL HISTORY. With the exception of two attacks of pneumonia from which she made good recoveries, she has had no trouble except that under consideration. Menstruation began in the twelfth year and during her first catamenia she broke through the ice and was almost drowned. Was thereafter very ill for several months, and judging from her description of her sickness she doubtless suffered from a localized peritonitis resulting from a hæmorrhagic or congestive salpingitis induced by the cold and exposure incident to the before mentioned accident. Since then she has been a constant sufferer from dysmenorrhœa, which has increased in severity with age, always compelling her to go to bed for several days during her menses. Between periods she was troubled with utero-ovarian pains along with a series of reflex phenomena which some term "hysteria," and which diagnosis was made by at least one of her former attendants. She had been married seventeen months, but never enciente. Promptly after her marriage her general health began to further deteriorate, pelvic pains becoming so severe and constant as to preclude the performance of ordinary domestic duties. In fact ever since marriage the services of a physician became a necessity. Marital relations were followed by excruciating ovarian pains, and never agreeable. Evacuation of bowels would also at times induce pelvic pains. Backache extending between hips and down into coccyx was also a constant symptom.

Her mental condition was characterized by pressure sensation

at vertex, vague memory, absent-mindedness, irritable temper, alternating with despondent and melancholic attacks. Her husband tells me that she would sit motionless gazing into space, and at other times would pull at her hair. The facies was also expressive of long suffering and anxiety.

In the fall of 1904 she noticed that paroxysms of these abdominal pains would at times be accompanied with chills, and occasionally vomiting, though she could not be sure that the pains were greater in either iliac region.

Physical examination revealed no evidence of organic disease of the heart, lungs, or kidneys. Of course the heart was irritable pulse erratic, and digestive disturbances of neurotic nature evident.

She had compound myopic astigmatism, for which I gave her appropriate correcting lenses.

Vaginal examination showed uterus to be movable, but not freely so. Upward and literal movements of organ exerting tension on the appendages induced acute agonizing pain. The sound showed normal depth of canal. Gentle lateral movements of org in made with this instrument induced pain in either iliac region, as tension was made in either lateral direction. Leucorrhœa was present in slight degree, but never sufficient to cause annoyance. Uterus seemed to be too low in vagina, an apparent downward displacement, for which a former attendant had provided a McIntosh support, but which could not be tolerated owing to ovarian distress excited by its presence. Palpation elicited marked tenderness in either iliac region, that on the right differing in character from that on the left, and deep pressure at McBurney's point revealed decided tenderness, which along with the history of occasional chills and vomiting, suggested appendicular involvement.

I made a pre-operative diagnosis of chronic bilateral salpingo-oophoritis with probable involvement of the appendix, and on December 30th, 1905, at the Victoria General Hospital, with the assistance of Dr. W. T. Ryan, I performed a laparotomy. We employed the Trendelenburg position, and found that the omentum would not recede owing to numerous adhesions existing between its tip and the ovaries, tubes, uterus and ligaments. The tubes were thickened and tortuous, bands of adhesion binding their convolutions and ovaries together and to the broad ligament. The appendix was chronically inflamed, thickened and adherent.

We liberated the ovaries, separated the adhesions, removed the appendix, tied off the oozing portion of omentum, removing a piece about 2 x 8 inches in area, flushed the abdominal cavity with hot saline solution, leaving as much therein as could be retained, drained, and closed the wound

with through and through sutures. Drainage was employed for about one week. During her stay in the hospital she experienced her first normal painless menstruation. She was removed to her home on the seventeenth day following operation (a distance of about two blocks from the hospital) and remained in bed for about three weeks longer.

It is a great satisfaction to report that the entire train of symptoms have disappeared leaving her devoid of pain and enjoying perfect health, weighing on June 11th proximo 144½ lbs., a gain in less than six months of 17½ lbs., thus demonstrating well established clinical facts with respect to the physical and mental havoc that may prevail when the source of constant irritation involving these most important and highly organized tissues is permitted to exist, and emphasizing the necessity of the mechanical removal of such causes where the clinical features so clearly indicate and demand radical measures.

THE GOUT.

WHEN Munden at his house sometime ago,
Warned a large party from his gouty toe,
A heartless fopling drawled a long "Dear me!
I can't imagine what the gout can be."
"Then, boy!" said Joe, with pain-distorted phiz
"I'll give you some idea what it is:—
Suppose your foot fast in a blacksmith's vice,
Then turn the screw, perhaps just once or twice,
Till you the height of agony procure,
That human nature's able to endure,—
The pain of rheumatism, you thus find out:—
Give it another turn, and that's the gout."

PROVINCIAL MEDICAL BOARD

NOVA SCOTIA

REGISTRAR'S REPORT
1905-1906

DURING the past year ending June 30, 1906, the Board has had its four regular meetings but no additional sessions were required. The attendance at these meetings has been satisfactory.

A meeting of considerable interest which was accomplished during the year was the successful conclusion of arrangements by which students of the Halifax Medical College and of Dalhousie University may secure by one set of examinations the Academic Degree and the Board's License. Of the difficulties which it was feared would be connected with this arrangement, some did not arise, others were successfully overcome. It was agreed between the Board and Dalhousie College that the appointment of the examiners should be for a term of three years, and that in selecting examiners nominations should be made through a conjoint committee of members of the Dalhousie Faculty and the Education Committee of the Board. The new arrangements have necessitated one or two changes in the Rules and By-Laws of the Board.

It being finally clearly apparent that reciprocity with the mother country and the provinces of the Dominion could not be accomplished by any attempt to circumvent the British North America Act, as has been more or less the aim of the Roddick Bill. General Laurie in February, 1905, introduced a Bill which passed the British House of Commons by which provisions for such reciprocity contained in the Imperial Act of 1886 were so amended, as to enable reciprocal arrangements to be entered into with individual provinces as well as with the Dominion Federal Government. Acting under this amendment application was made to the Privy Council of the United Kingdom in December last, to have Nova Scotia declared a British Possession to which the new Act of 1886 and the amendment of 1905 applies, and on the 11th of May last an Order-in-Council was passed making this declaration. The matter was referred to by the President in his address at the May meeting of the General Medical Council as follows:

"In November I called your attention to the probability that some of the Canadian Provinces might, in pursuance of the amending Medical Act of 1905, make application for the extension to them of the privileges of medical reciprocity with the United Kingdom. The first to seek admission is the Province of Nova Scotia. His Majesty the King has been satisfied that the provincial laws afford an equitable basis for the grant of reciprocal privileges, and according on May 11 an Order-in-Council was made applying Part II of the Medical Act, 1886, to that part of the Dominion of Canada. I have already forwarded a request through the Secretary of State of the Colonies, for particulars of the conditions, as to study and examinations, under which medical diplomas are granted in Nova Scotia. These particulars will in due course be laid before you, in order that you may satisfy yourselves regarding the sufficiency of the qualifications, and give directions for their registration in the Colonial List.

In my own opinion it is highly desirable, in the interest of the Dominion itself no less than in that of the Empire at large, that closer professional relations should be established between the mother country and her daughter states beyond the seas. From recent Minutes of the Executive Committee it will be seen that legislation for the better control of medical practice, and for the effective recognition of our own registrable qualifications, is making constant advances in the several Crown Colonies of the Empire. It will, I am sure, be welcome to the Council should the rest of the Canadian Provinces see fit to follow the example of Nova Scotia, and so enable us to unite all the self-governing colonies with ourselves in one bond of mutual recognition and mutual privilege. I have accepted an official invitation to visit Canada during the summer, and I hope to have the opportunity of conferring with some of the authorities there, who desire further explanations of its scope and purport. It will be gratifying if the result is to accelerate the movement which, by the action of the Maritime Province, has now auspiciously begun."

The communication requesting information, etc., referred to as having been placed in the hands of the Secretary of State for the colonies for transmission to Nova Scotia in May last, has not as yet been received. In the meantime it may be well to note in this connection, that after all nothing very practical has so far been attained, and the idea which has gone abroad that Nova Scotia has reciprocity with Britain as regards Medical Registration, is at least misleading. The order passed by the Privy Council does not by any means signify as many seem to think that all persons registered in Nova Scotia can now register in Britain. It simply means that it is now open for any institution in Nova Scotia to apply for recognition of its medical curriculum and examinations for degrees, and if these are approved by the Medical Council such degrees may be registrable in Britain, and the holder will be entitled to practise in Great Britain and hold appointments in the Imperial service, etc., equally with those registered as holding regular British qualifications. As a five years course is required by the British Medical Council, it is very clear that until Canadian colleges extend their curriculum to meet this requirement, no Canadian degrees, whatever, can be registered in Britain.

Under the Penal Clauses of the Act the following cases have been dealt with by the Board :

The erasure from the Medical Register of the name and qualifications of Thomas Verner, M.D., C. M., University Victoria College, 1885 ; L. and L. Midw., K. and Q. College Phys., Ire., 1886 ; M. C. P. S., Ont., 1886 ; was ordered at the quarterly meeting held October 19th, 1905, for infamous conduct in a professional respect, he having been held as partly responsible for the death of his wife, according to the verdict of the Coroner's Jury held at Hubbard's Cove, Halifax County, January 23rd., 1905. It was also ordered that the Secretary transmit a copy of this resolution together with a copy of the verdict, to the various colleges whose qualifications Dr. Verner held and to the Boards or Councils with which Dr. Verner had registered.

Proceedings against Rev. J. W. Arnold of St. Margarets Bay, Halifax County, terminated October 28th., 1905, with a decision from the jury that insomuch as it appeared to their satisfaction that defendant did not practise for hire, gain or hope of reward, there was no violation of the Act. As there appeared to be no appeal to this decision the Board was made liable for all expenses, amounting to over two hundred dollars.

The case of J. M. Roy was concluded September 27th, 1905, at Clare, Digby, before Mr. Justice Longley; judgment being given in favor of the Board ; penalty, $70.00 with costs, amounting to $139.50, but as nothing has so far been recovered the Board is out $168.10, amount paid F. W. Nichols as legal expenses.

The case of Ira E. Dyas, charged with practising abortion, was referred back to Dr. Avard, recommending that it be brought to the notice of the Attorney General.

Complaint was made to the Board against a person styling himself Professor Cudden and engaged in irregular practice in Windsor and vicinity, but in view of the unsatisfactory outcome of proceedings as above referred to in the cases of Roy and Arnold, and similarly as regards proceedings against Whelan and Drummond last year, it was decided to undertake no new cases until an effort was made to have the Medical Act amended so as to give the Board further power to deal with such contingencies as arose in the above cases, and which practically made the Act a dead letter.

At last session of the legislature a bill introduced by the Attorney General (Mr. Drysdale) was passed without opposition, which secured that the words

"for hire, gain or hope of reward," under which Arnold, Bond and others successfully evaded the penalty of the law, be struck out of section 35 of the Act, and that a new section be introduced, giving the Board authority to obtain an injunction to stop any one against whom an unsatisfied judgment is held from further practice, which of course implies imprisonment in case of disregard of such an order. Under this section an injunction may be obtained preventing Drummond or Whelan from persisting in practice, as the Board holds an unsatisfied judgment against each of these men. It is hoped that the hands of the Board may be further strengthened by more intimate co-operation with the Provincial and the various County Medical Societies.

An effort was again made last winter, on the part of persons interested, to secure the passage of the so-called "Optician's Bill." It passed readily in the Assembly, but was again thrown out in the Upper House. In this connection it is interesting to note that similar efforts are being made by the same class of persons to secure legal standing in the Old Country, as shown by the following, also taken from the address of the President of the General Medical Conncil:

"The Lord President has forwarded for our consideration a petition for a charter of incorporation, submitted to the Privy Council by the British Optical Association, and a copy of a Bill entitled, 'The Sight-testing Opticians Bill,' now before the House of Lords. Both documents propose that powers and privileges shall be conferred on certain persons, who are not qualified medical practitioners, in relation to the diagnosis and treatment of ocular defects. As the proposals touch closely the practice of ophthalmic medicine and surgery they will doubtless receive your careful scrutiny. At my request, a confidential memorandum has been prepared on the subjects as an aid to your consideration; you will probably find it a useful summary of the facts which have to be kept in mind."

It is also satisfactory to know that the Executive Committee recommended that the Lord President be informed that the Council considered the proposed measure fraught with public danger.

Under what may be called the conjoint scheme as above referred to, Professional Examinations for the License of the Board were held in September, 1905, and April, 1906, detailed results of which are submitted as usual by the Education Committee. Briefly it may be noted that five candidates presented themselves at the Fall Examination 1905, of whom four passed, while fifteen appeared in April, 1906, of whom fourteen passed so that eighteen have been admitted as Licentiates of the Board during the year.

With regard to interprovincial reciprocity nothing new has transpired during the year. The conditions under which any registered practitioner from any province of the Dominion was entitled to registration in the North West Territories without examination have now lapsed as the two new provinces now representing the so-called Territories have adopted legislation under which a state examination

will be demanded. To what extent and on what conditions reciprocity will be granted by the new provinces is not yet apparent as the Councils have not yet completed arrangements or drawn up regulations. Dr. Lafferty, the Registrar for these Territories, has promised to send information on these points as soon as definite Regulations have been published.

The Preliminary Examinations have been held as usual with local examinations as requested at Pictou and Sydney. The following are the general results :

Date of Exam.	Candidates.	Passed.	Passed in all but one subject.	Failed.
Aug., 1905	7	5	1	1
May, 1906	4	0	1	3
Total 1905-6	11	5	2	4
" 1904-5	17	11	2	4
" 1903-4	27	13	1	13

These results show that the number of students taking the Board Examinations is rapidly decreasing, exemption being secured through certificates from other recognized examinations. It also appears that more than 33 per cent of candidates who take this examination fail to pass. Detailed results of these examinations will be found in the Examination reports herewith submitted. Including those who took the Board's Examination and those exempted from it as above, 26 names have been added to the Students Register, being one less than last year. At the Professional Examinations in September, 1905, and April, 1906, as above stated, 18 persons secured the Board's License. All of these have since been duly registered. Also J. R. Gilroy, who secured the License in September, 1904, was registered July 25, 1905, and M. R. Macdonald was registered without examination in accordance with a previous decision of the Board. In addition, the name of one person, G. P. Caldwell, was restored to the Register, making the total number of additions last year equal to 21, being one less than the previous year. During the same time 19 names were erased which is 14 more than the number removed during 1904-5, so that the Register has been increased by only two names.

The erasures during the year were as follows :

On Account of Death.

Brine, J. F.....Hazel Hill.
Cameron, W. M.....Halifax.
Carey, R. H.....Trepassey.
Currie, W. D.....Sydney Mines.
Fitch, Simon.....Halifax.
Landry, A. P.....Eel Brook.
Mitchell, Robert.....Amherst.
MacGregor, Murdoch.....LaHave.
McKenzie, G. I.....Pictou.
McKenzie, J. A.....Dartmouth.
Purcell, J. M.....Halifax.

In all 11.

Failure to Report Residence.

Angus, A. C.
Chisholm, Donald.
DesNoyers, J. J.
Dyer, J. G.
Grant, A. F.
Shaw, H. M.
Street, J. C.

In all 7.

For Infamous Professional Conduct.

Verner, Thomas.

In all 1.

The number of deaths was double that during 1904-5, but besides that the names of 7 persons were removed on account of their having removed without reporting their new residence. As this had been going on for

some time it resulted that there were quite a number of names on the register without any proper address. In accordance with special regulation the secretary had mailed a registered enquiry circular, along with a copy of the register to about forty of these persons. Corrected addresses were thus secured for about twenty. No reply whatever was received from several others, although the communications were not returned, and in the case of the seven above named circulars and registers were returned with the note that the persons could not be found.

On June 30th, 1905, the total number of names on register was 626; on June 30th, 1906, the total number of names on register was 628, making an increase as stated, of only 2 names, being 15 less than during 1904-5.

During the year the following have been added to the list of recognized colleges, viz., Hahnemann Medical College, Philadelphia; New York Homeopathic Medical College, New York; Baltimore Medical College, Baltimore; subject in all cases to the proviso with regard to preliminary examinations. The application from the Western University, London, Ont., was not allowed.

The money receipts for the year have been as follows:

I. Fees.

21	($35.00) Prof. Exam. Fees ..	$735.00
1	(25.00) Prof. Exam. Fee ..	25.00
1	(10.00) Prof. Exam. Fee ..	10.00
1	(20.00) Med. Reg. Fee	20.00
1	(2.00) Medical Registration (Restor) Fee	2.00
16	(2.00) Special Registration Certificate	32.00
8	(10.00) Preliminary Examination Fees	80.00
3	(2.00) Preliminary Examination Fees (supp.)	6.00
4	(2.00) Preliminary Examination Fees (local)	8.00
23	(10.00) Students' Registration Fees..... ..	230.00
	Total Fees ..	$1148.00

(being $59 more than last year.)

II. Additional.

Sales, Registers and Examination Papers	$8.50
Making a total of	$1156.50

All of which amount being $.5850 more than the receipts for 1904-5, has been transferred to the Treasurer and will be accounted for in his Financial Statement.

Respectfully submitted,

A. W. H. LINDSAY,
Registrar.

Halifax, July 18, 1906.

PROVINCIAL MEDICAL BOARD

In Account with

A. W. H. LINDSAY, TREAS.

Year ending June 30, 1906.

Cr.

June 30, 1905.

Balance in hand.....	$2665.06

June 30, 1906.

Received from Registrar to date	1156.50
Interest, deposit, Savings Bank..	64.70
	$3886.26

Dr.

June 30, 1906.

Preliminary Examiner's Fees...	$ 41.00
Local Examiner's Fees.....	12.29
Prof. Examiner's and Trav. Fees	364.00
Member's Attend and Trav. Fees	241.00
Legal Expenses.....	574.77
Printing, Typewriting, Stationery	79.05
Refunded Fees.....	55.00
Premium, Guarantee Bond.....	15.00
Registrar's Petty Account.....	49.24
Salary, Sec. Reg. Treas. Sup. Exams.....	500.00
	$1931.35
Balance in hand.....	$1954.91
	$3886.26

Examined and found correct.

(Sgd.) H. H. READ,
GEO. L. SINCLAIR,
Audttors.

INTUSSUSCEPTION RELIEVED BY GASEOUS DISTENSION.

By J. A. SPONAGLE, M. D..
Middleton, N. S.

(Read at meeting of Medical Society of Nova Scotia, Lunenburg July 1906.)

EARLY this spring the Secretary wrote me asking me to contribute something for this meeting. Very unwisely, as it will appear, I replied that if I could find the notes of a case, which I believe I had good reason for diagnosing as one of intussusception, and which I had the good fortune to relieve by gaseous distension of the bowels, I might give a short report of the same. In an amazing short space of time back came a letter and I saw that I was "in for it." But sad to relate those notes were so carefully laid away that I have been unable to lay hands on them, which I very much regret. So kindly accept what I have to say in a charitable spirit, as this production will be very largely from memory.

Master E., about 4, previously had good health. I was called to see him on February 27th, 1903, for what was supposed to be diarrhœa or dysentery.

HISTORY OF ATTACK. — Three days previous to my visit he had made a jump to get something out of his reach. He at once complained of pain in his left side, and for a time laid down, but soon recovered and played about again for awhile. His father noticed that he did not seem to be as well as usual, and the next morning gave him a dose of compound liquorice powder. In a few hours this seemed to operate, which result was immediately attended with increased abdominal distress and frequent and ineffectual attempts at stool. These symptoms were present on my arrival next day. I found his pulse and temperature normal, some slight abdominal tenderness, but nothing suggestive of a lump or tumour. Beyond the symptoms already mentioned, and general distress indicated by restlessness and an anxious facial expression, the symptoms were rather negative; except perhaps the passage per anus, just before I arrived, of some blood and mucus. The possibility of intussusception occurred to me, but in the absence of any lump and because of the general mildness of the symptoms, I hesitated about such a diagnosis and decided to treat the case symptomatically and expectantly. I was unable to see him the next day (it was ten miles from my home) but understood by telephone that he was apparently better, although what was supposed to be diarrhœa continued.

On March first I was called early and found my little patient to be very much worse and in great distress. The abdomen was much distended, and very tender on palpation, especially on left side. Made rectal examination; nothing abnormal noticed. Even in spite of my inability to make out a tumour, I decided that I must be dealing with a case of intestinal obstruction, due either to invagination or a twisting of the bowels. Had it been the latter, I assumed rightly or wrongly that the symptoms would have been more acute from the first; and then the former was the more likely condition at this age, and there would not likely be adhesions to cause the latter.

Having secured a fountain syringe and a long rubber catheter, I tried distension of the bowels by water. But the boy was so distressed that I had to desist, especially as I unfortunately discovered that my chloroform bottle was empty, and I could not aid this method of treatment by an anæsthetic. While considering what to do next, I glanced through the *Physician's Vade Mecum* by J. C. Wilson, M. D., as revised by Henry Tucker, M. D., which I happened to have with me, and I found this recommended for intussusception:

Sodii bicarb.

Aquæ.

Ft. Enema. Sig. Inject and follow immediately with:

Acidi tartaric pulv.

Ft. Enama. Sig. Inject immedimediately after the foregoing.—(Bartholow).

Having found a Seidlitz powder, and getting some baking soda, I proceeded with this treatment, using the fountain syringe and catheter attachment. As was stated in a note, the bowels suddenly distended and another physiological process, viz: the sudden erection of the penis, was of rather peculiar significance under the circumstances. In a very short time I was satisfied, by the marked relief of my patient's sufferings and the general improvement in his condition, that the obstruction had been removed. I gave him a mild sedative and left, seeing him again March 3rd, when, after the use of a high enema, I got a natural and a free evacuation of the bowels. From this time on he rapidly improved and in a few days was around as usual.

My excuse for offering the details of this case is the high mortality rate well known in such cases (70%). Consequently to get so prompt relief by so simple a method may be encouragement to some medical brother who, "in like destitute circumstances as myself," finds himself confronted by so serious a condition.

It is quite manifest, however, that when the invagination is pronounced and when adhesions are formed, the prospects of success are not great. For instance, I recall a case some years ago in a

very young child in which it would not likely have been of avail, though gaseous inflation was not tried as, indeed, it was not thought of. In this case, after repeated trials at distending by water had failed, the abdomen was opened, and it was found that about two and one half inches of the descending colon had slipped by and it required considerable force to get it back.

Then, again, if the case was of some standing and necrosis had advanced, such a sudden action on the rotting intestinal wall might cause a separation of the same, and the fatal termination of the case would be somewhat accelerated. Still, in spite of its limitations and the possibility of the practitioner being held unjustly responsible in case of a perforation, my experience in this case has led me to think it of sufficient importance to be placed before you with the hope that some criticism and suggestion may be the result.

To VACCINATE or not, that is the question !
Whether 'tis better for a man to suffer
The pa'nful pangs and lasting scars of smallpox,
Or to bare arms before the surgeon's lancet,
And, by being vaccinated, end them. Yes !
To feel the tiny point, and say we end
The chance of many a thousand awful scars
That flesh is heir to—'tis a consummation
Devoutedly to be wished. Ah ! soft, you, now,
The vaccinator ! Sir, upon thy rounds,
Be my poor arm remembered.

—Dr. J. F. Edwards

THE DRUGGISTS AND TUBERCULOSIS

AT the annual meeting of the Nova Scotia Pharmaceutical Society, held at Lunenburg, in June last, a paper was read by Mr. Edmund F. L. Jenner, of Digby, which well merits the attention of a much wider constituency than that to which it was addressed. Choosing for his topic "The White Plague," Mr. Jenner sets forth various reasons why the pharmacist should show interest in a disease which is being so generally discussed by people in all walks of life, and indicates various ways in which he may assist in the warfare against consumption. He states that the person who enters a drug store and asks for a remedy for a bad cough, should be advised to consult a physician. "I do not think," writes Mr. Jenner, "that there is a druggist in the Province of Nova Scotia who would allow his wife, or his children, to take their chances under the treatment of "Doctors" Shoop, Slocum or Shiloh. Why should we, men who have a professional status with the public, lend our names and influence to foist fraudulent consumption "cures" on our customers? Why should we allow our names to be inserted in the press as supporters and vendors of remedies in which we have no confidence?"

These are words which must bring a feeling of satisfaction to every physician who reads them. They show a fine spirit — one which we gladly applaud, It was our pleasure to make editorial reference, some months ago, to a very laudable stand taken by the pharmacists of Digby in the matter of certain proprietaries marketed by the large pharmaceutical houses, and it is highly gratifying to learn from Mr. Jenner's excellent paper that such preparations as Cook's Cotton-root Compound and the Shoop "remedies" are not sold in Digby, and that while a small stock of "consumption cure" is kept on hand, it is sold under protest.

Mr. Jenner very properly calls attention to the fact that it is the less well-to-do who are most likely to fall victims to the machinations of the unscrupulous patent medicine vendor. The wealthier classes consult their physicians. "The lady clerk in a small store, the country school-mistress, the run-down mechanic and the farmer are all, more or less, in the habit of consulting their druggist on matters of health. * * * The druggist is not allowed to prescribe, but no power on earth can prevent him from expressing his opinion of the merits or demerits of any preparation. In the case fo

consumption, venereal disease, and female troubles of all kinds, I believe it is my duty to tell the party who asks my advice, to go to his or her doctor without delay, and on no account to buy a proprietary remedy."

The paper appears in full in the September number of the *Canadian Druggist*, and we sincerely trust it will be widely read. Such papers must do good, not only by directing the attention of pharmacists to ways in which they may assist in the promotion of the general health, but also by tending to develop a better understanding between druggist and doctor. It is evidently Mr. Jenner's desire to foster such, and he is to be commended for the zeal and earnestness which he manifests in this laudable ambition.

SOCIETY MEETINGS.

THE Annual Meeting was held at the City Hall, on October 17th, the retiring President, W. H. Hattie, in the chair. Fifteen members were present.

After some routine business the report of the Branch Council for the year 1905-6 was read, showing that fourteen regular meetings had been held, with an average attendance of 17 members. The membership had more than doubled during the year, this great increase being chiefly due to the holding of the annual meeting of the Association at Toronto, at which this Branch was represented by over half of its members. The proposal to form a St. John Branch with its territory the Province of New Brunswick had been concurred in by this Branch Council.

This report was, on motion, received and adopted.

The hearing of the Treasurer's formal report was deferred for one month.

The election of officers for the year 1906-7 was proceeded with, resulting as follows:

President—Dr. Jas. Ross.
Vice-President—Dr. A. McD. Morton, Bedford.
Treasurer—Dr. C. M. Campbell (re-elected).
Secretary—Dr. J. R. Corston (re-elected).
Council — Drs. Doyle, Trenaman, G. M. Campbell, C. D. Murray, Walsh, Hattie and Morton, with the President and Secretary.

The election of a representative on the Central Council was postponed until a future meeting.

Dr. Hattie then vacated the chair, introducing the newly-elected President, Dr. Ross.

Under "new business" Dr. W. H. Eagar moved the following resolution:—

"WHEREAS the Government propose appointing an Advisory Board to the Council of Public Instruction;

AND WHEREAS a resolution was passed at the annual meeting of the Nova Scotia Medical Society, July, 1906, favouring a change in the present school curriculum, and suggesting medical representation on such advisory board;

AND WHEREAS many of the mental, nervous and constitutional diseases of childhood and adult life can be traced to school pressure;

Be it resolved that it is the opinion of the Halifax and Nova Scotia Branch of the British Medical Association, in annual meeting convened, that there should be medical representation on such Board; and further resolved that a copy of this resolution, together with a letter, signed by the President and Secretary, be forwarded to the Government, requesting that such an appointment be made."

After some discussion, this resolution was carried, after which the meeting adjourned.

PERSONALS.

DR. P. CONROY, of Charlottetown, has lately returned from a trip to New York.

Dr. G. T. Ally, of Charlottetown, has gone on a trip to Alberta.

Dr. John T. Jenkins, of Charlottetown, the oldest practitioner of Prince Edward Island, recently celebrated with his wife the fiftieth anniversary of their marriage. The doctor is still hale and hearty, taking an active interest in all affairs pertaining to the benefit of the provinces, agriculture and otherwise. The NEWS extends its congratulations to Dr. and Mrs. Jenkins and may their lives be spared for many years to come.

Dr. N. S. Fraser, of St. John's, left last month for Great Britain to pursue hospital work.

Dr. H. K. McDonald, of Lunenburg, has just sailed for London, where he will devote his time chiefly to surgery. During his absence Dr. A. E. G. Forbes will look after his practice.

Dr. J. F. Lessel, of this city, has also sailed for London to take up post-graduate work.

Major G. L. Foster, P. A. M. C., accompanied by Mrs. Foster, are now in England, where Major Foster will take a course at Aldershot.

Dr. H. D. Weaver, formerly of Halifax, now of Saskatoon, was united in marriage to Miss Thomas of Dartmouth, last month.

Dr. E. M. Macdonald, of Sydney, was married to Miss May MacLennan of that city, on the 3nd. inst. The NEWS extends its congratulations to both couples.

Dr. John Stewart, who has been confined to his home suffering from the effects of an attack of angina pectoris, has, we are pleased to state, improved sufficiently to take a trip to Cape Breton, where the change we trust will be beneficial.

Dr. A. C. Hawkins for some weeks has suffered from a severe attack of pleurisy, complicated by localized pneumonia. Late reports are satisfactory, but the disease is running a very slow course.

Dr. J. S. Carruthers, formerly of Sydney Mines, has moved to this city, and now occupies the office of the late Dr. Cameron, Pleasant Street.

Dr. K. A. McKenzie, lately of Springhill, has opened an office on Gottingen Street, this city.

Dr. F. W. Goodwin recently moved to 48 Morris Street, having purchased the house formerly occupied by Dr. Farrell.

Dr. E. D. Farrell has moved his office to 34 Morris Street.

Dr. J. A. Sutherland, of Springhill, returned from London last month, where he had been doing post graduate work. On his return he was united in marriage to Miss McLeod at St. John. The NEWS extends its congratulations.

Dr. W. Bruce Almon will have the sincere sympathy of his confrères, in the death of his mother, which occurred on the 16th. inst.

Dr. C. L. Bowles, has just left Harbor Breton, Newfoundland, to take up practice at Ashton, Ont.

OBITUARY.

DR. FRANCIS P. TAYLOR.

THE sudden death of Dr. Francis P. Taylor, which occurred on Sept. 16, 1906, was a serious shock to the city of Charlottetown. His familiar figure was seen as usual on the streets that day. On the evening of September 16, he retired early. About nine o'clock he was taken ill. Dr. S. R. Jenkins who lives next door was hastily summoned, and used his best efforts and skill, but all was unavailing; at half past nine Dr. Taylor breathed his last.

THE LATE DR. FRANCIS P. TAYLOR.

Francis Perley Taylor was born at Studholm near Sussex, New Brunswick, and received his early education in that neighborhood. Having chosen the medical profession he proceeded first to Pennsylvania Medical College at Philadelphia, where he graduated M. D. in 1857. He afterwards studied at Edinburgh and London, and became a Licentiate of the Royal College of Physicians, Edinburgh, in 1867, and a Fellow in 1873, having received the certificate of British Registration in 1867. Returning to his native land he began practising in Sussex with most marked success. No labor and effort seemed to him too great in the interests of his patients. Night and day he was unremitting in his toils for the afflicted. In 1869 he removed to Charlottetown where his energy, promptness and skill as a physician and surgeon soon brought him to the very first rank in the profession. This greater success seemed to urge him constantly to still higher attainments in medical science. On various occasions he visited the hospitals of New York, London and Paris, in order to quicken his knowledge and qualify himself the better for his work. On such occasions he sought out the great masters of the profession and obtained their opinion on different points. This great interest taken by Dr. Taylor in his patients and

their diseases was sustained to the very last. And as the curtain fell and closed his long and honourable career forever, he was found engaged on important professional cases.

Dr. Taylor was for a number of years a member of the Medical Council of Prince Edward Island and for several terms its President. He had also served as President of the local Medical Society and was a former President of the Maritime Medical Association. Some months ago he had been appointed the P. E. Island representative on the editorial staff of the MARITIME MEDICAL NEWS.

Dr. Taylor was no ordinary man. Endowed by nature with talent and ability he did not hide his light under a bushel. He had the courage of his convictions. At the same time he had a mind ever open to truth, and possessed in a high degree that critical and logical faculty which enabled him dispassionately to examine and weigh evidence.

The Prince Edward Island hospital to some extent owes its existence and success to his benevolence, care and attention. He took a great interest in educational matters, and at the time of his death had been for many years a member of the City School Board of Trustees. He ever held high ideals of life before the young, and sought to inspire them with a love of the noble, the beautiful and the good. As a Methodist, he tributed largely to the funds of the church. Possessed of good financial ability, the deceased dies a comparatively rich man.

In 1869 Dr. Taylor married Mary Ann Heartz, youngest daughter of Richard Heartz, Esq. His wife and four children, three sons and one daughter, survive.

We are indebted to the *Charlottetown Patriot* for most of the above.

DR. EDMUND MOORE.

The following from the *Moncton Transcript* recounts the death of an esteemed member of the medical profession, resident in Salisbury, N.B., viz.: Dr. Edmund Moore:

It was with feelings of deep sorrow that it was learned on Monday, Sept. 10th, that Dr. Edmund Moore, who had been in failing health for some time, had passed away. Dr. Moore

THE LATE DR. EDMUND MOORE.

had been practising his profession in Salisbury for thirty years, and leaves a splendid record behind him, not only as a skilful physician and surgeon, but as a Christian gentleman and good citizen. He took an active interest in Church and educational matters, was a staunch temperance man, and his death removes one of our very best and most highly esteemed citizens.

Deceased had been very faithful to his profession and to his patients. It is doubtful if during his long and successful practice he had taken a week's holiday during the whole time. For many years he was the only physician in the place, and it was almost impossible for him to take a rest. Never a very strong man, the long and steady strain of a large country practice, gradually undermined his health and at the age of 62 years his life's work ends. In religion he was a Presbyterian and in politics a Liberal.

The late Dr. Moore was born in Economy, Colchester Co., N.S., in 1843. He graduated from Dalhousie Medical College in 1847. He was a class mate of the late Dr. Wm. Muir.

Dr. Moore leaves a widow and five children, Mrs. M. H. Chapman, of Chicago, Clarence L. a teacher in Pictou Academy, Edgar A., a druggist in Seattle, and Harriet and Mildred at home.

DR. JAMES STEWART.

The death of Dr. James Stewart, of Montreal, took place at his residence on the 6th inst. from apoplexy.

Dr. Stewart has been seriously ill for almost two weeks and death was not unexpected. Although he rallied once or twice in a manner calculated to inspire a small hope that the end might still be some distance off, he scarcely regained consciousness at all, but lay in a semi-comatose state, the whole of his right side being paralyzed.

Although the health of the distinguished physician had been poor for almost two years he had in the main, until this last illness, been able to attend to his practice.

Dr. Stewart was born at Osgoode, Carleton County, on November 19, 1846, the son of Mr. Alexander Stewart, and was therefore at the time of his death, within a month of his sixtieth birthday. Much younger than the average medical student, Dr. Stewart began his studies at McGill, and when but twenty-two years old, he was graduated M. D. He did not then begin the practice of his profession, but instead spent some years in Europe, at London, Edinburgh, Vienna and Berlin. In these Capital cities he made special study of nervous diseases. He was admitted Licentiate of the Royal College of Physicians and Surgeons in 1883.

On his return to his native soil Dr. Stewart practised for several years at L'Original, Varna, and Brucefield, successively. From the last of these places he came to Montreal, where he resided ever since, and where he built up an extensive practice.

Dr. Stewart has held many positions, active and honorary, in the medical world, during his career in this city. Until 1891 he occupied the chair of Materia Medica and Therapeutics at his Alma Mater. In that year he succeeded Dean Ross in the chair of Medicine and Clinical Medicine.

For ten years Dr. Stewart was connected with the work of the General Hospital. On the opening of the Royal Victoria Hospital he was appointed Chief Physician of that institution, and was also a member of the National Sanitorium, at Gravenhurst.

Dr. Stewart was chairman of the section on Medicine at the second Pan-American Congress, held in 1896, at Mexico, and the following year was elected vice-president on the section on Medicine, when the British Medical Association met in Montreal.

Further honor came to him when in 1903 he was elected President of the Association of American Physicians.

In the leading medical journals of this continent Dr. Stewart published many valuable articles on the treatment of diseases of the nervous system.

For many years Dr. Stewart, who was of Scotch descent, was a prominent member of St. Andrew's Society. In 1897 he was elected Vice-President of that organization and subsequently became its President.

Dr. Stewart was never married, and although he was a keen student of current affairs, his life devotion was his profession.

He was a member of the Presbyterian Church and in politics a Conservative.

That Dr. James Stewart, was held in high estimation in the community in which he spent the best years of his life was evidenced by the large and representative concourse which attended the funeral. The remains were conveyed from the family residence to St. Paul's Presbyterian Church, Dorchester Street, where Rev. Dr. Barclay solemnized the service.

In the cortege that followed the body from the house to the church were many of the most prominent citizens of Montreal. Amongst those who paid their last respects to the deceased were the most noted members of the medical profession in Montreal, many of the students taking the medical course at McGill, and a large number of members of St. Andrews and the Caledonian societies, of which organizations Dr. Stewart was a member.

Subsequent to the obsequies, the remains were taken to the Windsor station, and at 4.25 the C. P. R. train took them to Winchester, Ont., from which place they were conveyed to Osgoode, where interment took place.

To all so sorely bereaved the NEWS extends its deep sympathy.

CURRENT MEDICAL LITERATURE.

GASTRIC SURGERY, being the Hunterian Lectures delivered before the Royal College of Surgeons of England, on February 19th, 21st, and 23rd, 1906. By HERBERT J. PATERSON, M. A., M. B., B. C., (Cantab.), F.R.C.S. (England), Hunterian Professor of Surgery and Pathology, at the Royal College of Surgeons, Assistant Surgeon to the London Temperance Hospital.

London: Bailliere, Tindal & Cox. Canadian Agents: J. A. Carveth & Co., Toronto. Pages: 178. Price: $2.00.

No better instance could be afforded of the rapid advance in the surgery of the alimentary tract than the fact that within six years of the delivery of the Hunterian Lectures on the Surgery of the Stomach by so eminent and so thorough a worker as Mayo Robson, another course of Hunterian Lectures on the same subject should be again delivered in London, the choice of subject being amply justified by the advances made during the interval, in pathology and technique, as well as by the rapidly accumulating body of statistics.

The author devotes nearly one third of his work to a consideration of gastro-jejunostomy, an operation which he justly regards as the "keystone of gastric surgery." It is simple, radical, and applicable to many and various diseases of the stomach. He has collected 2,500 cases of this operation with a mortality of 30 per cent. But this series not only extends over nearly twenty years, including the pioneer operations, but contains the results of many operators, experienced and otherwise. The mortality of the operation at the present day is very much less and in the hands of experienced and skilled operators, it is one of the most successful in surgery. For instance, in a series of posterior gastro-jejunostomies, in both simple and malignant cases, by Mayo Robson, the mortality of the operation was 3.7 per cent., the Mayos of Rochester, Minn., had 307 operations in non-malignant cases with a mortality of 6 per cent.; while in Moynihan's last series of 100 cases in non-malignant disease, there were no deaths.

One of the most serious complications of this operation in the earlier cases was regurgitant vomiting, and it was thought this was due to bile passing into the stomach through the upper limb of the loop. Experience has shown that this is not the case, and Mr. Paterson expects the dictum of French surgeon Terrier, who considers this complication is due to faulty technique, in providing too small an anastomotic opening, or permitting too acute a flexure of the intestive at the junction with the stomach.

The value of any operation must be determined by the touch stone of efficiency, and the results of this operation, as shown in a table, of 116 cases performed for non-

malignant disease, (all who could be traced of 247 hospital cases) are very good. They are thus tabulated:

Unsatisfactory,	8
Fair result,	12
Cured,	96

And this list goes over nearly 20 years. The earliest case is one of Fritzsche's, done in 1887 for supposed malignant disease. The patient was quite well in January, 1906, nineteen years after. Another case of Fritzsche's for pyloric stenosis is well and free from gastric trouble eighteen years after operation. In this table of 116 cases, the majority have been cases of pyloric obstruction, but others are for gastric ulcer, hæmatemesis, dilated stomach, duodenal ulcer and persistent vomiting. The author strongly recommends that gastrojejunostomy should be done in cases of gastric ulcer, perforation of gastric ulcer and gastric hæmorrhage; indeed, he argues for the superiority of the results of this operation in the treatment of gastric hæmorrhage.

One of the most interesting sections of this book is that in which the method of operating is discussed. The majority of operators have, in recent years, preferred the posterior operation (von Hacker's) Mayo Robson and Moynihan, perhaps the most successful operators in this department, strongly advocate it. Paterson argues, and with marked ability, in favour of the anterior operation and adds statistics in its favour. A very interesting discussion took place in the medical press between him and Mr. Moynihan, after the appearance of these lectures. "Who shall decide when doctors disagree?" We shall leave this question to the arbitrament of Father Time, who, however slowly he may proceed in some respects, appears to be using his seven-league boots when he makes the tour of operating theatres.

A consideration of gastric ulcer and its complications occupies about one-third of the book. The question is asked, "When should surgery interfere in the treatment of chronic gastric ulcer?" And it is answered in this way. First, by medical treatment barely 25 per cent. of cases are cured, while the mortality under treatment is about 20 per cent. Secondly, the mortality of the operation of gastrojejunostomy, the operation of election in this class of cases, is about 3 per cent. and, thereby, statistics show that there is a prospect of cure in about 83 per cent. of non-malignant ulcers of the stomach, by surgical treatment.

The following is the conclusion at which the author arrives:

"If after six weeks complete rest on a milk diet, a further period of six weeks on a milk diet with comparative rest, followed by three months careful dieting, the patient is not free from definite symptoms, or if after apparent cure the patient has a relapse, operation is probably

in the best interests of the patient."

The remaining lecture is chiefly occupied with a consideration of the doleful subject of cancer of the stomach. Stress is laid on early diagnosis and early operation, and the results of the more recent operations are surprisingly good. To those who may have thought that excision of the stomach for cancer is a feat of brilliant and useless surgical gymnastic, it was a surprise to know that of 27 total resections of the stomach for cancer, 17 patients recovered from the operation; the shortest duration of life after the operation was, in three cases, seven, nine, and thirteen months, while cases are still alive, in good health and fit for work, from two to eight years after operation.

There is a chapter on the preparation of patients for gastric operations, and on the method of performing gastrojejunostomy, and there is a series of tables of statistics of various operations and their results.

This book is one which every practitioner should have. It is not only a useful guide and aid to the surgeon, but in its consideration of the various diseases of the stomach which may be relieved or cured by surgical methods, in its discussion of ulcer, hæmorrhage, perforation, hyperacidity, dilatation and malformation, and of cancer, it will prove a great help to every practitioner.

The quality of the paper, the clearness of type, and the excellence of the few illustrations add to the value of the work.

INTERNATIONAL CLINICS: A Quarterly of Illustrated Clinical Lectures and Especially Prepared Articles on the Various Branches of Medicine. Edited by A. O. J. KELLY, A. M., M. D. Volume II., sixteen series, 1906. Published by the J. B. Lippincott Company, Philadelphia and London. Canadian Representative, Charles Roberts, Montreal.

What can we say more than we have said of past issues of this most excellent quarterly? Every number is replete with good things, and the one under review is not one whit behind its predecessors. In the 300 pages, we find no less than 25 articles, and it is difficult to say which is of greatest value. There must be something in such a menu which will satisfy everyone's taste in the matter of medical literature. Of especial interest to the writer are articles by Delancey Rochester, on Prognosis and Treatment of Chronic Valvular Diseases of the Heart; by James M. French, on Prevention and Treatment of Acute Nephritis; and two articles dealing with Pulmonary Abscess, one by James M. Anders and George E. Pfahler, the other by Frederick T. Lord. In an article entitled Miscellany from the Paris Medical World, Cecil Kent Austin calls attention to the use of X-rays as a social question, noting the power they have of producing sterility.

In this connection he makes the significant suggestion that there is urgent need for putting the application of the X-rays to men under proper control. A field is open to the unscrupulous charlatan, which will doubtless be cultivated with assiduity if proper legal measures are not instituted. Among the papers on surgery is one of note, by William L. Rodman, on Tumours of the Mammary Gland.

A COMPOUND OF OPERATIVE GYNÆCOLOGY. By WILLIAM SEAMAN BAINBRIDGE, M.D., compiled with additional notes, in collaboration with HAROLD D. MUHER, M.D. 12 mo. cloth, 76 pages. Price, $1.00. Published by the Grafton Press, New York City.

The primary object of this little book is to serve as an aid to the students taking the course in operative gynæcology on the cadaver, given by Drs. Bainbridge and Muher, at the New York Post-Graduate Medical School. The more common operations are described very concisely, and, in the main, very well. The book is in no sense of the word a text-book, but might prove useful in review work, and for hurried reference when the systematic treatises are not available, and thus have a wider sphere than was originally intended for it.

BOYS ON CORONERS.—A practical treatise on the Office and Duties of Coroners, in Ontario and the other Provinces and Territories of Canada, and in the Colony of Newfoundland, with Schedule of Fees, and an Appendix of Forms. By WILLIAM FULLER ALVER BOYS, LL. B., Junior County Court Judge, Simcoe, Ontario. The CARSWELL Co., Law Publishers, etc., Toronto.

The above work, which has reached a fourth edition, deals in a clear and satisfactory manner with the office and duties of coroners. It is of interest to medical men as well as to the legal profession. The work as it now appears has been thoroughly revised and brought down to date with regard to all the provinces of Canada and the Colony of Newfoundland. Though intended mainly as a guide to Coronors, it contains many points of interest to the student of medical jurisprudence, and its perusal cannot fail to be of service to medical men when called upon to give evidence in courts of law. From this standpoint alone it should be in the library of every up-to-date practitioner.

Messrs. P. Blakiston's Son & Co. announce the preparation of a new edition of Morris's Anatomy to which, for the first time in the history of the book, American anatomists will contribute articles and revisions. Prof. McMurrich, of the University of Michigan, has assumed the American editorship and will have associated with him several well-known American teachers of anatomy. The work will thus be international in character. Several new and valuable features are promised.

Among the new editions issued by the Messrs. Blakiston during 1905 the following are noted:

Bailey & Cody's Quantitative Analysis; Bartley's and Medical Pharmaceutical Chemistry; Binnie's Operative Surgery; Burnet's Food and Dietories; Coplin's Manual of Pathology; Crocher's Diseases of the Skin; Da Costa's Clinical Hematology; Deaver's Appendicitis; Greene's Medical Examination for Life Insurance; Hughes's Practice of Medicine; Kirke's Physiology; Lee's Microtomists Vade Mecum; Leffmann & Beam's Food Analysis; Leffmann's Analysis of Milk and Milk Products; Potter's Materia Medica, Pharmacy and Therapeutics; Sayer's Organic Materia Medica and Pharmacognosy; Schamberg's Diseases of the Skin; Tanner on Poisons; Wilcox's Pharmacology and Therapeutics; William's Bacteriology.

BACTERIOLOGICAL WALL CHART FOR THE PHYSICIAN'S OFFICE.

One of our scientific, and artistically produced, bacteriological charts in colors, exhibiting 60 different pathogenic micro-organisms, will be mailed free to any regular medical practitioner, upon request, mentioning this journal.

This chart has received the highest praise from leading bacteriologists and pathologists, in this and other countries, not only for its scientific accuracy, but for the artistic and skillful manner in which it has been executed. It exhibits more illustrations of the different micro-organisms than can be found in any one text book published.

M. J. BREITENBACH CO.,
New York.

[This chart is worthy of high commendation, and the generous offer of the publishers should be embraced by all our readers.—Editor NEWS.]

EXTRACTS FROM A PAPER ON SELF-PRESERVATION.

By G. W. PENN, M. D.,
Humbolt, Tenn.

In the Memphis Medical Monthly.

AND now regarding the "great white plague," consumption, so called because those affected waste away, and lose their strength and the rosy hue of health. What would you think if one person out of, say fifty, were to be shot at some time of their lives? you would be justly indignant at such a useless and brutal waste of life; and yet it is an appaling fact that one out of every eight people born into the world dies of this one dread disease alone. And it could be prevented; it is not a hereditary disease as was formerly supposed, but contagious, and to you bright children, who are soon to be men and women, we appeal, as you love your dear ones at home, as you should and doubtless do, love all mankind, to help in this battle royal against an enemy that has killed, and is killing, more people in their years of youth and hope, than all the battles the world has known from Marathon to the Russo-Japanese war. Then obey carefully the following rules in the first principles of the prevention of consumption, compiled, with some additions, by DR. S. A. KNOPF, of New York, a specialist on this subject:

(a) Do not spit, except in a spittoon or a piece of cloth or a handkerchief used for that purpose alone. On your return home have the cloth burned by your mother or the handkerchief put in water until ready for the wash.

(b) Never spit on a slate, floor, sidewalk or playground.

(c) Do not put your fingers in your mouth.

(d) Do not pick your nose or wipe it on your hand or sleeve.

(e) Do not wet your fingers in your mouth when turning the leaves of a book.

(f) Do not put pencils in your mouth.

(g) Do not hold money in your mouth.

(h) Do not put pins in your mouth.

(i) Do not put anything in your mouth except food and drink.

(j) Do not swap apple cores, candy, chewing gum, half-eaten food, whistles, bean-blowers or anything that is put in the mouth.

(k) Peel or wash your fruit before eating it.

(l) Never cough or sneeze in a person's face. Turn your face to one side or hold a handkerchief before your mouth.

(m) Keep your face and hands and finger nails clean; wash your hands and face with soap and water before each meal.

(n) Do not kiss anyone on the mouth or allow anybody to do so to you.

(o) When you do not feel well, have cut yourself, or have been hurt by others, do not be afraid to report to the teacher.

(p) Be just as careful and cleanly about your person at home as at school.

(q) Clean your teeth with toothbrush and water, if possible, after each meal, but at least on getting up in the morning and going to bed at night.

(r) Do not buy or use a second-hand book; it may contain germs of scarlet fever, diphtheria or consumption. We need a state law preventing the sale of such books.

(s) Never use a duster in house cleaning; it only fills the air you breathe with impurities, and again settles on the articles in the room. Use, instead, a damp cloth to wipe away the dust.

(t) Never sweep an uncarpeted floor without first sprinkling it with clean water; better still, wipe it with a damp cloth.

(u) Scatter wet pieces of paper on carpeted floors before sweeping to prevent raising a dust.

(v) If possible do not drink from a vessel containing water, but from a running hydrant; if this is not convenient, use one dipper to take the water from the bucket or vessel and pour it into the one from which you drink. This is to prevent saliva from the lips and tongue being washed from the dipper into the bucket, and drunk by others using the same water.

(w) Learn to love fresh air and learn to breathe deeply and to do it often.

And lastly, spread this gospel of health, and as you grow, more closely study its laws, for nothing of a worldly nature gives as great happiness to man as a sound mind in a sound body. You will thereby assist in conferring this priceless boon on your fellows, and as the story of ABU BEN ADHEM in this beautiful couplet says:

"Midst those whom love of God has blessed
The lover of his kind leads all the rest."

PRESENTATION.

The following has been sent for publication on receipt of a handsome ornamental parlour clock recently presented to Lt.-Col. J. A. and Mrs. Sponagle by the Medical Officers of Aldershot Camp, 1906:

MIDDLETON, N. S., Oct. 25, 1906.

To Major Ross and Medical Officers of Camp Aldershot, 1906:

On behalf of myself and Mrs. Sponagle allow me to thank you most heartily for the beautiful gift received to-day, as a wedding present.

My recollections of the camp of 1906 are very pleasant, and the zeal which you, gentlemen, displayed in the exercise of your duties, received well merited praise from the various inspecting officers and of which I was very proud.

Sincerely and gratefully yours,

J. A. SPONAGLE,
Lt.-Col. A. M. C.,
P. M. O. Camp Aldershot.

FOR IDLE MOMENTS.

MEDICAL STUDENT—What did you operate on that man for?

Eminent Surgeon—Five hundred dollars.

"I mean, what did he have?"

"Five hundred dollars."—Puck.

"Professor," said Mrs. Lyon-Hunter, "I want to present Mr. Bull, Professor Dumproser, Mr. Bull. The professor is the author of that learned treatise upon 'Genius: A Species of Insanity.'"

"Ah!" exclaimed Mr. Bull, "charmed! Always delighted to meet a genius like you, sir."

A Missouri paper's obituary column contains the following pathetic poem:

The window was open,
The curtain was drawn;
A microbe flew in
And our darling was gone.

A well-known English surgeon was imparting some clinical instructions to half a dozen students. Pausing at the bedside of a doubtful case, he said: "Now, gentlemen, do you think this is or is not a case for operation?" One by one the students made their diagnosis, and all of them answered in the negative "Well, gentlemen, you are all wrong," said the wielder of the scalpel, "and I shall operate to-morrow." "No, you won't," said the patient, as he rose in his bed, "six to one is a good majority; gimme my clothes."

A patient in a hospital had to be fed on a daily diet of egg and port wine. His physician asked him how he liked it.

"It would be all right, doctor," he said, "if the egg was as new as the port, and the port as old as the egg!"

Here lies the body of Susan Peg,
Who had no issue but one in her leg;
And what made the old lady appear so [cunning,
While one leg kept still the other kept [running.

"I'm de onluckiest pusson in de roun' world," said Brother Dickey. "I tuk out a accident policy six yeah ago, come Chris'mus, en moved within a stone throw er five railroads, en not one er dem hez runned over me in all dat time! I ve'ly b'l'eves dat ef I wuz ter lay down en go ter sleep on de track de engineer would stop de engine en tell de head fireman ter wake me up!"—*Atlanta Constitution.*

"Katie McCoy, have you had any experience as cook?" "No, sir."

"What did you do at the last place;

"O'i was oculist av the kitchen.'

"Oculist of the kitchen? What in the world did you do?"

"O'i removed th' eyes from the potatoes, sir."

Mahoole — "Ain't yez th' wan what towld me niver to dhrink wather widout boilin'?" Physician — "Yes, sir." Mahoole—"Thin Oi hov a moind to murther ye. Oi dhrank boiled wather an' awlmost burned me mouth off."

THERAPEUTIC NOTES.

Therapeutic Progress. — T. F. Reilly, New York City, in his chairman's address before the Section on Pharmacology and Therapeutics (*Journal American Medical Association*, September 1), reviews the principal facts of therapeutic progress during the past year. Few new useful remedies have been introduced; the increasing use of ethyl chlorid as a preliminary anæsthetic in ether anæsthesia is noticed, while the claims of scopolamin-morphin anæsthesia have, in a measure, he states, been discredited by experience. A considerable impetus has been given to the use of the soluble salts of mercury by hypodermic injection in the treatment of syphilis, and Reilly predicts that the use of inunctions in the treatment of this disease will soon be a thing of the past. No new organic silver salt has been launched during the past year; a few cocaine substitutes are awaiting trial, but he thinks, from personal observation, that their advantages are more than counterbalanced by their disadvantages. Creosote and its congeners seem to be losing public confidence for the treatment of pneumonia, and in the East the brilliant results from massive doses of quinine that are reported from the Southwest have not been seen. The faith in drugs for pneumonia has not generally increased; strychnia, he says, is the only agent used with any constancy in the large metropolitan hospitals. The tendency to seek animal remedies has increased, and in this connection he notices the Mobius and the Beebe

and Rogers serums as promising to be of value. There has been little added to our knowledge of the therapeutic properties of the extract of the suprarenals, but there have been some warnings of the dangers of hypodermic use of its various preparations, and its possible effects on the arterial walls must be kept in mind in its continued use of human beings. The number of diseases considered benefited by x-ray therapy has been reduced rather than enlarged by the later experience. The use of large doses of diphtheria antitoxin in diphtheria is increasing. Its value in postdiphtheritic paralysis has been confirmed, and while the intravenous use of this agent has not had much favour it may be worthy of trial in some cases. Reilly does not speak favourably of its utility outside of diphtheria. The prophylactic value of antitetanic serum is confirmed; it may be regarded as a specific. There is some reason to think that polyvalent sera can also be of prophylactic value in suitable conditions. No confirmation of Behring's antituberculous sera has been reported. Mention is made of the probable value of a more systematic study of the medicinal value of our native plants. The new edition of the *Pharmacopœia* and the greater than usual interest taken in it by the profession is noticed and the suggestion is offered that in future editions, which will need to be more

frequent, the American Medical Association should take a part by selecting the medical members of the committee on revision, thus bringing the *Pharmacopœia* more closely in touch with the profession of medicine. The most noteworthy and most lasting in its effects of the therapeutic advances is the campaign against nostrums, and the Council on Pharmacy and Chemistry is mentioned as being, next the *The Journal*, the most valuable asset of the Association.

A Good Remedy in Many Conditions.—Thos. G. Rainey, M. D., L. R. C. P., Resident Physician, British Medical Institute, Atlanta, Ga., in a recent article states, that the combination of drugs, antikamnia and codeine, in the form of "antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed, to a large extent, in the treatment of nearly all affections of the respiratory tract, which are accompanied by dyspnœa and spasm, namely: Bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections. In cases in which the patients were suffering from the severe attendant pain of these diseases, it was found that this combination acted most satisfactorily. Each tablet contains 4¾ grains of antikamnia and ¼ grain sulph. codeine. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva. In the various neuralgias, and in all neuroses due to irregularities of menstruation this tablet affords immediate relief, and the relief is not merely temporary and palliative, but in very many cases curative. The dose most satisfactory is one tablet every half hour until four are administered.

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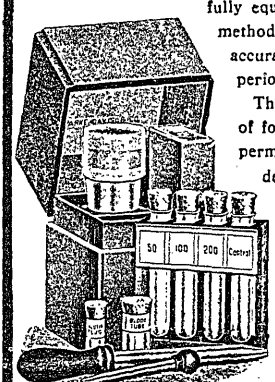

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