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The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well-stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 76 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture room, and the Professor's private laboratory, the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

MATRICULATION.—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

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REQUIREMENTS FOR DEGREE.—Every candidate must be 21 years of age, having studied medicine during four six months Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VI. HALIFAX, N. S., MAY, 1894. No. 5

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Original Communications.

ADENOID GROWTHS IN THE PHARYNGEAL VAULT.

BY

E. A. KIRKPATRICK, M.D., Halifax, N. S.

At the first annual meeting of the Maritime Medical Association held in St. John, July 23rd, 1891, I read a paper on "Diseases of the Naso-Pharynx," and dwelt particularly on the disease known as adenoid vegetations. In view of the great frequency of the disease, and the importance of early treatment, I offer no apology in again calling the attention of my confreres to this subject. That the disease is an exceedingly common one in this country there is no doubt, although considerable surprise was expressed when I reported twelve cases, seven of which had been operated upon and five were under observation. I now base my experience and opinions on forty-eight cases, which are briefly reported in this article. In five of these cases the operation was performed with the aid of cocaine, and in forty-three the patient was anaesthetized by the family physician.

These growths are found as isolated or multiple excrescences in the upper part of the pharynx, have a broad face, and are of a soft consistence, rich in blood vessels. Sometimes they are so large as to completely fill the choanae, stopping nasal respiration, and even to push forward the soft palate. Their development does not appear to be influenced by climate or occupation. Killian reports that amongst 712 patients in Hartmann's hospital practice, adenoid vegetations were present in 135; and of this number 101—i. e., more than 74 per cent—suffered from ear disease.* It is not my intention, however, to deal with the etiology or pathology of the disease, but rather

* See Gruber's Diseases of the Ear, p. 343.

with the more practical symptomatology, diagnosis, sequelae and treatment.

Symptomatology.—The peculiar facial appearance of a child suffering from adenoid growths is very striking and characteristic. This consists in a broadening and flattening of the bridge of the nose and almost constant open mouth, the child not being able to get sufficient if any air through the nose. These appearances often give the child an idiotic or at least dull look, especially if the hearing is also impaired. My experience agrees, however, with that of many other observers, that these children possess the ordinary intellectual brightness and activity of children in health. The excessive discharge of mucus, or muco-pus, from the diseased glands is one of the most annoying of the symptoms. This discharge in most cases runs down into the lower pharynx, and gives rise to the necessity of frequently clearing the throat. In the cases where the growth occupies the whole naso-pharyngeal space, this discharge passes into the nasal passages, from which it is with difficulty expelled.

With this disease present, the tone of the voice is somewhat deadened, particularly for notes in the upper register, when the sounding-board function of the pharynx is especially taxed. One of my cases (No. 20) was that of a young lawyer who consulted me because of hoarseness after fifteen or twenty minutes speaking. Upon examination, the only pathological condition present was that of a small adenoid, which had probably been there for twenty years. This was removed, and a rapid improvement of the voice followed. Last September this patient wrote me from New York, where he is practising his profession: "My throat is all right, and has been so since I saw you, though Ithaca, where I spent last winter, has a trying climate for such affections." The other prominent symptoms of adenoid growths are those concerning the ear, which I propose to treat under the head of sequelae.

Nasal stenosis has already been mentioned, while cough, headache, and chest deformity are often present.

In many of the cases the rapid chest expansion and development have been very noticeable.

Diagnosis.—The symptoms enumerated, facial expression, discharge, nasal stenosis, etc., will suggest at once to the ordinary observer a correct diagnosis. In most cases the growth can be readily seen by the aid of rhinoscopic mirror. The growth will appear of a reddish color, with fissures and depressions, rendering its surface irregular, not unlike brain surface. If the child will not permit the use of the mirror, pass the index finger of the right hand into the mouth and up and behind the soft palate where the growth can be felt. To prevent the child biting my fingers, I press the thumb of my left hand against the cheek of the patient so that the pressure will be between the jaws, then when the right index finger is introduced, the child cannot close the mouth.

Sequelae.—The most common sequlae are the ear affections, including catarrhal and suppurative diseases of the middle ear, which may partially or completely destroy the hearing. The process by which these sequelae or complications are brought about is that of stenosis interfering with nasal respiration, and causing naso-pharyngeal stagnation, and preventing the renewal of air in the middle ear. It is also held that the physical obstruction to the free action of the levator palati muscles is an important point in the etiology of these aural troubles.

Woakes states that only about 5 per cent of his cases escape ear complications.

The most frequent diseases of the pharynx which we find associated with adenoid disease is chronic follicular pharyngitis. This is no doubt due to the constant contact of the irritating

secretion which has run down from the naso-pharyngeal space. Laryngitis, epistaxis, and even pulmonary troubles may result because of the mouth breathing instead of the nasal respiration which is essential to purify and moisten the air, as well as to give it a proper temperature before being taken into the lungs.

Treatment.—Much has been written upon the treatment of this disease, but I have little to say, for I believe in no other method but total extirpation. The employment of douches, sprays, etc., is not only irksome, but is actually time lost. Repeated cauterizations requiring so much time are also unsatisfactory. For the total extirpation of adenoid growths many instruments have been devised. but none have gained such a popularity as Lowenberg's forceps. They have been variously modified since their first introduction, so that the cutting edge of the blade is prolonged around the extremity of the blades. After employing the usual precautions, preparing the patient for an anaesthetic and attending to the aseptic demands of instruments and person, the patient is anaesthetized in a reclining position near a window, and back to the light. The patient unconscious, the mouth-gag (O'Dwyer's) is inserted on the left side, and the operation proceeded with. The forehead mirror illuminates the pharynx, and the index finger of the left hand guides the forceps. The introduction of the forceps is usually necessitated a number of times, and should be continued so long as the finger can determine any remains of the growth. The blood as it flows down the pharynx should be mopped out with carbolized sponges mounted on sponge-holders. I have never seen any alarming hemorrhage in this operation, but should it occur it could easily be controlled by plugging. The operation is a little unsurgical in appearance, but very effectual. The after treatment consists in the use of a simple cleansing solution used twice daily for a few days. Healing takes place rapidly, and when the aural complications are present, a speedy amelioration takes place. It is somewhat remarkable how rapidly a suppurative otitis will disappear and granulations dry up after the removal of these adenoid growths.

When general anaesthesia is required, the question often arises as to whether ether or chloroform should be used. The family physician usually decides this matter, but I am partial to chloroform because of its non-irritating qualities and less nauseating effects. Ether excites such an abundant secretion in the throat, that the operation is often somewhat delayed. Cocaine was used in only five cases out of a total of forty-eight.

In the table I have placed under the head of "Prominent Symptoms" those which really induced the patients to seek relief. I have refrained from adding a column for pathological conditions present in the individual cases, because it would be but a repetition of what has already been written. Regarding results, they have been satisfactory, with the exception of one or two cases. Free nasal respiration has always been established, and every case of suppurative disease of the ear has been cured.

In conclusion, I wish to render my thanks to the many family physicians, for kind and valuable assistance in the performance of these operations.

Halifax, N. S., Feb. 18, 1894.

No.	Name.	Age.	Date of Operation.	Prominent Symptoms.
1.	T. C., Lockport.	12	Oct. 11, 1890.	Purulent discharge from both ears and unable to hear ordinary conversation.
2.	E. H., Halifax.	11	Oct. 29, 1890.	Nasal obstruction, deafness and purulent discharge from both ears.
3.	M. E., Halifax.	22	Nov. 24, 1890.	Deafness and frequent attacks of sore throat.
4.	M. J., Halifax.	12	Feby. 7, 1891.	Hearing slightly impaired and breathing greatly obstructed, muco-purulent discharge down the pharynx.
5.	L. C., Halifax.	16	Mar. 4, 1891.	Deafness with purulent discharge from both ears.
6.	H. T., Halifax.	32	May 3, 1891.	Eczema of the external auditory canals and frequent attacks of hoarseness.
7.	M. G., Musquodoboit.	7	July 6, 1891.	Deaf and dumb, breathing very difficult and great discharge in the throat, muco-purulent in character.
8.	A. R., Halifax.	14	Nov. 13, 1891.	Purulent discharge from right ear.
9.	B. L., Halifax.	9	Nov. 30, 1891.	Deafness whenever patient had a "cold"—breathing very much obstructed.
10.	Miss S., Somerville.	15	Jan. 14, 1892.	Great difficulty in breathing and the patient complained of a constant "dropping" in the throat.
11.	A. A., Halifax.	9	Feb. 10, 1892.	Constant "dropping" in the throat and difficult nasal respiration.
12.	Miss M., Halifax.	19	Feb. 10, 1892.	Frequent attacks of pharyngitis and considerable discharge from the vault of the pharynx.
13.	H. C., Halifax.	10	Feb. 23, 1892.	Nasal obstruction and general catarrhal symptoms.
14.	M. C., Dartmouth.	5	Mar. 9, 1892.	Nasal obstruction and muco-purulent discharge.
15.	M. P., Rockingham.	17	Mar. 9, 1892.	Complete stoppage of nasal respiration.
16.	Miss B., St. John's.	19	Mar. 9, 1892.	Complete stoppage of nasal respiration.
17.	J. S., Halifax.	6	Mar. 14, 1892.	Catarrhal symptoms and difficulty in breathing.
18.	E. J., Dartmouth.	9	Apr. 18, 1892.	Deafness and difficult breathing, and discharge from the vault of the pharynx.
19.	W. W., Lunenburg	6	May 31, 1892.	Purulent discharge from both ears and obstruction to respiration.
20.	G. S., Char't'n, P.E.I.	24	May 21, 1892.	Hoarseness when attempting public speaking and "dropping" in the throat.
21.	Miss M., Halifax.	13	June 2, 1892.	Frequent attacks of acute pharyngitis.
22.	Miss F., Gaspereaux.	18	Aug. 6, 1892	Frequent attacks of sore throat.
23.	Miss F., Dartmouth.	12	Aug. 8, 1892.	Nasal respiration very difficult, mouth breathing almost entirely.
24.	Miss C., Kentville.	17	Aug. 16, 1892.	Purulent discharge from both ears, also from the vault of the pharynx.
25.	C. B., Halifax.	4	Sept. 17, 1892.	Purulent discharge from both ears.

26.	Miss B., Bathurst.	13	Sept. 19, 1892.	Complained of constant sore throat for many months, also of much "dropping" in the throat.
27.	M. W., Bathurst.	12	Oct. 18, 1892.	The same symptoms as case 26.
28.	Miss B., St. John's.	19	Oct. 18, 1892.	Nasal respiration very much impaired and at times complete stoppage.
29.	G. B., Sydney.	13	Oct. 25, 1892.	Excessive discharge in the throat.
30.	J. B., Halifax.	25	Nov. 18, 1892.	Symptoms of hypertrophic rhinitis of long standing.
31.	B. W., Kentville.	14	Dec. 5, 1892.	Impossible to breathe through the nose and very deaf.
32.	L. P., Lunenburg.	19	Dec 14, 1892.	Deafness to the extent of being unable to hear ordinary conversation.
33.	Mrs. G., Halifax.	26	Dec. 29, 1892.	Hoarseness and an obstacle to voice culture.
34.	L. W., Alyesford.	8	Feb. 9, 1893.	Deafness and complete stoppage of nasal respiration and muco-purulent discharge.
35.	L. J., Halifax.	6	Mar. 29, 1893.	Purulent discharge from one ear, and mouth breathing.
36.	Miss C., Halifax.	30	Apr. 12, 1893	Deafness in one ear and a sore throat of many weeks duration.
37.	E. G., Halifax.	18	June 8, 1893.	Purulent discharge from one ear of three years duration, very much "dropping" in the throat.
38.	M. R., Halifax.	18	July 3, 1893.	Frequent attacks of sore throat.
39.	G. H., Alyesford.	21	July 17, 1893.	Hoarseness and a constant discomfort in the throat.
40.	G. M., Halifax.	6	July 6, 1893.	Great difficulty in breathing, often requiring attention in the night.
41.	M. L., Lunenburg.	15	Aug. 13, 1893.	Deafness and nasal obstruction.
42.	H. B., Halifax.	8	Sept. 13, 1893.	Deafness, nasal obstruction and general health impaired.
43.	C. K., Halifax.	13	Sept. 20, 1893.	Very deaf whenever patient had a "cold."
44.	B. F., Halifax.	17	Nov. 13, 1893.	Impossible to breath through the nose, free muco-purulent secretion running down the throat and frequent attacks of sore throat for years.
45.	F. E., Dartmouth.	19	Dec. 7, 1893.	Complete obstruction to nasal respiration.
46.	H. C., Yarmouth.	10	Dec. 14, 1893.	Purulent discharge from both ears and obstruction to nasal respiration.
47.	B. S., Bedford.	6	Jan. 4, 1894.	Nasal respiration very much impaired, mouth breathing.
48.	O. O., Bridgewater.	8	Jan. 22, 1894.	Occasional deafness and obstruction to nasal respiration.

THERE appears in the April *Forum* a very interesting article on "American achievements in surgery," by Dr. George F. Shrady, editor of the *Medical Record*, New York. This article narrates one of the most interesting as well as one of the most important chapters in the whole history of American activity. Dr. Shrady explains with sufficient detail, but in a popular way, the great achievements whereby American surgeons have revolutionized the profession. This is a very notable example of the kind of articles that *The Forum* continually publishes by specialists in all the important departments of learning and science, summing up the results in each particular line of work.

CARCINOMA OF THE STOMACH.

Read by DR. C. A. FOSTER, before the Nova Scotia Medical Society.

My paper is to be considered as a clinical report upon the subject, rather than an essay. As the stomach seems to be the most frequent seat of cancer, it must necessarily follow that the literature on this particular subject must be very great, and hence my paper can hardly be expected to give any new ideas, but I will present the case as it appeared to me from time to time.

J. A. Silver was 38 years of age. He was five feet eight inches in height, and weight when in health 210 pounds. His complexion was very dark and swarthy, and from the color of his skin one would take him to be of a bilious temperament. He was well built, heavy set and muscular, and from his appearance one would think he was capable of any kind of hardship. Perhaps it was because of his physical condition, of which he was very proud, that he did things which most reasonable men would not have attempted. By occupation he was a cattle drover and a farmer, which required him to go without sleep several days and nights in succession, before the Nova Scotia Central Railroad was built, or the Bridgewater Steamship Company established. However, he always seemed equal to the occasion. He often would boast to me that he had never been sick a day in his life, but had enjoyed perfect health up to the date of his last illness.

He was a man very irregular in his habits, as his occupation would necessarily imply. He would often eat four and five hearty meals in a day when travelling on the road. Often coming home at midnight, he would awaken his wife and have her get up and cook a meal of meat and vegetables, of which he would eat until he was satiated. I am told by those who were accustomed to see him eat, that he would eat at one meal nearly as much as was necessary for two ordinary men.

His grandfather on his father's side seemed to have died of a lingering illness which was diagnosed dyspepsia by his physician, but from what I can gather, I think it was cancer of the stomach. His remaining grandparents died of diseases which have no bearing on the case whatever. His father I attended in his last illness, and he died of cancer of the stomach, which invaded the lung. So far as I can learn, there have been no other members of the family who have died of cancer of the stomach or in any other part of the body.

His mother is still living, and is a hale, hearty old lady. She does all the housework on a large farm. His brothers and sisters have all reached manhood and womanhood, and enjoy good health.

While working in a stone cutting near his house, about eighteen months previous to his coming to my office for treatment, and after taking a drink of water from a spring in the rock, he was suddenly seized with a violent pain in his stomach. Indeed, it was so severe, that he was obliged to knock off work and harness his horse and come

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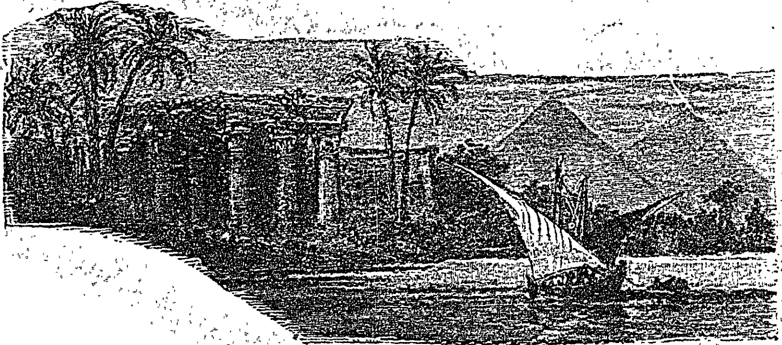

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Who are unable to digest starchy food.
As it will correct this very effectively.

to town for medical aid. He received the relief he sought. Although he had several similar attacks afterwards, none were so severe or lasted so long. Four months previous to his coming to my office he was attacked again with the same pain, but this time it never left him after trying the old remedies and many new ones. The pain, unlike other times, now seemed to be growing in severity, and at some time during each day, but more especially in the evening, he would have an acute attack. This is the history he gave me of his illness, previous to his coming to see me.

On February 15th, '92, he came into my office to consult me. I was in a hurry at the time, and gave him a bottle of acid mixture and a tonic, and asked him to call again in a day or two. Three days after he came in and said he was better, and wanted more of the same medicine. I gave him two large bottles full, and he thought he would soon be well if he continued to improve for the next few days as he had the last three. Two days later he came in and said he was worse than ever.

I asked him to remove his clothing and allow me to palpate the abdomen. After a careful examination I found no tumor, but a sore spot as large as a fifty cent piece, which upon pressure would cause severe pain and which would last several minutes before dying away. This sore spot was situated in the epigastrium immediately below the ensiform appendix.

In appearance he still had the robust look though a trifle paler. He apparently had not lost any flesh up to this time. The pulse, respiration and kidneys were normal. His appetite was good he said, but he did not care about eating all he wanted for fear it might cause pain. His bowels were obstinately constipated. He also had begun to spit a great deal and asked me the cause of it, and I said I thought he had taken something to stimulate the salivary glands and which would come all right in time.

Among the subjective symptoms pain was the most prominent. The pain was not always aggravated by food, but would come on at night, and of late about two o'clock in the morning. Some nights, however, he would sleep all night. The pain was of a radiating character. Starting from the sore spot it would run into either side and often run up into the chest. The favorite seat, however, was in the right side in the region of the gall bladder. Later on the pain worked down into the umbilical and left lumbar regions.

Summing up all the data I diagnosed Gastric Ulcer and began to treat him accordingly. On account of the pain not always following the ingestion of food, and when it did, as a rule it was some time afterwards, I thought the ulcer must be situated pretty well up towards the lesser curvature of the stomach.

Giving him a few powders of bismuth and morphine, I sent him home and told him to go to bed and take no food by the mouth except a little milk and lime water. I gave him instructions how to prepare rectal injections and how to use them and when. This rectal alimentation he was to keep up for three weeks, and afterward light food by the mouth and gradually increase in quality and quantity until his stomach would bear the regular diet. This was on Saturday, and on the following Monday night at 2 a. m. the patient's brother came for me saying that he thought Silver was dying and wanted me to visit him with all possible speed. I did so, and when I entered his bedroom the scene which met my eyes will never be forgotten. He was reclining on one arm with his knees drawn up and with the other hand he held a basin in which he tried to vomit. His eyes were slightly protruding and glary, and his forehead was covered with a cold sweat. I feared perforation and at once began treating him for it. I gave him a quarter of a grain of morphia hypodermically, and as the pain did not

subside in thirty-five minutes, I repeated the dose. The two doses after about an hour gave quite an amount of relief.

In the meantime, I had given stimulants and applied heat to overcome the amount of shock present. He kept on improving and when I left at 8 a. m. was fairly comfortably. I left morphine and my hypodermic syringe to use if another attack came on. I may say here that from this time forward he was noticed to have tarry stools. Whether he had had at time before any blood in his stool I could get no information, but probably not. I still kept him on the same treatment and visited him two or three times a week. After this there seemed to be some improvement for a while. The pain although not so severe was a constant symptom. After this severe attack of pain, the salivation increased and the mucus he raised was fairly thick and of a yellowish cast and very tenacious, resembling the sputa of croupous pneumonia in every respect except in colour.

After three weeks of doubtful result I asked the patient to continue the treatment a week longer, to which he readily consented. At the end of the fourth week I found my patient no better, but on the contrary, his appetite was gone; he had lost considerable flesh, and was getting very weak from the constant loss of blood. I then changed my treatment by putting him on tonics and liquid diet by the mouth. I also gave him digestive ferments, to be taken after each meal. For a while he seemed to improve, and one day he ate some kraut, which caused him severe pain again. In my mind it was not the kraut which caused the pain, for he did not eat enough of it. The doubts which had arisen several weeks previous to this were beginning to cause me so much uneasiness that I decided to go to the family and give them my frank opinion. I did so, and asked for a consultation. The doctor came and I told him what I feared, and he agreed with me thus far by saying such a thing was possible, but not probable on account of his age and there being no tumor. He (the doctor) asked me to give him certain drugs which I had not given him before, and see what effect they would have. I did so, but they only seemed to aggravate his condition, and another consultation was held. This doctor said I was wrong, took the case and tried his hand at it but with no better success. The patient then came back to me, but I refused to treat him longer and took him to Boston, because I feared if I took him to Halifax his symptoms would be aggravated by a lawsuit then being prosecuted there, with which he was connected.

Now the chief symptoms which present themselves in this case are anorexia, loss of flesh, constipation, pain, salivation, soreness on palpation over the epigastrium and the tar colored stools. The four cardinal ones to my mind are pain, tarry stools, salivation and the persistent loss of flesh.

Gastric ulcer, gastric catarrh, ulceration of the duodenum, gastralgia and carcinoma of the stomach are among the diseases which this set of symptoms would bring to our minds.

In gastric ulcer we would get constipation, pain, soreness on palpation over the epigastrium and anorexia; but, salivation, the tarry stools, and the persistent loss of flesh are not symptoms of this affection. Cases of gastric ulcer which have become chronic, have been known to last for years with occasional exacerbations but without any perceptible loss of flesh. Hence we may fairly conclude that the case before us is not one of gastric ulcer. In gastric catarrh we do get anorexia, a slight loss of flesh at times but not persistent constipation, some tenderness too over the epigastrium, but we never get salivation, the tarry stools, and pain such as we had in this case, therefore, it is but fair to con-

clude that it is a disease of a graver nature. In gastralgia pain most acute and lancinating is the chief symptom. The attacks only last for a day or two as a rule; the patient never suffers any marked loss of flesh; the anorexia only lasts as long as the acute attacks as well as the soreness over the epigastrium; but from the persistent loss of flesh, the tarry stools, the constant pain, the salivation which we get in this case we may safely rule out this disease.

In duodenal ulcer the pain may be of the character which was present in this case, the tenderness too may be quite as great, the stools may be of a tarry nature, loss of flesh if the attack extends over lengthened period may occur; but, in this disease we are likely to have diarrhoea. As there were no causes in this man's case which would produce such a condition, and as the duodenal ulcer would not extend over a period of several months, it is but fair to rule out duodenal ulcer. One prominent symptom namely cachexia which was more or less marked in the patient from the beginning, is a symptom which never enters into any of the preceding diseases, but is always present in carcinoma of the stomach. The tarry stools and salivation are by some authors said to be pathognomonic. By far the larger proportion of cases of carcinoma of the stomach are characterized by pain of such a severe nature as to demand an opiate. The persistent loss of flesh, the constipation, the soreness over the epigastrium attending palpation, together with the other disorders of digestion are always present in this affection. Therefore as we can find no other disease except carcinoma of the stomach which will embrace all the symptoms, and as the autopsy proved this diagnosis to be a correct one, we will rest our elimination of diseases with this.

As to the cause of this man's cancer I fancy the etiology is quite clear. First he inherited the predisposition which is a weighty influence. Secondly, he was about the age when any exciting cause might start one. Third, his mode of living and eating were in themselves good and sufficiently exciting causes.

Being a healthy, hearty, robust man he did not think anything of eating any amount of indigestible food before retiring, and was not particular whether it was hot or cold so long as his appetite was satiated. Fourth, would it be presuming too much to suppose that an ulcer did exist in the first instance and that the cancer grew out of it and in its cicatrix! I find reading up the subject that there are several authors to bear me out in taking this view of the case.

The pathology of the specimen which I will pass around can, I think, be determined by a macroscopic examination alone. As the specimen was nearly as hard before being put in alcohol as it is at the present time, I feel sure it is of the scirrhus variety, although I have never made a microscopical examination of it. The other varieties are more prone to break down and ulcerate, which this one has not done. The carcinoma starting from the posterior wall and lesser curvature spread itself all over the stomach infiltrating the omentum and other contiguous organs which formed a protection for the stomach, and thus prevented feeling the tumor upon deep palpation. In fact it had invaded the diaphragm and all the viscera except the spleen. By the way, let me ask the profession if they ever noticed that the scirrhus variety was attended with more pain and altogether of a more severe character than either the encephaloid or colloid varieties?

After coming home from Boston he seemed temporarily relieved as regards his pain and indigestion, but not altogether freed of either. Still he continued to lose flesh and grow weaker.

He now passed from under my treatment, and other doctors in this town

had him in charge, but not growing any better he finally went to Halifax, where some present saw him and examined him for themselves and no doubt have a better knowledge of his case during his last days than I have.

As to his treatment it has been pretty well gone over in my report of case. As there is nothing special to do in cancer of the stomach except to treat symptoms as they arise and relieve the sufferings of the patient thus making his end bearable, I think I will close my paper by thanking you for your kind attention and for sparing me the time.

Correspondence.

My Dear C.

Easter is not the best season in which to study in the London hospitals. But various circumstances made it necessary for me to be in London at that time, and as you have wished me to give you some of my impressions of what I see during my visit to Europe, I may as well begin with London.

In the first place then, the weather has been delightfully bright and sunny, and all London has enjoyed its holiday, doctors included. Several hospital surgeons were absent at the Medical Congress in Rome, and, as is usual in holiday time, regular hours were not always kept by those who remained in London.

I have just come in from an afternoon with Mr. Watson Cheyne at King's College Hospital. He is now professor of surgery at the Hospital. Wednesday is his operating day, and the work this afternoon has been a fair sample of his ordinary hospital work, nothing unusually difficult or interesting, but yet full of valuable suggestions. There were seven cases down for operation, and the whole list was completed between half-past two, and six o'clock.

This was the list. 1. Wiring patella. 2. Osteotomy for Genu Valgum. 3. Hare-lip. 4. Abscess of the Thigh. 5. Ditto. 6. Sinus in thigh. 7. Fistula in ano.

The case of fractured patella was of about three weeks standing; as a rule such a case is operated on at once, but at the time of the accident there was an erythema of the limb, and very shortly after, the patient became the subject of delirium tremens, so the operation was postponed.

Instead of the vertical incision formerly employed, Mr. Cheyne makes a semicircular incision curving across below the patella, and reflects a flap of skin, thus exposing the joint most completely. Irrigation with a 1 to 4000 solution of perchloride of mercury was carried on while the soft callus and blood clot was being removed, the surfaces of the fragments were pared with a saw and two sutures of very stout wire were employed, the ends of the wire being hammered down flat. It is Mr. Cheyne's opinion however that in most of these cases the wire will eventually have to be removed.

The wound was dressed with the double cyanide gauze and salicylic-wool, and laid on a "Gooch Splint" carefully padded. If, as was expected, all went well, this dressing would be left undisturbed for ten days, then dressed with "collodion dressing,' the splint left off, and in three weeks the patient would be allowed to get up and go about on crutches, but of course directed to move about with care for a considerable time.

This operation was completed in about half an hour. The next case was a child of eight or ten with knock-knee, affecting both limbs. Only the right femur was operated upon; Macewen's operation being done, the cyanide gauze and salicylic wool dressing being used and the limb laid on a Gooch splint, and laid on an inclined

plane. This operation took about fifteen or twenty minutes.

I do not know whether all of your readers are acquainted with the Gooch splint. For a long time it has been extensively used in Edinburgh, and when Lister went to King's, he introduced it there. I use the word advisedly, for I do not think it had been used there before, nor so far as I am aware in any London hospital. I do not think it is even yet very largely used, but I can speak from experience of its great value and convenience. It consists essentially of long, narrow slips of wood laid closely side by side, and glued upon stout canvas, or better still, on thin leather. It is purchased in rolls; I have always got mine with a breadth of 30 to 36 inches, and from one to two yards in the roll. Nothing can be more convenient as a splint for the lower limbs.

The case of hare-lip was a difficult one, being double, with an extraordinary projection forwards of the intermaxillaries. Chloroform was given through a modified Junker's inhaler, the gas passing through the mouth or nostrils, through a gum elastic catheter. The operation, which was a very skilful display of plastic surgery, took up an hour.

The next case was one of abscess over the trochanter, and was diagnosed as a bursal abscess, of tubercular nature. Instead of opening this in the usual way, scraping and rubbing in iodoform, Mr. Cheyne proceeded to make an incision five or six inches long, and dissected out the abscess, treating it as he would a cyst. In this way, though certainly a large wound is made, it may be expected to heal by first intention, while the tedious process of granulation of an abscess cavity with all the risks attendant upon the use of the drainage tube are avoided. Even in cases where an abscess is not globular, but is irregular in outline, the treatment may be carried out by opening the abscess, irrigating, and then by the guidance of a finger in its cavity, dissecting it out.

In the next case which was that of an abscess pointing in the ischial region, the diagnosis lay between a tubercular abscess of the ischial bursa (there were evident signs of tuberculosis) or an intrapelvic abscess pointing in this situation. As no spinal deformity could be detected, nor any evidence of sacro-iliac disease, the former alternative was most favoured. But it turned out to be intrapelvic, the finger passing upward and through the obturator foramen. In this case the cavity was scraped as far as possible, with the "flushing-gouge," and an emulsion of iodoform in glycerine (10 per cent.) injected.

The case of sinus in the thigh was the only one in which a drainage tube was used, and this because, being a sinus there was no certainty that septic mischief could be avoided. The sinus was slit up, scraped, and the incision sutured, a drainage tube being fastened in.

The case of fistula-in-ano, presented many peculiarities. The fistulae were numerous, but chiefly in the right buttock, some of them being as much as six inches from the margin of the bowel. The chief peculiarity lay in an extraordinary thickening, almost elephantiasis-like of the skin in the perinæum and buttocks, where it was of a dull bluish colour. The rectum was also the seat of multiple stricture. The fistulae were slit up, and large portions of the curiously swollen gelatinous tissue removed.

In all but the last two cases chloroform was the anaesthetic used, but in these a mixture of nitrous oxide and ether was employed. Dr. Silk, who has given a great deal of thought to the subject of anaesthesia and with whose views you may perhaps be familiar, finds this combination ex-

ceedingly convenient. The nitrous oxide is first administered, and when the patient is under its influence, the ether is turned on. It certainly acts with astonishing promptness, complete anæsthesia being secured in a few *seconds*.

Last Wednesday I saw Mr. Cheyne deal with recurrent malignant glands of the neck in very thorough style. The patient, a man sixty years of age. had been the subject of cancer of the tongue, and Mr. Cheyne had performed complete excision last July, at the same time removing some enlarged glands from both sides of the neck. The man now returned with recurrence of the glandular trouble, chiefly on the left side, where the tumour was as large as a tennis ball. In ordinary circumstances, one scarcely feels justified in recommending operation in such a case, but Mr. Cheyne, considering the excellent recovery the man had made last summer, the absence of any recurrence in the tongue, and the fact that the man was very anxious for operation, decided to give him a chance. It was a brilliant piece of anatomical surgery, but though the phrenic and pneumogastric nerves, and the carotid artery were cleared, a portion of the internal jugular had to be removed with the glands, on both sides of the neck. Time will tell the result, but the disease appeared to be clearly removed, and the patient is getting on famously, being now allowed up.

I shall wind up with a prescription. I visited an old friend the other day, who has a large practice in Essex. It is a marshy district, and "the grippe" has been unusually severe, and notable for the persistence of its chronic stage. He tells me that he has found great benefit result from the use of salicin and tincture of nux vomica in these cases. He gives from three to four grains of salicin, and five to ten minims of the tincture three times a day.

S.

TREATMENT OF PUERPERAL MASTITIS.—Compression is of more general utility than any simple measure, both prophylactic and curative. To be efficient for former purpose, it must be used early after labor. The chest binder of Dr. Guiterras is a most satisfactory means of applying pressure. If abscess forms, pus should be evacuated early and perfectly. Washing the abscess cavity is preferable to drainage-tubes. If drainage is necessary, gauze is to be preferred to rubber tubing. Great care should be taken in selecting the point for incision, if circumstances admit, on account of scar in cosmetic point of view. Post-mammary abscess is the more severe form and must be fully opened. Mastitis can be prevented by proper prophylaxis. The breast is liable to injury by manipulation. In the early stage, try abortive treatment; poultice, later, incision, cleansing with peroxide of hydrogen and pack with iodoform gauze. Compression with bandage as above referred to is the most important early treatment. A flat sponge is often useful, placed under the bandage and over the gland. It should be kept moist. Bandage is of no use unless properly applied.—*Kansas City Medical Record.*

CANCER OF THE OESOPHAGUS.—Malignant disease of the oesophagus is practically a masculine infirmity. It always pursues a steadily fatal course, and invariably kills by starvation, unless the patient be cut off by some intercurrent malady.

The patient may have a ravenous appetite, but the portal to the stomach is so closed that no solid food can enter. Some days deglutition is possible: while on others, swallowing of everything is quite difficult or impossible.

It is curious to notice that the canal never is so completely closed that nothing can pass into the stomach and that there are some things which can be swallowed with ease, while others are rejected.

Modern surgery has promised much for their relief; however, it remains an open question whether, on the whole these gastrotomies prolong life or even afford relief commensurate with the great danger always attending their performance.

Opium and alcohol tend to buoy up the drooping spirits of the unfortunate until death comes to relieve the misery.—*Medical Times and Reg.*

Maritime Medical News.

MAY, 1894.

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We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.

MARITIME MEDICAL RECIPROCITY AND MEDICAL LEGISLATION IN P. E. ISLAND.

The medical men of Prince Edward Island are getting an amendment of their Medical Act, 1892, through the legislature at this session, having in view the basis of medical registration reciprocity agreed upon by the committee of the Maritime Councils or Boards. The changes are—

1. A compulsory four years graded course of not less than six months each, with proof of twelve months attendance on the practice of some approved hospital during that time.

2. The providing of a state examination and the privilege of appointing examiners as an interprovincial body outside the various boards or councils.

3. The modification of Schedule B. to agree with the committee's reciprocity basis. It is generally looked upon now that a diploma alone is not sufficient to legalize the practice of medicine. In England the teaching bodies do not grant diplomas. Ontario has many years ago started on the right road in this matter. British Columbia followed suit. Prince Edward Island comes third with the progressive van, and we trust that New Brunswick and Nova Scotia will insist on getting their laws amended, to enable them to appoint or join in the appointment of an interprovincial board of examiners as the *sole qualification* to legalize the practice of the profession.

4. Reciprocity will then be complete, and men now on the register of each province can then pass from one province to another without any further examination further than payment of the regular fees for registration.

5. Power is obtained by the council for erasing the names from the register of men who leave the province and take up their residence elsewhere after two years absence, unless they desire to continue their membership by paying regularly all dues and annual assessments of the council.

6. In view of the fact that now sixteen states of the United States of America require the examination by state boards as the only method of admission to practice, it is worthy of note that young men preparing for the profession in these provinces will be in a much better position by having the qualification of a state board in this province. With the license or diploma of membership of our society, provided the qualification is equal to theirs, they can present the same for endorsation without examination They will endorse state boards' diplomas, but not the diplomas of their own or any foreign colleges. This opens the field for reciprocity wider still.

7. Again, our aim and object

should be to bring the Dominion into line at the next meeting of the Dominion Medical Association, to be held in St. John next August or September. So the Maritime Provinces should be fully alive to the great question, and move forward as one body in perfect harmony upon this question of higher medical education.

Quackery can never be suppressed or held in abeyance so long as we accept the colleges as the sole authority for legalizing degrees for practice. Is it not a notorious fact that England and Scotland and Ireland have produced their quota to the army of quacks, as well as any other country? We have heard these men boasting of their diplomas as being superior, ignoring the fact that the diploma is only an evidence of having pursued a certain course of studies. Canadian, and certainly American universities, rank also very high; for instance, the University of Pennsylvania has a compulsory course of four years of nine months each, but still the great State of Pennsylvania has declared that their own diplomas will no longer be sufficient to legalize practice, but must pass the examination of the state, in addition, for a license. When will men give up this nonsense about the value of diplomas? Some men, we fancy, are like the child that takes great delight in handling a *bauble* when this question is up. We hope the dawn of a better era is upon us, and that great progress will be made towards bringing the whole Dominion into line on this question. If we stand firm and boldly for our position we will succeed; if we vacillate and halt between two opinions, we leave ourselves at the mercy of every wind that beats to and fro.

THE Twenty-sixth Annual Meeting of the Nova Scotia Medical Society will be held at Yarmouth July 4th and 5th. The fears of many that the organization of the Maritime society would lead to atrophy of the Nova Scotia society are not likely to be realized. In fact, the very opposite has taken place,—they have mutually stimulated each other.

The indications for a large and successful meeting at Yarmouth are very good. Even at this early date the secretary has received notice of a large number of papers which are to be presented, the titles of which we will give in a subsequent issue. The society has never ventured so far west as Yarmouth, and a visit to this progressive town, with its beautiful surroundings, will be an additional feature of interest. We are sure of a warm and hearty reception. The officers of the society this year are: President, Dr. C. J. Fox, Pubnico; 1st Vice President, Dr. R. A. H. McKeen, Cow Bay; 2nd Vice Pres, Dr. H. A. March, Bridgewater; Secretary-Treasurer, Dr. W. S. Muir, Truro. Excursion rates will be arranged with the various railway and steamboat companies, for which consult advertisement elsewhere.

The annual convocation of Dalhousie college and university was held in the academy of music, Tuesday, April 24th. The building was completely crowded.

Principal Forrest delivered the opening address, but, on account of the noise, he could not be heard by the audience.

The degrees were conferred by Principal Forrest, Dr. Lawson introducing the graduates. Miss Annie Isabella Hamilton, of Brookfield, N. S., received her diploma as Doctor of Medicine and Master of Surgery. She is Dalhousie's first lady graduate in medicine.

There were 27 graduates in Arts, one in Letters, one in Science, ten in Law, and three in Medicine. The following is the pass list in the Medical Faculty, (Alphabetical order:—

Final M.D.C.M. Examinations—Cogswell, W. F., Dechman, A. A., Hamilton, Annie I.

SYR. HYPOPHOS. CO., FELLOWS

CONTAINS

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

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalising Constituent—Phosphorus; the whole combined in the form of a Syrup, with a **slight alkaline reaction.**

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

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

Its Curative Power is largely attributable to the stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

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

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

NOTICE—CAUTION.

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

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

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

For Sale by all Druggists.

DAVIS, LAWRENCE & CO., LTD.

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FOR INVALIDS.

Delicious Dishes made in a few minutes at a trifling cost.

WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet it is always light and easy of digestion, and supports the system with the least possible excitement.

PRICE 25 Cents PER BOTTLE.

FERMENTATIVE DYSPEPSIA

WYETH'S COMPRESSED TABLETS.

BISMUTH SUBGALLATE, 5 GRAINS.

Dr. Austin Flint says:—In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence.

PRICE PER BOTTLE OF 100, $1.00.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or larnygeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.

Wyeth's Glycerole Chloride of Iron.

(NON ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

DAVIS & LAWRENCE CO., Ltd., - Montreal,

AGENTS FOR CANADA FOR

JOHN WYETH & BRO.

Primary M. D. C. M. Examinations—Dechman, A. A., McDonald, J. C., *McEwen, H. E., McKay, Katherine J., *McKay, W. A., *Minard, R. W., Moore, E. F., *Murray, Duncan, *Murray, G. W., *O'Brien, R. F., Olding, Clara M., *Smith, F. F., Williamson, S. W.

First year examinations—Bentley, R. D., Dorman, O. C., Grierson, Robert, Harvey F. C., Jost, A. C., McRae, W. R., Roy, J. J.

Mr. (now Dr.) William F. Cogswell, of Port Williams, delivered the Valedictory for the graduates in Medicine.

* Not including materia medica.

Book Reviews.

Diseases of Women By Henry J. Garrigues, M.D. W. B. Saunders, Publisher, Philadelphia.

Garrigues is regarded as one of the ablest exponents of gynaecology in America. His contributions to the medical press have been marked by careful thought, clearly and concisely expressed. The work has been written to meet the wants of physicians engaged in general practice rather than the specialist. The diagnosis and treatment of the many diseases peculiar to women is dealt with very thoroughly and completely, pathology not receiving much attention. The book is not too large, the style excellent, the facts modern, and the illustrations are well executed. It bids fair to be popular.

The International Medical Annual. E. B. Treat, Publisher. New York, 1894.

An examination of the contents of this volume fully justifies the headlines of the prospectus, "better than ever." Its merit as a work of reference for practitioners has been long established and its scope indicated in reviews of the issues of previous years. The original articles and reviews cover practical subjects of interest to the busy general practitioner and the specialist; some of these are worth more than the price of the book. Interlarded between the numerous references are a large number of useful hints and prescriptions.

The book is cheap, well got up, convenient in size, and should find its way into the library of every medical man.

Diseases of the Hair and Scalp. By Geo. T. Jackson, M.D. Published by E. B. Treat, New York.

This is a very complete work on the diseases of the hair and scalp, and embodies most of the recently acquired knowledge on the subject. The book is divided into—

Part I. General considerations including a very concise account of the anatomy and physiology of the hair, and a useful chapter on the hygiene of the hair.

Part II. Essential diseases of the hair.

Part III. Parasitic diseases of the hair.

Part IV. Diseases of the hair secondary to diseases of the skin.

Every subject is fully discussed, and the illustrations are good. Any one wishing to learn what is known about diseases of the hair will find this work valuable. Appended is a very complete bibliography of the subject from 1860 to 1893 inclusive.

Clinical Diagnosis. By Albert Abrams, M.D. E. B. Treat, Publisher. New York. 1894.

Abrams' work has reached a third edition, which has been revised and enlarged. It is rather a summary of the larger works on this subject, than an original treatise, and is specially adapted for students. The great defect of the book is the lack of a sufficient number of illustrations.

The Physician; His Relation to the Law. By H. G. Blaine, A.M., M.D. Blaine Bros., Publishers, Toledo, O. 1893.

The object of this little pamphlet is to give in a condensed form the relation of the physician to the law, and give him a more extended knowledge of the rules governing the collection of

his fees, and other points of interest, such as the drawing of wills, malpractice, duties as a witness, etc., etc. The publication will be of service to those wishing information on these subjects.

Essentials of Pharmacy. Prof. L. E. Sayre. W. B. Saunders, Publisher. Philadelphia. 1894.

The book consists of a series of important questions and answers, and covers a great deal of ground in small compass. It should be a great help to students of pharmacy.

Books Received.

The International Medical Annual, 1894. E. B. Treat, Publisher, New York.

Clinical Diagnosis. By Albert Abrams, M. D. Third Edition. E. B. Treat, Publisher, New York.

The Physician: His Relation to the Law. By H. G. Blaine, A.M., M. D. Blaine Bros., Publishers, Toledo, O.

Essentials of Pharmacy: Arranged in the form of Questions and Answers. By Lucius E. Sayre, Ph. G. Published by W. B. Saunders, Philadelphia.

The First American Symphysiotomy, March 12th, 1892. By W. Thomas Coggin, M.D.

Selections.

LYSOL.—This substance is obtained from tar oils by boiling with alkalies and fats.

Physical Properties.—It appears as a brownish, clear, oily fluid, smelling somewhat like creasote.

Solubility.—It is soluble in water, alcohol, chloroform and glycerine.

Therapeutic Uses.—It is used as a general antiseptic in surgery and gynecology. Experiment shows it to be possessed of marked antiseptic power, and it is far less poisonous than carbolic acid. It renders the solution a little soapy, which causes the smaller instruments to be slippery, but otherwise there is no objection to it. The hands of the operator are made soft and flexible. The drug has been of value in diseases of the skin, particularly in lupus. It is also used in diphtheria, and as a gargle for foul breaths. As an antiseptic, it is inferior to carbolic acid, but as a microbicide, it is superior and very cheap, hence it will be used largely in the prophylaxis and arrest of epidemics for disinfecting purposes.

NARCOSIS IN OBSTETRICS.—Duhrssen (*Berliner klin. Woch.*) states that an anaesthetic is of great value from a diagnostic as well as a therapeutic standpoint. The patient is often much excited, and can be quieted by a few drops of chloroform, while certain important factors are being ascertained, such as the frequency of the fœtal heart sounds. Often in primiparæ it is only by the aid of anæsthetics that the obstetrician can assure himself whether the head has already entered the pelvic cavity. Anaesthesia is valuable for the prompt diagnosis of occipito-posterior and transverse positions. In those explorations where the entire hand must be introduced into the cavity of the uterus, anæsthetics are indispensable. Therapeutically, anaesthesia is needed for turning, especially in combined and external version, for detaching adherent placenta, manual removal of ovum and membranes in abortion, reposition of impacted tumors during birth, the management of prolapsed foot in breech presentation, and turning in incomplete dilatation of the os in multiparae. In irregular contraction of the uterus, chloroform often hastens labor. Duhrssen considers sepsis a contra-indication for anaesthetics, and deep or long-maintained narcosis as dangerous in cases of eclampsia. It should only be induced in such cases to facilitate rapid delivery by operation. Tetanus uteri is also a contra-indication. In acute anaemia a very little chloroform will take effect.

When chloroform is given Duhrssen advises the obstetrician to get the patient well under, and then to leave the mask in charge of the midwife, who must, from time to time, pour a few drops into it.

PIPERAZIN. — Accepting the very clear and complete clinical researches of Biessenthal, Schweninger, Ebstein, Vogt, Gautrelot, Heubach and other well known physicians, general practitioners have made many interesting tests of piperazin, and have arrived at some very satisfactory conclusions concerning its value. Its chief therapeutic indication is the uric acid diathesis, or the dyscrasia resulting from that condition. It is unquestionably, the most energetic solvent of uric acid and uratic concretions which may be employed within the human organism without producing toxic effects. With uric acid it forms a neutral, soluble combination, while at the same time, it dissolves the various albuminoids and their homologues. Prescribed in combination with phenacetine it has very marked influence upon the gouty condition, and promotes the absorption of undesirable exudates. The value of piperazin in both acute and chronic gout, appears to be decided. Schweninger reports success in ninty-two per cent. of his cases, and states that he could get no such results from any other remedy. Biessenthal also administere dpiperazin in gout, in renal colic, and in urinary hemorrhage with perfect success. He gave it in carbonic acid water, 1 to 500. The ordinary daily dose of piperazin is fifteen grains. Some clinicians begin with three grains per diem, or one grain doses t. i. d.

A great drawback in the employment of piperazin has arisen from the fact, that while in many cases its use must be continued for a certain length of time in order to obtain its best effects, the cost of the medicament has been so high as to practically preclude its general use. It is gratifying to learn that through the enterprise of the Farbenfabriken vorm. Friedr. Bayer & Co., whose laboratories are at Elberfield, a new process for the preparation of piperazin has been discovered, and through the use of that method, the cost of this valuable new remedy has been reduced to about one-half of its former price.—*Times and Register.*

TESTS FOR ALBUMEN.—It is doubtful whether all the tests put together are worth the old nitric acid test; the white characteristic cloud which it forms with albumen, is well known, and can hardly be mistaken by anyone. Picric acid, trichloracetic acid, and others are delicate; in fact, too delicate; besides, they possess other disadvantages. The first must be in concentrated aqueous solution; the second is rather expensive, and both are rare articles, while nitric acid is always handy, and if the strong acid be employed, and care be taken to have two layers (*one of acid at the bottom and one of urine above it*), then the test leaves nothing to be desired, the urine having previously been tested by heating a separate portion.

TUBERCULOUS PLEURISY. — J. H. Musser contributes notes on six cases of tuberculous pleurisy. Some of the different modes of onset are given: 1. By a series of acute attacks; 2. Acute bilateral pleurisy with effusion; 3. It may develop insidiously, or secondary to genital tuberculosis. He distinguishes tuberculous pleurisy from pulmonary tuberculosis by the amount of pleuro-pulmonic invasion, by the age, absence of extreme hectic and extreme emaciation, by the character of the sputum and absence of bacilli, by the unproductive cough, extreme chest pain, and chest deformity.

The writer considers that "It is always cheering to make out a tuberculous pleurisy when in the midst of much pulmonary tuberculosis. First

the probability of a cure is very much greater than in other forms of tuberculosis. Second, a partial cure can be promised in many cases. Then the progress is slow, and hence the duration of life much greater than in pulmonary tuberculosis. The symptoms of the terminal stage are, however, more distressing. The dyspnœa, the breast pang and chest constriction, the internal suggestions of dragging or pulling, as upon organs, are agonizing to witness. The harassing cough is most weakening to the patient. Tuberculous peritonitis of sluggish type, adds to the severity of the terminal symptoms."—*Internat. Medical Magazine*, February, 1894.

DEFINITIONS OF A BABY.—A London paper offered a prize for the best definition of a baby. The last one of the following took the prize:

"The bachelor's horror, the mother's treasure, and the despotic tyrant of the most republican household."

"The morning caller, noonday crawler, and midnight brawler."

"The only precious possession that never excites envy."

"The latest edition of humanity, of which every couple think they possess the finest copy."

"A native of all countries, who speaks the language of none."

"About two inches of coo and wiggle writhe and scream, filled with suction and testing apparatus for milk, and automatic alarm to regulate supply."

"A quaint little craft called Innocence, and laden with simplicity and love."

"A thing we are expected to kiss and look at as if we enjoyed it."

"A little stranger with a free pass to the heart's best affections."

"That which makes home happier, love stronger, patience greater, hands busier, nights longer, days shorter, purses lighter, clothes shabbier, the past forgotten, the future bright."

"A tiny feather from the wing of love, dropped into the sacred lap of motherhood."—*Med. and Surg. Reporter.*

THE PERMANGANATE OF POTASSIUM AS AN ANTIDOTE FOR PHOSPHORUS POISONING.—By Antal (*Ung. Arch. fur Med.*, Band i., H. 3 u. 4), Haynas (*ibidem*), Erdos (*ibidem*, H. 5 u. 6).

These authors give some very interesting results of research in this matter. Antal's dogs, poisoned by phosphorus in milk, after drinking quantities of a solution of potassium permanganate, varying in strength from fifteen to twenty to fifty per cent, recovered completely in two hours, while others, in whom the phosphorus was immediately washed out, died. On the strength of these researches this author recommends in phosphorus poisoning the drinking of from one to two quarts of a one-fifth to one-third per cent solution of potassium permanganate, this dose to be repeated.

Haynas, in two cases of acute phosphorus poisoning, poured into the patient's stomachs one quart of a one-tenth per cent permanganate of potassium solution; both patients took the medicine well, with only slight nausea, and left the hospital cured in a few days. Erdos had equally good results in a severe case of poisoning, —a gallon of a one-fifth to one-tenth per cent solution being used, and the patient recovered in ten days.—*Universal Med. Mag.*

ORGANIC EXTRACTS IN NEURASTHENIA.—Dr. Albert Mathieu has recently published an interesting essay on the treatment of neurasthenia with organic liquids—a method which enjoys wide popularity in France. After citing the brilliant results claimed by various French physicians, he adverts to the discovery that simple salt solutions will yield the same benefit. Dr. Mathieu himself administered with almost wonderful success a solution of phosphate of sodium (20 parts), chlorate of potassium (4 parts), and neutral glycerin (20) in water (80). Nevertheless the author places no special value on this composition: the action he admits, is purely suggestive. "It is true," says the Doctor humorously, "that I added a large dose of suggestion to the formula; and it would assuredly be well if the amount of the former could be increased, and that of the sodium phosphate reduced." He does not expect a prolonged popularity for these organic injections.—*Ex.*

MIGRANINE.—Under this name Overlach (*Deutsche Med. Woch*, No. 47, 1893) describes the properties of a combination of antipyrin with caffeine and citric acid. He considers it a chemical combination of the three substances, and, after five years' experience of its action in cases of migraine

and other forms of headache, he has come to regard it as an almost infallible cure, even in the most obstinate cases. It is useful whether given in the premonitory stage or after the headache has fully developed, and it is seldom that more than one dose is required. The dose is 1.1 gr., to be taken dissolved in water. This quantity contains only 0.09 gr., of caffeine or one-sixth of the maximal dose of this substance. It is recommended that the patient rest a while after taking the drug, especially in cases of severe migraine.—*Ex.*

TREATMENT OF DISEASES OF THE NAILS.—Dr. John V. Shoemaker (*New England Medical Monthly*, Feb. 1894) goes very fully into this topic. In his able hands the question becomes quite interesting. He speaks highly of the good effects of sulphur in five-grain doses three times a day in cases where the nutrition of the nail is not normal. In such cases he regards this drug as almost a specific.

There are cases where the disease affecting the growth of the nail is of tubercular origin. In these cases such as onychia maligna, give cod liver oil, hypophosphites, and attend well to the general health.

Nails sometimes are diseased, because the person has syphilis. Specific treatment here is called for, with the alteratives, like syrup of iodide of iron, cod liver oil and tonics, and an ointment of mercury oleate.

Nails sometimes are affected with tinea. An ointment of the oleate of copper or tin, 10 or 20 per cent, is very useful.

ACUTE RHINITIS, OR ACUTE NASAL CATARRH.—At this season of the year when many are subjected to the sudden changes of temperature, and there is a certain amount of acute nasal irritation to the mucous membrane in the cool winds of spring, rhinitis appears in those who are predisposed to such inflammatory conditions.

"How shall I ward off a cold?" is asked of every physician more or less frequently during the springtime, and invariably we are often in a dilemma for the correct answer.

The causes of sudden "colds" do not always lie in the condition of health an individual may be in. In fact, many outside conditions are to be taken into account when summing up the etiology of acute rhinitis; for instance, a crowded steam or street car will sometimes be a factor in causing nasal catarrh in one person, as a sudden change in temperature, or exposing the body to damp and wet, will be the causative factor to another.

Again, the attack of rhinitis, once inaugurated, may easily be augmented and prolonged by too irritating applications to the mucous membrane of the nasal cavity.

The different modes of treatment of this affection are legion. While one applies local medications another tries systemic. One will insufflate and another purge or sweat; neither, perhaps, doing any evident good in shortening the attack or mitigating its severity.

The main point in the treatment of this affection is to keep the mucus membrane clean and free from pus and detritus with as mild an application as possible. This can be done with a little peroxide of hydrogen diluted with 50 per cent water, and afterwards applying a snuff of borate of soda and carbonate of bismuth with a small amount of hydrochlorate of cocaine incorporated.

Other excellent washes for the nasal mucous membrane are borate of soda in camphor water, ten grains to the ounce, or a tablet of the Dr. Seiler formula.

Water alone is a trifle irritating to some nasal mucous membranes, and must contain a slightly alkaline substance in solution.

Often, in spite of treatment, the diseased condition runs its course of a week or ten days without material shortening of the period.—*Med. Times and Register.*

PROFESSOR BILLROTH AS AN OPERATOR.—The general public not unnaturally assume that a great surgeon is necessarily a most skilful operator, a mistake not infrequently made by the profession also. Ingenuity, however, and boldness in devising operations are very different attributes from the manipulative skill, decision, and tact required to carry them out. Professor Billroth united the two sets of qualities in a very conspicuous manner. Yet it was always the guiding intellect rather than the manual dexterity which impressed itself on the spectator. Truth to say in the actual performance of an important operation Billroth showed no very marked superiority over his fellow surgeons. He avoided any show of brilliancy or flourish, went steadily to work, erred, if at all, on the side of

slowness, and was neither more nor less discomposed by any complication or untoward event than anyone else. The finish of his operative work was rather the result of his immense experience than of any remarkable aptitude. Nevertheless, as an operator he must be held to have justly earned a very high price.—*Ex.*

TREATMENT OF GONORRHEA.—In a recent paper, Prof. Neisser, of Breslau, asserts that all treatment must have in view the removal of the essential cause of the disease, which is the gonococcus. As astringents do not destroy the gonococcus, they are useless. He advises the cleansing of the parts with boiled distilled water, and the use of injections, consisting of solutions of nitrate of silver of from 1-4000 to 1-2000, or of bi-chloride of mercury 1-30000 to 1-20000.

BERNHEIM'S NUTRITIVE ENEMA.—The *Union medicale* gives the following formula: Concentrated bouillon, ten ounces; pulp of boiled meat, an ounce; Malaga wine, six drachms. Such an enema, administered every three hours, it says, is sufficient to maintain nutrition.—*Ex.*

TREATMENT OF KELOID WITH SUBCUTANEOUS INJECTIONS OF CREOSOTE OIL.—P. Marie, *Journ de Mal. Cut et Syph*, p. 162, recommends injections of twenty per cent. cresote oil into the keloid growth. Will destroy the growth without fear of any bad results. This treatment is probably available in other diseases, as cancer and lupus.—*Monatschefte fur Praktische Dermatologie*, xvii, No. 11.—*Ex.*

CHLORIDE OF AMMONIA IN RENAL DISEASE.—Corrie finds chloride of ammonia an excellent remedy in cystitis. He prescribes ordinarily a No. 1 capsule of Squibbs's pulverized purified ammonium chloride, to be taken three or four times in the twenty-four hours, preferably when the stomach is somewhat empty, each dose to be followed immediately by half a goblet or a goblet of pure cold water. The following are some of the conditions in which the drug has been given faithful trial, with most satisfactory results in *every instance*:—

Cystitis dependent upon stone in the bladder, stricture, hypertrophy of the prostate; deposits of urates, etc.; gonorrhoea (male and female); cystic irritation from uterine disease or menstrual disorders, malarial disease, masturbation, early pregnancy, simple urethritis (traumatic) in newly-married women; cystic and renal sequelæ of *la grippe*.

In the majority of cases it was simply surprising to note the rapidity with which the urine was cleared of bladder-mucus, blood-corpuscles, pus-corpuscles, urates, phosphates, etc., the distressing symptoms disappearing therewith: and in no case did the salt occasion any gastric or other disturbance when taken as ordered. No explanation of the *modus operandi* of the remedy is offered. The capsules are to be filled only as needed for administration, as the salt dissolves the gelatin in a short time.—*Virginia Medical Monthly*.

CORDIER (A. H.) ON SUPRA-PUBIC HYSTERECTOMY FOR THE REMOVAL OF FIBROIDS OF THE UTERUS.—*Deductions:*

1. All rapidly growing fibroids of the uterus should be removed.
2. Procrastination, tinkering, and electrical darts convert many a simple case into one of great magnitude, with many complications, making the work of the operator very difficult, and hazardous to the patient.
3. Small, stationary, hard fibroids, without dangerous symptoms, may be with safety allowed to remain, especially in women nearing the menopause.
4. Rapidly growing œdematous myomas may not present any dangerous symptoms, may occur at any age, may and do continue to grow after the climacteric. Removal of the appendages does not check their growth.
5. Oedematous myomas should be removed by a hysterectomy, as the entire uterus will usually be found taken up in the body of the neoplasm.
6. Fibroids undergoing mucoid or colloid degeneration should be removed by hysterectomy.
7. Pediculated fibroids, if the pedicle is small, may be removed with safety by taking all due precautions to guard against hemorrhage.
8. All classes operated on should get well.
9. Oophorectomy as a means of relief for tumors of the uterus is being more and more limited in its sphere by a more thorough understanding of the nature of these growths.
10. Medicinal agents and electricity may in some instances relieve symptoms for a short time, but the uncertainty and the danger attending their use more than outweigh the expectations for good.—*Internat. Med. Mag.*, April, 1893.

WOMEN DOCTORS.—The British Medical Association now numbers 21 women doctors who have taken advantage of the new law admitting them to membership. Of these 21 no less than 11 are practising in and about London. Besides these, Manchester claims one, Glasgow four, Edinburgh two, Nottingham one, and lastly, one practises in New Barnet, Herts, and another is to be found in the far north of Scotland.

Prescriptions.

FOR SWEATING IN PHTHISIS.—

		Grams.
℞	Acid salicylic	2
	Aqua purae	10
	Alcoholis	6
	Glycerinae purae	4

M. Sig.—For hypodermic injection at bedtime, 2 cc equal to 20 cubic grams of salicylic acid are injected, repeated every four or five days. E. W. B.

DEPLETORY.—

		Gram.
℞	Iodi pur	.80
	Ol. terebinthinae	1.30
	Ol ricini	2
	Alcohol	8
	Collodii	30

M. S. Apply daily for three days.
—*New York Medical Record.*

SCIATICA.—

		Gram.
℞	Tinct. aconite rad	4
	Tinct. colchici sem	4
	Tinct. belladonnae	4
	Tinct. cimicifugae	4

M. Sig.—Twelve drops every four to eight hours.

LARYNGITIS.—

		Gram.
℞	Tinct. aconiti rad	15

Sig.—One drop every hour in water. Best results when following a dose of castor oil.—*Sargins.*

		Gram.
℞	Potassi permanganatis	.12
	Aqua destil	60

Sig.—Spray larynx with an atomizer several times a day.

ANTISEPTIC SOLUTION.—

		Gram.
℞	Acid thymic	1
	Alcohol, at 90 per cent	4
	Aq. destil	995

—*Medical Record.*

PRURITUS.—

		Gram.
℞	Acetate of lead	1
	Dilute hydrocyanic acid	5
	Rectified spirits	15
	Distilled water	250

Use as a lotion.—*Medical Record.*

CATARRHAL JAUNDICE.—

℞	Sodii phosphat	ʒiss.
	Sodii salicylat.	ʒiij
	Aquae distillat., q. s.	℥viij

M. Sig.—Tablespoonful in one-half glass of water after each meal.

NERVOUS DYSPEPSIA.—

℞	Tinct. nucis vomica	ʒij
	Elix. calisayae val	℥xxij
	Elix. aromatic	℥xxij

M. Sig.—Teaspoonful before each meal.

RHEUMATISM, ACUTE.—

℞	Sodii salicylat	ʒviss.
	Aquae	℥i
	Syr. tolutan, q. s.	℥iij

M. Sig.—Teaspoonful every two hours.

FATTY HEART.—
In a case of emphysema, accompanied by a fat-laden heart and attacks of spasmodic bronchitis, M. Albert Robin (*La Med. Mod.*) ordered:

℞	Sodii arseniat.	gr. [illegible]
	Pot. iodid	gr. [illegible]
	Pulv. nucis vom	gr. [illegible]
	Pulv. rhei	gr. [illegible]
	Extr. dulcamar	gr. iss

M. For one pill. Sig.: One pill daily.—*Medical Bulletin.*

NIGHT-SWEATS OF PHTHISIS.—
M. Alb. Robin (*La Medecine Moderne*) prescribes:

℞	Pulv. agarici	gr. viij.
	Zinc. oxid	gr. iss.
	Pulv. camphor	gr. ⅓.

M. Sig.: For one cachet. To be taken on going to bed.—*Medical Bulletin.*

CHRONIC CYSTITIS.

℞ Tr. collinsoniae ....ʒvi
Copaibae..................ʒiij
Liq. morphinae ....ʒss
Liq. potassae ....ʒss
Ol. menth. pip...........m.iij.
Aq. camphorae q. s. ad....℥vi

M. Sig.—A tablespoonful to be taken every four hours.—*Dr. Chevers in Medical Press and Circular.*

CHRONIC DIARRHŒA.

℞ Pulv. ipecacuanhae .... gr. x.
Pulv. populos trem ....ʒi
Pulv. capsici ....ʒiss
Pulv. xanthoxylum .. ..ʒi
Pulv. myrica cerif ....ʒi

Mix and make into four-grain pills.—*Dr. W. C. Buckley in Southern Med. Record.*

DIPHTHERIA.—

℞ Carbolic acid..... ....gtts. viij
Liq. sulph. iron........ʒij to ʒiij
Glycerine...... ......℥i

M. Sig.—Apply to fauces with camel's hair brush two or three times daily.—*Dr. J. Lewis Smith.*

CHRONIC HEADACHE.—

℞ Arseniate of sodium .....gr. ss.
Sulphate of atropine......gr. ss.
Extract of aconite........gr. viiss
Powd. cinnamon, q. s.

Mix and make into 30 pills. Sig.—From one to four pills daily.—*Dr. Zeutler in La Riforma Medica.*

SCABIES.—

℞ Glycerin ....℥vi
Gum tragacanth ....gr. lxxv
Flowers of sulphur ....℥iij
Subcarbonate of potassium..℥i
Essence of mint.... ....ʒss
Essence of lavender.. ....ʒss
Essence of cinnamon ....ʒss
Essence of cloves ....ʒss

M.—*Prof. Fournier in La Tribune Medicale.*

NEURASTHENIA.—

℞ Zinci valerianat. ....gr. xx
Quin. valerianat ....gr. xx
Ferri valerianat ....gr. xx

Mix for 20 pills. Sig.—One three times daily.

CATARRHAL JAUNDICE.—

Corrosive sublimate 4 grains (25 ctg.)
Potassium chloride 128 " (8.5 gme.)
Tincture hyoscyamus 3 fl. oz. (89 c.c.)
Tincture cinchona .. 5 " (148 c.c.)

Teaspoonful four times a day. Dr. N. S. Davis.—*Med. Fortnightly.*

PERSONALS.

Dr. Murray MacLaren of St. John, read a very interesting paper on extra uterine pregnancy, before the Halifax Branch of the Brit. Med. Assoc. He had to deal with three cases within a year, two of them being in his own practice. Two were operated on, one successfully. This is the first success reported in the Maritime Provinces.

Dr. W. S. Muir has been in the city. He is Examiner in Materia Medica for the Medical Faculty of Dalhousie College.

Dr. Wm. McKay, M. P. P. of Reserv-Mines, C. B., spent a few days in Halifax last month.

Dr. H. H. McKay of New Glasgow, and J. W. McKay of Thorburn, paid a flying visit to the city on the 18th of April.

Dr. E. Farrell is spending a few weeks at Baltimore. We hope to present our readers with an account of his trip at a later date.

Dr. E. A. Kirkpatrick has removed his office and residence to 33 Morris St., lately occupied by the Hon. Robt. Boak.

Dr. Bisset, of St. Peters has been spending a few days in town. He attended the annual dinner of the Halifax Branch of the British Medical Association.

Dr. John Stewart is at present in London, England. He will spend some six months in the Hospital on the other side.

We extend congratulations to Dr. J. W. Daniel on his election to the St. John City Council, by a very large majority.

Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera,*" says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horsford's Acid Phosphate.** This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate,** taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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

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

FACULTY.

Diseases of the Eye and Ear.—D. B. St. John Roosa, M. D., LL.D., President of the Faculty; W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D.
Diseases of the Nose and Throat.—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles Knight, M. D.
Venereal and Genito-Urinary Disease.—L. Bolton Bangs, M. D.
Diseases of the Skin and Syphilis.—L. Duncan Bulkley, M. D., George T. Elliot, M. D.
Diseases of the Mind and Nervous System.—Professor Charles L. Dana, M. D., Graeme M. Hammond, M. D.
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Surgery.—Lewis S. Pilcher, M. D., Seneca D. Powell, M. D., A. M. Phelps, M. D., Robert Abbe, M. D., Charles B. Kelsey, M. D., J. E. Kelly, F. R. C. S., Daniel Lewis, M. D., Willy Meyer, M. D.
Diseases of Women.—Professors Bache McEvers Emmet, M. D., Horace T. Hanks, M. D., J. R. Nilsen, M. D., H. J. Boldt, M. D., A. Palmer Dudley, M. D., George M. Edebohls, M. D.
Obstetrics.—C. A. von Ramdohr, M. D., Henry J. Garrigues, M. D.
Diseases of Children.—Henry D. Chapin, M. D., Augustus Caillé, M. D.
Hygiene.—Edward Kershner, M. D., U. S. N.
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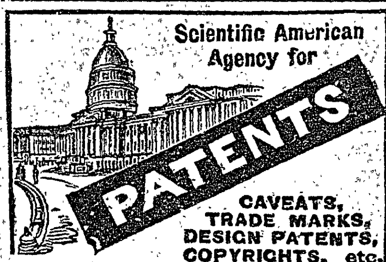

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