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The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF
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VOL. IV.—No. 10.

OCTOBER, 1892.

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AVOID.—Starchy and saccharine food; all malt liquors, wines and coffee.

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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to end of the first week in July.

The sixtieth session will commence on the 1st 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 neighboring 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 home-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, and associated with it are two "culture" rooms, in which the various forms of Bacteria are cultivated and experiments on Bacteriology carried on.

Recently extensive additions were made to the building and the old one entirely 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 10,000 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.

HOSPITALS.—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will soon be opened, and students will have free entrance into its wards.

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

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HALIFAX, N. S., OCTOBER, 1892.

No. 10.

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Original Communications.

To the Editor of the Maritime Medical News:

It occurred to me, on looking over my father's and brothers' Obstetric Records, that I would add mine to theirs, put them in shape, and send the whole to the *Medical News* for insertion.

I am the last of the three brothers, who have had the long experience of a rough country practice. Have reached within three years of the three score years and ten, and may be classed among the nestors of the medical profession of N. S., and before I was laid on the shelf I imagined that it would interest some of your readers to scan over the result of our long experience in this branch of our profession.

My father was extremely methodical in all his ways, and impressed the same method on his children. Hence, when he commenced his medical career, with an *Obstetric Record*, in which were ruled columns for date, parent's name, sex, hours of attendance, No. of birth, time of birth, and a wide space for remarks, we, one and all, followed his example

very carefully and conscientiously, and the result is before you in the annexed record.

I think to the younger members of our profession it may appear singular that the forceps were applied in such a small percentage of cases, but this arose from the strong repugnance to their use, born of the severe strictures put upon their application by the lecturers on midwifery of the 'old school,' such as Ramsbotham and others before him, which commands we were slow to disobey. We do not now wait till the poor suffering mother is almost in articulo mortis, or as Ramsbotham expresses it, "If the strength is failing, the spirits sinking, the countenance anxious, pulse 120 or 140, the tongue dry, brown and raspy, rigors, or if on pressure of abdomen, there is great tenderness, heat and tumefaction of vagina, then we should be acting injudiciously to allow the case to proceed without relief being offered by the forceps;" but with chloroform and with our beautifully fitting 'iron hands' we now bring to the birth many a living child, which formerly was allowed to die; and in the long-continued

and unavailing expulsive efforts the maternal parts were most surely devitalized and as a consequence a vesico-recto-vaginal fistula.

There are some favorable points in this record, notably, the few perineums ruptured, and the very small number of mothers who died during delivery.

Yours truly,

HENRY G. FARISH.

Liverpool, N. S.

CATARACT IN THE YOUNG.

BY STEPHEN DODGE, M. D.

Read at the meeting of the Maritime Medical Society, held at Halifax, July, 1892.

The two following cases are reported not with a view of merely giving the results of treatment, but of throwing some light on the natural history of disease occurring in the organ of sight.

Miss H.——lost the sight of the left eye when she was about 3 months old, from inflammation of the deeper parts of the globe, causing opacity of the lens without perception of light at the time I saw her. She appeared to see very well with the right eye until she was six years of age, when the sight failed in that eye. I saw her first when she came to the school for the Blind in Halifax. She was then 14 years of age, in the year 1876. I found that she had partial nuclear cataract in the right eye. Vision was somewhat improved on dilating the pupil, but not enough to give useful vision. I operated at two different times by discission; but as the lens substance was dense and tough I did not succeed in obtaining the absorption of more than two-thirds of the lens substance. After waiting some time, I then made a linear incision with narrow iridectomy knife, which entered the cornea at the border of the dilated pupil, passed through the anterior chamber and beyond the remaining lens, and I then dipped the point through the capsule and made a good sized opening in the latter. I then withdrew the knife, and introduced a hook and seized the

lens, drew it out through the corneal incision and with scissors cut it off and the capsule connected with it. This afforded a clear pupil. No reaction followed and she recovered with good vision. As she was unable to read at that time I could not use the test types, but in various ways I fixed her vision both for near and distant objects, and satisfied myself that it was good. She did not require to return to the institution and I saw no more of her until the summer of 1890. She was now married and brought her little boy to me. He was 2 years old, remarkably healthy and sturdy, but had cataract in the right eye. In the left the sight was good. Perception of light was good in the right. I then examined the lens after using atropine to dilate the pupil. The cataract was complete and it was doubtless congenital, as the mother said that she had noticed it very soon after his birth. After needling it twice the lens was absorbed, but with capsular opacity remaining. An opening was afterwards made by means of two needles, with every indication of good sight.

It seems strange that a child well-developed in every way and in excellent health should have had a congenital cataract in one eye corresponding to that in which the cataract existed in his mother's eyes; the result apparently of transmitted hereditary influences. Very little has been said on the subject of heredity by those who have been able to follow up their cases. Why should not nutritional failure be transmitted in this organ as well as in other parts of the system?

One word in conclusion. Too often cases of congenital cataract are neglected until amblyopia occurs and nystagnus is developed. The retina has been deprived of the natural stimulus of a proper amount of light, and after a time it becomes permanently injured. The removal of the cataract under such circumstances is often unsatisfactory in its effect upon the sight, as the time has gone by when useful vision could be expected from the operation.

FARISH OBSTETRIC RECORD.

PRESENTATIONS, &c., &c.	Henry G. Farish, Seagr., Yarmouth. 1811 to 1847—36 years. Cases, 2148.	G. Joseph Farish, Yarmouth. 1853 to 1881—46 years. Cases, 1958.	James C. Farish, Yarmouth. 1839 to 1880—50 years. Cases, 3101.	Henry G. Farish, Junr., Liverpool. Feb. 1851 to Feb. 1892—41 years. Cases, 2815.	SUMMARY. Total cases, 10082
Face to pubes	43	35	34	33	30
Notes	41	75	60	59	56
Shoulder	None	None	None	None	" 19982
Arm	5	301	740	5	" 531
Transverse	None	None	None	None	" 10082
Feet	13	16	14	13	" 180
Face	4	122	225	7	" 690
Forehead	5	3	3	3	" 1500
Head and hand	4	537	1020	1	" 3500
Head and foot	None	3161	3161	2	" 10082
Hand and head	None	1958	None	None	" 468
Hand, arm and head	None	1	None	2	" 1497
Funis	3	4	5	1	" 2815
Placenta plevia	52	11	30	61	" 720
Forceps	4	4	4	3	" 154
Craniotomy	4	3	3	3	" 988
Version by feet	9	8	9	17	" 105
Twins	16, or 1 in every 17 daughters.	20, or 1 in every 19 daughters.	37, or 1 in every 23 daughters.	32, or 1 in every 32 daughters.	88 105 " " 90
Triplets	1, or 1 in every 2148	None	1, or 1 in every 3161	None	2 " " 5011
More than triplets	None	None	None	None	" " " 171
Convulsions	3, (1 died), 1 in every 716	8, (all cases not noted) 243	23, (6 died), 1 in every 137	23, (4 died), or 1 in every 112	" " " 1440
Hydratais	None	2, or 1 in every 979	1, or 1 in every 3161	4, or 1 in every 704	" " " 1080
Hydrocephalus	None	None	3	3	" " " 2010
Spina bifida	None	1, or 1 in every 1058	4	None	" " " 1410
Club foot	None	3	3	1	" " " 1360
Other deformities	2, or 1 in every 1074	6	3	3	" " " 2920
Monstrosities	2, (Acephalous), " 1074	2, (Acephalous)	None	None	" " " 775
Perineum ruptured	None	3, or 1 in every 653	6	4	" " " 10082
Inversion of uterus (in labor)	None	1	None	1	" " " 2520
Died during delivery	None	1958	None	1, reduced immediately (lived) 2815	" " " 3500
Menstruated during pregnancy	None	2, (from exhaust'n), " 1074	None	1, hemorrhage	" " " 10082
Albinos	None	1 (regularly)	1 (regularly)	1 (6 in South Queens Co.)	" " " 372
Abortions and premature	95—sex not marked.	46—sex not marked.	None	123—sex not marked.	" " " 5237 } Excess
Sons	1130	1004	1630	1443	4478 } Excess
Daughters	923	905	1393	1249	males, 764

In United States, from statistics, in 1870—100,000 males, 97,860 females; in 1880—100,000 males, 90,520 females. Excess of males for the 500,000—5080.

Selections.

NOTES ON ASIATIC CHOLERA.

The following, constituting Circular No. 46, prepared by the surgeon-general of the navy, has been issued for the information of the naval service :

"In consideration of the possibility of the further advance of Asiatic cholera, now epidemic in certain portions of Europe, the following notes on treatment and prophylactic measures, extracted from various sources, are issued :

"Although quarantine regulations are more efficient now than formerly, yet the history of the entrance of this disease into the United States is such as to warn us against being lulled into a false sense of security ; thus in 1832, 1833, 1854, 1867, and 1873, the disease pursued the same course as at present, starting in Asia, gradually progressing into Europe, effecting an entrance into this country from intercourse with European ports. Only in 1864 were we able to restrict cholera by quarantine, although it had been imported into the harbor of New York.

"Dr. Rausch claims that, in the other epidemics, the reason quarantine regulations were inefficient was that while quarantining some ships others were allowed to escape this regulation ; and that they deposited on our shores cholera-infected persons and fomites, and that it was only when from this cause the disease commenced that our attention was directed to the cholera-infected ships, which had undergone or were undergoing quarantine.

"Before taking up in detail the different methods of treatment which have been in vogue in different epidemics, a few general suggestions as to the management of all cases are deemed advisable.

"Since the days of Hippocrates, the injunction to avoid vacillation or change of therapeutic measures in the treatment of individual cases has been enjoined. So short is the course of the disease (it

having been ascertained by the French Government that out of 4,907 deaths one-third of the number died in from six to twelve hours, and a second one-third in from twelve to twenty hours), that we only have time to institute and give fair trial to one plan of action in the majority of cases.

"Again, medicine can do little good in the later stages of the disease, on account of the great congestion of the alimentary canal, the sluggish capillary circulation, and the thickened viscid state of the blood, impeding absorption.

"Heroic medication, which many writers claim is pre-eminently suitable for cholera, is necessarily valueless in the advanced attack, because the drugs are either swept away with the discharges or else remain behind without exercising their action, in which case they are liable to become sources of great embarrassment in the stage of reaction, from their absorption upon the restoration of this function. One physician, to prove the correctness of vigorous medication, writes that to one of his cases he gave twenty grains of extract of belladonna without producing dangerous symptoms ; no mention, however, is made of the recovery of the case.

"*Stimulant and Opium Treatment.*—Give half an ounce of brandy or whisky (hot), with a few drops of tincture of capsicum, every five minutes, during the cold stage. In addition, give twenty drops of laudanum combined with an equal quantity of spirits of camphor every half-hour until reaction commences. Now greatly moderate the administration of stimulants. This method of treatment is condemned chiefly on account of the unmanageable reaction it produces.

"*Chloroform Treatment.*—Give thirty drops of chloroform every half-hour until reaction sets in.

"*Opium Treatment.*—There is great danger of giving too much of this drug ; thus, during one of the epidemics, the physicians of the cholera hospital at Boston claimed that many of their cases were admitted with symptoms of opium

poisoning, and, furthermore, that all these patients died, so there certainly seems to be no virtue in the production of narcotism.

"Among the combinations in which opium predominates may be mentioned the following :

R Pulv. opii,
Camphora,
Plumbi acetatis, aa gr. j.

"Sig. : One pill every half to two hours as indicated.

"The above pill has been extensively employed in Philadelphia.

"The following treatment has been much used in India : At the commencement of the attack give castor oil, with twenty drops of tincture of opium ; also a cholera pill, the composition of which is—

R Pulv. opii gr. j ;
Oleores. piperis gtt. ij ;
Asafetida gr. iij.

"Composition of one 5-gr. pill.

"This pill is supplied to the troops to be administered as soon as the diarrhoea commences.

"*Philippine Island Treatment.*—So soon as symptoms appear, make use of friction all over the body, with a brush dipped in alcohol or brandy, then give a cup of hot tea with sixty drops of ether, and wrap up the patient thoroughly in blankets ; if profuse perspiration does not follow in four minutes, repeat the tea and ether.

"*Sodium-chloride Treatment.*—It was originally thought that there was a deficiency of sodium chloride in the blood during cholera, and to remedy this the following treatment was instituted : Give a Seidlitz powder at once, preferably combined with a small amount of magnesium sulphate ; so soon as this acts, give an abundance of beef-tea well salted. Relieve the thirst by alkaline waters. Just here it may be noticed that the greatest diversity of opinion exists as to the propriety of allowing patients to have water ; some claim that it is impossible to quench the thirst no matter the amount given ; others say

that the less water or other liquid allowed, the less the vomiting and purging. Others again claim that no measure is so conducive to the comfort and well-being of patients as the free allowance of water. As part of this treatment we may include the following, at present recommended by many German physicians : Give frequent enemata of common salt, half an ounce, and sodium carbonate, thirty grains in one pint of water, injected at a temperature of 120° F. This greatly relieves the cramps and uneasy feelings in the stomach, and, as a mode of treatment, is at present highly recommended by the German physicians.

"*Treatment by Bleeding.*—This is almost universally condemned ; the sole reason for its adoption was a negative one—if the blood did not flow then the patient would surely die ; on the other hand, if it did, some hope of recovery could be entertained.

"*Purgative and Emetic Treatment.*—Treatment by means of calomel as a purgative or ipecac as an emetic is recommended by some and condemned by others.

"*Acid Treatment.*—It being well known that the comma bacillus thrives in an alkaline and dies in an acid medium, it is proposed to add ten to fifteen drops of dilute sulphuric acid to every glass of drinking-water.

"*Quinine as a Remedy.*—This has been highly recommended in the treatment as well as in the prevention of cholera ; it seems, however, that its value is due to its antiperiodic properties. Malaria, instead of antagonizing, seems to assist in the development of the scourge.

"*Stimulant Treatment.*—In making use of these remedies diffusible stimuli, as camphor and ammonia, are to be preferred to alcohol. Blisters and counter-irritants are also recommended, especially mustard poultices over the epigastrium. During convalescence a flannel abdominal bandage should be worn.

"*Treatment by Wet Packing.*—A most dangerous procedure ; during an

epidemic in Boston every patient so treated died.

"Treatment of Cantani, of Naples.— Having observed that the tanners of Italy had a great degree of immunity from cholera, he was led to adopt the following measures: As adding weight to this method, it may be mentioned that those in China who drink tea which has been so long boiled that the tannin is extracted, escape the disease to a great extent. The plan of procedure is as follows: Into an irrigator suspended at a height of from six to twelve feet is poured a solution made of an eighth to a quarter of an ounce of tannic acid with an ounce of acacia and about twenty drops of tincture of opium in three to four pints of water, sterilized by boiling, and at a temperature of 100° to 102° F. The irrigator terminates in an intestinal tube. With this it is possible to overcome the ileo-cæcal valve and even the pylorus; soon after the injection the patient voids from a third to a half of the fluid. Injections should be given shortly after a passage, and should be from two to six in number daily. The earlier this treatment is instituted the more favorable will be the result. In connection with the above plan of procedure, he makes use of hypodermic medication; thus, in the algid state, inject about one pint of a solution of sodium chloride (four per cent.) and sodium carbonate (three per cent.). The best place to insert the needle is into the sides of the abdomen, below the costal arches.

*"Ferrán's Method of Inoculation.—*If the official statistics of the results of this method are correct, it is undoubtedly not only of the greatest value, but should be at once thoroughly investigated. In twenty-two villages of Spain, having a population of 135,052, of which number 30,491 had been inoculated, 12.69 per thousand of the inoculated contracted the disease and 3.41 in the thousand died; among the non-inoculated, 80.28 in the thousand contracted the disease and 33.50 per thousand died. The following is his method, taken from the

report of Dr. E. O. Shakespeare, to the State Department, copies of which are furnished the naval stations and hospitals:

"Instructions for the Practice of the Preventive Inoculation against Asiatic Cholera according to the Method of Ferrán.—(1) The cholera vaccine is nothing more than a pure culture, in bouillon, of the comma bacillus. Its easy and long preservation (four or five days) allows of its transportability, taking care always to keep the flask which contains the material upright.

"(2) Heat and cold do not interfere with its preservation if the vaccine is to be used in a short time. It should not, however, be kept out of doors during the warm season.

"(3) The vaccine should be kept in flasks of the model of Ferrán, with a flat bottom and a short neck. The stopper, which is of rubber, fits perfectly, and is penetrated by two glass tubes, one straight and short, which does not extend below the inferior surface of the stopper, and which does not project above more than some two centimetres, is plugged with a small quantity of sterilized cotton and a superficial covering of wax. The other glass tube is longer, and extends on the lower side as far as the bottom of the flask, while its superior end is curved and terminates in a capillary extremity, the tip of which is closed with wax.

"(4) When the vaccine is to be used it is necessary to make two principal preparations for the operation. A small syringe for the hypodermic injection and a small vessel into which it is necessary to empty the fluid from the flask are required. The syringe should have metallic pistons and mountings, without mastic of any kind and without rubber. Its capacity should be one cubic centimetre; its needle thicker and shorter than that of ordinary use. Before beginning the vaccination the syringe must be filled two or three times with boiling water, which is aspirated and expelled through the needle. This is called sterilizing the instrument, and

WYETH'S

Triturates of Arsenite of Copper.

A. P. BROWN, M. D., Fort Worth, Texas, writes us in reference to the above, as follows:

"MESSRS. JOHN WYETH & BRO.

"GENTLEMEN,—Bloody Flux is very prevalent here, and these Tablets, 1-100 grain to four ounces of water, surpass any other medicine we have used, in arresting this painful and dangerous disease; its effects are simply wonderful, and it is no trouble to get a patient (even a babe) to take it. Thanks, many thanks, for your prompt reply to my requests for tablets, etc."

Recent medical literature confirms the practical experience of Dr. A. P. Brown in the use of this remedy, in serious dysenteric cases, with an additional therapeutic value in indigestion, diarrhoea, etc.; also, as an anti-sudoral in the night-sweats of phthisical patients.

Price, 1-100, 1-150 and 1-200 gr. - - - per bottle of 500, 50 cts.

WYETH'S

Compound Syrup of Phosphates

OR CHEMICAL FOOD

Composed of the Phosphates of Lime, Soda, Potassa and Iron.

This preparation was introduced by Professor Samuel Jackson, of the University of Pennsylvania, and has been extensively prescribed with very gratifying results. It is not intended as a popular remedy, but is submitted to the Medical Faculty as a Nutritive Tonic, well suited to supply the waste of elementary matter in the human system, during the progress of chronic cases, particularly in Dyspepsia, and in Consumption.

The Phosphates address themselves more efficiently to the stimulation and strengthening of the nervous system, which invariably suffers in conditions of debility. Not only theoretically, but in the best private and hospital practice, under the directions of the most experienced Medical men, this combination has proven a most efficient aid in all cases of malnutrition, supplying to the brain and spinal cord elements which are needed for the due performance of their functions, and the want of which is made manifest by many of the symptoms of wasting diseases.

It has been found to be specially useful in Tuberculosis, Scrofula, Ricketts in Children, Anæmia, Neuroses, and kindred diseases.

By careful and intelligent manipulation the salts are all held in complete solution, hence, their efficiency in small dose.

This preparation is pleasant to the eye, agreeable to the taste, and grateful to the stomach, and does not nauseate by protracted use.

Each fluid drachm contains one grain freshly precipitated Phosphate of Iron, two grains Phosphate of Lime, one grain Phosphate of Soda, one-half grain Phosphate of Potassa, with slight excess Phosphoric Acid.

ADULT DOSE—One teaspoonful.

DAVIS & LAWRENCE CO., Limited.

General Agents, MONTREAL

P. S.—Please be sure to specify WYETH'S.

WYETH'S COMPRESSED PEPTONIZING TABLETS.

WYETH'S PURE PANCREATIN, 5 GRAINS,
SODII BICARB. 15 GRAINS.

The administration of milk peptonized by means of Pancreatin, to infants suffering from marasmus, cholera infantum and kindred diseases, where apparently the stomach has become so enfeebled as to be unable to retain or assimilate food of any kind, has uniformly produced such good results, that we feel certain that a Tablet prepared with the customary accuracy and precision of our other compressed preparations, and containing sufficient Pancreatin to peptonize one pint of milk, will be fully appreciated.

It is hardly necessary for us to expatiate upon the merits of Peptonized Milk as an article of diet for infants and invalids suffering from gastric debility, as it has been used for several years past with such uniformly favorable results as to have led to its adoption as a standard remedy. Unfortunately, however, there has been no convenient method of preparing this valuable article, and as a natural consequence, it has only been used as a last resort, when all other dietetic preparations have been tried and found wanting.

By the use of our Compressed Peptonizing Tablets, and observing our directions, the difficulty of preparing Peptonized Milk is reduced to a minimum, while the high quality of Pancreatin used in its manufacture, renders the resulting product perfectly uniform.

Price, per Dozen Bottles, \$5.00.

We also prepare "GRANULAR PEPTONIZING MIXTURE," one teaspoonful of which will peptonize one pint of milk.

Price, per Dozen Bottles, \$5.00.

Wyeth's Alkaline and Antiseptic Tablets.

As suggested by Dr. Carl Seiler.

(See his article in the *MEDICAL RECORD* of February 27, 1888, on "*Echondroses of the Septum Narium and their Removal.*")

EACH TABLET CONTAINS—

Sodium bicarbonate,	Sodium salicylate,	Thymol,
Sodium bichorate,	Sodium chloride,	Menthol,
Sodium benzoate,	Eucalyptol,	Ol Gaultheria.

DIRECTIONS.—Dissolve one Tablet in two fluid ounces of warm water, and use as a spray or wash, to be sniffed up the nose by the patient, morning and night.

This admirable combination has given such marked relief in so many cases of nasal catarrh and its complications, that Messrs. Wyeth have been induced, after consultation with Dr. Seiler, and with his kind permission, to put up the solid ingredients in the form of a soluble tablet, so that the physician can direct his patient intelligently how to use them, and at the same time, enable him to have the means, at all times, of preparing a perfectly fresh solution.

The solution, as prepared from these Tablets, has also been found very agreeable and beneficial as a mouth-wash, in cases of Stomatitis and Retraction of the Gums, etc. It may also be used with benefit as a disinfecting and antiseptic cleansing wash for other mucous surfaces than the nasal mucous membrane. It is particularly useful in cases of dry catarrh with ozæna, as it destroys the disagreeable odor better than any other combination.

Price, 50 cents per 100.

Davis & Lawrence Co., (Limited,)

GENERAL AGENTS MONTREAL.

by this means the extraneous germs are destroyed which might be contained in it, in order to avoid the production of phlegmons and abscesses. The trouble in taking this precaution will be little. Acting thus one may perform thousands of injections without fear of any accident. It is suggested that it is a bad custom to pass the needle through a flame in order to sterilize it, because this mode of procedure draws the temper. Another precaution that must be taken relates to the examination of the syringe before using it in order to be well assured that the piston acts perfectly and that not a single drop of the liquid escapes by a leak in the cannula. This latter defect is sufficient to reject the instrument. If the syringe aspires air, because the leather washer which is placed at the end of the glass tube in order to facilitate its adaptation is dry, or the piston is in the same condition, it is necessary to delay a little while in order to take the syringe apart and soak it in warm water. It is convenient to keep several syringes for use, with a sufficient number of needles, when many inoculations are to be performed.

“(5) The small receptacle into which the vaccine is poured in order that the syringe may be filled readily is a capsule, a cup, or some similar vessel. Before use it should be washed and dried with extreme care, and immediately before using, passed through an alcohol or Bunsen flame, in order to sterilize it.

“(6) All these preparations having been made, the drop of wax which closes the capillary extremity of the long tube of the flask is removed, and at the same time also the wax covering of the cotton stopper of the short tube, but by no means must this cotton stopper be removed; a rubber tube or the extremity of a small Richardson spray apparatus is adjusted to the short tube. The capillary extremity of the long tube is now slightly warmed, in order to soften somewhat the wax which may have been drawn into its lumen by capillarity, and air is forced

into the flask, either by blowing into the rubber tube or by working the Richardson atomizer; the air injected by pressure upon the vaccine fluid forces the latter out through the long tube with the capillary extremity, and it is collected in the cup or small sterilized vessel. This latter is then covered with white paper, which has been scorched in the flame, or with sterilized glass plate; as often as the syringe is filled, this cover will be removed and again immediately afterward replaced.

“(7) Never should the rubber stopper which closes the flask or the cotton which plugs the short, straight tube be removed, because otherwise the germs of the external air might enter and contaminate the culture, and in this way give place to local and general accidents among the inoculated. Whenever, through the movements of transportation, the cotton plug in the short glass tube has become so wet as to impede the passage of the air which is to be forced into the flask in the act of expelling the vaccine from it, it may be removed with the point of a needle and rapidly substituted by another plug of surgical cotton which has been carbolyzed or salicylized. If this proceeds with cleanness and promptness, there is no danger in doing it. When the cotton, although wet, does not impede the injection of the air, it is better not to change it.

“(8) After terminating the vaccination, again the capillary extremity of the curved tube is passed through the flame until the small quantity of liquid remaining in it is evaporated; it is then stopped a second time with a small drop of wax, and from the other glass tube the rubber tube which has been employed for forcing in the air is removed and another thin layer of wax is placed over the cotton plug.

“(9) If in the smaller vessel or cup any of the vaccine fluid remains after the vaccination of all persons present, it is boiled, and in this manner the culture is killed, for it should not be used in

M. P. P.

MALTO PEPTONIZED PORTER,

FOR INVALIDS, CONSUMPTIVES, AND DYSPEPTICS.

THIS combination, containing the finest quality of *PORTER* imported from the Messrs. A. Guinness, Son & Co., Limited, of Dublin, together with *PEPSIN* (the digestive power of 10,000 grains of albumen to the bottle), *EXTRACT OF MALT*, and *DANDELION*, appeals to the understanding of the Profession as being well adapted to a numerous class of cases.

In 1400 bottles given to medical men, as samples, positive *GOOD RESULTS* can be given from over 200 answers received from those by whom *Malto Peptonized Porter* has been thoroughly tested and used. There has *NOT BEEN ONE SINGLE FAILURE* reported, but all pronounce that it is the most perfect *concentrated liquid food, tonic, and antidyspeptic* preparation ever put before them.

In no single instance has it been rejected by the most delicate stomach.

Where the stomach has been so irritable that no food could be retained, *Malto Peptonized Porter* has acted like a charm, and there has been *no difficulty* thereafter in the stomach retaining food.

In the many cases in which *Malto Peptonized Porter* may be indicated are the following:

- (a) **Convalescence from acute diseases—such as typhoid fever.**
- (b) **Atonic Dyspepsia.**
- (c) **In persons of Consumptive tendencies. Here it has been found to be a most perfect substitute for Cod Liver Oil—the malt giving the fat-producing elements necessary to the supply of the wasted tissues, with the other ingredients furnishing the tonic and stimulating effects required.**
- (d) **In the treatment of cases of Alcoholism. In all cases in which it has been used it has answered admirably in allaying the irritation, vomiting, and consequent desire of stimulants of an unhealthy nature.**
- (e) **In wasting diseases of children.**
- (f) **For administration to nursing mothers.**
- (g) **Where there is sleeplessness from flatulence, over-taxed brain and nervous system.**

SAMPLES CAN BE OBTAINED FREE BY THE PROFESSION

—ON APPLICATION TO—

THE MALTO PEPTONIZED PORTER COMPANY,
(LIMITED,)

TRURO, NOVA SCOTIA.

Please mention "The Maritime Medical News."

another operation, because atmospheric germs might become mixed with it.

"(10) The technique for the practice of the inoculation is the same as for all hypodermic injections. The most convenient region is that of the brachial triceps.

"(11) The dose is one cubic centimetre—or the contents of a syringe—into each arm, for individuals of all ages and conditions.

"(12) Five days having elapsed, revaccination may be performed by following the same instructions.

"The vaccine is nothing less than a pure culture of comma bacillus of Asiatic cholera in rich bouillon; the degree of virulence is directly in relation, up to a certain point, with the richness of the nutritive medium. Aeration, among other circumstances, favors the intensity of the culture. The best vaccine is the most virulent. Three inoculations are necessary in order to obtain a profound immunity. Inject into the cellular tissues of the brachial triceps. The prophylaxis is due to the habituation of the organism to the rapidly diffusible substance carried by the microbe. The symptoms developed after the inoculation, although of considerable intensity, require no therapeutic measures.

"*Salol Treatment.*—Löwenthal found that in culture media the toxic properties of the ptomaines of the comma bacillus were only developed when such media were pancreatinized; and from this he considered that the cholera bacillus was harmless until it reached the alkaline contents of the duodenum, where it came in contact with the pancreatic juice and produced the factors of the disease. After considerable experimentation it was found that salol best neutralized the toxic properties of this culture, so that it has been recommended that this drug be given in doses of from ten to fifteen grains every hour until fifty or sixty grains have been taken. The salol breaks up in the duodenum into carbolic and salicylic acids.

"In the treatment of cholera particular attention must be given to the keep-

ing of blankets on the patients; it has at times been found necessary to restrain their movements in order to prevent the exposure incident to excessive restlessness.

"In concluding the subject of treatment it would be of service to give the results, obtained from several different methods of treatment during an epidemic in England, the relative mortality being derived from records in 6,000 cases:

"Treatment by venous injection, 85.7 per cent. died.

"Treatment by stimulants, 58.5 per cent. died.

"Treatment by stimulants with emetics, 67 per cent. died.

"Treatment by stimulants with calomel and opium, 60 per cent. died.

"Treatment by ice, with stimulants, 50 per cent. died.

"Treatment by opium, 58 per cent. died.

"Treatment by calomel, 37 per cent. died.

"Treatment by ipecac with moderate warmth, 34 per cent. died.

"Treatment by the sodium chloride method, 25 per cent. died.

"Treatment by ice alone, 35 per cent. died.

"Although Cantani's treatment did not meet with much success in the recent Chilean epidemic, yet it was considered in Austria and Italy to be the only plan of treatment which offered any hope of success in the advanced stages of the disease.

GASTRO-INTESTINAL DYSPEPSIA.—As a laxative Prof. Dujardin-Beaumetz gives a desert-spoonful of the following before retiring:

Powd. senna pods,
Washed sulphur, aa, ʒ iss.
Powd. fennel seed,
Star anise, aa, gr. xlv.
Cream tartar, ʒ ss.
Powd. sugar, ʒ vj.
Powd. licorice, ʒ ij.

Mix.

—N. Y. Med. Abstract.

Maritime Medical News.

OCTOBER, 1892.

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

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

All manuscripts, and literary and business correspondence to be addressed to

DR. MORROW,

Argyle Street, Halifax.

It is with great pleasure and some pride that we call the attention of our readers to the record of midwifery cases sent to us by Dr. Henry G. Farish, of Liverpool, N. S. Such extensive and thoroughly kept records are not often found outside of maternity institutions if, indeed, even there.

It is most interesting and instructive reading, and we take the opportunity of warmly congratulating Dr. Farish and his brothers on this exceptional record of their father and themselves, being as it is a valuable resume of obstetrical clinical history and constituting an eloquent witness to their faithful method and industry.

The "Farish obstetrical record" forms a chapter in the Medical History of the Province.

UP to the moment of writing Canada has been free from Cholera and the few cases in the United States are of the past. This probably ends the history of the disease in North America for the present winter. The scourge is still claiming many victims in Europe, though in Western Europe it has lessened much in the last few weeks. The new cases now developing daily in Hamburg are counted by tens or less instead of by hundreds a little while ago. Hamburg has probably had its punishment and the disease will probably slowly die out there. It is but reasonable to expect however, that in the spring other Western European places will be visited by a reappearance of cholera, and protective measures for the safety of Canada must be in no wise abated but perfected. With energetic quarantine and prompt isolation of any cases that may occur in the Dominion it is unlikely that the epidemic will spread to any alarming extent in this country. But this safety can only be attained by unremitting watchfulness and intelligent carrying out of sanitary measures, in both city and country.

We give elsewhere a resume of the question of the treatment of the disease.

THE twenty-fourth session of the Halifax Medical College will be opened on Monday, October 31st. During the last several years the development of the College has been

marked judged by every standard. The teaching staff has been materially increased; and efficient practical instruction will henceforth be given in histology, pathology and bacteriology. Dr. D. A. Campbell will share in the work of the chair of Medicine, giving two lectures a week.

The Faculty have made material additions to their microscopical outfit. By the will of the late Dr. Chas. Cogswell of London the sum of twenty-five pounds was left for the purpose of cataloguing the books in the library of the college. A copy of this catalogue was to be submitted to the executors and, if approved, a further sum of one thousand pounds is left in trust to the Nova Scotia Medical Society to be expended on the library of the college, the expressed intention of the donor being that the library should be open to all the medical men of the province.

The books have been duly catalogued and the first conditions of the bequest complied with.

The books have been shelved in a large room on the second floor of Halifax Dispensary. This was chosen as being a central location, and the room, which is being comfortably fitted up, will now serve as the place of meeting of the Halifax Medical Societies.

Many books have been generously donated to the library and thus the college may be said to be enriched by the addition to its advan-

tages of a substantial library to which modern additions will henceforth constantly be made.

Judged, too, by the standard of the number of students, the progress of the college has recently been marked. Each year has brought an increase and the prospects are bright for the coming year. The great drawback in the past has been the scarceness of dissecting material. This matter has received the earnest attention of the Faculty and arrangements have been made which will doubtless improve matters for the future.

Lastly, the Victoria General Hospital has been steadily extended and improved until the accommodations and conveniences compare favourably with any hospital in the Dominion. The college suffers from no lack of clinical material and a new operating amphitheatre and new pathological laboratory which are about completed will enable the student to profit to the full from the advantages offered.

OBITUARY.

We regret to chronicle the death of Dr. John Macintosh of Whycomah, C. B., which occurred very suddenly at his residence there on Saturday, 8th inst.

Dr. Macintosh was a native of Springhill, Pictou Co. In his younger days he was a school-teacher. He pursued his medical studies at Harvard, Burlington and Jefferson College, Philadelphia, graduating from the latter place in 1866. For a short time after graduation he held a position in one of

the hospitals of the Northern Army, and ultimately settled in Whycomah where he practised over a quarter of a century.

Last winter he had a severe attack of influenza, but appeared to have regained his usual health when he attended the meeting of the Maritime Medical Society in Halifax in July last. On Saturday forenoon he appeared to be in his usual health and spirits; shortly after dinner while working in his garden he was seized with severe pain in the chest, apparently an attack of *angina pectoris*. He came in, lay down without undressing, and in a few minutes expired. At first it was thought he had had a fit, and Dr. Cameron, M. P., of Mabou, his friend and nearest colleague, was sent for, but on his arrival found that life was extinct.

The funeral, which took place on Tuesday, Oct. 10th, bore testimony to the esteem in which Dr. Macintosh was held, being attended by a very large concourse of people, including several of his professional brethren from near and far. Every one present appeared to feel the loss of a personal friend. Especially will Dr. Macintosh be missed by the poor, for he never refused his assistance to those who could not pay him; not only giving his services and medicines, but not unfrequently supplying his poorer patients with the necessaries of life. Dr. Macintosh was a widower, his wife having died about twenty years ago.

READING NOTICES.

GORRORRHEA.

(From Medical Brief.)

In compliance with a request from a medical brother, I send you the formula I use in treating gorrorrhea in the male. But before proceeding with my favorite way of treating this disorder, I will give a formula which I have used many times with much success:

R. Bals. Copaibæ 1 ounce.
Tinct. Cubebæ $\frac{1}{2}$ ounce.
Salol $\frac{3}{4}$ grains.
Ol. Gaultheriæ 1 drachm.
Syr. Acaciæ . . q. s. ad . . 3 ounces.
M. Sig.: Teaspoonful 2 hours after meals, three times a day. To be well shaken.

The above formula is the best I ever used, until I devised the following treatment:

R. Lithiated Hydrangea (Lambert), 4 ounces.

Sig.: Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

R. Morph. Sulph. 4 grains.
Zinc. Sulpho-Carbolat. . . 40 grains.
Peroxid Hydrogen. $4\frac{1}{2}$ drachms.
Aquæ Dest. . . q. s. ad . . 4 ounces.

M. Sig.: Use syringeful, after urinating, three times a day.

In writing for the above I write three prescriptions, one for Lithiated Hydrangea, one for ol. gaultheria, and one for injection.

I always instruct my patient to exercise great care, when using the syringe, to press the urethra with thumb and forefinger to prevent the fluid from being thrown too far back. A little caution right here will prevent the intense irritation that so commonly follows the use of the syringe, in causing irritation at the neck of the bladder.

In the Hydrangea we have, par excellence, the remedy for the painful urinating, combined with the Lithia, which is as pleasant diuretic as is needed. The oil of gaultheria can well serve the same purpose as the balsam of copaiba, while the injection will quickly exterminate the exciting cause.

B. FRANK PRICE, M. D.

Braddock, Pa.

THE MEDICINAL VALUE OF A TRIED AMERICAN REMEDY.—Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the

profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

That this faith is justified in practice, is evinced by its unflinching remedial properties in rheumatism, sciatica, neuralgia, the pyrexia superinduced by sunstroke, hemicrania and la grippe (influenza and dengue); also all neuroses due to irregularities of menstruation. In antikamnia these properties are more speedily, more safely and more efficiently manifested than in any of the others.

Antikamnia is a true derivative from organic substances, and its widespread adoption by the profession has made it the basis of a market for the imitators.

After all "imitation is the sincerest flattery."

The population of Ireland has decreased during the past ten years by 470,086, or 9.08 per cent. There has been a diminution of the number of medical men from 3,470, to 2,293.—*Ex.*

Notes and Comments.

In the October number of the *Therapeutic Gazette* Dr. William C. Hughes, physician to the Philadelphia Hospital, reports a very interesting case of "Pneumonia treated by transfusion of blood from a convalescent case with recovery."

"This is one of the few cases treated according to the new anti-toxine method and on the basis that pneumonia is a specific infectious disease. The paper of Hughes on the treatment of pneumonia by transfusion from a patient convalescing from pneumonia, practically marks an epoch in American medicine, as, so far as is known, this is the first instance in which the method has been followed in this country."

We have received some very nice samples of Messrs. Wyeth's preparation, to which we will refer in next number.

LARGE FEES.—A Chicago physician has received \$2,000 for his services in a case of intubation for diphtheritic

laryngitis. The parties disputed the bill for six months, and at last put it in arbitration. The full charge was allowed and promptly paid. A New York physician was not so fortunate. His bill was \$2,500 for ten days' attendance on a case of typhoid fever in a southern town. The matter was sent to a jury, who awarded the doctor \$1,500. These cases have both been somewhat *causes célèbres*, and have led to many satirical remarks about doctors' fees. There may be extortionate charges occasionally; but, take it as a whole, the physician is poorly paid for the work he does. He never accumulates riches, and is generally fortunate if he saves enough for his old age. Medical services are worth more than in former years, and should be better paid.—*Medical Record.*

MENTHOL.—Menthol has distinct analgesic properties, and may therefore be used for relief of neuralgia of the fifth nerve and other painful affections where local applications are available. Its employment may be conducted either by applying a plaster, or by means of menthol in the form of a cone or stick. This is quite a popular method of treatment, and in many cases it affords temporary relief; it has therefore been employed internally for like purposes. In doses of from five to ten grains, it gives a pleasant feeling of warmth, stimulates the cardiac action without increasing its rapidity, and raises arterial pressure.

The chief action of menthol, however, is that of a pain-relieving agent, and it has been found especially useful in the treatment of migraine, in supra-orbital neuralgia, and in the headache of neurasthenic and anaemic patients, but of course this effect will not be lasting. In some cases sciatica is relieved, and thus another drug is added to the list of those recommended for this intractable malady. In the case of weak and anaemic patients, "in whom the administration of antipyrin is contraindicated," Dana recommends the substitution of menthol.

Saffrol has substantially the same effect as menthol; it is the liquid stearop-

tene of oil of sassafras, and may be given in headache and sciatica in doses of twenty drops.—*Amer. Therapist.*

A FIVE YEARS' COURSE.—According to the *British Medical Journal*, all medical students in the United Kingdom who matriculate on the 1st of October will have to pursue a five years' course of study before they can take the final examinations that give them the right to practice. We hope that this step will be duly considered by those who still deny the necessity of a three years' course for the American medical student.—*Ex.*

AN UNFAIR ADVANTAGE.

Of an ex-Congressman of Florida the following story is told:

The honorable gentleman, who it seems is characterized by a sovereign contempt for all the annoyances lying in the power of insects to inflict upon the sons of men, was once showing over his place a tourist from the north.

"Don't the mosquitoes trouble you here?" inquired the visitor.

"They are pretty numerous," replied the ex-statesman, "but they don't bite—at least not to speak of."

To this the tourist, himself a witness to the contrary, dissented. To end matters the ex-Congressman proposed a wager of ten dollars that, bare to the waist, he could lie face down upon the ground for thirty minutes, during which time any motion on his part tending to drive away a visiting insect should be considered an admission of defeat. The proposition was accepted, and the ordeal entered upon at once.

It soon became apparent that though mosquitoes in swarms were feasting themselves to repletion, they possessed no powers of annoyance so far as the honorable gentleman was concerned, and that barring accidents he was a certain winner. Twenty-five minutes passed, and the ex-Congressman still remained motionless. A happy thought struck the tourist. Taking from his packet a

burning-glass that happened to be in his possession, he focussed it upon the bare flesh before him. The ex-Congressman stood it for a moment, then winced, twisted, and finally, unable to endure it longer, sprang to his feet with the remark,

"Well, Yank, you've won; but if you'll bar yellow-jackets, I'll go you another ten dollars."

B. C. MOORE.

—*Harper's Magazine.*

THE MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

The meeting of the above association, which was held in Ottawa, September 21, 22, and 23, was a fairly successful and certainly a very pleasant one. The numbers present at the different sessions were not large; indeed, on the morning of the first day the attendance was so small as to cast a certain gloom over the meeting. On the same afternoon there was a large gathering assembled to hear the admirable address of the president, and the gloom was to a certain extent dispelled. Not altogether, however, as it happened that a majority of the members who were required to fill the programme of the afternoon were absent. This unfortunate occurrence called forth some strong words of censure, especially from Dr. Campbell, of Montreal.

Such conduct, when avoidable, is, of course, very objectionable, and richly deserves censure; but it will ever be well to exercise considerable caution in applying the lash under such circumstances. The serious emergencies which so frequently arise in the work of busy general practitioners must of necessity alter plans in a fairly large proportion of cases. If absentees, without careful or without any consideration, are to be accused of deliberate intentions to advertise themselves at the expense of association meetings, a large number will hesitate or refuse to promise papers

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This caution is also very necessary when buying Beef, Iron and Wine in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

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CONTAINS THE ESSENTIAL ELEMENTS of the Animal Organization—Potash and Lime;

THE OXIDISING AGENTS—Iron and Manganese;

THE TONICS—Quinine and Strychnine;

AND THE VITALIZING CONSTITUENT—Phosphorus; the whole combined in the form of a Syrup, with a **SLIGHT ALKALINE REACTION.**

IT DIFFERS IN ITS EFFECTS FROM ALL ANALOGOUS PREPARATIONS; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

IT HAS GAINED A WIDE REPUTATION, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

ITS CURATIVE POWER is largely attributable to its 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 healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of 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 and 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 the Syrup, to write "Syr. Hypophos. FELLOWS."

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

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for any special time. Those who have had much experience in such matters will realize how seriously a possibility or probability of such accusations would handicap the efforts of the officers in preparing a programme.

On the second day the attendance was large, reaching about one hundred. Montreal, as usual, sent a large contingent. Toronto, among outside places, stood a good second. The western part of Ontario was only fairly represented. From more distant parts the numbers were small, but those present extended a warm welcome to Dr. Chown, of Winnipeg, and Dr. Milne, of Victoria, B. C.

It was decided to hold the next meeting in London. Some thought that if the World's Fair were not postponed, it might be arranged in such a way that many could attend the meeting and go on to Chicago afterwards. Even without the big fair, it was thought an excellent place because of its position as a centre of a large and flourishing district. Dr. Sheard has done good service to the association in the past, and his unanimous election to the presidency gives general satisfaction. The following is a complete list of the officers:

President: Dr. Chas. Sheard, Toronto. *Vice-Presidents:* Ontario, Dr. Wisbart, London; Quebec, Dr. Shepherd, Montreal; British Columbia, Dr. Milne, Victoria; Manitoba, Dr. Chown, Winnipeg; Northwest Territories, Dr. Kennedy, Fort McLeod; Nova Scotia, Dr. Lindsay, Halifax; New Brunswick, Dr. Daniel, St. John; Prince Edward Island, Dr. McLeod, Charlottetown. *Local Secretaries:* Ontario, Dr. Waugh, London; Quebec, Dr. Desrosiers, Montreal; British Columbia, Dr. Lefebvre, Vancouver; New Brunswick, Dr. M. McLaren, St. John; Nova Scotia, Dr. Morrow, Halifax; Prince Edward Island, Dr. F. B. Taylor, Charlottetown; Northwest Territories, Dr. Cotton, Regina; Manitoba, Dr. Milroy, Portage la Prairie. *General Secretary:* H. S. Birkett, Montreal. *Treasurer:* W. H. B. Aikins, Toronto.

The profession of Ottawa were very kind in entertaining the visitors. They gave a conversazione on the first evening in the Russell House, which passed off very pleasantly. On the second evening the members' dinner was given, also in the Russell House. About eighty seats were occupied, and all appeared to enjoy themselves.—*Canad. Pract.*

HOW LONG SHOULD A CONVALESCENT FROM DIPHTHERIA BE ISOLATED?—In one case the patient was supposed to be well, and made a visit to a relative in Boston nine days from the date of his "getting up." One week after his arrival a child in the family was attacked with diphtheria, and died. An outbreak of diphtheria in a hotel at Nantucket followed the arrival of a person just recovered from diphtheria, and pronounced well by the attending physician. One of these cases, when supposed to be well, carried it to a hotel in town. Three cases of diphtheria in one family closely followed the advent of a nurse who had just come from attendance on a fatal case.

I think that evidence goes to show that poison is retained in the mucous membrane longer than is generally considered to be the case. In lieu of definite knowledge, I have adopted the arbitrary rule of advising quarantine precautions for one week after the patient appears to be perfectly free from disease. This seems to be a fairly safe rule and one that is desirable.—*Boston M. and S. Journ.*

VEGETARIAN DIET.—Dujardin-Beau-metz claims that this diet thoroughly subserves alimentation of the organism; the best proof of which is furnished by the poor peasants, who do not eat meat, yet they are strong and healthy. This diet is of therapeutic importance in certain diseases. A vegetable diet limits to a minimum the production of toxins, such as neurin, muscarin, etc. It is indicated in insufficient functional activity of the kidneys and alimentary canal; indeed, in all similar conditions where

an accumulation of ptomaines in the blood might prove dangerous. It is also indicated in putrid diarrhoea. In diseases of the stomach a vegetable diet is especially indicated, as the intestines are principally employed in its digestion, thus affording the stomach considerable rest. In the uric-acid diathesis this diet is also recommended.—*The Dietetic and Hygienic Gazette.*

Mr. GLADSTONE'S capacity for public business, for literary work of the highest character, and his physical endurance, with the weight of years upon him—he is now more than eighty-two—is a remarkable fact. There are reasons, however, for this state of things in his case. He was born into the world a vigorous infant, of excellent ancestry. He has never had any pecuniary anxiety. He has lived a sober and a godly life. These are the conditions which, if they do not insure longevity, and mental vigor with the long life, go very far toward promoting it.—*Ex.*

CREASOTE IN THE SCROFULA OF CHILDREN.—Dr. J. Sommerbrodt, of Breslau, has obtained excellent results in the treatment of scrofula by means of creasote in *high doses*, either in the pure state (in drops which are taken in milk or wine), or mixed with cod liver oil (in capsules.) In children less than seven years old the treatment is begun with three drops of creasote a day, gradually increased to eight or even twelve drops. In children over seven years old it is easy to attain in the course of seven or eight days a daily dose of 15 grains. It is seldom necessary to exceed the latter dose, but it can be done without inconvenience if required.—*Med. Abstract.*

TREATMENT OF HICCOUGH.—Hiccough is sometimes a very troublesome symptom, and in children may persist without discoverable cause for long periods, and seriously interfere with sleep and

nutrition. In such a case, a child aged 12, Leloir (*Rev des Mal. de l'Enf.*, March, 1892) applied digital pressure for three minutes to the left phrenic, between the two attachments of the sternomastoid; the hiccough stopped and did not recur. He has since used the method in a large number of cases, and always with success; in some cases pressure for a few seconds has been sufficient, in others a few minutes.—*British Medical Journal.*

DUKE (A.) ON THE IMPORTANCE OF EXAMINATION OF THE GENITAL TRACT DIRECTLY AFTER LABOR.—Flushing of the uterine cavity immediately after delivery is advised, followed by a visual and tactile examination. By the hot-water flushing we get rid of several sources of danger, and, if a thorough examination *is then made* for vaginal or cervical injuries, it will be a comparatively easy matter, when such are found, to draw together the torn surfaces in severe lesions with catgut sutures, and cauterize the parts in minor ones with strong carbolic acid, thus leaving the parts concerned in a better condition for repair and less liable to absorb. It will be obvious that at no other time subsequent to labor have we a better opportunity.—*The Med. Press.*

YAWNING AS A THERAPEUTIC MEASURE, Dr. O. Naegeli.—In certain affections of the throat, such as acute pharyngitis and catarrh of the Eustachian tube, with pain in the ear and deafness, excellent results may be obtained by making the patients take many times a day a series of successive yawns. There is an almost instant improvement in the symptoms, especially of the pain. The movement of the muscles in the act of gaping, acts as a sort of massage.—*Med. Abstract.*

DR. WEIR MITCHELL, of Philadelphia, passed several weeks in June, salmon fishing on the Restigouche River.

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Horsford's Acid Phosphate.

BY the researches of Koch and others, it is found that the cholera bacilli require for their growth, a milk alkaline nutrient medium, and that acids are most useful to kill them.

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Half a teaspoonful in half a tumbler of water, with sugar if desired, will make a palatable drink.

Send for descriptive circular. Physicians who wish to test it will be furnished a bottle on application, without expense, except express charges.

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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 those 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 that are attached to these Institutions.

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Lf. D., J. R. Nilsen, M. D., H. J. Boldt, M. D.

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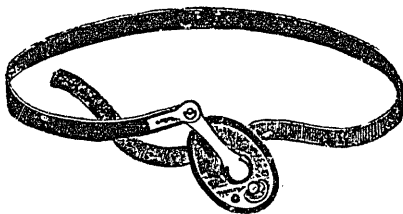
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The regular order of lectures will begin on that day and will be continued during the six months following.

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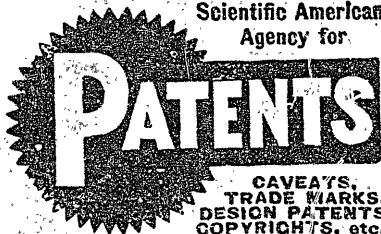
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