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The Maritime Medical News,

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VOL. IV.—No. 4. APRIL, 1892. { Subscription $1 per annum.

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The fifty-ninth 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 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, 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 manufactories 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.

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The Maritime Medical News,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. IV. HALIFAX, N. S., APRIL, 1892. No. 4.

CONTENTS.

Original Communications.

CANCER.

BY W. B. SLAYTER, M. D., M. R. C. S., (ENG.), HALIFAX, N. S.

It might be truly said of cancer. "Thou art so near and yet so far." We know so much about it theoretically, and yet practically, so little. Interesting as a study, from any standpoint, there are two points which are of more practical importance than others. Should cancer be operated upon, and if so, when? Is it on the increase in our country?

Most writers advocate, and surgeons practice operation, *early if possible*, but *operation*, except in the most hopeless cases.

It would be well to look into this question a little more from the patients' standpoint—we would then be more inclined to limit surgical interference to such operation as holds out a fair hope of permanent cure.

Heidenhain of Berlin, tells us that he examined histologically 18 cases of primary cancer of the Mammary gland. "In six of these only he found healthy tissue in the section of the tumor in contact with the surrounding tissue. In the other 12 cases, recurrence took place and he was able to make out by microscopical examination, that fragments of cancer had remained in the wound after operation." "In 65 cases of Von Volkman's, in which the tumor was adherent to the pectoral aponeurosis, 2 only were cured, in the others the disease returned." "In 21 cases of Küsters', in the same condition, not one was cured." Gross says that the prognosis in Carcinoma of the Breast is "*eminently unfavorable*," and in support of his opinion tells us that of 1527 cases, 137 ran a natural course, and 1390 underwent operation. Of the 137, 117 are dead, (that is at the time of writing). The average duration of life was 28.6 months. Of 536 cases which died after operation with a recurrence of the disease, the average duration of life was 38.5 months. Note here that successful operations in cases not permanently cured, add but ten months to the life

of the patient, and in the same connection let us remember that operations for Mammary cancer permanently cure but 11.83 per cent. in properly selected cases, while one in 7, or 14.24 per cent. die of the operation itself. From a surgical standpoint, and in view of the deadliness of the disease, these results to some may appear favorable enough. From the patients' standpoint, however, the results are not encouraging, In cases of cancer of the tongue, Baker's estimation is 10 per cent. of permanent cures. Butlin puts them down at 13 per cent. Cases not operated on die within 18 months, many in 12 months. In selected cases successful operation prolongs life for from 6 to 8 months. Whitehead on the other hand, states that of 104 cases of total excision, the mortality was 20 or 19.21 per cent, the remaining 82 cases recovering from the operation, but he does not tell us how many of these were permanently cured. Wilson traced 61 cases which had been operated on—15 survived one year, 4 for two years, 2 for three years, 4 for five years, and 1 for six years. In cancer of the cervix uteri, Schauta of Sprague claims 47.3 per cent. of definite cures in his cases of hysterectomy for cancer, and Hofmeier "gives 40.5 per cent. of recurrence two years after amputation of the cervix."

In cancer of the rectum, Cripps tells us "that in only about 15 to 20 per cent. *of all cases*, will excision be practicable," and out of Keeley's collection of 144 cases, no less than 22 died as the *direct result* of operation. From the above facts we may perhaps draw a few useful practical lessons.

The chief and most practical is, that the indiscriminate cutting for cancer so prevalent at the present day, does little good to the patient and brings no credit to sound surgery. As we have seen, in mammary cases about 11 per cent.; in cancer of the tongue from 10 to 13 per cent.; in cancer of the cervix uteri from 40 to 47 per cent. of cases operated on are permanently cured; but to get this result, operations must be in the earliest stage of the disease, the patient must be otherwise in good health, and the operation itself must be a very thorough one, clearing away not only the diseased part, but a considerable amount of the surrounding healthy tissue.

In cases of longer standing, where the probability of a return of the disease is almost certain, the patient should be informed that *at best* successful operation adds but *10 months* to life: that, in view of the risks of the operation itself, the inadequate results, the dread, mental anxiety and actual suffering, it should be our duty seriously to consider whether, in the large majority of cases, it is not more judicious and helpful to advise against operation, and trust to methods known to all, for the purpose of relieving pain and keeping the parts clean. With reference to the second point, Is Cancer increasing in Canada? little need be said. You, I know, would not thank me for a lot of statistics, and I feel quite sure your readers will be duly thankful to be spared. I add to this article the mortuary statistics of Cancer in several cities and towns in various parts of this Dominion. Were the total Cancer statistics of the whole Dominion taken, the result would be much the same. Making due allowance for the natural increase of population, it will be seen that the per centage of deaths from Cancer per thousand of population is very little larger in 1891 than in 1884:—

	1884	1885	1887	1891		
	No. of Deaths.	"	"	No. of Cases.	Popul.	Rate per 1000 of Pop.
Montreal ..	69	77	83	86	216,650	.39
Toronto	39	49	44	67	181,220	.36
Quebec	38	24	28	27	63,090	.42
Hamilton ...	23	36	17	26	48,980	.53
St.John, N B.	5	10	14	6	39,179	.15
Halifax	24	26	30	21	38,556	.54
Kingston ...	..	11	14	8	19,264	.41

A physician loses nothing by letting it be seen that he expects pay for his services.

ANTISEPSIS IN HERNIOTOMY.

By Dr. Edw'd. Farrell, Professor of Surgery Hx. Med. College.

The value of Asepsis is no longer disputed. The testimony of a succession of brilliant results in all the great operations has made the principle of Antiseptic Surgery the corner-stone upon which successful operative surgery must be built. Yet while we acknowledge the principle, it is a lamentable fact that in practice—more often from carelessness than from want of knowledge—its principles are violated. For successful surgical procedure care and thoroughness are often more valuable qualifications than skill, and attention to details of as much moment as knowledge. It is particularly so in applying the principles of asepsis and antisepsis. It is easy to understand the principles, but it requires care and patient attention in its application.

I had the honor of reading a paper before the first meeting of the Canadian Medical Association, held in this city, I think, in 1872, and think I held the view that antiseptic treatment meant absolute cleanliness. I still hold that opinion, and if I were asked to make a list of antiseptics, I should place soap and water at the head of the list.

How often do we find practitioners who are fully aware of the value of the antiseptic system, — even young men who have been brought up under the teaching of this improved method of practice, — violating its principles through carelessness?

I remember hearing, in a medical society, some years ago, a gentleman take very strong ground in favor of antiseptics, but especially extolling the virtues of carbolic acid as an antiseptic. In meeting that gentleman some time afterwards, in practice, I noted the fact that unless appearances were very deceptive, there might be enough septic matter about his finger nails to engage the fighting qualities of a considerable quantity of his favorite antiseptic.

It is to be hoped that the practice of making an examination of a puerperal woman without previously washing the hands and nails, is an uncommon one; but one is fearful that it may not be so uncommon when a practitioner is found to engage in the syringing of the vagina in the puerperal state without any change in coat sleeves or cuffs, and without washing his hands, as happened within my knowledge a few weeks ago. In fact, the use of the vaginal douche in puerperal cases may be often a source of danger instead of safety. It has been suggested as an antiseptic measure, but I fear it may sometimes, when carelessly used, be the source of sepsis instead of preventing it.

Is the thermometer always washed before and after being placed under a patient's tongue?

We are every day discovering some new application of the principles of thorough cleanliness and disinfection in surgery, Its application is wide-spread, it is so simple and yet so effective. How many thousands of lives are saved by it! It stands side by side with the discovery of anesthetics as the greatest advance in knowledge in the century.

I desire to call the attention of the Society to the special danger of sepsis in the operation of herniotomy, especially in those cases in which the sac is large and a considerable quantity of intestine and omentum protrude.

Are the contents of a hernial sac in a state of strangulation, septic or not? The answer to this question depends upon how near to a condition approaching to gangrene the strangulated gut is. Even though the gut may not yet be gangrenous, at the time of the operation, though we find it firm, resisting and glossy, its almost black color indicates that gangrene is not far off. It may be returned safely into the abdominal cavity in this condition, especially a small hernia, but there is one portion of the contents of the sac that may be, and under such circumstances is likely to be, septic. I refer to the fluid

which is always present in greater or less quantity in it.

In herniæ which have been for some time strangulated, or when strangulation has been acute, this fluid is usually found turbid opaque and dark in colour with a marked intestinal odor. It appears to be septic and at least is not the sort of thing that should be allowed to pass into the abdominal cavity. There must be osmosis going on between this fluid and the contents of the gut rendering it septic. There is but little danger from it in a small hernia, for in these the sac is usually freely opened and all the fluid escapes, but in large herniæ, where a quantity of this fluid remains in the most dependant parts of the capacious sac, it may become a source of great danger if not freely washed away before the stricture is divided and the peritoneal cavity exposed.

The simple means of preventing this source of infection would be by thoroughly flushing out the sac before the stricture is divided.

This suggestion is not new. In the early days of the antiseptic method when more faith was placed in the chemical disinfectant than in free douching with pure (sterilized) water, antisepsis in herniotomy was done by the application of a germicidal solution with strangulated gut and sac. It is now, however, a well understood fact that antiseptic solutions sufficiently strong to be effective are often dangerous and irritating to delicate tissue. This would be the case especially in the case of a strangulated gut already nearly devitalized and unable to stand any further irritation. The plan was abandoned, as it was found to injure the already nearly necrosed intestine.

There can be no such danger from the free use of hot sterilized water, and I think it should be the rule, especially where the sac is large, to follow the plan of free douching of the sac before the stricture is divided. This may be the practice of some operators now under the circumstances which I have described, but it is certainly not made, as it should be, a surgical rule to guide all operators.

I was particularly impressed in regard to this point in an operation for strangulated hernia I performed a few weeks ago. A man aged about 70 was admitted on Friday, March 10, with a strangulated scrotal hernia. The tumor was very large, nearly as large as a child's head. This immense protrusion and strangulation had occurred about twenty-six hours before the operation was performed. After the usual incision the sac, which was very tense, was opened near its neck, and from it flowed a quantity of very dark ill-smelling fluid; the incision was enlarged a considerable distance downwards and the gut was found almost "gone," but it still retained its resistance and gloss, and it was deemed best to return it. (It was found afterwards that there were five feet of intestine strangulated.) The sides of the long incision were depressed and I believed that the fluid had been drained away, but after the stricture was divided, and while endeavoring to return the large mass of intestine I could feel and see that some of the fluid from the lower dependant part of sac was welling up about my fingers, with no protection for the peritoneal cavity. At once a sponge was crowded into the opening and the sac thoroughly douched, but, I fear, not before some of the fluid had found its way into the peritoneal cavity. The patient never rallied from the shock, and died about twelve hours after the operation, in a state of collapse.

If such another case came under my care, or even in every case of herniotomy, I can see no possible harm — and in many cases much good — from free douching of the sac with hot sterilized water before the constriction is divided. The small amount of fluid which may have passed into the abdominal cavity could not have influenced the fatal result in this case, as an acute strangulation at that age of four feet of intestines made the case nearly hopeless under any circumstances.

TYPHLITIS, WITH THE REPORT OF A CASE OF PARATYPHLITIS WITH OBSCURE SYMPTOMS; AUTOPSY.

BY F. H. WETMORE, M. D., HAMPTON, N. B.

Typhlitis is a term used to indicate inflammation in or around the head of the colon, especially of the caecum and vermiform appendix. As the starting point of the inflammatory action is becoming better known, we see the word "appendicitis" more frequently in print. Peri—, and paratyphlitis are terms used to distinguish the secondary processes, the former when the peritoneum is involved, the latter when the extra-peritoneal and post-caecal connective tissues are the main seat of the disease.

There is no doubt that most cases of peritonitis in the male, and not a few of those in the female, as well as many cases diagnosised as "inflammation of the bowels," commence as an appendicitis. To show the frequency of the affection, Toft claims that in 300 autopsies performed at random, he found every third person between the ages of 20 and 70 to have evidences of present or past inflammation of the appendix. When we diagnose a case of appendicitis, I think those of us who have seen but little of this affection are too apt to think of the "cherry-stone" or other foreign body as the cause, and to be surprised if the symptoms and signs disappear and the patient gets better; while as a matter of fact the foreign body explains comparatively few cases of uncomplicated typhlitis. Even in perityphlitis, where a foreign body in the appendix is considered the rule, Mattersock, an eminent German authority, observed in 146 adult cases, faecal concretions 63 times and foreign bodies only 9 times, while in the other half of the cases nothing abnormal was found. The great majority of the whole number of cases tend to recovery. The mortality in adults has been placed at 30 per cent., but probably if all lighter cases were reported, it would be much lower. In 100 cases of perityphlitic abscess, one of the most unfavorable conditions with which we have to deal, treated by operation reported by Noyes of Providence, there was a mortality of but 15 per cent.

There has been considerable discussion as to why the appendix is so frequently the seat of inflammation. Mr. Bland Sutton draws attention to the large amount of lymphatic tissue found in the appendix and caecum, (Clin. Soc. London, Feby., 1891) and says the appendix might be regarded as an abdominal tonsil, the cases recovering under medical treatment being compared to cases of simple tonsillitis, and those terminating in suppuration to the like condition in the tonsil, the greater tendency to affections of adenoid tissue in youth, explaining the comparative frequency of appendix trouble at that age. Dr. Hingston Fox (Hunterian Soc. Oct. 22nd, 1890) says he has seen some cases in young persons suggestive of a chronic hypertrophy, like enlarged tonsils. Mr. Langton, of London, states that the greater liability of the appendix and caecum to give way under pressure is due to the excess of adenoid tissue here compared with other parts of the intestines. The presence of a valvular fold of mucous membrane at the orifice of the appendix, the small amount of muscular tissue in the tube itself, and the abnormal position of the organ as a congenital defect, or as a pathological change, are other factors to be considered in discussing the cause. The possibility of stagnation of retained mucus, diseased germs, fœcal concretions or foreign bodies, is thus readily explained; and, considering the nature of the tissue, we can easily understand how one or more of these conditions might be the exciting cause of an acute inflammation.

In adults, as a rule, the onset of symptoms of typhlitis is sudden and severe; in children and elderly people more insidious. The pain localised in

* Read before the St. John Medical Society, Feb. '92.

the right iliac region, the tumor, and the disturbance of the digestive system are the three cardinal symptoms. Anorexia, nausea and vomiting are, as a rule, prominent from the first. Constipation is the rule, sometimes alternating with diarrhœa or dysenteric symptoms. Paratyphlitis, on the other hand, is generally more insidious at the outset,—there is less disturbance of the alimentary canal. A greater tendency to pressure symptoms in the right lower extremity. The following case occurring in my own practice can be classed under this heading. The true nature of the case, which was somewhat obscure from the absence of the usual symptoms, was revealed at the autopsy:

About the middle of October, 1890, a feeble and somewhat corpulent old gentleman, 82 years of age, came under my care. He had not been in good health for some time, and the last few days was inclined to be drowsy, and suffered from lame back, anorexia, and morning nausea. Nothing special was made out on physical examination; the skin and conjunctivæ were of a slightly jaundiced tint, and the tongue furred; pulse 50 to 60, full and slightly irregular; the heart and lungs were normal. The urine was diminished in amount, and at first increased under treatment; sp. gr. 1020, no deposit, no albumen or sugar. He improved somewhat under treatment, had no pain anywhere, and by October 24th, eleven days after my first visit, was walking around his room. More careful examination at this date detected a tumor in the right inguinal region, which patient stated was a "rupture;" it had been present thirty years, at first caused considerable trouble, but afterwards could not be reduced, and gave him no thought. The lump, which was about the size of one's fist, somewhat flattened, was not tender, gave no impulse on coughing, and could be partially returned to the abdominal cavity. There was also detected at this time a certain amount of resistance, scarcely a tumor, with tenderness to pressure, in the right iliac region, just internal to the anterior superior iliac spine, but there was no complaint of pain, and nothing was thought of it. He remained in much the same condition during the first three weeks of November, the drowsiness and morning nausea which recurred frequently, being relieved by purgative doses of Pulv. Jalap Co. The urine increased to two or three pints daily; the bowels were regular when cathartics were not used; he was weak nervous and discouraged after eating too heartily, but had no pain.

Dec. 21st. The patient had been able to get out of doors. He thought he caught cold, and for one week has been troubled with cough and expectoration; he is prostrated, nervous, and without appetite; diarrhœa the last few days; no nausea; tongue coated, pulse 72, very irregular and intermittent; respiration 20, temperature 99.5° There is now a well-defined tumor in the right iliac fossa, about the size of a small orange, only slightly tender, hard, and immovable, and non-fluctuating. Doubtful consolidation at the base of the right lung posteriorly cleared up in a day or so. The urine became scanty, and he again complained of a lame back. He improved slightly for two or three weeks.

January 18, 1891. Pulmonary oedema with cough and expectoration. January 21st, no urine. January 23rd. scanty urine; watery diarrhœa, pulse 80, temperature 99.9°. January 26th, diarrhœa from diuretic pills (Squills, Digitalis, Pil. Hydrarg. and Quinine $\overline{aa}$ gr. i 4 q.h.) He has morning nausea and vomiting, with weak spells. The tumor is larger and more tender, but still hard, and without fluctuation; patient never complains of pain in the tumor, nor draws attention to it, or refers to it in any way. January 28th, Dr. E. Reavley saw the case with me. The diarrhœa and suppression of urine were thought to be due to some form of chronic nephritis; the possibitity of the tumor being solid in character, was spoken of. He was placed on absolutely liquid diet. There was gradual emaciation and weakness, drowsiness and watery diarrhœa, with

little or no urine. The nausea became constant, and the vomiting more frequent; the tongue became dry and caked; the pulse more frequent from day to day (84, 96, 108, 120). Death on the night of February 17th, was preceded by great pain in the lower abdominal region, continuous vomiting, and diarrhœa, with tenesmus. The attendants stated that a few days before he died, he had severe pain over the tumor, chilliness, fever and sweating.

Autopsy 23 hours after death: No tumor can be discovered by external manipulation. The abdominal cavity only is examined. The omentum is free on the left; the whole right half is very much thickened, closely adherent to colon, especially the caecum and neighboring parts; a large piece protrudes through the right inguinal canal and adheres to the bottom of the cavity; the abdominal ring will admit two or three fingers. There is liquid pus in the abdominal cavity. On forcibly separating the omentum and turning it to the right, the caecum is discovered in the mass of adhesion, soft, easily torn, ulcerated and apparently gangrenous in places; its posterior part is closely adherent to retro-peritoneal tissues and cannot be separated without tearing; the antero-lateral part of the colon is adherent to the right iliac region by distinct bands of organized lymph, on forcibly separating which, pus escapes from the openings thus made in the bowel. The appendix cannot be found. The right ureter is somewhat involved in the adhesions. There is a fulness with fluctuations in the right iliac fossa; in cutting through the tough fibrous covering about half a pint of thin pus escaped. The abscess extends through the retro-peritoneal tissue up to the lower border of the right kidney, causing some thickening of the peri-renal adipose tissue. The kidneys are somewhat granular. The surface of the liver is dark and smooth; its substance is of a light yellow color, feels somewhat greasy, is easily torn and cuts like cheese.

Typhlitis is very unusual in so old a person; "33 per cent. of cases of perityphlitis occur at the ages of 21-30; 30 per cent. at 11-20; while the ratio gradually decreases towards the extremes of life." (Mattersock—1,030 cases from the literature.) The time the abscess was present without rupturing, between three and four months, is also unusual, though a case is on record where it lasted a year and then ruptured while the patient was scrubbing. The following was probably the course of the affection in the case mentioned: Inflammation of the appendix with ulceration and adhesion to the post cæcal connective tissue; perforation; escape of contents and formation of pus burrowing into the right iliac fossa, perhaps between the layers of the mesentery of the appendix; enlargement of abscess, causing chronic localised peritonitis; inflammation of the caecum and rupture into the general peritoneal cavity, ending fatally. The hypertrophy of the omentum on the whole of the right side, where it was about twice as thick as on the left, and reached as low as the abdominal ring, was, no doubt, due to the irritation caused by the adherent omental hernia of so many years standing. It is just possible that this old trouble was the indirect cause of his typhlitis, the appendix having been fixed in some abnormal position by the dragging of the parts.

There are certain lines of treatment upon which all are agreed, such as rest in bed, liquid diet, and administration of opium, with in some cases evacuation of the bowls by enemata. The difficulty arises in determining when medical procedures should be abandoned and some surgical operation be undertaken.

*Cases can be conveniently divided into (1) cases where perforation occurs suddenly leading to general peritonitis, (2) cases where the surrounding inflammation is limited by adhesions (*a*) with resolution of the inflamed products (*b*)

* Taken from an annotation in the London Lancet.

with the formation of abscess. In this latter case the removal of the pus by an incision is the one indication. Cases of general peritonitis seldom or ever recover, but an early laparotomy appears to be the only hope. In cases with recurring attacks where such attacks seriously interfere with the patient's efforts to make a living, or where he is in constant danger of his life, the removal of his appendix by operation during an attack or in a quiescent period is justifiable. But insomuch as sometimes during such an operation the appendix is found normal, and sometimes the case terminates fatally, it is not to be undertaken lightly. In the case reported removal of the pus would have been the orthodox surgical procedure; but considering the debility of the patient, his age, the advanced fatty condition of the liver, and the chronic disease of his kidneys, it is not likely he would have long survived any method of treatment.

I am indebted to the article on this subject in "Pepper's System of Medicine" for most of the facts mentioned in this paper.

A New Use for Aluminium.—On the 8th of March letters patent were issued to the firm of A. A. Marks, of New York, for artificial limbs constructed in part of aluminium.

This metal, with its unlimited uses, seems to be peculiarly adapted for surgical appliances, instruments, and artificial limbs; its low specific gravity and its great comparative strength are qualities that are desirable to be combined in an artificial leg or arm.

There are amputations of the lower limbs that surgeons deem desirable to do, without sacrificing more of the member than the parts involved. We refer to amputations technically termed tibio-tarsal, tarso-metatarsal, and medio-tarsal. These amputations have always been in disfavor with artificial-limb makers, who have almost unanimously decried them, and in too many instances have persuaded the surgeons to sacrifice much of a healthy leg merely to obtain a stump that would better accommodate the artificial limbs that they were able to produce.

The new artificial leg constructed of aluminium, combined with the rubber foot, is adaptable to these amputations. The socket of albuminium incases the stump, and, on account of the strength of the metal, the socket does not increase the diameters of the ankle to an objectionable degree in order to obtain the requisite strength; the metal is cast into the proper shape to give ease and comfort to the wearer: the aluminium socket is terminated by a rubber foot, which not only simulates the natural foot, but provides a soft, springy medium to walk upon and a resistant phalangeal ball to rise upon while walking, running, or ascending stairs.

It is obvious that by this invention the amputation can be conditional upon the injury, and the artificial limb conditional upon the amputation. In this alone the invention of the albuminium and rubber leg will prove not only a boon to the one who has suffered the amputation, but the solution of a problem that has many times perplexed the operating surgeon, as it eliminates all the objections heretofore pressed against amputations in the region of the tarsus. The surgeon may thus rejoice in being able to observe the old and consistent law of amputating with the least sacrifice.

Aluminium also plays an important part in the construction of strong and durable artificial arms. The socket of an arm made of that metal is light and strong, and will enable the wearer to subject the artificial arm to severe uses without danger of destruction. It will not crack from overstrain like wood; it will not become soft and limp or foul from perspiration like leather; it is lighter than any other metal, and is amply strong for every purpose.—*N. Y. Med. Times.*

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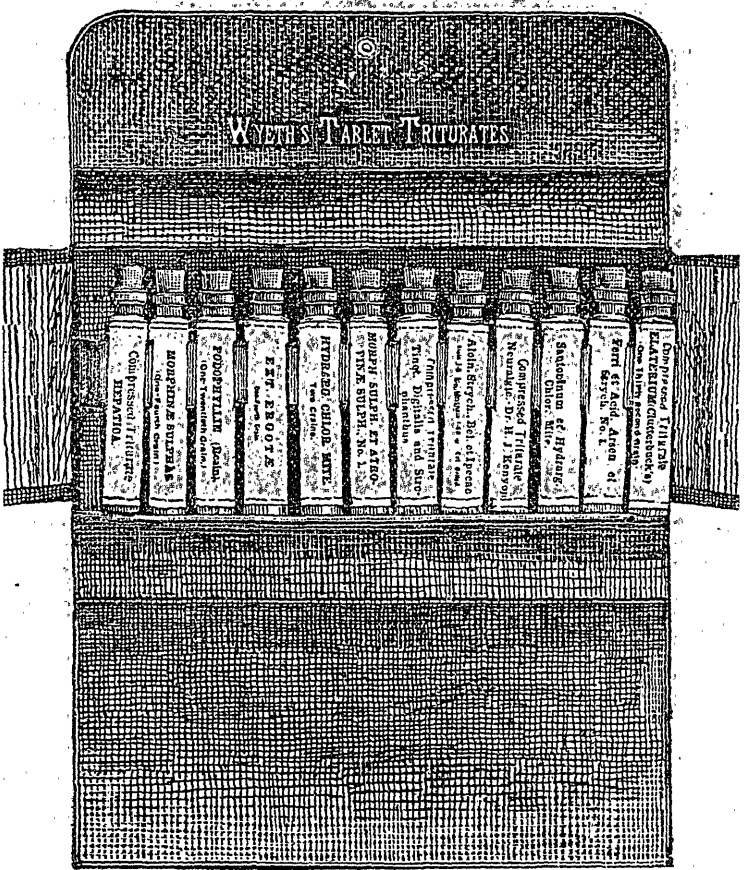

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The New Brunswick Medical Society, at it's last session, passed a resolution to place in the hands of its members a copy of the code of Medical Ethics. This has since been done, and now each member has a neatly bound little volume containing the important parts of the Medical Act, the code, and the tariff of fees. It would be a good plan for each member to read over this code and try to live up to it, for there is nothing in it which is not embraced in the Divine command, "Do unto others as ye would they should do to you." and, in fact, this command is the basis of the code. Besides this, the code lays down regulations which it is important for every one to know, as it is by a knowledge and performance of them that the procedure in consultations, the duties of physicians to each other in matters of professional attendance as well as of etiquette, are understood and practised without friction. It is much to be regretted that in some cases the regulations of the code are not more strictly adhered to, reference being had more especially to the undignified methods adopted by some of trying to advertise themselves in unauthorised modes. How often do we see in the public press items like the following:—"Little Polly Perkins this morning tripped and fell on the sidewalk, severely cutting her forehead. Dr. Small, who was immediately sent for, found it necessary to put a stitch in the wound. The doctor does not anticipate any dangerous results." It is not intended to insinuate that *every* item of this kind is inserted with the doctor's connivance, and that the ubiquitous reporter does not happen on some of them himself, but the fact remains that, however varied in character or place these minor accidents or operations are, the names of the medical attendants are by no means varied, but repeat themselves with monotonous frequency. There is another mode of advertisement which is objectionable for many reasons, lowering to the dignity of the individual who adopts it, and contrary to usage and the code. We refer to special methods of treatment for special diseases advertised in public press; thus making the uninstructed public the judge of what course should

be pursued for the cure of their troubles. Nothing could be more reprehensible in every way. What difference is there between such an advertisement and one offering "to cure fistula in ano without the use of the knife," the standing advertisement of a notorious charlatan some few years ago in these Provinces? It would appear to us that they are the same, and come under the same condemnation, whether the party issuing them is qualified or not. We do not think that, as a rule, such advertisements conduce to the permanent advantage of those who lower themselves by adopting them. The public gets on to them very quickly, and got on to them a very long time ago, just as it was able then, and is able now, to give credit to the educated and honorable physician. The Bob Sawyers and Mr. Jobbings belong to a species that may be long in dying out, but their only influence is a degrading and hindering one, and their only dignity that reflected from the higher toned sentiment of the many good men in the profession, to whose coat-tails they cling like burrs.

The article in the Code which refers to this matter is as follows:—"It is derogatory to the dignity of the profession to resort to public advertisements or private cards or hand-bills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Selections.

THE MODERN TREATMENT OF SYPHILIS.

BY JONATHAN HUTCHINSON, F.R.S., LL.D.

I do not think that there can be any doubt whatever that during the last quarter of a century mercury has been steadily gaining the confidence of the profession and the public, as the one real remedy for syphilis. Excepting in Edinburgh I believe that there are at present in the profession scarcely any anti-mercurialists left; and I may remark, in passing, that during the last few years some of the most severe cases of syphilis which I have seen have come from Edinburgh, and had been treated in the early stages by systematic abstinence from mercury. The reasons for the increased confidence in this drug, which as I have hinted is now felt by the public as well as by the profession, are to be found chiefly in modifications of the methods of administration. We have ceased to use it in the violent manner in which it was formerly employed, and we now give it chiefly by methods which entail little or no inconvenience on the patient and do not in any perceptible way disorder his health. Together with this modification of dose we have also learned to use the remedy boldly in the very earliest stages of the disease. What has been called "the abortive method" has

rapidly come into favor, and many of us now aim at entirely preventing the occurrence of secondary manifestations. That this attainment is possible I asserted some years ago, and I make the assertion now with increased confidence. If a patient who comes under observation within six weeks of the date of contagion will follow out the rules of treatment given, and will submit himself to the regular supervision of some one competent to judge of his progress, I believe there is not the slightest difficulty in nine cases out of ten in effecting an absolute suppression of the secondary stage. All that is necessary is that the patient shall take continuously such doses of mercury as he can bear just short of ptyalism. They must be sufficient to cause the rapid and complete disappearance of the primary phenomena. If these are allowed to linger, the secondary ones will inevitably follow.

I use one form of mercury to the almost total exclusion of all others, and prefer to modify the frequency of the dose rather than the dose itself. Respecting the grey powder (*Hydrargyrum cum Creta*), I feel perfectly certain from long experience that it is efficient and that fewer inconveniences attach to its employment than to any other preparation of mercury. Thus, although I have not the slightest doubt as to the efficacy of mercurial inunction, mercurial baths, hypodermic injections of mercury, or the internal administration of any of its numerous salts, I never for ordinary cases use any of them. A pill containing one grain of grey powder with enough opium to prevent diarrhœa or griping is my almost invariable prescription. This the patient is instructed to take at intervals varying from three times a day to every three or even two hours, according to its effect upon him. He is at the same time instructed to abstain from fruit, green vegetables, and everything else in the least likely to cause diarrhœa.

There are, it is to be admitted, certain patients who cannot take mercury in doses adequate to the cure of the disease. These present us with some of our most difficult problems. If the susceptibility occurs in the form of tendency to diarrhœa it can usually be met by the liberal combination of opium with the grey powder, and by strict attention to diet. If these measures do not suffice we may then have resort to inunction or the vapor bath. Cases in which mercury produces or aggravates sores on the tonsils or in the pouches of the cheeks are more difficult to manage. For in these it matters but little in what form the remedy is used. In these a combination of iodide of potassium with a very small dose of mercury, or even an entire substitution of the latter by the former, may be necessary. There are a few patients, fortunately a very few, in whom mercury even in small doses produces debility, emaciation and neuralgic pains. In such, a combination of quinine and iron, with the specific, will be necessary. As a rule, and unless called for by special circumstances, it seems better not to combine tonics with mercury in the treatment of syphilis. I have a strong impression that their use necessitates the employment of larger doses. The same remark applies I think to the tonic influence of fresh air. Under no circumstances do the secondary phenomena of syphilis disappear so satisfactorily, and under such small doses, as when the patient is compelled, by some accidental complication, to keep his room or still better his bed. Such confinement is however not usually in the least necessary and excepting in specially complicated cases I always allow my syphilis patients to follow their ordinary avocations; insisting only that they shall observe early hours, and abstain from fruit, vegetables, and all other articles likely in combination with the mercury to cause diarrhœa.

I am bound to admit that it is an extremely difficult task to determine whether or not the whole course of syphilis is influenced for good by the artificial suppression of its early stages.

It is scarcely possible to collect statistics to show whether tertiary symptoms are more common, or otherwise, in cases which have been treated with mercury efficiently and during long periods in the early stage. Tertiary symptoms are fortunately the exception and not the rule under all kinds of treatment, and even when treatment is wholly omitted. They come also at such variable and often after such long intervals of immunity, that it is but seldom that one and the same surgeon can watch his patient till the end of his liability. If any surgeon were to attempt to tabulate his own experience the fallacies would be innumerable. If I were to speak of my own practice I should have to say that in a very large majority after the treatment of the primary and secondary symptoms, I lose sight of the patient altogether. My impression is strong that patients well-treated by mercury during the secondary stage have a better chance than others of escaping tertiary phenomena; but I dare not speak dogmatically. No one can I suppose doubt in the least that tertiary syphilis is a far milder disease now than it was in the days of our forefathers. It is rare indeed at the present time to see a case of severe bone disease, and the specimens of caries and exfoliation from the skull are things of the past. The disease which was known as *Radesyge* in Norway was undoubtedly tertiary syphilis.

Syphilis as I see it now is a wholly different disease to what it was five and twenty years ago. Then I was constantly engaged in treating severe examples of secondary eruption. These I now but rarely use. Tertiary disease in its various forms is of course still fairly common but severe and intractable cases are rare. I do not in the least wish to underrate the extent to which tertiary syphilis still prevails, or the importance of some of its manifestations, but of this I feel sure, that much needless misery has been caused by the loud assertion of the incurability of a malady which is in nineteen cases out of twenty easily amenable to treatment.

Iodide of potassium, in tertiary syphilis, is especially useful in cases of diseased bones, in lupoid affections of the skin, in gummata of the cellular tissue and muscles, and in affections of the nervous system. In comparison with mercury it has advantages and disadvantages. Amongst the latter I would lay stress upon the fact that it is to many persons distinctly a depressant. In its use we ought most carefully to pay attention to the results in the individual case before us. There is no remedy in respect to which idiosyncrasy takes so large a share. Some persons feel stronger and better whenever they take it, and others precisely the reverse. The number of those to whom it is a distinct depressant, and who are always low-spirited and miserable when under its influence, is very large. My impression is that many of these are permanently damaged in there nerve tone by its continued use. In some of these the substitution of the iodide of sodium, or of ammonium, for the potassium salt is an advantage, but I believe that they are neither of them so efficient in the cure of tertiary syphilis. A prescription which is a great favorite with me includes the whole three, and combines with them what should never be omitted, a small quantity of free ammonia. As regard the permanency of cures by the iodide there is a general impression that it is not so efficient as mercury. This impression was however, I suspect, founded chiefly on its employment in the secondary stage. Of the tertiary phenomena it is I think true that if once cured by any agent they but seldom relapse. If only partially cured they invariably do so, as their cell-elements are infective. Thus a patch of syphilitic lupus for instance if once replaced by a sound and healthy scar never relapses, but if the smallest portion be left unhealed the disease is sure to return. As regard the various salts which are combination of iodide and mercury, I have little or nothing to say. From a belief that they are much less certain in their action than either

mercury or iodine alone, and far more prone to disagree, I never order either the iodide or the biniodide of mercury. Not that I have the least doubt of their efficiency as anti-syphilitic, but that the other preparations appear to me to be more trustworthy.

The long continued use of mercury in minute poses for the abortive cure of syphilis has brought to light some very curious facts in reference to the influence of the drug on the general health. In case after case patients have assured me that they had never in their lives felt so well as at the conclusion of a prolonged treatment. Those who benefit In this way are chiefly those who has been liable previously to suffer from sluggish liver and recurring headaches. Not long ago I was consulted by a member of the legal profession whose duties involved much exertion and responsibility, and whom I had formerly treated for primary syphilis. I had not seen him for two years, and was astonished to find that he had continued the grey powder bill during the whole of that period. He assured me that he had taken it almost continuously, three times a day, for two years and a half. As he had had no syphilitic symptoms whatever after the first removal of those of the primary and secondary stages, I demanded why he had continued the remedy so long. He said that it was because it suited his general health; that whilst taking it his bowels acted regularly and he was quite free from headache, and felt much more fit for his work than he had ever done in his life before. He told me that all his friends remarked on his improvement in appearance, for he had gained flesh, and had a much clearer complexion than was formerly the case. He was very unwilling to be persuaded to leave off the drug, and I quite expect that he is still taking it. I have, however, had many cases in proof that it is not necessary to continue the remedy permanently, in order to perpetuate its good influence. A gentleman who had long left it off used the expression, "Before I had syphilis my life was a burden to me." I asked him to explain himself, and he told me that before he took his curative course of mercury he was very liable to headaches; so much so indeed, that it was literally true that he was scarcely ever a day without one. Of this liability a six months' mercurial course had entirely relieved him. Another patient expressed himself in almost precisely similar terms, and hinted his regret that a brother who suffered exactly as he did could not be subjected to a similar treatment. * * *

I have not as yet adverted to the treatment of syphilis in its inherited forms. In infants, inunction is easily practised in a variety of ways, and is usually very effectual. I have also found a solution of the bichloride, in small doses, a very efficient remedy, and not so liable to purge as the grey powder. If there is any evidence of bone disease, the iodide of potassium should be combined with it. If the symptoms are severe, and especially if the viscera are involved infantile syphilis is undoubtedly a dangerous disease, and apt to terminate fatally by marasmus or convulsions. If, however, the specific is well borne, and the child passes favorably through the secondary stage, then I think there is, as a rule, very little danger of relapse; and a condition of good health may be expected until at a later period, say eight to fifteen years of age, the liability to keratitis, deafness, phagadænic affections of the throat, &c., may come on. These late manifestions of inherited taint occupy in reference to treatment a most exceptional position. Although we always prescribe specifics they seldom or never appear to exercise any definite power. Keratitis will often run its course apparently almost uninfluenced, or the second eye may be attacked while the patient is under the remedies employed for the cure of the first. As regards the deafness, unless the remedies are used in its very earliest stage, I fear that they very seldom prove of value. It is certainly to be strongly urged in

reference to both the deafness and the keratitis that mercury and iodides should be prescribed promptly and liberally, but we must be prepared to encounter much disappointment and to forego all hope of the rapid cures which the same remedies often effect in other conditions. It may be well that we should remember, in reference in this class of maladies that they occur in those in whom probably the syphilitic virus has long ceased to be active, and who would be quite incapable of conveying the disease by contagion. They are tissue maladies not the result of existing blood-poisoning. Hence probably, in part, the impotence of mercury to manifest its specific power. There is no microbe left for it to kill.—*Practitioner.*

AN UNUSUAL FORM OF CHANCRE.

By E. D. Mapother, M D., F. R. C. S. I. London, England.

On Jan. 13th, 1891, a professional man from India, aged forty-nine, and intemperate, consulted me for a chancre which had appeared a week before. About twenty-seven years ago he had chancroids and suppurating buboes, which healed very slowly. The sore was on the dorsum, one-third of an inch behind the corona, and there were hard enlarged glands in each groin. Small doses of blue pill, small inunctions in the groins, and dry lint were ordered. Good progress was made for a fortnight, but then the sore began to extend slowly, and there arose round it, except towards the corona, a thick ridge. This near the frænum was œdematous, but above there was a semi-solid deposit in the areolar tissue of the preputial folds. Many local applications were tried without effect, and iodoform seemed only of little service. On March 9th iodide of potassium was prescribed together with the mercurial treatment. After ten days the skin over the hardest part of the ridge gave way, and matter similar to that in gummata came out. Improvement followed, but so slowly that it was April 13th before cicatrisation was complete. It ulcerated again superficially on the 20th, but finally healed in three weeks. The enlargement of the glands has become absorbed, and no secondaries appeared. The peculiar deposit and the extreme slowness of healing, due probably to the age, habits, and former residence of the patient, seem to render the case worth recording. A somewhat similar form was described by Fournier. (Archives Générales de Médecine, Nov. 1867.)—*Lancet*, Sept. 9th, 1891.

The Origin and Nature of Infectious Diseases.—Dr. J. Burdon Sanderson *(British American Journal)* concludes a series of lectures upon the Progress of Discovery Respecting Acute Diseases thus:

I have endeavoured to show that, although the first qualification of a disease-producing microphyte is the faculty of living and multiplying in the living tissue, the researches of recent years have taught us that its poisonousness is even more essential than its adaptedness to a living nutritive medium; so much so that the damage which it thereby inflicts on its living environment is a means by which it modifies that environment for its own advantage. We have further seen that the contest which takes place in the organism between invading microphytes and the living elements of the invaded territory is not a hand to hand to hand fight between tissue elements and microphytes, but one in which both act (so to speak) at a certain distance, and in which the weapons are poisons and counter-poisons, toxines and anti-toxines — words which imply that the pathological endowments of these bodies are antagonistic.

The question of infection, therefore, has become — as many clear-sighted pathologists foresaw that it necessarily would—more and more chemical, less morphological. But, in saying this, we must carefully guard against its being implied that any progress in the discovery of the chemical agencies by

which diseases are produced and prevented can be made without the bacteriological method, or that it is in the least necessary than before that all who intend to be pathologists should perfect themselves in the *technique* which Dr. Koch created. If, therefore, the questions which at this moment concern us appear to be chiefly chemical, it means only that we have got from the form to the substance, from the agent to the action. Pathologists were never phytologists, and are now chemists. We care for microphytes not as botanical species, but as makers of toxines; and for toxines not as chemical compounds, but as producers of disease. For although, as not being organized, we must call them chemical, our chemical knowledge respecting them is so inconsiderable, so vague, that the chemist would scarcely recognize their existence. They possess certain pathogenic properties which appear to attach themselves to proteids; but of their chemical nature the pathologist is able to say even less than the physiologist can of the so-called enzymes.—*Amer. Lancet.*

Angina Pectoris.—Dr. R. Douglas Powell believes angina pectoris to be the expression of a disturbed innervation of the heart or the vessels associated with more or less intense cardiac distress and pain, and a general prostration of the forces, always producing anxiety and often amounting to a sense of impending death. Considerable stress is put on habitual high arterial tension as a factor in causation. The affection is not necessarily associated with coronary or other disease of the heart or vessels, although in fatal cases, disease or obstruction of the coronary arteries is the most frequent lesion found; after which, in order of frequency, come fatty degeneration, aortic dilatation, aortic regurgitation, and aneurism. The varieties of the affection are classified as follows: (1.) In its purer forms we observe disturbed innervation of the systemic or pulmonary vessels, causing their spasmodic contraction, and consequently a sudden extra demand on the propelling power of the heart, violent palpitations, or more or less cramp or paralysis ensuing, according to the reserve power and the integrity of that organ.—*Angina pectoris vasomotoria.* (2.) In other cases we have essentially the same mechanism, but with extra demand upon a *diseased* heart.—*Angina pectoris gravior.* (3.) The trouble may commence at the heart through irritation or excitation of the cardiac nerves, or from sudden accession of anemia by the cardiac muscle from coronary disease.—*Primary cardiac angina.* (4.) In certain conditions of the blood (often gout), or under certain reflex excitations of the inhibitory nerves, always, however, with a degenerate feeble heart in the background. We may observe intermittence in its action prolonged to syncope.—*Syncopal angina.*

Regarding treatment.—In group 1, nitrite of amyl, and still more nitro-glycerine are of great value, and may be combined with nervine tonics or sedatives, iron, zinc, valerian, bromides, &c. In groups 2 and 3, carminative stimulants, or digitalis with nitro-glycerine, are recommended, and of all tonics, arsenic, as a rule, is the best.—*American Journal of Medical Science.*

In a recent case against the New York Hospital, the judge dismissed the case on the ground that, the hospital being a charitable institution, the laws of the state did not admit of a suit being brought against it. In this special case $50,000 was sought, on the ground that a boy lost his leg from the incompetence and negligence of the hospital surgeons and nurses.

Prescription Page.

Injections for Chronic Cystitis.—Ultzman recommends the following prescriptions in the treatment of this troublesome condition:

Crystalized carbolic acid, gr. xv.
Distilled water..... ʒiiiss.

Dissolve, and mix with equal parts of hot water at the moment that the liquid is to be injected.

Or the following:

Boric acid..... ʒss.
Glycerin ..... ʒi.
Distilled water..... ʒx.

Make a solution, and mix with equal parts of warm water at the moment of employment.—*Buffalo Med. & Sur. Jour.*

Internal Antiseptic.—Salol is the best of the internal antiseptics *(Dujardin-Beaumetz)*, because it is always well borne by the digestive tract; it is but slightly soluble, and is decomposed into carbolic and salicylic acid only in an alkaline medium, *i. e.*, in the intestine. Iodoform and napthol, which are always toxic and irritant, are much inferior to it, for it is but slightly toxic. Almost equally valuable is the salicylate of bismuth, which acts on both the stomach and intestine.

℞ Salol .....
Bismuth salicyl.....
Sod. bicarb..... aa ʒ iiss.
Div. in caps. xxx. —*Ib.*

Infantile Bronchitis.—Dr. J. Lewis Smith *(Archives of Pediatrics)* recommends:

℞ Ammonii muriat..... ʒj.
Syr. tolu ..... ʒij.

M. Sig., fifteen drops every hour to an infant three months old, and thirty drops to an infant six months old.

Also—

℞ Quinia sulphatis ..... gr. xij.
Ext. glycyrrhiza ..... ʒss.
Syr. pruni virginiani.... ʒij.

M. Sig., thirty drops every four hours.—*Med. Bulletin.*

Biliary Lithiasis *(Huchard)*:

Benzoate of soda.....
Salicylate of soda.....
Powd. rhubarb, *aa*..... 75 grs.
Powd. nux vomica..... 8 grs.

Divide into 20 powders, and take one with each meal for one or two months.

Allingham's Ointment for Hæmorrhoids.—

℞ Bismuth. subnit..... ʒ j.
Hydrarg. chlor. mit..... gr. xl.
Morphinæ ..... gr. iij.
Glycerini..... ʒ ij.
Vaselini..... ʒ j!

M. Sig. Use in pile-pipe.

Blennorrhagia *(Netzetzky)*:

Balsam copaiba..... 15.
Yolk of egg ..... No. 1.
Distilled water..... 5½ ʒ.

Make an emulsion and add—

Extract of belladonna;
Sulphate of zinc, *aa*, 8 grs.
Aq. laurocerasi, 15.

Make injections into the urethra four times a day. Valuable in all periods of the disease.

Mistura Carminative.—Dalby's Carminative.

℞ Magnesii carbonatis .... gr. cxx.
Potassi carbonatis..... gr. v.
Tinct. opii..... *m* xlv.
Ol. carui.
Ol foeniculi.
Ol. menthæ piperitæ, *aa* gtt. j.
Syrupi..... ʒ v.
Aquæ, q. s. ad fl ʒ iv.

Dissolve and mix. Each fluidrachm represents one-eighth grain opium.

Guttæ Carminativæ—*(Char. Hosp.)* "Hot Drops":

℞ Tinct. opii.
Tinct. capsici.
Spir. camphoræ.
Spir. menthæ piperitæ, *aa*, fl ʒ i j.
Aquæ ..... fl ʒ j.

Mix. Dose, a teaspoonful.—*Doctor's Weekly.*

Notes and Comments.

The Medical Council of New Brunswick met in Fredericton on March 16th and elected officers for the ensuing year. The Registrar reported that the annual payments were more promptly and generally made this year than ever before. Only routine business was attended to.

The physicians in York County, N. B., have formed themselves into a County Society, with Dr. T. Clowes Brown President, Dr. J. Z. Currie Vice-President, and Dr. F. M. Brown Secretary-Treasurer. We wish the Society success, and hope to hear of their doings occasionally, and that they will not steer against the rock of a county scale of fees, which wreck so many similar societies. The Provincial scale was adopted to meet the wants of the whole Province; if it is higher than can always be got in the country, it would be better for the physician to make a discount in such cases, than to lower the standard altogether.

In this issue will be found an announcement of the opening of a private hospital by Dr. A. Lapthorn Smith, professor of gynecology in Bishop's University, Montreal, surgeon to the Women's Hospital, etc. Dr. Smith is a bluenose who has pushed himself to the front in Montreal, and is a well-known contributor to the scientific work of various medical societies and journals. We are satisfied that the appointments of the Hospital will be all that could be desired, and Dr. Smith's reputation is a guarantee as to the character of the surgical attendance that patients will receive.

Medical men are reminded of the various meetings of the societies which will take place in July. The meeting of the Maritime Medical Association will be in Halifax. It is to be hoped that gentlemen will, in good time, make arrangement for attending the meeting, and thus by their presence and contributions to the scientific programme, help to make it a success.

Dr. Inches, of St. John, has sailed for England in the Parisian. He expects to be absent about two months.

Dr. Mader, late House Surgeon to the Victoria General Hospital, intends, we understand, to begin practice in Halifax.

Two very interesting cases have recently occurred in the Maritime Provinces, one a case of Cæsarian section, the operation being performed by Dr. J. F. Black, of Halifax, the other, a case of removal of uterus and appendages performed by Dr. Jas. Christie, of St. John. We hope to secure a report of both cases for our readers. At last accounts both patients and the one infant were doing well.

Five or six candidates are this year presenting themselves for the degree of M. D. from the University of Dalhousie.

As the fine warm weather comes, those who can are thinking about their summer holiday, trip to Europe, etc. Every man should endeavour to get a week or two away from his ordinary surroundings and routine. If all of us cannot go to the continent or to the Scotch Highlands or to the Lakes of Killarney, or across the Rockies to the Pacific Coast, each should try for a week's fishing; or wait till July and take a few days extra at the time of the meeting of the Association in Halifax, and spin out the return trip by visiting places with attractions of interest or sea air or beauty. Different parts of all the Provinces contain all these attractions.

A weekly exchange says: "He fell from the scaffold and seriously broke his neck, dying instantly." This reminds us of another item in an esteemed exchange: "When the doctor arrived the man was dead, and he left, after pronouncing his wounds fatal."..*Atlanta Constitution.*

READING NOTICES.

BOOKS AND PAMPHLETS RECEIVED.

Treatise on Gynecology, Medical and Surgical. By S. Pozzi, M. D., Professeur Agrgé a la Faculté de Médicine; Chirurgien de L'Hospital Lourcine Pascal, Paris, etc.

Translated from the French edition under the supervision of, and with additions by, Brooks H. Wells, M. D., Lecturer on Gynæology at the New York Polyclinic. Vol. 1 with 305 wood engravings and 6 full page plates in color. William Wood & Co., New York, Publishers.

Are Inebriates Curable? By J. D. Crothers, M. D., Hartford, Conn.

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