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(HALIFAX, NOVA SCOTIA.)

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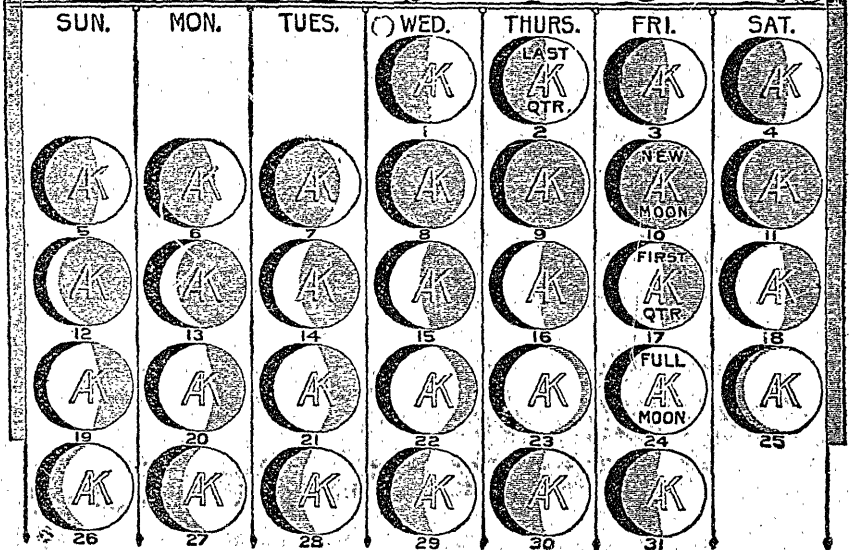
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THE
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VOL. VIII.

HALIFAX, N. S., JULY, 1896.

No. 7.

Original Communications.

THE POSSIBILITIES FOR SURGICAL WORK IN COUNTRY PRACTICE.

(Presidential Address Nova Scotia Medical Society, July 1st, 1896. R. A. H. MCKEEN, M. D., Little Glace Bay, C. B.)

Gentlemen:—

When you bestowed upon me at our last meeting the honour of the Presidency of this Society, I accepted it with a deep feeling of the responsibilities which came with the position; and in taking this first opportunity of expressing my appreciation of your kindness, let me say that a year's contemplation of the task of preparing the address which custom, as well as the rules of the Society, have led you to expect from the President, has not made it appear a trivial undertaking, and you will perhaps pardon me if I add has in some measure detracted from the satisfaction with which I looked forward to occupying the chair, and extending to you a welcome to this our Shire town on the occasion of your first convention here. The difficulty in addressing you does not lie in the absence of interesting subjects to discuss: rather does it come in this instance from the fact that for many years you have had the pleasure of listening to those who have attained to prominence in our profession, and have thus been able to speak as having authority. Especially profitable have been the papers from those whose practice has been in the line of specialism in any of the different branches of medicine. It is not given to the Country Physician to devote his attention to any one branch: he must take cases as they arise, whether they be

simple or complex ; and from chicken pox to peritonitis, bunions to compound fractures ; the application of forceps to an offending molar, or to a head which refuses to come through the maternal pelvis, his experience may range within a short period of time. With the advantages of a many-sided experience it would be natural to expect that the Country Practitioner would develop a readiness to deal with difficult cases arising in his practice, and thus become endowed with that confidence which, tempered with sound judgment, makes a medical man successful. But I hold that only a small fraction of those who spend their lives in the remote parts of the field ever reach the heights they bid fair to attain when they left college, and further, it seems as if in the domain of surgery do we most conspicuously fall short. Well equipped hospitals with skilled attending surgeons offer a tempting way out of the responsibility of doing work not in itself very difficult, and many members of our profession are thus led to hand over cases they might very well treat themselves, to others. The result is inevitable : from not using the skill with which they are endowed at the outset they either degenerate, or become at least examples of arrested development. As one who readily admits the personal application of the criticisms these remarks may contain I make no further apology for specially addressing the Country Practitioners, except to say that the object sought is to stimulate them to greater confidence in the possibilities lying around, so that by embracing their opportunities they will not only advance themselves but raise the general average of professional ability and counteract the tendency to quackery, which in its many forms is rampant even in this enlightened age.

If surgery has made marvellous strides in the past it has been as a result of hard work and patient attention to details on the part of those who devoted themselves to its study. Naturally we look to the cities with their many advantages for our leaders, but we must not forget that not one whose name is prominent as a surgeon to-day but worked his way by doing even the minor work thoroughly ; and for our encouragement we can recall not a few who with all the drawbacks of a country environment gave the world some of the most startling revelations in medical science. But while we may all agree that determination to succeed will be crowned with honour, no matter what the difficulties are, we must all bear in mind there are limitations to what any man should attempt, and all surgical operations have the elements of danger sufficiently strong to forbid their being entered upon either as an amusement or experiment.

Dr. Abbe, of New York, recently made the following statement:—
 “I believe there is considerable amount of grave surgery done to-day
 “by practitioners whose temerity is stimulated by inflated statistics of
 “small mortality under modern surgical practice; and whose feeling
 “that they would like to do serious surgery is entirely unjustified by
 “their training. Such novices in the larger field of work are rightly
 “called amateurs.”

The most conservative must subscribe to the comments made by a prominent medical journal on the above sentiments when it said that
 “Such limitation does not debar the young practitioner from his proper field of work and experience; nor does it close one’s eyes to the fact that every one must have his first case in every field of surgery upon which he may enter; but the justification for this first essay must be found in proper preliminary training, and a due sense of the sacredness of human life and the responsibility of the operator.” A qualification which perhaps may be worthy the consideration of the expert as well as the amateur.

However well merited these warnings may be in some instances I hold that in our Province, at least, the rank and file cannot justly be charged with over confidence, and the sin that lies at our doors is one of omission rather than commission. This opinion is no doubt largely formed from personal experience. In my sixteen years practice I can recall instances where over-conservatism has brought regret; and it is not perhaps too much to claim that this experience is not unique. There is a pleasure in realizing that we have a lively conscience and a proper respect for human life; but it is well to ask whether we best honour our conscience or prove our faithfulness by inaction. There come to every member of our profession times when a fatalistic trust to nature is as certainly wrong as too hasty interference, and no amount of self-justification can remove the responsibility from our shoulders if we fail to give a patient in the most unpromising surroundings the benefit of operation when it is required. Why is it then that so often cases are allowed to drift along trusting to nature where circumstances prevent their being placed in the hands of the expert?

It has already been stated in the quotation referred to that “The justification for this first essay must be found in a proper preliminary training.” Quite true, but the same truth applies with equal force to the treating of the first case of pneumonia, the delivery of the first woman, or any other of the cases with grave possibilities that fall into the hands of the Doctor.

With the unlimited facilities for receiving a proper preliminary training in the Country, the man who fails to improve his opportunities has no business in practice. The requisites of a successful operation are :

- (1.) A knowledge of what should be done and how to do it.
- (2.) A thorough grasp of the importance of keeping the wound aseptic.
- (3.) Careful attention to, after treatment.

Assuming that the Country Practitioner has the first requisites, can he reasonably undertake to keep the wound free from infection and conduct the after treatment? I venture to assert that so far as anti-sepsis is concerned, the answer is in the affirmative in all cases; but the most serious drawback is probably the want of skilled nursing. This must occasionally prevent an operation being done from choice: it will at all times entail extra attention and anxiety on the part of the operator, but in most of the cases falling to our lot can be overcome.

In an admirable work on the treatment of wounds, Watson Cheyne says:—"Suppuration occurring in a wound made by a surgeon through unbroken skin is due to some oversight on his part." A statement as little open to contradiction as if he had said "Small-pox occurring in a patient is due to exposure to the contagion of the disease," and yet while subscribing to the doctrine he formulates, I still hold that in our every day work we may act up to the strict letter of the laws of anti-septic and aseptic surgery and get healing without pus or high temperature. This statement is based on a series of cases occurring largely as emergencies, in which, with most unsanitary surroundings and limited space, it was possible to deal successfully and in a perfectly aseptic manner with the peritoneal cavity, joint cavities, compound fractures of upper and lower extremities: dilatation and curettage of uterus removal of glands from neck, &c.

I must confess that one witnessing an operation in some of the leading hospitals would despair of ever being able to carry out the details which are there so thoroughly observed. Details, which in many cases border on the ludicrous are carried out with most scrupulous care, and after cleansings and purifications the operator enters upon his work with only sufficient clothing to avoid the charge of indecency. The object of such operators is noble; the self-sacrificing spirit most commendable, but their methods cannot be proved necessary by bacteriological study, and are only applicable where a number of trained assistants are at command. When Sir Joseph Lister began to teach that pus was not "laudable," that inflammation and suppuration in a wound could and

should be prevented, the whole surgical world was revolutionized: but his methods were criticised as cumbrous and unnecessarily complicated. To-day it seems as if in the effort to simplify the method of obtaining asepsis in a wound an equally, if not more difficult line of procedure is adopted by some surgeons.

Two years ago the immortal founder of antiseptic surgery in an address in Glasgow "Admitted that many of the earlier details of the antiseptic method which were deemed essential were unnecessary; that the development of the method in every detail had been toward simplification, whilst the fundamental principle had remained unaltered and unassailable." This teaching, as was well said, brings the "Practice of antiseptic surgery down from the clouds to the level of ordinary mortals again," and in this truth lies the justification of the Country Practitioner undertaking to do an aseptic operation, yea more, lays upon him, as upon the surgeon operating in a hospital, the full responsibility of suppuration in a wound he may make through unbroken skin.

At the risk of taking up more of your time than you may feel like allowing me, let me briefly outline what has proven a safe and simple mode of securing asepsis.

First, as to the preparation of the patient; The object to be sought is what? thorough cleanliness—the removal of "gross dirt" combined with disinfection of the skin. To this end the parts must be thoroughly scrubbed with green soap dissolved in alcohol and ether. This is to be followed by shaving when necessary, and let it be borne in mind that not only does the razor lend efficient aid by removing hair, but also by scraping off dead epidermal scales. Next, an application of saturated solution of Pot. permanganate may be applied, and the stain removed by saturated solution of oxalic acid and hydrogen per-oxide; and a final wash off with corrosive sublimate solution 1: 1,000. For the operators hands we have an almost similar process: scrubbing and soaking in the Pot. Permanganate and oxalic acid, washed off in water previously sterilized by boiling. The instruments are readily and thoroughly sterilized by boiling in water to which soda has been added. Ligatures may be prepared by soaking in carbolic acid solution 1: 20; or where silk or silk worm gut is used, by boiling. For the dressings: steaming, as in the Arnold sterilizer, or the house-wife's pudding steamer is excellent, while absorbent wool or sheet wadding can be baked in the oven. The site of operation is to be surrounded with towels previously sterilized by heat wrung out of solution of bi-chloride of mercury, and the operator must carefully avoid touching any article not surgically

clean. After the operation, bleeding is to be thoroughly stopped, the edges of the wound carefully adjusted, and in a large majority of cases no drainage will be required.

A liberal use of antiseptic gauze, such as bi-chloride, or double cyanide, with such other dressings as may be deemed necessary should cover the wound, held in place by a well fitting bandage.

The question of irrigation or sponging of a wound with antiseptic solutions after operation is complete, seems to be dependent upon the care exercised to keep it aseptic. The ideal wound requires neither, and unless some special indication exists, any debris may be removed by plain boiler water.

This is only one of the many methods by which the same end may be attained, and no doubt many men get the very best results when the main reliance is placed upon watery solutions of carbolic acid instead of corrosive sublimate. The chief requisite is to have some definite idea and try to act up to it. The haphazard slushing of carbolic acid or sublimate solution in and around a wound where gross dirt has not been removed; the soaking of dirty hands and fingers with uncleaned nails in an antiseptic solution, thereby hoping for asepsis, is sure to result disastrously. There are times of emergency where all these acids are not at hand, but we can approach as nearly as possible to thoroughness with gratifying success.

Beginning his career with a genuine desire to advance, a young practitioner who will conscientiously carry out the most scrupulous asepsis may take up much of the surgical work falling to his lot with the utmost confidence; and as his experience widens his judgment ripens, and his confidence increases, he will be able to deal successfully with even grave cases. Just as every surgeon of note to-day has done, he will advance step by step to that eminence we all view with longing eyes, but so few attain. Nor will the medical man alone benefit.

In all our country districts there are cases where, unable to leave their homes, members of the human family drag out a miserable existence for want of perhaps a simple operation. It seems to me the craze of the profession to-day is for something startling. In Holy Writ we learn that "a man was famous according as he had lifted up axes upon thick trees," and in the surgical world the lifting of the knife upon important organs with or without necessity seems to bring fame. It is not too much to claim that in the field of simpler operations the practitioner may gather the fruits of success, and if his name be not known outside the limits of his own locality he can, at the close of his career, look back upon the faithful discharge of the duties in his path, and feel that he to has added his share to the work of relieving suffering.

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DR. A. R. GORDON, Toronto, writes:—

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DR. C. R. CHURCH, Ottawa, writes:—

"I have employed Wyeth's Liquid Malt Extract in my practice for some time past, and am in every way satisfied that it is a most valuable assistant to the processes of digestion. Its taste is agreeable, and is in my opinion a nutritive tonic."

J. H. DUNCAN, M. B., Chatham, Ont., writes:—

"It affords me great pleasure to say that ever since its introduction I have prescribed Wyeth's Malt Extract with gratifying results. I believe it to be a most valuable and reliable aid and stimulant to the processes of digestion and assimilation, in addition to its purely nutrient-qualities, which from analysis given must be of a high order."

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DR. F. A. MARCOTTE, of St. Anne de la Perade, also writes:—

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THE FUTURE OF CANCER OF THE UTERUS.

By A. LAPHORN SMITH, B. A., M. D., M. R., C. S., England. Fellow
American Gynecological Society. Gynecologist to the Montreal
Dispensary and the Western Hospital; Surgeon-Chief
Samaritan Hospital for Women, Montreal.

One by one the various diseases of women are being vanquished by the onward march of Gynecology, but so far we have little reason to be proud of the result of an effort in the treatment of cancer of the uterus. Not only is the primary mortality of removal of the uterus high, but what is much worse, the ultimate results are very unsatisfactory. Coe at a recent meeting of the American Gynecological Society, mentioned the fact that having discovered a relapse in a case which had been operated on by a man of great experience, he informed the latter of the return of the disease, when the gentleman sadly replied "I must cross one more off from the small list of fourteen cases," which were all that remained free from recurrence out of over two hundred from whom he had removed the uterus. This is so much the experience of all operators that most of them are loth to attempt any radical cure. Gleams of hope however have appeared from two different sources, one of them only applying to cancer of the cervix; the other to cancer of the whole uterus. Dr. Byrne, of Brooklyn, an ex-president of the American Gynecological Society, has published the statistics of the immediate and remote results of his method of removing the greater part of the uterus by the galvano cautery knife. It is quite generally admitted that his results are very much better than those following removal of the whole or part of the uterus by the knife and clamp or ligatures. Not only is his primary mortality less, being indeed almost *nil*, but many of his patients are still alive after many years. There is only one factor which throws any doubt, not upon the veracity which is admitted by all to be above suspicion, but upon the exactness of the diagnosis; and that is that in many of the earlier cases the diagnosis was not confirmed by the microscope. In order to overcome this objection as much as possible and to place the treatment upon an accurate and scientific basis, Dr. Byrne has asked for and been granted a committee to control his work in this direction, of which committee the writer has been appointed

chairman. It is the intention of this committee to collect groups of cases of cancer of the cervix in New York, Chicago and Montreal, the diagnosis to be confirmed in each case by two independent and competent microscopists. Dr. Byrne will visit each of these cities and remove the diseased part by his method, after which each member of the committee will follow up the cases and report every year whether they are still alive and free from the disease or not. The explanation which Dr. Byrne gives for the better results following this method of treatment is, that cancer being a microbe disease, reinfection results wherever raw but healthy tissues are inoculated by it; but when the diseased part is removed by the cautery no inoculation follows because there is no raw surface left, but only a thoroughly charred or roasted one on which the microbe cannot grow. Not only is there no infection of the raw surface but it is even claimed that the nerves are destroyed even at some little distance from the line of cauterization by the dry roasting process. It is the writer's intention to employ this method in the future both in all cases of cancer which appear to be limited to the cervix, public and private work, until he is convinced of its value or uselessness.

The other method which will be thought by some to be of much greater importance, and is moreover applicable to a much wider range of cases, consists in ligaturing the ovarian and internal iliac arteries and then boldly removing not only uterus but all the cellular tissue and lymphatic glands in the pelvis precisely in the same radical manner as we employ when we attempt the radical cure of cancer of the breast. Heretofore the difficulty of controlling hemorrhage, especially when working from below, not only in the dark, but among rotten tissues, has been so great as to deter even the bravest from attempting such a sanguinary task. But by the method just indicated, in the Trendelenburg posture the operation from first to last is almost a bloodless one and almost devoid of danger. One might think at first that it would be dangerous to cut off such a large area from its blood supply, but it will be remembered that there is a very considerable anastomotic supply by the obturator and the deep epigastric, and also by the middle and inferior hemorrhoidal, which would bring blood from the inferior mesenteric into the internal pudic, as well as others branches of the vesical and vaginal arteries. So there need be no anxiety on that score. This operation has already been performed with good success several times, and is the one which the writer will perform in the future whenever the glands are already affected before the patient comes under an observation, which they are in a majority in my experience. The writer cannot close this

short article without once more calling attention to the prevention of cancer of the uterus. In every case almost without exception cancer of cervix is due to a laceration at child-birth, which could in most cases be prevented by allowing dilatation to be completely effected before dragging the head through. But if by accident a laceration does occur it should be repaired immediately if there is much bleeding, or within a few months if there is no bleeding. Certainly every physician who attends a woman in confinement should hold himself responsible for the consequences if he fails to examine her subsequently in order to ascertain whether there is a tear or not, and if so to see that it is repaired. Emmett has stated that he has never seen a case of cancer of the cervix without a previous laceration. Our manifest duty therefore is to prevent cancer by preventing or repairing lacerated cervixes; but when this has not been done and cancer follows then we should remove it by one or the other of the methods indicated. If they prove to be as efficacious as many believe the future of cancer bids fair to prove more hopeful than it has been in the past.

Selection.

RATIONAL THERAPEUTICS AND THE USE OF COMMON REMEDIES.

BY SAMUEL WEST., M. D. OXON., F. R. C. P. LONDON.

There is, I think, no better work that we can do as practitioners of medicine than to meet together from time to time in a friendly and informal manner, in order to discuss the drugs we are prescribing every day, and to compare notes of our experience as to their use. Therapeutics has not yet passed out of the empirical stage, and from whatever source the suggested remedy comes its value has to be tested and proved at the bedside. It is to empiricism tested by bedside observation that medicine owes most of the remedies it finds of use. Yet we often hear this empirical bedside study of the action of remedies spoken of with disparagement, as if it were the opposite of rational, and it was a protest against this misuse of terms that formed one of the most striking passages in Dr. Gowers' recent address. Essentially false as the opposition between empirical and rational really is, it is based upon a laudable desire to bring therapeutics into closer relation with the general principles of science. Unfortunately, this is but a pious wish and not yet an achieved fact.

Many remedies we use and cannot tell why they do good, though we much wish to know; experience proves their value, therefore they must be used. On the other hand, many remedies which come to us rich in scientific promise, put to the test prove not to fulfil the promises they held out. Surely it would be as irrational to discard the first as to continue to use the latter.

Rational therapeutics consist in the use of remedies which we know to do good, whether we seem to understand their mode of action or not. But before we endeavor to explain a result we must know whether it is a fact or not, otherwise we are but beating the air. This constant testing and proving of stated facts is the chief function of the therapist, and for the carrying on of certain lines of such research those have great advantages who are attending patients in their own homes. On practical

points of this kind, it is that discussions such as that which I have the honour to introduce are likely to prove full of instruction and profit.

The drugs which have been selected for consideration are five: iodide of potassium, liquor arsenicalis, tincture of digitalis, liquor strychniæ, and antipyrin. I propose to take them one by one, for in this way I think the discussion will be more precise and profitable.

IODIDE OF POTASSIUM.

The first on the list is iodide of potassium and this drug illustrates very well the evolution of the science of therapeutics. Crushed sponge was known as a successful remedy for goitre in the thirteenth century, and it is probable that it was used by the Chinese much earlier. *Fucus vesiculosus* was also used later for the same purpose. Iodine was discovered by Courtois in 1811. In 1820 Coindet of Geneva, finding that both these remedies contained iodine, suspected that iodine was the active agent in the cure, and his theory when put to the test proved to be correct. He extended its use to the treatment of serofulous glands, and then came the discovery of its action in syphilis in 1831, and of its effect in the elimination of lead and mercury from the body in 1844. Further investigation has shown that iodide of potassium is eliminated chiefly by the kidneys, but it is found in the blood, saliva, milk, and even in the urine of a sucking child of a mother who is taking the drug, and that it is present also in the skin, liver, spleen, lymph glands, and muscle, but not in the brain. Its physiological action is not understood, and nearly all our knowledge of the drug is derived from the result of clinical observation—i. e., it is simply empirical therapeutics.

Syphilis.—On the use of iodide of potassium in syphilis there is no need to dilate. The rapidity with which tertiary lesions, such as periosteal nodes, skin eruptions, and iritis, disappear under its action are among the triumphs of therapeutics. Take again a patient with third nerve paralysis. What a comfort it is to know that as such a lesion is almost always syphilitic it will get well under iodide of potassium. In the early stages of syphilis the diagnosis is usually easy, but it is in the later stages that difficulties of diagnosis begin. It is then that diseases of the nervous system and of the viscera prevail. It is then that nondescript nervous symptoms develop: pains in the joints, pains in the bones and head, over the liver and in the abdomen, and even in the chest; perhaps paroxysms of intense neuralgia. Treatment on general lines has been tried without success until the syphilitic origin is at last suspected, and iodide of potassium effects the cure. Perhaps some of the most

striking cases are those in which profound cachexia develops without obvious cause, a condition common enough in children and generally recognised, but not rare either in the adult. I saw a young woman some time ago who was healthy until marriage, and although she had had no sign of syphilis, and her medical attendant could not believe that she had been syphilitised, yet her husband was known to have led a loose life, and iodide of potassium restored her to health when iron and all other treatment had failed. I saw a man not long ago with symptoms which might have been due to advanced multiple sclerosis or even, except for the want of mental symptoms, general paralysis of the insane, in whom no history of syphilis could be obtained, yet iodide of potassium and rest rapidly cured him, and the case was doubtless of a syphilitic nature. Of the cure of syphilitic diseases of the nervous system by iodide of potassium we must speak with caution, yet all will admit the benefit the drug does, though the question of complete cure may be more difficult to answer. I do not think we can go so far as to say that the cure of a doubtful disease by iodide of potassium is certain proof of specific origin, but in many cases it certainly is strong presumptive evidence. No doubt much depends upon the stage of the disease. The most advanced forms of syphilis of the nervous system consist in fibroid degenerations, and we can no more expect to remove these by drugs than we can to charm away the scar of the syphilitic ulcer in the skin. Yet in the early stages of syphilitic infiltration we may expect to do, and really probably succeed in doing, as much as we see daily happen under the action of the drug in the skin and superficial parts of the body. It is in the early stages of syphilitic diseases of the nervous system, when the lesions are recent and gummatous, that cure may be effected, not in the later, when irreparable damage has been done and the wasted nervous structures have been replaced by fibrous tissue. It is in these stages, when the nervous affection can hardly be definitely named and before it can be called, e. g., tabes dorsalis or lateral sclerosis, that the good may be done and, as in some of the cases mentioned, apparent cure be the result of treatment. It is usually stated that in cases of syphilis which have been already treated with mercury, iodide of potassium converts the insoluble compound which is supposed to be formed between mercury and the tissues into a soluble one, thus setting the mercury free again, and it is in this way that salivation sometimes caused by iodide of potassium in these cases is explained. It is, however, proved that iodide of potassium has a curative effect on syphilis in a person who has taken no mercury at

all. It would be interesting to hear of instances of this kind, for in the present day, when syphilis is treated with mercury as a matter of routine, such cases are necessarily rare.

Poisoning with lead and mercury.—There can be no doubt of the effect which iodide of potassium has in promoting the elimination of these two metals in cases in which symptoms have been produced by them. Clinical experience is confirmed by the chemical examination of the urine in which the administration of the drug is increased by an increased elimination of the metal. These metals form insoluble compounds with albumin and thus become fixed in the tissues. Iodine releases them and does so, it is supposed, by forming a soluble substance by double combination with the metal and albumin. This pharmacological explanation even if it proved to be incorrect would not affect the correctness of the clinical observations.

Aneurysm.—A great deal has been written about the efficacy of iodide of potassium in aneurysms, especially intra-thoracic aneurysms of large size, and I think there can be no doubt that it does relieve the pain and lead to diminution in the size of the sac, yet it is not easy to determine this point because the patient is usually at the same time being treated in other ways—e. g., by diet and complete rest. Certainly the improvement is not due simply to coagulation in the sac, for in many cases where much relief has been experienced the sac has been found empty of clot. It is tempting to believe, inasmuch as so many aneurysms are the result of syphilitic disease of the arteries, that iodide of potassium might cure them; but whatever action it might have upon early syphilitic disease of the vessels (and of this there can be little doubt) it can hardly be expected to produce any effect when a large aneurysm has formed, for the aneurysm is the consequence of past syphilitic disease and not associated in all probability with any active disease of the kind. The accepted explanation is that the iodide of potassium reduces blood pressure and diminishes the force of the heart's contraction, the aneurysmal sac being thus permitted to contract and the symptoms being relieved.

Rheumatism.—Iodide of potassium is one of the stock remedies for all forms of muscular rheumatism, though its place is being taken to a great extent now by salicylate of soda. In the same way it is one of the stock remedies for all forms of the chronic joint troubles which are called by the generic term of "rheumatism." It is, however, entirely without effect in rheumatic fever, a specific affection which, in my

opinion, has nothing whatever to do with the great majority of cases which we call rheumatism in this country. Its effect is most striking perhaps in those cases of chronic rheumatism or gout which are associated with chronic lead poisoning.

Diseases of the chest.—In the treatment of diseases of the chest iodide of potassium does not play any great part. It seems to be of service in some cases of chronic bronchitis, possibly because it is excreted by the mucous membrane of the bronchi, as it is by all other mucous membranes. In asthma it certainly is a remedy of use, not so much at the time of the paroxysms as between the attacks, and it appears to have the effect of diminishing their frequency. Certainly, many asthmatic patients believe in the drug and attribute a great benefit to the taking of it. In plastic bronchitis it is said to be the only remedy which is of any service at all, and so far as my experience goes, which now extends to several cases, I certainly endorse that opinion.

Iodide of potassium appears to be an alterative—i. e., to have a subtle influence upon cell nutrition. For this reason it is largely given in the chronic processes of inflammation, with a view of controlling it or of removing its products. It is thus one of the chief routine remedies for almost all chronic inflammatory affections of the joints, especially of serous membrane—e. g., of the joints and pleura. As an alterative also it is given in all forms of enlargement of the lymphatic glands, especially those of a tuberculous nature, and it is stated to have a strong action on certain other glands, especially the testicle and mamma; thus it is an efficient galactagogue, while prolonged administration of the drug may, it is stated, lead to atrophy of the testicles. It will be interesting to have any confirmation of these statements, of which I have no personal experience to bring forward. Upon dropsy it has been said to have a specific effect, but there are so many causes of dropsy, and the term is such a loose, indefinite one, that it is hard to know exactly what is meant. In diseases of the skin it is not much employed, unless in those of a syphilitic nature; but I have seen it do much good in large doses in scleroderma.

I now come to a very interesting part of my subject—viz., the consideration of the peculiar effects which are sometimes produced by the administration of the drug; and here we are brought face to face at once with one of the most disturbing factors in therapeutics—viz., idiosyncrasy, that great stumbling block in the way of applying any physiological results upon animals to man or even without caution to all men alike. Iodism in its ordinary form of headache and catarrh I need

hardly do more than mention. I suppose we may assert that it is capable of being produced in every patient, yet there are striking differences in this respect following in one case the administration of the smallest dose, while in others not appearing until very considerable doses have been taken for some time. As iodism is one of the practical difficulties we have to deal with in the administration of the drug it will be well, therefore to consider what means there are of obviating it. It is in many patients a merely transitory phenomenon, and after two or three days the symptoms pass off, though the dose has not been changed, and even if the dose has been increased; indeed, it has been paradoxically asserted that the cure for iodism is double the dose. The subsidence of symptoms is aided often by the administration of a saline purge. Usually if the medicine be reduced or stopped for a day or two until the symptoms have passed off its administration may be then resumed and iodism will not return; but in some cases the idiosyncrasy is so marked that even the smallest dose produces the effect, and nothing short of the entire giving up of the drug will suffice. But before this it will be well to try whether the iodide of ammonium or of soda is not tolerated better. It is stated that the addition of carbonate of ammonia or of the aromatic spirit of ammonia to the mixture will check the occurrence of iodism, but I have failed to satisfy myself of this, and so I see has Ringer. Another form of iodism, though not quite so common as the catarrhal form, is that in which the drug causes great depression of mind and body, often without coryza or any other of the common symptoms. Sometimes it upsets the digestive organs, causing loss of appetite, nausea, vomiting, or watery purging. Puffiness and swelling beneath the eyes are not uncommon with marked coryza, but they occasionally occur without it, thus giving the face a renal aspect. Salivation and diaphoresis are also stated to be occasional results, but I cannot say that I have observed them.

The iodide eruptions have always excited interest. The commonest of them is acne, and this occurs in the usual places, but the acne spots are often of considerable size and attended with a good deal of inflammatory induration. Upon the face, usually associated with acne, a butterfly eruption is often seen, of an eczematous type, extending beneath the eyelids and across the bridge of the nose, and in most of these cases there are well-marked acne spots on the lower part of the nose and cheek. The most striking iodide eruptions, and those most commonly meant by the name, are those which are pustular or eve

bullous in character, and their usual seat is the face: and, strange to say, some of the most marked forms of eruption have appeared some time after the administration of the drug has been suspended. General diffuse erythema is met with sometimes over the whole body, but it is stated to be rare. I do not think it is so uncommon on the legs, and in this position it is often hemorrhagic. A patient came under my treatment for a punctate hemorrhagic erythema of the leg and he volunteered the statement that, among the many things that would produce it, iodide of potassium was the principal. I was subsequently enabled to observe that the administration of a few grains of iodide of potassium brought out markedly hemorrhagic erythema. Lastly, cases of general purpura have been described, and one or two of these have proved fatal, but this condition is extremely rare.

The effect of iodine upon the lesions of syphilis has led to its use in other specific affections, especially, for instance, tubercle. In tuberculous affections of the lymphatic glands, as well as in tuberculous affections of the peritoneum and perhaps of the pleura, it does seem to have some effect. In phthisis and in tuberculous peritonitis I believe it to be useful. There is one other rare but remarkable disease it which it seems to be by far the most effectual remedy we possess: I refer to actinomycosis. In a little patient recently under my care suffering from this disease involving the pleura and chest-walls, the child, who had been reduced to a shadow and looked desperately ill, made no improvement until iodide of potassium was administered, and then at once gained flesh, colour, and strength, and seemed as if he might recover. Unfortunately, he died by misadventure during the administration of chloroform given for the purpose of opening one of the small abscesses.

The therapeutics of iodide of potassium opens out a very large field of discussion, but there are, I think, one or two points upon which information would be specially valuable—viz., (1) iodism and the means of counteracting it: (2) iodide rashes and the way to remove them: (3) examples of peculiar idiosyncrasies: (4) instances in which the drug has caused stoppage of the secretion of milk or atrophy of the testicles, free purgation, or vomiting: and (5) instances in which effects have been produced upon a suckling child through the milk of the mother while taking the drug.

In respect of the mode of administration it is usually given in solution of water or it may be given in milk. One point has come out in recent years—viz., that very large doses of the drug may succeed in

producing an effect when small ones have failed, and the amount so given in twenty-four hours sometimes reaches extraordinary dimensions, even to the extent of four or five ounces.

LIQUOR ARSENICALIS.

The next remedy on the list is liquor arsenicalis. The history of arsenic in therapeutics is interesting from our present point of view. It was known to the ancients in the form of orpiment and sandarach or realgar. Dioscorides gives the following description of the drug: "Orpiment auri-pigmentum—i. e., the yellow sulphide—is astringent and corrosive, burning the skin with severe pain with the production of an eschar. It removes fungous flesh and is a depilatory." He then describes sandarach or realgar—the red sulphide—in the same terms, stating that, "mixed with resin, it causes hair to grow when destroyed by pellagar, and that with pitch it removes rough and deformed nails. With oil it is used to destroy lice, to dissolve abscesses, to heal ulcers of the nose (probably lupus), of the mouth, and fundament (probably epithelioma). With wine it is given for fetid expectoration, and its vapours, with those of resin, are inhaled in chronic cough. With honey it clears the voice and with resin is very excellent for shortness of breath." In China it was used from very early times as an application to venomous wounds, also as a remedy for ague and as a tonic in several diseases. For skin diseases it has been employed by the Hindoos for centuries, though its use was not introduced for this purpose into this country until the end of last and the beginning of this century. It was introduced into Europe about the beginning of the seventeenth century, and was then used as a remedy for pulmonary affections associated with dyspnoea, probably asthma and chronic bronchitis, as well as for different forms of ague. The analysis of a patent ague machine by Fowler, and the discovery in it of arsenic, led to its extensive use for intermittent fever in this country; and at the end of last century it was a common remedy also for various scaly skin eruptions and for neuralgia. After having had a period of popularity it fell into disuse and was almost forgotten until Boudin, in the middle of this century, resuscitated it, and since that time it has been one of the stock remedies for all the affections named. Of recent years numerous experiments have been performed on animals, and they seem to show that arsenic has a definite effect upon the nervous system, especially upon the cardiac ganglia and respiratory centres; but it is difficult to see any relation between the results of these experiments and the action of the drug in man; so that we are indebted

again for our knowledge of the action of this drug in disease simply to observation upon man—in fact, to the oft-disparaged empiricism, or, as I should prefer to call it, to thoughtful clinical observation. I do not propose to speak of the local action of arsenic externally, but only of its internal use as physic; and this limitation, I believe, the committee desired, when they placed upon the list they first sent me, not “arsenic,” but “liquor arsenicalis.”

The facts about the drug other than clinical which have been discovered by clinical and pathological investigation are these: that arsenic is rapidly absorbed from the stomach and found in a few minutes in the circulation: that it is eliminated chiefly by the urine and sweat, and also by the mucous membrane and glands; but the elimination takes place slowly, so that arsenic may be detected a fortnight or more after it has been stopped. It is also eliminated by the liver, and in full doses causes fatty degeneration of both the liver and the kidneys, with the occurrence of albuminuria. It has especial affinity for the nervous system and is found in very much larger amount in the brain and spinal cord than in the other tissues of the body, except, perhaps, the liver. In toxic doses, besides its effect upon the liver and kidneys, it destroys the red cells, dissolves the hæmoglobin, and as the result leads to hæmorrhages into the various tissues of the body.

Ague.—Arsenic is now recognised as the most powerful anti-periodic except quinine, and it may succeed where quinine has lost its power, and it is stated that the relapses are longer delayed under treatment by arsenic than by quinine. It is useful also in all affections of malarial origin, and especially in those malarial neuralgias the causes of which are often so difficult to determine. I do not know that any satisfactory explanation of its action in ague has been given, yet it may lie in the action of arsenic on the blood-cells in which the parasite of ague is found.

Diseases of the skin.—It is one of the stock remedies in all the chronic diseases of the skin, and especially in psoriasis. In some cases of chronic eczema it is found useful, but in many its use is disappointing, and in some it does positive harm. It is largely used in animals to give them a fine glossy coat, and in Styria and the Tyrol it is habitually taken by both men and women to produce *embonpoint* and fineness of complexion. Of recent years it has been largely advocated for the treatment of herpes zoster and post-herpetic neuralgias, but its use, I think, is disappointing.

For asthma it is a very old remedy and in certain cases almost a

specific, being administered either by the mouth or by inhalation, as in the form of cigarettes. As a general tonic it is useful in a variety of conditions, provided it does not upset the stomach, but this can be generally avoided by giving it in small doses after food. Of recent years it has been largely used in affections of the nervous system, possibly because of the affinity which the drug shows, as already stated, for nervous tissues. Thus it has been given in epilepsy, but I think without much success. For neuralgias of all kinds it is an effective remedy. It is said to do good even in attacks of angina, but of this I am sceptical: but, having other more reliable remedies, I admit that my scepticism does not rest on much experience. As already stated, its chief use is in malarial neuralgias—e. g., brow ague.

The nervous disease for which it is most employed at the present time is chorea. It used to be recommended that small doses should be given and continued for some time. The result was not very obvious. Recently large doses have been advocated as soon as the patient comes under treatment, even as much as fifteen or twenty minimums of the liquor arsenicalis three times a day even to a small child. It is often easy, if the drug be gradually increased, to reach amounts like this in the adult as well as in children, but it is somewhat startling to begin with such large doses from the first. However, I have myself tried this treatment in a number of cases and I have not seen any poisonous effects produced by it. Yet I cannot say that I am satisfied as to the immediate benefit which follows, nor can I endorse the statement that large doses will cut short a bad case within a few days. In a severe case of chorea which has been neglected and badly treated at home admission into a hospital is sure to be followed within a few days by marked improvement without the use of drugs at all, and if arsenic be administered as soon as the patient is admitted it becomes extremely difficult to know whether the improvement is to be referred to the drug or to the general management of the case. In private practice, where the cases are more closely under observation, it is quite possible that valuable information on this point may be forthcoming.

I do not propose to go into the question of acute arsenical poisoning, accidental or intentional. But on the subject of chronic arsenical poisoning of accidental origin, such as that acquired by arsenical papers and in other methods, a society of this kind would be likely to give information of great value and interest. The chief symptoms are general failure of health, loss of appetite and impaired digestion, with weakness

of the eyes, thirst, salivation, cramps and colic, and in extreme cases emaciation, œdema of the face and body, perhaps albuminuria and ulceration in the skin. When symptoms of profound failure of health of this kind arise, for which no cause can be found, it is well to bear in mind the possibility of some accidental poisoning, of which, perhaps, arsenic is the most likely, sometimes accidental, as in the case of arsenical papers, sometimes intentional, with criminal intent, as in certain legal cases which we can all remember. Tolerance of the drug is easily established, so that the prolonged administration of the medicine necessitates the increase of the dose. The amounts which may be taken may be very large, as with the arsenic-eaters of Styria and the Tyrol. Cutting off the drug suddenly in such cases is said to produce grave symptoms of poisoning, which may be relieved when the drug is resumed. It would be interesting to know if any experiences of arsenic taking and its results can be communicated.

The prolonged administration of the drug is sometimes followed by mischievous, though very interesting, results, of which I may mention two—viz., arsenical pigmentation and peripheral neuritis.

Arsenical pigmentation is comparatively rare. Its colour is a dull brown. It may be general, but is more often irregular in distribution and sometimes more marked on exposed parts—e.g., the face and neck. When given to cure a skin disease—e.g., psoriasis—it may be limited to the seat of the eruption. Other skin eruptions are rare. Papular, measleslike rashes are described on the face and other parts of the body, and urticaria is comparatively common. Herpes zoster has been attributed by many writers to the drug, and pustular ulceration or even gangrenous eruptions have occurred after toxic doses. In these rashes the effect of idiosyncrasy is strongly marked. Thus marked pigmentation followed the taking of three minims only of the liquor arsenicalis three times a day for a week only, and in another case five minims had been taken three times a day for three weeks. Neuritis following arsenic is very rare and all cases of it should be recorded. It resembles lead poisoning and may appear as wrist-drop, though in advanced cases it may more closely resemble alcoholic neuritis and affect both legs and arms.—*Lancet*.

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Editorial.

We are sure that those who had the pleasure of listening to the Presidential Address of Dr. R. A. H. MACKEEN, will agree with us in considering it one of the most practical and stimulating kind, and we have great pleasure in presenting it through the columns of the NEWS to those of our readers who had not the good fortune to hear it.

The burden of the address is the position of the general practitioner in relation to the surgical part of his work. With the remarkable modern development of surgery there has come, it appears to us, a sort of belief that all surgery is a specialism. Men seem to forget that it is one of the trinity of good works they are expected to undertake. Or is it that, if mistakes are made, the results are so apparent that blame is apt to rest on the right shoulders? While we find every day doctors willing to undertake the charge of the most serious medical cases, ready indeed to resent the suggestion that even a consultation is desirable;

and also conducting with credit to themselves and benefit to their patients, some of the most difficult obstetrical operations. We meet too often with cases in which a little surgical courage, so to speak, might have saved the usefulness of a limb, or even life itself.

When serious surgical cases present themselves in the neighbourhood of a hospital, it is quite natural the patients should seek the advantage of its skilled staff and trained nursing. In some cases indeed, where the doctor is both able and willing to undertake the case, the patient's friends decide for the hospital. But we have to admit that surgical cases frequently occur in which no greater portion of skill is required than in many medical and obstetrical cases, and yet, from lack of this skill, or from timidity, the golden moment for proper surgical treatment has gone by, and permanent deformity results, or a wound which would have readily healed under proper treatment becomes septic, and healing is indefinitely postponed.

There is no wonder if, after a visit to one of our modern hospitals, and seeing the operations of modern aseptic surgery, the country doctor should hesitate to undertake any but the simplest cases. The glazed floors and walls of the operating theatre, the dazzling array of glass and porcelain and nicked instruments, the sterilisers and irrigators, the army of assistants and nurses surround the operator with an air of mystery and magnificence which may well subdue the surgical ambition of one whose operating room must be the patient's bedroom, whose steriliser is the family kettle, and whose assistants and nurses are untrained. A man's limitations become cruelly distinct at such a time. And yet good surgery, brilliant surgery, has been done under the most adverse circumstances.

DR. MACKEEEN points out distinctly the conditions of success. One must know what should be done and how to do it. If the medical student of to-day will give as much attention to his surgery as he does to medicine and obstetrics, this condition will be fulfilled. Then, if he proceeds to act on this knowledge, and proceeds to operate, his success will depend almost entirely on his grasp of the principles of antiseptic surgery. A man who thoroughly understands these can scarcely ever be at a loss for some means or other to prevent infection of the wound, or at least to reduce the risk to a minimum. DR. MACKEEEN describes a simple and effectual method. The little book to which he alludes, Mr. Watson Cheyne's, on wound treatment, is probably the simplest and best of its kind.

And then comes the after treatment. Here is the main obstacle in many cases. The doctor cannot be both surgeon and nurse. He has other duties to other patients. And this condition, proper nursing, is perhaps the most difficult to fulfil in a country practice, and will prevent the practitioner with surgical instincts from undertaking many operations he might otherwise quite well do. But there are cases where even this consideration should not deter. Such are operations of emergency, when a patient cannot be removed to hospital, or where there is not time to call in more skilled assistance. Perhaps the most striking example of this class, apart from injuries, is strangulated hernia. There is a great temptation here to temporise, to trust to Nature, but this "false conservatism" has cost many lives.

And there are many cases in which, perhaps, some simple operation is all that is necessary to restore a patient to health or usefulness, but where various considerations, financial or otherwise, stand in the way of hospital relief. Why should a doctor, with surgical learnings, who has had all the advantages of attending a good surgical hospital, who knows the technicalities of the operation, and who understands the germ theory, why should he hold his hand from the relief which he can give? He undertakes no greater responsibility than when, single handed, he combats a fever, or conducts a difficult case in obstetrics.

Society Proceedings.

NOVA SCOTIA MEDICAL SOCIETY.

The first Session of the Twenty-Eighth Annual Meeting of the Nova Scotia Medical Society opened 10 a. m., July 1st, at Sydney, the President, Dr. R. A. H. McKeen, in the chair.

The following were present :—

- Dr. W. S. Muir, Secretary, Truro.
- Dr. J. R. Collie, River John.
- Dr. C. P. Bissett, St. Peters.
- Dr. D. N. Morrison, Oxford.
- Dr. J. J. Cameron, Antigonish.
- Dr. J. W. Reid, Windsor.
- Dr. N. F. Cunningham, Dartmouth.
- Dr. M. A. B. Smith, Dartmouth.
- Dr. Thos. Trenaman, Halifax.
- Dr. J. F. McDonald, Hopewell.
- Dr. James Ross, Halifax.
- Dr. A. Halliday, Stewiacke.
- Dr. A. D. MacGillvray, Sydney.
- Dr. J. W. MacLean, North Sydney.
- Dr. Frank Fraser, Port Morien.
- Dr. Wm. Mackay, M. P.P., Reserve Mines.
- Dr. MacDougall, Parrsboro'
- Dr. McIntyre, Sydney.
- Dr. M. D. Morrison, Louisburg.
- Dr. Lewis Johnston, Sydney.
- Dr. John Stewart, Halifax.
- Dr. G. M. Campbell, Halifax.
- Dr. A. S. Kendall, Sydney.
- Dr. M. Morrison, Reserve Mines.
- Dr. Dodd, Bridgeport.
- Dr. Hart, Baddeck.
- Dr. MacLennan, Port Morien.
- Dr. H. H. Mackay, New Glasgow.

Dr. J. W. Mackay, New Glasgow.

Dr. E. Farrell, Halifax.

Dr. Wm. Tobin, Halifax.

Dr. M. McDonald, Sydney.

Dr. Rinders, North Sydney.

Dr. R. C. MacLeod, North Sydney.

Dr. Geo. DeWitt, Wolfville.

Minutes of last meeting were read and confirmed

After some discussion Dr. Chapman, who had paid the Annual Fee, was added to the list of members.

The President appointed the Nominating Committee as follows :

Dr. John Stewart, Chairman, Halifax.

Dr. MacGillvray, Sydney.

Dr. Cunningham, Dartmouth.

Dr. J. W. Reid, Windsor.

Dr. MacDougall, Parrsboro'.

Dr. J. J. Cameron, Antigonish.

Dr. A. Halliday, Stewiacke.

Dr. McLean, North Sydney.

Dr. W. S. Muir, Truro.

President then delivered his address, which appears elsewhere in our columns.

An animated discussion followed in which Drs. J. F. MacDonald, MacDougall, John Stewart, A. Halliday, J. J. Cameron, A. D. MacGillvray took part. The President's Address was considered by all as being very excellent and pre-eminently practical.

Dr. Stewart spoke of the bad effect of inflated Hospital statistics. He emphasized the importance of diagnosis and careful attention to securing asepsis.

Dr. Halliday considered the tendency of Hospital men to be too liberal, while that of the country practitioner was too conservative apart from the difficulty of securing good nursing in the country, surgical cases should do better in the country with the home surroundings, pure air and comparative absence of germs complications cannot be met as well by men of little or no experience.

Dr. Cameron thought the results of surgical cases in the country quite as good as in Hospitals. The practitioner in the country of necessity becomes self-reliant. It was difficult to carry out antiseptic preparation of hands, parts to be operated on, and instruments as thor-

oughly as laid down by the President. Plenty soap and water with either bichloride or carbolic acid were sufficient.

Dr. MacGillvray suggested that the services of a specialist should always be secured in grave serious operations. The country surgeon could operate very much oftener than he does at present, with advantage to himself and patients.

A hearty vote of thanks was tendered Dr. Mackeen for his very excellent address.

Dr. Mackeen, replied, stating that success in surgical cases did not depend so much on neatness and quickness in operating, but in keeping wound aseptic and yet edges of wound well coapted. While it is not possible to carry out full antiseptic details, yet is well to aim at doing so. Experience very needful in dealing with complications. Grave cases should be entered upon with every precaution. Some of the specialists, particularly in large cities should be avoided as they cut and carve when there is no need.

Dr. James Ross presented a patient of Dr. Frank Fraser's for examination. Patient, past middle age—had an unhealthy looking ulcer on left frontal eminence. Edges were indurated and undermined granulations unhealthy. Man ran a nail into head seven years previously. He neglected consulting a physician until two years ago. Under antiseptic treatment, the ulcer almost healed up but the pain again returned neglected coming for treatment and the ulcer assumed its present appearance. Dr. Ross recommended that he be etherized and the sore thoroughly scraped and antiseptic treatment adopted with administration of tonics. The question of malignancy should be kept well in mind and microscopic examination made.

Telegrams from Drs. Curry, Jones and Kirkpatrick were received expressing regret at having been detained.

Dr. Putnam's report of a case of misplaced and imperforate urethra in a female infant was read by the Secretary in the absence of Dr. Putnam.

Dr. Stewart congratulated Dr. Putnam on the very excellent result obtained. It emphasized one of the points in the President's Address.

Dr. MacLean, N. Sydney, spoke of the difficulty of finding orifice of urethra in female infants. In a case that he had the orifice could not be seen yet by pressing catheter in proper direction it slipped in and he drew off $\frac{1}{2}$ ounce of urine.

Dr. Muir remarked that $\bar{z}vi$ seemed to be a large quantity of urine to be contained in the bladder of an infant.

A vote of thanks was passed thanking Dr. Putnam for his report of a very interesting case. Meeting adjourned to meet at 2 p. m.

Society met again at 2.15 p. m., President in the Chair.

Dr. Ross then held a skin clinic. Several cases were presented by Dr. Ross, who saw the patients for the first time, and had to get their history.

The first case was that of a middle aged woman, with a sore on the back of her hand. Eruption had existed for $2\frac{1}{2}$ years. There was a clear history of tuberculosis in the family. Before eruption appeared she had been attending a son who had returned from Victoria General Hospital with tubercular hip joint disease. Some of the discharge infected a small scratch on back of her hand. The ulcer was clearly the result of tubercular infection. The appearance alone pointed to tuberculosis of the skin, healing at centre and spreading at periphery—raised edges—central cicatrices. Difficult to classify—five forms of tuberculosis of the skin.

Treatment.—Under an anaesthetic scrape the skin, bore out the apple jelly nodules and apply lig ferri perchlorid fort. Unna's plasters sometimes do good. Salicylic acid and creasote plasters also do good. Constitutional treatment should be carried out.

Case II.—A man past middle age. An eruption evidently due to some form of parasite, possibly pediculosis. With scratching got excoriations, might be confused with pruritus of old age. Should wear cotton next the skin. Cold bath in morning with carbolic acid.

Case III.—A case of eczematous psoriasis. Wearing of flannel and sweating lends to keep up psoriasis.

Treatment—Cotton next skin. Tar is useful also. Sulphur $\bar{z}i$ to $\bar{z}i$. Ichthyol with Chrysarobin, lessens possibility of dermatitis being set up. There is a difference of opinion as to use of arsenic. It is beneficial in cases where there is no tendency to spread. Hutchinson thinks that there is no better drug, while other dermatologists do not use arsenic at all. Thyroid Extract has been used with doubtful results. Salicin has been of great service in rapidly spreading cases.

Dr. A. D. MacGillvary moved a vote of thanks, which was seconded by Dr. W. S. Muir, who stated that Ichthyol no doubt owes its activity to sulphur present in it. Ichthyol is apt to cause drowsiness in young children.

Dr. MacDonald had found Ichthyol good in psoriasis, also in eczema.

Dr. Stewart considered diagnosis of first importance, then treatment can be adopted which will most likely give relief.

Dr. Ross in replying to vote of thanks, stated that arsenic was harmful in acute eczemas. It may do good in some chronic cases. Bromide of Potassium with small doses of Arsenic of great value in infantile eczema.

Dr. McLennan then reported a case of Hydatidiform Mole. He exhibited a specimen which illustrated beautifully the condition.

Dr. M. A. B. Smith reported a case of a woman pregnant 4½ months. She had hemorrhage at times. She thought that she was pregnant. The mole came away itself with pain and hemorrhage. The following he scraped uterus out with his finger and used an intra-uterine douche. The diagnosis is difficult. This patient had had two miscarriages. Hemorrhage may prove dangerous, so it is important to diagnose the condition.

Dr. J. F. MacDonald had a case 2 months pregnant where vomiting was incessant. He had had a consultation but pregnancy could not be decided. A large mass came away without hemorrhage, which proved to be a mole. These moles appear to follow abortions.

Dr. Kindall had two cases in twelve years. One case was four months pregnant. She had the appearance of being at full term. He removed about a gallon of pretty solid hydatidiform mole. There was no hemorrhage. The other case was not out of the ordinary.

Dr. Kendall then read a short paper on the Food of our Working people.

Mr. Chairman and Gentlemen :

The object of this paper is to elicit an expression of opinion from gentlemen from different parts of the province on abnormal conditions of life which in an insidious and far reaching manner commit probably infinitely more ravages on our population than are counterbalanced by the glorious triumphs of medicine and surgery.

Our profession does much to alleviate and to cure. Faulty conditions of life are obvious at every hand and these it is within our power to lessen.

I beg to propose that the Nova Scotia Medical Society appoint a committee to investigate the unfavourable conditions that operate against the public health. That this committee procure information from every section of the province.

1. With reference to the presence or absence of the requisite supply and the efficient cooking of food, and particularly minute details concerning the absence of ingredients necessary for the different periods and occupations of life.

2nd. With reference to prevailing methods of clothing.

3rd. With reference to housing at home and in public buildings.

4th. With reference to the operation of provincial quarantine laws.

5th. With reference to the most effective methods of lessening the communicability of phthisis, gonorrhoea, and syphilis which do not at present come under the medical act.

Dr. McDougall considered preventive medicine of great importance at present time. Conditions in cities are very different from these in the country.

Dr. J. F. Macdonald suggested castration as a preventive against spread of gonorrhoea and phthisis.

Dr. Wm. McKay thought that the Provincial Board of Health was the best to deal with these questions. They have or can get the necessary funds. The questions came within the scope of the board. These questions should be seriously considered. While advancing medical and surgical knowledge we are blind to the agencies that are working harm to the people. Doctors should speak out plainly and not shield young men who run with open eyes into danger.

Dr. J. J. Cameron thought that the Provincial Health Board should be partly composed of gentlemen outside of the medical profession. We should appoint a committee to lay the matter before the legislature.

Dr. J. W. MacLean thought that the attention of the Board should be called to these questions by this society.

Dr. W. S. Muir, said that much of this work had already been done by the Board. They had distributed literature on many questions affecting the health of the people.

The president suggested that the matter lay over until Dr. MacDonald read his paper on preventive medicine. This suggestion was acted upon; Dr. A. Halliday then read his paper on "Treatment of Chronic Alcoholism."

He began with atropine, taking away the appetite for alcohol; then continued with strychnine. The treatment was very successful in case reported. Both drugs were used hypodermically.

Dr. D. N. Morrison asked what the object was in using atropine.

Dr. Halliday considered that the dryness of throat produced had

something to do with causing nausea against alcohol. The patient simply could not drink. The atropine was used twice daily gradually increasing the dose from $\frac{1}{16}$ gr. to $\frac{1}{8}$ gr.

Dr. McDougall stated that he had finished the treatment of two patients who began with the gold cure. Atropine did not seem to be used in the gold cure method.

Dr. A. D. MacGillvray said that the subcutaneous injection of nitrate of strychnia twice daily will diminish the appetite for alcohol and tobacco.

Dr. John Stewart did not know of any reliable treatment for chronic alcoholism. He could not find any in medical literature. When the gold cure institute was started in Halifax, he was inclined to think it a sham. He knew of several cases where all kinds of treatment had been tried without success, and yet the gold cure had helped them.

Dr. M. A. B. Smith knew of several cases where gold cure had been successful.

Dr. Halliday stated that his patient would not take the gold cure, he would rather die first. He was determined to help his patient so that he adopted the treatment outlined above.

Dr. Stewart, said that treatment in institutions proved successful often when home treatment failed.

Dr. J. J. Cameron, said that he had witnessed the good results of the gold cure in some cases.

Dr. Wm. McKay stated that a legal gentleman was present who had taken the gold cure and who would be pleased to give his experience. Mr. Hearn thereupon told briefly his experience. He cited the repugnance of alcoholics to consult medical men about their habits. He noticed a dryness of the throat while under treatment.

The Secretary read a letter from F. N. G. Starr, extending a cordial invitation to members of the Nova Scotia Medical Society to be present at the meeting of the Canadian Medical Association.

A paper on Eclampsia was then read by Dr. D. N. Morrison, which was followed by a long and interesting discussion.

The President believed in emptying the uterus as quickly as possible. In one case while dilating the cervix, he ruptured the membrane when the convulsions ceased at once.

Dr. W. S. Muir said that eclampsia was most difficult to manage, taxing the resources of the physician to the utmost. Treatment depends upon the age and time of pregnancy. Early in pregnancy try

and carry the patient through. In primiparae the convulsions are apt to occur early and without albuminuria, and morphia is indicated in multiparae get the uterus empty as soon as possible. If there is albuminuria and the patient is not unconscious use hypodermic injections of pilocarpine. If the patient is unconscious then pilocarpine is apt to cause choking. Do not use chloroform and chloral conjointly as they are so closely related. Use $\frac{1}{8}$ gr. pilocarpine every half hour where patient is sensible. It is difficult in small primiparae to deliver so that version may have to be done. He has found convulsions to occur in some when finger touched the os. Cocaine would be useful in such cases to apply to os.

Dr. Kendall had found cocaine useful in some cases in helping to dilate the cervix. Introduction of hypodermic needle has caused convulsions in scarlatinal nephritis.

Dr. C. P. Bissett, considered pilocarpine very dangerous. A patient may be drowned in their own secretions. He had tried venesection. Rapid delivery cannot be adopted with people of the Roman Catholic faith. Routine treatment must be avoided.

Dr. McDougall has had success with venesection where plethora existed.

Dr. A. D. MacGillvray considered that it was not possible to lay down any definite plan of treatment. You must first think and then act, exercising common sense. The writers in Medical Journals do not agree on any plan of treatment.

Dr. Wm. MacKay said that Eclampsia had a peculiar interest for him as his wife had suffered from it. He had been watching for an outburst. He had ready a hypodermic of morphia which he gave according to the directions of Lusk. The uterus was emptied as quickly as possible. The convulsions ceased but patient remained unconscious for 48 hours and it was four weeks before she realized what had happened. The after treatment is a matter of great difficulty. The kidneys have to be taken care of and their treatment to avoid chronic Brights requires the greatest nicety. The convulsions occur as a rule unexpectedly. If patient complains of headache, the conditions of the kidneys should be inquired into and every precaution taken to prevent an explosion. Give a small dose of pilocarpine and wrap patient in a blanket wrung out of hot water. In the country one is often alone and without efficient remedies.

Dr. J. J. Cameron had objections to a large dose of morphia. Half

gr. morphia has been known to have caused death in a patient suffering from Bright's disease.

Dr. E. C. Hart stated that he had given $\frac{1}{2}$ gr. morphia hypodermically to a patient with Bright's who had met with an accident. His condition became alarming but he recovered.

Dr. W. S. Muir considered large doses of morphia dangerous especially if albuminuria existed; every case required different treatment.

Dr. Frank Fraser said that the first confinement case he attended had Eclampsia. She was a primiparae, lived in the country, and the night was very stormy, gave dose of morphia and made arrangements to deliver rapidly. Patient recovered. Osler recommends morphia for restlessness and delirium in chronic Bright's.

Dr. D. N. Morrison differs from Dr. Muir with regard to Pilocarpine which he considered dangerous. He could not see why chloral and chloroform could not be used conjointly. Chloral Hydrate helps in the rapid dilatation of the cervix. Patient may have an idiosyncrasy with regard to morphia.

Dr. W. S. Muir, said that post partum Eclampsia which was due to albuminuria was nearly always fatal. He had seen it follow one hour after delivery in one case, after 24 hours in another, and on the 3rd day in another.

Dr. Wm. McKay had one case of post partum Eclampsia occurring on the third day after delivery—another $4\frac{1}{2}$ hours—another almost immediately.

Dr. J. J. Cameron had post partum Eclampsia three days after delivery.

Dr. A. Kendall had noticed very severe pains in the temples before convulsions set in.

Dr. G. M. Campbell had seen severe epigastric pain associated with pain in the head preceding an attack of Eclampsia.

Selections.

INSOMNIA.—Insomnia is really a mere symptom, and will no more be treated *per se* by the intelligent practitioner than the eruption of an infectious fever or the diarrhoea or typhoid fever. The great duty of the medical man is to trace it to its causes and its associations, and to deal with these. If it follows influenza, it must be regarded, like all the other *sequelæ* of that protean disease, with some patience, but with much conviction that it will yield, sooner or later, to sound treatment. A very important point is to ascertain whether the insomnia is attended with pyrexia or otherwise, for of all means for producing restlessness, and marring the night's repose, an increase of two or three degrees in the temperature is among the most effective. Apart from general pyrexia, it is well to note all local peculiarities of heat, whether in the direction of excess or defect—cold feet, a hot bed, etc.—and to deal with them accordingly. It is of course, equally important to ascertain any error of function that can reasonably be associated with such a symptom. Such errors may frequently be found in the gastric or renal or hepatic functions, and their removal will quickly alter the whole complexion of the patient's life both by night and by day.—*Lancet*.

TREATMENT OF ASTHMA BY A STRICT MILK DIET.—Dr. Huchard (*la Sem. Med.*) reports a number of successes in the treatment of cases wrongly called neuropathic or reflex asthma by the use of a strict milk diet. He has found the same regimen of great benefit in cardiac cases with nocturnal paroxysms of dyspnea. He considers the dyspnea in these cases to be due to ptomaines that find their way into the sluggish circulation and poorly oxygenated blood from the alimentary canal. He has found it only necessary to interrupt the strict milk regimen and resume a fixed diet to cause the paroxysms to recur. He has found that the milk (about three litres per twenty-four hours) must not be all given during the day, but about a litre of it in the evening, and one-half litre during the night. There is a question whether the same results may not be obtained by the use of intestinal antiseptics in such patients as are

unable to bear the strict milk diet. Huchard seems to incline to the opinion that all nervous asthmas are of toxic origin and due to ptomaines absorbed from the intestinal tract.

THE PROPERTIES OF GOOSE GREASE.—Langford Symes writes as follows in the *Dublin Jour. of Med. Science* concerning the valuable medicinal properties of “plain goose grease,” a substance for many years well-known in most households:

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It has also been markedly beneficial in cases of wasting, or marasmus. When rubbed into the abdomen and groins of young children it is a decided nutrient, and experience will bring conviction of its efficacy. It can be eaten on bread, with salt, and in this way, if freshly prepared, is very palatable and nutritious. Active drugs incorporated with it, will, when applied externally, be under the best conditions for permeation through the skin, and it will not lie on the surface unabsorbed so much as other oils. It is liable to become rancid, but may be kept for many weeks by the simple addition of some boric acid.—*Medical Brief.*

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