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THE
MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY

Vol. XI.

HALIFAX, NOVA SCOTIA, AUGUST, 1899.

No. 8.

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- Try it in *Consumption*,** with the same tests from week to week.
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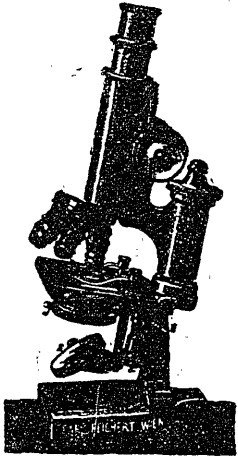
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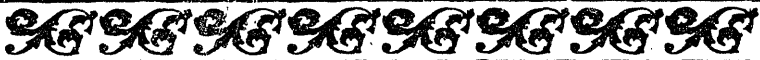
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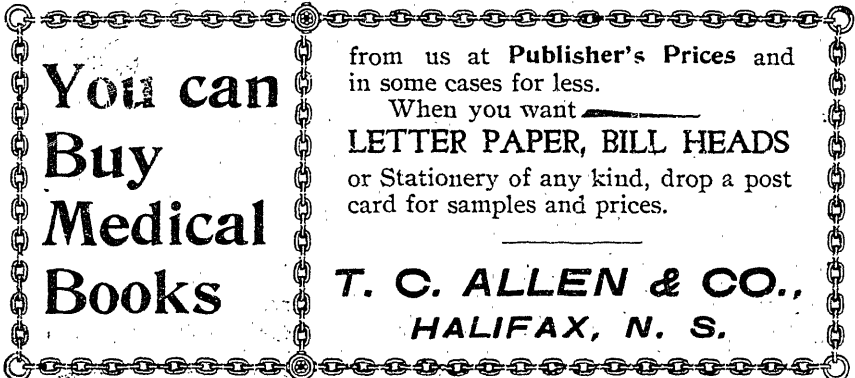
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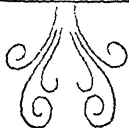
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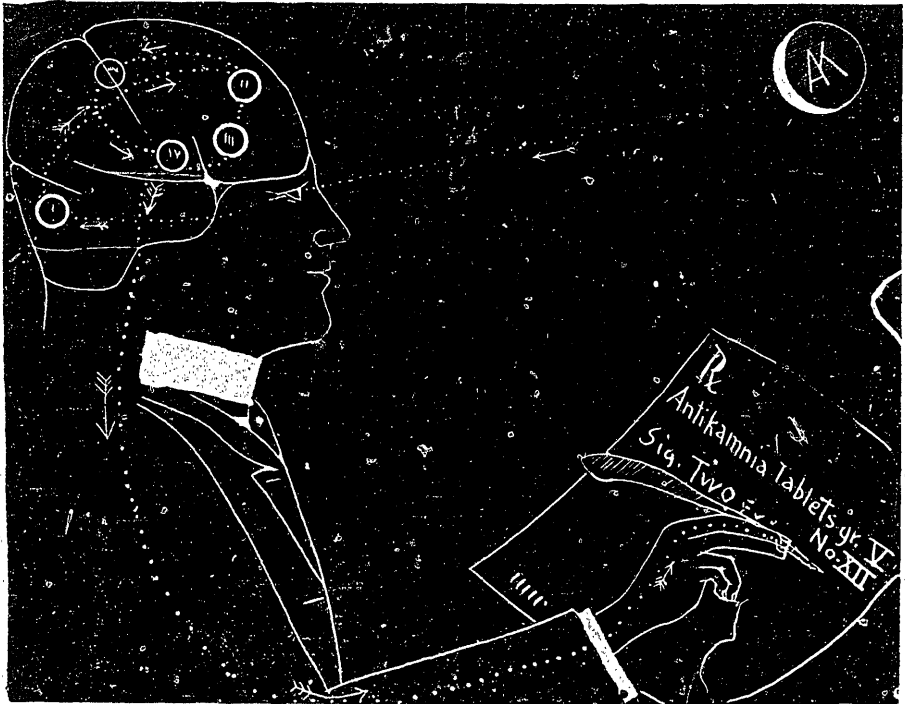
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HALIFAX, N. S., AUGUST, 1899.

No. 8.

Presidential Address.

THE PROGRESS OF MEDICINE AND SURGERY DURING
THE LAST THIRD OF THE NINETEENTH
CENTURY.*

By A. B. ATHERTON, M.D., L. R. C. P. & S., (Edin.)

In the closing years of the century, it is especially appropriate that we should review some of the work done by our profession and observe what advance has been made, and, as we do so, I think all will admit that we have no reason to feel ashamed nor fear comparison with other departments of science or art.

On the present occasion my attention will mainly be occupied with the last third of the century, during which I myself have been engaged in the active duties of medical and surgical practice.

We not infrequently hear the remark made by the laity that we do not seem to them to have made so much advance in our work as has taken place in other branches of knowledge. But we think there can be no doubt that such remarks arise from ignorance, and want of thought and observation, rather from any desire to do us an injustice.

The almost simultaneous discovery of the anæsthetic properties of chloroform by Sir James T. Simpson, and of ether by Dr. Morton, revolutionized the practice of surgery about the middle of the century. There are few of us left who can remember the horrors which must have

*Delivered before meeting of New Brunswick Medical Society, July, 1899.

attended the performance of serious operations in the days which preceded the use of anæsthetics. We can imagine, however, some of the scenes which occurred, the thought of which must have made both patient and surgeon shudder. But since the use of these agents all this painful experience of the operating-room is spared us, and with the patient lying unconscious our duties are rendered immeasurably more pleasant, and we can operate with much greater precision and care, largely because we are not obliged to hurry in order to shorten the sufferings of the patient.

The period with which we have more particularly to deal opens with the introduction of the antiseptic treatment of wounds by Lord Lister. It seems almost like an inspiration that we should conceive the idea that to germs existing in the atmosphere and not to the air itself (as was formerly supposed) the suppuration in fresh wounds was due, followed too often by the occurrence of septicæmia and pyæmia. I had the good fortune, in the winter of 1866-7, to see some of his first trials of antiseptic treatment in the wards of the Glasgow Infirmary. He was then using a paste made of carbolized oil and whitening spread on block tin. This was laid over fresh wounds and also used as a dressing for abscesses. Even these early crude attempts seemed to me to yield much better results than the older methods of treatment. Soon afterwards he introduced the carbolized gauze as a dressing. Then he followed with sal alembroth gauze. Finally after much experimentation he found the double cyanide of mercury and zinc gave still better results, and this I believe he now almost altogether uses. For a time salicylic cotton was a favorite with him, and it is still used by some, especially in wounds of the face where it makes a neat and useful dressing, its edges being stuck to the surrounding skin by collodion.

A number of other antiseptics, such as eucalyptus, iodoform, biniodide of mercury, aristol, etc., have been employed and are still used in the treatment of wounds, but in most cases we think that double cyanide gauze will be found the most satisfactory material for the purpose.

Many surgeons claim to get as good or even better results by what is called the "aseptic treatment." But even they employ antiseptics to get rid of the septic germs always found on the surface of the body, so that they cannot strictly apply the term "aseptic" to their mode of treatment.

No one acquainted with the facts of the case will, we think, hesitate to affirm that hundreds of thousands of useful lives have been saved

during the last twenty-five years through the genius of Lord Lister. Then too the amount of pain suffered after surgical operations and serious injuries has been reduced to a tenth-part, at most of what had formally to be endured. It is no wonder then that the medical profession throughout the whole world have rejoiced greatly when the name of Lister had been honored, and especially when he was raised to the peerage. We believe that this is the first occasion in which a medical man has received such a distinction for purely scientific work in connection with the healing art, and surely if it were ever deserved it has been so in this instance. If those who have slain their thousands and tens of thousands are worthy of the highest praise and reward, is it not meet that one who has been the means of saving hundreds of thousands from death, and those and a much larger number from an immense amount of suffering, should receive the best gift which the nation can bestow?

It is mainly because of this great discovery of Lister that surgical operations are now done upon almost every part of the human frame, and that with a boldness and confidence of success which were entirely unknown in pre-antiseptic days.

To Lister too, we are chiefly indebted for the use of absorbable ligatures, which have proved of great service in attaining healing by first intention.

About the same time that antiseptics were introduced another important forward step taken was the employment of the perforated rubber drainage tube by Chassaignac. This has yielded its best results in the treatment of abscesses, but it has also proved almost indispensable in fresh wounds of any great extent, especially in the deeper parts.

With the help of these three—anæsthesia, antiseptics, and drainage, the advance of surgery has been unprecedented during the last fifty years, and especially during the latter part of this period. Among the first successes attained was the removal of ovarian and uterine tumors. At first it was with fear and trembling that the great serous cavity of the peritonæum was opened, as formerly it was considered a most dangerous proceeding, but at the present time it is one of the simplest and safest. Many thousands of women have been saved during the last thirty years by the removal of ovarian tumors alone; and at present the operation for fibroids of the uterus has become almost as safe and successful in making life more comfortable, and in saving from a lingering and more or less painful death.

Then again we find surgery stepping in to the aid of medicine in the treatment of that very frequent and dangerous disease, appendicitis. Many claim that it should be under the care of a surgeon from the start, as at any moment it may be considered desirable to resort to the knife to save the patient. It is only in recent years that we have been able even to diagnose this affection, which formerly was classed under the general name of peritonitis.

In addition to this we have made great advance in the diagnosis and treatment of various other abdominal diseases, such as tubercular peritonitis, acute or chronic intestinal obstruction, perforative peritonitis, gall stones, surgical diseases of the kidney, enlargements of the spleen, inflammatory affections of the tubes and ovaries, and tumors of all kinds and in all parts of the abdominal cavity. To the removal of the ovaries and uterus we have now added extirpation of the kidney and spleen as well as the excision of several feet of the intestine, and more recently the removal of the whole stomach.

One is inclined to ask if we have not reached the limit of our surgical procedures in the line of abdominal surgery at least, and some may be tempted to say that we have already exceeded the line of prudence, but time and experience must be left to settle the question. In any case we have great reason to be proud of what has been accomplished. In no other field of work has the surgeon scored so many triumphs as in this.

Turning our attention to another large cavity of the body, the chest, we find that until about thirty years ago, little or no attempt was made to meddle with its contents, unless forced to do so because of some injury received, and even then we were very careful in dealing with it. To the late H. I. Bowditch, of Harvard University, is due chiefly the credit of first advocating the tapping of the pleura for fluid effusions there. I well recollect the first operation I witnessed as done by him. In a few years this practice became almost universal, and now it is a frequent occurrence in the hands of all practitioners. To simple tapping was soon added a permanent opening for the more effectual treatment of purulent collections, and now even the lung itself is more or less successfully treated by incision for the drainage and cure of pus cavities there. The pericardium too is both tapped and drained for collections of serum or pus in it. Even the wall of the heart has been subjected to suture for wounds, and with some measure of success.

Dr. J. B. Murphy, of Chicago, claims that he obtains good results in tuberculosis of one lung by establishing a fistula in the chest so as to produce collapse of the lung and thus give it complete rest.

Again, careful and repeated experiments on the lower animals have afforded us such a knowledge of the functions of different parts of the brain that the surgeon has been enabled to diagnose and operate for the relief of many of its diseases. Abscesses, tumors, and traumatic epilepsy have all been treated with an encouraging degree of success.

And just here let us remark that the well established results of experiment and observation go to prove most conclusively the absurdity of the claims of the so-called phrenologists, who profess to make out all the various attributes of that organ.

Time would fail to tell of the many improvements in general surgery since the introduction of antiseptics. Suffice it to direct attention to a few. In my student days, and for some years afterwards, suppuration was the rule after all extensive wounds, whether accidental or made by the surgeon's knife. Amputations of the breast or limbs were thought to have done well if the parts were soundly healed in six weeks. If union by first intention was obtained, it was looked upon as little short of a miracle. And even then I have often heard non-professional men, persons of age and experience, remark that the wound must re-open and discharge before the patient would be thoroughly well. Too often their prognostication was indeed verified. Now all this is changed, and the surgeon is not satisfied with his work unless the wound heals with no suppuration, and the patient is fit to leave his care in half the time formerly required.

In the treatment of herniæ there has been great improvement. Instead of trying to avoid the opening of the peritonæum, that most dreaded cavity, we now treat ruptures altogether by that method, and the results we get both in operations for the radical cure, and in cases of strangulation, far surpass those of twenty or twenty-five years ago.

In fact all serious operations, such as excision of joints, wiring of ununited bones, ligature of large vessels for aneurysm, etc., are now undertaken with a certainty of prompt recovery that was unknown to us in former days.

The only other department of surgery to which we shall refer is that of diseases of women. Gynæcology, in fact, has been mainly a development of the last thirty years, and yet it has been the means of relieving many thousands of suffering women, who were required before that to endure as best they could a great deal of pain and discomfort. For various forms of displacement of the uterus the only relief afforded was the wearing of some form of pessary. But most cases are now

practically cured by one or more of the various operations which have been devised for that purpose. Again extensive perineal lacerations are now repaired with almost uniform success, even though they involve the sphincter ani and a part of the recto-vaginal septum. Emmet's operation for laceration of the cervix has always given excellent results both in relieving the suffering accompanying that condition, and also in preventing the growth of a carcinoma in the diseased part.

Turning now from the domain of surgery let us glance briefly at the progress which medicine has made in late years.

Standing out prominently we find the discovery of the germ theory of contagious diseases, and the more or less valuable results obtained from the study of their character, habits of life, mode of invasion, and their propagation in the human body. Although not as much success has been attained as we would like in the treatment of these germ diseases, still a good foundation has been laid and we hope that the future will yield an abundant harvest.

Our knowledge of many contagious diseases has been much increased by the discovery of the germs which produce them. Among these we may especially mention typhoid fever, diphtheria, tuberculosis, cholera, and the bubonic plague.

By a proper system of notification of diseases, and a careful investigation of the surroundings, together with an examination of the food and drink of the patients, we are often able to detect a cause for the occurrence of a typhoid epidemic, and by removing the cause bring the epidemic to an end.

Again, diphtheria has been robbed to a great extent of its terror through the use of antitoxic serum, manufactured by successive introductions of the virus into the blood of the horse. Although a few still have doubts as to the efficacy of this treatment, yet we think the good effects produced have been so universally attested to by competent and cautious observers that we can no longer fairly question them.

For many years before the discovery of the tubercle bacillus medical men were constantly disputing as to the identity of so-called scrofulous diseases and phthisis. Now, however, the matter has been forever set at rest by finding the bacillus present alike in all. And although the hopes once entertained from the use of Koch's tuberculin have not been realized, yet we think we have reason to expect that some similar but more effectual antidote will, before long, be discovered, for this widespread and serious disease. To former remedies for phthisis there has

been added beechwood creasote, which has been of material assistance in its treatment; also an outdoor life has been found beneficial, and is of late recommended highly by many of the best authorities. Much has been done in the prevention of the disease by the recognition of the fact that it is often spread through contagion, and we now take great care to disinfect and destroy the bacillus as found in the sputa of those affected. Also the milk and flesh of diseased cattle having been found to contain these germs, means are taken to avoid their use as food, or, by thorough boiling or cooking, to destroy the bacilli.

Mr. Haffkine has, during the last few years, demonstrated the possibility of preventing to a large extent the spread of cholera and the plague by successive inoculations of the virus of these diseases; so that in the future we may expect to see but little of the terror and panic which have heretofore marked their appearance in a community. His success has been such as to convince even the natives of India of the efficacy of the treatment; and while at first it was with great difficulty they could be got to submit themselves to the inoculations, they now flock in hundreds to have this done and are even willing to pay a fee for it.

Less than twenty years ago the great Pasteur conceived the idea of preventing the appearance of the symptoms of that exceedingly painful and fatal malady, hydrophobia. The period of incubation being one of many weeks, he found that by early and successive introductions of the virus of the disease as obtained from the spinal cord of affected rabbits he could at length use, with safety to the individual, a virus of great potency, and thus immunize the patient to the disease.

Tetanus and septic diseases, such as puerperal fever, ulcerative endocarditis, etc., are also now being treated by injections of antitoxic serums with some apparent success, and it is hoped that more certain results may be obtained in the near future.

In no department of medicine has greater activity been displayed than in the manufacture and use of new remedies. While many of them are of doubtful utility a goodly number have been added to our armamentarium which have proved of inestimable service.

About twenty-five years ago chloral hydrate was introduced as a calmative and hypnotic, and has held its ground fairly well in spite of the later soporifics which have appeared on the scene, such as paraldehyde, sulphonal, trional, etc.

Then came the suggestion by Lauder Brunton that by the use of nitrite of amyl we ought to relieve angina pectoris, because of its relaxing effects on the systematic vessels; and his theory was found to work out satisfactorily in practice. Soon afterwards nitroglycerine was employed for the same purpose, and has to a certain extent superseded the former medicine.

About the same time salicylic acid was recommended for acute rheumatism, and has proved by all odds the best remedy for that disease.

The derivatives from coal-tar have supplied us with a bewildering number of drugs, some of which have been more widely employed of late years than almost any other remedies in the pharmacopœia. Among these it must suffice to mention antipyrin, phenacetin, and anti-febrin. One is at a loss to know how we could have got along in the treatment of the many epidemics of "la grippe" with which we have had to deal had we not these remedies to alleviate the pain and fever attending them. We very much fear however that the indiscriminate use of these by the laity for the relief of headache, etc., will ultimately lead to so much harm as to counterbalance the good done by their legitimate employment.

We must not forget to call to mind the new local anæsthetics obtained from the cocoa plant, namely, cocaine, eucaine, holocaine and orthoform. In operations on the eye, nose and throat they have proved simply invaluable. In minor operations of all kinds they have been largely used, and quite recently more important proceedings such as abdominal section, hernia operations, etc., have been undertaken with little or no feeling of pain through the hypodermic injection of eucaine, which has proved to be quite safe even in comparatively large doses.

Again, in the treatment of heart-disease, we have added several new remedies of more or less value. There are strophanthus, convallaria and cactus. Furthermore, the use of strychnia has become very common in cases of heart-failure, and has been found very efficacious.

Inhalations of oxygen gas have been recently tried quite extensively in deficient aeration of the blood, especially as met with in some cases of severe pneumonia, and very often with the most gratifying results.

Time would fail us to enumerate, much less treat of, the numerous other new remedies which have been more or less made use of during the last twenty years. It must suffice to refer to the class of animal extracts which are now being extensively tested in the treatment of diseases of various organs of the body. The most reliable of these is

probably that of thyroid gland, which has proved of the greatest benefit in myxedema and cretinism. It is also considered useful, in the opinion of some, in insanity, obesity and other diseases. Extracts of the ovary, of the supra-renal capsules, and of the pituitary body are also on trial in the treatment of affections of these organs. An extract of bone marrow too has been given with some apparent success in obstinate cases of anæmia and leucocythæmia.

When we consider then the amount of labour and patient investigation which all these improvements in medicine and surgery involve, the most casual observer must, we think, admit that our profession has shewn no lack of activity in its efforts to advance the healing art. And furthermore we think it will, as we affirmed at the outset, bear favorable comparison with other departments of life in regard to the good results obtained.

Then too, as we advance in scientific knowledge, there will be less room for the various forms of quackery to flourish on the credulity of the general public. The clairvoyant, the magnet physician, and the osteopath will probably cease more and more to trouble us. Faith-cures, too, whether brought about by a belief in some supernatural interference or through Christian science, or through a reliance upon the efficacy of infinitesimal doses of drugs frequently repeated, will become less in demand as the educated physician displays a greater skill and capacity in dealing with the various ills which flesh is heir to. There will, however, always be a certain class of nervous diseases which will be more or less amenable to faith-cure, or to hypnotic suggestion, which latter means has been considerably employed of late by regular physicians, and with a fair degree of success.

Original Communications.

DISORDERS OF THE MENOPAUSE.*

By E. W. CUSHING, M. D., Professor of Abdominal Surgery and Gynæcology,
Tufts College Medical School, Boston, Mass.

In attempting to gain a clear idea of this subject we are compelled to eliminate the various superstitions and false interpretations which, from time immemorial, have gathered about it. We have therefore the popular view of the change of life and its disorders, which embraces all the miseries which may befall a woman no longer young, beginning to feel the burden of years, and probably broken in health by all the vicissitudes of her life.

“ But care, and sorrow and childbirth pain
Left their traces on heart and brain.”

All the organic diseases of various kinds begin to show their full effects at about the age of 45 to 50 years. If the woman is not sound in all organs, that is the time when she is apt to break down, and of course the laity say it is the change of life; on the other hand, if there are no organic troubles, such symptoms do not develop, and the woman who was healthy before remains healthy, and so she is reputed to have passed safely through the change of life.

The same may be said of the various malignant diseases, which are prone to show themselves at about the time of the change of life. Whether a cancer of the uterus, or vagina or other organ come at the age of 40 or 60, the patient and her friends attribute it to the change of life, and if no such disease appear, she rejoices to have passed safely through that dreaded period.

Of course, looked at in a large way, there is an element of truth in the popular view; that there is a climactery or critical period in the life of every individual of either sex, is a fact, the reason of which I have tried to indicate above. Briefly, the vitality with which we are born into the world is always diminishing; the margin of reserve force is lessening; and at an age, varying from 45 to 55 years, there is very little margin to draw on. This is not confined to women, however, for it

* Read at meeting of Maritime Medical Association, Charlottetown, July, 1899.

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is seen in the fact that men are not accepted for enlistment above the age of 45, and those of our readers who are sixty, and many who are not so old, will realize the fact of the grand climactery in men.

Now in women the menopause, properly speaking, is only one feature of the change of life. The woman is no longer strong enough to bear and rear children, except in comparatively few cases. She has not the vitality to endure the continually recurring drain of menstruation, and so a kindly nature provides, or the inherited influence of environment has established the fact, that menstruation ceases at about the end of the ninth lustrum, varying much according to race and climate.

The disorders of the menopause then, are really only those which are in some way connected with the cessation of menstruation, and they are comparatively few and simple, while the disorders and miseries occurring at the period of the change of life or grand climactery, in either sex, but especially in women, are many and various, and often severe.

Of late years the frequency of operations for the removal of the ovaries has caused the subject of the sudden and artificial menopause to assume great importance, and, as its symptoms and its disorders can be studied apart from the symptoms of advancing age and progressive disease, much valuable light has been thrown on the question of the menopause proper, by studying the history of the symptoms following the post-operative menopause.

Among the afflictions which are customarily attributed to the menopause are the most varied nervous manifestations, and disturbances of temperament, and even of mental condition. But here also it is necessary to discriminate between what is due to the cessation of menstruation, and all the woes which begin to darken the life of so many middle-aged women. For, at this period of life, many women are profoundly unhappy, and not without reason. Beauty fades, they grow fat and gray, and feel their age in all their social relations. Children have grown up and no longer need the mother's care or obey her will, sexual feeling usually diminishes in a marked degree, and the unhappy woman learns that the husband who has been her life-companion is unfaithful to her, and gives his love and his money to some young woman. Or husbands die, or fail, and pecuniary troubles cloud the future, and embitter the present. Above all, there is the feeling that there is no proper sphere of activity left for the woman. She has no business, as a man has, to occupy her attention. She very probably has no interests which really engross her, and give her an aim in life. She is pushed by younger women out of

positions in social life which she formerly held, and in general, as many a woman says, she has nothing to live for and wishes that she were dead. It is, indeed, a change of life; but it really has nothing to do with the menopause. Yet it is no wonder that at such a period many a woman's nervous system gives way, and she is profoundly wretched, hysterical, and despondent for a few years, until she gets used to her new relations with the world she lives in, and concludes to make the best of it, and acquires new interests, and settles down comfortably as an "old lady."

Returning then to the disorders of the menopause, we shall find that they are divisible into two classes:

- I. Disorders of the circulation, (*a*) flashes, (*b*) flowing.
- II. Disorders of the nervous system, (*a*) palpitations, (*b*) fainting, (*c*) hysterо-neuroses, (*d*) psychic disturbances.

Besides these it is necessary to recognize, practically, a third division:

- III. Complications, or disorders incident to the period of life during which the menopause occurs.

I. (*a*) To the first class belong the flashes or flushes, when the blood rushes suddenly to the surface of the body, particularly to the face and neck, causing a violent burning and tingling sensation and a high color, followed in a few minutes by a free and distressing perspiration. These phenomena are best observed in vigorous young women from whom the ovaries have been removed; for in them the flashes often come on within two or three weeks of the operation, and continue for several months, or even for over a year. They may recur as often as once in fifteen minutes, but generally the intervals are somewhat longer. After six or eight weeks the flashes become less frequent, without diminishing much in violence, and finally they diminish, both in frequency and intensity, until they cease to recur.

The following description of her sensations is written by a very intelligent young lady, from whom the tubes and ovaries were removed 18 months previously, for a small fibroid of the uterus, with retroversion and incarceration. The tumor in the uterus has diminished in size during the interval of time, and the uterus is held in proper position by ventrofixation.

"I am afflicted regularly with 'flashes' at intervals of from 40 to 50 minutes, day and night. They are sometimes preceded by slight faintness, or chill: then, again, with dizzy feeling, or slight headache. Can almost feel myself turning pale, when it seems that the blood is leaving

every part of my body ; so noticeable is it that just previous to a ' flash ' I have been asked : ' Are you cold ? ' ' Are you faint ? ' or ' Are you ill ? ' "

" In a few seconds, however, a sort of resigned feeling unconsciously takes possession of me, when suddenly a wave of heat rushes over face, arms and upper part of body ; face and hands turn a most uncomfortable red color ; soon the heart beats very hard, and I can almost hear it thumping. Soon beads of moisture begin to stand out on my forehead, chin, neck, at joining of lower and upper arms, and on bosom, after which the heat permeates the lower part of the body, to my toes.

" When a ' flash ' is preceded by drowsiness, for some few seconds I can scarcely keep my eyes open—seem to be in a dream, and arms and legs feel heavy. When preceded by a chill, hands and feet feel cold. Always before ' flash ' my throat feels parched, and I am thirsty. ' Flashes ' seem to be more severe after a hearty meal."

In the physiological menopause the same flashes are observed, although usually with much less violence, and they are apt to last rather longer, sometimes for two years or more. Although these are usually classified as disturbances of the circulation, they are properly nervous phenomena. The vascular system merely responds to the stimulus which causes blushing under emotion and is not in itself disordered at all. The whole subject, therefore, might be included properly under II.

(b) Perhaps the same might be said about the sudden attacks of hemorrhage which sometimes occur at about the time of the menopause, just as they do at puberty, and, indeed, occasionally at all periods of the sexual life of woman.

So many cases have been reported that it must be admitted that such hemorrhages really occur at the menopause, merely as a result of vaso-motor disturbances, and without any appreciable disease of the uterus.

Nevertheless a vigilant and painstaking scepticism should be the rule, for usually some complication will be found, which will account for the hemorrhages, especially if they are repeated, and recur at intervals covering a considerable space of time. The apathy and credulity with which the women attribute these hemorrhages to the change of life are only the result of the false teaching of the profession in previous times, when the pathology of uterine disease was not understood. Many a valuable life is lost because flowing at this time is attributed to the change of life, when really there is grave organic disease present and progressing.

II. (a) (b) The symptoms of palpitation of the heart, and of attacks of syncope, from which women suffer at the time of the climactery, are quite similar both in kind and degree to those with which a certain proportion of women of all ages are troubled. The only feature which is peculiar to the change of life is that women are often affected with these symptoms at that period, who have not been troubled in this way during their previous years, and who certainly have no organic lesion of the heart. Like the flushing and the flowing mentioned above, these symptoms therefore are to be understood as disturbances of regulation, not as disease. The governors of the engine fail to act properly, and the machine "races" or slows down unduly; luckily it never stops altogether.

II. (c) (d) Likewise in regard to the hysteroneuroses and the psychic disturbances incident to the menopause, they do not differ at all from those which affect nervous and hysterical women at other periods of their lives, the only peculiarity is that they sometimes attack women who have always been free from such troubles.

It will not therefore be necessary or profitable here to describe the various symptoms and varieties of hysterical and hysterico-neurotic disturbances, the alterations in temper and temperament, ranging all the way from caprice to melancholy, which may affect women at this change of their lives.

What is desirable to know is why these disturbances should affect some women at this time, and not others, and whether anything can be done to relieve them. Now it is evident that at the menopause we have to do with two processes, one the cessation of function of the ovaries and of the menstruation, which is the accompaniment of such function; the other is the involution of the uterus, which goes on, or should go on, *pari passu* with the diminution of ovarian activity. In listening to the histories of women who suffered with hysterical and nervous troubles at the menopause, I long ago observed the similarity of their symptoms to those of women who suffered with hyperinvolution, or from originally insufficient development of the uterus. Careful study of individual cases led me to believe that the disturbances of the menopause are largely due to want of proper relation in time or in amount between the diminution of functional activity and the involution of the ovaries, and of the uterus, respectively.

When the function of the ovaries ceases too suddenly for the uterus, or, what has the same result, when owing to congestion, endometritis,

polyp, little fibroid, or other cause, the uterus cannot undergo involution when it gets its orders to do so from the ovary, then there are flashes and flowings perhaps, and in general such a strain of symptoms as is now so well known in cases of surgical removal of the ovaries.

When, on the other hand, the uterus feels its age, or is exhausted, sooner than the ovary; when it would like to give up active duty and be put on the retired list, but cannot get permission to do so from the ovary, which keeps on stimulating it to continue menstruation, then a set of symptoms come on similar to those which are only too well known in cases of hyper-involution of the uterus after childbed or prolonged lactation or exhausting diseases; or, again, similar to the sufferings in cases of undeveloped uterus, where after puberty the infantile condition of that organ remains, while the ovaries develop fully.

Headaches, nervousness, hysterical manifestations of all kinds, depression of spirits, change of temperament always for the worse, even real melancholy and insanity; such are the woes which are added to the unpleasant conditions inseparable from this age, and referred to in the beginning of this article. It is little to be wondered at then that the change of life is dreaded by women, and when they begin to suffer from the last set of symptoms they anxiously await the time when the kindly compensations of nature shall have set the whole sexual system at rest, and when they shall have learned to look out benevolently on the world in their new character of "old ladies." What trials, what heartburnings, what struggles with vanity, social ambitions, and all the feelings inherent in the nature of women, what tragedies in the realm of material relations, not to speak of "envy, hatred, and malice and all uncharitableness" as the next generation of women come to the front and take possession of the world, what mental and moral sufferings, in short, are intermingled with the physical miseries of those few years of the change of life, few know, except the sufferers themselves, and those who know seldom say much about a subject which is so confidential and delicate.

III. It remains to consider the complications, or diseases incident to the time of life at which the menopause occurs, for it is the frequent occurrence of these diseases, which has caused the change of life to be dreaded, and to be looked upon as a serious crisis.

Of course in all cases where a patient comes under the care of the physician at this age, perhaps more than at others, it is important to make sure that the heart and kidneys are free from organic disease. This is the period when these organs are apt to give out, in either sex,

and the vigilant physician is on the watch for the symptoms of cardiac, or of renal, trouble or of glycosuria.

Of the diseases more closely connected with the genital system, first in importance, first in gravity, and most serious if neglected is cancer of the uterus, or of the vagina. This is not the place to go into the symptoms or treatment of this formidable complication; it is only necessary to insist that in all cases of undue or irregular flowing it is absolutely necessary to make a thorough local examination, for in a large proportion of cases the cause of the trouble will be found to be a cancer. In this matter the knowledge and care of this generation of physicians must undo the mischief that has been wrought by the false teaching of previous generations; the errors and strange beliefs of the laity are only the doctrines which were taught in good faith by our predecessors in the profession, who knew little or nothing of the early symptoms of cancer of the uterus, and held that irregular hemorrhages were natural to the change of life, but that this was an evil period when cancers were liable finally to develop.

Then came another generation who recognized "ulcers" of the uterus, which were diligently "treated," but who stubbornly refused to admit to themselves or the patients that the intractable bleeding ulcers were cancerous, until the disease was far advanced. Unhappily the world is full to-day of just such half-ignorant, half-stupid practitioners, who make their patients throw away their only chance of rescue, prolonging fussy and unavailing treatment until no radical measures can be taken.

On the other hand there are certain axioms which must be the guide of the modern practitioner, and through him of a laity better enlightened than in previous times. These rules are:

1st. All irregular or profuse hemorrhages about the period of the change of life are suspicious; they therefore require immediate, thorough and competent examination.

2nd. All cases of incipient cancer of the uterus are easily diagnosed by competent examiners, by the aid of the curette and microscope in doubtful cases, but usually by the presence and character of an ulcer.

3rd. All cases of cancer of the uterus in the early stages are susceptible of complete removal by total hysterectomy, with less than two per cent of mortality in competent hands. There is, in fact, no organ of the body where cancer can be so totally and widely removed as the uterus.

4th. A large proportion, probably a large majority of cases where total extirpation of the uterus for cancer is performed early, quite early, never have relapse or recurrence in the scar or elsewhere. They are saved, and they enjoy not only life but the best of health.

May the day soon come when these simple facts are not only believed but acted on, and when consultants will not have to deplore the valuable lives sacrificed by a mixture of ignorance, incompetence and laziness!

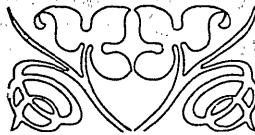
The condition which, next after cancer, is the most frequent in cases of hemorrhage at the menopause is that where the uterus contains fibroid polypi in its cavity, or fibroid tumors of various sizes in its walls. Or there may be polypoid growths in the uterine cavity which are not fibroid but of ordinary mucous and glandular type, yet all these may produce frequent hemorrhages, which reduce the strength of the patient very much. I have repeatedly removed such growths from women between forty-five and fifty-five years, who had suffered from profuse flowing for long periods under the impression that it was a natural accompaniment of the change of life, and that nothing could or should be done to relieve it.

Of special importance is the condition of adenoma of the uterus, which attacks women of this age, often after they have ceased to menstruate entirely, and, coming on with the symptoms of a simple hypertrophic endometritis, is perhaps treated by curetting, and apparently cured for some months, when the hemorrhages commence again, and unless hysterectomy is performed the disease gradually but inevitably passes into cancer of the body of the uterus. The diagnosis is easily made on the first curettement, by the abundance and microscopical character of the pieces of tissue which are removed, and as soon as the diagnosis is made hysterectomy should be performed.

Simple endometritis, with more or less thickening of the mucous membrane, is very frequent at the time of the menopause, and it tends to delay the cessation of the menses, especially if there is any polypoid formation as above mentioned. It is easily cured by curettement and application of strong solution of iodine and carbolic acid, or of peroxide of hydrogen, to the uterine cavity. At the same time any raw surfaces at the angles of the os uteri, the result of an old laceration, should be carefully repaired, for it is precisely in these neglected lacerations that cancer is so prone to develop. We have to consider next the case where there is no undue hemorrhage, but, on the contrary, the menstruation either ceases, or is very scanty, and the menopause thus occurring is accompanied

with nervous symptoms, hot flashes, or even severe hystero-neuroses. A local examination is also important in these cases; often some uterine trouble will be found to account for the symptoms; sometimes the uterus is retroverted, heavy and sensitive; sometimes it is apparently normal in size and position, but it is tender on pressure, and if a sound is passed into it the endometrium of the fundus is found to be extremely sensitive, and perhaps thickened. In both classes of cases appropriate treatment, by replacement and support, if necessary, and by dilatation of the cervix, and applications of carbolic acid or peroxide of hydrogen to the endometrium, will usually have the happiest results.

In regard to the nervous symptoms great caution should be used not to commence a course of treatment with narcotics, which is apt to have disastrous consequences. If all local trouble has been diagnosticated and cured, and nervous symptoms still exist, attention should be paid to the general condition mentioned above. A kindly word and a little consolation will often go farther than medicine. Where the circumstances of the patient permit it, change of scene particularly foreign travel, is of the greatest advantage. Anything that will give the woman an interest in life and take her thoughts off herself is distinctly beneficial. Finally kindly nature comes to the rescue, and the tincture of Time, that mightiest of remedies, gently leads the sufferer out of the miseries of the change of life into the quiet and peaceful period of elderly existence.



THE
MARITIME MEDICAL NEWS.

VOL. XI.

AUGUST, 1899.

No. 8.

Editorial.

THE CARE OF THE TUBERCULOUS.

The recent meeting of the International Congress on Tuberculosis at Berlin has served to awaken a very wide spread interest in this extremely important subject, and there can be little doubt that the publicity given to the hopeful sentiments expressed at this notable meeting by men of the highest standing in our profession will do much towards popularizing the doctrine, which the NEWS has for long advocated, of state control in tuberculosis. We look forward eagerly to the publication of the report of our Canadian delegate, Dr. Farrell, as we feel certain that he will take ground which will materially strengthen us in our contention that definite action towards something in the line of preventative measures should not be longer delayed.

Certain points brought out at the Berlin Congress strike us with particular force. The ease with which the disease is transmitted, and the ease with which this transmission could be stopped; the hopefulness of the curability of the malady, and the simplicity of the treatment—these are matters which should be dwelt upon and impressed upon everyone. A vigorous educational campaign is necessary, and with such a text our Provincial Board of Health should be able to supply literature to our people which could not but do a vast deal of good.

A very evident fact is that a successful attack upon tuberculosis must be general, and made simultaneously in all quarters of the globe. The governments must take a hand in the matter, and, by adopting a definite plan of action, wage a war which will assuredly result successfully if the forces are but properly officered, and the attack sustained for a sufficient time. Why should not Canada take the initiative and arrange with the

other nations to attempt an effective campaign? There is but one reason, the question of expense. Should the cost be considered in dollars and cents only? Is there no money value attached to human life? Do not lives saved mean money saved? Why should not the question of the public health be looked at from the economic point of view? Who can say what expenditure in the interests of the health of the people constitutes extravagance?

In the matter of the public health, Canada is not interested in the health of the people of Canada alone; the health of every nation is a matter of vital interest to her. So that, out of loyalty to herself, she is bound to do all in her power to increase the healthfulness of the world at large. We therefore feel that, as a measure of self defence, a generous provision of money for the purpose of organizing a universal attack upon tuberculosis would be perfectly justifiable, and would receive the support of the intelligent voters of Canada.

But while feeling that absolute success depends upon universal effort, we are obliged to admit that much can be accomplished by localities and even by individuals. A certain measure of responsibility falls upon everyone, and he who shirks that responsibility is guilty of a grievous fault. The public at large should know this. The simple preventative measures should be made familiar to everyone. And the duty of those in comfortable circumstances to their less fortunate fellow men is a duty which it is but self defence to perform. Every possible means should be adopted to prevent the spread of the disease. Every possible means should be adopted to save the lives of those who have fallen victims to it. Let proper sanatoria be at once instituted. In this the government *must* assist—must take the initiative. Why should there be longer delay?

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## Society Meetings.

### MEDICAL SOCIETY OF NOVA SCOTIA.

(Concluded from last issue.)

THURSDAY, JULY 6TH, 1899.

The first business at the morning session was the report of the nominating committee which was submitted by Dr. D. A. Campbell and adopted as follows :

*President*, - - - - - Dr. D. McIntosh, Pugwash.

*First Vice-President*, - Dr. C. A. Webster, Yarmouth.

*Second Vice-President*, - Dr. F. S. Yorston, Truro.

*Secretary-Treasurer*, - - Dr. W. S. Muir, Truro.

*Committee on Medicine* :—Drs. M. A. B. Smith (Dartmouth), S. L. Walker (Truro), H. H. McKay (New Glasgow), F. W. Goodwin (Halifax), M. E. Armstrong (Bridgetown).

*Committee on Surgery* :—Drs. J. W. McKay (New Glasgow), C. A. S. McQueen (Amherst), Jas. Ross (Halifax), A. R. Andrews (Middleton), C. P. Bissett (St. Peters).

*Committee on Obstetrics* :—Drs. W. Rockwell (River Hebert), E. J. Elderkin (Weymouth Bridge), H. V. Kent (Truro), G. C. Jones (Halifax), J. J. Cameron (Antigonish).

*Committee on Therapeutics* :—Drs. M. Chisholm (Halifax), R. Cox (Upper Stewiacke), Bret Black (Windsor), E. D. McLean (Shubenacadie), M. D. McKenzie (Parrsboro.)

*Committee on Sanitation* :—Drs. A. P. Reid (Middleton), A. S. Kendall (Sydney), C. D. Murray (Halifax), D. N. Morrison (Oxford), A. Love (Bridgeville).

A discussion on Dr. Jones' paper on Vaccination then followed.

Dr. T. G. Roddick believed the necessity of vaccination in Quebec was learned by experience and probably Nova Scotia will also. He would recommend a straight compulsory law and birth registration carried out. Statistics should be carefully prepared in the different provinces in addition to bringing up the matter before the local legislature. It is a very important subject and there should be a full discussion.

Dr. A. P. Reid thought a committee should be appointed to consider the matter.

Dr. Jones regretted that there should be any discussion on this question. It was a reflection on this society to have nothing done. He intended to ask for a committee but now hesitated to do so.

Dr. W. Rockwell thought Dr. Jones was mistaken. Drs. Jones and Roddick had covered the ground and there was no reason why a committee should not be appointed.

The President suggested that a committee of enthusiastic men should be appointed to deal with this subject and also other matters brought to the attention of the meeting.

Dr. H. H. McKay thought the matter should be pushed.

Dr. Jones said he wrote a letter to the society two years ago and it had been shelved.

Dr. D. A. Campbell remarked that Dr. Jones should not be weary in well doing. Dr. Jones has deeply interested himself in this matter and succeeded in getting compulsory vaccination passed in Halifax. Unfortunately nothing has been done to enforce this law and it would be well to know what obstacles are in the road.

Dr. W. S. Muir stated he read Dr. Jones' resolutions at Pictou and they were not shelved, being recorded in the minutes. Any opposition there was came from Halifax physicians.

Dr. Jones said that the law in Halifax could not be enforced on account of the conscience clause in the law. The chief reason is we have no registration of births. Another reason is, the board of health and city medical officer of Halifax do not want the rules carried out. If a medical officer was elected by different municipalities, he thinks the law could be enforced.

The conscience clause (here quoted) he advised to be left out entirely.

The President thought the society was unanimous on the subject, the only trouble was appointing a suitable committee.

Dr. Jones then gave notice of motion that at the afternoon session he would move that this matter and others should be referred to a parliamentary standing committee.

Dr. Reid said he would have great pleasure in seconding the motion.

Dr. Jas. Ross, of Halifax, then read a paper on "Prostatic Affections in Young Men."

A paper by Dr. W. G. Putman, of Yarmouth, on "Sporadic Cretinism" was read by Dr. C. A. Webster, a photograph of the case being shown.

Dr. G. Gordon Campbell, of Montreal, followed with his paper on "Sporadic Cretinism" with report of cases, photographs showing result of treatment being exhibited.

Dr. W. H. Hattie, Superintendent of N. S. Hospital for the Insane, then read his paper on "Internal Secretion."

Dr. J. H. McKay, of Truro, exhibited a girl whose scalp had been completely torn off by a windmill and replaced two hours after the accident. Some portions of the scalp lived, the dead portions being afterwards removed.

The discussion on the papers read then took place.

Dr. C. A. Webster referred to a case of cretinism living in Yarmouth, who was ten years of age but only looked about five. He was a good mimic, could understand what was said but could not speak himself. He was put on thyroid for a year, but there was no benefit from treatment. Dr. Webster wondered if the age had anything to do with the unimprovement.

Dr. F. F. Eaton mentioned a case he had seen in London which was as old as the case referred to by Dr. Webster, and he had greatly improved under treatment.

Dr. G. C. Jones thought thyroid extract was used indiscriminately when other remedies had failed. He believed it capable of doing much harm. A case was related in which it had a marked effect on the mental condition of a certain lady, who developed into an uninteresting personage, having formerly been an intelligent woman. On giving up the drug she became bright again and also very stout, the thyroid having reduced her weight very much when taking it.

Dr. W. S. Muir said no case gave a physician more credit than one of myxœdema under thyroid treatment. Dr. Muir spoke of one case where thyroid alone did not do much good till phosphate of potassium was given with it, as pointed out by Kocher. You must not push thyroid without watching the heart, syncope being apt to follow. He never could give more than four or five grains of thyroid for a dose. Insane patients will often stand fifteen grains or more. One should sometimes be able to make out a diagnosis by giving thyroid.

Dr. D. A. Campbell stated that he had used thyroid in psoriasis and ichthyosis. He had obtained good results in many of the former but only transient improvement in the latter. Had obtained no benefit from thyroid in exophthalmic goitre.

AFTERNOON SESSION.—The discussion on papers read was continued. Dr. G. Gordon Campbell was much interested in Dr. Hattie's paper. He had tried thyroid in other diseases besides cretinism, particularly psoriasis. Had also used salicylate of sodium in psoriasis with good results in some, and none in others. With regard to Dr. Webster's case it would be doubtful if the diagnosis were really sporadic cretinism or not.

Dr. Hattie, in replying, stated that he had had considerable experience with thyroid and had been generally disappointed with it. Had seen one corpulent epileptic lose thirty pounds in weight but no effect on the epilepsy. It was pushed as far as possible but not able to reach more than six grains three times daily, and then patient had to be put to bed and given strychnine or other heart tonics. In exophthalmic goitre thyroid would seem to be contraindicated. In removing a part of the gland in this disease, the remaining portion enlarges, there seeming to be an increase of secretion.

Dr. Jas. Ross referred to thyroid extract in psoriasis and ichthyosis. The trouble is one never can tell in which cases of psoriasis thyroid will do good. In a case of ichthyosis recently treated thyroid did good in a short time but had heard since, that the condition returned after thyroid had been stopped.

The President said the causes of psoriasis were varied and that was why we had so many failures in treatment.

The Society then appointed the following as members on the Nova Scotia Medical Board :

|                   |       |            |
|-------------------|-------|------------|
| Dr. C. A. Webster | - - - | Yarmouth,  |
| " Wm. Tobin       | - - - | Halifax,   |
| " D. A. Campbell  | - - - | "          |
| " M. A. B. Smith  | - - - | Dartmouth, |
| " John Stewart    | - - - | Halifax,   |
| " J. F. Black     | - - - | "          |

The discussion on "Dyspepsia, Acute and Chronic," was opened by Dr. M. A. B. Smith, of Dartmouth, who read a valuable paper on the subject. (This will be published in full in a subsequent issue.)

Dr. F. S. Yorston referred to the fact that the larger part of the digestive process goes on in the intestine. It is well to examine patient stripped, palpate, noticing movement of the stomach and intestine if this can be done. In this way too we may detect anything like a malignant growth. In the absence of the small bucket, an easy method to

empty the stomach is to place patient on the left side and make sudden pressure over region of the stomach. In the treatment of acute dyspepsia it is necessary to secure rest of the stomach and removal of the cause. Stimulating secretion of gastric juice by an alkali given fifteen or twenty minutes before eating is often of value. Intestinal indigestion is often associated with stomach indigestion, and bowel usually needs treatment also. It is well to keep the intestinal tract free.

Dr. G. Gordon Campbell said that dyspepsia refers to many conditions. The commonest forms are acute and gastric catarrh. Remember the three functions of the stomach—secretion, absorption and motion, and find which are at fault. The silver bucket sometimes proves too small; then can use a soft tube. Contents may readily be expressed through the tube by putting patient on left side and pressing over stomach. Hyperacidity from hydrochloric acid is very rare, being generally due to organic acids. The condition of the teeth, cooking of the food, etc., must be considered. Giving hydrochloric acid very largely diluted in three doses at intervals of fifteen minutes after meals, where flatulence is present, is good treatment. The treatment by pepsin is overdone.

Dr. A. Halliday referred to experiments performed on himself for treatment of migraine. He always finds his amount of hydrochloric acid below normal. In the prophylaxis of dyspepsia it is well to limit the amount of food, especially when tired. Forty winks before meals, when tired, is better than forty winks after meals. It is very important to keep the bowels free.

Dr. Smith, in closing, said that the gastric juice taken out by the bucket may be diluted, so that a few drops are sufficient for a test. He agreed with Dr. Campbell that hydrochloric acid is the best antiseptic.

Dr. J. W. McKay, of New Glasgow, read the history of a very interesting case of "Abscess of the Lung, Operation—Recovery."

Dr. W. Rockwell, of River Hebert, followed with "Notes of two Obstetrical Cases."

Dr. A. P. Reid found opium to be a good uterine stimulant when there was inertia. He would try it first and if it did not succeed he would not hesitate about using ergot.

Dr. D. McIntosh formerly used ergot before delivery and retention of placenta resulted. He now never gives it until completion of labor.

Dr. E. J. Elderkin had the same experience as Dr. McIntosh. He has almost entirely given up the use of ergot. Lately he has given strychnia



in inertia and sometimes quinine with it. After delivery he sometimes uses ergot but finds little benefit from administration by the mouth.

Dr. W. S. Muir referred to his first experience with Attfield's treatment. He thinks that ergot by the mouth really increases inertia post-partum, and what good it may do is by making patient sick at the stomach. He rarely uses ergot except hypodermically and never till after completion of the third stage. He again protested against the indiscriminate use of the forceps.

The President stated when in doubt as to whether pains are genuine labor pains or not, he uses opium. He rarely uses ergot and never till end of third stage.

Dr. W. S. Muir then read an interesting paper, the title being "Typhoid, Tuberculosis, Pregnancy of the Primiparæ. Which?" Troubles in diagnosis were referred to and cases related. One case was diagnosed "walking typhoid" by the first physician. Patient did not make a good recovery. When Dr. Muir first saw him he had a temperature of 104°, with endocarditis and effusion into the pleura and abdomen. A consultant was called who thought that the kidneys were affected, but this was not so. Patient had been an athlete. Dr. G. Gordon Campbell saw him and thought acute dilatation of the heart was present. Patient improved somewhat but later developed bad symptoms and died, the cause being tuberculosis.

Speaking of typhoid, Dr. Muir said no one can "break up" typhoid. He thinks too much stress is attached to spread of typhoid through water; many cases of it are distributed through milk which is sent in unclean cans.

Dr. Roddick asked Dr. Muir if the milk might not have been diluted with water.

The President stated that cases develop in Pictou especially when there has been little rain and the wells are low.

The following resolution was moved by Dr. G. C. Jones; seconded by Dr. A. P. Reid, and passed unanimously:

"Whereas, it is advisable that legislation should be secured to establish a system of compulsory vaccination in this province, and in order to carry out the same a system of registration of births should be secured; and also to obtain legislation in other matters pertaining to the profession and also matters of public health. Therefore resolved: That a standing committee be appointed to secure such legislation, which committee shall report at each annual meeting."

This standing committee is to deal with all matters that may arise in the Society pertaining to legislation, like the Parliamentary Bills Committee of the British Medical Association.

The following were appointed on the committee :—Drs. G. C. Jones, J. F. Black, D. A. Campbell, Halifax; Dr. A. P. Reid, Middleton; Dr. A. S. Kendall, Sydney.

Dr. A. P. Reid moved and Dr. Jones seconded, which was unanimously carried, the following resolution :

“That having heard Dr. Roddick’s explanation as to the carrying out of Dominion Registration, this Society is fully in accord therewith, and will, as far as in their power, assist in carrying out the scheme.”

Dr. M. A. B. Smith called the attention of the Society to the changes in the British Pharmacopœia.

Dr. Roddick here stated that he had a bill passed in the Dominion Parliament that no druggist should use the old Pharmacopœia, which bill will soon be published.

EVENING SESSION.—The discussion on “Tetanus” was opened by Dr. Roddick, who kindly consented to open the subject in the absence of Dr. MacKeen. Dr. Roddick referred to recent discoveries, the causes and treatment. The treatment now adopted should be a nail brush used freely, remove all torn tissue, and if in doubt apply pure carbolic acid. Splints should be put on if near a joint. It is better to leave the dressing on for several days and well to use the anti-tetanic serum. Chloral from the first is good and should be used.

Dr. J. W. McKay said that he could not add anything to what Dr. Roddick had said.

The President reported a case which recovered with the use of chloral.

Dr. J. C. McDougall referred to two cases, both of which died.

Dr. A. P. Reid stated that he had seen a number of cases, none of whom died. One case was contracted from another in the next bed.

Dr. H. H. McKay questioned the last statement of Dr. Reid.

Dr. M. A. B. Smith spoke of a surgical case treated by Bond, a “cancer curer,” in which tetanus developed.

Dr. D. McIntosh said it was a question whether tetanus could develop without a wound.

Dr. C. A. Webster mentioned a case which followed a gun-shot wound and death ensued.

Dr. Roddick, in closing the discussion, said it is doubtful if tetanus is ever idiopathic. It is probably like erysipelas—not idiopathic.

Dr. J. C. McDougall, brought up the matter of travelling opticians. He read from the *Philadelphia Medical News* an interesting article on this subject, in which was mentioned a clause in the law of New Jersey which debars these men from prescribing glasses. Another matter was "Christain Scientists" who attempt to treat cases. He would like to hear opinions on these matters.

The President referred to the committee already appointed who might deal with these questions.

It was moved, seconded and passed, that the items spoken of be referred to the Parliamentary bills committee.

A vote of thanks was extended to Principal Calkin and others for the use of the Normal School building.

A vote of thanks was also extended to Dr. Roddick, for honoring the Society with his presence.

Dr. Roddick thanked the meeting heartily for the vote extended to him. He considered this Society considerably above the average and the discussions and papers of much value, and also hopes to soon again have the pleasure of attending the Medical Society of Nova Scotia.

Dr. A. P. Reid wished to express the thanks of the visitors to the members of Colchester County for the kindness shown, which was seconded and passed unanimously.

Votes of thanks were also extended to the President for the able manner in which he had presided, and to Dr. W. S. Muir for the great amount of work done by him as Secretary of the Society.

#### THE BANQUET.

The 31st annual meeting of the Nova Scotia Medical Society was brought to a close July 6th, by a grand complimentary dinner by the resident medical men of Truro, to the visiting members of the society, at the Learment hotel. Dinner was served at 9 o'clock, and some 50 persons sat down to one of the best banquets that the Learment, noted for its good cuisine, has ever given. It was probably the most successful dinner given in the history of the Medical Society.

Dr. D. H. Muir made a good chairman, and in most appropriate words introduced the toast list of the evening. On the chairman's right sat Dr. Roddick, Professor of Surgery at McGill University, and on his left, Dr. McMillan, the retiring President of the Medical Society of Nova Scotia.

Among the guests were Dr. Roddick, Hon. F. A. Laurence, Principal Calkin and Professor McDonald.

An orchestra from the Citizen's Band, discoursed sweet music, and did so well, that a vote of thanks by the banqueters was unanimously tendered to them.

The following was the toast list :

The Queen,—from the Chair, responded to by all singing "God Save the Queen."

The Governor General, Lieut. Governor, etc.—response by a fine rendering of "The Maple Leaf Forever."

"Dominion and Local Parliaments"—proposed by Dr. Reid, who said that as Parliament had control of the people's health, it was the duty of those present to see that the members of the Local House, read at least the Bible, which is considered one of the best authorities on sanitation.

Dr. Roddick, M. P., responded on behalf of the Dominion House. He could not help contrasting the town and hotel of 30 years ago, when he was in Truro, and that at the present time. He told reminiscences of his school days in Truro, and the start in medicine given him by the late Dr. Samuel Muir. He then explained how he first became a member of parliament. He only entered public life after Sir Charles Tupper promised to assist him in a scheme of Dominion Registration, and to bring into confederation, if possible, his native island, Newfoundland. He thought that medical practitioners should never enter politics until they had reached mature years, when undoubtedly there was a place for them which could only be filled by medical men, especially in dealing with such important measures as sanitation, vaccination, prevention of tuberculosis, etc. At the same time he believed that they should not be on the same level as the ordinary politician, but should be strictly non-partisan.

Hon. F. A. Laurence in responding in behalf of the Local House, gave an amusing address, which was heartily applauded by all.

Dr. W. S. Muir then favored the assembly with a song, which was very much enjoyed.

Principal Calkin proposed the health of the Medical Society of Nova Scotia, which was responded to by the retiring President, Dr. McMillan, and in-coming President, Dr. McIntosh.

The next toast on the list, was "Our Guests," given by Dr. D. H. Muir, and responded to by Prof. McDonald.

The Press was proposed by Dr. Walker, and answered by Dr. Ross for the MARITIME MEDICAL NEWS, and Mr. Mills, of the *Times-Guardian*.

The Ladies—given by Dr. G. C. Jones, was ably answered by Dr. M. A. B. Smith, of Dartmouth, on behalf of the fair sex.

One of the extra toasts, of which there were several, was the health of Dr. A. C. Page, who was unable to be present at the annual gathering of a society to the success of which he had contributed much during many years of active practice.

The Chairman of the Dinner, Dr. D. H. Muir; the Secretary-Treasurer, Dr. W. S. Muir, the medical men of Truro, and Dr. Roddick were all heartily drank, and ably responded to.

At this time, and in fact during the whole evening, witty speeches and social chat were the order of the evening's banquet, and all were very sorry when the time came for the last toast on the list, being viz. : "Our next merry meeting."

### THE NINETEENTH ANNUAL MEETING OF THE NEW BRUNSWICK MEDICAL SOCIETY.\*

HELD AT FREDERICTON, N. B. July 18th and 19th, 1899.

The meeting was opened by the President, Dr. A. B. Atherton, of Fredericton. Routine business followed, and the report of Dr. Thomas Walker, St John, on behalf of the committee on the revision of the tariff of fees of the Society, caused considerable discussion. With few amendments the report was adopted. The incoming President and Secretary were instructed to have the revised scale of fees printed in pamphlet form, and a copy sent to each registered practitioner in the province.

The Treasurer, Dr. Foster MacFarlane, St. John, reported a balance of \$176.72 on hand.

Dr. Thomas Walker introduced the following resolution which was unanimously adopted: "That the Society hails with great satisfaction the announcement that progress is being made in the matter of Interprovincial Registration, and would urge upon the Council of Physicians and Surgeons that they use every means looking towards that end."

"Progress of Medicine and Surgery the last third of the Nineteenth Century," was the subject for the scholarly address given by President Dr. A. B. Atherton. He spoke of the advancement made in both medicine and surgery; of anæsthetics; aseptic and antiseptic treatment of wounds and the antitoxin serums. (This paper appears on page 253 of the NEWS.)

\* The proceedings of this meeting were kindly reported by Dr. G. C. VanWart, Fredericton.

The next paper, "Remarks on Puerperal Eclampsia with cases," by Jas. W. Bridges, M. B., Fredericton, called forth much discussion. The paper dealt with the cause and pathological lesions. The etiology was the auto-intoxication by the waste products of the body. The histories of two cases were given in detail. Much attention was given to prophylaxis; venesection in robust cases, followed by hypodermoclysis of normal saline solution; reduction of labor by rapid dilatation. Reference was made to Cæsarian section and to such drugs as nitroglycerine, gr. 1/60 hypodermically, morphia, veratrum viride, pilocarpine, sodium bromide and chloral hydrate.

Dr. J. H. Gray, of Fairville, spoke of having used veratrum viride with regret.

Dr. Thomas Walker stated that a patient of his "under full charge," and on a strictly milk diet for three weeks, had convulsions.

Dr. R. L. Botsford, of Moncton, had twelve cases. He mentioned incision of the os uteri, though he had never done it. The veratrum viride was the American treatment. Prof. Hirst, of Philadelphia, strongly advocated it, giving as much as forty drops to a dose. Chloroform heads the list for drugs, then chloral. Every case is a law unto itself. He favoured the use of morphia in large doses hypodermically.

Dr. G. E. Coulthard, of Fredericton, said when an attack of convulsions is threatened, he counteracts the excitability by the use of chloroform and morphia. He does venesection and does not wait for drugs to act.

Dr. P. R. Inches, of St. John, did not consider blood-letting practicable in all cases. He gives chloroform and chloral, with croton oil for the bowels. Since the foetus was the cause of the convulsions he favoured the induction of labor, and considered the prognosis favourable if the foetus had been dead two days. In every case of convulsions he had found albumin in the urine, although cases are reported contra.

Dr. James D. Lawson, of St. Stephen, read his paper on "Placenta Prævia." He spoke of the causes and gave a detailed account of the treatment he used. The chief indication is to empty the uterus. "There is really no safety for the woman while there is the possibility of hemorrhage."

Dr. Thomas Walker thought that in the present position of abdominal surgery it would be better to do a Cæsarian section.

Dr. P. R. Inches said there was a warning from the sixth to the eighth month of pregnancy. He induces premature labor. This saves loss of blood. He thought Cæsarian section harsh treatment.

Dr. R. L. Botsford considered rapid delivery the best treatment.

Dr. James Christie, of St. John, in forty years of practice had seen little improvement in treatment. He had had but few cases and considered repeated hemorrhages in the sixth month an indication of the troubles and brought on labor.

Dr. A. B. Atherton, of Fredericton, believed it best to deliver at any time to save the mother. He did not advocate Caesarian section. Ligation of the uterine arteries has been recommended, the ligatures to be applied to the os uteri per vagina.

Dr. J. H. Gray advised rapid delivery.

Dr. W. C. Crocket, of Fredericton, was of the same opinion.

"Gonorrhoea and Complications," by Dr. S. W. Boone, Presque Isle, Me., was the next paper read. He knew of no abortive treatment except a virtuous life. In slight cases he uses boric acid injections. The physician himself to irrigate the urethra with copious injections of potassium permanganate. He considered gradual dilatation the best treatment for stricture of the urethra.

Dr. Foster MacFarlane spoke of chronic seminal vesiculitis, a complication so often overlooked by the profession. This is to the male what salpyngitis is to the female. The symptoms are neurotic in character. Rectal examination is necessary for a diagnosis. He also explained the massage treatment for this complication.

Dr. Thomas Walker thought complete rest in bed necessary. In spite of antiseptic remedies we have not advanced much in treatment.

Dr. R. L. Botsford insists on rest as far as practicable and suggests the use of argonin.

The meeting was adjourned at 4.15 p. m. in order to allow the members and lady friends to accept the invitation of the local physicians to a sail on the river St. John and luncheon at "Camp Comfort."

After a very pleasant outing business was resumed at the evening session. The nominating committee brought in their report and the following were elected officers for the ensuing year:

Dr. William Bayard, St. John, *President*.

Dr. R. L. Botsford, Moncton, *1st Vice-President*.

Dr. T. F. Sprague, Woodstock, *2nd Vice-President*.

Dr. Foster MacFarlane, St. John, *Treasurer*.

Dr. B. M. Mullin, St. Mary's, *Corresponding Secretary*.

Dr. W. E. Ellis, St. John, *Recording Secretary*.

Drs. J. C. Mott, St. John; Jas. W. Bridges, Fredericton, and A. J. Murray, Fredericton Junction, *Trustees*.

Drs. G. T. Smith, Moncton; P. R. Inchs, St. John; James Christie, St. John; James W. Bridges, Fredericton; J. W. Daniel, St. John, were elected members to the Council of Physicians and Surgeons.

Dr. John R. McIntosh, St. John, exhibited a specimen of sarcoma of the eye, with remarks on the case.

The committee on the Presidential address reported that a vote of thanks be extended to the President, and that the address be published in the MARITIME MEDICAL NEWS.

Next on the programme was a discussion on the "Treatment of Typhoid Fever," opened by Dr. G. T. Smith, of Moncton.

Dr. Smith spoke as follows: In the treatment of this disease we can do a great deal by getting our patient into a good large airy room and having one good intelligent person to be responsible for carrying out instructions as to diet, medicines, etc.

Get the patient accustomed to use of bed-pan from the first, and guard against bed-sores, by strict cleanliness, bathing with alcohol, etc. Be careful to disinfect the discharges, both fœces and urine; lime is no doubt one of the best substances to use.

Feed the patient on milk as a general thing, often have to dilute with lime water, aerated water, hot water, tea or coffee, if the taste of milk is not agreeable to patient. If not much tendency to diarrhœa, can often give chicken broth, beef tea, with good results; also newly churned butter, milk, pulp of grapes. As to drinks, lots of cold water, lemonade, whey, etc. In convalescence, after the temperature is normal for a week or ten days begin to give semi-solid food and gradually return to solid foods. The dieting is the *most important* part of the treatment.

Have your patient kept quiet and sponged with cold or tepid water and alcohol, which will often give relief and induce sleep.

*Medicines.*—We cannot abort or cut short an attack of typhoid by the use of drugs—though we are sometimes tempted to think we do. In the milder cases with temperature below 103 F. we need no drugs from start to finish. If the temperature runs above this I usually give anti-febrin in repeated small doses and have had most gratifying results from its use. By keeping the temperature down with antipyretics accompanied with cold sponging or cold pack if needed, we make our patient more comfortable in every way and I think increase his chances of recovery. I have never yet seen anything but good results from antipyretics when used in small doses repeated as required to control the temperature. It seems to me a great improvement over letting the



patient burn up with a high fever, because the cold bath is really out of the question in private practice. In severe cases I very often give digitalis, strophanthus or strychnine from the beginning to keep heart's action up. If tongue is very dry, delirium well marked or heart threatening to fail, then give alcoholics freely.

*Complications.*—The only ones with which I have ever met in a serious form are: (1) Perforation—two deaths. I would now open the abdomen and try to suture bowel. (2). Pneumonia. I have met with this several times as a complication and treated it on general principles. (3). Diarrhœa. Diet carefully—give bismuth and opium, or starch and opium enemata.

Dr. G. E. Coulthard, continuing the discussion, said he does not care much for drugs in typhoid. A trained nurse should be secured and the room should be in the upper part of the house and deprived of any but the most necessary furniture. Change of body and bed linen should be frequent. Diet should be chiefly milk, whey and kouymss. Stimulants only should be given when patient is very feeble and heart failing. No antipyretics advised with temperature below  $102.5^{\circ}$ ; cold bath used with temperature above that point. Bowel antisepsis is no good as antiseptics cannot be used of sufficient power. Woodbridge's treatment is not reliable. Disinfection of discharges is not efficiently done. All body clothing and dishes should be thoroughly disinfected every day. In hæmorrhage or perforation a cold bath should not be used. Strychnine and digitalis should be used in debility. Diarrhœa checked with opium and chalk mixture.

Dr. A. J. Murray stated that typhoid is not a disease cured by drugs. It is well to give at first a dose of calomel; it will clear bowel even if it does not act as a disinfectant. No antipyretic should be given with the temperature under  $103^{\circ}$ ; over that use cold sponging and wet pack. A milk diet should be used. Does not like meat broths. Constipation if present, he treats with glycerine enemata. For hæmorrhage he uses argent nitrate and opium. Only uses alcohol in convalescence.

Dr. Foster MacFarlane said the influence of the physician by cheering patient is important. He thinks a large proportion of deaths takes place during convalescence from bad judgment in feeding. Does not think course of the disease is shortened by drug treatment.

Dr. Thos. Walker spoke of importanse of disinfecting stools. Bichloride of mercury solution does not disinfect thoroughly, especially as sufficient time is not given before being thrown into privy. He

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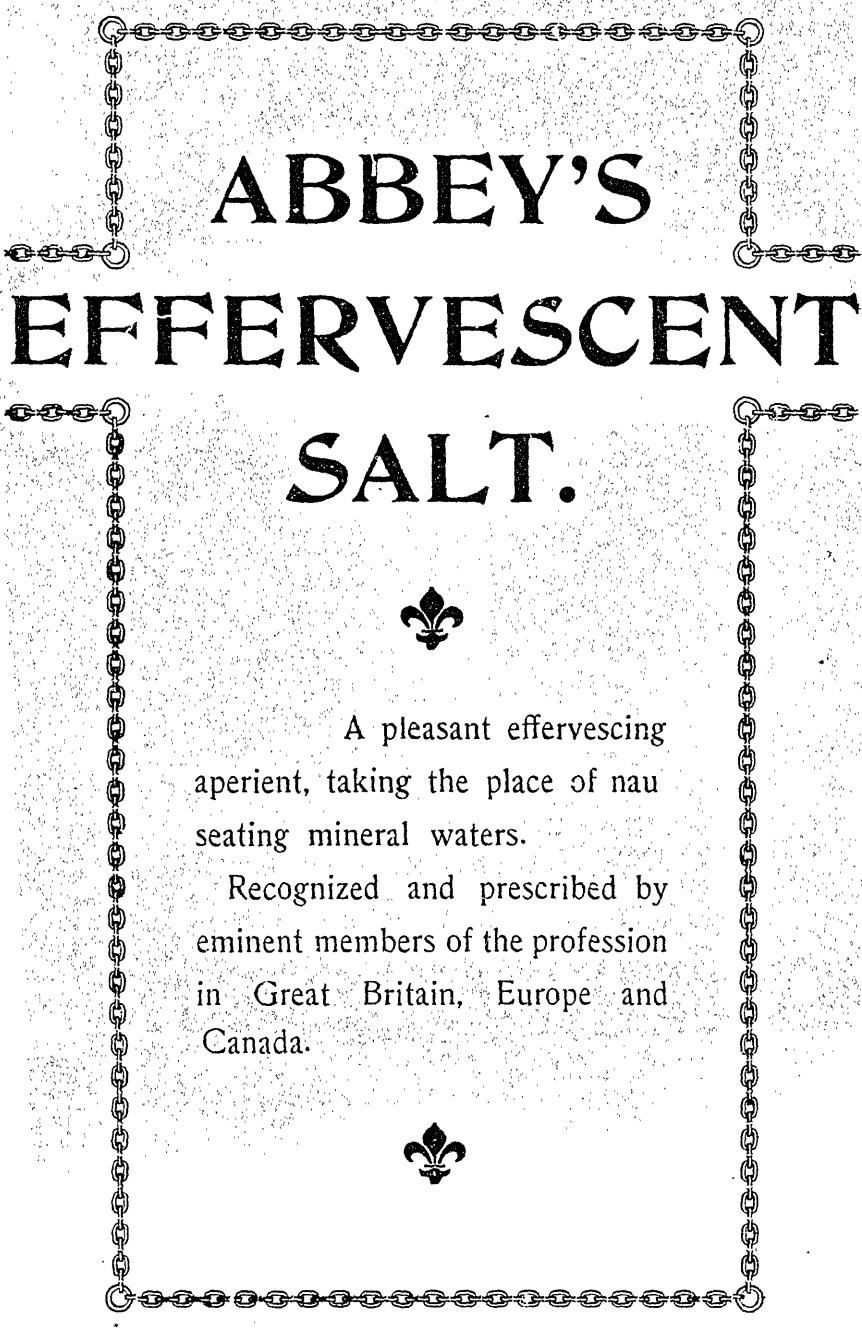
## MALTINE WITH COCA WINE

Dr. C. H. BROWN, of New York, Editor of the *Journal of Nervous and Mental Diseases*, says :

"Maltine with Coca Wine has served me well in cases of Neurasthenia from any cause. It serves as a most excellent sustainer and bracer. Besides these two essential qualities, we are forced to believe in another element in this combination, and that is the sedative quality which makes it a most valuable therapeutic desideratum. This action does not depend entirely upon the Coca, or the Coca in combination with wine. My conviction is that the Maltine plays a leading part in this triple alliance."

SAMPLES SENT PHYSICIANS ON APPLICATION.

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thinks patients may be more freely fed than is generally practised. Antipyretics he protests against as he considers them harmful; but baths may be useful if done by one properly trained.

Dr. Gregory thought intestinal antiseptics do great good.

Sever others also took part in the discussion.

Dr. Walker moved a vote of thanks to the profession of Fredericton for the hospitality and kindness shown to the visiting members. This was seconded by Dr. Smith and carried unanimously.

Dr. Geo. G. Melvin, St. John, gave a most interesting paper on the "Nervous Element in Diseases of the Skin." Reference was made to eczema, acne vulgaris, syphilis, alopecia, malingering or feigned disease of the skin. The latter type was most common in young females. Reports were made of cases, an interesting one being that of a malingerer.

Dr. A. J. Murray and S. W. Boone discussed the paper.

Dr. J. A. Casswell, Gagetown, exhibited a case of a young man eighteen years of age, which was diagnosed lupus erythematosus.

Dr. G. T. Melvin spoke of thyroid extract gr. v. three times daily in capsule as very beneficial for internal treatment.

Dr. G. C. Van Wart, Fredericton, spoke of the rarity of this disease and its treatment.

The second topic on the programme for discussion, was "Blood-Letting, General and Local."

Dr. William Bayard, St. John, opened the discussion and was of the opinion that we had too much in the thirties and forties, and too little in the nineties. During his experience he had to ligate the brachial artery three times, and amputate the arm once in consequence of phlebotomy. He referred to blood-letting in pneumonia, pleurisy, meningitis, peritonitis, (with not much success), aneurism, (aortic) apoplexy and uræmic convulsions. etc.

Dr. J. W. Daniel found bleeding beneficial in a case of bronchial asthma.

Dr. T. S. Tupper, Fredericton, used it in sthenic cases of pneumonia.

Dr. A. B. Atherton stated in cases of brain trouble he preferred leeches. He also found leeches good in eye and ear affections. He had noticed that bleeding was of service in infectious diseases, e. g. hæmorrhage in typhoid fever. He did not favor its use in eclampsia. He was of the opinion that bleeding would be resurrected.

Dr. John R. Hagerman, Florenceville, spoke of the good affects of venesection in certain cases of pleurisy.

Dr. A. B. Atherton, Fredericton, gave the history of two cases of dermoid cysts of the ovary and exhibited the specimens.

On motion meeting adjourned.

## MARITIME MEDICAL ASSOCIATION.

*(Concluded from last issue.)*

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WEDNESDAY, JULY 12TH, 1899.

EVENING SESSION.—Dr. E. W. Cushing, of Boston, not being present, his paper on "Disturbances of the Menopause," was read by the local secretary, Dr. H. D. Johnson. (Published on page 262 of this issue of the NEWS). On account of Dr. Cushing's absence, no discussion took place.

Dr. Robert T. Morris, of New York, being then called upon, gave a very interesting address on "Peritoneal Adhesions." Dr. Morris said they were not looked for as often as they should be. Peritoneal adhesions are much more complex than pleuritic. For some reason the endothelium has been destroyed and lymph exudate covers denuded surface, then we have adhesions following. Those of long duration become more fibrous where movement of viscera has not a tendency to absorption of lymph. Symptoms are often insidious, unless one is looking for them he will allow many patients to suffer for years from something which can be removed in the majority of cases. Peritoneal adhesions of uterus and adnexa are those which most attract attention of the surgeon. We may free adnexa, the fimbriated extremity, the ovary or part of it, and do much good work. In doing abdominal work we may have an adhesion of not great extent binding ileum—there may be two, three or half a dozen such ropes. Symptoms are not readily differentiated, being often the symptoms of more common things. Press on either side of navel—lumbar ganglia are particularly sensitive—if no reflexes are caused, generally settled adhesions are not important. Coming to longer adhesions—rope-like adhesions—sensitiveness of lumbar ganglia may not be present. Intestinal fermentation may be very decided. Sometimes omentum becomes adherent, particularly near cæcum, forming a rope-like adhesion. Frequently, not difficult to feel this rope. In the cæcal region—on palpation, if cæcum is not moveable—it is good testimony that adhesions are present. Adhesions about gall-bladder are common. Tenderness in region of gall-bladder and reflected pain often in adhesions about that region. If a part of small intestine is fixed by adhesions, acute angulation occurs at seat of adhesion. These cases are

recognized very well by those engaged in this work. After abdominal operations adhesions of ileum at line of incision is frequent and often causes much disturbance—perhaps giving more trouble than before. A very little adhesion at line of incision often causes a lot of trouble. Many patients can be relieved provided cause is recognized. Put in Trendelenburg position for some hours, and epsom salts injected in bowels—all cases have been relieved by this method. Tendency of adhesions is to recur. Another plan—brushing surface of endothelium with oil, preventing lymph from exuding—has not found it quite satisfactory. Another—leaving abdominal cavity full of saline solution. This has served a rather clumsy way. Perhaps there is only a small adhesion at cæum—are we to fill abdomen with several quarts of saline solution? Aristol has been mentioned to cover surface—supposed to form a coagulum which prevents recurrence of adhesions. It forms a firm coagulum. This aristol coagulum prevents exudation of lymph. One extensive case mentioned where adhesions removed in different operations—six or seven—almost entire ileum and colon had been freed from adhesions by this method.

Dr. F. P. Taylor mentioned a case diagnosed by two eminent authorities as cystic disease of the kidney. Operation followed, they found simply adhesions of the bowels.

Dr. Jas. Bell, said it seemed to him strange that so few instances occur in which adhesions follow abdominal cases. He was much interested in Dr. Morris' method of treating these cases. Adhesions after operations are not so common as observers think. Probably aristol method is a valuable addition to our knowledge.

Dr. Morris in closing, stated that he agreed with Dr. Bell—that separation of adhesions is often successful because no infection is introduced.

Dr. Jas. McLeod, moved a vote of thanks to Dr. Morris, seconded by Dr. Chisholm and passed.

Dr. Jas. Bell, of Montreal then read his paper on "Interesting Cases in Abdominal Surgery."

Dr. M. Chisholm spoke of Dr. Bell's interesting paper and remarks. He referred to a case of typhoid fever in which abscess of lymphatic glands had developed deep down in abdominal cavity. The only feasible way is to drain through abdominal cavity as Dr. Bell has indicated.

Dr. W. S. Muir, moved and Dr. J. McMillan seconded that a vote of thanks be extended to Dr. Bell for his valuable paper. This was carried unanimously.

"Report of Cases of Suppurative Disease of Adnexa" was then read by Dr. N. E. McKay, of Halifax.

Dr. Jas. McLeod, of Charlottetown, followed with his paper on "A few Cases of Appendicitis with especial reference to Intestinal Paresis as a Complication."

Dr. Morris referred to the method of injecting salts into the bowel in a good many violent and bad cases of appendicitis without perforation. It is quite possible that bacteria may pass through a partially paralyzed bowel due to distension. Early operation gives best results, early cases are very easy. Death rate will be very small if you operate.

Referring to Dr. McKay's statement that he believes the uterus should not be removed when only ovaries are diseased, he gave the following additional reason: The patient has stood about all she can and you can graft a piece of ovary later.

Dr. M. A. B. Smith asked Dr. Morris about his one and a half inch incision.

Dr. Morris replied that he operates with an one and a half incision, because less danger of hernia, less shock, though too small for beginners.

Thursday, July 13th.—The Nominating Committee brought in their report recommending the following as the new officers of the Association:

*President.*—Dr. Jas. Christie, St. John.

*Vice-President.*—For N. S., Dr. N. E. McKay, Halifax.

" " " N. B., Dr. Geo. A. Hetherington, St. John.

" " " P. E. I., Dr. H. D. Johnson, Charlottetown.

*Secretary.*—Dr. G. M. Campbell, Halifax.

*Treasurer.*—Dr. T. D. Walker, St. John.

The next place of meeting will be at St. John.

Local Committee of Management:—Drs. McLaren, Addy, Inches, Emery, Daniel.

*Notice of Consideration.* Dr. M. A. B. Smith gave notice of motion that he would move at the next meeting that the Association meet every second year instead of every year.

The report of auditors to Treasurer's report was received and adopted.

Committee on President's address reported and recommended it to be printed in the MARITIME MEDICAL NEWS and *Montreal Medical Journal*—Carried.

Dr. G. M. Campbell referred to the death of Dr. Dodge, of Halifax, which occurred since last meeting. A committee, consisting of Drs. Muir, Taylor and Cameron, was appointed to bring in a resolution to submit to the Association in connection with Dr. Dodge's death.

Dr. R. B. Shaw, of Charlottetown, was then called upon to give his paper on "Anæmias and their Treatment."

Dr. M. A. B. Smith, of Dartmouth, followed with a paper on the same subject, both of which were excellent treatises. The members were asked to discuss the subject.

Dr. W. S. Muir, of Truro, said he had found the burnt sulphate of iron the best preparation and most easily absorbed. It is necessary to have intestinal canal in a healthy state as well. He would give sulphate of iron with aloes and often as well with permanganate of potash. There are pills put up made of the drugs mentioned, coated with salol and an excellent combination it is. He had had very little experience with the peptonates of iron.

Dr. M. Chisholm, of Halifax, referred to using burnt sulphate of iron with aloes for some forms of indigestion which was pointed out some time ago by a well-known observer. He also referred to the good the sulphate with aloes as mentioned by Dr. Muir does in anæmia. He does not prescribe the tincture of perchloride owing to its bad effect on the teeth, but the syrup of the chloride which is neutral is excellent.

Dr. W. B. Moore, of Kentville, spoke of the shallow breathing of anæmic patients. It occurred to him that lung gymnastics would be of value and has advocated forced inspiration in the open air to all his patients the past few years. Minute doses of bichloride of mercury, one-fortieth to one-sixtieth of a grain given with the iron, is valuable. The effect on teeth by perchloride of iron can be largely obviated by wrinsing before and after the dose with solution of bicarbonate of soda, and also using glycerine with the perchloride.

Dr. P. Conroy, of Charlottetown, spoke of a disordered condition of the alimentary canal. You must give a thorough course of purgatives before giving iron. Absorptive condition is often astray in anæmia and when this is remedied the patient often recovers without other treatment. Dr. Conroy spoke of perhaps the worst case he ever saw in which he had used different treatments, and only when attention was particularly



drawn to the intestinal tract by giving purgatives and antiseptics did she get well and is now remarkably well.

Dr. J. S. Benson, of Chatham, referred to Duncan, Flockhart & Co.'s capsule of iron, arsenic and strychnine, which he often found of benefit. In giving perchloride, bicarbonate of soda, as mentioned by Dr. Moore, saves the teeth. Had noticed several cases where anæmia had disappeared and returned, subsequently developed tuberculosis.

Dr. G. I. McKenzie, of Pictou, said he generally got best results from reduced iron. Had not got any good results from peptonate of iron.

Dr. Smith, in replying, stated that he had made many tests with pepto-mangan, which showed its satisfactory results. He knew the use of bichloride of mercury, as mentioned by Dr. Moore, was very good and also appreciated Dr. Conroy's reference to intestinal antiseptics.

Discussion was asked on the paper of Dr. W. F. Hamilton, of Montreal, read the previous day.

Dr. Jas. McLeod, of Charlottetown, spoke of the appreciation he felt at the presence of visitors and also referred to the importance of men attending these meetings. Dr. McLeod moved a vote of thanks to Dr. Hamilton, Dr. Benson seconded the motion.

Dr. Conroy, in supporting the motion, spoke of the benefit he had received from hearing Dr. Hamilton's paper on enteroptosis and referred to some cases identical to those spoken of in Dr. Hamilton's paper.

Dr. M. Chisholm referred to Dr. Hamilton's paper, where quacks had spoken of this condition many years ago, and their suggestion of using abdominal belts, and also referred to the evil resulting from not using support after childbirth, which might lead to condition of enteroptosis. Motion put and carried.

Dr. Hamilton thanked Association for vote of thanks. Cold sitz baths often of benefit from results on abdominal viscera—one minute, one day and longer each day. Faradism also gives considerable relief.

Committee appointed to report on the death of Dr. Dodge moved the following motion, Dr. Taylor of Charlottetown, reading it:—

“That the Association desires to express its great sorrow on account of the death of the late Dr. Dodge of Halifax, one of its members and late President of the Medical Society of Nova Scotia. His skill as a physician, his character as a man and his usefulness as a member of this Society were of the highest order. He always took the greatest interest in our proceedings by his attendance and valuable contributions. To his widow and family we offer our most sincere condolence and beg them to be assured that no language is too strong to express our admiration of his sterling qualities.”

Dr. Taylor, who knew him well, said he was a man of strong opinions and never said behind a man's back what he would not say to his face.

Dr. Cameron of Antigonish, in supplementing the motion, referred to his acquaintanceship with Dr. Dodge and had much pleasure in seconding the motion. Carried.

Dr. McMillan of Pictou, moved a vote of thanks to Dr. Cushing, for his very valuable paper read the previous day; this was seconded and carried.

Dr. C. D. Murray, of Halifax, was then called upon and read a paper on the "Sanatorium Treatment of Tuberculosis."

Dr. R. L. Botsford of Moncton, said he would not weary the association with reading all of his paper on the same subject, as considerable of it was already covered by Dr. Murray. He wished to make the following motion:

"That the President appoint a committee of nine, three from each province, to consider the advisability of establishing for the said provinces a sanatorium or sanatoria for the cure of incipient pulmonary tuberculosis. That the committee appointed for New Brunswick and Prince Edward Island interview their respective governments stating the curability of consumption by the sanatorial system of the open air treatment of the most deadly enemy of the human race, asking each provincial government to assist in this undertaking and that the general committee present to the Association a complete and full report at the next meeting of this Society in 1900."

Dr. Jas McLeod, had much pleasure in supporting the motion even if it were only to give the profession an object lesson. He would suggest the removing from the motion all words beginning with "asking each provincial government" etc. The open-air treatment is par excellence and especially with creasote given up to fifteen drops three times a day in milk he often had splendid results. An association that neglected vital statistics was negligent to its duties.

Dr. J. J. Cameron, referred to the use of alcohol in tuberculosis in judicious doses, and also mentioned that those addicted to the use of alcohol seldom became infected with tuberculosis. The establishment of sanatoria by the government must have behind it public sentiment. Until the profession gives this matter the widest circulation not till then, will we get support from the governments.

Dr. Botsford. spoke of a large meeting held in St. John recently, in which the people were greatly interested and several influential men had promised considerable sums for the establishment of a sanatorium.

Dr. C. McPhail opposed the resolution as he did not see how it could be carried out. He referred to a case which did splendidly on open-air treatment.

Motion was put and carried.

AFTERNOON SESSION.—Moved by Dr. McMillan, seconded by Dr. Benson, that the thanks of the Association be tendered to the P. E. I. Government for use of room. Passed.

Dr. W. S. Muir moved, seconded by Dr. McMillan that the thanks of the Association be tendered to the Charlottetown Club for the way the Association had been entertained. Carried.

Dr. Homans of Boston, then spoke on "Fibroid Tumors of Uterus." Fibroid tumors in his experience occur from 8 to 89 years of age—rare before 20. Do not increase much after menopause. Are recognized by their density of feeling, more or less central in the abdomen; on moving them as uteri moves also. Sometimes may be more or less elastic resembling somewhat ovarian tumor. Another kind is fibrocystic in which there are exterior cysts connected with the bowels, peritoneum or broad ligament. Has never succeeded in getting these out and saving patient. Probably they are connected with lymphatics somehow. Myxo-sarcomatous, retro-peritoneal are very rare. Had four cases, operated on three, one got well. You get no fluid on tapping. The fibroid is usually hard, generally growing in posterior half; there may be several or only one.

*Prognosis.*—Fully half of them innocuous requiring no treatment. Has seen about 700 and operated on 200—about 500 did not think it needed operation. Has not lost a case of hysterectomy for years for fibroid unless complicated by cancer. Many patients worry about them. Where hæmorrhage is caused, operation should be done. If it protrudes, ecraseur or scissors. Otherwise remove whole uterus. Where discomfort is great, or where size is great may often have to remove it.

A sensitive woman may not like prominence of abdomen—this is particularly in dress-makers.

*How to Operate.*—The French are perhaps the best vaginal surgeons. If no bigger than your fist or the size of a plum better perhaps be done by vagina. Posteriorly you have no trouble though anteriorly the bladder has been injured many times and also the ureters. In the operation uterine arteries apt to be exposed, which you tie. The French pull down the uterus and clamp—may have several clamps. Almost universally patients get well. The ones that go bad are usually

cancerous. Splitting the uterus often facilitates matters. He always puts in a self-retaining catheter. Douching is unwise until after four or five days when he begins, with simple water. In a week or ten days the wound is healed up.

When larger than your fist—remove by abdominal route. The Trendelenburg position is the one used, putting patient in that position after being etherized. We can do everything when we are clean and nothing when dirty. Simplicity is just as well as elaboration and we should get along well with Arnold's sterilizer. He always wears rubber gloves in operating, they keep the patient from contamination from the operator and the operator from contamination from the patient. Be careful when opening into abdomen not to open into bladder. He generally leaves the os and neck in uncomplicated cases. As a general rule these tumors are free from adhesions. Sometimes, however, there are adhesions. One case he lost there were adhesions to intestines and pulling up tore the intestines and lost the patient.

Assistant pushes down parietes and operator lifts up tumor with a corkscrew. Dissects out uterine arteries, ties them, and removes uterus. He uses silk, as has not confidence with catgut; you are sure you can get silk clean. A continuous suture is made and the self-retaining catheter is put in. Hot water bottles applied, but not next to patient, for he has seen several severe scalds. Before beginning always have the uterus curetted and cleaned as much as possible.

Another subject — Hæmorrhage from uterus. It is caused by endometritis, fibroid projecting and cancer. You etherize and examine. If cancer you remove. Glandular cancer is often cured, but doesn't believe epithelial form is ever cured, as may return perhaps to some other organ, from one to eight years afterwards. If endometritis and patient gets curetted, and application applied and patient doesn't get cured, may then suggest removal of uterus even when not of malignant disease. One case of small fibroid causing severe hæmorrhage in a woman aged 63 years. Couldn't detect fibroid—being so small. Uterus was removed with good recovery. Another case of fibroid where woman died and cause was found to be due to a putrid foetus in the uterus.

Another subject referred to was the radical cure of hernia. He likes Kocher's operation very much.

Drs. Muir, Taylor, McKay, McLeod and Conroy made a few remarks concerning Dr. Homans' address.

Dr. Taylor moved a vote of thanks to Dr. Homans for his valuable address, which Dr. Chisholm seconded. Carried.

The committee to deal with the matter of erecting a sanatorium or sanatoria for the treatment of tuberculous subjects, was appointed as follows:—

New Brunswick: R. L. Botsford, A. B. Atherton, G. A. B. Addy.

Prince Edward Island: C. McPhail, D. M. MacLaughlin, Jas. MacLeod.

Nova Scotia: A. P. Reid, C. D. Murray, G. C. Jones.

The meeting then adjourned to enjoy an excursion to Fort La Joie. This trip was one of interest, not only because the attempt at reaching shore near the Fort was somewhat exciting, but also on account of the songs, speeches and recitations rendered by different members present.

EVENING SESSION.—Dr. H. D. Hamilton, of Montreal, read a paper on "Papillomata of the Larynx." A vote of thanks was moved the doctor for his valuable paper.

Dr. H. D. Johnson, of Charlottetown, followed with the histories of two interesting cases of "Injury to the Larynx."

Dr. P. Conroy, of Charlottetown, then gave a valuable paper on "Systemic Septic Infection."

Dr. Conroy's paper was discussed by Drs. Benson, Cunningham, Muir, McKay and Chisholm.

Dr. Jas. McLeod brought up the matter of vital statistics and committees were appointed from the three provinces to bring the subject before the different legislatures.

The committees appointed were:

Nova Scotia: Drs. N. E. McKay, W. H. Macdonald, C. D. Murray.

New Brunswick: Drs. A. R. Myers, J. S. Benson, G. A. B. Addy.

Prince Edward Island: Drs. P. Conroy, Jas. Warburton, R. Johnson.

A vote of thanks to the retiring President was moved by Dr. Muir and seconded by Dr. Murray, for the able manner in which he had presided over the affairs of the Association. This was carried unanimously.

The meeting then adjourned.

Mr. G. W. Mingay, representing Messrs. Parke, Davis & Co., was present at the meeting and presented to each physician a neat package of samples representing some of the latest preparations of this well-known firm.

SUPPER AT HOTEL DAVIES.—This function was tendered to the visiting members by the profession of Charlottetown. Needless to say it was in every way a success, the menu, speeches and songs being highly creditable. Our brother practitioners in Charlottetown deserve every praise for the efficient and kindly manner in which their visitors were entertained during the meeting of the Association.

## CANADIAN MEDICAL ASSOCIATION.

The Thirty-Second Annual Meeting of the Canadian Medical Association, with Dr. I. H. Cameron, President, in the chair, will be held in the building of the Education Department, St. James Square, Toronto, on the thirtieth and thirty-first of August, and first of September, 1899.

Purchase a ticket for Toronto, from the agent at the place of departure, and get from him a STANDARD CERTIFICATE (which is a receipt for one full single fare). When registering at the meeting leave the certificate with the Treasurer, and it will be returned, signed by the Secretary, on the morning of September 1st.

This certificate, when presented to the station agent at Toronto, will entitle the bearer to a ticket to his destination for one-third the single fare if there are fifty holding certificates; or for two-thirds if there are less than fifty.

Letters, telegrams, etc., may be addressed in the care of the General Secretary, Normal School Building, Toronto.

A hall has been provided for exhibitors, where a large exhibit of surgical instruments, physicians' supplies and pharmaceutical preparations may be seen.

### SOME POINTS OF INTEREST.

Queen's Park, Parliament Buildings, University College, University Library, Chemical Building, Biological Department and Museum, School of Practical Science, Wycliffe College, Victoria College, High Park, Munro Park, and the Horticultural Gardens, Osgoode Hall, Trinity University, Buildings of the Educational Department, with their Art and Natural History Museums, the new City Hall and Court House, the Island, the Toronto Industrial Exposition.

### PROVISIONAL PROGRAMME.

*(Subject to Change if thought desirable.)*

WEDNESDAY, AUGUST 30TH, 1899.—9.30 a. m. Reading of the minutes.

Report of the Chairman of the Local Committee of Arrangements—A. J. Johnston, Toronto. Introduction of Officers of the Association. Introduction of visitors. Election of members. Election (by ballot) of the Nominating Committee. Reading of Papers.

“ 2 p. m. President's address—I. H. Cameron. Reading of Papers.

“ 5 p. m. Report of Committees appointed at the meeting in 1898 :—Committee on the Care of Inebriates, Chairman, Jas. Thorburn, Toronto. Committee on Medical Libraries, Chairman, J. George Adami, Montreal. Committee on the B. P., Chairman, T. D. Reed, Montreal. Preliminary meeting of the Committee on Interprovincial Registration. (In the Library.)

“ 8 p. m. Open meeting to members and ladies. Addresses by the Mayor, The Honorable the Minister of Education, and others, to be followed by a reception and refreshments.

THURSDAY, AUGUST 31ST, 1899.—9.00 a. m. Skin Clinic. Graham Chambers, A. McPhedran, A. A. Small, Toronto; A. R. Robinson, New York. Among the cases to be shown are: Alopecia Areata, Alopecia Universalis, Confluent Psoriasis, Dermatitis Herpetiformis, Favus, Ichthyosis, Lupus, Larva Migrans, Molluscum Contagiosum, Molluscum Fibrosum, Scleroderma, Urticaria Pigmentosa.

THURSDAY AUGUST 31ST, 1899.—10.00 a. m. Dominion Registration, T. G. Roddick, Montreal. A discussion will follow.

“ 2.00 p. m. Address in Surgery: The radical cure of Hernia, Wm. B. Cowley, New York.

“ 2.30 p. m. Reading of Papers.

“ 5.30 p. m. Report of Nomination Committee.

“ 8.30 p. m. Moonlight excursion, for members, delegates and their wives.

N. B.—During the afternoon the wives of the members of the Committee of Arrangements will entertain the wives of visiting members to afternoon tea at the Royal Canadian Yacht Club at the Island. Ladies intending to be present will do well to communicate with Charles R. Dickson, Local Secretary, 296 Sherbourne Street, Toronto.

FRIDAY, SEPTEMBER 1ST, 1899.—9.30 a. m. Reading of Papers.

“ 10.00 a. m. Address in Medicine: Infant feeding and infantile diarrhoea, J. T. Fotheringham, Toronto.

“ 10.30 a. m. Reading of Papers.

“ 12.30 p. m. Luncheon.

“ 2.00 p. m. Visit to the Toronto Industrial Exposition, Exhibition Park.

“ 8.00 p. m. Reading of Papers. Reports of Committees. General Business.

A full list of the papers to be read and further particulars were given in our last issue.

The pathological exhibit will be one of the most interesting features of the meeting.

The following additional papers have been promised:

Craniectomy for microcephalus with patient, W. J. Wilson, Toronto.

Curettage, its use and abuse, R. Ferguson, London.

Notes on a case of Jacksonian epilepsy with operation, D. Campbell Meyers, Toronto.

Massage and the relief of eye-strain in the treatment of glaucoma, Geo. M. Gould, Philadelphia.

Extreme emaciation in hysteria, with notes of a case, T. Beath, Winnipeg.

Hydro-therapeutics in the treatment of disease in children, A. D. Blackader, Montreal.

The results already achieved at the Gravenhurst Sanatorium, J. H. Elliot, Gravenhurst.

## Obituary.

DR. Z. M. KEMPTON.—The death of Dr. Zenas Millard Kempton, of Wallace, took place on the morning of the 9th inst. The deceased was 60 years of age and had been ill over two months. Dr. Kempton was well and favorably known throughout the eastern part of Cumberland County where for many years he practised. He leaves a wife and two children.

DR. M. F. BRUCE.—Early on the afternoon of the 9th inst., the death occurred of Dr. M. F. Bruce of St. John. Dr. Bruce, who was 55 years of age, was a native of Prince Edward Island. At one time he practised at Houlton, and then removed to Woodstock going afterwards to St. John, where he confined his practise to the eye, ear, nose and throat. He built up a large practice and enjoyed the good will of all who knew him. The St. John Medical Society attended the funeral services which were held on the 10th inst, a large number being present. The floral emblems were beautiful and numerous. The body was taken to Houlton for interment.

## Matters Personal and Impersonal.

Dr. N. E. McKay, has been appointed to the faculty of the Halifax Medical College. The subjects entrusted to him will be Lecturer on Surgery and Professor of Clinical and Operative Surgery.

Dr. F. W. Goodwin, has just left for London, to again spend a few months at clinical work.

Drs. E. Farrell and E. A. Kirkpatrick, who returned from Berlin, Vienna and London last month, were greatly pleased with their trip.

RENDER UNTO CÆSAR THE THINGS WHICH ARE CÆSAR'S.—It gives me pleasure at all times to render unto Cæsar the things which are Cæsar's. Although I am opposed to giving certificates relative to proprietary medicines, in this case I overlook my objections as I consider sanmetto one of the greatest vitalizers of the reproductive organs now in use.

P. C. JONES, M. D.

Kansas City, Mo.

SIGHT-SEER'S HEADACHE.—There are, no doubt, very many important uses for antikamnia, of which physicians as a rule may be uninformed. A five grain antikamnia tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and in fact, anybody who is



out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten grain dose. Every bicycle rider, after a hard run, should take two five grain tablets on going to bed. In the morning he will awake minus the usual muscular pains, aches and soreness. As a cure and preventive of the pains peculiar to women at time of period, antikamnia is unequalled and unaccompanied by habit or unpleasant after-effect. If the pain is over the lower border of the liver, or lower part of the stomach, or in short be it headache, side-ache, backache, or pain of any other description caused by suppressed or irregular menstruation, it will yield to two five grain tablets. This dose may be repeated in an hour or two, if needed.

In the August number of *The Coming Age* are several literary features which will interest the general reader. Will Allen Dromgoole's story, "An Unsworn Witness," is probably one of the strongest pieces of fiction in the current magazines. There is an admirable short story of the poems of Richard Realf, by Louis E. Van Norman. Under the title of "An Indian Chief in Literature," Mr. Flower reviews at length the "Queen of the Woods," by the late Chief Simon Pokagon, of the Pottawattamie Indians. James A. Herne, the actor, also furnishes a most delightful feature in an extended conversation entitled "Forty Years Before the Footlights." Among the more solid features of this issue is a very brilliant and thoughtful paper by Professor A. E. Dolbear, entitled "The Kind of Universe We Live In;" a paper by Dr. Edward Everett Hale on "The Boston of 1828 and the Boston of To-day;" a discussion of Psychical Research, by Lillian Whiting; the Interpretation of Emerson's poem, "Celestial Love," by Charles Malloy, President of the Emerson Society of Boston. Professor Jean du Buy closes his series of papers on "The Teachings of Jesus" by a discussion entitled "The Kingdom of God." Dr. James Hedley, the well-known lecturer, treats of the subject, "How Shall the Church Triumph," from the standpoint of the orthodox Christian. Rev. J. H. Garrison, editor of the *Christian Evangelist* of St. Louis, writes on "Why I Am a Disciple." Among other contributors to this number is Nina K. Darlington who discusses "Kindergarten Music Building" in a very suggestive conversation. This excellent magazine may be obtained for \$2.00 a year or 20 cents a copy from the Midland Publishing Co., Copley Square, Boston, Mass.

**SUMMER DIARRHŒA.**—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of LISTERINE, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

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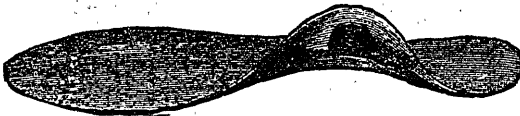
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The regular winter session begins on Monday October 2nd, 1899, and continues for about 8 months.

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Full information in regard to examinations and conditions for admission to advanced standing; the circular for the supplemental session of 1899 and the annual circular giving full details of course, requirements for matriculation, graduation and other information, (published in May 1899), can be had on application to DR. EGBERT LEFEVRE, 26th Street and First Avenue, New York City.

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- JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery.
- GEORGE L. SINCLAIR, M. D., Professor of Nervous and Mental Diseases.
- DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
- A. W. H. LINDSAY, M. D.; C. M.; M. B. C. M., Edin.; Professor of Anatomy.
- F. W. GOODWIN, M. D., C. M.; Professor of Materia Medica.
- M. A. CURRY, M. D., Professor of Obstetrics and Gynecology and of Clinical Medicine
- MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P. Lond.; Professor of Clinical Surgery and Surgery.
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- W. H. HATTIE, M. D., C. M., Lecturer on Bacteriology.
- WALLACE McDONALD, B. A., Legal Lecturer on Medical Jurisprudence.
- A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery.
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- THOS. W. WALSH, M. D., Demonstrator of Anatomy.
- H. S. JACQUES, M. D., Univ. N. S., Lecturer on Jurisprudence and Hygiene.
- E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, etc.
- H. L. LOWERISON, M. D., Jeff. Med. Coll., Lecturer on Ophthalmology, etc.
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(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica.

(Pass Primary M. D., C. M. examination.)

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.

(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

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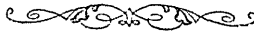
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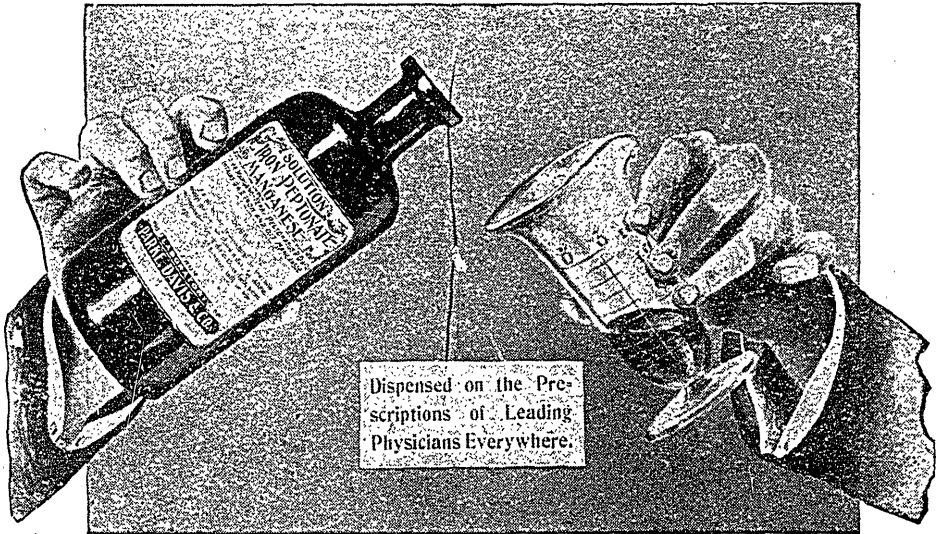
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