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Vol. XXII.

HALIFAX,  
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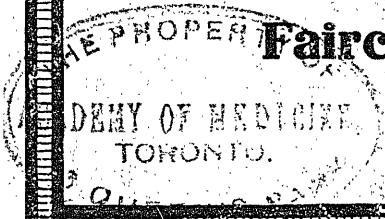
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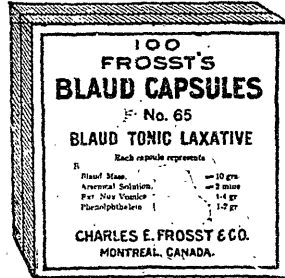
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# THE MARITIME MEDICAL NEWS

VOL. XXII., MAY, 1910, No. 5.

## WORLD OF MEDICINE.

**Cancer of Cervix Uteri.** Writing in the *New York Medical Journal* for July 31, 1909, John McGlinn discusses the frequency of cancer of the cervix uteri. He quotes various statistics to show the alarming frequency of this condition, and also in support of his statement that cancer as a disease is showing a decided increase. The salient points of the paper are as follows: Cancer of the uterus is the most common form of cancer in females—22.5 per cent. is the frequency given in England's statistics for 1900, and 27.68 per cent. is that of the United States for the same year. Many observers contend that, taking cancer as it affects both men and women, the uterus is the most frequent site of the disease, the proportion given being somewhat less than one-third of all primary cancers, the stomach being next in order, with about one-fifth. McGlinn does not agree with this and reverses the order, placing stomach before uterus. In England between the years 1847 and 1861 about 25,000 women died from cancer of the uterus. Spencer has shown that in England and Wales during the years from 1901 to 1905, 19,645 women died of cancer of the uterus: that is an annual mortality of about 4,000 from this cause alone. Cancer of the uterus causes the death of almost as many women as child-bearing, and perhaps more, and as that disease is by far the most common in cervices of multiparae, the great majority of women dying from

such a cause are mothers of large families. The proportion of deaths amongst women from cancer of the uterus is stated to be about one in thirty past the age of 35, and about one in ninety of all ages. Registration of deaths has shown a gradual increase in the number of deaths from cancer of the uterus in the past decade. Its greatest frequency is between the ages of forty-five and forty-nine, gradually increasing up to the former age, and decreasing after the latter. Cancer of the body of the uterus develops as a rule later in life than cancer of the cervix and has a longer duration. The length of life in cancer of the cervix is usually given as two years, while in cancer of the body it is thirty-two months.

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**Chorea.** John Allen, in the *American Journal of the Medical Sciences*, says that the treatment of chorea in children while generally satisfactory is sometimes a matter of difficulty, and the disease may effectually baffle the resources of the practitioner. When we consider that in many instances chorea is a rheumatic manifestation (and there is considerable proof that it is entirely so), that the child suffering from the disease may be subjected to much teasing and may be punished unjustly, it is evident how important it is that prompt and appropriate treatment should be enforced. The first point in the treatment of patients

suffering from chorea is rest, and without rest any other treatment will be futile. This applies to all cases, whether of the acute or chronic types, and for a child this means treatment in bed because in no other way can rest be insured. In cases of acute or semi-acute nature, isolation is often required and dieting is considered by many to be an important desideratum in the treatment. As to drugs, those which have been recommended for chorea are legion, and while it is doubtless true that many cases would recover with simply rest, good food, and nursing, he feels sure that the cure is hastened and convalescence shortened by certain drugs. Of the drugs usually employed he has had special experience with six, namely, antipyrin, potassium bromide, sodium salicylate, chloretone, arsenic, and acetyl-salicylic acid. The first three he has found little use for, and has never been able to satisfy himself that they exercised any beneficial effect on the morbid process. Salicylate of sodium has been in his hands an absolute failure. While recovery followed in those cases in which he used chloretone, it is doubtful if any real credit should be given to the drug. With regard to arsenic, this was for many years the sheet anchor in the treatment of chorea, and certainly good results followed its use in many cases. Of late there has been a reaction against the employment, one great objection being that the condition is liable to recur as soon as it is discontinued. Small doses of arsenic are useless, and the general opinion is that large doses, worked up gradually, are necessary. During the last three or four years he has relied on acetyl-salicylic acid and has come to regard it as the drug par excellence for the treatment of chorea; up to the present it has not failed to effect a cure. Wall

speaks highly of the drug, and Burnet has had very favourable results in his practise. The drug was originally introduced as an antirheumatic remedy, but its usefulness is not limited to those cases of chorea with a rheumatic history; after salicylate of sodium has failed, acetyl-salicylic acid may prove of benefit. Acetyl-salicylic acid may be given in powders, in cachets, or in a mixture, a moderate dose being five grains several times daily. It is a most useful drug, pleasant to take, comparatively free from unpleasant symptoms, and reliable in its results.



**Internal Secretions.** A paper from the pen of O. T. Osborne, appears in the *Journal of the American Medical Association* for February 26, in which the author reviews the subject of internal secretions from a clinical point of view. First he takes up the pituitary body. It seems to act by its internal secretions like the adrenals in raising the blood-pressure, especially the intracranial blood-pressure as it has been claimed, and to have also some influence on the sexual and urinary organs. It has been suggested that it regulates sleep, and there seems to be some evidence that it influences the growth of the bones and that its disorder causes the disease known as acromegaly. Osborne considers it probable that in every case of gigantism, signs of abnormal bone growth will develop due to hypersecretion of the gland, which is later followed by hyposecretion, being analogous in this to the thyroid in the diseases of exophthalmic goitre and myxœdema. The extract has been used in similar conditions to those in which adrenalin is used, but it is probably less affective, and from recent investigations it is

possible that it may be used as a diuretic. The internal secretion of the thyroid is the best known of all. Osborne is inclined to think that its hypersecretion or disturbed function will explain a great many disordered conditions such as insomnias, cardiac disturbances, some hysterical and epileptic symptoms, the disturbances of the menopause, etc. It seems to be closely allied to the pituitary body in its function and may supplement its action under certain conditions. The parathyroids have only recently been shown to be important and essential to life. It seems certain that they prevent the irritation of the nervous system by toxins in the blood or regulate certain normal metabolic processes. McCallum has recently shown that those bodies control calcium metabolism. Insufficient secretion of these glands seem to be the cause of tetany and parathyroid extract should certainly be tried in this disease. Hypersecretion symptoms are not yet known, but it has been suggested that it may cause muscular weakness, and that its disturbance may be the cause of paralysis agitans. Besides the pancreatic secretion, the pancreas has an internal secretion necessary to life and health. This has been shown to be essential for the metabolism of carbohydrates and the disturbance of its function produces glycosuria. The suprarenals are organs essential to life, and the most interesting activity of these glands is their power to furnish a secretion that enormously increases blood-pressure. It seems not only to give general muscle tone to the system, but especially stimulates the muscles innervated by the sympathetic system. With a disease of these glands in their entirety we have what is known as Addison's disease, but they are found disordered in other conditions, such as arteriosclerosis and interstitial nephritis. It

is possible also they have something to do with the etiology of gout. The therapeutic use of the extract as a local astringent and circulatory stimulant is well known. Beside the function of ovulation and production of seminal fluid, the ovaries and testicles have internal secretions which seem to be essential for the normal development of the individual. These are discussed in detail by Osborne, who points out also their relations to the thyroid gland. The relations of disease of the parotid gland to the sexual organs also suggest an internal secretion, though it seems improbable otherwise. The thymus, which functions only in infancy, during the period of greatest growth of the body, it would seem ought to have an internal secretion, but its physiologic function has not yet been determined. Its excessive enlargement has been said to be the cause of death in infants. An internal secretion of the mammary glands has not yet been satisfactorily proved, but it might at least be suspected from their relations with other organs. The substance of the gland moreover seems to have a positive activity in checking uterine hæmorrhages. The extracts have not been shown to have any other activity. The liver may also have an internal secretion antitoxic to various metabolic poisons, and its disturbances play a part in uremia, etc. Osborne doubts whether the spleen furnishes an internal secretion and does not admit any such of the kidneys or prostate.

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**The Diagnosis of Erysipelas.** According to G. Millan, who writes in the *Bulletin de la Soc. Med. des Hopitaux* for July 31, 1909, the diagnosis of erysipelas, especially of the face, is not always easy. While in charge of the hospital of Bastion 29, Paris, which is devoted entirely to



erysipelas, the writer found that patients suffering from acute eczema, artificial dermatitis, such as is produced by hair dyes, herpes zoster, alveolar abscess, dacryocystitis, and even mumps were seen daily as cases of erysipelas. The text books lay stress on an elevated margin as a sign of erysipelas, but it is seldom present. The writer carefully studied the signs of erysipelas and found three which were constant and pathognomonic, enabling him to admit or to reject cases with safety when many observers hesitated. The evolution of the disease always confirmed his diagnosis.

1. Erysipelas always develops in a centrifugal manner, abandoning the region first attacked to invade healthy regions. It follows that the maximum lesion is always more or less distant from the initial point and by preference at the margin of the patch. Here are the greatest redness, the greatest swelling (when there is any), and the greatest tenderness. This sign is useful in diagnosing erysipelas from suppurative dacryocystitis, alveolar abscess, parotitis or mumps. In these affections the maximum of redness and swelling is at the centre of the focus. One caution is necessary. The skin of the eyelids is so loose that it becomes œdematous with facility. It must, therefore, not be taken into account in estimating the maximum.

2. While the eyelids readily become œdematous the ears resist this process. In abscess, parotitis, or mumps, the inflammation is arrested at the pinna because the skin is so intimately adherent to the perichondrium that there is no subcutaneous tissue and therefore no place to which the hypodermic inflammation can spread. At the pinna, therefore, all hypodermic inflammations are arrested. On the contrary, erysipelas, which is a dermatitis, spreads to the pinna in the

skin. It is curious that when once the pinna is invaded it is usually completely involved. It becomes swollen, red, and shining, and the culminating point of the disease. The rule follows that whenever in an inflammation of the face the ear is secondarily involved the disease is erysipelas.

3. The erysipelas patch is always exquisitely tender. Wherever the finger is pressed, but particularly in the advancing zone, a painful grimace is provoked. This reaction enables the zone involved in the scalp, which cannot be seen, to be defined. The tenderness is so great that when the ear is affected the patient cannot lie on that side, and when the nape of the neck is affected he cannot lie on the back. This tenderness is absent or has other characteristics in all the affections which can be mistaken for erysipelas. In acute eczema of the face and eyelids and herpes zoster, so easily confounded with erysipelas, and in mumps, there is no pain on pressure. This is not true in dacryocystitis and in alveolar abscess; but the region of tenderness is limited to the maximum point of the disease. In dacryocystitis this is the inner canthus; in alveolar abscess, the middle of the cheek. The diagnosis will be confirmed by examining the gingivo-labial furrow which is swollen and painful.

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**The Prophylaxis of Tuberculosis.** According to an editorial in the *British Medical Journal*, February 10, A. Czerny of Breslau, urges frankness with patients suffering from any form of tuberculosis. He is of opinion that the majority of persons would take suitable precautions if they were told that the disease from which they are suffering is tuberculosis, that the disease is communicable from man to man, and that its transmission to others can be avoided by careful destruc-

tion of all forms of infective material. He strongly objects to misleading terms such as "catarrh of the lungs," "scrofula," and the like, and expresses the conviction that since it can honestly be said that tuberculosis is curable, the average person is no longer scared when he is told he is suffering from the disease. The general practitioner can instruct his patients with regard to the preventive measures which should be undertaken in each case, and it is specially important to regard tuberculous affections of glands and joints as possible sources of infection. He points out that while the wet nurse is usually examined with regard to her state of health, mothers rarely trouble themselves about the health of children's nurses, and many a young life has been ruined by infection with tuberculosis from this source. It must further be remembered that children's nurses are usually recruited from girls of the age when the proclivity to tuberculosis is greatest, and are therefore more dangerous than the older women who serve as wet nurses. Everyone who is employed to look after children, or who is allowed to associate intimately with them, should be carefully examined beforehand in order to exclude all forms of tuberculosis. The task is easy for the general practitioner, who is constantly consulted with regard to the health of the family; but unfortunately the employment of a medical man as the real family doctor is, he finds, becoming rare in these days of specialism, and the chief difficulty is met with in those cases in which no regular medical attendant is employed at all, and only when serious illness necessitates medical aid is a medical practitioner called. Czerny hopes that his plea may induce some to deal openly with patients and thus help to prevent the spread of infection.

#### Adrenal Therapy.

Charles E. de M. Sajous, in the February number of the *Monthly Cyclopaedia and Medical Bulletin*, summarizes the value of adrenal therapy. While the list could be greatly extended he limits himself to those disorders in which its use has been sufficiently advantageous to warrant placing stress upon its value. (1) Addison's disease: here adrenal preparations compensate for the deficiency of adrenal secretion, and hence for deficient general oxidation, metabolism, and nutrition. The dosage should be adjusted to the needs of each case. Beginning with three grains of the desiccated extract, three times daily after meals, the dose should be gradually increased until the temperature and blood-pressure become normal when the last dose should be maintained. (2) Surgical heart-failure, collapse from hæmorrhage, shock, asphyxia and submersion: in these the adrenal active principle (adrenalin, suprarenalin, etc.) should be very slowly administered intravenously, five minims of the 1-1000 solution to the pint of warm (105° F.) saline solution. In urgent cases ten drops in one dram of saline solution can be used instead and repeated at intervals until the heart responds. (3) The toxæmias, including bacterial infections, surgical septicæmias, etc., when collapse threatens, especially with a persistently low blood-pressure, hypothermia and cyanosis. (4) Capillary hæmorrhage from the pharyngeal, œsophageal, gastric or intestinal mucous membrane. He adds to these certain disorders in which adrenal preparations will probably prove of great value when sufficient evidence will warrant a full conclusion. They are: (1) Sthenic cardiac disorders with dila-

tion of the right ventricle, dyspnoea, and possibly cyanosis and œdema, tablets of from one-half to two grains of the desiccated glands can be taken after meals. (2) In asthma to arrest the paroxysms: here from five to ten minims of the 1-1000 solution of suprarenalin or adrenalin in one dram of saline solution should be injected drop by drop into a superficial vein or hypodermically. (3) To prevent the recurrence after aspiration of serious effusions in the pleura, peritoneum, tunica vaginalis, etc. From eight minims to two drams (according to the size of the cavity) of suprarenalin or adrenalin in four times the quantity of saline solution should be injected into the cavity. In neuralgias or neuritis, applied to the cutaneous surface over the diseased area to produce ischæmia of the hyperæmic nerves and thus arrest the pain, one to two minims of a 1 to 1000 solution adrenalin ointment should be applied by inunction.

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#### Rheumatic Fever.

Frank Sherman Meara, in the *American Journal of the Medical Sciences* for March, considers the treatment of rheumatic fever. As to the specific treatment he believes that the salicylate derivatives are not really specific although of undoubted value: they are antipyretic and antiseptic as well as anodyne. Salicylic acid may be administered as such, or in the form of a salt, or ester. The effect is the same in kind in all forms, but certain by-effects determine the use of one or the other. It should be administered as anodyne. Salicylic acid may be attributed to insufficient dosage. His usual adult dose is twenty grains of one or the other form of the drug every two hours for the first twenty-four or even forty-eight hours. When the pain subsides the dose may be cut

down to fifteen, ten or even five grains at a dose, depending on the progress of events. The dose should be well-maintained at amounts of ten grains every two hours, until the active phases, as evidenced by fever, pain, and joint-swelling have passed. As to the usual disagreeable symptoms following their use, he believes that they may be attributed in some cases to the disease rather than the drug, in others to impurities in the product used, and finally to idiosyncrasies. Buzzing, roaring in the ears, and deafness, as well as gastric disturbances, however, are to be attributed to the drug. He advises, as a rule, the sodium salicylate, given alone and in simple solution. When this is not well-borne, he prefers aspirin in fifteen grain doses at the outset, given in capsules. He also prefers the oil of gaultheria in capsules, since when given in milk, as sometimes advised, the patient soon tires of it. It is usually well-borne, but the taste in the eruptions which it is apt to induce is its chief drawback. These three forms of the acid will usually suffice but salicin may also be used, if preferred, and in the same dose. Salol or phenyl salicylate has the disadvantage of yielding carbolic acid in its decomposition. When patients cannot take the salicylic acid in any form the synthetic derivatives may be used to control pain. Acetanilid, antipyrin and acetphenetidin may here be used. The acetanilid is the most potent, but also the most irritating and toxic, and none of these drugs should be given over a long time, often small doses frequently repeated are as efficient as the larger doses.

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**The Splashing Sound of the Stomach.** J. W. Weinstein, says (*Medical Record*) that a splashing sound in the stomach may be obtained in any case in which there is fluid present with

gas in the stomach, when the abdomen is tapped or shaken. Such a stomach is not necessarily the seat of atony. To elicit this sound place the patient in a recumbent position, with knees drawn up, and then tap suddenly in the stomach region. There are two factors to be taken into consideration in the interpretation of this sound; they are the time and place where it is heard. When obtained at a time when the stomach should be empty it may show pyloric obstruction, and will be confirmed by finding food in a fasting stomach. If it is found over the normal area of the stomach it indicates a condition to be referred to that viscus, while if found lower down it is due to the same conditions located in the colon. After lavage this sound will show that the stomach is not yet empty. When the patient himself observes the splashing the stomach is generally atonic.



**Treatment of Laparotomy Cases.** The practice of allowing patients who have been subjected to laparotomy to get out of bed in a short time after operation is being advocated by numerous operators. Hartog (*Berliner klinische Wochenschrift*, 1909, No. 11) basing his views on 1200 cases of which fifty-one were under his own care, says that the dangers of secondary hæmorrhage, embolism, separation of the wound-edges and hernia can be avoided if proper methods of incising, suturing and dressing are employed.

The advantages are rapid convalescence, lessening of the liability to thrombosis and embolism, avoidance of pulmonary complications and of cystitis and an earlier resumption of peristaltic activity of the intestine. Of course only patients whose incisions have been entirely closed without drainage and who have no fever are allowed to get up; the patient sits up on the second or third day for an hour or so.



**Treatment of Superficial Inflammation** Richter (*Munchener medizinische Wochenschrift*) reports his success with the old hot-bath treatment. He has treated three hundred and thirty workingmen with various injuries of the soft parts, felons, furuncles and phlegmons with the systematic use of local hot baths. The writer orders the patient to put the hand, arm, foot or leg into water as hot as can be borne and to keep it in the water for from half an hour to an hour, pouring in hot water from time to time to keep the temperature at about the same point. This procedure is to be repeated several times a day. A little soda, about half a tablespoonful to a quart of water, is added. He believes that the principle of this treatment is about the same as that of the Bier method, attracting the blood more actively to the part to aid in combating the local infection. The results have been extremely satisfying. Pus was evacuated at the proper time.



# EDITORIAL.

## THE "MARITIME" MEETING.

IT should be noted and borne in mind by the Profession of these Provinces that the Maritime Medical Association holds its Annual Meeting, this year, in St. John, N. B., July 20th and 21st.

Already, the meeting promises to be one of more than average interest and scientific profit. The topics to be discussed will, all, have an important bearing upon the work of the practitioner, and there are few, if any, of us who are so perfectly armed at all points with knowledge, that we can lightly afford to deny ourselves opportunities for enlarging and broadening our ideas.

As has become customary, it is intended to have a number of prominent non-Maritime medical men address the Association. Heretofore, in most instances, gentlemen from abroad, so invited, have not only justified the wisdom of this practice, but have reflected credit upon the judgement of those officials of the Association whose duty it has been to secure their attendance.

It is, of course, rather too early to give definite pronouncement relative to the social aspects of the meeting, or the entertainments collective or individual, that may be devised to relieve the tedium of scientific labour. It is, however, not extravagant to assume, in view of the wide reputation for hospitality the profession in St. John enjoys, that this phase of the meeting will in no way be inferior to that which has so often obtained on similar previous occasions in the New Brunswick metropolis.

## THE PUBLIC HEALTH.

THOSE of our readers who are interested in the question of Public Health, and who are in sympathy with the views expressed by our colleague, the honourable member for Hants County in his speech in the House of Commons in favour of a Department of Public Health, may take pleasure in knowing that our cousins in the United States are very much concerned in this matter also.

We have received an advance proof of a speech delivered at Washington on this subject, by Senator R. L. Owen, on a bill favouring the formation of a "Department of Public Health." In this speech Mr. Owen points out that the estimated mortality in the United States, per annum, from preventable diseases, amounts to 600,000. These lives might be saved if proper precautions were taken in regard to drinking water, pure food, pure drugs, proper drainage, malaria, tuberculosis, and the various epidemics. Estimating the money value of an average American citizen at the low figure of \$1700, this preventable loss by death amounts to one thousand million dollars, a sum equal to the gross income of the United States. Adding to this the amount lost through preventable illness and the amount incurred for medicine, medical attendance, nursing, and so on, it is not too much to say that the annual loss to the United States from illness and death which might have been prevented is at least two thousand millions of dollars.

Mr. Owen quotes a letter from Dr. Charles A. L. Reed, Chairman of the Legislative Committee of the American Medical Association, who writes

to support the bill, and who puts this economic view of the matter very strongly.

"I have said that over 600,000 of our people die every year from preventable causes. Suppose that our entire army and navy were swept off the earth not once but three times in a year. Would the Congress do anything about it? There are nearly 5,000,000 needlessly ill every year. Suppose that every man, woman and child in all New York with Boston and Washington added, were similarly stricken. Would the Congress inaugurate an inquiry? Our losses from these causes amount to a billion and a half dollars every year. Suppose that every dollar appropriated annually for the expense of the Government and half as much more were actually burned up and the ashes blown into the sea. Would the Congress take action in the premises?"

Our health agencies are scattered, uncorrelated, and unorganized. Suppose that our monetary system were looked after by a dozen or more bureaus in almost as many departments, and that it were responsible for a billion and a half dollars lost every year. Would the Congress be disposed to think that there was possible relationship between the lack of organization and the deficit?"

In view of these figures Dr. Reed considers it very strange, and we agree with him, that, while there are now Departments of Agriculture, of Commerce and Labour, etc., developed from the earlier stage of the "bureau," this vast and important question of Public Health should still be in the bureau stage "uncorrelated and unorganized." We may quote from Dr. Reed's letter, as, while the figures refer to the United States, the arguments are applicable to our own country, and the profession in Cana-

da is as much a unit in favour of this measure, as that of the United States. He shows that "the American Medical Association through its legislative conference attended by delegates from thirty-six States and from the army, navy, and the Public Health and Marine Hospital Service, held at Chicago, March 2, 1910, urged by resolution, as the association has repeatedly urged for nineteen years, "that a bill be passed recognizing the health interests of the country in the title of a department of the National Government, and that within that department there be organized all national health agencies.

The physicians of the country, who, as professional students of the question and as the natural advisors of the people on health questions, and who, consequently have first knowledge of the subject, have long maintained their present attitude for the following specific reasons:

First The time has arrived when, under the law of precedent, the health interests of the country ought to pass from their present bureau stage of development to that of a department. This course of evolution was exemplified, first, I believe, in the development of the Department of the Interior, then that of Agriculture, and, finally, that of Commerce and Labour. In each of these instances the antecedent bureaus had existed for periods varying from a few years to a decade or two. The health interests of the country, more fundamental than all, have been left in the form of successively, a "service," then of a "bureau," for more than a century.

Second.—The creation of a department of health is furthermore demanded; first, because sanitary science has demonstrated its ability to conserve the efficiency and prolong the life of the people; and, second, be-

cause nothing less than the establishment of a department can have that maximum of moral force and educational influence, that maximum of prestige and effectiveness combined with business-like economy of administration that will enable it to deal with the disgraceful, not to say monstrous, conditions now prevailing in this country.

Third. That a department of health, with the fulness of power and influence that can inhere only in a department, and nothing less than a department, is demanded by the conditions to which I have alluded as conclusively established by the fact that, first, about 600,000 people die in this country every year from preventable causes; second, that something more than 3,000,000 more are made ill and idle for variable periods every year from the same causes; and third, that the annual economic loss from this source alone amounts to more than a billion and a half dollars every year.

Fourth. That nothing less than a department of health, acting in co-operation with the States and in full recognition of their rights and powers, is practicable for the assembling and coordinating of the existing health agencies of the Government and for their effective, economic, and business-like administration."

Mr. Owen draws the attention of the Senate to the vast improvements in hygienic conditions and the steady rise in duration of life, due to advancing scientific knowledge and the application of this knowledge by municipal, civil and national action. He says:

"Scientific hygiene and increased knowledge of the laws relating to health have had a very striking effect upon the prolongation of human life throughout the world.

At present in Massachusetts life is lengthening at the rate of fourteen years per century; in Europe about seventeen years; in Prussia, the land of medical discovery and its application, twenty-seven years; in India, where medical progress is practically unknown, the life span is short, twenty-three, and remains stationary.

It is demonstrated beyond reasonable doubt by the report of the "committee of one hundred" that the average human life in the United States may be, within a generation, prolonged over fourteen years.

He points with pardonable pride to the achievements of the American Army Medical Service in Cuba, in their campaign against yellow fever.

"Before the American intervention in Cuba the death rate from yellow fever alone in Habana to the hundred thousand population in 1870 was 300; in 1880, 324; in 1896, 639; in 1897, 428; and after the American occupation it fell: 1900, 125; in 1901, 6; in 1902, 124; in 1901, 6 zero."

By a reference to the outbreak of bubonic plague in San Francisco and its culpable concealment by the civic authorities in spite of the protests of the medical men, he shows how essential it is that there should be a strong central authority to deal with public health matters.

We believe the medical profession in these Maritime provinces, who from their knowledge of the laws of disease and of health, and their experience in too many cases of how ignorant prejudice and mistaken ideas of economy hamper the carrying out of sanitary and preventive measures designed for the benefit of the public, will agree heartily with Mr. Owen when he says:

"Mr. President, I believe in the conservation of our natural resources—of

our coal fields, oil and gas fields, water powers, forests, and mines; the development of our natural resources in establishing good roads and improving our waterways.

The conservation of these great natural resources of our national wealth are of great importance, but the conservation of the life of our people is of far greater importance, and the conservation of the vitality and efficiency of our people is a problem of the first magnitude, demanding immediate intelligent attention."

Let us hope we may soon have, in Canada, a well equipped, well advised, well-manned Department of Public Health."

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**W**E have just received for publication in the NEWS a communication from an esteemed colleague and correspondent, who was not aware of our rule to print no correspondence except over the writer's signature. In his covering letter he asks for the insertion in the May number of some remarks on statements made in a newspaper regarding an unfortunate collision of interests between two well known members of our profession.

We doubt if it is wise for us to attach importance to the remarks of the lay press, but from our knowledge of our correspondent and the tone of his remarks we are of opinion that not only has there been a notable disregard of medical ethics, but also a serious neglect of the public interest.

One of a crew of men working on a railway fell ill. Though there were fifty to seventy-five men in the camp there was no provision made for medical attendance. Two or three days passed, the man grew worse and then *two* doctors were sent for, by different persons. One of the "bosses" sent for Dr. A., who responded at once, diagnosed the case as one of malignant diphtheria, instituted treatment, and notified the medical officer of health for the county. One of the workmen saw Dr. B. and asked him to attend. He visited the man on the following day, and, although cognizant of the fact that the patient was already under the care of a colleague and without consulting him took charge of the case, claiming that he had the sanction of the railway company. Dr. A., rather than be drawn into a wrangle over the case, retired. The newspaper which comments on these facts states that no quarantine regulation has been enforced.

We purposely abstain from mentioning persons or places, but we have little doubt the parties concerned, if they read these lines, will recognize the case, and if any comments or explanations seem called for we trust they may be made in signed letters.

As we go to press we have received another communication referring to the case commented on in our editorial columns. The communication is signed Medico, though the writer does not give his name, and we have to repeat that the NEWS publishes no anonymous correspondence.





# SOME PROBLEMS IN PSYCHIATRY.

By *W. H. HATTIE, M. D.*

*Superintendent Nova Scotia Hospital.*

(Read at meeting of Halifax and Nova Scotia Branch British Medical Association, Feb. 16, 1910.)

SOME years ago it was my privilege to present before this branch a paper dealing with some recent advances in psychiatry. Sufficient time has now elapsed to justify a supplementary paper. In preface, I wish to say that there has been very great advance in the meantime, and that any review thereof which could be offered in a paper of reasonable length must of necessity be scrappy and extremely imperfect. Psychiatry has enjoyed—or suffered—its full share of the intense activity which the whole field of medicine has witnessed during these years, and as the study of mental diseases embraces all the intricate problems of biology and medicine in addition to those which attach to it exclusively, ample scope has been afforded its students. As would be expected, much of the new knowledge which has come to us has been of a somewhat revolutionary nature, and has required us to either completely change or considerably modify many of the views formerly held. While we are still far from a full understanding of the various problems which present themselves for solution, it may fairly be claimed that our position in this respect has been greatly bettered, and that the study which has been devoted to psychiatric matters has developed new light upon several associated subjects—notably psychology, sociology and criminology. My purpose, however, is not to review all this, but rather to touch briefly on some of the problems which are now engaging the attention of psychiatrists.

Although Hippocrates did not overlook insanity and has handed down some very good ideas on the subject, and although an occasional attempt was made by others of the early authorities to solve the mysteries of mental disorder and to devise treatments, the real history of psychiatry dates back for scarcely more than a hundred years. In 1792, Wm. Tuke began in England the movement which led to the separation of the insane from the criminal classes and to their removal to institutions constructed especially for their care. In the two years following, Pinel in France, and Chiarugi in Italy, instituted a like reform, and slowly the influence of these three men led to the general establishment of hospitals for the insane, and thus made the study of abnormal mental states possible.

In the development of our specialty, several fairly well defined periods may be traced. At first, the psychic phenomena, so conspicuous in insanity, absorbed those engaged in its study. Later Morel's doctrine of degeneration influenced the line of investigation, and the importance of the physical structure dominated the thought of the psychiatrist. Then the study of biological heredity, of atavism, and of the evolution of living species and man became controlling factors, and what may be termed the anthropological doctrine of insanity, towards which Lombroso was a large contributor, became popular. This in turn has slowly been giving place to the tendency of to-day to interpret all mental disturbance as a pathological manifesta-

tion and to make psychiatry a definite department of clinical medicine. And now, while tribute is being demanded of all branches of knowledge which may bear in any way upon the subject, especial study is being given to causation and to the pathogenetic mechanisms underlying morbid mental states.

While our investigations must be conducted upon this broad basis, we must still give attention to the study of mental symptoms, and accurate analysis and grouping of these symptoms is of great importance. It must be remembered, though, that these are subjective symptoms, and have not the value of the objective symptoms upon which the general practitioner places his reliance. Nevertheless their investigation must be the starting point from which the diagnosis is to be made. In order to determine the pathological significance of such symptoms we must consider them in relation to a normal psychology. And to be of value to us, normal psychic phenomena must be examined in relation to their anatomical and physiological conditions. The difficulty of the subject thus becomes apparent. We still lack much knowledge of the intimate structure of parts of the brain and of the connections between parts and each advance in technique reveals new complexity of relationships which at first seems but to add confusion rather than to clarify our conceptions.

In other fields of pathology, even the naked eye reveals changes upon which we can base fundamental conceptions of the morbid process. But in the case of mental disease changes which provide data for clinical application, or which establish a morbid anatomy, can be determined, if at all, only after painstaking microscopical

research. In fact, experiment has shown that certain slight and transient influences, which leave no mark on the anatomical net-work of the nervous system, delicate though it be, may nevertheless be sufficient to induce grave functional disturbance.

Even in the instances in which there appears to be definite connection between mental disturbance and organic defect in the brain or elsewhere, it is by no means clear how the morbid causes act. We associate thyroid insufficiency with cretinism; chronic though slight, lesions of the kidneys sometimes determine conditions of stupidity, temporary loss of speech, and violent attacks of confusion and agitation; a febrile malady occurring in infancy, though transient, attracting little notice, and passing away almost unobserved, can damage the brain beyond repair. Here we feel that we have undoubtedly to do with cause and effect, yet we are in the dark as to the means by which the results are produced. And in mental disease it is exceptional for the organic factor to be apparent. It will be seen, then, that the question of cause is full of difficulty, which is only added to by the variety of theories which have been advanced by adherents of different schools of psychology.

Thus the task of the psychiatrist is by no means an easy one. The microscope and the various clinical methods which are so useful in other branches of medicine, have, as yet, yielded comparatively little assistance in this field—although it must not be supposed that they are of no service. So many conditions combine to influence the mental state in both health and disease that the subject, as Lugaro says, "not only enters into intimate contact with all the fundamental sci-

ences of medicine and biology in general, but also touches upon the social and moral sciences." The specialty, then, is by no means a narrow one. but, on the contrary, calls for varied knowledge and for the correlation of information coming from many sources.

It would be quite impossible to refer in detail to any of the matters suggested in this review of the problems of psychiatry. In the case of psychological problems, this would lead us into a technical and abstruse discussion of theories which, however interesting and suggestive, have not yet been established on a sufficiently certain foundation. We have, however, undoubtedly advanced, and the theories which are generally accepted to-day, based as they are upon our knowledge of the normal and morbid anatomy, physiology and pathology of the nervous system, are much more reasonable and much more applicable to practice than those of even ten years ago. We may, for instance, at least assume that states of consciousness are dependent upon definite organic conditions, and that these latter are variously grouped in correspondence with the differing states of consciousness produced. And if we accept the doctrine of psycho-physical parallelism we may believe with Lugaro that "taking all things into consideration, the pathological phenomena of the mind differ from the normal only in this, that the organic processes corresponding to them are not the pure result of the co-ordination of the internal and external forces acting on the organism along the usual paths, but owe their singularity to the intervention of unusual and disturbing influences, and to their being carried out in altered or mutilated tissues."

Even here, however, we are met by the difficulty that lesions affecting special systems of cells or fibres do not always produce analogous systemic disturbance in the psychic condition of the patient, that is, as far as we can determine. This is doubtless to be explained by our imperfect knowledge of the complex mechanisms upon which mental states depend and our consequent inability to properly interpret mental action in terms of physical change. The general practitioner, and to a greater extent the neurologist, has opportunities of studying the mental states in patients suffering from gross brain lesions which are denied to the psychiatrist, and I have long felt that facts of the very greatest importance might be discovered by such study, and some of our most puzzling problems satisfactorily solved.

Many things contribute to render an analysis of the mental state of any patient unsatisfactory. We have usually to depend upon the statements of friends for an account of the earlier symptoms, and such statements are usually, whether intentionally or not, misleading. The patient himself often simulates or dissimulates. And the examiner, if he is not very careful, may read into his findings meanings which are not in the least applicable. For these reasons (and others might be added) a very elaborate dissection of the mental state is perhaps more likely to result in error than a simpler analysis. (such, for example, as that suggested by Kraepelin), and should consequently be carried out with much caution. Nevertheless much of value may be revealed by more minute methods than those which have been in vogue, and now general attention is being directed to the analytic

method of Freud, by which we are enabled to discover facts which have an important bearing upon the origin and significance of mental symptoms and assist to a better understanding of the underlying mechanism. While Freud applies his method mainly to the psycho-neuroses, his disciples have extended its application to some of the psychoses. This method demands so exhaustive an investigation of the mental life that one feels that the investigator must be singularly free from bias and the patient singularly irresponsive to suggestion if the results are to be perfectly dependable. And of course the results of any special line of study can be fully valued only when considered in correlation with associated lines of research.

If we could but establish the mechanism of the mental processes, our troubles would be largely at an end, but we are far from the realization of such a desideratum. We have, however, learned that the cerebral cortex, which is undoubtedly the organ of the mind, is made up of areas of different function, and what is more important, that it is everywhere composed of a most complex mesh-work of differentiated elements each of which doubtless possesses specific function but all of which doubtless are more or less influenced by neighbouring and possibly by distant elements. It is therefore perhaps too much to expect that we will ever be able to attach a definite mental process to a definite brain area. Of the approximate localization of certain functions, we have for decades had some knowledge. Experiments upon laboratory animals and pathological investigations have provided us with certain data which have proved of the greatest practical use. As an instance, I need only mention aphasia

in this connection, and we cannot forget Flechsig's demonstration of projection and association tracts, which was largely a study in embryology. Lately we have had some fresh knowledge added to our store, which we may eventually be able to value. The changes in the Nissl substance resulting from hyperpyrexia, from experimental anæmia, etc., seem to prove that it plays an important part in controlling the nutrition of the neurone. As the result of nutritional changes, fairly definite alterations in the neuro-fibrils have been determined which doubtless modify function. Recent investigations indicate that the role of the neuroglia is by no means passive, as was at one time supposed, but that it is an important means of defence against external and internal toxins and micro-organisms. All of these discoveries are surely of great importance, and open the way for further advance. Attempts have already been made to utilize the data provided and to formulate hypotheses to explain certain mental functions. Ingenious and plausible as some of these theories are, their true valuation must remain for the future to determine.

If our knowledge of the mechanism underlying the mental processes is incomplete and unsatisfactory, it necessarily follows that we are still lacking in definite information upon the causation of mental disorders. Here, too, the problem is complex and most difficult of solution. Of all the long list of possible determining causes of insanity, none can be regarded as specific in the sense of being always capable of inducing an attack. One person's insanity is attributed to a great grief, or to financial loss, or to fright. How many persons have passed through similar

experiences without suffering any mental disturbance? In another case the psychosis is attributed to an attack of some infectious disease, or to an exhausting illness, or to over-indulgence in alcohol or some other narcotic. Yet the great majority of people who are subjected to such conditions retain their mental equilibrium. In a very considerable proportion of cases which come to us, the friends can assign no cause; the patients have led a seemingly correct life, have been of an even and serene temperament, have experienced no trials or difficulties, have been seemingly strong and healthy, and yet have been overtaken by mental breakdown. It is evident therefore that the actual part played by any so-called cause cannot at present be valued.

Some authorities believe that insanity seldom if ever occurs in an individual whose brain is properly developed—that predisposition by heredity or by some prenatal influence is essential, and that in many cases such predisposition is in itself sufficient, no extrinsic cause being necessary to determine the attack. The fact that so extreme a view receives support is warrant for a full consideration of the subject of predisposition by inheritance, but this is manifestly impossible in the course of a general paper like this. We must not, however, overlook the fact, established by Flechsig, that at birth the greater part of the cortex is still in the foetal stage of development and incapable of functioning, and that different systems mature and become functionally active at different periods during the childhood of the individual. During the stage of immaturity, it is reasonable to assume, trifling adverse conditions may injure the delicate structures and lead to faults of devel-

opment and weaknesses which may be revealed only in later life, and which may be attributed to inheritance rather than to their real cause. We have also to bear in mind that heredity is perhaps to be regarded as essentially a provision for preserving the organism, that in the course of evolution the capacity for variation has for this reason become restricted, and this should theoretically apply especially to injurious fortuitous variations. This view, in fact, seems to be supported by frequent instances in which injurious variations so compromise the vitality of the individual as to check reproduction. It is therefore possible that we have not credited nature with as great protective power in this respect as she may really possess, and that some of the predisposition which we attribute to heredity should really be charged against some other factor. At any rate, we are scarcely yet in a position to justify advocacy of such an extreme measure of prophylaxis as the desexualization of the insane.

Of late there has been a tendency on the part of some authorities to attach less importance to the psychic causes of insanity, while, on the other hand, the intoxications and infections are receiving more attention as determining factors. The poisons which injuriously affect the nervous system may be introduced from without or generated within the body. The recent discovery of the widespread prevalence of pellagra in the southern States has awakened interest in a disease which combines fairly definite mental and physical symptoms and which is commonly supposed to result from the ingestion of diseased corn. The pathogenesis, however, is by no means understood. Of all the exogenous poisons, alcohol re-

mains as the most fruitful in the causation of insanity. The latest British statistics attribute 21.9 per cent. of the male and 8.9 per cent. of the female admissions to asylums to intemperance in alcohol. Even in the case of this factor we know little of the *modus operandi*. Experience shows that where mental symptoms are induced, the abdominal organs often escape serious involvement, and inversely, when there is much change in the abdominal organs (cirrhosis of liver, etc.) there may be little alteration in the mental state. Yet it is felt that the insanity of alcoholics is perhaps oftener than not the result of the changes in organs other than the brain, rather than of the direct action of the poison on the brain. The fact that the alcoholic psychoses include such diverse conditions as delirium tremens, alcoholic pseudo-paresis, hallucinatory delirium, and alcoholic dementia, would appear to indicate that the alcohol does not act alone in causing these states. Yet its importance as a causal factor must be admitted, and doubtless much in the way of prophylaxis would be accomplished if it were possible to restrict the use of this drug.

The endogenous poisons have been accorded a large place in the study of causes of late years. Bouchard's work on auto-intoxication offered so plausible a theory of the causation of many abnormal mental states that much attention was given to it, and much evidence has been accumulated to show that deficiencies in the emunctory organs lead to the retention of waste products which may act as direct poisons to the nervous tissues and also injure them secondarily by interfering with nutrition. We therefore have come to consider it an essential in treatment to correct as far

as possible any defect in elimination.

The internal secretions are now recognized to be of exceptional importance in the control of growth, development and nutrition. Naturally, therefore, they are being studied with great care, and data are being acquired which will doubtless be of material assistance in solving some of the problems which are now so puzzling.

That bacteria may play a part in the causation of mental disease has long been thought possible. Both from England and the Continent we have had contributions to the literature which would appear to indicate that bacteria may be associated with certain forms of insanity. Quite recently an article appeared from the pen of Lewis C. Bruce in which the manic-depressive psychosis is made to appear as though it has a bacterial origin. A wonderful array of clinico-pathological resemblances between this disorder and sub-acute rheumatism is shown by this author, and a diplococcus is described in connection with both diseases. More notable, though, is the contention of Ford Robertson that general paralysis of the insane is due to a diphtheroid bacillus. Robertson has been urging this for some years, and has amassed a large amount of evidence in favour of his claim. He has been very vigorously and not always kindly criticized by his conservative fellow-countrymen, but he continues his work with unabated zeal and admirable pertinacity, and — judging purely from the literature—it looks to me as though he will yet establish his claim.

An immense amount of work has been done in the chemistry of nutrition, in the chemistry of the secretions and excretions, in the chemical and microscopical examination of the blood, in the study of blood pressure,

etc., etc., and every resource of well-trained investigators and well-equipped laboratories has been brought to bear in the hope of clarifying our conception of the processes underlying morbid mental states. All this has added materially to our knowledge, but, it must be confessed, not commensurately with the vast amount of labour expended.

It has therefore to be admitted, in drawing to a close this imperfect reference to some of the problems which those of the psychiatric specialty are facing, that our position is still far from satisfactory. But you will agree with me that the subject is full

of complexity and difficulty. And by way of further apology it may be said that systematic study of insanity began only a few years ago. It is right that I should say that considerable of what I have included in this paper was suggested by the reading of a book by Ernesto Lugaro, an eminent Italian psychiatrist, and that I have not scrupled to include his ideas and even to use his words in places. You will understand, though, that Lugaro is not to be held accountable for all that I have said and that I have gone to other authorities also for data.



# SOME RECENT METHODS OF TREATMENT OF THE INSANE.

By F. E. LAWLOR, M. D.,

Assistant Medical Superintendent, Nova Scotia Hospital, Halifax, N. S.

(Read at meeting of the Halifax and Nova Scotia Branch British Medical Association, Feb. 16, 1910)

**I**N the treatment of the insane we have at our disposal two main methods, treatment by drugs, and treatment by methods other than drugs.

## DRUGS:—

- General sedatives
- Pure hypnotics
- Drugs lessening reflex irritability
- Tonics and stimulants

## OTHER METHODS:—

- Hydrotherapy
- Rest in bed in the open air.

*General Sedatives:* Trional; uncertain in its action and at times dangerous. Sulphonal; accumulates in the system, still it has beneficial effects in a few cases.

*Pure Hypnotics:*—Paraldehyde, chloral hydrate, veronal.

*Drugs Lessening Reflex Irritability:*  
—Bromides, opium.

All these drugs have their good and bad features, which are well known to you all. I will not refer to them, but will speak of some of the more recent methods used in the treatment of acute cases of insanity.

## HYDROTHERAPY.

Various are the ways this valuable method may be applied in the treatment of the insane, but to-night it is my intention to bring to your notice only one, the prolonged bath. About 1903 it was first used in America, and, as with all new features in the treatment of the insane, it has had its ar-

dent advocates and opponents, and it is only recently that it has been adopted generally in both English and American institutions.

To administer a prolonged bath the following is required: a large sized modern bath tub with hot and cold water connections, a stout canvas hammock, a rubber air cushion, and a floating bath thermometer. The canvas hammock is suspended from the tub by means of straps, the head of the hammock is on a slightly higher level than the foot. It should be so suspended that the patient's trunk and extremities are completely covered with water. To maintain an even temperature of 98° to 100°F., it is necessary to have warm water constantly entering the tub.

The late Dr. Dent when superintendent of the Manhattan State hospital, New York, designed a tub with an inlet at the head and direct outlets at the foot into pipes of different levels, so by removing one or more plugs all excreta can be drained off. When the bath is ready, the patient is placed on the hammock, the head supported by a rubber air cushion, and the body covered with a sheet. For the purpose of feeding, the patient may be allowed to sit up, but if forced feeding is necessary the patient should be removed and placed in bed.

A patient may be kept immersed in this manner for a long period. In some cases they have remained in the tub for weeks without any bad effects, but in other cases a much shorter time has produced excellent results. They



eat and sleep there, and most cases appear to rest comfortably. You may justly ask what class of patients are benefitted by this form of treatment. So far it is applied mostly to those suffering from excitement, but melancholia with agitation, and cases suffering from insomnia, are frequently benefitted by this treatment. Again you may ask, what effect has it upon both the mental and physical states. Hydrotherapy to-day is largely administered on a physiological basis. Water exercises a very important influence over the circulation, the respiratory organs, and the nervous system, and also a pronounced effect upon the blood pressure. It may be stated in a general way that cold applications raise blood pressure and warm applications lower it. We all know how readily the action of the heart is influenced by the application of warmth and cold. Almost every organ of the body is in reflex relation to the adjacent skin and many other remote bodies. This is the rationale for the application of counter-irritants, poultices, etc. We all know that the same effects can be accomplished from the application of heat and cold by means of compresses rung out of water at a proper temperature.

Among the effects obtainable by water may be mentioned the following: tonic, sedative, eliminative, diuretic, anti-pyretic, vaso-dilator, and constructive. A single energetic hot bath leads to the loss of a considerable amount of perspiration. We know that the diaphoresis influences the circulation of the blood and lymph, and morbid products are eliminated. On the excited patient the warm bath has a soothing effect, lessening psychomotor restlessness, and producing sleep in cases where ordinary hypnotics have failed.

#### REST IN BED IN THE FRESH AIR AND SUNSHINE, WITH PROPER FEEDING.

You all know the value of rest, fresh air and sunshine, with proper feeding, in the treatment of tuberculosis. In the *Journal of Mental Science* for January, 1908, there is a report by Dr. J. Wigglesworth on the treatment of cases of acute insanity by rest in bed in the open air. In the summer of 1904 he first tried the experiment of treating cases of acute insanity in this way, and met with such brilliant success that now all suitable cases admitted to Rainhill asylum are treated by this method. In this hospital the patients are taken out at 8.30 a.m., weather permitting, and are kept out, lying down in bed, until 6 p.m. They have their meals outside. Lying down in the open air provides the required rest so essential in the treatment of many forms of mental disease. At the same time the general health is improved, and natural sleep encouraged by that best of all sleep promoters, fresh air. American physicians soon saw the advantage of this method of treatment, and were by no means slow in adopting it, and to-day at various institutions they have camp colonies where a great number of the acute cases are being treated with excellent results. These cases require plenty of good nourishing food; in fact, some cases are overfed. As in many other diseases there is loss of appetite among the insane, and it is necessary to maintain the strength of the individual by nutritious foods. Eggs and milk should be administered in small quantities at frequent intervals.

# CERTAIN COMMON CONDITIONS OF THE MOUTH, NOSE AND THROAT, WITH THEIR EFFECTS: IMMEDIATE AND REMOTE.

## A FEW EVER-DAY PROBLEMS IN RELATION THERETO.

By J. A. SPONAGLE,  
Middleton, N. S.

(Read before the Halifax Branch of the British Medical Association, March 16, 1910.)

**M**R. President and Gentlemen of the Halifax Branch of the British Medical Association:

I have to thank you for the honour of being invited to meet with you here this evening, an invitation which has been tendered me before, but which, for various reasons, I have been unable to accept until now. It is with some degree of embarrassment and diffidence that I appear for the first time before my professional brethren of this fair city.

The subject with which I desire to deal is certainly common-place; but, I venture to say, is of great practical interest and importance. As a general practitioner, I shall be careful *not* to invade the sacred precincts of the dentist, or of the nose and throat specialist any more than I can possibly help, but shall endeavour to consider as carefully and fully as possible certain conditions of the mouth, nose and throat which are likely to be frequently met with by us; and which may be, and as a matter of fact are, often overlooked, either from a neglect of the practitioner to acquaint himself with the conditions of these parts during the routine of examination, or because he may consider them as beyond the range of his investigation; tacitly relegating the mouth to the care of the dentist and the nose and throat to that of the specialist. Thus it comes to pass that we, gener-

al practitioners, are liable to overlook simple and obvious conditions which we should have detected, and their existence made known to our patients or their friends in the first instance; and thus saved ourselves a future humiliation by a subsequent pronouncement from the specialists.

We have no excuse when we diagnose anæmia with its usual concomitants such as indigestion, etc., and fail to note that carious teeth are present, and are likely influencing the condition unfavourably, if not the cause of the same, and defeating our efforts to cure the patient; or that a sickly, listless, delicate and anæmic child fails to respond to tonics, etc., because of the presence of obvious conditions of the nose and throat which are inconsistent with good health, but which we fail to note and to advise the patient's friends of.

Early in my own practice, the striking improvement in general health, following the extraction of a number of carious teeth (usually, I may say, for æsthetic purposes and on the patient's initiative) were lessons to me. In my student days, but little was heard of, and no systematic instruction given on such matters as the hygiene of the mouth and kindred subjects. These hints, obtained as it were by chance in early practice, were not forgotten.

It was therefore with considerable

appreciation of its value, that while in London last year I noted the emphasis placed on properly attending to the hygiene of the mouth, by such men as Sir Thomas Barlow at the University College Hospital, Mr. Stuart Low at the Central Nose and Throat Hospital, and Dr. Still and Mr. George Waugh at the Great Ormond Street Hospital for Children. Many and various were the evils, immediate and remote, attributed by these men to rotten teeth, and unhealthy conditions of the nares, nasopharynx, or oropharynx.

We will first consider somewhat in detail these evils attributable to carious teeth and its associate conditions, such as pyorrhœa alveolaris. We will here say, in passing, that delayed dentition is usually regarded as an early manifestation of rickets. Decayed teeth in children are also very common in rickets, but whether as a cause or as an effect is still a matter of dispute.

Where I practise, it is deplorably common to have instances of the milk teeth decaying almost as soon as they appear through the alveolar process. I believe the dentists are averse to removing these until the time of second dentition. In deference to these gentlemen, I at one time would recommend delay when consulted by parents. Force of circumstances and the happy result following the immediate careful extraction of all teeth incapable of being treated in any other way, have led me to entirely disagree with my dental friends and my former practice on this point. By way of illustration, pardon my citing the case. Shortly after my return from London a delicate little girl of three or four years was brought to me for my opinion as to the advisability of an operation for removal of tonsils and adenoids. There certainly was

little difficulty in deciding in favour of such an operation, as I found her at that time, but I found her also with a mouthful of teeth in various stages of decay. I told the people that the mouth must be put right before I would consent to perform the other operation. To this they agreed. Now what was the result? The child's health improved so greatly, and the condition of its throat became so much better, that up to the present there does not seem really to be any need of a further operation. In this connection I would just say that under no conditions whatever should we operate in such cases until all decayed teeth are removed, or stopped, and the mouth rendered otherwise healthy.

It has been a query to me, if the excess of carbo-hydrates which our children in the Valley get in the shape of apples, (and the quantity our small boys and girls can make away with would astonish you) may not in many cases be the explanation of the wholesale decay of teeth at such an early age. We know, as I have already mentioned, that rickets and decayed teeth are often found in the same individual, and that an excess of sugar and starch will produce the former. Other symptoms of rickets might be found if looked for. The practical point is this. In all children with marked decay of the teeth, particularly if very young, it would be well to investigate carefully for further signs of rickets (if this be done) and in this way discover the fault in nutrition which has led up to it. On the one hand, dental caries may be the cause of bad nutrition, while conversely, bad nutrition may increase a tendency thereto.

Indigestion, colicky pains, and lack of appetite in children have all been traced to the existence of bad teeth,

and have disappeared after the teeth have been put right, *i.e.*, either filled or extracted.

The anaemia of children may either arise from the impaired nutrition due to the insufficient mastication resulting from bad teeth, or it may be due to chronic poisoning by absorption.

As is known, tubercular glands are very common in children. It is held that even one bad tooth may be responsible for them: it being either the point of entrance of the tubercle bacillus, or an unhealthy state of the dental alveolus may cause simple enlargement of the glands of the neck, which predisposes to tubercular disease of these glands, from which it may spread elsewhere. Smale and Colyer in their work on "Diseases of the Teeth," quote Odenthal's observation, that of 987 children examined, 70.0% (697) shewed glandular enlargement, and more than half of these had carious teeth, whereas of nearly 29% (267) who had no glandular enlargement, only five shewed any dental abnormality.

Certainly glandular enlargements in the neck are often due to other conditions as diseased tonsils or adenoids, but the point to be borne in mind is that the presence of a decayed tooth is likely to be equally responsible, and may have its influence on the tonsils and lymphatics of the neck.

Nervous disorders in children, such as habit-spasm and epilepsy may be caused by dental worry. Smale and Colyer report a boy of thirteen who had fits at intervals of two or three weeks. Just before each attack he would put his hand to his face and complain of face-ache. Extraction of a decayed molar was followed by a complete cessation of the fits, up to the time of the report, which was four months after the extraction.

Still reports two cases of Sir Wm. Gowers, in which epilepsy in childhood seemed to be related to face-ache. Certainly such cases are not common, but their possibility should be borne in mind.

Headache of children in frontal, vertical or occipital regions may be due to decayed teeth. If erratic in its onset and disappearance, coming and going quickly, this should make us suspicious of the teeth as one possible cause, and if any disease is found, the necessary steps should be taken to remedy it.

In so far as adults are concerned, (our remarks so far having dealt with adolescents) it is well known that bad teeth and their concomitants have a detrimental effect on the general health, and are the possible causes immediate and remote, of a number of diseased conditions. I have more than once seen patients, especially females, who have successfully resisted all sorts of tonics, so-called "blood builders"—and continue anaemic, dyspeptic, miserable creatures, suddenly blossom out and in a manner renew their youth after a complete removal of all carious teeth and a re-establishment of a healthy condition of the mouth. Illustrations in support of this statement have but recently come to my knowledge.

As to remote effects, one cannot speak too dogmatically. Recent authorities mention septic teeth as one mode of entrance into our systems, of strepto-coccal, pneumococcal, or other infections. They and their unhygienic surroundings would seem to provide a most suitable nidus for the development and multiplication of these organisms. Therefore, I think, on general principles it is clearly our duty to make it a rule to always investigate our patient's mouths and insist on

such steps as may appear necessary to put matters right there.

We must now hasten to consider a few conditions in the nose and throat with which we as general practitioners should be most familiar, and on no account overlook or deal with superficially.

First as to the nose, which it is quite superfluous to remind you is the upper part of the respiratory tract. The object attained by the air being passed through the nose, is to ensure its being warmed to close up to 100 deg. F. moistened to saturation, and filtered from all irritating and injurious particles of dust suspended in the atmosphere.

The normal physiological function of respiration is performed unconsciously, and repeated some twenty thousand times in twenty-four hours. A nasal respiratory tract not capable of supplying air to the lungs, day and night, at the normal rate of inspiration, and without the consciousness of the individual, is an *abnormal* and *obstructed* nasal respiratory tract. Consequently it is our duty to ascertain whether the nasal organs of our patient are capable of meeting these requirements, or whether their function has to be supplemented by real respiration by day, or more especially by night, and we should be sure that the mucous lining of the nose is in a healthy condition; that there are no polypi; that there is no deflection of the septum; that the spongy or turbinated bodies, especially the lower ones, are in a healthy condition.

We should remember that the latter exceeds in functional activity any other organ of the body, that its activity is ceaseless, and that it is calculated that two quarts of water daily are given off to the inspired air by the body and the lining of the nasal respiratory tract. On this account there is a ten-

dency to temporary or permanent dilatation, or to enlargement from relaxation of vaso-motor tone and consequent hypertrophy. It is stated that 99 out of every 100 cases of nasal obstruction are due to dilated or hypertrophied turbinal body, which may be temporary, intermittent or permanent.

Now suppose from one or other of the causes mentioned there is nasal obstruction, *mouth breathing* results, in which the ordinary respiratory tract is short-circuited. The air reaches the larynx unwarmed, not moistened to saturation, and unfiltered of injurious dust particles,—in other words, dry, cold and irritating, and more likely to permit of the direct introduction of tubercle and other germs to the lungs. As a consequence we may have deafness with a discharge from both ears, a sense of discomfort and fullness in the nose, with at times a copious discharge and intermittent headache. Post-nasal catarrh, pharyngitis, cough and dryness of the throat, winter cough, and bronchitis may all be traced to this cause. It is also a well known cause of asthma. Digestion may be interfered with, and as a result, a condition of neurasthenia or of hypochondriasis may supervene.

Lastly we will consider certain common conditions in the naso-pharynx and oro-pharynx, which we as general practitioners have now, in these latter days, to deal with. I refer of course to the faucial tonsils and the faucial glands, or the tonsil of Luschka, or as it is commonly known and will hereafter be referred to, as adenoids.

It may be as well to first ask if these much operated upon structures are placed there for any other purpose than as a field of operation for our specialist friends, or to enhance the

professional reputation of some of our budding surgeons. I venture to think that The Almighty had some higher and wiser motive.

As is well known the faucial tonsils are situated on either side of the fauces, between the anterior and posterior pillars. *They vary normally* in size. They are composed of true lymphoid tissue, and form a part of Waldeyer's lymphoid ring.

The function of the tonsils is imperfectly understood. Some think they are a primogenial source of lymphocytes and leukocytes. Others think their chief function is the digestion of micro-organisms, and to furnish a secretion to moisten the tonsils and pharynx, and thus aid in the act of deglutition. Within the tonsils are polymorpho-nuclear leucocytes, and these in a measure destroy bacteria which may have found entrance into the crypts of the tonsils. Undoubtedly we are constantly ingesting bacterial invaders of various kinds, on mischief intent. Possibly these little bodies may be a first line of defence for our protection. Unfortunately in many cases the invaders seem to carry this first line, occupy these outposts, and make them a distribution centre for general systemic infection.

So far as adenoids are concerned, it is well for us to remember that they normally occupy the vault of the pharynx and are present at birth, but should undergo atrophy by the tenth year. Nevertheless, in many children, either congenitally or as a result of disease, they are abnormally large, encroach upon the Eustachian tube, interfere with the respiratory act in upper respiratory tract. Thus we have mouth breathers, and nutrition and development, both mental and physical, are interfered with. However, as this condition is usually,

though not always, associated with hypertrophied or diseased tonsils, we will consider their immediate and remote effects together.

While in many cases the veriest tyro could quickly decide, in others the question of the necessity for, say, an operation to remove these structures is one that requires to be carefully balanced and considered, and the work not hurriedly undertaken. The tendency to future atrophy should be borne in mind. A robust healthy child may have relatively large tonsils, but these may neither cause obstructive symptoms nor affect growth and nutrition unfavourably. On the other hand, with less apparent enlargement the indications for removal are very apparent. How are we to decide? First, has the patient the facies of nasal or throat obstruction? Do we detect anything suggesting a nasal twang? Has the normal development of the bony structures been interfered with? Add to these an anæmic appearance, a muddy skin, a dull and listless expression with its corresponding mental condition and you should soon decide the question. Is the patient subject to sore throat, and most of all, is he or she a mouth breather at night. Information on this point is often quite unreliable. How about the cervical glands? Are they enlarged and tender to the touch? Is there a mucopurulent discharge from the nasopharynx? Is the patient subject to earache or occasional deafness, and does he shew any dullness of hearing at the time of the examination? These are a few of the questions to be answered, and should supplement a careful inspection of the parts and a digital examination of the nasopharynx.

A tendency to sore throat or tonsillitis, acute or chronic, and the presence of enlarged and tender cervical glands may mean diseased or septic tonsils, one or both, and their removal is indicated both for local and general purposes, since these patients are often of the anæmic type—poor feeders and subject to what the laity term “catarrh.”

In Mr. Geo. F. Waugh's clinic in the out-door department of the Children's Hospital, Great Ormond Street, London, these septic tonsils were of common occurrence. So far as appearance went, they might seem quite harmless, but on removal they would be found full of little purulent sacs. They were an undoubted source of infection, and provided a splendid nidus for bacterial multiplication and dissemination, especially among children or adults of low vitality.

Permit me to emphasize one point in passing. In many cases the tonsils are so buried behind the pillars of the fauces that removal by the guillotine is quite out of the question. Mr. Waugh has devised an operation which he follows in all cases, and which, in his hands, is certainly ideal, and which if practiced generally would do away with the poor results so often resulting from the mere slicing off of the top of the tonsils by the usual methods now in vogue.

We sometimes hear of “tonsils growing again.” This means that a tonsil, from which a greater or less slice has been removed, has become infected since, and possible as a result of the so-called removal; or was actually in that condition before. Nothing but its entire removal by enucleation or the punch is of the slightest benefit.

So far as a description of remote effects are concerned, it would be more or less of a reiteration of

what has already been said. Tonsillitis frequently precedes an attack of acute inflammatory rheumatism. No doubt the most of you here have known of instances in children especially where the operation has produced most striking results. Permit me to mention one such. This summer a girl of about twelve was brought to me for phlyctenular keratitis. Her general condition was very bad: extremely anæmic, lifeless and listless, thin and scrawny. In the course of the case I found that she was a mouth breather at night: that her naso-pharynx was pretty well filled with adenoids, and that her tonsils were somewhat though not excessively enlarged, but evidently diseased. Her mother also told me that she had always had “catarrh” and that she had frequently taken her to be treated for this condition, but with no benefit. A little later I operated on her. Two months after, I scarcely knew the girl. She had become fleshy, I may even say good looking. She was bright and cheerful, and was in a fair way to become a strong healthy and useful member of society.

Another illustration, which, while of all too frequent occurrence I fear in our work, serves admirably to point a moral. Any hint or suggestion regarding the relation of ear trouble to the conditions we are dealing with seems quite superfluous yet it is only a short time ago when I was consulted by a young person for earache and deafness. An examination shewed otitis media (catarrhal) and enlarged, and I should think, septic tonsils, with associated disease of the naso-and oro-pharynx—to account for it. The patient had been treated by instillation of warm sweet oil for hardened cerumen, which was assumed to be the cause, but which I may say was not present. Of course no examination had been held.

Gentlemen, instances such as this, and I must plead guilty in the past, tend to lower the standing of our profession, and especially of the class to which most of us belong, in the eyes of the public. The time has come when all general practitioners, especially those of us who live in rural districts and do not have specialists at hand, require to be as thorough in our examination of the parts we have been discussing, as of the lungs and heart. Heretofore medical students have had percussion and auscultation drilled into them, but instruction in the methods of examination necessary to these parts has not been very thorough. This has proved a handicap to many of us; and our interest and appreciation of this particular region has been awakened, perhaps, only by some unfortunate experience. From being careless and neglectful, the pendulum is in danger of swinging in the opposite direction; and treatment, especially operation, may be overdone, more particularly since the lay mind is beginning to look for something of this kind. Over twenty-five years experience as a general practitioner has convinced me that there is for us here a wide and interesting field for study and research, and for improvement in our methods and technique. We may confidently look for good results to our patients in dealing intelligently with these conditions, and have thereby many puzzling problems solved.

While time will not permit me to go into the question of School Inspection, do you not think it a disgrace to our civilization that while the children in Nova Scotia are allowed to mingle so intimately with each other, no efforts are being made by our Health or School authorities to insist on their mouths and throats if unhealthy being put right both for their own sakes and on account of those with whom they

associate at this susceptible age. It is most unfair to parents who do the right thing in this respect. On account of the ignorance, carelessness and meanness of some parents, their children are a public nuisance on account of their foul mouths and unhealthy noses and throats. One might imagine that the percentage of such is small, but from all the information I can gather, 40 to 50 per cent. of the children attending the public schools come under the class I am referring to.

Dr. J. E. Laberge, Health Officer for Montreal, recently made this statement: "Out of 60,000 pupils at the public schools no less than 30,000 of them have infected teeth." Going into further details Dr. Laberge says: "But few parents know what a bad effect decaying teeth have on children. The subject of children's teeth is so important that a special congress will meet in Paris to discuss it. In Montreal there are so many children with bad teeth that it will take a very long time to remedy the evil."

"It is not generally known that there is in this city an institute where children attending school can have their teeth treated free of charge. The institute is the St. Luc Hospital. It was only last summer that the city decided to vote three thousand dollars to this hospital so that something might be done to care for the teeth of children. The result so far has been satisfactory. The statistics show that over fifty children receive treatment every day. Glasses are also supplied to those who have bad sight."

I have been informed that the School Medical Officers in Halifax report an equally large percentage. On one occasion I had to examine the mouths and throats of the children in one department of the MacDonald



Consolidated School at Middleton (a case of diphtheria having developed). I was astonished at the very large number of those children whose teeth were in a disgraceful condition and who shewed evidences of nasal and pharyngeal troubles. Hence I think through Nova Scotia generally, for every child whose mouth and throat is healthy, another could be found in whom the reverse is the case. This to my mind is a most serious problem, and in the anti-tuberculosis warfare that is now being waged, it strikes me, gentlemen, that right here is the place to do the most real effective work.

I will close, therefore, with the suggestion that it is high time for this Branch and for all other Medical Associations in this province, to ask the government to require all children to submit to a rigid medical examination at least once a year in rural as well as in urban districts. As to how this is worked out elsewhere, permit me to quote from a recent number of the *British Medical Journal*: "BERLIN—Dr Paul Meyer's annual report of the work done by the Berlin school doctors contains some instructive figures. The number of doctors was 44, and they were responsible for 265 schools. Of what are called "school recruits" 9.45 per cent. had to be kept back from school, the most frequent reasons being anæmia, rickets, and mental debility. Almost 25 per cent. of the children remained under medical supervision: 456 were transferred to special classes for mentally defective children: 25 were removed to the home for idiots. Only 0.7 per cent. were found suffering from actual consumption, and it is stated that in the great majority of

cases this disease breaks out after the close of school life; 25 per cent. showed some form of spinal curvature. One doctor found 10 per cent. of nail-biters. Many improvements were effected in ventilation and hygienic arrangements generally. The work of the newly established school of dental clinics cannot be reported on for another year. The municipality spent 83,823 marks (£4,179) on mid-day meals for the poorest children during the winter months (835,823 meals); 100,000 marks have now been voted in order that these free dinners may be continued during the late spring, the summer, and the early autumn months. A Berlin philanthropist, Herr Mosse, contributes a sum sufficient to provide those children who come to school unbreakfasted, with milk and bread. Swimming lessons were given gratis to 2,173 children: 100,000 tickets for river baths and 118,000 tickets for public bathing establishments (these latter at half price) were distributed. The school shower baths were largely made use of, new skating grounds were acquired, and large play grounds put at the disposal of the children during the summer holidays. There can be no doubt that the school doctors have warmed to their work, and that they are gradually gaining the confidence of both parents and teachers. Personal meetings between doctors and parents have undoubtedly had a good influence, and parents now frequently consult the school doctor as to the kind of work a child may be best fitted for when it starts to make a living."

I thank you, gentlemen for your patient hearing.

# PANCREATITIS.

**A** J. Ochsner, Chicago (*Journal American Medical Association*, May 28), insists on the importance of this condition. The infection undoubtedly passes into the gall-bladder, also through the common duct and then there is a chance for it to be diverted into the pancreatic duct, especially if there is obstruction from gall-stones or edema below the point at which the duct of Wirsung enters the common duct. In his cases, the irritation of the common duct has been due quite as often to the passage of infected sandy bile as to the presence of gall-stones. The difference in the statistics as to the frequency of pancreatitis accompanying gall-stones is probably due, he thinks, to the observers basing the diagnosis on their judgment of the enlargement of the gland. What might seem pathologic to one, might seem normal to another. All surgeons with large experience in this line seem to agree that pancreatitis patients almost always suffer from gall-stone disease, especially if the gall-stones lodge in the common duct. The colon bacillus is the most common cause of the infection, though frequently associated with the streptococcus and staphylococcus according to Egdahl and others. The pancreas once infected, a vicious circle is developed by the swollen organ obstructing the common duct passing through it, thus favouring the development of micro-organisms above this point and also backing them into the pancreas. This is the cause of the benefit derived from free drainage by cholecystostomy. All these facts seem to show that the accepted theory that, barring the rare occurrence of metastatic infection, pancreatitis is due to infection from the alimentary tract through the biliary passages or, according to Maugaret, through the

lymphatics of these passages. In violent acute cases destroying the gland parenchyma, the cause is the retrograde injection of virulently infected bile and pancreatic juice. In the chronic forms, on the other hand, the secreting cells of the acini are more readily destroyed than the islands of Langerhans. The diagnosis has until recently been made only incidentally during operation but latterly more attention has been given to this point and the diagnosis is made before and confirmed by the operation. The Cammidge reaction seems to Ochsner, from his own researches, to require too much of the observer to be useful except in expert hands, but he believes it to be of value. If we add to the symptoms of cholecystitis an area of tenderness, from five to ten cm. long to the right of the umbilicus over the middle of the right rectus abdominus muscle and can exclude duodenal ulcer we have the typical symptoms on which to base the diagnosis. There are cases, of course, in which both these conditions are present, but in these it is possible to determine the necessity of an exploratory incision and, if the indications for this are not clear, then it is usually safe to keep the patient under dietetic treatment for further studies. In advanced cases there is usually marked emaciation and anæmia, frequently with peculiar roll like areas of fat on the front and sides of the chest, and abdomen. In chronic pancreatitis the treatment consists primarily in establishing free drainage and removing concretions, keeping the bowels and stomach normal by proper diet and hygiene. Early operation greatly improves the prognosis, though in mild cases of acute pancreatitis surgical treatment is not indicated.

# BOOK REVIEWS.

**SYMPTOMS AND THEIR INTERPRETATION** BY JAMES MACKENZIE, M. D., M. R. C. P., Physician to West End Hospital for Nervous Diseases, London, author of "Diseases of the Heart," etc., etc. Toronto: D. T. MCAINSH & Co., 297 pages. Illustrated, price \$2.25.

Perhaps the most conspicuous figure in the medical world to-day is Dr. James Mackenzie of London. In 1878 Mackenzie graduated from Edinburgh University, and was immediately appointed assistant to the Professor of Clinical Medicine there.

In 1879 however he resigned that position and took up general practice in Burnley, a town in the north of England. Here he remained for twenty-eight years, a vigorous and determined practitioner and an exact and ardent student. During all these years his closest attention was given to the subject of "symptoms," very many of his cases being under observation for a number of years. In 1907 he removed to London, where his fame as a diagnostician had already preceded him, and where, in less than two years he brought out, through the Oxford press, his great work "Diseases of the Heart." While that book embodies the result of only a fraction of his studies in the field of symptomatology, yet it was at once hailed by the medical press of two continents as an epoch-making book.

His new book "Symptoms and Their Interpretation" which has just appeared, covers, within its scope, the whole field of general practice. It comes from the pen of one who is described by a celebrated French clinician as "one of the greatest pioneers of modern medicine," and is the result of the author's personal observation at the bedside, carried on during a period of over a quarter of a century. It is seldom that we have the pleasure of introducing to the profession a book which will more immedi-

ately commend itself to every active practitioner.

✱ ✱ ✱

**INTERNATIONAL CLINICS.** A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. By leading members of the profession throughout the world. Volume I, Twentieth Series, 1910. Published by J. B. Lippincott Company, Philadelphia and London.

This volume begins its admirable series of articles by three special contributions on syphilis: "The Serum Diagnosis of Syphilis, by Homer F. Swift, M.D. of Bellevue Hospital Medical College; "Further Studies on the Serum Diagnosis of Syphilis," by Hideyo Noguchi, M.D., of the Rockefeller Institute for Medical Research; and "The Newer Diagnostic Methods of Syphilis of the Nervous System," by B. Sachs, M.D., of Bellevue Hospital. "The Tuberculins and their Diagnostic and Therapeutic Use," by J. B. Nichols, M. D., of Washington, deals with the subject in a practical and lucid manner. Every physician should be conversant with modern methods of diagnosis in tuberculosis which at the present time are so readily applied. "The Diagnostic Value and Therapeutic Effects of the Bismuth Paste in Chronic Suppuration," is written by Emil G. Beck, M. D., of Chicago, who has had such an extensive experience in the use of bismuth paste and proved its remarkable value in a large proportion of cases. Other good articles are "Eye-Strain Among School Children," by Aaron Bray, M.D., of Philadelphia. "Tabes Dorsalis—Its Rational Treatment in the Light of its Real Pathogenesis," by T. A. Williams, M.B., Washington. The Progress of Medicine during 1909 comprises about sixty pages dealing with many of the never-fails in Treatment, Medicine and Surgery. The plates throughout the text are numerous and well executed.

# CORRESPONDENCE

(British Medical Association Greater Britain and the Annual Meeting, 1910.)

## COLONIAL RECEPTION COMMITTEE.

SIR, — The Colonial Reception Committee is particularly desirous of bringing the Annual Meeting to be held in London in July next to the notice of all medical practitioners residing in the Dominions beyond the seas, as affording them an unusual opportunity of visiting London both for the scientific purposes of the meeting and also for social intercourse with their fellow practitioners throughout the Empire.

The Colonial Reception Committee in conjunction with the Colonial Committee of the Central Council, desires, through the medium of the journal, to extend a very cordial in-

itation personally to all medical practitioners in the Colonies, and assures them of a hearty welcome to the Annual Meeting and to the capital of the Empire.

Great efforts are being made by these two committees to arrange such entertainments as it is hoped will meet with the approval of their colonial brethren and so add to the success of the meeting of 1910.

We are etc.,

EDMUND OWEN, *Chairman.*

DONALD ARMOUR, *Secretary.*

Of the Colonial Reception Committee

429 Strand, W. C.  
January 3rd.

## ANNUAL DINNER OF THE HALIFAX BRANCH BRITISH MEDICAL ASSOCIATION.

THE annual function of the Halifax and Nova Scotia Branch, British Medical Association was held at the Queen Hotel on the evening of the 28th of April. Some thirty-four members and guests sat down to the excellent dinner provided by the genial host, J. P. Fairbanks. The President, Dr. J. R. Corston, occupied the Chair with due aldermanic dignity. The toasts were of more than ordinary interest and the oratorical efforts of the responders were such as to merit the hearty enthusiasm of the listeners. "Our Fathers in Medicine" was proposed by Dr. John Stewart, and was re-

sponded to by Dr. A. J. Cowie, who has been in active practice over the half century mark. Dr. Cowie gave a most interesting address, alluding to many incidents in his practice years ago, referring to many of his old associates in medicine, most of whom have long since gone to the great beyond. On conclusion of his speech, the members joined in the hearty chorus: "For he's a jolly good fellow." The musical part of the programme was of a high order, Mr. Felix Quinn giving several of his best selections and our own Dr. Watson surpassing even the most sanguine hearers.

## OBITUARY.

**WILLIAM WHEELOCK DELANCEY,  
M. D.**

**N**EWs of the death of this bright young medical man on March 26th, 1910, at Phoenix, Arizona, came as a great shock and disappointment to his family and friends, who had been earnestly hoping that he would conquer the malady he had been so valiantly fighting.

Dr. DeLancey was born in Williamstown, Annapolis County, a son



of J. B. Uniacke DeLancey, a descendant of one of the early settlers, and prominent families of that county. On his mother's side he was a nephew of the late Justice Burbidge, of Ottawa, and D. H. Burbidge, late principal of Morris Street School, Halifax. He received his early education in the High School at Middleton, having a most enviable record as a student. He then entered the Training School for Nurses, Charity Hospital, New York, graduating in 1903. In 1904 he entered as a medical stu-

dent at the University College of Medicine of Richmond, Va. The latter part of his medical course was taken at Jefferson Medical College, Philadelphia, from which he was graduated with honours in 1908, being one of the ten chosen to compete for the Gold Medal, and coming out second in the competition. Having successfully competed for a position on the House Staff of one of the large New York hospitals, he spent a few months there, until a lucrative opening in the Nouces Co.'s Hospital, Panama, presented itself. In this position he had splendid opportunities for surgical work, for which he had a special aptitude and a great liking. Unfortunately his zeal in his profession and his forgetfulness of self, undermined a constitution, none too strong. He was taken ill with pneumonia, and though he survived the acute condition, it left him with a constitution seriously shattered.

For over a year, either in California or Arizona, Dr. DeLancey put up a most determined fight for life, but the odds were too much for him.

A pulmonary hæmorrhage, followed by another pneumonic attack, cut short his life at the early age of twenty-seven, thus terminating a career of great promise.

His last hours were without pain, and he calmly and peacefully awaited the end, his thoughts being more of others than of himself, a characteristic of his unselfish life. Fortunately a brother (Harry) was with him to the last, and accompanied the body to Nova Scotia, the interment taking place in the Pine Grove cemetery, Middleton. The MARITIME MEDICAL NEWS extends its sympathy to the stricken family and friends.

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SAMPLE AND LITERATURE ON APPLICATION.

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One or two Capsules three times a day, followed by a copious drink of water.

This form of administering the Formates is one largely in vogue for increasing tone in those who go in for physical exertion, such as athletes and men who are very actively engaged, who are merely run down and not suffering from any illness, but require a sharp tonic. The Formates are also useful in the treatment of Chronic Rheumatism.

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—*British Medical Journal.*

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SAMPLE ON APPLICATION.

# NOTES ON SPECIALTIES.

## THE COAL TAR PRODUCTS AGAIN.

(From the *National Druggist* Feb., 1910)

In a recent pamphlet, entitled "Antipyrine, Acetanilid and Phenacetin, Are They Harmful or Habit-Forming?" the author, Dr. Uriel S. Boone, an established physician of good standing in St. Louis, has furnished a valuable contribution to the long-drawn-out discussion of this important subject.

There are several points about this investigation of Dr. Boone's which distinguish it from almost every preceding canvass of the subject, all of which might be summed up in the statement that it bears every appearance of being a genuine search for the unvarnished truth, that it is conducted in a proper spirit of fair and open investigation, directed in the most reliable quarters, and that its results are presented in a fashion which makes his report peculiarly satisfying and convincing.

Dr. Boone has, as we think, rightly opined that "the hospitals and sanitariums of the United States would contain unbiased, unprejudiced evidence, unaffected by any thought of the result upon the drugs themselves;" and he has "selected them as the field of his investigation because they keep records of their cases which few physicians in private practice do, and because, if these drugs were habit-forming, many of their habitues would, naturally, go to hospitals and sanitarium for treatment, and these institutions would have complete records of their cases."

He has, therefore, addressed his inquiries—which, by the way, are not in the slightest degree leading—(indeed, they do not even indicate any preconceived opinion on his part)—to the

sources which, above all others, the average man would think were best able to furnish trustworthy data on the subject. And Dr. Boone brings his witnesses into court and makes them testify in their own verbatim language and over their own corporate and individual names.

A summarization of the statistics and data contained in Dr. Boone's pamphlet shows that he received and published reports from 1,027 hospitals and sanitarium. Of these, 996 report that in all of their experience with the coal tar products there have been no instances of any untoward results, and that not a single case of habit formation from them has come under their observation. Injurious effects are reported by six hospitals only, all of which were due to overdose or other improper use of the remedies; seven institutions report cases, but state that they have no records, and therefore give no details; and one reports a case of insanity. The remaining seventeen out of the residuary thirty-one report cases of irregular pulse, weak heart action, cyanosis, etc., under the administration of the drugs, none of which, however, were regarded as of enough importance to be noted in the report as serious, all of which were due to misuse of the drug, and all recovered. Not a single case of fatality is reported in the entire period covered by any one of the hospitals or sanitarium.

The scientific value of such an investigation and the trustworthiness of its evidence have only to be suggested in order to be immediately appreciated by any fair and unbiased mind. Here is an array of witnesses with no concealment of names or places, with no possible interest to subserve one



way or the other, and hence with no thought of making a case for or against the products, each giving testimony from records that have been made with the careful accuracy which prevails in such institutions, all of which can be readily verified by any physician who cares to inspect those records, all set forth plainly and categorically, with no special pleading and with no conclusions or deductions, except those which the testimony itself forces upon the reader.

One cannot fail to be impressed with the contrast offered by this investigation of Dr. Boone's to the methods employed and the showing made by the United States Board of Chemistry, under the direction of Dr. Wiley, in its recent investigation of the same subject (referred to above), the results of which were published in its Bulletin No. 126, and whose specious and misleading conclusions

Dr. Boone's inquiries were evidently designed to offset. A series of leading questions framed, as were those of Dr. Wiley, to elicit precisely the answers desired, and addressed to only 925 physicians, whose names are carefully withheld from the report and who, for all we know, may have been specially selected and prejudiced men, can hardly be regarded as the likeliest information upon this or any other subject.

The entire mass of evidence that filled this bureaucratic report was puerile, illogical and inconsistent; its testimony was incompetent; its facts were distorted, and its pleadings were so specious and prejudiced that they left no doubt in the mind of impartial readers of the predetermined purpose of the inquiry to condemn the products under the pretended investigation.



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HAYDEN'S URIC SOLVENT of inestimable value in Rheumatism, Gout and other conditions indicating an excess of Uric Acid.

So strong was this prejudice, especially against acetanilid, that the most simply explicable data were twisted and distorted to serve its purpose, as for example, the explaining of the more extensive use of phenacetin, on the ground that it was the least harmful of the coal tar agents, when everyone with a grain of intelligence understands that, whatever excellence phenacetin may possess over acetanilid, its predominance in medical practice must be largely due to the fact that up to a very short time ago it was a proprietary, and hence was extensively and persistently advertised. In another place the bureau pointed out that the largest proportion of disasters occurred during the first eighteen months after the introduction of acetanilid, that in the next thirteen years the number of such disasters fell off, and that since 1904 there had been a notable increase in fatalities; and this it explains by the consideration that at first the dangers of the drug were not fully appreciated; that later, as it became better understood, it was used more carefully, and that of late years its use by the laity had given rise to increased fatalities. The true explanation, of course, is to be found in the fact that, when acetanilid was a new remedy it was widely discussed and precisely reported on; and that as soon as the novelty wore off and its nature and action became thoroughly known, it naturally ceased to be the subject of frequent and detailed report and possibly was not used to quite the same extent as formerly.

The result of this orderly and competent investigation of Dr. Boone's is, as we have seen, precisely the reverse of the anomalous and incompetent inquiry conducted by the Department of Agriculture. Its net showing is, as any sane man would expect it to be,

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that the disasters and fatalities from acetanilid and the other preparations named have been no more and no less than those from other equally potent drugs; that, as a matter of fact, their untoward effects, as in the case of other powerful drugs, have been far in excess of their harmfulness.

It is immaterial to our criticism whether the subject under inquiry be acetanilid or any other product. What the medical and pharmaceutical professions are interested in is that investigations of drugs, by whomsoever undertaken, shall be fair and honest, which that of the Department of Agriculture can not be said to be, and which that of Dr. Boone's most assuredly is.

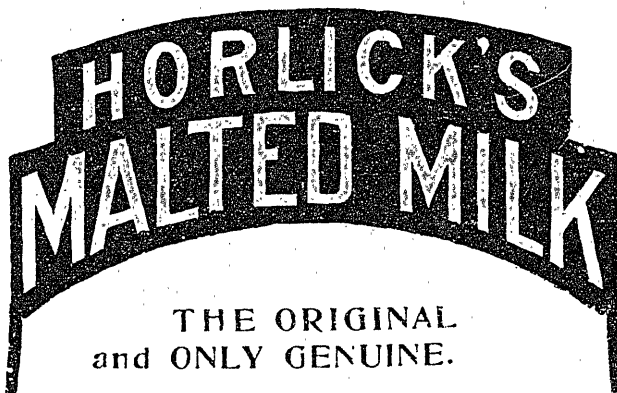
We believe that the investigation and report of Dr. Boone represents the real status of acetanilid and the

other coal tar preparations. Indeed, we were satisfied that this was their status before any investigation was made at all; but we are sure that the manner and substance of the testimony presented by Dr. Boone is of such a character as to convince the fair and unprejudiced mind of the trustworthiness of its burden. Such an impartial and definite expression from the hospitals and sanatoria of the country ought to settle once and for all the vexed question of the danger and harmfulness of the coal tar products.

♦ ♦ ♦

#### PHENOLPHTHALEIN.

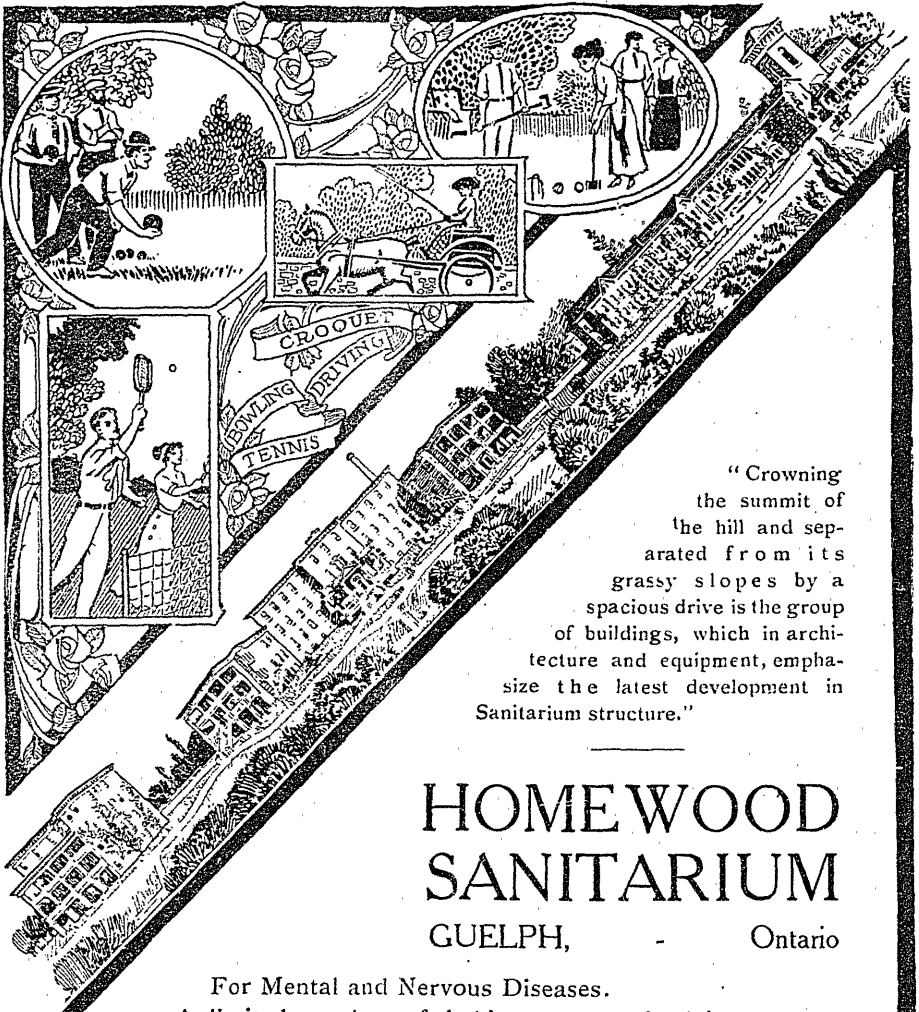
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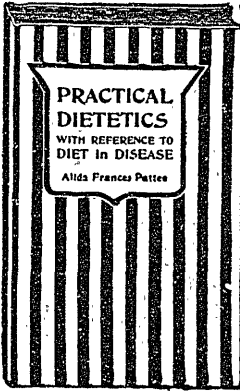
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ian wines which had been treated with it to prevent their substitution for the genuine article. This led to a careful examination as to its action on the bowels and it was demonstrated by Vamossy that it invariably acted as a purgative. This fact led it to be quickly taken up and used under various names, in proprietary medicines. Vamossy explains its action by its remaining unchanged in the stomach and being converted into a sodium salt in the intestines, more soluble and more active than the original drug itself. It has been further investigated by Ott, Scott, Tunnicliffe and others. Clinical experience has confirmed their investigations and shown that it is a safe cathartic. It usually acts without pain in six hours and is not followed by later sluggishness of the bowels. According to Gilbride's experience, it looses its effect somewhat by continued use, but a dose of from

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The Oklahoma *Medical News Journal* of Oklahoma City is publishing a special head-ache number for May. Articles are furnished by the following: Dr. S. Grover Burnett, Neurologist, of Kansas City, Mo.; Dr. W.

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