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# CANADA MEDICAL RECORD

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MAY, 1901

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## Original Communications.

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### ODDS AND ENDS IN ORDINARY PRACTICE.

By A. D. STEVENS, M.D., Dunham, Quebec.

#### INFANTILE ECZEMA—VACCINATION IN.

It is difficult for me to tell you exactly why, but certain forms of skin diseases are not quite to my mind. No doubt the secret is to be sought from within. Either in a naturally defective gift or in the ever-present want of patience that seizes me whenever I undertake some that I could mention. Something may be attributed, also, to the more or less confusing character of the literature I have attempted to unravel. The absence, also, of early requisite clinical training in my own case, or the failure to grasp the whole situation clearly and in detail, may have had its origin in some obscurity in my perceptive faculties so far as relates to discrimination or diagnosis. At all events, I am not ashamed to admit that I cannot accomplish what I could wish in this specialty, excepting always in those common acute forms that are caused by function and ephemeral disturbance of digestion. Be that all as it may, excluding the latter variety, it is doubtful if any side, part or portion of my cares, not involving life or limb, has proved more embarrassing than that connected with certain chronic diseases of the skin, and, to be definite, chronic eczema is one of the "lions in the way."

The French, if I am not mistaken, call the affection under consideration *Riffe*, whatever that may signify. The hideous disfigurement, the itching and smarting, the serous and offensive purulent discharges that it induces are not by any means the innocent little things they appear to be, not only from the standpoint of the child, but from that of all concerned. They are practically disproportionate to the gravity or danger to life near or remote.

If I am a trustworthy index and the peace of mind of the all-round, frequently isolated and plodding man whose lot is cast in some country locality are to be reckoned with, it is safe to suggest that as many rays of light, clinically speaking, as time and circumstance will admit, should be thrown around chronic skin diseases, and, for aught I know, the importance of it has been well recognized and acted upon long ago. This is a proposition that might be extended (though not necessary to make) so as to bear a more general application, for, although the young man who is comparatively isolated, *may* and *will* thereby develop self-reliance and resource, the better he is started in life, practically in all the departments of medicine, the less *moving* he will do afterwards.

I hope I shall not be deemed rash and impertinent if I venture to express the opinion that success in ordinary diseases, such as those of the skin, will give a man as much of a rise or lift as a familiarity with the latest literature upon myxœdema or Friedrich's ataxia and things of that sort will do. It is a weakness of mine, I know, but I seldom think of dangers I may never meet. I confess I am slow to learn and act, but you must forgive me if, in these days of specialists, I try not to lose sight of the substance and grasp after the shadow. All this, however, is a gratuitous departure from the theme I had in mind at first, and will, let me assume, be readily excused. And, for that matter, it is only the right thing to state that every one is at liberty to dilute water or discount my conclusions to suit themselves.

I have lately prescribed several times for a child a year or two old, whose face is literally one continuous scab or

crust, and the itching, the burning and smarting well nigh demoralizing. The outcome of my services thus far has scarcely been worth the mentioning, or, at any rate, they have not touched bottom, and are not likely to do so. Some of the large-hearted mothers of the neighborhood are just now trying their hand at it, and, as the child inherits a fine constitution, they are certain to have all the time they require. I have in mind, however, three others of the same description, the conclusions of which appeal more to our instinct of pride, and, on the whole, are better worth recording. The first of the three little fellows successfully treated for the same condition, the mother, for some reason or other, wished me to vaccinate, a thing I did not like to do, and gave her my reasons. She proved equal to the emergency in the meantime, and proposed to assume personally whatever responsibility might attach itself to the case. I gave the boy the benefit of the simple operation, and it *worked* well and no mistake. Not many days after the child's face began to clear up, and shortly became as fresh and clean as one could desire. The vaccination had done the business thoroughly. The child was cured then and there, and has remained so ever since. The very satisfactory termination of that case served to stamp the course of treatment with a feeling of respect, if not approval. In fact, it furnished us with such an amount of faith, so much courage and confidence that we repeated it for the benefit of the other two similarly afflicted children, and with just as happy conclusions. That is to say, in short, the two were effectually cured by me through vaccination.

Both belonged to the same family and exhibited an equally perfect type of the class. The two cases had been likewise chronic for some time, and all the means used in the miserable affair, up to the date of vaccination, had not rewarded us in any degree compatible with the efforts brought to bear upon them. The parents, too, in these last instances cheerfully declared their willingness to take the chances of vaccination, and the results have shown how wise they were. It would be a difficult matter to-day to find a vestige or trace of the old condition anywhere on them.

In order now to complete the story, let me return to the little sufferer who is, presumably at this time, fighting against the wretched disease. Two or even three swallows do not, I know, make a summer, but, strengthened by our former good fortune, I spoke to the parents about vaccination and referred them to the three previous successes through it, but they as often declined my advances. If I were morally certain of any support, authority or precedent for this method of treatment beyond my own, which, I hope, I have sufficient modesty not to claim is a wholly warrantable basis to *urge* it upon them, or, if the child were mine, I would certainly not flinch from incurring the risks and vaccinate him in the firm conviction that all would, in due time, be well—that, in other words, the formidable looking eczematous face and head would very soon after disappear for good and all.

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## VALEDICTORY ADDRESS

TO THE GRADUATING CLASS AT THE ANNUAL CONVOCATION OF THE  
MEDICAL FACULTY OF THE UNIVERSITY OF BISHOP'S COLLEGE,  
APRIL 16, 1901.

By JAMES V. ANGLIN, B.A., M.D.,

Professor of Mental Diseases, Assistant Superintendent Protestant Hospital  
for the Insane, Verdun.

Upon my shoulders rests the honour of bidding formal farewell to the medical graduates of 1901.

While profoundly grateful for the distinction thus bestowed on me by my associates, I have undertaken to be their valedictorian with reluctance through fear of falling short of what is expected of the incumbent. Nor would it have been accepted at all had I felt disposed to break a rule of our profession by finching from a duty of mingled pain and pleasure.

Let me, therefore, trust that you will interpret kindly the few observations I now venture to present.

Gentlemen of the graduating class, what am I to say to you beyond the customary good-by ! For as farewell between lovers consists not alone in the ejaculation of *vale, vale*, so I would fain add more.

The temptation to wander far afield is all but irresistible, for the position of the spokesman of the Faculty to-day is unique. Yours is the first class to leave our halls in this potentially wonderful century. Yours is the first class to graduate since the premier

gentleman of the British Empire ascended its throne. Yours is the first class to go hence after three decades in the growth of this college. Hence, if it were practicable within the limits of my address, it would be fitting to revive the memories and review for your imitation the lives of that long procession of our revered predecessors who adorned the century which has gone and lived to add honour and dignity to its work. It would be profitable to summarize the incomparable progress in the healing art during the era of our late lamented sovereign, who, despite "the fierce light that beats upon a throne," must ever be enshrined in memory as "Victoria the good." Nor would it be inopportune at this peculiar time to recount the annals of your Alma Mater, and tell of the deeds of the children born of her during the past thirty years, who are with us to-day in spirit if not in person.

Favoured as we are to behold the dawn of a new century, of a king's reign and of a fourth decade, alluring and inspiring as is the theme, I shall leave it to those riper in years and professional experience to indulge in such a retrospect. I will leave it to them to rehearse the stupendous achievements of the nineteenth century, and tell of its innumerable discoveries whose consequences are of such moment in the alleviation of human suffering.

I pass over the revolution begun by Pinel and Tuke, on which I might be pardoned for lingering, whereby the insane are now regarded as patients instead of persons possessed, with hospitals to shelter them in lieu of reeking dungeons, their keepers replaced by nurses, science assuming control of the mind dethroned, aided by Christian benevolence and pity.

I forego sketching the reform brought about in one generation in the nursing of the sick, both of mind and body, the greatest marvel being that the world waited so long for Florence Nightingale to show the need of such a blessing. Nor shall I dwell on the astonishing advances in methods, the introduction of instruments and remedies undreamt of 100 years ago, the delineation of which would sound like some fairy tale.

I will leave it to the silver-haired fathers to tell of the heroes we worship who lent lustre to the reign of our late Queen. Many of whom, who like her were faithful to the end, now rest. Ours is the loss if we do not cherish the memories of such men, who oft amidst trial and hardship kept our profession in the van of the progress that marked the Victorian era. Our highest inspiration is to be found in "the touch divine of noble natures gone."

I will leave our worthy Dean to narrate the infant struggles of this institution in whose stalwart maturity we all rejoice. Perhaps I may be suffered to tarry a moment to laud its breadth of view and cosmopolitan character. Not only does Bishop's welcome students from all climes, but its teaching staff hail from at least five universities. Though fostered by the church of England, all creeds seek its lecture-rooms, and it may point with pride to its having in succession as professorial valedictorians an Anglican, a Presbyterian and a Methodist.

My parting words to you, then, will bear not on the glorious past, but on your hopeful future.

In preparing for this hour I have scanned many elaborate addresses of bygone years, and find that most of my predecessors were constrained to give similar admonitions to the departing classes, the variation being in their colour rather than in the material. I shall not attempt to alter the precedent of the old century, but will begin the new by giving the kaleidoscope another turn, presenting to your view the same old crystals in such different combinations as I am capable of resolving them into, hoping with Horace that as *haec placuit semel, haec decies repetita placebit*.

As your teachers we congratulate you on the consummation of years of toil, and rejoice as you don the long-coveted hood. But our happiness is not unmixed. Shadow alternates with sunshine, and even on this bright day the cloud comes. We have met to part. To-day you begin the journey of life, leaving forever the home where you have been nurtured and trained. Behind you remains for our warm remembrance a record of faithfulness such as few or none others have left. We are proud of our youngest offspring. Before you a career of grand possibilities opens up, like "a breeze 'mid blossoms straying, where hope clings feeding like a bee." We wish you God-speed.

As you stand on the threshold of the old homestead, all ready to set forth, diploma in hand as a passport through the world, your grip bursting with knowledge, your Alma Mater would fain linger by your side until the last possible moment, repeating into your restless ears ere you tear yourselves away disconnected fragments of the counsel she has oft before striven to inculcate whilst you sojourned happily beneath her roof. She may forget in her grief to mention most important things, but her silence and the gentle pressure of the hand are more eloquent than any words that may come now from her full heart. She longs for the success of her boys, and for this will hope and pray as with misty eyes she watches your retreating steps and when they are lost to her gaze and vanish in the busy haunts of men. Her heart yearns above all to have you prove true physicians, worthy of her, worthy of the traditions of medicine.

To do this you must realize the nobility of your calling and the dignity of the title this day conferred, and comport yourselves in accordance therewith. This may not be easy after the careless abandonment of undergraduate life, just as at the new year time we are slow to grasp that the old has passed. But upon you will soon devolve the responsibility of maintaining that honorable position in the sight of all men of incontestable eminence which your forerunners have struggled to win for the vocation of their choice.

For the profession of medicine is not of this nor of the preceding century, but, taking its origin in the shadowy outlines of Egyptian art, it has developed during the ages past, accumulating the products of many minds, gathering refinement and renown on its way, so that it presents to us to-day a history and a name of which its members may be justly proud. Men of every continent,

men of every tongue; the wisest and the best, have toiled with single-eyed devotion to lay broad and deep its foundations and to rear a stately superstructure thereon

Gentlemen, although it may be your lot to lead unostentatious lives in the quiet performance of professional duties, daily ministering kindness to the helpless, and may leave for posterity meagre testimonials of your work beyond a memory embalmed in grateful hearts, your every service will lend beauty to the glorious edifice which our profession is erecting. "No good deed has yet been lost." With the enchantment that distance lends, behold the construction of the magnificent temple within the Holy City. The foundations are laid, and its vast proportions arise before our wondering view, and yet silence is all around, for we are told that "the house, when it was in building, was built of stone made ready before it was brought thither; so that there was neither hammer, nor axe, nor any tool of iron heard in the house while it was in building." But, listen, from the outlying quarries is heard the chisel of the workman transferring the designs of the architect to marble; from the mountains robed in azure comes the sound of the axe which levels to the ground the proud cedars of Lebanon. And now the temple is complete, the architect gazes with admiration on the production of his genius; the stone-cutter marvels at the form of beauty which he has fashioned from the crude blocks; the workman in brass and gold are proud of their superior skill; and yet the work of any or all of these is no more useful, no more essential, than that of the lonely wood-cutter on the far-off hills of Lebanon.

Remember, gentlemen, that yours is a profession, not a trade; the difference being that in a trade the relation between the seller and buyer is commercial; in a profession the connection between the giver and receiver is personal. In a trade money is the aim avowed; in the profession money is only a condition. Moreover, in a trade one can perfect his skill once for all, but in a profession you continue acquiring new facts and new methods, of which more anon. Henceforth you profess special knowledge and apply it to the use of others for their benefit, not your own. The aims of your calling are the loftiest—the preservation of health, the relief of pain, the removal of deformity, the cure of disease, the lengthening of life, robbing the inevitable of its terrors.

I am not unmindful that money is a necessity to your existence, that the more of this world's goods you have the more good you can do, that giving your services for nothing is often an evil, as is amply proved in the hospitals of this very city, but you must allay the suffering of humanity, not for monetary considerations, but because you are called to imitate the Great Physician, who went about doing good. Your usefulness in the world can never be repaid in earthly coin, so, while it will owe you a living, you must work for a higher honorarium, a consciousness of having done your duty.

I, indeed, counsel that you will gain respect and practice by starting right in with fair fees, no undercutting, and collecting



your bills in a business-like way, but never bemean your vocation by refusing a call to the humblest hovel. If there be a selfish one hearing me, let him remember that the least promising persons are often the best pay and hold up for his encouragement the recent case of a western doctor who was left a fortune for attending an afflicted widow without expectation of recompense.

Further, you are now members of the regular medical profession. That word regular separates you from the amateur, the volunteer, the visionary and the experimenter. It means that you make medicine a life study, and bring the best powers of the mind to master it; that having searched the literature of the past, and examined the labours of your predecessors, you accept no dogma such as *similia similibus*, nor *contraria contrariis curantur*. You are neither allopaths nor homœopaths, nor antipaths, but scientific, medical men. In every calling in life it is those who consecrate their lives to their work who gain the confidence of the community in which they live. Such are the regulars to whom, in a great crisis, the people look for help, though when the trouble is trivial the volunteer and the irregular may have a following.

How anxiously did the families besieged in Lucknow long to be rescued, and, when the pibroch of the Highlanders was heard, how welcome was the sound of that slogan. The prisoners took fresh courage; they knew the British regulars were marching to their relief.

Because the laity waste time and money on quackery some fear there is not confidence in scientific medicine. But, gentlemen, the reverse is the case. Deep down in the hearts of the people there is a growing faith in the ability of the regular doctor to combat disease more successfully than anyone else. For slight ailments they may trust to the amateur; from imaginary ones the impostor reaps his richest profits; but when death stares them in the face you will be summoned to avert disaster. Fret not yourselves because of evil-doers. Quackery has always had its votaries, and will likely linger till the millenium's dawn, yet it does not endanger us as of old. It flaunts the more openly in our day, because the advance of science is ousting it, rendering the secrecy of nostrums an impossibility. Many modern quack remedies are, therefore, harmless and useful for some things, but betray the cloven hoof in being advocated as cure-alls. Invitations to take a pill beset us on every rock and barn from ocean to ocean, but our grandfathers had a larger supply of quack remedies, and with more alluring, alliterative titles. What fascination is there in certain little liver pills compared with Lucas' pure drops of life. Even in the legitimate (sic) practice of early times quackery was rampant, for the scientific habit of accurate observation was then unborn, and culture meant philosophic speculation. Knowledge being meagre, a pretence was made to all knowledge. The human race comes naturally by its aptitude to fall an easy prey to quackery, and, indeed, has grown to like being humbugged. The seed has multiplied since Mother Eve swallowed the nostrum of the smooth-

tongued prince of impostors. So, if any preparation is put in the shops to-day, offering a knowledge of things forbidden, or anything unattainable, if it is skilfully advertised, the wily company amasses a fortune. The remedy may fail, never the company.

It is for you, the guardians of health, to assure your clients that there are no secrets among the members of our profession, and that there is no royal road to the ruddy heights of health. The path is not paved with broken bottles of Warner's Safe Cure, the fences are not built of boxes of Beecham's pills, the way-sides are not planted with potatoes to be carried in the pocket for rheumatism. If you would lend dignity to the profession you must be careful to avoid quackery in any guise or disguise, for it can still present itself as of old in Eden, with all the subtlety of the serpent, in such specious ways that we may be caught unawares. Since patent medicines for the public have been unmasked by science the desperate inventors now boldly assail the profession itself, and drugs, which we know well are combined with something cheap and useless, given a quasi scientific name and fancy price, and our desks are burdened with beautiful specimens of the printer's art and literature from the pens of hirelings about the camp. They that are deceived thereby are not wise. Remember, too, that quackery may steal within our ranks in other ways. Any pretender to knowledge and skill is a quack, and boastfulness tends thereto. Those whose names mysteriously but repeatedly appear in the press are on dangerous ground. And in this matter, what is wrong in humbler practitioners is not proper for the heads of the profession. In certain districts remote from Montreal M. D.'s exist, who sometimes tell their patients, when called in, that they are "threatened with" diphtheria, or pneumonia, or typhoid fever, but they will try "to break it up." Then when the sufferers speedily get over their trifling cold or feverishness these physicians take amazing credit to themselves for having prevented dire calamities. Now, as every well instructed medical man like yourselves knows either patients have these diseases, or they have them not, and that if they have them they will run their course in spite of all the doctors on earth. Whoever, therefore, uses such phrases is an artful quack, who ought to be banished from the medical fraternity along with the terms themselves.

We must be candid, however, in using the term, for it is convenient to decry, as quackery, any method of which we are culpably ignorant, or to suspect a successful fellow-practitioner.

Quackery finds a foothold, because there are still diseases that baffle our knowledge. So long as we fail to cure, so long will the charlatan have a *raison d'être*. Therefore, gentlemen, as true physicians, we must assist in removing this reproach to our profession, by adding to the general stock of knowledge from our experience. While we cannot all be Jenners, or Simpsons, or Listers; each member, no matter how humble, can contribute his mite to science. There is a vein of truth in the satire of the shrewd old doctor so cleverly portrayed by John Hare in "A Fool's Paradise,"

when he says: "Knowledge is the monopoly of extremely young practitioners. I have been doctoring for forty years, and now stand here a monument to triumphant ignorance." There are some things we have not taught you in your course. Your exams are over, and you passed them well, but you will daily learn how much there is yet to acquire. They were not the end or object of your training. The goal is still distant. You have taken only your preliminary canter. Examinations are necessary evils—necessary to guarantee that a man is qualified before let loose on the public; evils, because they are apt to lead you to engross attention on the curiosities in medicine. For them a mere parrot knowledge may answer, which is of little use in after life. As Gibbon puts it: "every person has two educations, one which he receives from others, and one more important, which he gives himself." Now you are free to attain broader, truer and more permanent knowledge, working for your future good. If you have rightly used the past quadrennium you have found out how and what to learn. For as old Plato long ago observed, the accumulation of facts is not education. Training is the end, not smattering. You have received a better preparation for the pursuit of medicine than was possible a generation ago. Of you, therefore, much will be required.

However long you may live, be students to the end of your days. Success demands persevering toil. Though you have just finished a four years' grind, you must rest yourselves, like the Indian who runs when he tires walking. Though your origin be humble, that is no barrier. History is replete with examples of immortal names from lowly beginnings. Though circumstances compel you to seek a rural vineyard, triumphs come from country practice.

In all your methods be thorough. Let not what Dan O'Connell said of a celebrated lord apply to you: "He knows something about everything, but everything about nothing." No slipshod, haphazard plan brings success. The one thing in medicine that is brilliant is accuracy. There is nothing too trifling to be taken note of.

But, while urging study upon you, become not estranged from your life work. We are all so keen on scientific problems nowadays that we are apt to forget that in the eyes of our patients our value mainly depends on the amount of relief we are able to bring them. What they expect from us is not a learned discourse on their disorder, but simply something that will do them good. If we show but little interest in a case between an elaborate diagnosis and the autopsy, people will flee from us to the quack for refuge. Laboratory and bedside work may go hand in hand, but our duty is to spare no pains in combating disease, for we shall ultimately be judged not by our contributions to scientific journals, but by the measure of success we have attained in discharging the task society has committed to us, namely, the relief of suffering and the preservation of health. Your book-learning must be supplemented by

practical knowledge, for if there be one man more than another who should be of the world rather than of the closet, it is the physician. There is no information you can secure which may not at some time prove valuable in your versatile profession. Your patients themselves must be your chief study, not only their physical symptoms, but whatever betrays their mental characteristics. It is a mistake to leave this entirely to the alienist. No one can understand his patient better than the old fashioned family doctor. Mind and body are so closely interlaced that it is just as necessary for the successful conduct of a case that you know how to handle your patients's thoughts and feelings as it is that you know how and when to give medicine; indeed, you may thus oftentimes be able to dispense with drugs. Herein excel the empiric, the Christian scientist, and all of that ilk, whose shrewd observations, astounding simple-minded folk bring them amazing credit and pelf. We may learn from them, finding good in everything. While medicine should have your best service and loyal devotion, do not fail to add to your professional equipment the broadest culture within your reach. Devote a portion of your leisure to the pursuit of general literature, art and other branches of knowledge than your own. Such attainments will bring practice to your door apart from their intrinsic pleasure. They will aid in establishing that intimacy with your patients so necessary that you may use your special knowledge for their relief.

Make it a rule also to take a yearly vacation, and seek the quiet and peace of the hill-tops, the woods and the seashore, where nature is waiting to teach new lessons. Some brief respite from unremitting duties is essential for your mental and bodily welfare. Self-interest demands that you take care of yourselves as well as your patients. The only success worth the name is when a man gets what he desires, be it fame or power or wealth, without paying too dearly for it. If the gain be at the price of physical, intellectual or moral health, he gives, like the ignorant native, pearls for a bauble.

And now as your Alma Mater wrings your hand in parting, for she must not keep you longer, though she would, her exhortations, mother like, become even more personal.

No matter to what pinnacle of success you rise, be modest. The full head of wheat bends low. When Paré, chief in the domain of surgery in the sixteenth century, wrote that "he had left nothing for posterity but the small hope of adding some few things to what he had done," he little thought that he was penning words that would be a warning to us against similar boastful folly. Nevertheless, learn to value your own opinions, and, if inclined to doubt your powers, remember that "our doubts are traitors, and make us lose the good we oft might win by fearing to attempt." It is as injurious to underrate as to overrate oneself. The truly great man is humble, but he knows his business, and knows that he knows it, only he is not vain on that account. It is the men who, like the general paretic, delude themselves that they have what they lack whose self-confidence is morbid.

One maxim of cardinal importance is this, if you would win your patient's confidence, be honest. If his case be puzzling, better be frank and say so, "or give thy thoughts no tongue," rather than attempt to mask ignorance by jargon sounding grand in the ears of the uninitiated. Solemn pretentiousness has had its day and should cease to be. True, it requires moral courage to say "I cannot at present understand this obscure case; let me consider it for a time;" but you will gain rather than lose by such candour. I do not advocate stuffing your patients with medical lore; only what you do tell them about their complaints should be the truth, but as little as possible to avoid miscomprehension, for you cannot make the laity see with your eyes what it has taken us years to acquire. Time was when, although the lawyer was allowed to take his case *en délibéré*, and the clergyman to step from study to pulpit, the full-fledged doctor was supposed to have no need of books. Then he could consult the authors on a perplexing case in secret only, while waiting the salutary effect of a dose of castor oil. People are gaining common sense, and, while they rightly expect you to have many things at your finger ends and reserve forces of knowledge and skill, they appreciate your well-thumbed library.

As a corollary to the above, it follows that, if you are honest, you will create confidence by giving to your patient sympathetic attention, never appearing in a hurry, but by your attitude making him feel that your mind for the time at least is entirely absorbed in the study of his case. If you are straightforward with them the sick will put entire confidence in your skill. They learn that their interest is yours. They will not think you call too often nor dispute your bills. Unflinching trust in you must ever be your aim. Though a doctor does not believe in the faith cure he does believe that the faith of the patient in him is ever to be fostered, and in the value of hope inspired thereby as a curative agent. In no other class of men is an equal amount of confidence placed. The secrets of the family and the skeleton in the closet are unhesitatingly exposed to our gaze. Our profession stands alone as the repository of the doubts and fears, the woes and hidden ailments of frail humanity. The gay youth reaping the reward of folly fixes his unbounded reliance in us no less readily than the virtuous matron in the hour of her distress, when, were we unfaithful, joyful anticipation might be turned into hopeless gloom. What in this world will compare with the absolute trust reposed in the surgeon as he wields the fearful but merciful knife; when a false move, an error of head or a failure of heart might sever the frail link that binds the soul to the body. Gentlemen, prove yourselves worthy of such implicit trust.

In the homes of his patients, darkened by the shadow of death, the true physician must be not only a minister of hope, but of courage. He is not to shrink nor to shirk, yet at times watchful inaction will demand as great heroism as bold action. Your sympathy will be often appealed to, but be neither a weeping Niobe, nor a piece of steel. Do not carry a long face into the sick room; do not be funereal. "A man may say a wise thing though he says it with a laugh." You may accurately fathom a mysterious

case while talking nonsense to a patient. There is a time to laugh, however, and above all things in your dealings with patients you must use common sense. Don't be above having a few drugs about you, when now you may put all you need for any case in your pockets without inconvenience. Your fathers were never without their cumbersome saddle-bags, and the old methods are not all bad. A prescription pad and lead pencil are little use in an emergency. Do not make your patient worse by staying too long; do not make him think he is not getting his money's worth by staying too short a time. Do not gossip, do not tattle, do not talk about yourself, much less your other patients. Do not come to the bedside reeking with tobacco or cologne. Do not fuss, do not parade your own ailments; be a man and a gentleman. From this day, following old country usage, yours by right is the title of gentleman as well as doctor. But do not be content with the name only. The true physician will be gentle in word and deed, the kindest of men, considerate to poor and rich alike, coupling the tenderness of a woman with the courage of a man. He will cultivate an ease and grace of manner, the key to public favor, without which scholarly attainments fail.

Towards his associates in the profession he will be courteous in demeanour and brotherly, no matter what provocation may arise in the break-neck struggle for wealth, place or power, throwing the same mantle of charitable consideration over the short-comings of others with which we are so prone to envelope our own mistakes. You will rarely find men designedly doing you harm, for "evil is wrought by want of thought as well as want of heart." After all this world is what we make it.

"Who seeks a friend should come disposed  
 "To exhibit in full bloom disclosed  
 "The graces and the beauties  
 "That form the character he seeks  
 "For 'tis a union that bespeaks  
 "Reciprocated duties."

In these rambling utterances I have not complied with convention by quoting Hippocrates to you, but let one who has already travelled some distance along the road on which you are now starting repeat for your daily guidance the words of a greater than he, of the "best of men that e'er wore earth about him, the first true gentleman that ever breathed." Branded they have doubtless been on the tablets of memory since you learned to lisp them at a mother's knee, but if you would attain your heart's desire, and serve your generation well, fashion your conduct in accordance with the one sentence that includes all that has or can be said to you. "Whatsoever ye would that men should do to you, do ye even so to them."

A reluctant farewell we bid you. Heart within and God overhead, press forward in the profession for which in our halls you have been prepared, keeping ever aglow the flame of its glory, loyally loving your Alma Mater as a Roman the city of the seven hills, till dust to dust conclude your work, and you pass where farewells are never known.

# Selected Articles.

## A CONTRIBUTION TO THE MODERN TREATMENT OF PILES.

By DR. JEDLIČKA, Prague, Hungary.

The most important factor in hemorrhoidal disease of almost all kinds is disturbance in the normal formation of the fecal masses and of the regular soft evacuations, no matter whether the underlying cause is dependent upon some derangement of the intestinal functions themselves or whether the affection is secondary to or accompanies troubles in other organs. Remembrance of this well-known and yet insufficiently appreciated fact is requisite to understand what follows here, and to enable the sufferers from these rectal affections to obtain the full benefit of the remedial measures advocated.

Prevention of the appearance of hemorrhoidal tumors, or their retrogression and cure when already present, requires as its essential condition the regulation of defecation; in fact, the entire question of the treatment of hemorrhoids can be summed up in one sentence: "*Procuring regular passages from the bowels.*"

From one point of view physicians do indeed appreciate this fact in their treatment of piles. We do seek to stimulate the sluggish functions of the intestines, the most frequent cause of fecal accumulation, by means of suitable muscular exercise, stimulating cold douches, massage, proper diet, and finally by the use of purgatives. When these measures are conscientiously and persistently followed out we get fair results in a number of cases; unfortunately, they are most often neglected.

Nevertheless, these methods of treatment are never thoroughly satisfactory, either to the physician or his patient. The sufferer from hemorrhoids is always a troublesome patient for his attendant; the latter can finally find no new remedy for the sufferer's ever-recurring troubles and complaints, and in the end the dreaded knife of the surgeon, or even the deceptive aid of narcotics is invoked.

Thus we are forced to realize the fact that in spite of most careful carrying out of appropriate general measures—gymnastics, diet, regular attempts at defecation, etc., in most cases the tendency to the accumulation of fecal masses in the lower large intestine remains. These more or less compact

masses cause renewed venous stasis, hyperemia, irritation, inflammation and superficial traumata of the rectal mucosa. And since we know that this membrane is always especially delicate, sensitive to all possible influences, prone to take on inflammatory action—in one word diseased, in patients suffering from the hemorrhoidal tendency—is it any wonder that the above methods of treatment are successful only in a small minority of cases? In point of fact it is these very venous hemorrhoidal tumors themselves which, together with the swellings of the mucosa, form a mechanical obstruction to defecation, or are so extremely sensitive to the pain caused by the passage of the hardened masses that they occasion reflex spasmodic closure of the anus. This is especially frequent in the worst cases; and it is indubitable and plainly evident that general treatment cannot possibly give us permanent results. The only measures from which relief can be hoped for must be sought in *local treatment of the hemorrhoids themselves*. The diseased portions of the rectum must be themselves attacked. Local treatment is even more necessary in the severe cases that last for months and years and drive the patient to despair with the pain that they occasion than in the milder and less chronic ones.

Our first object must necessarily be to *soften the fecal masses inside the rectal canal*; to make them mushy, so that they may pass the swollen and tender mucosa without causing pain or irritation. This is the necessary condition and indispensable prerequisite for all further curative measures. The feces must be prevented from accumulating and hardening in the intestine, and thus exercising further compression upon the veins; and they must be removed without renewed "insult" to the irritated lining membrane of the rectal sack. If that can be effected the painful swellings of dilated veins can subside without any other remedial measures.

Our second object is to treat the inflamed and secreting mucosa with mild astringent and disinfectant remedies, more especially with such as have desiccating and healing effects. Thus we reduce the blood supply to its normal amount, cause the inflammation to subside, and the denuded areas to heal up. So far as a *restitutio ad integrum* can be effected at all it must be done in this way.

For several years past we have been fortunate enough to possess a remedy which fills all the indications above laid down as necessary for the permanent cure of hemorrhoids. It was discovered in Germany, and after extended and very satisfactory experimentation with it in actual practice it was



called "*Anusol*" on account of its brilliant curative action in diseased conditions of the anus. In a comparatively short time it has received the highest recognition and testimonies of value in medical circles of both the Old and the New World.

The chemical name of the substance is the iodo-resorcin-sulfonate of bismuth, it being a combination of bismuth with iodized resorcin-sulfonic acid. In common with several others of the newer dressing powders, the action of this new bismuth combination is that of an excellent disinfectant, desiccating secreting and suppurating surfaces, and exercising a marked granulation and cicatrization stimulating effect upon wounds.

More valuable, however, than these varied properties is one possessed by no other medicinal preparation, which renders the use of *anusol* indispensable as a basis for the permanent cure of the hemorrhoidal disease. This is its faculty, when introduced in appropriate form into the rectum, to so soften the more or less hardened feces there present that they do not simply crumble and pass out as smaller hard masses, but form an even, semi-fluid, gruel-like mass. This can be passed even in the most sensitive hemorrhoidal condition without any pain, and without in any way irritating the mucous membrane.

Acting thus indirectly as a laxative, and removing the real local *causa morbi*, which is the essential obstacle to the cure of the condition, and thus filling all the indications for successful treatment, we are justified in regarding *anusol* as a *local specific for hemorrhoids*.

Let us compare the usual remedies recommended for hemorrhoids with it for a moment. Simple or medicated soap or glycerine suppositories, in spite of the watery purgation that they occasion, can be left out of question; for they cause violent local reaction and increase the inflammation, whilst the entire absence of healing or sedative effects absolutely contraindicate their employment.

Again, the several tar-like ichthyol and vasogen products, as also the naftalan suppositories and salves that have recently been put on the market, can in no way be relied upon in the treatment of hemorrhoidal diseases. Valuable as these preparations may be in certain internal, and more especially in many cutaneous affections, medical experience is entirely opposed to the application of tar or tar-like substances to inflamed and secreting surfaces. Nor have any of these preparations the faculty of softening the fecal masses

which anosol possesses. This, as we have already noted, is of the greatest importance; the first suppository often giving the patient his first easy, bland stool, relieving the pain from which he may have suffered for years, and procuring refreshing and uninterrupted sleep.

Any unusual susceptibility or idiosyncrasy of the rectal mucosa of a hemorrhoidal patient need not prevent our employing anosol. On the contrary, if a patient complains that he feels increased irritation and darting pains after the introduction of an anosol suppository, one should be introduced twice or three times a day for a week; then a few days should be passed without treatment, and then a single daily suppository will bring the case to a satisfactory conclusion.

The nature and seat of the hemorrhoidal disease is such that it is by no means surprising that a patient who has been cured should have a slight relapse or experience some symptoms of his former disease months or even years later. In such cases the administration of a few suppositories will promptly cause all the symptoms to disappear, thus preventing the development of slight disabilities into more serious difficulties, the chief thing being then to employ the anosol early enough.

It is a further advantage of *anosol* that it is entirely non-poisonous, that it has no effect upon the general organism at all, and that its action is entirely local and in the directions, above indicated. Hence, it can be administered at any age, and to both sexes under any condition. This is of the more importance since from its very varied properties it may be employed in many other diseases in which a smooth, mushy stool is a necessity, but to which enemata with all their inconveniences and contraindications are not applicable.

Anosol has been found a most welcome aid to the gynecologist in treating the tendency to constipation and hemorrhoids so marked during the periods of gravidity and menstruation. In these common conditions both practitioners and patients are getting to like it more and more. It has also been successfully employed in pruritus vaginæ, the suppositories being introduced into the affected canal. They are to be preferred in pediatric practice to the customary soap suppositories, which are painful. They can replace dusting powders and healing salves with these little patients; for, as soon as the wounded skin, either of nursling or adult is rubbed over with a suppository, the hyperemia, inflammation and oozing cease. In oxyuris vermicularis at any age their action is prompt. Anosol has further been found to be an invaluable aid in all cases of *tenesmus*, of fecal impaction in:

*the rectum, in catarrhal proctitis, fissure of the anus, prostatic hypertrophy, carcinoma of the rectum and intestinal tuberculosis.* These are all affections in which a soft and painless evacuation of the bowels gives the patient the greatest possible relief from his sufferings.

Since the iodo-resorcin sulfonate of bismuth is readily decomposable by light and air, but can be kept indefinitely when combined with fats, the manufacturers send it out combined with cocoa-butter, cerate and zinc oxide, thus:—

R <sub>y</sub> Anusoli.....	7.5 (112 grains).
Zinci oxidi pur.....	6.0 (90 grains).
Balsam. Peruv.....	1.5 (22½ grains).
Olei theobrom.....	19.0 (5 drachms).
Cerat. simpl.....	2.5 (40 grains).

Experience has demonstrated that this is the best formula for the suppositories. They are packed twelve in a box. These precautions on the part of the manufacturer are wise and practical; for the druggist is saved the troublesome and disagreeable work of making the cocoa butter suppositories himself, and the physician is spared the necessity of writing out the dosage of the various necessary constituents of the prescription. The latter need only order:

R Suppositoria Hemorrhoidalia Anusoli No. 12.

Sig. One to be introduced into the rectum every evening before retiring (in severe cases one morning and evening); or to be rubbed three times a day over the affected skin.

Besides these practical advantages, placing anusol on the market in the form of suppositories ready for use has the additional object of bringing it to the physician in permanent and thoroughly stable form. With the most ordinary care the enveloping fat of the cocoa-butter will preserve the easily decomposable bismuth compound for years; in fact, indefinitely. Direct moisture, or the influence of a warm, water-saturated atmosphere, sufficient to penetrate the containers and the enveloping tinfoil, will indeed cause a slight separation of iodine, as is shown by a partial yellowish and bluish-black discoloration. This readily happens, as is well known, with all iodine preparations; but it has absolutely no influence upon the efficacy of the suppositories, as numerous experiments purposely made with discolored specimens have abundantly shown.

We can sum up the various facts that we have elucidated above as follows :

1. In the great majority of cases of hemorrhoidal disease the final and immediate cause is to be found in the accumulation and impaction of fecal matter in the lower section of the large intestine.

2. To remedy the hemorrhoidal disease we must remove this morbid factor ; and for this purpose we must employ general treatment, but more especially local measures, to soften the stool and effect an easy and painless defecation.

3. For treatment on these lines, or as a basis for further radical measures, we have in the iodine resorcin-sulfonate of bismuth, or anusol, a thoroughly suitable local specific which answers every requirement.

Anusol is obtained only in the form of suppositories in original packages of twelve.—*St. Louis Medical and Surgical Journal*.

## ON BELLADONNA IN THE TREATMENT OF BRONCHO-PNEUMONIA IN CHILDREN.

By J. A. COUTTS, M. B. Cantab., F. R. C. P.

I will preface what I have to say by stating that I hold to the prevalent belief that there is an essential difference between croupous pneumonia and broncho-pneumonia in children. Cases, it is true, are not uncommon in which, judging from the physical signs alone, there may be extreme difficulty at the outset in determining to which class, croupous or catarrhal, they rightly belong. This difficulty doubtless arises from the fact that a well-defined patch of croupous pneumonia in young children is apt to be accompanied by small patches of collapse, and subsequent consolidation, in the immediately surrounding pulmonary tissues. Here the signs of broncho-pneumonia may complicate, or follow upon, those belonging to a case essentially of the croupous form at the outset of the illness. The course or termination of the attack, in the vast majority of instances, generally helps to clear up any hesitation in deciding as to the variety to which they mainly belong. Apart from such doubtful, or rather mixed, cases, however, in which there may be temporary room for doubt in classification, there is a vast majority of typical cases in each section, in which the initial symptoms, the course of the complaint, the parts of the lungs affected, the physical signs, the termination, and sequelæ are sufficiently distinct to differentiate sharply between them.

For these reasons I am not inclined to agree with some views recently put forward as to the identity of the two complaints in children. These views, too, are mainly founded on bacteriological grounds, and, in my opinion, the bacteriology of either form is not as yet sufficiently established to upset the prevalent belief in the distinctive character of the two complaints. As furnishing one criterion between them, I might appeal to the totally differing mortalities in the two forms of the complaint. At the Shadwell Children's Hospital, even with weakly East End children, a mortality of 10 per cent. would be above the mark in cases diagnosed as croupous pneumonia. In contrast with this, in cases diagnosed as bronco-pneumonia the mortality has generally, in children under the age of 2 years at least, ranged from 60 to 80 per cent. This increase mortality, if it establishes nothing else, sufficiently demonstrates the greater gravity of cases diagnosed by several observers as bronco-pneumonia over those diagnosed by the same set of observers as belonging to the croupous form.

There is a wide difference, too, in the treatment of the two complaints. In the majority of cases of croupous pneumonia all that is needed is careful nursing and feeding, any active interference on the part of the physician being seldom called for. On the other hand, in the majority of cases of catarrhal pneumonia, every remedy that experience or ingenuity could suggest has been invoked. Foremost among these have been such measures as steam tents, inhalations of oxygen heated over steam coils or given cold, injections of strychnine, alcohol in large doses and other drug stimulants, dry cupping, leeching and emetics. With such active treatment doubtless many a life has been saved. But in spite of all these, coupled with the most devoted attention of the nursing and resident medical staffs, our mortality in bronco-pneumonia remained appallingly high. Any remedy that would serve to diminish this mortality deserves consideration. Such a remedy we think at present we have found at Shadwell, in somewhat large doses of belladonna.

It is known, although I believe not as widely or generally as its importance deserves, that cases of that very fatal sequelæ of diphtheria—paralysis of the diaphragm—can often be cured by pushing belladonna or atropine to their full physiological limits. Since using belladonna or atropine in full doses a large proportion of such cases have recovered. For the knowledge of this property of belladonna I am indebted to several members of the staff of the Great Ormond Street

Hospital. From no one, however, could I gain any satisfactory explanation as to how the drug acted. The only one afforded me was that belladonna in some way stimulated the respiratory centre, and so the effect of the diaphragmatic palsy was counteracted by over-exertion on the part of the other respiratory muscles.

To me, I confess, such an explanation was far from a convincing one. I could not conceive any drug acting continuously as a stimulant on the respiratory centre for the three or four days during which the greater stress of the palsy lasts without there being corresponding times when this hyper-stimulation would be replaced by depression and its attendant evils. Whilst, then, accepting the fact of the beneficial action of belladonna in palsy of the diaphragm, I was compelled to leave any explanation of its mode of action to the unsatisfactory region of the empirical.

About a year ago, however, renewed attention was called, I think by Dr. Ringer, to the marked effect atropine had in limiting or diminishing secretion into the bronchial tubes and pulmonary tissues. It was pointed out that numerous patients recovered from the immediate effects of an operation, merely to die in three or four days choked by the undue effusion into the bronchial tubes, induced by the action of the ether or other anæsthetic, used at the time of operation. For the prevention of this water-logging of the lungs from the anæsthetic it was proposed that patients for several days after operation should be treated with atropine or belladonna. Such a practice is, I believe, carried out in a routine manner in at least one large London hospital.

This view of the action of belladonna seemed to me to furnish the explanation wanted of its beneficial action in diphtherial paralysis of the diaphragm. Belladonna, I would suggest, has no direct influence on the course of such paralysis; it merely prevents or diminishes the secondary pulmonary effects consequent on it, and so staves off an impending asphyxia. In this view of its action, too, the routine treatment of diphtherial paralysis with belladonna, practiced by some eminent specialists, and doubtless founded on experience gained from cases of paralysis of the diaphragm, to my mind, is illogical and likely to be futile, unless the last named grave complication is present or threatening.

For reasons based on the above conclusions I determined to give belladonna a trial in the treatment of broncho-pneumonia in children. If the drug possessed the powers

ascribed to it, then it seemed to me that in broncho-pneumonia, with its free secretion into the bronchial tubes and pulmonary tissues, just such conditions obtained as the drug would control and counteract. So far it has more than answered all that I could have hoped for. With it, as the sole drug administered, there has been in my cases no need for steam tents, oxygen inhalations, unlimited stimulations, dry cupping, and all the rest of the former varied and trying treatment.

Out of several dozen cases treated with belladonna Dr. Shardlow, our resident medical officer, tells me he can only recollect a couple of deaths. Case after case of the complaint in young infants, in the majority of whom with the former treatment one would have anticipated a fatal termination, has, seemingly, owing to belladonna, made a rapid and complete recovery. Sisters in the wards, with a vivid recollection of former methods and their discouraging results, entertain no doubt of the superiority of the later treatment. My colleague, Dr. Eustace Smith, too, is convinced on the same point, and is much struck with the rapidity with which all the symptoms clear up when belladonna is pushed. The same opinion is held by all the resident medical staff as well, and they have, I believe, now come to regard the drug as almost a specific in the complaint. In two cases in private practice lately, when I was called in, the doctors in attendance had already given a practically hopeless prognosis. Both were cases of severe broncho-pneumonia following measles, a complication admittedly grave. In the light of my early experience of such cases I would have inclined to agree with the prognosis already given in each of these cases. More recent experience, however, with belladonna enabled me to modify the prognosis, and both infants did me credit by making a rapid and thorough recovery under that drug.

So far, then, as regards mortality, my experience with the drug is everything that is favorable. I only wish that I could look with any certainty to future experience confirming these happy impressions in so grave a malady as broncho-pneumonia in children. But in the remarkably small death-rate, in my cases at present, I cannot but feel I have been largely favoured by chance. If it were possible wholly to eradicate the complaint by any method of treatment, yet the state of depression remaining after so severe a malady as broncho-pneumonia must result in the deaths of many children. Still, if the death-rate were many times greater with

the belladonna treatment than it has proved up to the present in my experience, even then I would claim a distinct advantage for it over any other treatment that I am acquainted with. Dr. Shardlow and Mr. Elwin Nash, our present house physician, propose publishing a joint paper, giving details and statistics of cases treated with and without belladonna at the end of the present year. Such a paper should prove of value and interest, whether it confirm or refute my present impressions.

It is not only with regard to the mortality, moreover, that my experience with belladonna in broncho-pneumonia is such a favorable one. A very few doses in most cases have relieved the dyspnoea. In a large number, perhaps the majority, the temperature has fallen to normal very soon after the commencement of the treatment. Cases, too, that with former methods might have been expected to run a course of several weeks' duration have, with belladonna treatment, lasted only a corresponding number of days. Other advantages seemingly gained might perhaps be enumerated, but I think sufficient have been adduced in justification of the trial of the drug.

There is of course nothing novel in the treatment. Doubtless many, if not most, of us have used belladonna in various chest complaints in infants and young children. To what then, you may ask, do I attribute my more favorable results over those of others who may have formerly used the drug for the same complaint? The answer perhaps lies in the fact that I have used the drug in larger quantities than usually prescribed, and also, perhaps, a more reliable preparation. The tincture of the late *pharmacopœia*, the preparation usually prescribed, is now admittedly a most unreliable one. That of the new *pharmacopœia*, made from a standardised liquid extract, will doubtless prove all that is desirable, but I have as yet never tried it. The preparation I have used is the extract of the late *pharmacopœia*. This I am told is far from being above suspicion as regards certainty of composition, but in this respect far more trustworthy than its corresponding tincture. This extract I have given in doses of  $\frac{1}{4}$  gr. every three or four hours. I have made no distinction, too, in the dose as regards the age of the patient, and have given the same dose to an infant a few weeks old as to a child of 6 or 7 years.

The disadvantages attaching to these somewhat large doses have been singularly slight and unimportant. Out of perhaps 50 or 60 cases in two there has been slight delirium



which was easily cured by lessening the dose. In a large majority, however, there has been some flushing of the skin, and in some a definite scarlet rash. This flushing, somewhat to my surprise, has been more frequent than noticeable dilatation of the pupils. The sisters in the wards, too, tell me that they have noticed that children under the influence of the drug are unduly irritable and restless. Some of this last may, however, be ascribable to the condition left on recovery from acute disease. But were the disadvantages infinitely greater than those described I still think they might fairly be neglected in comparison with the advantages seemingly gained from the use of the drug.—*British Medical Journal*.

### CYSTITIS.

By C. G. GEIGER, M. D.,

Prof. Genito-Urinary Diseases and Dermatology at Ensworth Med. Col., St Joseph, Mo.

Cystitis is a disease of great interest to the general practitioner, resulting, as it does, as a complication of many diseases, not only following pyogenic diseases of the genito-urinary tract, but almost all of the infectious diseases, and also frequently occurring among patients who are required to remain in the recumbent posture for any length of time. This complication may set in during the height of a disease or may appear during convalescence. Toward its cause a number of factors probably contribute. The chemical constituents of the urine are often profoundly altered; the urine is also concentrated, containing, as it does, abnormal substances from the high temperature of the body and the specific infection. Furthermore, the tissues of the bladder are doubtless improperly nourished, and are thus deprived of their power of resistance. The forms of cystitis resulting from the infectious diseases are simple inflammation, purulent inflammation, membranous and phlegmonous inflammation. Cystitis resulting from neuropathic origin may be paralysis of the bladder or trophic changes of the tissues. There are still other causes that have not been spoken of—chilling of the surface of the body, trauma, irritating ingesta, such as cantharides, turpentine and what-not, also general septic conditions, descending infection from the kidneys and ureters. Ascending infection, with or without urethral disease, is the cause of the great majority of cystitis. Infection from the urethra, without urethral lesions, is of common occurrence in the infectious diseases in states of profound systemic depression from any systemic disease. Vesical infection, occurring

as sequelæ of stone, tumor and prostatic disease, is often of urethral origin. It is certain that in the conditions just mentioned the urethra is usually healthy, while the bladder is ripe for infection, and in many cases of this class infective cystitis occurs through urethra by instrumentation. Retention or over-distention of the bladder by decomposed urine, as we all know, is also one of the common causes of cystitis. I am not yet fully in the light regarding the bacteria which cause cystitis. It seems to me an error to term all varieties of cystitis septic. There can surely be an aseptic inflammation of the bladder just as well as any other organ or part of the body, caused by dead cells which have been killed by chemical irritation, metabolic toxins or trophic influences, etc. Even though in a number of cases of cystitis bacteria have been invariably found this does not prove that in each of these cases the inflammation was first set up by bacteria. It has long been known that a congested bladder is a common condition that predisposes cystitis. Cystitis has for its seat of predilection the trigon or trigonium urethral orifice and the region about the ureteral openings. It is in these regions particularly that the most pronounced lesions are usually found, even though the entire vesical mucous membrane is involved.

We may speak of three grades of cystitis—catarrhal, interstitial and peri-cystitis, the catarrhal being the most common form. Either of these three forms may become chronic. In former years cystitis was regarded as one of the most frequent complications of gonorrhœa, and this opinion has been held even in recent times. The latest investigations, however, have materially modified this opinion. The conditions that were formerly considered cystitis are now diagnosed as acute posterior urethritis, involving, as it does, the prostatic urethra, leaving the bladder intact. We do, however, in some cases, find that the inflammation has involved the trigon of the bladder. This condition would be spoken of as urethro-cystitis. This condition can be diagnosed by having the patient pass water in three glasses. If we have simply posterior urethritis we only have a marked cloudiness of the urine in the first glass; the second will be slightly cloudy, and the third perfectly clear. However, if you find the urine in the third glass contains muco-pus we know we are dealing with a pathological condition of the bladder. If there is any abnormal substance or sediment within the bladder it will not be expelled until the last few drops, because it washes away the muco-pus produced in the bladder and

which has been partly precipitated. Some patients notice that with or after the last drops of urine pure pus escapes. By examination with the microscope we find pus, mucus corpuscles and large flat epithelial scales from the bladder. The reaction of the urine is usually acid. If alkaline, this reaction is generally due to hematuria. In a great many cases of cystitis we find albumin present in the urine. We only find albumin in cases where we have had hemorrhage. In some cases of cystitis we find apparently partial paralysis of the bladder. The bladder, despite micturition, remains half filled, and can be felt above the symphysis. If the acute posterior urethritis subsides, the tenesmus and hematuria disappear, while the symptoms of acute purulent cystitis remain, and will likely become chronic if not properly treated. Acute cystitis is a rare complication of acute urethritis. It rarely happens that an acute anterior urethritis extends unnoticed to the parts posterior and then gives rise to cystitis. More frequent are cystitides, resulting from sub-acute and chronic posterior urethritis. The subjective symptoms of inflammation of the prostatic portion of the urethra are similar to those of cystitis, and it is not uncommon to find both conditions existing in the same case. Finger recommends as for differential diagnosis, between posterior urethritis and cystitis, besides urinating in the three different glasses, take a small elastic catheter, introduce into the bladder, wash bladder out with warm water; after draining bladder thoroughly, catheter is left in position, putting plug in same to prevent escape of urine. At the end of an hour the urine accumulated in the bladder is discharged through the catheter. If urine is found clear cystitis is excluded. To the superficial observer phosphaturia is a great many times mistaken for cystitis, as it presents a similar picture. I would recommend Ultzmann's simple method for differentiation as follows: Place cloudy urine in test tube; if cloudiness disappears on boiling after adding nitric acid cloudiness is due to urates. If it becomes more prominent after boiling add a few drops of acetic acid; if it now disappears, cloudiness is a result of earthy phosphates; if unchanged it is due to pus. I think it is well, if we are dealing with a case of cystitis, for us to make a cystoscopic examination. The changed appearance depends on the amount or extent of the progress of inflammation. The bladder is found more or less rugged in toto or in places more or less reddened or traversed by dendritic vessels. The epithelium is lifted from its base and loosened in shreds,

which in part are still adherent to the mucous membrane by thin threads, while the swollen follicles project as dark red points. The mucous membrane bleeds very readily. The mucous membrane, in the vicinity of the internal orifice, including the trigon, is of a very red color. The subjective symptoms are very marked in acute cases. Those of importance for us to remember are, frequent urination, pain, muscular spasm, hematuria, fever and pyuria. Increased frequency of urination is one of the earliest symptoms, often preceding the development of acute pain by some hours. The relief afforded the patient by the passage of a few drops of urine lasts but a short time. As soon as a small quantity of urine accumulates in the neck of the bladder the patient has again an uncontrollable desire to urinate. After passing the amount accumulated, the tenesmus is extremely severe; the patient will lean over a vessel, straining, with great beads of sweat gathering on the surface of the body, and often the bowels are involuntarily evacuated, and later hemorrhage may follow. Pain is now most intense at the neck of the bladder reflected to the perineum and sometimes radiating into the loins or down the thighs. These symptoms are modified as the disease emerges from the acute stage into the sub-acute or chronic. In the acute cases of cystitis the tissue changes of the bladder are not marked, however. In some cases we do find edema of the mucous membrane, but in chronic cases the formative changes are usually very great. The mucous membrane becomes thickened by reason of round-celled infiltration and the conversion of this into fully formed connective tissue. The epithelium may be thickened by excessive cell proliferation, or may be thinned by degeneration, usually fatty in character. The vessel-walls likewise show a proliferative periarteritis. The overgrowth of the mucous membrane, and with the hypertrophy of the muscularis and the contraction of the bladder, explains the rugous appearance often seen.

In order to treat a case successfully we must first make a perfect diagnosis, then remove the cause, when possible, according to indication. It would be useless for us to attempt to cure a case of cystitis, the result of a foreign body, or should it be due to the administration of a drug such as cantharides or tincture of iron or what-not, without removing the irritation, or withdrawal of that article and the substitution of Sanmetto, and in some cases an addition of an alkaline diuretic will effect a prompt cure. It is absolutely necessary in some cases to administer some form of opium

in addition to the above-named drugs, to relieve the tenesmus or great pain. If a microbic affection has occurred, however, the case is apt to be much more serious. The indications of treatment vary according to the intensity and acuteness of the disease. It is always well to bear in mind the regulation of hygienic and dietetic measures. Authors disagree in regard to the matter of rest. Finger advises rest in all cases, and puts the patient on fever diet. In addition to the internal drugs given by him he recommends, for the painful symptoms, suppositories of extract of belladonna and morphine or subcutaneous injection of morphine. In mild cases he only uses, for relief of pain, warm abdominal compresses. I find that in all cases mild diuretics and urinary sedatives are of great importance, and I have found Sanmetto to be peerless in this regard. If the urine remains cloudy and continues to contain pus and mucus local treatment is indicative. It is a wrong idea that some physicians have—that all cases of acute cystitis call for bladder washing; it is never indicated when the urine is bland and the bladder is thoroughly evacuated by the act of micturition. Should there be retention, however, and decomposition, as shown by the passage of foul, ammoniacal urine, irrigation should at once be resorted to. For this I have found nothing better than a two per cent. solution of boracic acid. The temperature of the solution should be blood heat. Care must be taken not to over-distend the bladder in this operation, repeating it once a day for four or five days, and longer, if necessary. I have also had good results from the use of normal salt solution, and have used in some few cases, with advantage, permanganate of potassium, one to twelve-thousandths. The patient should always be in a recumbent posture when irrigation is practiced. In irrigating the bladder I usually use a soft catheter. I have used a short urethral nozzle, but not with as much satisfaction. Should the patient suffer from marked tenesmus and have difficulty in fully emptying his bladder, I always advise water to be drawn with a soft rubber catheter. Great care should always be taken to sterilize whatever instruments are introduced, so that we do not cause new infection. When the urine is clear immediately after having been passed, and on examination shows no pus, the case can be regarded as cured.

## CAROID IN MALDIGESTION OF INFANTS.

By ARTHUR W. CONDICT, M.D., Dover, N. J.

(Reprinted from *Philadelphia Medical Bulletin*).

A very considerable part of every busy family physician's practice consists of work in aiding the reformation of infant's perverse digestion. We have all run the gamut of prepared milk foods, sterilized and condensed, predigested and lactated, in quest of something that would agree with this or that baby, particularly with this or that bottle-fed baby. We have all found that the infantile digestive apparatus is an exceedingly delicate mechanism, requiring finest adjustment, and that, usually, each individual case offers a different problem to solve.

We have all learned, too, that an infant is not nourished by what it swallows, but only by that portion of its food which is digested and assimilated. A proper dietary, therefore, is one that is adapted to the infant's age, constitution and digestive powers; so that, as far as possible, everything swallowed may be digested and absorbed. As one writer states: "Children differ as much in constitution as in feature, and it is impossible exactly to formulate a food that will be applicable to every case. As age and strength increase there is a corresponding development of the gastrointestinal functions, and a call for more and stronger food. On the other hand, should the system be reduced by disease, the digestion sympathizes in the general debility, loses somewhat of its power, and assumes that of an earlier age. In such cases the impaired strength must be sustained and increased by giving only such food as can be completely assimilated, and not by forcing down strong food merely because it is *strong*; for the latter, when not vomited, passes through the bowels undigested, and the little creature starves to death in the midst of plenty, or dies from the ill-effects of the constant presence of fermenting food in the alimentary canal."

It is for the relief of the abnormal condition just described, i.e., the presence of undigested and fermenting food, that we, as physicians, are most frequently called upon to prescribe, and in this day of high-pressure living and bottle-fed infants, such cases are constantly before us. Hitherto, it has been a questionable practice in these cases to furnish one of the innumerable predigested foods; but it has been the experience of the writer that in the feeding of infants, food

which is not entirely predigested, and which therefore stimulates the functional activity of the organs which furnish the digestive ferments, is preferable, as a rule, to food which is entirely predigested, and which therefore requires only absorption, provided that the digestive organs are not overtaxed, and *the digestion is easy and complete*. This statement is based on the fact that the healthy development of the infant requires the normal functional activity of all its organs, of those of the digestive system as well as of the other systems. There are certain natural functions that should be allowed to act as they do on human milk, and it seems irrational and contrary to the laws of physiology not to encourage all functions to act naturally, each in its own province, instead of forestalling their action and allowing them to fall into disuse and thus become weakened. The allowing a developed function to fall into disuse might be said to occur in predigesting albuminoids; i.e., in digesting them outside of the body, instead of inside.

Furthermore, it is a well-established fact that the digestive juices have important *preservative* action. The chyme is a mass admirably adapted for putrefaction or fermentation, and such a mixture outside of the body, at the same temperature, would quickly decompose. Such decomposition, however, occurs in the alimentary tract of the infant, only through some previous excesses, or errors in diet, which have resulted in a deficiency of the digestive secretions, and therefore a proportionable loss of their antiseptic function. The problem, then, is not to supply food which has been artificially digested outside of the body, but to follow nature's method and digest it inside of the body, aiding and encouraging the organs themselves to a natural performance of their duty.

To attain this object all have felt the want of a digestive ferment that would act independently of its environment; one that would perform temporarily the part of the normal secretions in the various portions of the alimentary canal, not only aiding in the digestion of all classes of food, but acting enzymotically in checking fermentation and the development of the microbes causing enteric diseases. Pepsin, diastase, pancreatin, etc., though unorganized ferments of the nature required, have all been tried and found wanting in some essential quality, one being restricted in action to an acid medium, another to an alkaline; one digesting starches only, another only proteids. What has been needed, therefore, is a ferment possessing both amyolytic and proteolytic

properties, and whose digestive action is not inhibited by its surroundings; in other words, an unconditioned ferment

While the writer does not profess to know of an infallible agent of this character, yet he believes that the vegetable digestive ferment, Caroid, obtained from the juices of the plant *Carica Papaya*, will be found to answer the requirements of the case more nearly than any other unorganized ferment or enzyme yet discovered. Its general action upon proteids and starch, in acid, alkaline, or neutral media; its striking action upon milk casein, which it dissolves completely and converts into assimilable products in two or three hours, gives it unusually wide scope, and a little experience marks it as something entirely new in the line of digestives, something more positive and certain than our previous experience with artificial digestives had warranted us to expect.

In its action upon milk the enzymotic power of Caroid is exhibited in a very striking manner. Ordinarily, as is well known, the casein of cow's milk produces large and firm masses in the stomach; masses that the normal digestive ferments penetrate with such difficulty that they frequently cause indigestion in the infant, and appear in the stools in coagula of greater or less size. Acted upon by this ferment, however, cow's milk closely resembles human milk in appearance, its casein being so digested that it either is not at all precipitated by acids, or is precipitated, like that of human milk, in fine feathery flakes. When the process is continued, these flakes are subsequently disintegrated into the form of the soluble syntonine, and finally transformed into a true peptone, capable of diffusing itself through animal membrane.

Like any other efficient remedial agent Caroid must be used intelligently and with discretion, in order to obtain best results. There are, of course, some cases of infantile indigestion, in which, owing to the excessively acid condition of stomach, the milk is curdled and expelled so quickly that the ferment is given no chance to act upon it. In such cases it has been my custom to combine lime water or some other alkali with the milk, and prescribe the ferment in solution (one grain dissolved in sweetened water) immediately after feeding, or, better still, one-half teaspoonful of the Essence of Caroid. The latter is a permanent and palatable solution of the ferment recently prepared by the American Ferment Co. (the manufacturers of Caroid), which I have found especially serviceable, and which, when properly indicated and applied, has not failed to relieve any cases of maldiges-



tion, howsoever severe or various the symptoms may have been. Another point in favor of the Essence in these cases is the trouble saved in preparing the Caroid powder itself for the babies, nurses being proverbially careless and inefficient in attending to such duties.

The following typical case of the more severe form of infantile maldigestion is cited here as an illustration of the superior value of Caroid as a digestive agent in pediatric practice :

Howard Guest, æt. 16 months, suffered from an acute attack of intestinal indigestion brought on by a too free indulgence in "mashed potato" at dinner. Classical symptoms of entero-colitis supervened; tympanites, excessive; profuse, frequent fecal discharges of undigested milk curds, large and small, mixed with muco-purulent material—greenish, fetid and acid. The fever, which ranged as high as 105 at the onset, was controlled nicely by the abdominal ice-pack. Meningeal symptoms were also controlled by applying ice-cap to the cerebellum. The heart's action was sustained by strychnia and glonoin. Local treatment consisted in coating the intestinal tract with bismuth sub. gallate; thoroughly disinfecting and deodorizing discharges; daily use of intestinal irrigation with saline solutions per rectum, and ol. ricini, ʒ ij, per orem; while hydrargyrum bichlorid.,  $\frac{1}{100}$  grain was administered every two hours.

The food, at the onset, consisted of Mellin's food with milk. The treatment was continued throughout three months, during which time various foods were in turn made use of, but had to be discarded; to wit: Mellin's imperial granum, peptogenic milk powder, malted milk, Allenbury's food and Eskay's food. The various modifications of sterilized and Pasteurized milk were also used at first, but each, in turn, had to be discontinued. We were finally forced to discard all milk foods, and then resorted to the use of expressed juice of slightly charred beefsteak, giving as high as twenty-four ounces of juice daily. The child's strength continued recuperating nicely with the meat juice, for three weeks, but after that time it did not seem to satisfy him. An attempt was then made to use a modified milk, but immediately curds and mucus appeared in the fæces, with concomitant symptoms, and the effort had to be abandoned.

Finally, Eskay's food (the well-known albuminized milk food), was again resorted to. But this time we added to each feeding (ten minutes prior to its administration), one grain of Caroid powder; our object being not to entirely

predigest the food (before giving), but simply to initiate the process, and better enable the ferment to act locally on the gastric and intestinal linings in dissolving extraneous mucous formations. The child took the food greedily, and, though after several feedings a careful examination was made, the fecal discharges failed to reveal any evidences of curds, or even of acidity. The subsequent progress of the case was entirely satisfactory, no untoward symptoms arising at any time to interfere with a rapid convalescence and speedy return to health. Without the peptogenic and antiseptic action of the Caroid in this case, and its stimulating effect upon the normal digestive secretions, I am satisfied that the child could not have been fed upon milk foods; and that, as a result, scurvy would doubtless sooner or later have manifested itself.

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### LUMBAR COCAINIZATION.

Chaput in discussing the question before the Société de Chirurgie concluded as follows: 1. Lumbar anesthesia is preferable to general anesthesia for old persons, cachectics, phthisics, visceral affections and operations on the lung. 2. By reason of the absence of shock and reactions in the lungs and kidneys, it is superior to general anesthesia for most operations below the xiphoid appendix in men and in courageous women. 3. It appears to be less satisfactory than general anesthesia in young and nervous women. 4. It is contraindicated for children, for nervous subjects, and for difficult laparotomies. 5. For operations above the xiphoid it is not as good as general anesthesia, because of its slowness and transient duration.—*Gaz. des Hopit.*

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## Editorial.

### SCARLET FEVER.

In the treatment of scarlet fever everything depends upon watchful and skillful nursing. As soon as the eruption upon the skin appears the child should be given a warm bath and be put to bed in a large, well-ventilated room in the upper part of the house. All unnecessary articles of furniture and clothing should first be removed from the room, and those who attend upon the patient should not mingle with the rest of the family.

In the earliest stage of the disease the temperature of the room should be kept at about sixty-eight degrees Fahrenheit, but later, during the period of scaling, when the skin is tender, the temperature should be raised to seventy or seventy-two degrees Fahrenheit. Throughout the sickness the room should be well ventilated, care being taken, however, not to expose the child to draughts.

The best recoveries are made by children whose only nourishment is milk until convalescence is fully established. The milk may be given plain, with lime water, with Vichy, or predigested.

After the eruption has disappeared, and the scaling is well advanced, broths, eggs, chicken jelly and the like may be cautiously added to the dietary. Cooling drinks should also be given at frequent intervals. Cream-of-tartar lemonade,

made by dissolving a teaspoonful of cream of tartar in a pint of hot water, to which, after cooling, lemon and sugar are added to suit the taste, is a pleasant and useful drink, and has a beneficial effect upon the kidney and bowels.

If the throat is much inflamed small pieces of ice may be held in the mouth until dissolved. Allowing small pieces of ice to melt slowly in the mouth also relieves an irritable stomach and excessive thirst.

Even in the mildest attacks of scarlet fever the skin should be carefully attended to, and every effort must be made to maintain its functions. If this is done kidney complications are far less likely to develop.

The entire body of the patient should be carefully sponged with lukewarm water twice a day, care being taken, however, to uncover only that portion of the body which is being bathed. After each sponging some oily substance, such as vaseline or glycerine, and cold cream—one part to eight—should be thoroughly rubbed into the skin. This procedure not only relieves the itching and burning, but prevents the spread of the contagion.

During convalescence the patient must be carefully watched and sedulously protected from becoming chilled or fatigued; an inflammation of the kidneys is usually due to exposure at this time. For this reason the patient should be kept in bed a week, even in the mildest cases, and not allowed to leave his room for fully three weeks after the fever has entirely disappeared.

### VACCINATION.

Much of the prejudice against vaccination which still exists in the minds of many people is fed by the occurrence now and then of unpleasant or even dangerous inflammation, apparently caused directly by the operation. This inflammation may often be prevented, however, by the exercise of a little care, or it can be robbed of any serious consequences by intelligent treatment.

The danger of the inoculation of certain constitutional diseases, which was once urged with some reason against vac-

ination, is now done away with by the almost universal custom of taking the virus from a healthy calf instead of from the arm of a vaccinated child.

Sometimes a wide extent of surface on the arm surrounded the point of vaccination becomes hot, red, swollen, itching, and perhaps even painful. This inflammation, beyond the discomfort it causes, is seldom serious, and requires only the application of some smooth baby powder or a cold lotion, round, but not over, the vaccination sore. In some cases the inflammation persists and spreads in spite of these simple measures, and then, especially if the whole arm becomes involved, or the glands under the arm become swollen and tender, constitutional treatment may be added to the local.

Better than treatment, however, is the prevention of the causes of this inflammation. Sometimes it is due to friction by the clothing or to scratching by the child, which breaks the skin over the little blisters, or tears off the scab and irritates the raw place so produced. To prevent this a vaccination shield may be worn, or better yet, the part may be covered with a wide, thick layer of cotton fastened to the arm by adhesive plaster.

Other causes of a sore arm after vaccination are dirt, catching cold, indigestion from improper diet and constitutional weakness. With some children every scratch is followed by inflammation, which takes a long time to get well. Such children will almost surely have a sore arm after vaccination, and, if possible, the operation should be deferred until they have been built up by tonics and fresh air. During the entire vaccination period the diet should be simple, meat and all "heating" foods being very sparingly indulged in.

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### ANTIMONY IN MEDICINE.

There are many medicines which, fifty years ago, occupied prominent places in the *armamentarium* of the physician, and which gave excellent results that now are seldom used. One of these is tartarized antimony, a remedy of

great power, but which has much fallen into disuse. Its undoubted power, especially in diseases of children, has somewhat lately been championed by Dr. J. Comby, physician to Trousseau's Hospital, and published in one of our French exchanges. Tartar emetic is an active local irritant to the skin and mucus membrane. At present it is very seldom used as a revulsive. Its action in this respect, however, and the pustules which it produces are well known to the older practitioners. Formerly it was much employed as a local application in pertussis, acute and chronic pulmonary affections, rheumatic arthritis, dropsy, gastro-enteritis, tuberculous meningitis, dysentery, hepatitis, etc. When given in large and frequently repeated doses it will produce pustular eruptions in the mouth, throat, œsophagus, stomach and bowels. It may also cause hæmatemesis and malaria. When prescribed it should be given in small doses and well diluted.

In its systemic action tartarized antimony is emetic, purgative and diaphoretic. When given in repeated small doses, or when combined with opium, its emetic action may be avoided and a tolerance established. If abundantly diluted it has a purgative instead of an emetic effect. In excessive doses it occasions symptoms closely resembling those of cholera accompanied with marked collapse. Its most valuable use at the present day is as a component part of acute cough mixtures. It certainly promotes bronchial secretion liquifying the mucus and stimulating the contractile fibers of the tubes, and in this way is very useful in the first stage of a bronchial cough.

It is also a diaphoretic, but this is not a constant result of its administration. It is claimed that tartarized antimony is too depressing to be given to children. This is denied by Dr. Comby, at all events, to a certain extent. He does not believe that age should be an absolute contra-indication, especially if used in moderate doses. He finds that it does not depress the system to a greater degree than does ipecac—if the dose is properly proportioned.

It may be employed in acute bronchitis, pleurisy, acute pneumonia, whooping cough and gastric disturbance associated with fever in children. Dr. Comby goes so far as to recommend the drug in influenza, in the beginning of croup and certain congestive forms of pulmonary tuberculosis, although this view will scarcely command general assent. Tartar emetic has afforded brilliant results in chorea, and its action, in this disease, may be compared to that of arsenic. In acute articular rheumatism, complicated with pleurisy or pericarditis, the same preparation has been successfully used by M. Jaccoud. The famous method of La Charite in lead poisoning owes its efficacy to tartarized antimony.

Dr. Comby concludes his interesting paper with the following passage: "Finally antimony merits neither the enthusiastic praise which it formerly received nor the neglect into which it has fallen to-day. It may still, within a modest and restricted sphere, render certain services in infantile medicine, not because it is endowed with any specific virtue, but on account of its evacuant, sedative and alterative properties. These qualities it possesses in reality and in a high degree; the problem is to utilize them properly in practice."

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### THE POSITION OF THE HEAD IN SLEEP.

The Dublin *Medical Press* says: "Custom has imposed the use of the bolster and the pillow, but it does not of necessity follow that they are advantageous or conducive to sound sleep. Physiologically, we are entitled to entertain a doubt, seeing that physiologists are still unable to state authoritatively whether the brain in sleep is congested or anæmic. The general experience is that the lower the head the deeper is the sleep, and *vice versa*. Apart from morbid conditions which render it impossible to some persons to sleep with the head low, conditions which vary *ad infinitum* from mere preference for a thick bolster to positive orthopnoea, habit, and, possibly, physiological conformation, render the head-low position in bed intolerable to some. It

is urged against the use of these supports that they inflict a constrained position of the neck, which interferes with the passage of blood to and from the brain, and contracts the thorax. On the other hand, unless one lies on the back it is obvious that the neck must be uncomfortably curved in the absence of a pillow, far more so than would result from even a very thick bolster. On the whole, it would seem that in order to obtain sleep as deep and as reposeful as possible, we ought to aim at having the head as low as is consistent with actual comfort. To submit to absolute discomfort in view of a problematical and much-disputed advantage is not an experiment that will commend itself to the majority of mankind."

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### EPILEPSY AND ADENOIDS.

The Dublin *Medical Press* says: "Two cases of epilepsy in which marked amelioration followed the removal of enlarged tonsils and adenoids were brought by Mr. Lennox Browne before the last meeting of the British Laryngological Association. While these cases are by no means the first in his experience nor the first reported, Mr. Browne thought it only fair to say that the experience of throat specialists of the benefit of removal of adenoids in this class of case would appear to be more favourable than that of neurological experts who, presumably, did not attach so much importance to their causal influence. The main point of interest, however, is that, while large doses of bromide proved inert, prior to removal of the adenoids, the drug albeit in very small doses, appeared to be essential to complete subsidence of the peripheral irritation due to the glandular overgrowth. Dr. Dundas Grant confirmed the experience of his colleague by reference to the many cases he had seen and treated since his appointment at a special hospital for nervous diseases; and the president, Mr. Mayo Collier, clinched the matter, by pointing out to those who doubted the reasonableness of the association that the point of exit of almost all the cerebral nerves was so closely ap-



proximate to the site of the adenoids that it was a subject for surprise that the casual relationship should ever have been in doubt.

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### DENTAL SURGEONS FOR THE ARMY.

Since the commencement of the great Boer War demands of a persistent character have come from the Army in the field for dental men to look after the men's teeth. Toothache, we all know, is persistent, and if any pain takes all work out of a man it is that of an aching tooth. From this cause an immense number have been made absolutely useless in South Africa, and the officers of the Royal Army Medical Corps have not been able to cope with the trouble. And how could they, for they get no dental education beyond possibly teeth extraction, and every aching tooth does not demand removal. So pertinaciously has this demand been made that it seems likely to receive attention in the near future. The same complaint reached the Government of the United States from the Army in Cuba and the Philippines, and, as our American cousins lead the world in dentistry, they have already acted in the matter. During the present month sixteen dental surgeons have been named for the United States Army, and more will follow. They have not been commissioned as officers, though we see no reason why they should not be, but have entered into a three years' contract with the Surgeon General, which may be renewed. During their service they wear the uniform of a First Lieutenant—save that the braid on the shoulder-straps is silver instead of gold.

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### CANADIAN MEDICAL ASSOCIATION.

WINNIPEG MEETING, AUGUST 28 TO 31, 1901.

We are pleased to be able to say that arrangements for the Winnipeg meeting (Aug. 28 to 31 next) are progressing favorably. From what we can learn the gathering promises to be large and representative. Dr. O. M. Jones, F.R.C.S. (Eng.), Vancouver, will deliver the address in Surgery;

and Dr. J. R. Jones, Winnipeg, the address in Medicine. Several interesting discussions are arranged for, and the social side is being looked after as only a Western City can do it.

There is to be an outing to Fort Garry, and on Saturday, the 31st August, an excursion to Brandon given by the profession of the Prairie City.

The Railways have promised a single fare return rate on the certificate plan, good going August 20 to 28 and good to return not later than September 15. If the all-rail going trip is taken and one desires to return by the Lake route, a ticket will be issued on payment of \$4.25—just enough to include meals and berth. If one desires to return by rail the ticket is issued *free*. This makes it possible for every one to attend, and a large number should, for we all have friends who are expecting us to visit Manitoba, the North-West or British Columbia, to all parts of which return tickets will be issued *after* the meeting for single fare from Winnipeg upon representation of the certificate of attendance.

The General Secretary, Dr. F. N. G. Starr, Biological building, Toronto, will be glad to furnish any information to persons intending to take advantage of this unusually cheap trip to the West.

The question now seems to be, how is one to make arrangements to get away at the time of the meeting, for it seems to be universally conceded that to attend the Winnipeg meeting is the proper thing to do. The Railways, having granted a single return rate to the meeting, have assisted in breaking down one of the barriers, and now one hears from all sides of physicians intending to make Winnipeg the central point of their holiday trip, and Winnipeg is making preparations for a great gathering! Many physicians, it seems, will also take advantage of the offer of the single fare rate from Winnipeg to points in Manitoba, The Northwest, British Columbia and North Dakota, after they have enjoyed the hospitality of the Winnipeg profession.

The question of Dominion Registration will come up for a full discussion—it is hoped for the last time before this thing to be desired becomes a realization.

The following is a list of some of the papers already promised:—

The address in Medicine—J. R. Jones, Winnipeg.

The address in Surgery—O. M. Jones, Victoria.

The address in Gynæcology—Thomas S. Cullen, Johns Hopkins, Baltimore.

The Early Diagnosis and Treatment of Pulmonary Tuberculosis—D. Gilbert Gordon, Toronto.

The Nose and Throat, in General Practice—John Hunter, Toronto.

Remarks on some interesting diseases of the Age—G. H. Burnham, Toronto.

Orthopædic Treatment of Deformities and Disabilities Resulting from Paralysis—B. E. McKenzie, Toronto.

Title to be Announced—D. J. Gibb Wishart, Toronto.

A Practical way of Distinguishing Between the Human and Animal Blood—G. Silverthorne, Toronto.

Infectious Pneumonia—W. S. Muir, Truro, N. S.

Sclerotic Ovaries—A. L. Smith, Montreal.

Removal of Large Tumor from Os Uteri after Labor had set in—A. Armstrong, Arnprior.

Tuberculosis in Milk—Prof. Russell, University of Wisconsin.

The Present Outbreak of Small-pox in America—H. M. Bracken, Health Officer, Minnesota.

Hæmatology of the Blood—L. H. Warner, New York.

Skin Diseases—Lantern Demonstration—F. I. Shepherd, Montreal.

The Treatment of Consumption in Special Institutions—Dr. Richer, Montreal.

Disposal of Tuberculous Sputen—J. H. Elliott, Gravenhurst.

Title to be announced—G. Chambers, Toronto.

Chronic Ulceration of the Stomach simulating Cancerous Disease—Relation of a Case of Gastro-Enterostomy with Murphy Button—Recovery—J. F. W. Ross, Toronto.

Report of Cases Treated with the Hot Air Bath—W. H. Peplar, Toronto.

Title to be announced—J. N. Hutchison, Winnipeg.

Some Forms of Gastric Hyperacidity and their Treatment—C. F. Martin, Montreal.

Syphilis as seen by the Ophthalmic Surgeon—F. Buller, Montreal.

On the Necessity of a Better Recognition and Isolation of Trochomatous Patients in Canada—W. Gordon Byers, Montreal.

Title to be announced—J. L. Bray, Chatham, Ontario.

Epidemic Cerebro-Spinal Meningitis—A History of some Cases—James McKenty, Gretna, Man.

Pulmonary Tuberculosis, its Treatment and Prevention—A. P. Proctor, Kamloops, B. C.

Mild Small-pox—G. A. Kennedy, Macleod, Alta.

Title to be announced—C. J. Fagan, Victoria, B. C.

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## Book Reviews.

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**The American Year-Book of Medicine and Surgery for 1901.** A yearly digest of scientific progress and authoritative opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text books of the leading American foreign authors and investigators. Arranged with critical editorial comments, by eminent American specialists. In two volumes—volume I including general Medicine. Octavo, 681 pages, illustrated. Volume II, general Surgery. Octavo, 610 pages, illustrated. Philadelphia and London; W. B. Saunders & Co., 1901. J. A. Carveth & Co., Toronto. Per volume: cloth, \$3 net; half-morocco, \$3.75 net.

This excellent Year Book is again issued in two volumes, as was done last year, volume I dealing with subjects referring to Medicine, and the other, volume II, those pertaining to Surgery. As mentioned, when reviewing the work last year, this arrangement has the two-fold advantage of convenience without extra cost, and the possibility of purchasing either work by those who do not require both. The issuing of the year-book in two volumes was begun in

1900, and the idea seems to have met with such general approval that the publishers decided to follow the same plan with this work for 1901. Dr. Gould and those associated with him seem to have produced an even more interesting and practical year-book than was last year's. These gentlemen have, so to speak, "boiled down" an immense quantity of medical and surgical literature, collected from many different countries, into a comprehensive and well-arranged map of useful information. We have previously expressed our high appreciation of this excellent year-book, and a closer acquaintance has not diminished our approval of the work.

The special contributors to the book on Medicine include Samuel W. Abbot, Archibald Church, Louis A. Duhring, D. L. Edsall, Alfred Hand, junr., Milton B. Hartzell, Reid Hunt, Wyatt Johnston, Walter Jones, A. O. J. Kelly, David Riseman, Louis Starr, Alfred Stengel, A. A. Stevens, G. N. Stewart and Reynold W. Wilcox. Full credit is given to authors and journals. An excellent index forms a key to the text.

The year-book of Surgery has been compiled by the following eminent specialists: J. Montgomery Baldy, Charles H. Burnett, J. Chalmers Da Costa, W. A. Newman Dorland, Virgil P. Gibney, C. A. Hamann, Howard F. Hansell, Barton Cooke Hirst, E. Fletcher Ingals, W. W. Keen, Henry G. Ohls, Wendell Reber and J. Hilton Waterman. As shown by the list of contributors, this volume embraces obstetrics, gynæcology, otology and ophthalmology in addition to general Surgery. All the newer procedures in diagnosis and treatment are brought out here with ample fullness. The work is handsomely illustrated. It is one of which no progressive surgeon can well deprive himself.

R. C.

**Aphorisms, Definitions, Reflections and Paradoxes, Medical, Surgical and Dietetic.** By A. Babagliati, M.A., M.D., F.R.C.S., Ed., late President of the Leeds and West Riding Medico-Chirurgical Society, Consulting Surgeon Bradford Children's Hospital, London. Bailliere, Tindall & Cox, 20 and 21 King William Street Strand, 1901. Price, 7s. 6d.

This is a somewhat singular book, and yet is one that will well repay perusal. Its title, in my opinion, hardly expresses the varied material which is found in its pages. It is really an open letter by a medical man of many years' standing and excellent position to his *confrères*, in which he gives free expressions to many wholesome truths, and to some which are peculiarly his own. He is certainly in many ways a *free lance*, and though, possibly, at the present time some of his views will be thought erratic, yet some, we believe, will in time be not far from the truth. Those of us who can count almost a half century of laborious professional work will hardly agree nor yet at the same time deny that there is some truth in paragraph 302 (the book is arranged in paragraphs), which is as follows: "There is probably no department of human knowledge into which so much labour has been put with so little results as

into Medicine." Much of the diseases from which the human family suffers he attributes to overfeeding, and he is certainly right to a great extent. There is no doubt we all eat too much, and to our detriment, but when he asserts that it causes more fevers than bad air, most of his *confrères* will not agree with him. The author recommends eating twice rather than thrice daily, but never, under any circumstances, *more* than thrice. He shows up, to his satisfaction at all events, that there is no necessity of giving special attention in feeding to a growing boy or girl.

The sections on surgery are also very interesting, and seem to take the breath away. If anything seemed certain in medicine it was surely the great advance made in surgery in the present generation. The advance is not denied, but here is a writer saying that the value of the germ-theory on which that advance has been built has been greatly exaggerated, and that surgery is far too frequently resorted to for the cure of diseases. It is here that the writer will probably encounter most serious opposition to his views; and yet the case of hæmorrhoids, detailed in section 520, when the writer himself recommended operation as the only means of cure, and where yet the patient made a perfect recovery without surgical interference, suggests that what he says may be true, at least, sometimes. The sections on the prevention of the ailments usually treated by surgery deserve careful consideration from this point of view.

Perhaps the most notable point about the book is the attempt of the writer to take a general and comprehensive view of his subject, and to make an attempt at historical continuity in considering it. Frequent references are made to the ancient writers on medicine, and sketches here and there thrown off as to the state of medical opinion at different periods of history. No references are made to living writers on medicine, probably because the writer wishes to avoid, if possible, personal controversy. The attempt at philosophical comprehensiveness naturally brings up the question of specialism; and the writer's criticism of the course now being assumed by medicine is summed up in his dictum that most special or local ailments are the local expression of general states, which states must therefore be treated if the local ailments are to be cured.

To the influence of heredity in the induction of disease the writer seems to attach much less importance than is usually done. Organization, it is said, is inherited; disease is acquired—not always, but nearly always. The chief law of heredity is formulated thus: "Like causes acting on like organisms in succeeding generations induce like effects." A whole section devoted to the heredity of disease deserves careful consideration.

The book ends with cases in whose treatment the views of the writer have been put into practical operation, with, it appears, good results. The section devoted to the laws of the organism as regards disease will probably stir up as much controversy as any in the book.

**The Acute Contagious Diseases of Childhood.** By Marcus P. Hatfield, A.M., M.D., Professor Emeritus of Diseases of Children, Northwestern University Medical School; Professor of Diseases of Children, Chicago Clinical School; Attending Physician, Wesley Hospital. 142 pages. Price, \$1.00 nett. G. P. Engelhard & Co., 358-362 Dearborn Street, Chicago, 1901.

This small volume gives a clear, short, yet comprehensive description of all the acute diseases of childhood—diseases many of which have such a serious influence on after-life. No one can read it without feeling that his perusal has impressed upon him many special points which would have escaped him in a larger volume, and these points are of great practical importance.

F. W. C.

**Transactions of the American Pediatric Society—Twelfth Session, held at Washington, D.C., May 1, 2 and 3, 1900.** Edited by Walter Lester Carr, M.D. Reprinted from *The Archives of Pediatrics*, 1900.

Those interested in diseases of infants and young children (and who in our profession is not?) will find in this volume a great deal of food for serious thought. The address of the President, on "The Ambulatory and Hospital Management of Gastro-intestinal Derangement of Infancy in the Summer Months Among the Poor of Large Cities" is a thoughtfully prepared paper on a subject which appeals with peculiar force to those of us who practice in large and crowded cities where, during the heated term, the slaughter of innocents is simply awful. A valuable paper, from a clinical standpoint, is that by Dr. Huber, of New York, on "Naso-pharyngeal Diseases in Children." Dr. Blackader, of Montreal, contributes an interesting paper on "Enteric Fever in Childhood."

F. W. C.

**A Text-book of Practical Obstetrics.** By Egbert H. Grandin, M.D., Gynæcologist to the Columbus Hospital, etc., etc., with the collaboration of George W. Jarman, M.D., late Obstetric Surgeon of the New York Maternity Hospital, etc., etc. Third edition revised and enlarged. Published by F. A. Davis Company, Philadelphia, New York and Chicago, 1900.

It is no wonder that the authors in their preface express gratification at the demand existing for their works requiring a new edition in such a short time. No written criticism can possibly equal a buying demand from students and practitioners. The work has been improved in several ways, and increased by a chapter on the anatomy of the female organs of generation and with embryology. The greatest fault that can be taken to the work is perhaps the advice given with regard to the delivery of the head in normal cases, more particularly the introduction of the finger into the rectum,

which is both as a rule unnecessary and apt, in a large number of cases in the hands of those not trained in the modern schools, to cause sepsis. It can only be called dirty midwifery. However, the work taken altogether is most excellent, and can be highly recommended to any one desiring a modern work on midwifery.

A. L. R.

**Stricture of the Urethra and Hypertrophy of the Prostate.** By P. J. Freyer, M. A., M. D., M. Ch., Surgeon to St. Peter's Hospital, Lieut-Colonel Indian Medical Service (ret'd.). Baillière, Tindall & Cox, 21 King William Street Strand, London, England, 1901.

Having read this little book carefully, and with much interest and pleasure, we can confidently recommend it to practitioners and students. It is written in a pleasing style, and the subjects treated are presented in a clear, concise and practical manner.

The author speaks with authority, out of a full and ripe experience, and on almost every page may be recognized the teaching of the wise and cautious surgeon.

The methods and treatment advocated are those which have been found most satisfactory in his own experience. The modes of examination and technique of operations are given in detail, and in such a manner as must prove of great value to the practitioner.

We are thoroughly in accord with his teaching when he says: "If a stricture is not dilatable without the employment of force in introducing instruments it is not a case for this mode of treatment and must be relegated to a cutting operation." He holds that "the simple contact of an instrument with the morbid tissues of a stricture renders them soft and easily dilatable, and at the same time induces absorption, and that these results are independent of any mechanical pressure." After the operation of internal urethrotomy it is advocated with a good deal of force and reason that "no instrument should be introduced till the wound has healed, that is, till about a fortnight after the operation." It is maintained that repeated instrumentation causes irritation and the formation of granulation tissue, which subsequently undergoes contraction, and thus defeats the object for which the operation was performed. The treatment of stricture by divulsion and electrolysis is justly condemned. Castration as a means of treatment in cases of enlarged prostate has, he considers, but a limited field of usefulness. "A man, as a rule, will only consent to have his testes removed when less drastic measures have failed and he is driven to it by the agony attendant on the final stages of the disease. When that period is reached castration is in itself an operation attended with a heavy mortality" (20 per cent.).

Vasectomy is advocated as having a wider field of usefulness, although "it is neither so rapid in its results nor so radical a cure as castration. As, however, vasectomy does not interfere with the sexual power and does not involve emasculation, patients consent to its performance at an early stage of the prostatic disease, when it has the best prospects of success." He says that vasc-



tomy effectually prevents the recurrent epididymitis and orchitis, which are such painful and distressing complications in prostatic patients. This happy result would alone entitle this operation to an important place in surgery. The book is printed in clear type, on good paper; the illustrations are ample and well selected.

F. R. E.

**Essentials of the disease of Children.** By William M. Powell, M. D. Third edition thoroughly revised. By Alfred Hand, jun., M. D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12 mo., 259 pages. Philadelphia and London: W. B. Saunders & Company. J. A. Carveth & Co., Toronto. Price, \$1.00 net.

In this revised edition numerous additions and changes have been made in the book so that it continues to represent the present state of pediatrics. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on infectious diseases has been re-written, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others one on infant feeding.

F. W. C.

**Unique Card Index System.** Technique Publishing Co., 404 E. 14th St., New York.

We are in receipt of a unique card index system, published by the *Journal of Surgical Technology*, and given with a year's subscription to that journal for two dollars. The system contains over 700 references, under 108 separate classifications, on accounts, case records, therapeutics, physician's supplies and allied sciences. By the use of blank cards it can be extended in any direction the physician desires. The information is up to date, the plan is really unique and the publisher's offer is a generous one.

R. C.

## PUBLISHERS DEPARTMENT.

### LITERARY NOTES.

The *Edinburgh Review* article on "Unimaginary Love Letters," which forms the leading feature of *The Living Age* for July 6, diverts the reader's attention from certain recent ingenious inventions in the line of epistolary love-making to the real thing as exhibited in the letters of Abelard and Heloise, Mary Wollstonecraft Godwin, Keats and Prosper Merimée. The article is of striking literary and personal interest.

Mr. G. L. Calderon's article on "The Wrong Tolstoi" in *The Living Age* for June 29 is a diverting exhibition of the sharp contrasts between Tolstoi's philosophy and his actions.

Frederic Harrison's "Impressions of America" are reprinted in *The Living Age* for July 13, from *The Nineteenth Century*. Mr. Harrison, as was to have been expected, is an amiable critic, and he is also more discriminating than many Englishmen who have discoursed upon America.