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Vol. XII. HALIFAX, NOVA SCOTIA, NOVEMBER, 1900. No. 11

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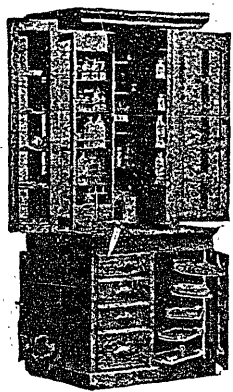
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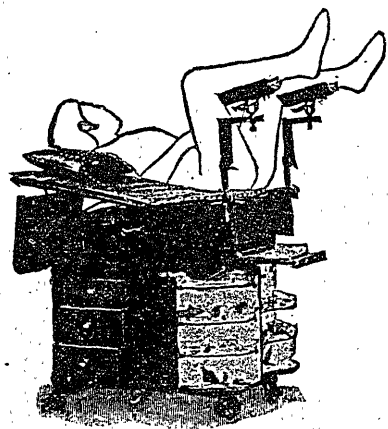


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(Pass Primary M. D., C. M. examination.)

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

(Pass in Medical Jurisprudence, Pathology, Therapeutics.)

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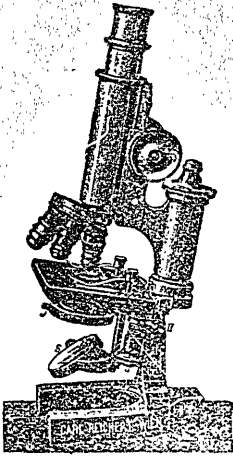
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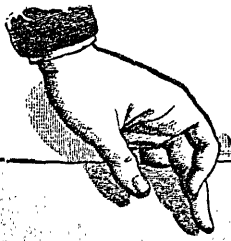
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Vol. XII. HALIFAX, N S., NOVEMBER, 1900. No. 11

Original Communications.

ADDRESS IN MEDICINE*

By FREDERICK C. SHATTUCK, M.D., Boston, Mass., Jackson Professor of Clinical Medicine in Harvard University.

SPECIALISM IN MEDICINE.

When, under the influence of faulty metabolism or other cause pessimism gets the better of us, we sometimes quote with approval the remark of Solomon the Wise, that there is nothing new under the sun, without reflecting that Solomon himself was probably not feeling his best at the moment. Something in his internal or large domestic economy had gone wrong, I suspect. Possibly he had to write an address! However this may be, let us suppose him suddenly brought for a visit to one of our large cities. He would certainly find that advance in knowledge has brought about great change in our relation to things, be the things themselves never so ancient or immutable. Solomon was at the *fin* of his *siècle*, but the old sun looks down on a different world at the *fin* of this *siècle*. He could not fail to be impressed by the subdivision of labour of the present day in every branch of industry. Were the great king to be seized with sudden abdominal pain he would surely have the benefit of a surgical and a medical opinion. Another doctor would make a blood count, another a urinary examination, another, perhaps, would examine his vomitus or

* Read at meeting of Canadian Medical Association, Ottawa, Sept. 13th, 1900.

stools; another, use the X-rays. If his abdomen were opened the pathologist would report on cultures from the cavity, or on the structure and nature of any suspicious tissue. It would, in a word, be demonstrated to him that specialization has taken place in the science and art of medicine, as in other sciences and arts. And Specialism in Medicine is the theme which I have selected for brief and, I fear, inadequate consideration during the time your President has done me the great honour of delivering you into my hands.

A line of cleavage appeared first perhaps between medicine and surgery, and it is curious to note that nowhere has the line, at least in name, in the past been so closely drawn as in England, where more minute specialization has met with considerable opposition. Toward this result the anomalous fact that the degree of Doctor of Medicine has in England been only a University title, must, it seems to me, have contributed. Practically everywhere else in the civilized world the practitioner is a Doctor of Medicine. Although we have a fair working knowledge of the distinction between medicine and surgery, I, at least, find myself unable to frame a satisfactory definition of the distinction. Some thirty years ago, during my medical studies, I had the pleasure of meeting the late Mr. Holden, then of Bartholomew's Hospital, and was asked by him whether I meant to be a physician or a surgeon. On my reply that I looked forward to being a physician, he remarked, "Don't you do it; the surgeon can do all that the physician can, and more, too." When I repeated this remark to dear old Sir Henry, then Doctor Acland, he dryly remarked that he should be very grateful to Mr. Holden if he would come and teach him how to do some of his work. Much more recently I have heard of a very distinguished London surgeon defining a surgical case as one which paid him two guineas. Anæsthesia greatly enlarged the bounds of surgery, and yet twenty-five years ago there was not a pure surgeon in America. The surgeon did as much general practice as he could get, including midwifery. Surgical cleanliness has worked a great change in this respect, and the end is not yet in sight. We see men to-day, even in relatively small communities, confining themselves strictly to surgery. Without much exaggeration one can say that it is as hard to-day to live on medicine alone as it was twenty-five years ago to live on surgery alone. Belly-ache is now a surgical disease. I know of a child with pneumonic pain referred to the right iliac region being operated upon for appendicitis. A few years ago a woman was

sent into the surgical wards of the Massachusetts General Hospital for operation, perhaps for extra-uterine pregnancy. The surgeon, who had had a large experience, noticed wrist-drop and a blue line on the gums, and transferred her without operation to my wards. So safe now-a-days is the use of the knife under proper precaution that there is temptation to use it for purely diagnostic purposes. Just when to yield to and when to resist this temptation requires good judgment and general knowledge. The heart is practically the only viscus which remains the exclusive province of the physician. That organ is more tolerant of insult than has been supposed, and who shall dare to say that, impossible as it now seems to us, a contracted mitral valve cannot be slit without causing death? The real line between medicine and surgery is one thing; the practical line is another. The last quarter century has seen them approximate notably, but they will not coincide until knowledge is perfect. The establishment of a German journal devoted to the borderlands of Medicine and Surgery is interesting.

Obstetrics, again, early became a specialty, though in rather a different way. For parturition is a physiological process, and in many countries a large proportion of births are under the sole charge of midwives. In this country the general practitioner has clung to his obstetrics as a necessity for family practice, oftentimes bewailing his hard fate and interrupted nights, meanwhile. Of late years we see in the larger centres a tendency of obstetrics, at least among the rich, to go into the hands of a few men, who, on the completion of the puerperium, withdraw, the family physician resuming his place. This is a practice which, for obvious reasons, can obtain only in large communities. With entire appropriateness we see these obstetricians also busied in diseases peculiar to women, many of which are the outgrowth of one or more previous pregnancies.

Gynæcology is of almost unique interest from the point of view of Specialization in Medicine, and a medical Gibbon could write a vastly interesting book upon its Rise and Fall. Not many years ago it was, I am tempted to say, the most in evidence of any specialty into which enterprising young men were ambitious of crowding themselves before the ink on their diplomas was scarce dry. The mills of the gods grind no less fine than they did, but, I think they grind quicker in these electric days. Pure gynæcology to-day scarcely exists. Many deviations from the normal in the female pelvis give rise to no symp-

toms until the general health begins to fail, from one cause or another. Such cases belong to and are best treated, ordinarily, by the wise general practitioner. If I read the signs of the times aright, what may be called pelvic tinkering, which has been so much practiced in the last decades, is suffering from a rapid decline. What is really necessary can safely and best be left in the hands of the obstetrician alone, or aided by the general physician; and major gynæcology, the great bulk of which involves laparotomy, seems to be going where it belongs—into the hands of the general surgeon. It may all have been a necessary sequence in the evolution of knowledge, or I may be ignorant or prejudiced, but I cannot look at the groping course of gynæcology as a triumph of human intelligence.

How many women have been unnecessarily deprived of necessary sexual organs? how many have had their attention fixed on these organs which in the male nature has left in evidence, but in the female has modestly hidden away, affording, like all hidden or veiled things, wide play to an awakened imagination. On the eve of reading these words I see the following, just from the pen of Prof. Howard A. Kelly* of Johns Hopkins, certainly a competent witness: “. . . the general adoption of the principles of asepsis leaves the barrier between general surgery and gynæcology a purely artificial one, and one which must inevitably, sooner or later, be broken down. My advice, therefore, to all gynæcologists is to study general surgery and become general surgeons first.”

Surgery and obstetrics seem likely always to hold their places as great divisions of medicine as a whole. Let me now turn to the subdivisions of medicine, as contrasted with surgery and obstetrics, and try to consider specialization in connection with its etiology. The first place among the causes for the increase in specialism doubtless belongs to increase in knowledge. A half-century ago James Jackson, than whom my native city has produced no wiser physician, said that there was more actually known in medicine than the mind of any one man could grasp. If this was true of fifty years ago, how much more true it is of the present day! The field is so large that no one man can possibly oversee and bring it to full productiveness. Each crop needs a separate head of the first class. But here perhaps as well as elsewhere, I may state that I trust nothing I say or shall say can be

* Philadelphia Medical Journal, Sept. 1, 1900, p. 391.

construed into any slight on the general practitioner, especially on the men who in small communities are liable to be called upon to deal with any emergency of any kind pertaining to medicine in its broadest sense.

All honour to those to whom all honour is due. Those of us who dwell in large cities and have the advantage of the presence of experts in every line at instant call are, I believe, keenly alive to the danger of one-sided development to which we are exposed, and to the lack of self-reliance and resource following from this, when we get off our narrower or wider beaten track. I simply mean that the highest excellence, knowledge and skill in all branches of medicine are simply impossible of attainment by any one man—a proposition which must command universal assent. The speciality of neurology seems to me a case in point. Great advances have been made in our knowledge of the anatomy and physiology of the nervous system in recent years, though there is still enough which is obscure. Neurology deals with a system rather than with an organ; has length and breadth; touches medicine at very many points; and thus involves less risk of narrowness of view to its devotees than do some specialties. A general practitioner once shrewdly remarked to me, "It takes a mighty big man to be a specialist." The neurologist must also have large knowledge of the diagnosis and therapeutic uses of electricity.

Diseases of the skin, with its appendages, accessible as they are directly to sight and touch, form one of the earliest of modern specialties. As coming under external pathology they were formerly considered rather the province of the surgeon than of the physician. The dermatologists have amply justified their existence, and have profited to the full by the impetus which bacteriology has given to all branches of medicine.

It is only in centres of population that the specialist can get a support. In the increase of these centres lies the second factor in the etiology of specialism. Not only are cities growing in number and size, but the means of rapid and ready travel are so multiplying that the hope of relief from mere inconveniences, perhaps, makes people everywhere intolerant of ills which, in earlier times, they resigned themselves to bear as best they could. I have often thought what a wonderful field London offers for the development of the highest and best specialism. Quite apart from her five million inhabitants, she is within relatively short reach of any part of the United Kingdom.

Besides this, people bring back from the English colonies scattered over the world many kinds of strange ailments and all manner of climatic results. There one may lay his foundation broad and deep can keep in touch with the larger aspects of medicine, and can be gradually converted into a specialist, even of an organ, if he wish. His consulting-room is a filter for thirty odd millions of people. He can legitimately be forced into a specialty,—quite a different thing from forcing himself into one. Other things being equal, the larger and wider his general experience has been the better specialist and the bigger man will he be.

A third factor in the increase of specialism grows out of our first. Inventive talent is leading more and more to the possibility of direct examination of organs and cavities which were formerly closed to our eyes and touch. The proper use of many of these aids requires a long apprenticeship. The limits of physiological variation must be learned, and delicacy and skill must be acquired in the use of instruments more potent for harm than good in untrained hands. Manual dexterity, impossible to some, and attainable by any only with practice, is added to general knowledge and good judgment. Ophthalmology, demanding also a wide knowledge of optics, affords a good illustration. The otologist should know much of acoustics. The nose and throat are so intimately connected with the ear, and form the starting point of so many ear diseases, that it seems to me they should all be included in one specialty rather than in two, as is generally the case at present. The addition of the larynx would not seem to unduly enlarge the field.

I cannot see that there is now, at any rate, enough special knowledge and technical skill involved in the diagnosis and treatment of digestive disorders as to warrant their separation into a true specialty. Yet a National Association of Gastro-Enterologists has, I believe, been formed in the United States. Time is inexorable and will settle the real status of the matter, so I will refrain from prophecy, bearing in mind the adage, "Don't never prophecy unless you know."

So much training is required to attain the best results with the X-rays that their use seems likely to fall largely into the hands of specialists, particularly where neither bones nor foreign bodies are in question. Y and Z rays may also be discovered, and broaden the specialty.

The three factors in the multiplication of specialties already mentioned—increase of knowledge, aggregation of population with rapid

and frequent means of transit, and the invention of instruments requiring delicacy of use—may be regarded as inherent.

Besides these there are another three which I should class rather as accidental.

A man may, first, have a special aptitude or taste, leading him to limit his work. This may be dangerous to indulge, or, at least, to indulge too early. The director of a modern gymnasium searches out the weak points in a would-be athlete, and, by attention to them, encourages symmetrical development. Next is a desire on the part of some to escape the hurly-burly of general practice, its irregular hours, and what they deem its slavery. This desire may be based on delicate health, or indolence. The latter is no more likely to render good service to the community in a specialty than in general work. Thirdly, the hope of a greater emolument with less toil may be added. People will pay larger fees for what they consider special knowledge, and the number of persons who can afford indulgences of all kinds is large and rapidly increasing. The ophthalmologist gets more for removing a speck of dust from the eye than does the general practitioner.

Specialism divides up the organs and systems of the body, separates the sexes in a measure, and still insatiate, steps in between children and parents. Shall we see parents and grand-parents similarly set apart? Why not a chair in Medical schools for the Diseases of Old Age, as well as for the Diseases of Children? It is a conservative statement that the pathology of old age is at least as peculiar as is that of childhood. Infant feeding alone affords scant material for a specialty, particularly if the profession as a whole would insist more on the use of nature's provision for young mammals, apparently sufficient for all of this class, save man. The number of women who can nurse their children is much larger than is that of those who do.

There are no instruments of precision or diagnostic procedures used in the diseases of children which are not in common use in adults,—at least as far as I know. Of course, pathology is modified by age, but the difference seems to me minor. It is pleasanter to float on a flood than to struggle against an ebb tide. This may partly account for the apparent lack of enthusiasm for association exclusively with the diseases of the aged.

All the specialties which have been thus far mentioned are followed by men coming into continual contact with sick people; by men in active practice, so-called. The day is passing in America, and has in-

deed passed in the larger centres, when teachers of anatomy, physiology, and pathology can be also practitioners of medicine. These fundamental branches have become specialties as far as teaching and research go, and an increase in the number of their followers can confidently be expected. Bacteriology is, in a broad sense, merely a department of biology. But the methods of study involved in the minute size and other attributes of the forms of life with which bacteriology deals, and the vast amount we have still to learn with regard to these organisms, afford full occupation for a large band of special workers.

Biological chemistry, again, promises a large and productive field for a considerable number of special workers. Hygiene and Experimental Pharmacology also should be mentioned. The lines of cleavage between these more purely scientific specialties, just as between the practical specialties, are apparent rather than real,—a matter of convenience rather than principle. Increase of knowledge will bring rearrangement of some of these specialties at the same time that it may tend to increase their number.

We practitioners cannot be too grateful to the men who are willing to eat the bread of carefulness and devote their energies to the study and teaching of principles. We deal mainly with individual cases of disease. We try to cure or palliate the manifestations of disease in single cases as they come to us. Their aim is to make it possible, through determination of the causes of disease, to, in the first place, prevent them, and, in the second place, enable us to treat the disease itself when it does arise, rather than merely to treat the patient, as we still so often have to do.

Malaria and syphilis stand practically alone as diseases for which specifics have been stumbled on in the course of ages. Our recent gain in knowledge as to the causation and mode of transmission of malaria has not, as yet, at least, added materially to our control of its symptoms or origin. And we are still in dense ignorance as to the real cause of syphilis. But within a few years myxcedema, diphtheria, and, I think it is safe to add, hydrophobia, have been added to the list of diseases which we treat directly, and we seem to be on the eve of important further additions to this list.

Formerly, shrewdness, "horse sense," and knowledge of human nature were more important elements in successful practice than even medical knowledge. Hence our ignorance has compelled us to treat the patient rather than the disease. And herein lies a great strength

of quackery. Suggestion may be a more potent therapeutic agent in the hands of an unscrupulous and positive man, ignorant though he be, than in the hands of a highly trained and conscientious man, handicapped often by a painful realization of his ignorance. Just in proportion with the advance in exact knowledge are the main props of quackery weakened. And it is to special workers in special fields that we must look for this advance.

One is half tempted sometimes to think that the medicine of the future will be robbed of a charm which inheres in it to-day,—the charm, namely, which belongs to the element of uncertainty, and the stimulation which this should bring to thought. The impulse is strong to cut the Gordian knot of abdominal diagnosis, as has been already mentioned. Fine methods of research will gradually substitute certainty for uncertainty. But diagnosis is not likely ever to become a mere penny-in-the-slot affair, and the management of the patient—the art of medicine—will ever play an important though more and more subordinate rôle in the drama of medicine and human suffering.

Specialization is evident in hospital as well as in private practice. The ideal hospital is a place where the poor can have the benefit of the highest skill and attainment in every branch of medicine—a beneficent trust where specialists are associated and harmoniously working together. It must also be a centre of medical teaching and research, opportunities for which constitute the return from the inmates for the benefits received. It seems to me a question how far is it wise to encourage the establishment of special hospitals devoted exclusively to this or that age, sex, or class of disease. The isolation of the staff of a special hospital has its manifest disadvantages. The creation and support of the more minute special departments in a general hospital dependent for its maintenance on the public spirit of private persons, has its patent practical inconveniences and difficulties. The general hospital must follow, not lead, in specialization, and cannot afford the luxury of "fads" unless it is far richer than are the general hospitals of which I have knowledge. Although hospitals are not business enterprises, one of their sinews is money, another, the devotion and capacity of the medical staff. The same administration can, given the funds, run a general hospital formed of a congeries of special departments as well, and at less cost, than separate administrations can run a number of special hospitals.

It is all very well to say, "Take no thought for the morrow;" if our predecessors had acted literally on this precept we should be in a bad way. Progress will march and evolution go on in spite of us, doubtless. But we can have some influence over the rapidity of evolution, and it is our business to do what we can to foster right and to discourage wrong tendencies. One fact stands out clearly,—that Specialism in Medicine has come to stay. Its advantages infinitely outweigh its disadvantages, and we have faith that all things work for good in the long run.

We study the past, and speculate as to the future. We all sometimes feel as did the late Dr. Hagen, the great entomologist,—“I should like to be my own great-grandson.” We cannot greatly influence the amount of pity which our great-grandsons may feel for our attainments, but we can force their respect for our honest and unremitting effort.



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THE TREATMENT OF CANCER OF THE FEMALE BREAST.*

By JAMES BELL, M. D., Professor of Clinical Surgery, McGill University : Surgeon to the Royal Victoria Hospital, Montreal.

It is, I am sure, quite unnecessary to quote statistics to convince men who are actively engaged in the practice of medicine, of the prevalence of cancer of the female breast, of the suffering and great mortality which it causes, and of the frequency of recurrence after its removal. And this, too, in spite of the fact that enormous advances have been made during the last quarter of the century, in the knowledge of what we may call the natural history of cancer, and of its surgical treatment. Indeed, at the present time, the tendency is rather towards complacency, than towards dissatisfaction and unrest, with regard to the treatment of cancer of the breast; and to a certain extent this is justified by the excellent results which are obtained by well conducted operative treatment, in the ordinary run of cases which come to the hands of the surgeon. Most physicians, however, will admit that there is yet much to be desired in the general results of treatment, and will readily recall cases in which their best services have been but futile efforts to relieve suffering, and encourage resignation to a hopeless issue. The question is, therefore, well worthy of our serious consideration:—Whether or not something more cannot be done for these unfortunate sufferers.

The present status of the subject may be briefly stated in the following propositions:—

(1) That cancer is primarily a local disease, extending, (a) by infiltration, (b) by extension along the lymphatics, and (c) by metastasis. Of all these methods of extension, that by the lymphatic vessels is by far the most important. It has been shown (*vide London Lancet, 1892*, Watson Cheyne), that the lymphatic vessels from the mammary gland converge towards the areola, and that cancer extends along them, and is carried thence by the cutaneous lymphatics to the axilla; and Heidenhaim has shown that cancer also extends from the deeper portions of the gland along the lymphatics lying upon the pectoral fascia to the glands in the axilla. These facts are in accord with clinical

* Address in Surgery, Medical Society of Nova Scotia, Amherst, July 5, 1900.

observation, and all observers agree, that when cancer develops in the mammary gland, there is in all, or, at least, in nearly all cases, a very early invasion of the axillary tissues: and operators rarely fail to find cancerous glands in the axilla, even when the most careful examination before operation fails to show any evidence of such invasion.

(2) That the only treatment which offers the patient any hope is removal of the growth, which should be early and complete, extirpating the whole of the infected structures by incisions through the healthy tissues, beyond the remotest extensions of the disease. (The development of serum-therapy gives us ground for hope that some day cancer may be a curable disease, but up to the present time we have nothing but operative treatment to rely upon: all other so-called methods of treatment may be ignored).

For thorough removal by operation, the minimum requirements, whatever form the incisions may take, or in whatever order the steps of the operation may be carried out, are wide and deep removal of the tissues surrounding the mammary gland, the underlying fascia, and superficial layer of the pectoralis major muscle, at least, and the whole of the axillary lymphatic and cellular tissue. In many cases it is necessary to remove the greater, or even both, pectoral muscles; and, indeed, many surgeons consider this step always necessary; and in any case the operation must include all diseased lymphatic glands in the posterior triangle of the neck and along the subclavian vessels.

Portions of the bony wall of the chest have been removed, but there is a limit to this procedure, and it can never be either very safe or very satisfactory. Up to this point we are upon safe ground, and when such an operation can completely circumscribe the diseased tissues, as it does in a large proportion of the cases which are operated upon there is nothing further to be desired, but, in many of the advanced cases, the surgeon feels when the operation is completed, that although all diseased tissues, recognisable to the senses of sight and touch, have been removed, he has been compelled to dissect masses of cancerous growth from a perilously close relation with the walls of the axillary vessels and the cords of the brachial plexus. In short, he feels that if it had been possible to have removed these important structures without destroying the functions of the arm, he would have done so. Portions of the vessels may be removed, but to seriously wound the brachial plexus is to leave a painful and useless member, which can only be a burden to the patient.

Local recurrence in the axilla is, therefore, not uncommon, the first indication being œdema or lymphœdema of the arm and forearm and brachial neuritis. From this focus, extension into the neck and along the subclavian vessels occurs. Recurrence in the chest wall, and extension by the lymphatics through the intercostal spaces to the mediastinum, is much less common.

The obvious deductions are, therefore, if the case has been fairly stated:—

(1) That a sufficiently early operation will effect a cure in the best sense of the term, and

(2) That in certain of the more advanced cases an operation which would remove all the axillary structures, including the blood vessels and the brachial plexus, from the level of the first rib outwards would effect a cure in many cases in which after any lesser operation, early recurrence, and hopeless, miserable, distressing and painful invalidism for a short time, is all that remains for the patient.

It is to these two propositions which I wish to direct your attention.

(1) *Early Operation.*—Early operation implies early diagnosis; and, while operation is simple in proportion as it is undertaken early diagnosis becomes more and more difficult under the same conditions.

There must always be a time when cancer is present but not recognisable, inasmuch as it gives rise to no symptoms in its early stages, and produces no objective physical signs, until some new growth has taken place and an enlargement can be detected. On the other hand, when a diagnosis can be made with tolerable ease and certainty,—when the classical signs and symptoms described in text-books and monographs are present,—the disease has already reached a considerable degree of development, the axillary glands are almost certainly infected, the operation for its removal must be extensive, and recurrence after removal is no longer an improbability. It is, therefore, of the utmost importance to make a diagnosis before this stage of development has been reached.

I believe that women as a rule detect very early any deviation from the normal condition of their breasts. Modesty and dread of operation, and, perhaps, other causes, often impell them to keep this knowledge to themselves for considerable periods of time; but, if I may judge from my own experience, women who do consult a physician, in these very early beginnings of disease of the breast, often get very

little satisfaction. The symptoms complained of are either explained away in an off-hand manner, or the patient is given tincture of iodine to paint with, or an ointment to rub into the skin over the breast, her well-grounded fears are allayed or dissipated, and she is lulled into a feeling of false security, from which she will probably receive a rude awakening a few weeks or months later.

I do not underestimate the difficulty of making a diagnosis at this period, I only wish to emphasize the importance of endeavoring to do so. In fact, a positive diagnosis is impossible before certain well-recognized signs have appeared; but, in my opinion, every mass or growth in the breast of a woman over twenty-five years of age, which cannot be clearly diagnosed as a cyst, abscess, fibro-adenoma, or of inflammatory origin, should be looked upon as a *possible* (I would almost say, probable) cancer, and serious special efforts should be made to come to a positive diagnosis. Among these serious special efforts I would include even an exploratory operation, if necessary.

A simple incision will detect a cyst or a chronic abscess, but if the simple incision does not make the diagnosis clear, I do not hesitate to advise the removal of the whole breast, with the understanding that if a microscopic examination shows evidence of cancer, a more extensive dissection will follow within a few days. And if in serious doubt, I do not hesitate to recommend as wide removal as if I were certain of the diagnosis, even though the microscope may subsequently show that the disease is not malignant. The plan of having frozen sections examined while the operation is in progress, is not to be relied upon, as unless a positive result is obtained, it may very well be that a more extended examination of the whole breast will show evidences of cancer, when none can be found at the moment from the small portions removed for that purpose.

The following case which came under my care about five years ago (October, 1895), furnishes a good illustration of this fact, as well as of the difficulty of diagnosis.

This patient was an unmarried woman about fifty-five years of age, spare in build, but with good general health. Both breasts were enlarged by some form of new growth. The enlargement of the left breast had been first noticed about five years prior to my seeing her, and, at the time of my examination, enlarged lymphatic glands were distinctly palpable in the axilla. The enlargement of the right breast had been first noticed three years before I saw her, and there was no

evidence of enlargement of the axillary glands. A diagnosis of double mammary cancer had been made, and the patient was much depressed. For many reasons I doubted this diagnosis and advised operative measures, primarily to settle the question of diagnosis, and besides, as the proper treatment for the condition, if it were cancer. I arranged to remove the left breast and the axillary tissues (on account of the glandular involvement), but attempted to settle the diagnosis while the operation was in progress by the examination of frozen sections, in order that I might, in other respects, make the operation more or less radical, according to the results of the microscopical examination. The latter failed to discover any evidence of cancer; although the tumor, on section, had a very suspicious appearance. Further examination of the removed breast made it quite clear that it was cancerous. On the strength of these facts the other breast was removed a couple of weeks later, in the belief that it too was cancerous, and careful examination showed that it was. Recurrence was noticed in the *left* axilla in the following September (1896), and two small masses were removed from beneath the pectoral muscles. This did not arrest the progress of the disease, and the patient died in January, 1897. This, it will be observed, was the breast first operated upon, under the belief that the disease was *not* malignant, a belief which was confirmed at the time by the negative result of immediate microscopical examination. It is probable, too, that, acting upon this belief, the removal of the axillary tissues was not as thorough as it should have been—hence the early recurrence; while the right breast, which was removed after the diagnosis had been made and in the belief that the disease *was certainly* cancer, showed no signs of recurrence.

I would, therefore, urge that no breast tumour be looked upon lightly, when there is even a remote possibility of its being cancer (or sarcoma, for, of course, these remarks will apply to sarcoma as well as to cancer). By following the course which I have advocated, we may perhaps suffer in reputation and be called "alarmists," and suffer from the misrepresentation of having diagnosed cancer, when we had only discussed the possibility of it; but our aim must always be to bring disease under control, and to benefit the patient and the public; and the results of such efforts will be the education of the public and the profession as a whole to an appreciation of the value of an early diagnosis, and the risks of delay in recognizing such a serious dis-

ease. In this way many valuable lives may be saved and much suffering averted.

In spite of all precautions, however, there will always be a considerable number of women with cancer of the breast, who, for one reason or another, do not present themselves for operation until the disease is far advanced,—so far advanced, indeed (in the axillary tissues), that no operation, no matter how extensive and thorough, which stops short of sacrificing the upper extremity, can hope to effect a permanent or lasting immunity from recurrence (as already indicated in an earlier part of this paper).

And why should not the upper extremity be sacrificed in such cases, if such sacrifice offers the hope of saving life at the cost of a member? The advantages of an operation, which removes not only all the contents of the axilla, but its muscular boundaries as well, and gives the best possible access to the cervical lymphatic glands, are obvious; and the principle is universally adopted in surgery,—that no organ or member is sacred from removal, if its removal offers the hope of saving life. One has only to recall the appearance of the cadaver in the dissecting room, when the upper extremity has been removed, to be convinced of the truth of this assertion. The operation of interscapulo-thoracic amputation is in itself scarcely more serious than the more extensive operations for removal of the breast as at present conducted, and, moreover, no one ever hesitates for a moment to advise this operation for other conditions, such as sarcoma of the upper portion of the humerus or of the scapula, or for gunshot wounds about the shoulder blade, etc., provided, of course, that there are no special contra-indications to the operation.

A few cases are recorded in which the arm has been sacrificed as a part of the operation, to ensure a thorough removal of the diseased tissues in the axilla (W. Arbuthnot Lane and Rutherford, *Lancet*, Vol. II., 1895, pp. 904 and 1190), but the principle does not seem to have been at all generally adopted. On the contrary, the tendency on the part of surgeons seems rather to be to place too much reliance upon a close dissection of the axilla; and the proposition to remove the arm does not meet with a ready acquiescence by the general practitioner, who, to a very great extent, influences the mind of the patient. I do not wish to convey the idea that this should become a routine procedure, because in the great majority of the cases it is unnecessary, but I do feel that we should not allow our minds to become closed to the

possibility of saving life by this means when it is impossible to do so by any other.

Looking back upon my own personal experience, I can recall several cases in which I think that I might have averted recurrence in this way. Recurrent cancer in the axilla may of course be treated in the same way; but, unfortunately, by the time that such recurrence has been recognized, there is very frequently extension to the mediastinum along the subclavian veins or through the intercostal spaces, a condition which is beyond the reach of any operation. Quite frequently indeed, as a rule, one cannot tell, before opening the axilla, whether this serious step will be necessary or not. I would, therefore, advise that in primary operations, the operation should be proceeded with in the ordinary way until the exact condition of the axilla has been determined, and then, if necessary (the patient's consent having been previously obtained), an interscapulo-thoracic amputation, modified as regards the skin flaps, etc., proceeded with.

I have, during the last four years, endeavoured to carry out this plan, but I have always found that whenever the operation was necessary, the patient, through an exaggerated dread of the danger and the mutilation, refused to allow the removal of the arm. This objection would, of course, be overcome in time, as the objections to all other formidable and mutilating operations have been overcome in the past.

In dealing with recurrence in the axilla, a typical interscapulo-thoracic amputation may be planned from the outset, just as in dealing with a sarcoma of the humerus or scapula. I do not wish to be understood as adopting a hypercritical attitude towards the methods generally employed in dealing with advanced cancer of the breast, but I can not admit that the last word has been spoken on the subject, and I cannot help thinking that the tendency is too much in the direction of slavishly following the lead of eminent surgeons, and thereby falling into methods of too routine a character.

In my opinion, the treatment of cancer of the breast at the present day is eminently creditable to surgery. My plea is for an extension of the benefits of surgical treatment in two directions, viz., to the earlier beginnings of cancer, when we may hope to effect a real and permanent cure without serious mutilation, and to the unfortunates, whose condition is already bordering on the hopeless. In only one class of the latter cases, where the danger is from the disease in the axilla, can anything be done. We cannot, as practical surgeons, follow the disease beyond the bony chest wall, but I have no doubt that a more frequent performance of the operation up to this extreme limit would yield the most beneficial results.

I am aware that there is nothing new in the suggestions which I have made, but I have reiterated them in the hope that they may stimulate to greater diligence in early diagnosis, and to greater daring in the treatment of the disease in its later stages.

RECENT LEGISLATION IN REFERENCE TO THE PUBLIC HEALTH AND SANATORIA.*

By A. P. REID, M. D., Secretary of the Provincial Board of Health.

Mr. President and Gentlemen:

It is with pleasure that I introduce these subjects, because, as you will see from the copies of the Acts before you, that they are in line with the most advanced legislation of the day. The Acts speak for themselves and I do not think there is much occasion for me to take up your time dwelling on them.

It is to be hoped that the new Health Officers, when appointed, feeling that they have authority to act, will be able to instruct and direct the local Health Boards, so that our health laws, on the whole—good, will not be dead letters on the Statute Book.

The Sanatorium Bill is specially to be commended, and with a larger money grant will be of great value to those suffering from tuberculosis. That it may be able to accomplish what is expected there are two dominant details demanding careful consideration,—location and management.

Location.—The best interpretation I can give to experience thus far is that a location should be chosen that while avoiding cold and raw winds shall furnish a plentiful supply of pure air—air which is not tainted by the vicinity of cities, factories, fog, swamp, marshes or low lands. The water supply must be abundant and from an untainted source. The drainage must be unexceptionable.

The building plot should be dry and sandy or gravelly, with a sufficiency of level ground for the buildings and any probable extension. Also space for gardens, lawns, etc., not less than five acres. The grounds should be extensive and preferably wooded, to permit of walks and drives, with high lands leading upwards from the hospital for exercise. If leading downwards it is apt to be too straining on invalids when returning from exercise and perhaps fatigued. If possible they should have an extent of 100 acres. It should be easily

* Read at meeting of Medical Society of Nova Scotia, Amherst, July 4th, 1900.

accessible by rail and telegraph and telephone, not less than one-half mile from the station nor more than four or five miles distant.

It was at one time supposed that altitude above the sea level was most desirable; but experience shows that this is not necessary and in some cases is undesirable, particularly for those with diminished vitality. To those of the stronger or more rugged type elevation may be a benefit, but it is not necessary.

Undesirable localities are the converse of those above described, particularly near the sea coast, where fog and rain and high raw winds are likely to prevail, or the vicinity of marshes or low lands, or factories, which are apt to have a more or less polluted atmosphere, and particularly the near vicinity of towns or cities.

Our province has many most desirable, as well as undesirable localities. Of the former, from what I know of the province, I would say there are three that are very desirable. The upper parts of the Annapolis and Stewiacke Valleys and the higher portions of the Cobeguid Mountains, and I think it is very desirable that sanatoria be established in each. I would give preference to the Valley for a commencement, because it is likely to serve the greater number. The better portions of the Stewiacke Valley are at present rather inaccessible, but these objections do not obtain with the Annapolis Valley between Kentville and Berwick or Kingston and Bridgetown. The general healthfulness of the Valley is attested by the increasing numbers of invalids from our own province as well as from the adjoining states, who resort thither for recuperation and strength.

While considering the subject of sanatoria it might be as well to widen our view a little. So far the paramount idea is the cure of recent or the less seriously affected cases. There are a large number of cases that are so far advanced that the question is not so much that of probable cure as of amelioration, which is too often complicated by poverty or want of resources. These now crowd the wards of the Victoria General Hospital, if they can gain admittance, or eke out a miserable termination of their days in crowded tenements.

Whether in the hospital or the tenement they are a continuous and dangerous source of disease to those who are forced to be their co-residents, and something should be done for the relief of the afflicted and the removal of a dangerous contagious disease from the vicinity of those in health. The poverty of the afflicted and the inability of removing them far from their friends are the most difficult questions

to solve. It appears to me that the only solution is that the city, town or community must deal with this on the same lines as now obtain for the relief of the indigent. That the community must furnish a sanatorium, hospital or convalescent home for its dependent members, and some of the best clauses in our recent Sanatorium Bill provides for this contingency and pledges the Government assistance as a means to this end. This necessity has been ably and successfully dealt with in Edinburgh, Scotland, where Dr. Phillips, in connection with the City Dispensary, has established at Craighleath a sanatorium which has proved its efficiency by several years of experience. This may well serve as a model for any community desiring to relieve its indigent members afflicted with consumption or tuberculosis. I do not know that I need do more than thus to mention this latest philanthropic advance.

There is further to be considered the best means of unloading the Victoria General Hospital of its undesirable occupants, and this appeals to every one and particularly to the profession and the government that has the management of our provincial hospital.

After careful consideration I would offer the following suggestions :

The Victoria General Hospital is at present crowded and is likely to be so in increasing ratio and the question of extended accommodation must be considered. The present grounds are sufficiently contracted and extension is desirable in another locality. The Government now owns the Esson farm, near the Hospital for Insane, and it appears to me that the better plan would be to erect an annex to the Victoria General Hospital a sanatorium there to which could be conveyed the consumptive patients that now crowd the wards of the Hospital. Thus we would not only get more room at the Victoria General Hospital, but we could remove a dangerous class who now contaminate its wards, while imposing the probability of added disease to the patients who resort thither for the relief of other maladies. While at the same time the consumptive would be placed under so much better surroundings and with a better prospect of amelioration. The details of its management are self-evident and I need not further discuss the subject.

To my mind the first departure which should occupy the minds of the profession and the government is to establish one sanatorium as a model for enlargement or multiplication, and its success will measure the amount of relief the province will secure. To be successful we must adopt the latest teachings of experience in reference to *location*

and management. The former I have referred to in preceding pages, but as to management there may be differences of opinion. I do not hesitate to say that after most careful consideration experience teaches that special hospitals and sanatoria should be under the autocratic management of an expert or skilled superintendent, who should be held responsible for its success; but this can only be had by giving him the authority acting under a Board of Trustees or Commissioners to assist him in carrying out most difficult and onerous duties. The dieting, nursing and general hygiene specially demand his skill and attention. For the class of invalids provided for in the Sanatorium Bill—patients not likely to be much confined to bed or the wards—the treatment by drugs or medication is not the most prominent requirement. The question of segregate or aggregate accommodation is chiefly that of expense—the former being most desirable, but the two systems can be combined with good efficiency.

I have not taken up your time with the many details of construction and management, because these will naturally follow when the general principles that are to guide us have been decided on.

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Selected Article.

A BAD PENETRATING WOUND OF THE ABDOMEN—RECOVERY.

BY M. M. GILBERT, M. D., MESA, ARIZ.

One year ago I was called to treat a patient under such circumstances that, in view of the recovery of the boy, the case seems worthy of a brief report.

The patient was a lad of about twelve years of age, of good family history and of excellent health, who fell from a load of hay, striking upon a sharp fence-post in such a manner that the post entered the abdominal cavity somewhat below the umbilicus. There was immediate protrusion of the omentum and the intestines to a considerable degree. The field hands attempted to replace the viscera, of course without any measures of cleanliness, but did not succeed in keeping the omentum inside. He was then placed upon the wagon and brought to me, a distance between three and four miles—with the omentum and some of the ileum protruding, and shaken up by the jolting of a lumber wagon. Besides the heat was intense and a great amount of dust flying.

On examination I found the omentum badly mangled and the intestine torn in its mesenteric attachments for a distance of six to eight inches, but in such a manner that the blood-supply did not seem to be entirely shut off; so I concluded that an excision of gut was not necessary. I, therefore, trimmed up the omentum as best I could, sutured the mesenteric tears and cleansed everything up in as good a shape as was possible with night rapidly approaching and a furious sand storm raging. The darkness was such and the amount of fine sand so great on the intestines and omentum that I did not dare to close the wound, as would usually be done, but simply brought the margins together with a suture or two, with the intention of closing the wound properly next morning if the boy were still alive, with a chance of continuing so.

Next morning there was such a violent inflammation in the wound, in spite of my attempts at securing an antiseptic condition and the sterile dressings applied, that it was impossible to do anything with it. I, therefore, treated the wound as any other badly infected wound would be, regardless of its connection with the peritoneal space.

A most violent peritonitis arose, as was to be expected, apparently involving the whole of the peritoneum, with large quantities of pus promptly forming and discharging freely from the wound and cavity. He was given opium and aconite freely and frequent irrigation practised.

He finally recovered, but still has an unclosed wound and wears a pad and truss.

It is my opinion that my inability to close the abdominal wound as I desired saved this boy's life: the free outlet of the open wound allowing the pus to escape instead of poisoning him by its absorption. To have gotten union by "first intention" would have been utterly impossible under the circumstances, and I now realize that it would have been folly to do anything except to provide for the freest drainage.

I find that in this hot, dry climate any wound exposed to the air for three or four hours will not unite under any form of treatment even wounds of the scalp being hard to heal. If a careful cleaning is done immediately and the strictest antiseptic precautions carried out, healing is sometimes secured without much suppuration; but even in wounds produced by the surgeon himself under perfect asepsis primary healing is not always to be obtained.—*American Journal of Surgery and Gynecology.*



THE MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XII. HALIFAX, N. S., NOVEMBER, 1900. No. 11

Editorial.

EUREKA! HURRAH!!

Somewhat less complicate of formula than the celebrated witches brew which proved so potent in the days of Macbeth, but perhaps not necessarily so polysynthetic inasmuch as a rather different result (a result in which the miraculous need not be as clearly set forth) is required of it, is a recent adaptation of animal therapy, a circular concerning which has lately come to our notice. A pamphlet which "is not used as an advertisement," stating facts which "should be known by those preparing for or receiving the lymph treatment," and informing the public "of the diseases the lymph will not cure as well as those it will partially or completely cure," sets forth in language which to the lay mind must be beautifully suggestive, and to the medical mind is charmingly edifying, the peculiar virtues and marvellous efficiency of "the new animal therapy." In the Roberts lymph compound and the Roberts-Hawley lymph, the extracts are not taken from dead tissue, but "from living tissue, and from the lymphatic system." Moreover, there is used "the healthiest, richest in tissue elements, and hardiest animal known, in the fourth or fifth month of life, and when the cells are most active—the Rocky Mountain goat. This animal is specially bred, and is dieted and watched from birth until it is used."

We cannot spare the space to detail the manner of preparation, the theory of action, and the wondrous effect this lymph had on a thirteen and a half year old cur dog. But we feel bound to quote that "the lymph contains the contents of and extracts from the lymphatic

glands and reservoirs, and extracts from the central nervous system, i. e., the brain and spinal cord." From a source other than the circular under review, we learn that "the Roberts-Hawley lymph compound contains (1) extracts of the lymph glands; (2) the lymph; (3) semen of bulls' and goats' testicles; (4) extracts of the gray matter of the cerebrum and of the medulla and cord; (5) extracts of bulls' testicles and of splenic pulp of goats. The menstruum is composed of blood serum diluted with carbon water and preserved from coagulation by the addition of a small portion of chloride of gold and sodium."

Shades of first, second and third witches! And shades of Brown-Sequard!

Be it remembered that this decoction is prepared "from living tissue."

The lymph is injected hypodermically once or twice a day, for from twenty to sixty days, and at the same time "the patient's nutrition is reinforced by a mouth medicine, containing the cells and serum of young goats' blood. * * The results are permanent. The lymph increases longevity and prevents disease." Its application is so nearly universal that it seems scarcely worth while enumerating the indications. Of 2,442 cases treated during three years ending February 1st, 1900, sixty per cent. were completely cured, and in but six and a half per cent. was there failure to greatly benefit the patient. Surely the medical millenium has come!

As to the *modus operandi*, the circular does not make a full and clear statement, and we are left to our own inferences. A suggestion comes from the advertisement of a much vaunted medicament which insists that "the mule element—obstinacy, rebelliousness—in the treatment of anæmia, malnutrition and nervous exhaustion, is a strong plea for "so-and-so's such-and-such compound. We suspect that it is the goat element which pleads most eloquently for the particular lymph under discussion, and that its application is on the principal of *similia similibus curantur*. We confess to timidity in expressing this thought, however, for a vivid recollection of Max Adler's account of the effect of a transfusion of goat's blood into a patient of his acquaintance, instils within us a dread of fracture of our *tubera ischii* should a disciple of "the new animal therapy" disagree with our opinions. It is only a *stern* sense of duty which impels us to do so.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

Oct. 3rd, 1900—Dr. W. E. Ellis, Vice-President, in the chair.

The first regular meeting of the Society for the year 1900-01 was held on this date.

Dr. Ellis read a paper entitled "Scrofulous Lymphadenitis." The true nature of the disease was fully dealt with and the different forms of scrofulous glands were described. The paper will appear in a subsequent issue of the NEWS.

Oct. 10th—An address on "British Hospitals" was given by Dr. Thos. Walker.

During his recent trip, Dr. Walker experienced more difficulty in seeing medical than surgical cases. The surgeons, generally, were most obliging. British surgery, however, as compared with American, did not excel in rapidity of operation and asepticism.

In London, the hands are prepared by washing in liquid soap and then placed in a solution of mercuric biniodide. The incisions are free and many small vessels are ligated. Drainage is freely used, Berlin wool being made use of, especially in Edinburgh. For suture, horse hair is a favorite in Edinburgh. The hair is prepared by boiling and storing in a carbolic acid solution. For preparation of the area of operation, turpentine soap, consisting of 14 parts of soap and 4½ parts of turpentine, is sometimes employed followed by a solution of mercuric perchloride or biniodide.

Some operations witnessed at Edinburgh were described such as excision of tuberculous glands, straightening of tibia, thyroidectomy and pylorotomy. Mr. Caird advocates leaving the heads of metacarpal bones in amputation of fingers, the only exception being made in the little finger of ladies to get rid of deformity. Mr. Cottrill recommends that following abdominal operations, patients should remain in bed for six weeks and ascribes many poor results to failure in keeping this rule.

The Birmingham General Hospital is splendidly constructed and fitted with everything desirable. The system of ventilation—the

LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

“Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine.”

—*The Medical Times and Hospital Gazette.*

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Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

Dose.—One to two tablespoonfuls from three to six times a day.

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Sodium Phosphate is Unexcelled:

1. As an Hepatic Stimulant with beneficial effect on the appetite.

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3. As a "Nervetone" in cases characterized by Debility, Spermatorrhœa, etc.

4. As a Purgative in cases of Exanthematous Fevers.

5. As a cure for Biliousness, Constipation, Jaundice, Diarrhœa, Dysentery, etc., especially in children.

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of bland action.

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "gripping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterised by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectively controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

DOSE.—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary, $\frac{1}{2}$ to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. As an excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. *AT* The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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plenum fan system—is very satisfactory. Here was seen a gastro-jejunosotomy by means of Murphy's button.

The London Hospital affords the opportunity of seeing enormous numbers of patients. The light treatment for lupus was described as carried out in this hospital and some good results were observed. Other London hospitals were referred to and an operation for fracture of patella by Victor Horsley was described. Kocher's incision was used and wiring was by means of a stout single wire. Among the physicians, Fenwick, Brunton and Dyce Duckworth were mentioned. They use oxygen in pneumonia direct from the cylinder without washing of the gas and without a face mask. Sir Lauder Brunton gives thyroid tablets for cold hands and feet. Mention was made of Hick's new clinical thermometers. They are aseptic as there are no mark on the glass, the scale being on the case.

Oct. 17th—Dr. Ellis showed an X-ray photograph of a broken needle in the plantar surface of foot.

Dr. Wetmore, for Dr. Warneford, exhibited a case of cranio-rachitis. The specimen was a foetus at full term.

Dr. G. A. B. Addy gave an address on "Europe in Summer." A description was first given of the course on Pathology as conducted by Dr. Sims Woodhead, at Cambridge. In his laboratory, Dr. Woodhead has the assistance of Mr. Strangeway-Pigg as pathologist, and Dr. Nutthall as Bacteriologist. While the building and equipment are hardly up to the present high standard, the course itself was very satisfactory.

Dr. Addy then referred to pathological laboratories in London, and concluded his address by relating his experience on the continent.



THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION

The tenth annual meeting of the American Electro-Therapeutic Association was held in the Academy of Medicine, New York City, Sept. 25th, 26th and 27th, 1900, under the Presidency of Dr. Walter H. White, of Boston, Mass. The address of welcome was delivered by the acting Mayor, Hon. Randolph Guggenheimer, and was responded to by Dr. Charles R. Dickson, of Toronto, Canada. Dr. Louis F. Bishop, Secretary of the Academy of Medicine, extended the good wishes of the Academy, and Rev. Newman Lawrence also spoke.

The Report of the Committee on Electrodes was presented by Dr. Charles R. Dickson, of Toronto, Chairman. Several new electrodes were submitted for inspection by Dr. Walter H. White, Mr. R. G. Brown, E. E., of Brooklyn, N. Y., and Dr. C. R. Dickson. The recommendations of the committee in regard to the standard dimensions of connections and the manner of marking bipolar electrodes were adopted by the Association.

Rev. Newman Lawrence, of Stapleton, Staten Island, read a paper on "Electro-Therapeutic Sins," scoring vigorously the use of electricity by those who did not understand it, the fraudulent character of so-called electro-magnetic body appliances and the testimonial evil. A discussion on "Electricity in Tuberculosis and Present Modes of Treatment," was taken part in by the following: Dr. S. A. Knopf, of New York, spoke on the "Etiology of Tuberculosis; its Course and Termination." Dr. M. J. Brooks, of Stamford, Conn, dealt with "The Modern Treatment of Pulmonary Tuberculosis." "Electric Light as a Therapeutic Agent" was presented by Dr. Charles O. Files, of Portland, Me. "Electric Light; its Physiological Action and Therapeutic Value in Tuberculosis of the Throat and Lungs" was the subject of Dr. Wolff Freudenthal, of New York. Dr. Egbert LeFevre, of New York, gave a "Report on the Practical Value of Grotte's Method and of Others who Advertise Cures." The report was not of a favorable character. A committee was appointed to investigate the method of M. Grotte, consisting of Drs. William J. Morton, Robert Newman and Emil Heuel, of New York. Dr. J. Griffith Davis made a "Plea for the Better Application of Electricity in Diseases."

SOME NEW APPLIANCES FOR X-RAY WORK.

Mr. E. W. Caldwell, E. E., of New York, brought out an improved stand and holder for the X-ray tube, discarding the rigid clamp for a spring; an ingenious shelf for supporting the arm in any position and steadying it there; a device to keep the limbs in the same relative position in taking radiographs of the hip joint; and a suggestion to interpose a thin sheet of celluloid to prevent injury to the plate by the moisture of the person's body.

COMBINED ELECTRIZATION, OR GALVANO-FARADIZATION.

By Dr. A. D. Rochwell, of New York. Among the advantages of combined treatment over the use of either current alone, he instanced the more powerful excitation of contractile fibre cells, greater stimulation of waste and repair, stimulation of osmosis, increase of heat production, and especially its value in local spasmodic conditions and the control of the symptoms of exophthalmic goitre.

GLEANINGS IN THE FIELD OF ELECTRO-THERAPEUTICS.

By Dr. Charles O. Files, of Portland, Me. Several suggestive cases were alluded to. During a double amputation of the thigh about an hour after a railway accident, the patient suddenly developed symptoms of severe shock to such an extent that he appeared to be dead; the prompt application of galvanism with one pole to the epigastrium and the other to the base of the brain revived the patient almost immediately; electrization had to be resorted to at short intervals for three weeks to avert collapse; the patient completely recovered. Every surgeon who had seen the case during the first fortnight had given a practically hopeless prognosis. A second was a most gratifying improvement following electricity and massage in a case of incipient tuberculosis. Electricity was a most valuable ally as an hypnotic, and in many inveterate cases of facial neuralgia persisting after operative measures for relief.

DISCUSSION ON ELECTRICITY IN GYNECOLOGY AND THE PRESENT
RELUCTANCE OF GYNECOLOGISTS TO USE ELECTRICITY—THE
GENERAL OFFICE WORK OF A GYNECOLOGIST.

Dr. Fred. H. Morse, of Melrose, Mass., outlined the value of electricity in diagnosing the presence of deep seated pus; in metritis, endometritis, subinvolution, uterine displacement, ovarian neuralgia, painful menstruation, electrical treatment was most satisfactory; in acute inflammatory conditions electrical treatment was not contraindicated, but special care was requisite then; a reliable battery, amperemeter,

and a good high-tension faradic battery were absolutely essential; asbestos cloth made a capital dispersing pad.

THE MORTON WAVE CURRENT—A VALUABLE ADDITION IN ELECTROTHERAPEUTICS.

In the absence of the author, Dr. W. B. Snow, of Atlanta, Ga., this was read by Dr. C. R. Dickson. The wave current was unique in many respects; thus it was administered from but one side of the generator, the alternations were of charge and discharge, though of high potential it could be passed to and fro through the body with little discomfort; the patient received general electrization; the surges of the current passing through the tissues of the body, it permitted the use of the highest possible electro-motive force; it was readily controllable; the constitutional effects were marked lowering of arterial tension, lessened frequency of the heart's action and increased volume of pulse, increased oxidation and metabolic activity, marked diminution of nervous irritability, with sense of drowsiness and a sense of fatigue if the treatment was too prolonged; it was indicated in all atonic conditions, chronic menstrual disorders, uncomplicated neuralgia, sciatica, sprains and bruises, and many other conditions.

THE NERVOUS DISORDERS PECULIAR TO WOMEN.

Dr. G. Betton Massey, of Philadelphia, dealt chiefly with the relation of neurasthenia to these disorders, and the frequent need for well-regulated and properly directed activity as opposed to the notion of rest.

USE OF THE CONTINUOUS CURRENT AND ELECTROLYSIS.

Dr. Robert Newman, of New York, outlined his successful use of electricity for many years in a large range of cases, including the absorption of pelvic exudates, prolapsus uteri, fibroid tumors.

SPARK-GAP CURRENTS, VIZ., FRANKLINIC INTERRUPTED, STATIC INDUCED AND WAVE CURRENTS.

By Dr. William J. Morton, of New York. The wave current, or "displacement current," presented more advantages than either of the others; it embodied all that could be obtained from an electro-static machine in current form for therapeutic purposes; it was of especial value in neurasthenia and all cases where it was desired to improve the general nutrition.

A LECTURE ON METHODS OF GENERATING AND TRANSFORMING ELECTRIC CURRENTS FOR THERAPEUTIC USES.

By Mr. Charles T. Child, E. E., Technical Editor of the *Electrical Review*, was, in his unavoidable absence through illness, delivered by

Dr. C. R. Dickson from Mr. Child's manuscript. The officers and a large number of the members of the New York Society of Electrical Engineers were present on invitation. The direct current was a special case of the alternating current, in which the frequency was reduced to zero; the maximum of pressure for therapeutic use was sixty or seventy volts; the battery, though it had recently celebrated its centennial, was still far from perfect; the so-called dry battery was only useful for small currents and for short periods; for motors and cauteries, storage batteries were the best. High pressure currents were reduced for therapeutic use by employing a shunt around a resistance such as coils or lamps; static machines generated potentials up to several hundred thousand volts.

ILLUSTRATIONS OF THE VALUE OF THE CATAPHORIC METHOD IN CANCER.

By Dr. G. Betton Massey, of Philadelphia. The method consisted in driving the salts of mercury into the cancer by cataphoresis with heavy electric currents; the patient being etherized and placed on a large leaden plate covered with heavy pads, constituting the negative electrode, the positive being a tube of gold with amalgamated tip, through which mercury was injected; three or four hundred milliamperes of current were used, sometimes for two hours or more. An inodorous slough separated in one to three weeks. Eleven out of thirty-seven cases had been successful; in twenty-two the treatment had been begun too late. The treatment was not intended to take the place of the knife, but was very applicable to early manifestations, particularly carcinoma of cervix uteri, and before metastasis.

THE CAUSES OF SOME CASES OF NEURASTHENIA AND THEIR TREATMENT.

By Dr. Francis B. Bishop, of Washington, D. C. A systematic quantitative analysis had showed quite commonly a diminution of the daily quantity of urea and an excess of phosphates; muscular tissue seemed to be the chief seat of the metabolism; exercise increased the output of urea; the object should be to promote chemical changes by muscular exercise, which ordinarily was followed by fatigue, and such cases were already fatigued, therefore he used electricity, beginning with a mild galvanic current to stimulate the cells of the brain and spinal cord, followed by general galvanization, and then by general faradization; lastly, about fifteen minutes in the ozone cage with static spray.

X-RAY PHOTOGRAPHY.

By Dr. E. R. Corson, of Savannah, Ga. Unless the X-rays were powerful enough to penetrate the bone, details could not be properly brought out. Mere length of spark did not indicate the efficiency of apparatus. By increasing enormously the number of interruptions the quantity of current passing through the tube was augmented and

efficiency proportionately increased. A coil giving a spark of only eight or ten inches and all the current the X-ray tube could stand, was recommended; also the use of a hydrochinone developer. All negatives, no matter how strong, should be intensified after development; this gave sharp contrasts, showing no flesh.

ELECTRICITY IN BRAIN FAILURES.

By Dr. D. R. Brower, of Chicago, Ill. The frequency of cerebral neurasthenia was to be attributed to the almost universal condition of unrest, keenness of competition, drifting away from the authorities of the past, and not a little to "young America" and the "new woman." It was frequently associated with disorders of the intestinal tract, or with dilatation of the stomach; daily séances of intra-gastric electrization lasting five minutes, carried out by the patient himself three or four hours after a meal, with attention to diet, with intestinal faradization by the physician, galvanization of the brain, and bulbar galvanization, followed by static insulation, were recommended.

ELECTRO-THERAPY OF INSANITY.

By Dr. Alfred T. Livingston, of Jamestown, N. Y. The author had been using electricity in the treatment of mental disorders for about nineteen years. The calmative effect of the galvanic current in some cases was very marked; the treatment was founded on the theory that insanity was dependent largely, in the first instance, upon circulatory changes in the brain. An earnest plea was made for larger medical staffs in insane hospitals and the better treatment of insanity in the earlier stages.

The following officers were elected for the ensuing year: President, Dr. Ernest Wende, of Buffalo; 1st Vice-President, Dr. Frederick H. Morse, of Melrose, Mass.; 2nd Vice-President, Dr. Daniel R. Brower, of Chicago, Ill.; Treasurer, Dr. Richard J. Nunn, of Savannah, Ga.; Secretary, Dr. George E. Bill, of Harrisburg, Pa. Executive Council vacancies: Dr. Francis B. Bishop, of Washington, D. C., and Dr. Walter H. White, of Boston, Mass. The next annual meeting will be held in Buffalo on September 16th, 17th and 18th, 1901. The New York Telephone Co. very kindly installed a private 'phone at headquarters, Hotel Bristol, for the exclusive and free use of the members, who were accorded also the privileges of the wires to the surrounding towns and cities, and the Long Distance Company extended like privileges. The efforts of the indefatigable Chairman of Arrangements, Dr. Robert Newman, of New York, for comfort and entertainment were untiring. Visits were paid to a most modern and typical Telephone Exchange, the Electric Vehicle Transportation Co. (automobiles), and the Metropolitan Power House, at each of which most interesting addresses were delivered by those in charge; and on the last day of the meeting Park carriages were in waiting at headquarters after lunch, and a most enjoyable drive taken through Central Park and

Riverside Drive—visiting Grant's Tomb, Columbia College, Library and Laboratories, St. Luke's Hospital and the Crypt of the Episcopal Cathedral. An informal reception at Hotel Bristol was an unqualified success. A very popular feature was an energetic Ladies' Auxiliary Committee, whose excursions started daily from the place of meeting, an opportunity being thus afforded of seeing the Stock Exchange, Trinity Church, the Aquarium, Central Park, the Obelisk, Metropolitan and other Museums, and places of interest, under most favorable auspices.

The Association is to be congratulated on its choice of President for the ensuing year. Dr. Ernest Wende, in his important and responsible position as Health Commissioner of Buffalo, has displayed very marked ability and possesses more than a national reputation. His strong personality and great energy, coupled with the fact that the Pan-American Exhibition will also be held in Buffalo next year, cannot but prove a very powerful incentive to a large attendance, increased membership and meetings of exceptional interest in 1901. Preparations for which are already well under way.

Matters Personal and Impersonal.

Dr. J. R. McIntosh, of St. John, recently returned from Clifton Springs, much improved in health.

Dr. M. Chisholm, who had arranged to go South for some weeks, has been prevented through illness, being confined to bed for some days.

Dr. E. Farrell has also been quite ill for some days, but the latest report is that he shows signs of improvement.

Messrs. M. J. Breitenbach Co., of New York, had the misfortune recently of having their place of business completely destroyed by the tremendous explosion which wrecked the Tarrant Building in which their establishment was situated. Though handicapped for some time in the matter of supplying Gude's Pepto-Mangan they are once more able to fill all orders for this well-known and reliable agent.

Numerous improvements have recently been made in the General Public Hospital of Saint John. Every room in the Institution is heated by steam, and those in the Nurses Home by hot water.

A very efficient steam laundry has been placed in the building. The operating theatre has been much improved by a cement and marble-dust floor, with white tiles four feet high on the wall surrounding the room, so that it can be flushed when required, and with other additions, has made it equal to most modern hospitals. The cost has been between six and seven thousand dollars.

Obituary.

DR. JOHN BERRYMAN.—The death of Dr. John Berryman of St. John, will be heard with general regret by the profession. Dr. Berryman was born in St. John in 1828, and was therefore 72 years of age at the time of his death. His illness was short, extending over a few weeks. The cardiac action had been rather defective for some time, lately a central inflammatory process developed followed by hemiplegia and unconsciousness and a fatal result occurred on the 4th of November.

During early manhood, Dr. Berryman experienced a varied and venturesome career. For among other incidents, he worked in the gold fields of Australia and visited South America. Later he studied medicine at the University of Edinburgh and graduated in 1861. He was an intimate friend of Sir James Simpson, indeed he lived with him for two years, and mention of him will be found in the recent life of Sir James Y. Simpson.

On the outbreak of the American war, Dr. Berryman took a prominent position as a surgeon in the Northern army, and was in charge of a hospital in West Philadelphia. At the close of the war, he returned to St. John and there entered into private practice.

He was a very successful practitioner and readily secured a large practice. Naturally he leaned towards gynecology and obstetrics, and was one of the earliest operators for ovarian tumour in Canada. Among the positions which he filled were surgeon to the Garrison Artillery from 1864 to 1875; Police Surgeon from 1863 to 1875; Member of the House of Assembly in 1888. At the time of his death he was a Commissioner of the General Public Hospital.

Dr. Berryman had a pleasant genial disposition, and was held in high regard and real affection by his patients. His attractiveness was evidenced by the loyal adherence of his clientèle.

He was accurately described by one of the daily papers as a citizen with hearty love of St. John, a warm lover of dogs and horses, a man of kind and gentle disposition in all his dealings with his fellowmen and a most capable physician. Dr. Berryman had a warm place in the feelings and affections of the citizens, and all classes of the community will mourn his death.

The following resolutions were adopted at a meeting of the St. John Medical Society on Wednesday evening, Nov. 21st:

Whereas, in the Providence of Almighty God Dr. John Berryman has been removed by death from the membership of this society, and, as it seems meet that due notice should be made of the sad circumstance:

Be it therefore resolved, that in the death of Dr. Berryman the St. John Medical Society has lost one of its most worthy members. Not only was he by his eminent attainments an honor to the society and an ornament to the profession, but by his frequent attendance at its meetings, his weighty yet modest counsels in its deliberations, his magnificent donations to its library shelves, his courteous deportment towards his contemporaries and his considerate kindness to his juniors, he endeared himself to its members, advanced its interests and assured its success.

As a public man and a citizen he is not less worthy of remembrance. Elected to a responsible position in the Legislature, chosen for an equally responsible one in the chief hospital in his native city, he discharged his duties with promptness, ability and rectitude, earning for himself the esteem of his fellow-citizens and setting them an example it has been their pleasure and the city's gain to follow. Him, as a physician, the rich and poor alike unite to hold in grateful memory. Gracious and conscientious to the former, to the latter he was overflowing with fulfilled duty and unostentatious charity.

Further resolved, that a copy of this resolution be entered upon the minutes of this society, that another be sent to the public press of the city, and that a third be transmitted to his widow and family, to whom the members of this society respectfully beg to offer their most sincere and heartfelt condolence.

Signed on behalf of the society.

J. R. McINTOSH, President.



Book Reviews.

DISEASES OF THE EYE.—For Students and general practitioners. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, Eye Department College of Physicians and Surgeons, Medical Department Columbia University, New York. Published by William Wood and Company, New York.

This work is concise, practical and very cleverly prepared and will prove of great value to the student and general practitioner for whom it has been specially written. Though the book is small there are 243 original illustrations including 12 colored figures, all of which are excellent. In this respect it surpasses many of the more classical specialists' text-books. While the rare affections have been dismissed with little comment the common diseases are treated in detail.

Altogether we can recommend the work to the general practitioner who wishes a concise, up-to-date book on diseases of the eye.

PRACTICAL URINALYSIS AND URINARY DIAGNOSIS.—A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, LL. D., M. D., Queen's University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms, and Treatment." *Fifth Revised and Enlarged Edition.* With numerous illustrations, including Photo-engravings, Colored Plates, and Tables for estimating total solids from Specific Gravity, Chlorides, Phosphates, Sulphates, Albumin, Reaction of Proteids, Sugar, etc., etc., in Urine. 6x9 inches, Pages xvi-406. Extra Cloth, \$3.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Just two years ago it was our privilege to review carefully the fourth edition of this standard work, and now the fifth edition presents itself in a thoroughly revised form, the number of pages increased, so that consequently considerable new matter has been added. A chapter on the microscope and its use in urinalysis will commend itself to students and practitioners, for how comparatively few know how to use this instrument so necessary in a complete examination of the urine. Dr. Purdy has succeeded in imparting this knowledge in exceedingly plain language. Centrifugal analysis, one of the exact methods of analysis is carefully explained and simplified, and reference tables introduced, so that now a complete analysis of urine, both qualitative and quantitative, can be obtained in from twenty minutes to half an hour, that formerly occupied an entire day. The illustrations are good and will prove of great advantage to readers. The author says in the preface: "an effort has been made to improve the work more especially in its practical bearings on clinical medicine, as well as to bring it thoroughly up to date." Dr. Purdy has eminently succeeded in his task, and his well-known work in its present form cannot fail to receive a hearty reception from the profession which former editions have done.

PHYSICIANS' MANUAL OF THERAPEUTICS.—Referring especially to the Products of the Pharmaceutical and Biological Laboratories of Parke, Davis & Company.

The contents of this neat and handy reference guide are divided into Therapeutic Suggestions, Antidotes to Poisons, Differential Diagnosis of Eruptive Fevers, Equivalents of Imperial Measure Units, Approximate Measures, Tables of Thermometric equivalents and *Materia Medica*. Serum therapy is given necessary space chiefly in reference to diphtheria, tetanus and tuberculosis and in infections of the streptococcus. Under Therapeutic Suggestions will be found concise treatment for all the medical and surgical affections with which we are daily liable to meet. Naturally, *Materia Medica* takes up most of the book. In it will be found at a glance, all important pharmaceutical and biological preparations now in use, and the different available forms in which they can be procured. No secret combination is mentioned in its pages. Those who have been fortunate enough to secure a copy of this work will find it in every way a valuable reference guide.

THE DECEMBER LADIES' HOME JOURNAL.—The Christmas Ladies' Home Journal offers a superabundance of literary and artistic features in most attractive form. Among its nearly two score contributors are Mrs. Lew Wallace, Elizabeth Stewart Phelps,

WYETH'S SOLUTION

IRON & MANGANESE PEPTONATE

(NEUTRAL.)

Liq. Mangano—Ferri Peptonatus—Wyeth's.

Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood : i.e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day ; dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

Offered in 12 ounce bottles (original package) and in bulk at the following list prices.

Per Demijohn, \$6.25 ; Per five pint, \$4.50 ; Per doz. 12 oz \$11.00.

WRITE FOR LITERATURE.

DAVIS & LAWRENCE CO., LTD.,

Manufacturing Chemists,

MONTREAL, CANADA.

General Agents for Canada.

To the Medical Profession:

ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

Charles Major, William Perrine, Clifford Howard and Elizabeth Lincoln Gould, while A. B. Frost, W. L. Taylor, Reginald B. Birch, Henry Hutt, George Gibbs and as many other illustrators supply its pictorial features. Apart from the articles having special holiday timeliness of interest, the notable features of the Christmas Journal include "The Inkeeper's Daughter Who Dissolved a President's Cabinet," "What May Happen in the Next Hundred Years," "Jerusalem as We See it To-Day," "Two Women's Gifts of Twenty-Five Millions," "The Little Men' Play," a dramatization of Louisa M. Alcott's delightful story: "Where Children See Saint Nick," "The Fourteenth Man," "Two Christmas Days at Rock Farm," and "The Successors of Mary the First," "The Story of a Young Man," and "The Blue River Bear Stories," which are continued. Edward Bok has a thoughtful article on Christmas celebration, and there are various articles on women's wear, Christmas presents and edibles, while various other practical helpful themes are ably presented. By The Curtis Publishing Company, Philadelphia. One dollar a year: ten cents a copy.

Notes.

SANMETTO ALWAYS RELIABLE IN STRENGTH.—I have one word of praise to say for sanmetto, viz: that the last bottle gives the same results as the previous one: or in other words, sanmetto is always reliable in strength.

Kansas, City, Mo.

MARK C. MYERS, M. D.

TREATMENT OF DIABETES MELLITUS.—Benson (*The Diabetic and Hygienic Gazette*) records a typical case of diabetes mellitus in a railroad employee aged 48 years. The patient had been ailing for some time and was under treatment for gastritis. For six months he had been failing in flesh and strength and at the time when treatment was inaugurated was voiding about sixteen pints of urine, specific gravity 1060 and containing a large quantity of sugar. Lithiated hydrangea was prescribed in teaspoonful doses every four hours and a diet restricted to gluten bread, fish, poultry, eggs, spinach, cabbage, string beans, milk and fish bouillon. As a result he improved rapidly. His urine gradually became practically normal in every particular. At the end of the third week of treatment only a trace of sugar was found. The patient returned to his work but continued using only the anti-diabetic diet. Occasionally, when strongly tempted, he indulged in the ordinary dining car bill of fare and always suffered the consequences. In such event he promptly returned to the course of medical treatment prescribed and was always benefited. When the report was made he was as fleshy and strong as ever, but was still using only gluten bread and occasionally taking a short course of lithiated hydrangea.

HUNTER MCGUIRE'S OPINION.—The late Hunter McGuire, the most celebrated surgeon of his time in the United States, if not in the world, was asked for his opinion of antikamnia by Dr. Thos. C. Haley of Riceville, Va. Dr. Haley in writing of this circumstance to The Antikamnia Chemical Company, says as follows:

"I recently wrote to Dr. McGuire and gave him my experience with antikamnia in my own case and that of others. Of myself, I said that I had been using the five-grain tablets for four or five years consecutively, and always with great and signal relief to my sufferings. I vouched for it as being the grandest succedaneum for morphia. While I entertained these opinions personally, I still felt that the quantity taken should be justified by consultation. Hence the letter to Dr. McGuire and I am pleased to hand you herewith his reply."

The following is Dr. McGuire's reply:

ST. LUKE'S HOME, RICHMOND, VA., Nov. 8, 1894.

THOS. C. HALEY, M. D.,

My Dear Doctor,—I don't see any reason why you shouldn't continue to take the remedy (Antikamnia Tablets) of which you speak and which has done you so much good. I don't believe it will do you any harm. With kind regards and best wishes.

Very truly yours,

(Signed) HUNTER MCGUIRE.

SPLENIC ANÆMIA—CASE—BLOOD CURED.

T. J. Briggs, M. D., Stamford, Conn.

Mary P.—, age 49 years, admitted on December 2nd; diagnosis splenic anemia. Patient complained of diarrhoea and swelling of the abdomen. An examination showed a tumor in the left side of about two years standing. For three years she had been a sufferer from progressing anemia with greatly enlarged spleen. There was nothing of any moment in her family history and no history of any other diseased condition. Malaria was not present. She said that three years previous to my seeing her she had an attack of diarrhoea, and shortly after noted a swelling in the left side beneath the costal margin. From the outset her color was bad, of a grayish brown unhealthy tint. Diarrhoea had been almost constant and great care had to be taken in her diet. In spite of this the patient said she had never passed any blood or mucus, and on several times within the three years there had been intervals when the diarrhoea had entirely stopped. The swelling on left side, she said, had steadily increased and now caused a heavy dragging, uneasy sensation. There was no oedema or ascites. The patient was a slight woman with a highly anemic appearance, mucous membrane pale, tongue slightly coated and some pigmentation, murmurs at the base of her heart could be discerned. On the left side a bulging just to the left of the umbilicus was a marked prominence. An examination showed a large solid mass with sharp border, and one well defined notch just above the navel. The whole mass was readily moveable and on percussion extended over the seventh rib. Examination of the blood showed hæmaglobin about 55 per cent., red blood corpuscles of 2,900,000 per cubic millimetre. The corpuscles were pale, the red blood corpuscles not nucleated. The feces were of a greenish brown color, containing no blood or mucus of parasites. Of this I am certain, for they were frequently examined.

The patient was put to bed, the secretions regulated, an elastic abdominal belt applied and bovine ordered, a teaspoonful every hour in peptonized milk. Also one-twentieth grain biniodid of mercury every three hours.

Dec. 28th, the bovine was increased to two teaspoonfuls every hour.

Jan. 6th, the bovine was increased to a tablespoonful every two hours.

Jan. 18th, the diarrhoea had ceased, the patient was feeling stronger, her color was better, examination of her blood showed hæmaglobin to be about 60 per cent., white corpuscles slightly over 5,000 per cubic millimetre. The urine, outside of just a slight trace of albumen, was normal.

Jan. 20th, the bovine was increased to a wine-glassful every three hours, the mercury discontinued. The patient made a steady and uninterrupted recovery and was discharged cured, January 29th.

A WAIF OF DISAPPOINTMENT.—An Eastern concern, which makes an imitation of Gude's "Pepto-Mangan," and, for years, has traded upon the reputation which this preparation has earned for itself, has recently sent broadcast to the medical profession of America a circular letter, in which, after bewailing the enormous returns brought by the "unethical methods" of other manufacturers, modestly refers to its own "ethical" virtues, and expresses the belief that, in spite of present non-appreciation of these virtues by the doctors, "the day will come when physicians will realize the importance of ceasing to be the *instigators and propagators* of the popularity of certain proprietaries" and will patronize "ethical preparations"—like *theirs*, for instance.

This, to say the least, is a very left-handed compliment to the great body of the medical profession, who will not be slow to catch its drift, or fail to inquire wherein consists the "ethicalness" of the methods of the concern who thus sharply takes them to task for preferring a genuine to a spurious article.

Druggists, as a rule, are not much interested in the quibbles of the doctors on questions of "ethics," but in this matter most of them will recognize in the circular referred to, a waif of disappointment and an effort to draw attention away from the methods adopted by its authors to supplant the preparation thus covertly assailed by them with their own imitation thereof.

The time has gone by when either doctor or druggist can be deceived by any such false play. Every member of both professions knows that "Gude's Pepto-Mangan" is a preparation of genuine value, manufactured on scientific principles, by reliable men, and introduced to physicians in an ethical manner, solely on its merits, and for these reasons physicians will continue to be "instigators and propagators" of its popularity, just as the druggists will continue to keep in stock an article for which there is a steady demand and a ready sale.—*The National Druggist, November, 1900.*

THE STANDARD MEDICINE OF THE WORLD

Hayden's Viburnum Compound.

THE GREAT

ANTISPASMODIC

OF THE PROFESSION.

Employed by all Obstetricians. A reliable remedy in DYSMENORRHOEA, Nervous Disorders, and as a Uterine Tonic, giving tone and strength to the system.

FREE FROM ALL NARCOTICS.

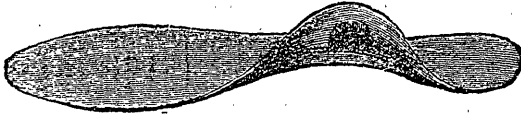
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New York Pharmaceutical Company,

BEDFORD SPRINGS, MASS.

**HOLLAND'S IMPROVED
INSTEP ARCH SUPPORTER.**

NO PLASTER CAST NEEDED.



A Positive Relief and Cure for FLAT-FOOT.

80% of Cases treated for Rheumatism, Rheumatic Gout and Rheumatic Arthritis of the Ankle Joint are Flat-Foot.

The introduction of the improved *Instep Arch Supporter* has caused a revolution in the treatment of *Flat-foot*, obviating as it does the necessity of taking a *plaster cast of the deformed foot*.

The principal orthopedic surgeons and hospitals of England and the United States are using and endorsing these Supporters as superior to all others, owing to the vast improvement of this scientifically constructed appliance over the *heavy, rigid, metallic plates* formerly used.

These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot*.

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

Sole Agents for Canada: **LYMAN. BROS. & CO.**, Surgical Specialists.
380-386 ST. PAUL ST., MONTREAL.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto In a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

W. D. OD CHEM. CO., NEW YORK.

WHEELER'S TISSUE PHOSPHATES.

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The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of the therapists.

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