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A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY.

VOL. IX.

HALIFAX, NOVA SCOTIA, APRIL, 1897.

No. 4.

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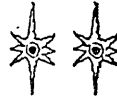
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### Maritime Medical Association.

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The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 21st and 22nd.

Extract from Constitution:

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All who intend to read papers at this meeting will kindly notify the Secretary as early as possible.

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## ... SEASONABLE THERAPEUTICS ...

### The Treatment of Influenza or La Grippe

It is quite refreshing these days to read of a clearly defined treatment for Influenza or La Grippe. In an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious.

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell then orders that the bowels be opened freely by some saline draught, as honyadi water or effervescent citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx  
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness, generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets, No. xxx  
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets, No. xxx  
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx  
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone, we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

THE  
MARITIME MEDICAL NEWS,  
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. IX.

HALIFAX, N. S., APRIL, 1897.

No. 4.

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Clinical Lecture.

TUBERCULAR ARTHRITIS.\*

---

By EDWARD FARRELL, M. D., Professor of Surgery and Clinical Surgery at the Halifax Medical College, Surgeon to the Victoria General Hospital, etc.

---

To-day I wish to speak upon the subject of tubercular arthritis. You have seen during the session several cases of this disease, upon which operations have been performed. Such cases are of especial interest to all practitioners, as they are so frequently met with. Tuberculosis is the most common of the chronic, destructive diseases which we meet with in this province, and, although presenting itself oftenest in the lungs, it is also found very frequently as a surgical affection, in the shape of Pott's disease, or of hip-joint disease, or of "white-swelling" of the knee, or of tuberculous disease of the ankle or other joints. As one or another of these affections it occurs in quite a large proportion of our tubercular cases, and, if we are to expect good results in practice, we must devote to these cases much careful study and methodic treatment.

I use the term arthritis, as applied to cases of tubercular joint disease, in preference to any other term, as it represents the condition which inevitably obtains at a comparatively early stage of the untreated or badly treated disease. It may begin as a synovitis, or as an osteitis, but wherever it begins it ends as an arthritis—all the structures of the joint becoming involved in the change. The synovial membrane, the

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\*Delivered before the Senior Class in Surgery, at the Victoria General Hospital, March 27, 1897, and specially reported for the NEWS.

fibrous envelope of the joint, the cartilage covering the bone, the end of the bone itself—all become involved as the tubercular arthritis becomes developed. So the term tubercular arthritis is most applicable to the condition, being descriptive of the changes and of the state underlying the changes which come about in the affected joints.

Unfortunately we rarely get hold of these cases until the condition has become one of actual arthritis. The affection is limited in the beginning to the synovial membrane or to some one structure, but after the disease has lasted some little time it extends from the point first attacked, until eventually all the tissues are infected. And this has usually occurred before the patient is brought to the doctor for treatment.

Having said this much in a general way, I must pass on to particularize somewhat with reference to some of the features of tuberculous joint affections. And, in the first place, I want you to note two facts: (1) Joints which are subjected to the most motion, with pressure (from the weight of the body) are most frequently affected, viz.: the hip, the knee, and the ankle joints. (2) The disease progresses in proportion to the amount of functional activity required of the joint. The more the joint moves, the more stimulation is given to the morbid process, and the more rapidly does it progress. This fact indicates strongly the necessity for early treatment, with absolute rest.

While the disease is by no means limited to children, it is, nevertheless, particularly a disease of childhood or of young adult life. We have had a number of cases in the hospital recently in which the age has ranged from twenty to thirty years, but by far the larger proportion of cases occur in those of tender years; and I speak to-day of the disease as a disease of childhood. Speaking somewhat arbitrarily, children between the ages of five and fifteen or eighteen years are most prone to the disorder.

With reference to these cases, as with reference to tuberculous affections generally, I am always desirous of giving prominence to a good principle which is derived from a bad source (a patent medicine advertisement), and that is "*consumption is curable.*" Recent experience proves this beyond cavil, and we should all start with such an idea uppermost in our minds. Consumption is curable, especially when treatment is adopted sufficiently early in the course of the disease. In the early stages particularly can we expect proper therapeutic measures to be followed by recovery, and it is for this reason that early diagnosis is

all important. This applies to every manifestation of tubercular disease, and not less to disease in the joints than in other parts of the body. The reason that we see so many cases requiring resection or even amputation is an imperfect diagnosis in the early stage. And the imperfect diagnosis, I am sorry to say, is oftener the result of want of care than of want of knowledge. Be thorough, be careful, and strive always to make an early diagnosis.

Now, is diagnosis easy in the first stage? To the careful, yes: to the careless, no. The symptoms are not prominent, the disease is insidious in its onset, and frequently it becomes fully established and part of the joint is affected before the patient shews any severe symptoms. In fact, the symptoms are often so slight in the beginning that many—perhaps the majority—of the cases do not seek advice for six or eight weeks after the disease is established.

When the child is brought to the surgeon, inquiry will usually elicit the information that the mother has noticed the child to appear, at times, unwell. There may have been no complaint of pain, but very likely a limp may have been occasionally observed. This limp is most likely to be detected towards the end of the day. It is usually absent after the night's rest, and it may not be present every day. Some days the child may walk well, while on other days it manifests a distinct limp or halt. As yet there will probably be no particular pain and no uneasiness. The mother usually finds an explanation for the symptoms in some slight injury which the child sustained a short time before, and she expects that the stiffness and soreness of her child will wear away ere long. Not until she has waited for what she considers a reasonable time, and sees no improvement, does she seek the aid of the surgeon.

It is probable that the exciting or determining cause of a tubercular arthritis is very often trauma, which may, to appearances, be but slight. And unfortunately it is by no means unusual to refer the pain, or the soreness, or the stiffness of commencing joint disease to the slight injury from which the commencement of the trouble is so frequently dated. Not suspecting the gravity of the case, the mother applies domestic remedies and puts the child to bed. And, adding to the deceptiveness of the condition, a day or two of rest is often followed by a marked remission in the symptoms, and perhaps for ten days or a fortnight the child may appear quite well. Then, after a hard day's play, the pain returns, with the halting step and the stiffness. So the symptoms back and fill for four, or five, or six weeks, until the child is finally brought to the surgeon.

Now remember that there has been already delay. Do not be guilty of encouraging a continuance of the delay—a fault which, I fear, is all too common among surgeons. Often, doubtless, the surgeon first sees these cases in the morning after the child has had a night's rest and is at its best. There being nothing very evident at the time, the busy doctor puts off the case by recommending the application of iodine, and a return in a month if there isn't improvement. In this way more delay is caused, and the surgeon's carelessness is directly responsible for that increase in the morbid condition which will almost surely result.

Never, in the case of any child being brought to you with a suspicion of lameness or stiffness about a limb, write a prescription or give a direction without having the idea of tuberculosis in your mind. Look at the child's general condition, but do not be too much influenced by the appearance of good health—the disease may exist where you would least suspect it. Go into the family history, and give due weight to any instance of tubercular disease found therein. Strip the child. You cannot tell about a disease in the deep structures unless the child is stripped, when you can readily compare the diseased with the healthy side.

The hip and the knee are the joints most frequently affected; and we have a very simple method of detecting any tenderness in these joints. Have the child stand or hop on one limb. This can be done on the sound side without trouble, but when the diseased side is used, more or less pain is induced. Another method is to lay the child on its back on some firm surface, grasp the limb of the suspected side and press it strongly towards the child's body. Or, with one hand strike a quick, sharp blow upon the heel of the extended limb. Any tenderness—as shown by the child wincing—means disease. Pressing the joint surfaces together is always a good way of testing for tenderness, and is applicable even in the early stages.

Study this symptom of tenderness carefully, but whether or no you find tenderness, do not leave the case until you can answer the question "Is this a tuberculous joint or not?" Always definitely decide this question, remembering the necessity for early treatment when tubercular disease has to be contended with.

What is going on in the joint in this early stage of the disease? What is the pathological condition upon which the symptoms depend? At the outset, the first noticeable change is a hyperæmia of the synovial membrane and adjacent structures—that is assuming that the disease begins, as it often does, in the synovial membrane. Those cases in which

the morbid process commences in this way are the more amenable to treatment. Following the preliminary congestion, there is an increased formation of synovial fluid. Then the synovial membrane becomes thickened, and its edges or fringes soften until they present a gelatinous appearance.

These changes are the changes of inflammation. The exudate is inflammatory, and is dependent upon the presence of the tubercle bacillus in the tissues and the implantation of the infection in the joint structures. And when a case is brought to you, it will in all probability be in about the condition which I have just described, or in a condition which might be called a "first growth."

If the case progresses, we get a "second growth." Pus germs gain access to the tissues, and suppuration ensues. Suppuration within the joint is followed by erosion and ulceration of the cartilages—the cartilages softening as the result of the inflammatory process. Abscesses form within and without the joint, discharging in various directions, and gradually the bone becomes involved and the third stage of the disease has been reached.

Now in the treatment of these cases, I want to impress upon you strongly that there are two elements to be considered, two factors each of which require careful and systematic attention, viz.—(1) tuberculosis, (2) the local tissue changes going on in the affected joint. These factors are of course interrelated, but both must receive deliberate consideration. The tuberculous condition of the system requires particularly to be treated—it is the element towards which treatment should first be directed. The tendency is to treat the local condition only. This is bad. Do not forget the state of system behind the joint trouble. It would be better to wholly neglect local treatment than to wholly neglect general treatment.

Bear this point particularly in mind. We have a plan of treatment which sometimes cures, and in the majority of cases retards the progress of, tuberculosis. As yet there is no specific remedy, altho' we have the promise of such being found for us before very long. But by combining several therapeutic measures we certainly can retard. The principle of our plan of treatment is to enrich the blood as a tissue builder, and to increase the vitality of the tissues and stimulate their constructive powers. When dealing with splints and straps and local appliances, do not leave this principle out of account.

In attacking the disease tuberculosis, do as a commander would do



when he determines to attack a fortress—select every possible point of vantage from which to direct your remedies. And let your treatment be a matter of detail. General directions are insufficient in any case of sickness. Always be specific in indicating the exact treatment which you desire, or you will find your patient continually taking liberties which may have disastrous effects.

In your plan of treatment, accord to fresh air and sunshine a very prominent place. Their importance cannot be over-estimated. Even though exercise be impossible, fresh air and brightness are always attainable. Unless your patients live and sleep in airy rooms, your colliver oil and iron will not be of much avail.

A child with beginning local tuberculosis should not be permitted to remain in the same house with an advanced case of tuberculosis. This is a maxim of very great importance. Every effort should be made to prevent the association of cases such as we are now considering with other forms of tuberculous disease.

Then the feeding of patients of this sort is a matter requiring much careful attention. There are always two elements to be considered in the question of good feeding—good food and good digestion. If the changes within the stomach should be improper or imperfect, digestion is interfered with, the nutritive matters are not assimilated in sufficient amount, and the food—no matter how good it may be—does not nourish. There is therefore great need for care of the digestive process. I always have hope for a tuberculous patient who comes to me with a good digestion, but if the digestion be bad and does not quickly improve under treatment, I have learned to expect death within a year in probably 99 per cent. of cases. By careful diet, by regular feeding, and by proper therapeutic measures, strive to your utmost to get the digestive system into perfect order. The food of a tuberculous patient must be rich in fats, and consequently requires a healthy condition of the digestive organs.

A practice common among farmers, which must not be lost to sight as a factor in the production of cases of tuberculosis, is that of robbing all their milk of its cream, in order to increase the butter output. Their families are thus compelled to use skimmed milk, which is quite deficient of that fat so necessary to those disposed to tubercular troubles. Children thus deprived of their common article of diet inevitably suffer. They are being brought up in the shabbiest sort of a way—on that which looks like milk, but isn't. It would be better to give them cold water

and be honest. Farmers should be impressed with the dangers attending the practice of such doubtful economy.

Salt bathing is always a good tonic and may prove especially useful in tuberculous cases. It is not necessary for the patient to go to the seaside—in fact it is often highly inadvisable for such patients to go near the coast, although in the months of July and August a short stay at the seaside may be really valuable. The benefits of salt bathing may be secured at home by adopting the simple expedient of rubbing the child down daily with a towel wrung out of salted water.

Of the part played by medicines in the treatment of the general condition, time forbids me saying much. Of recent years the use of creosote has been revived, and its active principle, guaiacol, has come into marked favor. I cannot but think that these agents possess some specific control over the disease. Iodine, especially as iodide of iron, and iron itself in various forms, hold a high place in my esteem. When you have added to this short list cod liver oil, you have the remedies which I have learned to place most confidence in. But all of these require a good digestion, more especially the cod liver oil, and you must always guard carefully against any undue strain upon the digestive function.

We now come to consider the treatment of the local condition, and in the very early stages the indications are summed up in one word—Rest. This is usually obtained by the use of splints and apparatus of various kinds. While providing rest to the diseased joint, endeavor not to deprive your patient of the sun and air. A week or two in bed, in a bright, airy room, is always an advantage. Don't be in too much of a hurry about applying splints, but extension may be made use of—the effect of such treatment being to relieve the pressure of the joint surfaces and in that way to afford rest.

The confinement to bed can rarely be continued long without leading to decline in the general health, so some other plan becomes necessary. SAYRE, of New York, is to be accredited with the introduction of measures intended to maintain the joint at rest while the patient is allowed to go about. Plaster of Paris dressings over and about the joint immobilize the joint, and the use of crutches relieves the diseased limb of pressure from the weight of the body. So in this way considerable liberty is possible, and yet the principle of rest is not violated.

But when the disease has advanced beyond a certain point, or when it is plain that treatment by rest and mechanical contrivances is insuffic-

ient to check the progress of the disease, the question of operation comes in. Up until the present time operative measures have been *un dernier ressort* and have been carried out only after the disease has advanced to the suppurative stage, and the joint has been destroyed. The object of operation has heretofore been the saving of life or limb, and two forms of procedure have been in vogue for some years, known respectively as resection and erosion or arthrectomy. During the session you have seen several examples of each operation.

Now I venture to suggest that we do not make sufficient use of operative measures in tubercular arthritis. I do not think that operation should be delayed, in such cases, until it becomes compulsory to resort to it in order to save the limb or the life of the patient. In my opinion it is unwise to defer operation until the third stage of the disease has been reached and the case is plainly no longer amenable to treatment by rest and general measures. I feel strongly inclined to advocate a doctrine which I am sure will soon become established—that operation should be undertaken early and as a curative measure. The most effective method of treatment of tuberculosis is to remove the affected tissue or tissues, should the disease be situated in a position where it can be reached, and this removal should be undertaken just as soon as the condition is made out. The more promptly operative means are adopted, the more satisfactory will the result be.

But, you will say, this theory advocates a treatment which involves danger, without giving less radical means a trial. I grant you that operation is not altogether devoid of risk. We have been accustomed to consider three dangers in connection with surgical operation—shock, hæmorrhage and sepsis, but of these shock is the only one which is not well under control in the present day. And this is not likely to be of much moment when the patient is in fair condition, as is usually the case early in the disease before the cartilage and the bone have become involved. So the dangers of operation have become reduced almost to a minimum, while at the same time our methods have so improved as to almost assure success.

I have here three boys who have undergone operation for tubercular arthritis of the knee, and I wish you to notice the differences in the results attained. In two cases the disease was well advanced, and operation was necessary to save limb and life. The results might well be styled good, but nevertheless the limb in each case is a comparatively poor affair, and will never be as useful as we would wish. They make a

poor shewing when compared with the third case, in which, as you see, the limb is perfect in every respect save for the scar of the operation wound. I operated on this third case some three years ago. At that time the boy had a tuberculous synovitis, which was just beginning to lead to the involvement of other tissues. The knee was swollen and presented all the symptoms of the first stage rapidly going on to the second stage. I advised operation, but when I had opened the joint I almost regretted having done so, as the disease was not nearly so advanced as at first supposed, and I feared that perhaps more conservative methods had not been given a sufficient trial. However I proceeded to remove all the diseased tissue with scissors and curette, following out carefully the usual details of the operation. The patient was kept on crutches for fifteen months after operation, so that in the event of any remnant of the disease having been left nature might make good the deficiency. And the result of that early operation has been, as you see, not only the preservation of life and limb, but the preservation of the joint. The function of the joint has been completely restored, and motion is perfect. Were it not for the cicatrix, there is nothing about the limb to suggest past disease or operative procedures. The boy walks and runs without a trace of a limp or stiffness. And yet the operation was an extreme one, involving the division of all the ligaments about the joint, including the ligamentum patellae.

I regard this case as a striking exemplification of the force of my contention that operation should be undertaken early, and for purposes of cure. Its testimony is silent, but nevertheless eloquent. I need say no more.



## Original Lecture.

### ON TAKING COLD.\*

#### THEORY, PREVENTION, TREATMENT, SOME RESULTS.

BY E. A. KIRKPATRICK, M. D., Fellow of the American Laryngological,  
Rhinological and Otological Society.

As a matter of personal experience and universal observation, I do not suppose there is a more common or familiar phenomenon than what we term "taking cold." And yet there is considerable difficulty in explaining the relationship between cause and effect.

Many theories have been advanced to explain this exceedingly common experience. The most satisfactory one is that diseases resulting from taking or catching cold—familiar expressions—are due to functional disturbance caused by the removal of heat to an abnormal degree from one portion of the body to another, this giving rise to morbid processes in some part probably far removed from the site of exposure. This is known as the theory of SEITZ.

ROSENTHAL'S theory is that the effect of cold contracts the peripheral vessels, driving the blood in on the internal organs, where it acts as an irritant, thus exciting inflammation. This theory is probably incorrect. At least it does not explain the most common of all inflammations, namely, acute coryza—the ordinary cold in the head so-called.

BOSWORTH, in commenting upon these theories, agrees with SEITZ but believes his theory incomplete, and I cannot explain this matter to you better than to quote BOSWORTH'S criticisms :

"The theory of SEITZ is not complete but leaves the matter still somewhat in the dark. The true action of cold upon the body in producing morbid conditions is probably on those nutritive changes which are constantly going on, and by which the animal heat is developed. This heat production is going on in all the tissues of the body. In order that this function will not be impaired it is necessary that the normal temperature shall be maintained. This we know is 98 $\frac{1}{2}$ °. Any marked deviation from this normal standard as the result of extraneous influences results in morbid changes. If heat production is arrested in a portion of the body under the action of intense cold, molecular death of the part ensues, as is the case when gangrene of a limb results from freezing. If the

\*Read before the Medical Society of the Halifax Medical College, February 26, 1897.

action of the cold is insufficient to arrest the nutritive processes of the part it may cause only inflammatory action. In these cases we have only the direct action of a low temperature on the organism. In the ordinary phenomena of taking cold we have still the results of a low temperature acting on the heat producing processes, but in an indirect manner. The direct action of the cold is, as a rule, upon the surface of the body, but the resultant morbid condition is upon some organ remote from the exposed part. In both cases however the cause and the effect are the same, and the connection between the exposure and the resultant inflammatory condition, is the disturbance of those nutritive changes in the tissues which result in the production of animal heat.

"I think this action may be fairly well illustrated by the familiar example of a chandelier of say six burners. If these are all lighted, each light gives forth a steady and equable flame. If now four or five jets are turned off, the remaining jet burns up with a flowing and increased intensity. In the same manner we may explain the phenomenon of an ordinary cold.

"The nutritive processes going on in the whole economy are governed by the central nervous system, and furthermore a certain amount of nervous force is expended in the regulation of these nutritive processes. If as the result of exposure to cold these nutritive changes are arrested in a certain portion of the body, the same nervous force being sent out from the central system, it will be understood how this local arrest of the nutritive process in one portion would be attended with a certain amount of increased nutritive activity in another portion; the activity of the nerve centres going on as before. Now, increased nutritive activity constitutes inflammation, and this inflammation locates itself at the point of least resistance, viz., as a rule at some point in the economy where a mild chronic inflammatory process is going on, which is lighted up into an acute process as the result of a cold. It is not, then, from an exposure of the whole body, that a cold is contracted, but from an exposure of a part of the body, as the result of which the physiological processes of heat production in that part alone are disturbed, giving rise to increased nutritive activity or inflammation in some organ, far removed, perhaps, from the site of the primary exposure."

The question naturally arises, why is it that the upper air passages are the most liable of all parts to inflammation as a result of cold? The explanation is found in their exposed position. Being subject to irritating impurities of the inspired air, and once having been in a state of inflammation, the membranes in these parts become more sensitive and very quickly take on a mild chronic catarrhal process. Then every slight cold produces an acute attack, and finally we have developed a serious chronic inflammation of the mucous membrane lining the upper air passages.

PREVENTION.—It is exceedingly difficult to enumerate a set of rules which will be applicable to all people, and yet there are some general directions which it would be well for all to follow and especially those who are particularly susceptible or liable to take cold. Everyone should

study himself or herself from a physical standpoint and try to profit by past experiences.

In regard to clothing, the body should be clothed sufficiently to keep it warm. Avoid over-clothing as you would too little. Too much clothing makes the body sensitive and thus liable to cold. Many people are careless enough to retain their extra garments, such as cloaks and overcoats, when within doors—the body becoming too warm, perspiration ensuing, and then on going out in the cold air a sudden change in the condition of the surface of the body takes place and cold is the result. Others, fancying they have a weak throat or chest, crowd a great deal of clothing about these parts when they go out, and the result is they return indoors and lay aside these garments. With these people the skin about the neck and chest is in a state of perspiration and sudden checking takes place with them and a cold ensues. It has often been said, and very truly, that an extra sole on the boot is the best chest protector. Clothe the body sufficiently to keep it warm, but clothe it uniformly, so that it will be equally protected in all parts. I once heard an eminent physician of New York say that the seal-skin sacque had been the cause of more deaths than had small pox, in that city in recent years. He was referring to the habit of many women who go out wrapped in seal-skin, enter a warm house and remain there perchance for an hour, thus becoming overheated and thoroughly prepared for a chill when going into the cold air again.

The cold bath is highly recommended for keeping the cutaneous surface in proper condition. This part of the morning toilet is not always convenient, but anyone can at least sponge the body with cold water and with few exceptions it will be found highly beneficial. Attend to the general health and all general hygienic surroundings, exercise in the open air, avoid drafts and exposure, keep the bowels regular and thus obey all the general laws of health. Such suggestions give your future patients, especially those who are disposed to catarrhal troubles.

TREATMENT.—I believe it to be the duty of every physician to instruct his patients regarding the care of the ordinary cold, and if his instructions are carried out many a patient will escape more serious morbid conditions. You will all agree with me that this most common and familiar experience is greatly neglected, and to such an extent that grave inflammatory processes of a chronic nature are the result. The parts of least resistance become affected, resolution is imperfect, and consequently these same

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Practical physicians need hardly be told how frequently ordinary cough remedies and expectorants fail: the agents that *relieve* the cough *disorder* the stomach. It is a misfortune of the action of most remedies used against cough, that they are apt to distress the stomach and impair the appetite. As in all cases of chronic cough it is of vital importance to maintain the nutrition, the value of a remedy such as Wyeth's Syrup White Pine can be readily appreciated.

### SYRUP WHITE PINE.

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organs are weakened and readily take on those morbid conditions to which I have already referred.

The administration of a Dover's powder with hot foot-bath and hot drink—all taken at bed time—will frequently abort a cold. Free perspiration will be accomplished, thus giving evidence that the body heat has been increased universally. By these measures we hope to bring about a proper relationship between heat-production and heat-waste.

The cold which manifests itself principally by an attack of acute rhinitis—the ordinary cold in the head—is the form which I may say is always neglected, and thousands of people to-day are suffering from chronic nasal catarrh because of their indifference to the care of this affection. A great mistake is made in assuming that acute rhinitis must take its course, and that after a few days resolution will take place and the membrane will be as healthy as ever. This is decidedly a wrong view to take of this matter. A mucous membrane which has undergone so violent an attack of inflammation is rendered more liable to renewed attacks, and very soon a mild chronic catarrhal inflammation results, at first so slight as to escape observation by the patient. It is this beginning of chronic catarrh which we should endeavor to prevent. In regard to local remedies, the various astringents are of some use, but all these are not to be compared with cocaine as an agent to assist in aborting acute coryza. Its action on the vascular plethora is almost instantaneous. The engorged blood vessels are relieved within five minutes from the time of the application of a weak solution of this drug. In an hour or two the effect of the cocaine passes off, and the blood vessels again become engorged. Repeat the application a second, third and fourth time if necessary. Along with the local treatment give a hypodermic injection of atropia sulphate  $\frac{1}{16}$  grain, combined with morphia sulphate  $\frac{1}{6}$  grain, and when possible, put the patient to bed. These last named remedies will assist the action of the cocaine, the opium contracting the capillaries and the atropia inhibiting the glandular secretion.

At the present time the patients who seek this prompt relief belong to two classes—those studying vocal music or engaged in oratorical effort, and patients suffering from chronic middle ear affections. Almost invariably when such a patient comes to my office seeking relief I will learn that he or she is to sing at some concert or sustain some heavy part in opera that night or the next, or has much speaking in public to perform. These patients you will find very grateful if you succeed in arresting the full development of an inflammatory process involving the mucous mem-

branes of the upper air passages. When the seriousness of neglecting these acute attacks becomes more widely known and appreciated by the general public, acute catarrhal affections of the nose and throat will receive more attention, and consequently we will have less of the chronic forms than prevail at the present time.

It is not always possible to carry out the treatment as already outlined. With such patients administer a dose of quinine with a purgative at night, also a mixture containing ammonia chloride and tincture of opium. These remedies with a spray locally, will be found very efficacious. A favorite prescription of mine is the following:

R. Cocainæ hydrochlorat	grs. iv.
Ol. cassiæ	m xv.
Mentholi	̄ i.
Camphorac	̄ i.
Liq. petrolati	̄ iiii.

Sig. To be used as a spray.

Menthol has the power also of contracting the capillary blood vessels, and the effect of both it and cocaine is very much prolonged, and reaction prevented, when used with an oil base. Beside this action of menthol on the capillaries, it is a powerful germicide and antiseptic, and consequently of great use in the local treatment of influenza and specific fevers when the upper air passages are specially involved in the progress of these diseases.

**SOME RESULTS OF COLD.** I do not propose to refer to such results as rheumatism, pneumonia, pleurisy, cystitis, etc., but simply wish to emphasize those extremely common results with which you are all familiar, and with which I am constantly dealing, namely, the various catarrhal affections of the nose, naso-pharynx, pharynx and larynx.

The ordinary cold in the head is an acute rhinitis, an inflammation of the mucous membrane lining the nose, and usually involves that of the naso-pharynx. It runs its course in a few days, usually a week, then subsides, resolution takes place and perchance not a trace remains of the violent inflammation of a few days before. The result of frequent repetition of this experience, however, leads eventually to chronic inflammation of the nasal mucous membrane, and hypertrophic rhinitis, a chronic catarrh, is the result. Whether we hold the belief that chronic inflammation is the result of repeated attacks of acute inflammatory processes, or that chronic inflammation is chronic from the beginning, is immaterial. The fact remains that severe and violent acute attacks

hasten the full development of the pronounced chronic catarrh which is so common in this country. In a very large percentage of cases the chronic inflammations of the naso-pharynx, pharynx and larynx are the result of chronic hypertrophic catarrh of the nasal passages proper. This is not so much because of the extension of the disease through the continuity of the tissues, but is rather due to the inspired air passing over the pharynx and larynx in a dry condition, robbing the mucous secretion in these parts of its moisture, and hence this secretion becomes thick, inspissated and adherent to the membrane. This in turn sets up irritation, and finally inflammation.

You will better understand this matter by briefly reviewing the functions of the nasal mucous membrane, namely, cleansing the inspired air of its impurities, raising this inspired air to a proper temperature, and giving it a proper moisture. When nasal respiration becomes difficult, mouth breathing takes place, and the mucous membrane of the pharynx and larynx is called upon to perform the functions intended by nature for the nasal mucous membrane.

In conclusion I wish to draw your attention to the effects of chronic nasal catarrh upon the organs of hearing. Nearly all middle ear affections have their origin in diseased conditions of the nose or naso-pharynx. A state of congestion of these parts is always present and such patients are predisposed to attacks of acute catarrhal or suppurative inflammation of the middle ear; these often ending in the persistent chronic disorders. Any physician attempting to treat middle ear affections without a true conception of the relationship existing between the nose, naso-pharynx and the ear, will utterly fail in his management of middle ear disorders.



## Clinical Report.

### A CASE OF HYDATIDIFORM MOLE.\*

By S. J. McLENNAN, M. D., Sydney, N. S.

The most constant symptoms associated with the various complications of pregnancy are pain and hæmorrhage. To such an extent is this true that one might almost say that all of the conditions leading to an arrest of pregnancy in the early months are accompanied by either or both of these symptoms.

As a general rule, the occurrence of these symptoms indicate an abortion, either threatened or actual.

In the case of a complete abortion, after the entire expulsion of the ovum the pain and hæmorrhage cease.

Should these symptoms continue, or recur shortly after their cessation they generally indicate the occurrence of an incomplete abortion.

In rarer instances, in fact in much rarer instances, they may be associated with the condition of hydatidiform mole.

It is generally conceded now that the essential pathological condition of hydatidiform mole consists in a proliferative degeneration of the chorionic villi. The degeneration of the villi embraces hypertrophy of their epithelium, their connective tissue cells and their intercellular substance. The accumulation of mucoid tissue gives to the villi the appearance of cysts, which vary greatly in size. As the degeneration does not extend to the entire villus, portions of normal tissue intervene between the cysts, and give to the degenerated mass the appearance of grape clusters. This characteristic appearance is, I think, well shown in the specimen herewith presented.

The comparative rarity of hydatidiform mole has induced me to offer the report of the following case:

Mrs. M., aged 40, consulted me on account of uterine hæmorrhage and severe lumbar pains. On questioning her, I elicited the following history. Her family history was good, and she herself had always enjoyed fairly good health. She had been married 13 years, had 3 children born at full

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\* Read at meeting of Medical Society of Nova Scotia, 1896,

term; but had abortions and premature deliveries to the number of ten. She stated that about six weeks had elapsed since the time of her last menstruation.

A vaginal examination was made but no dilatation of the os uteri nor softening of the cervix was found, so supposing that the patient was threatened with abortion, she was put to bed and given fluid extract of viburnum prunifolium. After remaining in bed for a few days the condition improved and she resumed her ordinary household duties. About one month later I was again consulted and informed by her that shortly after she had resumed her work the pain and hæmorrhage had recurred. She found, however, that a few days rest was invariably followed by an improvement, but resumption of household duties would again result in the recurrence of both of these distressing symptoms.

She was again put to bed and kept under observation. For a week the condition seemed to improve, but soon the hæmorrhage became fairly constant in spite of rest, while she suffered considerably from the lumbar pains. The uterus was of course enlarged, but, as far as could be ascertained, not to any undue extent, while at the same time no softening was present in the cervix.

About this time, suddenly one morning she was seized with a severe chill and the temperature rose to 103°F.

In consultation with Dr. MACKEN it was decided to empty and curette the uterus. Softening and dilatation of the cervix were now found, on examination, to have taken place; and an indefinite mass could be felt presenting about the level of the internal os.

As the dilatation was sufficient to freely admit the curette, according to the wishes of the patient no anæsthetic was employed. At the commencement of the operation the hæmorrhage was very free, but soon diminished when the first masses of the mole were removed. The uterus was very gently but very thoroughly curetted, the instrument being introduced again and again until the cavity was emptied of a large quantity of material.

The cavity of the uterus was then douched with carbolic lotion and packed with iodoform gauze. Two hours after the operation the temperature was again taken, when it was found to have dropped to 101°F, and by evening it was down to 99°F. The next morning it was 98½°F, above which point it never again rose.

The gauze was removed on the second day and the patient made an uninterrupted recovery.

One of the etiological factors of hydatid mole seemed to be quite prominent in this case. The patient, though married thirteen years, had only had three children born at full term, but had no less than ten miscarriages. This would suggest the probable existence of endometritis, which is supposed to form one of the most important predisposing causes of these cases.

I should like also to call attention to the difficulty in diagnosis, especially during the earlier months.

LUSK states that the most important symptoms are hæmorrhage, several lumbar pains and an undue enlargement of the uterus, while the occasional passage of cysts would render the diagnosis certain. In this instance, as far as could be ascertained, the uterus was not enlarged to an extent sufficiently great to arouse one's suspicions as to the nature of the case. We had supposed that we were dealing with a case of incomplete abortion, until the well known grape clusters appeared during the process of curettage.

Of the usual dangers connected with these cases I think one of the gravest was here threatened. While the hæmorrhage was at no time alarming, yet the occurrence of a chill and the rise of temperature would seem to indicate the fact that the contents of the uterus had become septic, while the rapid reduction of the temperature after the operation justifies the opinion that only the prompt curettage saved the patient from a serious attack of septicæmia.



BELLADONNA IN BRONCHITIS.—I have long regarded the mucous expectoration in bronchitis, whether viscid and vitreous or profuse and watery, as rather an increased secretion than an inflammatory product, and so employ tincture belladonna in ten minim doses three times daily or oftener to check and relieve incessant and troublesome cough. I also find it relieves the bronchitis produced by inhalation of ether, and will suggest it should be given to patients who, after aspiration, suffer from an abundant watery expectoration so profuse as to sometimes kill by suffocation.—RINGER, in *British Medical Journal*.

SEPTICÆMIA.—The latest treatment for general septicæmia is the hypodermic injection of creosote. The creosote is mixed with equal parts of camphorated oil and twenty minims of the solution are injected three times a day.—*Medical Brief*.

# RETROSPECT DEPARTMENT.

## Obstetrics and Gynaecology.

UNDER THE CHARGE OF

J. W. DANIEL M. D., M. R. C. S., St. John, N. B.

In the *Archiv. für Gynäkologie*, STRASSMAN has an important paper on the subject of "Ovulation, Menstruation and Conception." He performed eight experiments on bitches by injecting sterile fluid into the ovary. He found that the increase in the vascular tension following each injection into the ovary produced the phenomena of menstruation, including the characteristic changes in the mucous membrane of the uterus. His experiments show that menstruation results from an altered condition in the vascular tension of the ovaries, produced by nervous stimulus.

The results obtained may be thus summarized: the ripening of the ovum produces an increase in the vascular tension of the ovary, causing a nervous stimulus to be transmitted to the uterus, and bringing about the characteristic enlargement and turgescence of that organ and its lining membrane which are observed at menstruation. This increased vascularity of the womb prepares it to nourish the ovum, if impregnated. When conception does not occur the ovum escapes, and with it are discharged the surplus blood supply and epithelial soil which were prepared for it. As has been stated by others, each menstruation is the birth of an unimpregnated ovum.

This teaches us that conception most readily occurs outside the uterus, within the tube, pregnancy usually beginning as an extra-uterine or ectopic gestation. Conception most frequently occurs not immediately after menstruation, as has been supposed, but during the two weeks immediately preceding a menstrual period. Menstruation, itself, is a sign that pregnancy has not occurred. In reckoning the date of confinement, the last day of the last menstrual period, which has usually been taken, should not be considered as the probable time of conception, but



a period preceding by a week or ten days the first menstrual epoch at which menstruation did not occur. Thus, if the last day of the last menstrual period is stated to be the first of a given month, the period of gestation should be counted, not from this date, but from the 20th or possibly the 25th of this month.—*Am. Journ. Med. Sciences.*

(It will be seen that the above differs somewhat in its statement of connection between ovulation and menstruation from the opinions of Dr. CLARENCE WEBSTER lately given in this journal.—Ed.)

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Before the International Congress at Geneva, BANTOCK gave the following conclusions as to "Closure of Abdominal Wound after Ovariotomy or Laparotomy."

1. Suppuration of the abdominal wound is due, not to the presence of bacteria, but to foreign bodies or strangulation by tight sutures.
2. In many cases simple through and through sutures are sufficient.
3. In stout patients it is better to close the peritoneum separately, and the remaining layers of the wound with one or two series of sutures.
4. Silk-worm gut is the best for interrupted sutures, and catgut (not chromicised) for buried sutures.

Howrzz believes that just as little of peritoneum as possible should be included: in fact, he approves of the plan of some operators, not to suture the peritoneal edges at all, but to allow them to unite toward the abdominal cavity. Patients should not be allowed to leave the bed until three weeks have elapsed.

The speakers seemed to be evenly divided in their advocacy of tier and through and through sutures.—*Am. Journ. Med. Sciences.*

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BICYCLING FOR WOMEN.—THEILHABER recommends cycling in cases of amenorrhœa, especially when the uterus is undeveloped. Dysmenorrhœa of nervous origin in young girls and sterile women is often relieved. In endometritis, the writer has seen no result favorable or otherwise from this form of exercise; in the menorrhagic form he advises against it on theoretical grounds. It should be forbidden in chronic as well as acute gonorrhœa, in salpingitis, and in sub-acute and chronic peritonitis of whatsoever origin.

Flexions and versions do not constitute a contraindication; in fact, cycling is often recommended for patients with these conditions, with the view of relieving nervous symptoms and strengthening flabby muscles.

rather than actually relieving displacement. This may account for good results in some cases of partial prolapsus.

The use of the bicycle is inadmissible in patients with fibroid or ovarian tumors. Bladder troubles are usually aggravated. Women ought not to ride during menstruation, though the writer admits several of his patients had done so without injury. Pregnancy is a positive contra indication.

H. MACNAUGHTON JONES thinks cycling may have an injurious effect on women at time of menopause, and doubts propriety of women with retrodisplacements of uterus riding, either with or without pessarie. Hæmorrhoids are aggravated, and coccygodynia may result. He recommends a pneumatic saddle so constructed as to support the ischia, but not to press upon the external genitals or coccyx; there should be no projection under pubes.

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BYERS, in the *British Medical Journal*, in speaking of "Early Recognition and Treatment of Puerperal Fever," believes that where antiseptic precautions are taken the pulse and temperature vary but little from normal. The first symptoms of septic infection are rapid pulse and fever. The earlier after labor the symptoms appear, the worse the prognosis.

In the treatment he would thoroughly examine the patient as soon as symptoms appear. The uterus should be explored, and any laceration in the genital tract disinfected. He has seen good results from prolonged uterine irrigation. This should be continued twelve hours in some cases, a dilute antiseptic being employed. If the finger can detect sloughing membrane in uterus, curetting is indicated. Packing with gauze may well follow. He recognises fully the value of tonics and food with these patients.

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COURTS (*Brit. Med. Jour.*) gives following results in "Infantile Syphilis." He finds a syphilitic mother much more potent in infecting than is syphilitic father. As far as prognosis goes, it makes no difference which is the infecting agent. In syphilis by conception the mother's entire or partial immunity is caused by the production of anti-toxins in her body which increase with successive pregnancies.

Marasmus and congenital atrophy of the secretive and absorptive surface of the intestinal tract are among the most important symptoms

of inherited syphilis. While first symptoms generally appear in second month, they may be delayed twelve months. Visceral disease (enlargement of spleen and liver) were found in most cases. Bone lesions were less often observed; suppuration was rare, and usually seen in long bones in children old enough to walk.

He has found inherited syphilis very feebly contagious. In practice the only limitations he would place on nursing would be that the mother or wet nurse should have no excoriations on nipples and that no ulcerations or fissures be present in the mouth of infected infant.

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HOFBAUER reports seven successful cases of Puerperal Sepsis, treated with nuclein, and says when used promptly good results are obtained.—*Am. Jour. Med. Sc.*

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JOUX has been treating Uterine Fibroids by the internal administration of thyroid extract. He says it causes a marked reduction in size of fibroids, while pain, pressure, general weakness and especially hæmorrhage are certainly relieved. He says it also causes a diminution of menorrhagia in women at the climacteric.

PHOSPHORATED OIL IN TOOTHACHE.—This is claimed as a sovereign remedy in removing pain from a cavious tooth. The cavity being cleansed, a few drops of the oil on wool are packed into the part, and covered in with gutta percha. The pain is quickly removed, and the plug may be left in for some days. The phosphorated oil is prepared with one part of phosphorus dissolved in about eight parts of expressed oil of almond.—*Practical Druggist.*

FOR INSOMNIA.—The following method of inviting sleep to tired, overworked and overworried brains has proved of infinite advantage in my experience so far as tried.

On retiring put in use, by contraction, a certain group of muscles; change to another before exhaustion, to another, and thence to another, having a definite routine; and continue until a sense of fatigue has come. The brain meantime is asked to keep a record of the respirations and of the muscular engagements in their order until it too says, "Enough!" A few minutes generally suffices.—LEARNED, in *Boston Medical and Surgical Journal.*

# SYR. HYPOPHOS. Co., FELLOWS,

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The Essential Elements of the Animal Organization—Potash and Lime.

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It Differs in its Effects from all Analogous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; hence the preparation is of great value in the treatment of mental and nervous affections. From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

## NOTICE—CAUTION

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them, bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

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WHOLESALE AGENTS.

A  
Palatable  
Laxative  
Acting without  
Pain or Nausea.

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THE NEW  
CATHARTIC APERIENT  
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There is no medicine for which physicians feel so great a need as an effective cathartic and aperient, one that will act promptly, without pain, griping or nausea, as some action on the bowels is required with almost every ailment or indisposition.

We make many hundred cathartic formulas of pills, elixirs, syrups, and fluid extracts; and for that reason, our judgment in giving preference to the MEDICATED FRUIT SYRUP, we feel is worthy of serious consideration from medical men.

The taste is so agreeable that even very young children will take it without objection; the addition of prunes and figs having been made to render the taste agreeable rather than for any decided medical effect. It is composed of Cassia, Senna, Jalap, Ipecac, Podophyllin, Rochelle Salts and Phosphate of Soda, being treated separately, enabling us to deprive the vegetable drugs of the bitter and disagreeable taste, inherent in nearly all of them.

The preparation has been carefully tested, largely and freely in hospital, dispensary and private practice, by a number of physicians (many of whom were interested in determining satisfactorily if the combination deserved the claims urged upon them by us), for quite a year previous to asking attention to it from the medical profession at large, being unwilling to bring it to their attention until we were confident of its merits, and had exhausted every effort to determine by satisfactory results.

The absence of any narcotic or anodyne in the preparation, physicians will recognize is of great moment, as many of the proprietary and empirical cathartic and laxative syrups, put up and advertised for popular use, are said to contain either or both.

It will be found specially useful and acceptable to women, whose delicate constitutions require a gentle and safe remedy during all conditions of health, as well as to children and infants, the dose being regulated to suit all ages and conditions; a few drops can be given safely, and in a few minutes will relieve the flatulence of very young babies, correcting the tendency of recurrence.

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THE  
MARITIME MEDICAL NEWS.

VOL. IX.

APRIL, 1897.

No. 4

Editorial.

THE MEDICAL MEETINGS.

The physicians of these maritime provinces will have no reason to complain of a dearth of medical gatherings this year. What between the meetings of the Provincial Societies, of the Maritime, of the Canadian and of the British Medical Associations, one has certainly plenty to choose from.

As will be seen on referring to our advertising pages, the Medical Society of Nova Scotia (which we have so long been in the habit of wrongly terming the Nova Scotia Medical Society) meets this year in Pictou, and the Maritime Medical Association will hold its sessions in St. John. Both the meetings will be held in July, and both will doubtless be as full of interest as of yore. The fear has been expressed by some that the Maritime meeting will suffer on account of the greater interest attaching to the big meeting at Montreal. But there will be very many who will find it convenient to attend the St. John meeting, who could not go to Montreal—there are many, even, who will prefer the quiet discussion of our mutual maritime interests to the weighty deliberations of the great men who will take part in the B. M. A. meeting. And then the geniality and hospitality of the good folk of St. John can never be forgotten by anyone who has once attended a meeting there, and will prove resistless to not a few. A strong effort will be made to secure attractive programmes for both the local meetings, and those in charge of the arrangements expect that they will be even more than usually successful.

The Canadian Association will meet in Montreal on the days just preceding the meeting of the B. M. A. It is hoped that at this meeting

an understanding may be reached which will mark the Jubilee year by the consummation of the inter-provincial registration scheme. The suggestion has been made that addresses be invited from some of the prominent ones among our British medical cousins who will then be in Canada.

Preparations for the great meeting of the British Medical Association go on apace, and everything points to a wonderfully successful gathering.

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### FOR HIGHER MEDICAL EDUCATION.

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In the *Chicago Tribune* for March 8, 1897, Dr. WM. BRINKERHOFF has a letter in which he suggests that the best way to raise the standard of medical education is not the appointment of boards to examine those about to begin practice, but rather to require of those who desire to become medical teachers a rigid examination upon the subjects of the medical curriculum.

“Their qualifications to teach should be no less thoroughly tested than are the qualifications of the teachers in our public schools. After examination the aspirant for professional honors should be entitled to a teacher's certificate entitling him to teach for a term of years, as determined by the result of his examinations. Establish the medical professorships upon this basis of ‘higher medical education,’ then let the diplomas they grant be prima facie evidence of competency on the part of the graduate, and there will be no necessity for an examining board.”

The idea is a new one, and is indeed suggestive. It might not be very easy to put it into practice, but it is worth looking into. Perhaps it would not be amiss to consider the application of Dr. BRINKERHOFF'S idea in connection with the inter-provincial registration scheme. If appointments to the staff of all our Canadian colleges could be brought under the control of a chosen examining body, the question would be solved as far as Canadian graduates are concerned.

“The fountain head made competent and intellectual, the streams of students that annually flow from our medical colleges will be qualified and capable. They will need no law to test their fitness for medical practice. Like begets like.”

## Society Meetings.

### SAINT JOHN MEDICAL SOCIETY.

DR. J. H. MORRISON, M. D., President, in the chair.

MARCH 3, 1897.—This meeting was held at the Provincial Lunatic Asylum, Fairville, on the invitation of the Superintendent, Dr. G. A. HETHERINGTON.

The subject of "The Treatment of Epilepsy" was discussed by Dr. HETHERINGTON, who especially described that treatment which is based upon the view that epilepsy is chiefly caused by absorption of toxic material from the intestinal tract into the system. This is a starvation treatment. The bowels are thoroughly emptied and kept empty, sometimes for as long a period as a week, while water is given to the patient. Then a milk diet is administered for from one to three months, and gradually advanced to a light general diet.

The results gained by this treatment are said to be particularly satisfactory.

Following the discussion, two cases of general paresis were exhibited by Dr. HETHERINGTON, and at the close of the meeting the members were hospitably entertained at the Superintendent's house.

MARCH 10, 1897.—Dr. MURRAY MACLAREN exhibited: (1) A patient on whom had been performed external urethrotomy without a guide, to relieve an impermeable traumatic stricture. The injury was caused by falling astride the solid rubber tire of a bicycle wheel. The man was now able to introduce a number 15 English sound. (2) A specimen of echinococcus cyst of the kidney, from a man, a native of Greece, who later lived in Alexandria, Egypt, and had now resided in New Brunswick for three years. The cyst was of the right kidney, oval in shape, and was about six inches in length, and in breadth about three and a half inches. The nature of the tumour was obscure previous to its removal. Examination of the urine had shown nothing abnormal. The cyst, which was adherent to the under surface of the liver and to the intestines, was removed with the kidney through an anterior abdominal incision. There was much difficulty in controlling hæmorrhage, and the case subsequently proved fatal by secondary hæmorrhage. Hooklets and heads of scolices were abundantly found in the fluid contents of the cyst.

Dr. EMERY exhibited a very large diphtheritic membrane which was thrown off from the tonsil and wall of pharynx, nine hours after the injection of 2000 units of antitoxic serum.



Dr. T. D. WALKER showed a specimen of a brain removed from the body of an old man who had died in the G. P. Hospital. He was admitted in a dull and stupid condition, with no history. There was loss of control of bladder and rectum, total loss of power of left arm, weakness of left leg and absence of left patellar tendon reflex. There was also slight consolidation of both lung bases. The specimen showed a large blood clot on the surface of the brain, over the right motor area. There was no evidence of injury to scalp or cranium found, but later a history of a fall down stairs some ten days previous to admission was obtained.

MARCH 17, 1897.—“Tubercular Disease of Eyes.” A case of progressive blindness, in a girl aet. 13 years, was exhibited by Dr. J. R. McINTOSH. Both parents of the child had died of tuberculosis. The disease was of four years duration, and was not accompanied with pain. Both eyes showed iritis, lymph filling pupils, etc. The right eye distinguished shadows, while the left was shrinking and had total loss of vision. Tuberculosis was thought to be the cause of the condition although its presence could not be detected in any other region of the body.

Dr. McINTOSH raised the question of the propriety of removal of such tuberculous organs, with the view of preventing invasion of other organs, and also whether such removal stimulates tuberculosis elsewhere should it exist.

The general view expressed was that benefit only arises from removing tubercular foci. Dr. DANIEL thought that sometimes the disease, if present in other organs, is aggravated by such operation.

Pathological specimen.—Dr. MURRAY MACLAREN showed a subperitoneal uterine fibroid the size of an orange, which had produced distressing symptoms by falling back into the pouch of Douglas. The tumor had a stout neck by which it was attached to the fundus, and was removed by enucleation.

A paper on “Impaired Voice Power” was read by Dr. J. R. McINTOSH, and will appear in an early number of the NEWS. Dr. J. H. MORRISON referred to the value of electricity in cases where the impairment was due to the continued over-use of the voice, as in speakers and singers, and when, on examination of the larynx, the vocal cords were found not to perfectly approximate.

The evening of meeting of the society has been changed from Wednesday to Monday.

## Books and Pamphlets.

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THE INTERNATIONAL MEDICAL ANNUAL, 1897.—Fifteenth year.—E. B. Treat, Publisher, New York.—Price \$2.75.

To do full justice to the many excellencies of this publication we would require several times the amount of space at our disposal. The Annual has always been a particularly valuable reference-book, and this year it is better than ever. The review of therapeutic progress for 1896, and the dictionary of new remedies, occupy the first ninety pages of the book, and afford an epitomized account of what the pharmacists and pharmacologists have been doing. Then follows more than five hundred pages devoted to new treatment, the various diseases being taken up in alphabetical order. There are many articles of unusual value in this section of the work, covering with singular completeness the various branches of the medical sciences, and reviewing in a concise yet thorough manner our present knowledge of therapy. A number of these articles are illustrated, some of the colored plates—notably those picturing skin affections—being of a high order of excellence. As usual, a section of the work is devoted to the last year's advance in sanitary science, and the principle new instruments, appliances and books also receive mention.

The Annual is one of those books which no physician can afford to be without. It is a book for the desk—one to have just at hand for ready reference. We heartily commend it to all our readers.

INEBRIETY, ITS SOURCE, PREVENTION AND CURE.—By Charles Follen Palmer.—Published by Fleming H. Revell Co., New York.

This is a small but interesting volume, in which the author deals with his subject in a manner which shews careful study. The style of the book suggests non-medical authorship, and, while not altogether disagreeing with the conclusions arrived at, the average physician will feel that the teachings are scarcely progressive enough for this day. It is a book, though, which could be fearlessly given a patient to read, and doubtless if it can be disseminated among the laity it will prove a valuable stimulus to abstinence.

## BOOKS OF THE MONTH.

THE YEAR-BOOK OF TREATMENT FOR 1897.—A comprehensive and critical review for practitioners of medicine and surgery.—Limp cloth, \$1.50.—Published by Lea Brothers & Co., Philadelphia.

A MANUAL OF PHYSIOLOGY, with practical exercises.—By G. N. Stewart, M. A., D. Sc., M. D., etc.—Price, \$2.50, net.—Published by W. B. Saunders, 925 Walnut St., Philadelphia.

LECTURES ON RENAL AND URINARY DISEASES.—By Robert Saundby, M. D., F. R. C. P.—Second edition.—Price, \$2.50, net.—Published by W. B. Saunders, Philadelphia.

ELEMENTARY BANDAGING AND SURGICAL DRESSING.—For Dressers and Nurses.—By Walter Pye, F. R. C. S., and G. Bellingham Smith, F. R. C. S.—Seventh edition.—Price, 75 cents, net.—Published by W. B. Saunders, Philadelphia.

THE INTERNATIONAL MEDICAL ANNUAL.—By forty-one authorities, representing several nationalities.—Fifteenth year.—Price, \$2.75.—Published by E. B. Treat, 241-243 West 23rd St., New York.



ANESTHETICS IN LABOR.—In a recent paper before the Edinburgh Clinical Society, BALLANTYNE submitted the following conclusions:—“(1) The simpler the mode of administration the better, but care and watchfulness are all important; (2) the best diluent is air, which ought freely to be admitted; (3) persistently attend to the respiration; (4) in a normal labor give chloroform only during a pain until the head is on the perineum when it may be given to full unconsciousness; (5) after the birth of the head discontinue its use.” The PRESIDENT further maintained that “(1) we are always justified in giving chloroform in normal labor, and (2) we should always do so in severe labor and in all cases of operative interference (3) that in all diseases of the heart, and in all diseased conditions of the blood-vessels, the careful administration of the drug is beneficial, and often necessary to save life; (4) that in general emphysema of the lungs the greatest care and watchfulness should be exercised in its exhibition, and that in conditions of great exhaustion and after great, rapid, and recent loss of blood, as in placenta previa, extreme caution is necessary, and it may be ether should be substituted.”

## Obituary.

By the death of Dr. JAMES T. STEEVES, which took place on the evening of March 3rd, St. John loses one of its best known and most respected physicians.

Dr. STEEVES was born in Albert County, New Brunswick, being one of a family well known for large business interests in several directions. After graduating at the University of New York in 1853, he settled in St. John north, or, as it was then, the parish of Portland, where he built up for himself a very large practice. In 1864 he moved over into the city of St. John, where he succeeded in making himself one of the busiest and most prosperous of the profession. He invested largely in real estate, and was able to interest himself in some of the important commercial undertakings of the time.

It is, however, as superintendent of the Hospital for the Insane, that he will be best remembered. In this position, which he held from 1874 almost to the day of his death, Dr. STEEVES implanted his individuality on the mode of conducting its affairs, more especially in caring for and giving out door employment to many indigent insane who were at all to be trusted out doors. He was a man of a great deal of executive ability, and at the same time of an approachable and amiable disposition, and he was always liked as well as respected, not only by his brother practitioners, but also by the large number of people from all sections of the country with whom he was brought into contact. He was also a careful breeder of live stock, and took an active part in the work of the Agricultural Society of the county.

He was one of the original visiting staff of the Public Hospital, was a member of the first Medical Council called into existence by the passing of the New Brunswick Medical Act, and first president of the New Brunswick Medical Society. It will thus be seen that he occupied a prominent position among his medical confreres, as well as an important place in the community as a man of affairs, and was held in repute as one of our most distinguished citizens.

Dr. STEEVES was a man of fine presence and imposing appearance, and of a firm though conciliatory disposition, and it would be difficult to find a man as suited in so many ways, as he was, for the important position of superintendent of the Asylum.

It was therefore with feelings of the deepest regret that the community heard, over a year ago, that Dr. STEEVES had been seized with sudden illness, which left him with impaired power of speech, and from which he never fully recovered. His last illness appeared to be an extension of the first seizure into a more pronounced apoplexy, which caused his death on the 3rd ult., after days of unconsciousness.

His family, more especially his son, Dr. J. A. E. STEEVES, who had been his father's assistant for so many years, have our deepest sympathy in their bereavement.

### Notes and News.

The AMERICAN PUBLIC HEALTH ASSOCIATION holds its twenty-fifth annual meeting at Philadelphia, on October 26, 27, 28, 29, of this year. The preliminary announcement, already to hand, promises the discussion of a large number of very important subjects.

MEETING OF AMERICAN MEDICAL PUBLISHERS' ASSOCIATION.—The fourth annual meeting of this association will be held in Philadelphia, on Monday, May 31st, 1897, (the day preceding the meeting of the American Medical Association.) Editors and publishers, as well as every one interested in medical journalism, are cordially invited to attend, and participate in the deliberations. Several very excellent papers are already assured, but more are desired. In order to secure a place on the program, contributors should send titles of their papers at once to the secretary, CHAS. WOOD FASSETT, St. Joseph, Mo.

Messrs. PARKE, DAVIS & Co., have recently issued a neat brochure describing and illustrating their methods for testing the physiological action of drugs. Members of the profession cannot fail to appreciate the evident desire of this excellent firm to do everything possible to secure purity and accuracy in their products, and their recent appointment of Dr. H. A. HARE as consulting therapist to their house will meet with general approbation.

WE blush to mention it, but it is a gruesome fact that many of our subscribers have forgotten to make that remittance which maketh our heart glad. If the printer didn't want any pay, we wouldn't feel so badly about it, but the printer is human and his demands constrain us to hint thusly.

## Therapeutic Suggestions.

URINARY DIFFICULTIES OF OLD MEN.—Saw palmetto is a remedy that should be better known, for it aids in cases where other drugs are of no avail. When an elderly man has trouble in voiding urine, and is compelled to use a catheter, give him five-drop doses of saw palmetto, fluid extract, and speedy relief will generally follow.—JORDAN, quoted in *Medical Age*.

FOR BRONCHO-PNEUMONIA IN CHILDREN.—

R	Sodii benzoat. . . . .	grs. viij.
	Ammonii acetat . . . . .	grs. xxiv.
	Spir. vini Cognac . . . . .	ʒij.
	Mist. acacie . . . . .	
	Syrupi . . . . .	ʒā ʒjss. ʒ

Sig.—From one-half to one teaspoonful, every two hours.—MARFAN.

SIMPLE METHOD OF TREATING OPIUM POISONING.—In country practice a medical man might possibly find himself very much embarrassed in presence of a case of opium poisoning through not having at hand the necessary drugs. A French contemporary, the *Medicine Moderne*, reports a case, however, in which a practitioner conceived the idea of giving subcutaneous injections of very strong coffee. On being called to the patient, a child of 10, who had accidentally been poisoned by paregoric elixir, it was evident that the case was very urgent, pupils imperceptible, only two or three respirations per minute, coma. It was impossible to administer internal remedies, and quite impracticable to wash out the stomach, as the accident had happened in the open country. Accordingly the practitioner ordered a very strong decoction of coffee to be made (equal parts of coffee and water) and injected thirty drops hypodermically every ten minutes. After the fourth injection the breathing became freer, and the pulse fuller and more regular. In six hours the child was out of danger. The method is certainly one that is well worthy of being remembered and tried, especially by country practitioners, as opium poisoning is relatively a frequent accident among children, and is one that necessitates prompt and energetic measures on the part of the medical man.—*Med. Press and Circular*.

THE TREATMENT OF VOMITING IN TUBERCULOSIS.—In the *Revue de Thérapeutique Médico-Chirurgicale* of December 1, 1896, MATHIEU is reported to have recommended the employment of the following treatment in this troublesome condition. He first points out that the vomiting largely depends upon the fact that the stomach is reflexly irritated from the pneumogastric nerve by the diseased condition of the lung. For this reason small pieces of ice or one or two teaspoonfuls of chloroform water may be given every ten minutes for several days, to allay gastric irritability after food is taken. After the meal the following mixture may be given :

R. Menthol.....	3 grains :
Syrup .....	5 ounces.

The chloroform, however, constitutes the most efficacious form of medication.

In the discussion which followed MATHIEU'S paper, FERRAND stated that he had gotten the best results from diminishing the sensibility of the pharynx by the application of ten-per-cent. solutions of bromide of potassium in glycerine.—*Therapeutic Gazette*.

OPERATION AND CURE OF A CASE OF ADDISON'S DISEASE.—A malignant retro-peritoneal tumor was diagnosed in the case of a woman presenting all the symptoms of Addison's disease. When removed it was found to be a suprarenal capsule in a state of tuberculous degeneration. All the various symptoms disappeared completely after the operation, and the patient has enjoyed good health ever since. There were no organic lesions except this tumor and an old tuberculous focus in the lung. It must be evident, therefore, that the condition of the capsule was responsible for the development of the disease; hence the removal of one or both capsules in Addison's disease seems to be indicated. The operation is not difficult, as a tubercular capsule is more easily separated from neighboring organs than a sound one.—*Zeit. für Klin. Med.*—*Jour. Am. Med. Assoc.*

PHOSPHORATED OIL IN TOOTHACHE.—This is claimed as a sovereign remedy in removing pain from a carious tooth. The cavity being cleansed, a few drops of the oil on wool are packed in the part, and covered in with gutta percha. The pain is quickly removed, and the plug may be left in for some days. The phosphorated oil is prepared with one part of phosphorus dissolved in about eight parts of expressed oil of almonds.—*Practical Druggist*.

**SAGE IN HYPERIDROSIS**—Infusion of sage is again recommended for the treatment of hyperidrosis in tuberculous subjects as well as those suffering from leukaemia, rheumatic polyarthritis and typhoid fever; in thirty-eight cases where it was tried there were only two failures. Steep forty-five grains of sage leaves in half a pint of water, and let the patient take a cupful in the morning, one during the course of the day, and still another before retiring at night—or the tincture of the leaves may be given in twenty-drop doses in the morning, and from twenty to forty drops at night. *Salvia officinalis* has a proper place in the front ranks of anti-sudorific remedies.—*Med. Week.*

**MENORRHAGIA IN VIRGINS**.—Dr. LAROYENNE distinguishes the majority of cases of profuse menstruation in young girls, which require no local treatment, from a minority in which the use of the curette is advisable. If, after long attention to hygiene and a course of suitable tonics, menorrhagia persists, interrupted by occasional amenorrhœa, granular or fungous endometritis probably exists. This disease is yet more safely diagnosed when the patient has been perfectly healthy and quite free from anemia before profuse hæmorrhage appeared, and equally free from evidence of diseased appendages after the local symptoms become marked. It is right, after dilatation, to use the curette when the excessive menstruation causes debility. A single application of cotton wool, soaked in equal parts of water and chloride of zinc, made immediately after the scraping, is sufficient. Repeated cauterizations may readily cause atresia.—*Medical Record.*

**A SUBSTITUTE FOR COD-LIVER OIL**.—Although children take cod-liver oil much more readily than adults, one occasionally encounters patients with whom it does not agree. It is of interest, therefore, to note the results of a trial made by NOORDEN in the Frankfort City Hospital of sesame oil, which is of a bright golden yellow color, odorless and tasteless, or nearly so. In only one of several hundred cases was it necessary to discontinue because of vomiting and diarrhœa. Most of the children were scrofulous or suffering from debility following some one of the acute infectious diseases. In all, with the one exception, marked and rapid improvement followed. The usual dose was two or three tea or tablespoonfuls a day, according to age, and not infrequently double this amount was given. The cost of the oil is about thirty cents a quart.—*Pædiatrics.*



CREOSOTE IN THE TREATMENT OF CHILDREN.—HOCK, (*Wein Med. Blätter*), reports excellent results from the use of creosote in the treatment of respiratory affections in children. Good effects are obtained not only in phthisis, but in the sequelæ of pertussis and in the catarrh commonly consequent upon measles—two conditions which doubtless predispose to the development of tuberculosis—creosote affords great relief, whereas the usual treatment with expectorants often fails. Very frequently these conditions are in children associated with digestive disturbances, and it is these symptoms which first yield to the creosote. Appetite is stimulated, weight increases, and later on the pulmonary condition improves. The drug should be given with the meals and not in doses large enough or concentrated enough to upset the stomach. HOCK advises against pills, but recommends the administration of the drug in cod liver oil. A one or two per cent. solution of creosote in the oil is prescribed, and to this sugar is added in the proportion of about one-twentieth of one per cent. The dose varies from a half drachm to a half ounce, according to age, three times daily.

TREATMENT OF UTERINE FIBROIDS BY GLYCERINE INJECTIONS.—CHERON (*Rev. Internat. de Méd. et de Chir. Prat.*) speaks highly of intra-uterine injections of sterilized glycerine in cases of fibromyoma. A little over a drachm is slowly injected every two or three days, the vagina being subsequently tamponed with cotton or gauze saturated with boroglyceride. The effect of the drug is to cause dryness and atrophy of the endometrium, and hence diminution of the tumor. A marked decrease in the flow is observed at the following menstrual period. The writer affirms that the ease and safety of this method of treatment should recommend it in cases where operative interference is inadvisable or is refused.

TREATMENT OF ECLAMPSIA.—MANGIAGALLI (*Annali di Ostet. e Ginecol.*), in a lengthy paper to which is appended a valuable statistical table, deals fully with the various modes of treating eclampsia. Obstetric treatment in his practice occupies the first place, medical means being regarded as preparatory or adjuvant. Preventive therapeutics are very beneficial in removing the conditions which are the expression probably of the auto-intoxication, and consist in milk and intestinal disinfectants, diuretics, etc. The medical treatment (bleeding, purgation, morphine, chloral, chloroform, veratrum viride, or diaphoretics,) is purely symptomatic, but is the only one possible in *post-partum* eclampsia, and in

other conditions is a valuable aid to the obstetric intervention. Bleeding, followed by the subcutaneous or endovenous injection of normal saline solution, has much to recommend it, but it has not been employed sufficiently often to enable us to form a just estimate of its value. The speedy evacuation of the uterus constitutes the most important means of treating eclampsia. In *intra-partum* eclampsia it is a good rule to terminate labor when the conditions permit, and even to anticipate these by means of multiple incisions of the cervix. In eclampsia in pregnancy the induction of labor by the rupture of the membranes is indicated along with the use of morphine, or chloral, or veratrum viride in large doses. If these means fail, then forced dilatation of the cervix is to be preferred to the deep incisions of Dührssen. In some very bad cases even Cesarean section may be a justifiable operation, especially if the fetus be full time and alive. Every operative intervention must take place with the patient deeply anesthetized.—*British Med. Journal*.

ARSENIC IN NERVOUS GASTRALGIA.—The best treatment for purely nervous gastralgia—characterized by pain when the stomach is empty, which is immediately relieved by the ingestion of food—consists in the internal administration of arsenic, which should be given three times daily between meals, and continued for several weeks. In grave cases this treatment should be associated with the application of derivatives to the epigastrium. With regard to the food of the patient, a mixed diet is preferable to a *dyspepsia* regimen.—SIR JAMES SAWYER.

POTASSIUM IODIDE IN GALL-STONES.—This remedy has been employed in one hundred cases of biliary calculus during the past four years, with the best results, not in those where there were merely rare attacks of extremely violent hepatic colic, but in which the patients were more or less constantly troubled with hepatic pain, and where the liver was sensitive to the touch. The favorable effect of the iodide is usually manifested in a week.—DUNN, in *University Medical Journal*.

EXTERNAL HÆMORRHOIDS.—Dr. LEWIS H. ADLER, Jr., gives:

℞ Fl. ext. hamamelis.....	ʒj
Fl. ext. hydrastis.....	
Comp. tinct. benzoin.....	āā ʒss.
Tinct. belladonnæ.....	ʒj.
Carbolized olive oil (five percent. carbolic acid)qs.ad.	ʒiij℥.

Sig.—Apply often to the parts.

—*Med. and Surg. Reporter*.

EPISTAXIS.—In rebellious cases the following is recommended by the *Revue de Théor. Méd.-Chir.*:

R. Hydrarg. perchlor	.....	gr. i.
Ac. hydrochlor. dil		
Tr. cannab. ind	.....	ʒi.
Ergotini	.....	gr. xxx.
Syrupi	.....	ʒi.
Infus. quassie	.....	ʒviij℥.

Sig.—A large teaspoonful in a glass of water three times a day.

ADVANTAGE OF USING WARM SOLUTIONS OF COCAINE.—COSTA has found that the local anæsthetic effect obtained with cocaine is more rapid, more intense and more lasting, if the solution is warm. The dangers of intoxication are thus much diminished, as the quantity of cocaine can be very much reduced if it is warmed. A solution of 0.5 or 0.4 per cent. heated will produce a powerful effect.—*Jour. Amer. Med. Assoc. Intim.*



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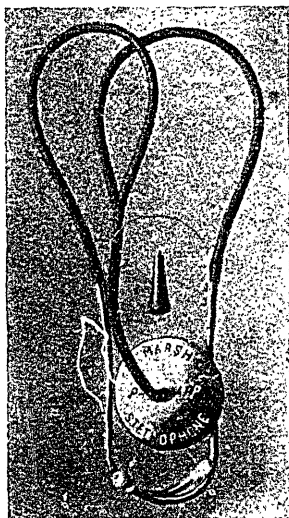
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