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Vol. XI.

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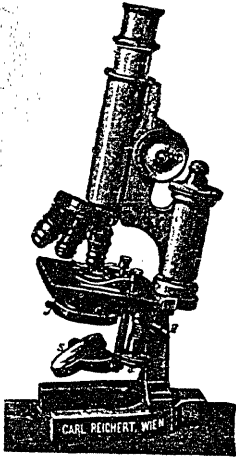
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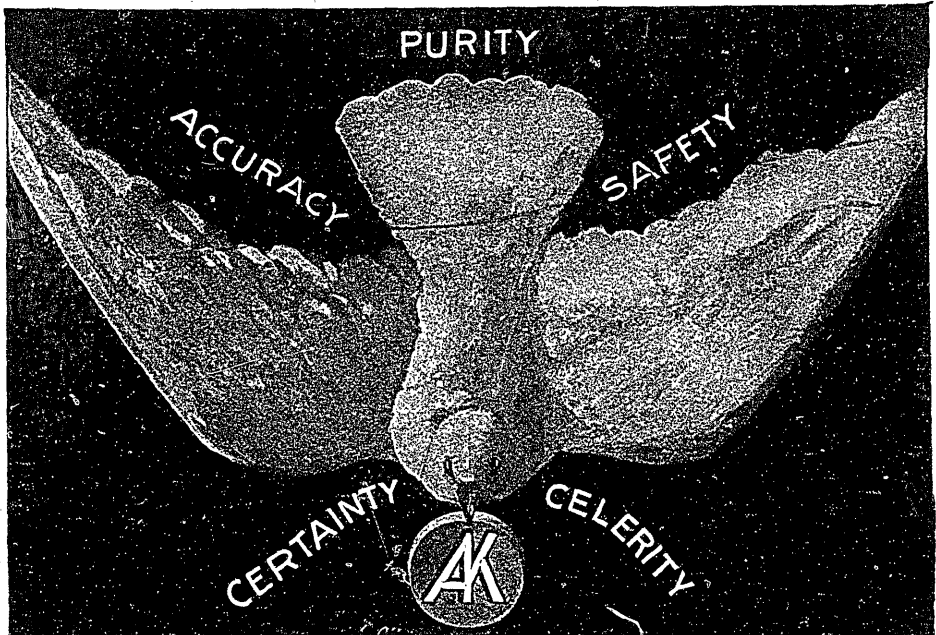
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Original Communications.

SANITARY PROGRESS.*

By A. P. REID, M. D., Middleton, N. S., Secretary Provincial Board of Health.

To the ordinary superficial observer, sanitation appears to be to some extent a "fad," and even to some of the members of the profession it does not convey such a definite idea as its importance demands. Yet thanks to it we rarely have the people in civilized countries decimated by plague as did occur formerly and does now when hygienic rules are neglected by the mass of the people as in India for example, and within the memory of members of the profession it scarcely existed in an active form in the body politic.

Modern sanitation results from a definite pathological knowledge of recent date, for which we are indebted to Pasteur and his pupils in France and the many talented minds that have been at work in Germany and England, as well as by careful observers and workers in other countries.

At one time, and even yet with many, the belief prevailed that an epidemic was a "visitation of God," that consumption was an inherited malady, and that disease generally was inherent in humanity and but little modified by the acts or environment of the individual, except in so far as exposure to cold, too much or too little exertion, indulgence in the passions, and gross causes that the individual and not the body politic had under control. Under such conditions sanitation as we now know it was an impossibility.

Systematic hygiene was of slow growth. When Jenner discovered the method of controlling the ravages of small pox and it was demonstrated that tape worm and measly pork were associated conditions under definite biological laws, new avenues of pathological research were opened up, and the end is not yet.

When the lines between chemical affinity and biology were matters of dispute, and materialistic theories in the hands of able men successfully combated for a time the law of life, "omne vivum ex ovo."

*Read at meeting of Medical Society of Nova Scotia, Truro, July 5, 1899.

sanitation was work in the dark, but its march was rapid when the famous Pasteur demonstrated beyond the shadow of a doubt "that any organic compound could be perfectly sterilized and so remain no matter what chemical or physical conditions it was subjected to, that fermentation and putrefaction in every guise were biological not chemical changes, and that *omne vivum ex ovo*—every living thing from an egg, seed or germ—was an unqualified fact, which no one now disputes. He incidentally opened up the whole field of bacteriology and parasites which before his time was not only invisible but held out no inducements for exploration as chemistry appeared to cover the whole space.

Though chemistry has been shorn of its territory in this field it has more than made up for it in other directions.

Thus we have a new science, bacteriology, which in a few years has leaped into prominence and is destined to take in a scope so wide the boundaries of which cannot be surmised. It is a purely practical and utilitarian department of knowledge, and sanitation a branch of medicine is only one of many benefits it has given to the world, and it is our duty as a profession to supervise its continued development.

Yet sanitary regulations are amongst the oldest in the code of human laws. About 3500 years ago, 1500 B. C., history tells us of Moses the lawgiver, who promulgated laws on this as well as on other subjects, and strange to say he was not only thirty-five centuries, but, from the slow march of events, forty to fifty centuries ahead of his time and generation with all peoples except the Israelitish nation.

He is termed the inspired lawgiver, and the unprejudiced observer would concede the claim. Of many take one illustration—the exclusion of the flesh of the hog as an article of human food, for how otherwise could it be known that it was inimical to human health, for it is but of comparatively recent date that it has been demonstrated that the hog is peculiarly liable to harbor parasites tending to disease and death in all animals that use its flesh as food, unless it be cooked or prepared in a manner requiring more care than it is practical to always correctly give.

Many of the Mosaic laws are as yet inexplicable to science, as was that just referred to, but I doubt not that time will demonstrate their accuracy. A comment by a sufficiently accomplished gynæcologist on the many diseases peculiar to women and their probable modification under the Mosaic code would be very interesting reading. Moses as a sanitarian was, I fear, many centuries ahead of us to-day.

I do not desire to assume the role of advocate, apologist or defender

of the Bible. It is not required. But I will simply present a few facts which I cannot harmonize. All shades of christians assume that the Bible (old and new testament) is inspired and worthy of belief, and should be our guide through life, but what I cannot understand is why part is accepted and part ignored, especially that in reference to sanitation, and this the more when we consider the conditions under which it was promulgated together with the experience of the past thirty-one centuries. Moses was lawgiver and the person in authority over a people who had degenerated from their pristine standard, and it was his duty to elevate them to a high position. He took a race held in bondage—a nation of slaves, and we can assume that from this cause they were ignorant, diseased, immoral, irreligious and effeminate, whose highest ambition was “the flesh pots of Egypt,” and the plan adopted was a model, perfect in its results, and harmony with our present knowledge as far as we can follow it. The plan was clearly outlined and then carried out.

The Israelites were perfectly quarantined in the desert, having no associations with other peoples, and those diseased were placed by themselves outside the camp and were prohibited from communication with the healthy. Every new case of disease was relegated beyond the camp, and as no doubt specific disease was most prevalent, prevention of contamination by associated domicile was necessary. He took forty years to accomplish a journey easily made in forty hours, and this was the secret of his success. Every individual that left Egypt, even himself, died before the entry into the promised land. Hence the new race was composed of individuals sprung from the best of the old stock, brought up under the best sanitary surroundings, trained and educated by himself and made to conform to very strict sanitary regulations still in force. So indelible was the mark thus made on the Israelitish nation, that they stand alone of all the nations of antiquity in energy, virility and potency, though for centuries, and even now, subjected to conditions which would have obliterated any race not complying with their sanitary code. Many there are and were who fell from grace, as the pork eating Jews so called, but they disappear in time, and we need not hesitate to affirm that the race which carries out the Mosaic laws faithfully will continue strong and virile to the end of time. Many of these laws are as inexplicable at present as they have been in the past, but, judging from what has transpired, the future will explain and confirm their accuracy. A long argument took place lately as to the best method of slaughtering

beef animals, the Jewish method or the ordinary. The weight of evidence rested with the Jewish side, the only counter balancing objection being the sentimental one of probably giving more pain to the animal by incision with the knife than the blow on the head, not appearing to consider the fact that some animals require many blows to bring them down but only one stroke with the knife.

The hog does not appear to appeal to the sentimental public as he is always killed with a knife and his squeal passes unheeded.

Modern sanitation is the creation of a few years back, and statistics show splendid results in those countries that are up-to-date, so much so that an epidemic with serious results is looked on as not excusable on the part of those whose business it is to carry out sanitary laws.

In this province we are very poorly equipped. Health laws we have, good as far as they go, but practically obsolete, as there is no proper means of enforcing them. This should be remedied so that in any case of threatened epidemic, the whole province could be forewarned and precautions taken.

The municipal councils now appoint health officials, but from the best I can find out their duties are not even carried out perfunctorally. A health officer should have a special knowledge, but in Nova Scotia he only requires a sufficient number of votes, and there is reason to believe that the majority of those appointed are not desirous of the position, so that the practical carrying out of the health laws is a "myth." Now and then something happens that galvanizes into action for the time, but when the occasion passes off they drop back into the old corner and again fall asleep.

To illustrate one of our requirements, the secretary of the Provincial Board of Health receives regular notification from the adjoining state and provincial boards of health at any time that any epidemic appears, and regular notices of its progress and what is done for its restrictions. Now we should have some one or more in every county to whom our secretary of Provincial Board of Health could communicate such information and who would be guided accordingly.

These officials should be medical men who should receive pay for their work and have the work done in a proper manner. It would be their duty also to advise the secretary of Provincial Board of Health of the presence of any epidemic in their section, so that others could be warned in time. They should also send quarterly reports to the Provincial Board of Health, giving the health statistics of their county as far

as they could find out. There are some details wanted here but there is no immediate necessity to occupy your time in this matter.

We now have an unprotected population that in case of an epidemic of small pox would suffer very severely. In the adjoining states and provinces small pox has been rife the past year and we were likely to have it imported. Our escape so far is purely accidental, and we have no right to anticipate continued immunity. It is only ordinary prudence to provide for this eventuality and thus mitigate the scourge when it comes, as come it will. I fear it will take an epidemic and the loss of thousands of lives before our province will waken up to the fact that we are behind civilized countries in this line of work and that we should "set our houses in order."

We had thirty years ago a statistical office for registration of marriages, births, deaths, etc., but since 1867 it has lapsed. This should be reestablished on modern lines.

The Provincial Board of Health has for the past two years tried to keep a record of the sanitary state of the province, but owing to the want of definite laws properly carried out, the result has not been such as could be desired. The Board also instituted a department of bacteriology which has been of service to the profession and the people, and it is desired to extend its usefulness.

Dairy herds in Nova Scotia as elsewhere are tuberculous, and the proper inspection of milk, particularly in towns, and butter and cheese factories, as also the examination of fresh meat is, requisite. But these subjects have been so widely discussed and there is such general consensus of opinion that there is no need of taking up your time on this subject. Tuberculosis is very prevalent in every form, and claims its thousands yearly in this province, but no systematic means exists either for its restriction or cure. How long is this to continue, and who should take the initiative?

Sanatoria for the treatment of consumption for those able and those unable to pay for their care demand immediate attention.

We not only want to care for recent cases of which from 60 to 90 per cent are curable in from 3 to 12 months treatment in special hospitals or sanatoria, but they must obtain their relief in the climate in which they intend to live. This fact is not widely enough known. A recovery in a foreign clime is apt to be followed by a relapse after return home.

The profession has always been aware that consumption in rare cases was curable, but exact knowledge in this particular has only developed in the last 30 or 40 years, and as well the principles that should guide in the care of the sick. For many centuries attempts have been made to cure it by medicine, and if newspaper advertisers were to be relied on not only no person should die, but there is no excuse for ignorance of this on their part. Yet in spite of all, from 10 to 14 out of every 100 deaths from all causes are due to this contagious and preventable malady, and so it will continue until changed methods are adopted, which are now well known and were first demonstrated by Dr. Herman Brehmer, of Germany, lately deceased. In special sanatoria from 60 to 70 and 80 and 90 per cent of recoveries in recent cases can be expected, depending on the stage of the malady and the length of the residence under care (3 to 12 months.)

The treatment is hygienic. Open air life—climate and season not excepted, careful feeding, medical supervision of each case all the time, with confinement to bed when there is constitutional disturbance, abnormal temperature or heart's action, under the strictest discipline. No medicine is used except for accidental conditions.

It is an eminently contagious malady, and may cause the disease in those who are exposed to its virulent cause, the *tubercle bacillus*. Auto-infection during the progress of treatment and after apparent recovery is very possible, and hence each patient has to be so trained as to enable him or her to avoid contaminating others and as well himself or herself.

The theory that a special climate or latitude is necessary does not obtain, but it is becoming an accepted fact that permanent cure or benefit must be obtained in the climate in which the patient designs to live, to avoid relapses.

Since all cases at one time are recent cases, it means that for want of proper conveniences or treatment 1000 people die every year in the prime of life in this province, who need not be thus removed. And these too often the active, the intelligent, the best of our people. How many homes are thus made desolate without sufficient cause, by the removal of the mother and home maker or the father and bread winner, and why should we allow this to continue when it is in our power as a people to prevent it? I do not think it is a stretch of the meaning of the word to say it is criminal neglect.

Until Koch discovered the cause of this malady it was often a question in recent cases whether or not it was tuberculosis. Thanks to

him it can now be demonstrated beyond dispute by two methods—the microscopic and the tuberculin tests.

The establishment of the bacteriological department of the Provincial Board of Health gives to any one in the province, lay or professional, the means of satisfying himself or herself as to the probability of tuberculous infection of lungs. It takes time and skill to make the examination and a small fee of \$1 is charged.

Send a fresh sample of sputum in a small bottle (carefully done up) by mail to Dr. Hattie, Mount Hope, Dartmouth, and an answer will be at once sent after the examination is made.

If the bacillus be found the answer is positive and lets the person know that compliance with certain requirements is necessary for a return to health. If the answer be negative after a time, another sample of sputum should be sent, and if the response be again negative it is almost safe to assume that the dreaded disease is not present.

The tuberculin test is particularly reliable in cases where there are no objective symptoms, and has been for years in general and satisfactory use in suspected disease in the bovine race. The steps of this test I need not trespass on your patience with, requiring as it does the expert knowledge of the physician. So far it has been proved safe and reliable, and is gradually coming more into use as confidence in it is becoming established.

These tests give positive information at a period preceding the ordinary symptoms of ill health, and enables the sick person and the medical attendant to do good at the time when this can best be done.

The ordinary hospital and ordinary domicile are not adapted to the treatment of consumption as it should be carried out, and the public as well as the profession should know this fact.

The physicians diagnoses tubercule and he tells the patient that a change must be made in the mode of life, etc., a trip to Colorado, Florida, etc. suggested. In too many cases it would be as well to recommend the patient to go out on the street and pick up \$1,000 or \$2,000, put the family in the care of the the state and let the business upon which there is dependance for a living close down.

But were the means forthcoming and the patient comes back improved, there is the fear of a relapse.

What the doctor should be able to do when the diagnosis is clear, is to say: "as soon as possible place yourself under the care of the sanatorium which is only distant a few hours by rail and within call by

telephone with any part of the province. Arrange at least for three months stay, which will cost you from \$100 to \$200, with a very fair prospect of cure and not much likelihood of relapse." In any recent case there will be improvement.

This for those able to pay their own way. For the very poor, either the government or private beneficence should furnish the means, and this will come in time, but to my mind the private sanatorium must precede the public one in order that public opinion shall be educated up to the point when it will demand the means of relief for all.

Another sanitary question demanding attention is the public school but this is taken up by the President, Dr. McMillan.

Public and private water supply will every year be questions of increasing difficulty and the supply in either case should be regularly examined by a competent health officer.

The sewage problem is not yet solved, but this we know, the more dense the population, the greater liability to water and air contamination by defective sewage arrangements, and the greater necessity for inspection by competent officials who are independent of local influences.

Even on the farm with no neighbors to interfere we not unfrequently find wells tainted from careless disposal of sewage and offal. This is generally due to a want of knowledge and is apt to bring its own immediate punishment, and the attending physician in this case becomes the health officer, a duty he has performed for ages and he will continue to do so. But we want his knowledge disseminated, his duties systematized and his recommendations backed up by society, which in this province is called the government.

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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.

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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

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FLOATING KIDNEY SIMULATING DISEASES OF THE GENITAL ORGANS IN WOMEN.*

By A. LAPHORN SMITH, B.A., M.D., M. R. C. S. (Eng.), Fellow of the American and British Gynæcological Societies; Professor of Clinical Gynæcology in Bishop's University; Surgeon-in-chief of the Samaritan Hospital for Women; Gynæcologist to the Montreal Dispensary; Surgeon to the Western Hospital, Montreal.

Movable kidney is a much more common disease than is generally supposed, occurring in about 1 in 250 cases in general practice and in about 1 in 5 of the women who consult the gynæcologist. It is much more frequent in women than in men; it occurs much oftener on the right side than on the left; less frequently still on both sides at once and very rarely on the left side alone. It is important that it should be recognized oftener because it gives rise to symptoms very similar to those produced by lacerated cervix and other diseases of the genital organs.

2. The causes are (a) loss of perirenal fat; (b) violence either in the form of a blow on the loins but more often by the sudden jerk of jumping or prolonged vomiting; (c) frequent pregnancies causing relaxation of the abdominal walls; (d) tight lacing which forces down the liver, and the liver pushes down the kidney; (e) the kidneys are heavier during menstruation which therefore is a contributory cause.

3. The symptoms are disorders of all the organs supplied by the great sympathetic and pneumogastric nerves which go to form the solar plexus. As the movable kidney sometimes slips back into place when the patient assumes the recumbent posture the symptoms may be absent while she is in this position. She cannot sleep on the left side because then the kidney slips out and begins to drag on the nerves thus setting up the whole train of symptoms. The symptoms are much worse when the woman walks or works, as the kidney then falls as far as its pedicle will let it go and the dragging on the solar plexus causes gastric pain, dyspepsia, constipation or diarrhœa, palpitation of the heart and a smothering feeling, headaches and finally hypochondria. All the symptoms

*Abstract of paper read before the Canada Medical Association at Toronto, 29th August, 1899.

are worse during menstruation, when there is in addition a pain in the back and down the thighs.

4. The signs are a tumor the size and shape of the kidney, which in most cases, because the women are thin, can be distinctly felt in some part of the abdominal cavity, sometimes as low down as the right iliac region and even as the left, and occasionally in the pelvis. It can be grasped in the hand and when squeezed gives rise to a sickening sensation and pain down the back and thighs. The tumor can generally be pushed back to its proper place, only exceptionally forming adhesions to distant organs which would prevent its replacement. It varies greatly in size at different times being larger during menstruation and when the ureter becomes kinked or bent on itself, in which case, and when it becomes twisted on its pedicle, it forms a tense globular tumor accompanied with severe symptoms resembling an acute attack of peritonitis.

5. The diagnosis is very important because a great many patients have been treated successfully for some gynecological disease such as retroversion of the uterus, and yet the patient has continued to complain as much as ever; while many more have been treated for a long time for some gynecological disease which they did not have, and have even had their ovaries removed, only to have their sufferings increased. The diagnosis is easy and the errors which have been committed have arisen from the possibility of this condition not having been present to the mind of the practitioner rather than from the inherent obscurity of the case. In every case, therefore, of reflex disturbances pointing to pelvic trouble, the examination must not be considered complete until the position of the right kidney has been ascertained. The patient is placed upon her back with her head raised and her thighs flexed so as to relax the abdominal walls as much as possible; the examiner sits at her right side and facing her, pressing his left fingers firmly into the small of the back while the right fingers try to meet them under the ribs in front. The writer has also found the left lateral position convenient, but the best position in doubtful cases is to have the patient standing leaning over with her hands on a chair, thus relaxing the abdominal muscles and at the same time giving the kidney an opportunity to fall. In general terms we may say that a kidney which is movable is easily felt, while on the other hand a kidney which cannot thus be felt is not movable.

6. The treatment consists first in getting the woman fat by any means in our power. As she cannot digest while the kidney is down it

is necessary to keep her in bed during the attempt to fatten her ; the Weir-Mitchell treatment is sometimes successful. Second, many women loose all their symptoms during the latter half of pregnancy because the rising uterus crowds the kidney up. In those in whom this treatment is not available we may resort to a large soft pad of curled hair or an inflated rubber ball which is placed in the right hypochondrium after the kidney has been replaced, which pad is held firmly in position by a broad elastic bandage encircling the whole of the abdomen. The writer has found the small pads usually sold for this purpose utterly useless as they allow the kidney to slip out from under them. An elastic abdominal supporter with a large pad under it crowding up the bowels is much more comfortable. Third, the best treatment and one which in the majority of cases gives instant relief and soon brings about a permanent cure is nephrorrhaphy or stitching the kidney to the back. The incision should extend from the last rib down to the crest of the ilium just outside of the erector spinæ and quadratus lumborum. The kidney must be pushed up by an assistant towards the operator who first feels it with his finger and then grasps it with a bullet forceps. The capsule is split up along the whole of its convex border and turned aside so as to expose a strip of the kidney half an inch wide ; the needle should enter the kidney substance about a quarter of an inch deep and should include the transversalis fascia. As these stitches are to remain buried in the tissues, only well sterilized silk worm-gut sutures should be used. The peritonéal cavity should not be opened, there should be no mortality, and the buried stitches should not give any trouble in more than five per cent. of the cases. If one should suppurate it can be easily removed with a crochet needle.

The result of the operation has been very satisfactory in the seven cases in which the writer has performed it. Three of the patients had already undergone several gynæcological operations including removal of the ovaries and ventrofixation, one of them by the writer, without having been cured. These patients affirmed a few days after the operation that the real cause of their trouble had been discovered at last and that they were for the first time free from the dragging pains from which they had suffered for several years.

Clinical Reports.

A CASE OF SPORADIC CRETINISM.*

By W. G. PUTNAM, B.A., M.B., C.M. (Edin.), Yarmouth, N. S.

This case was discovered by chance during a short holiday in Colchester County, N. S., in August, 1897, and was not seen again by me until May, 1899. The measurements, etc., were sent me by the parents from time to time and I believe them to be thoroughly reliable.

Case of Bella F., now six years old.

Family History on the father's side is nearly perfect. Both grandparents are living, aged 83 and 80 years respectively. Of eight uncles and aunts, one aunt died of pneumonia aged 36; the others are alive and well. On the mother's the record is not so good. Both grandparents died comparatively young, the cause not being definitely ascertained. Most of the uncles and aunts are alive, but none are very robust. Her father and mother both have excellent health. The patient has two brothers and one sister—ages 12, 10, and 4—all of whom are robust children. The surroundings are excellent, the father being a prosperous farmer.

Personal History.—At birth nothing unusual was noticed, the child being apparently healthy and well-formed. As the months rolled by, it was noticed that the child never cried, a circumstance which only excited favorable comment. At the end of a year the parents began to feel somewhat worried over the fact that the child had made no attempt to stand or to walk. At the end of another year she was in much the same condition, except that she would stand for a few minutes if given some assistance. Two more years went by, during which she increased slowly in size and gained enough to stand for hours by a chair, but could not be induced to attempt standing alone or walking, nor would she try to talk.

She was taken to several medical men during her fourth year, all of whom gave a rather hopeless prognosis, suggesting emulsion of cod liver oil, syrup ferri iodidi, etc., as being of possible service.

When I saw her first she was four years and two months old, 29 inches in height, weighed 23 pounds, with measurements of waist, 22

* Read at annual meeting of the Medical Society of Nova Scotia, July 6th, 1899.

inches, and navel, 21 inches. She had the typical "wooden" expression of a cretin, coarse dry hair, a small umbilical hernia, and a very dry, scaly skin. The last was so pronounced that her mother said that on shaking her clothes after taking them off it seemed as if they were filled with bran. She seemed to take but little notice of what was going on around her and would stand for hours by a chair turning over books or other simple toys. The bowels were obstinately constipated. There was no evidence of rickets.

Her general appearance was that of some cases of sporadic cretinism pictured in the *British Medical Journal* of about four years ago, and the result of those cases as treated with thyroid extract induced me to suggest a trial of it with her. She began taking it on September 18th, 1897, taking at first the equivalent of one-sixth of a sheep's thyroid daily, increased later to twice that quantity. At no time was any systemic disturbance induced thereby, and the improvement was immediate and continuous.

My first report from her was on October 20th, 1897, at which time there was practically no change from the measurements of a month before, but she was said to be looking brighter and cried at times. On December 9th, of the same year, less than three months from the time she commenced treatment, there was a marked improvement; height, 34 inches; weight, $24\frac{3}{4}$ pounds; navel, 19 inches. She was walking alone. The hernia had quite disappeared and her bowels were regular.

From this time on her progress has been steady in every direction. She has had no other treatment than the thyroid extract in the above mentioned doses. She was without it once for a month and during that time her parents thought she lost ground to some extent.

I saw her again on May 23rd of this year and did not recognize her as the child of two years before. She was then 38 inches in height and weighed 37 pounds. She could talk as plainly as her brother, who was two years younger, and was running about enjoying herself as any healthy child should. She took an intelligent interest in things about the house and farm and looked after her own interests in every way.

I have not been able to get a photograph of recent date to show in conjunction with this one taken before treatment was begun. In closing, I may say that the result of treatment has fully confirmed the diagnosis of sporadic cretinism.

A CASE OF SPORADIC CRETINISM.*

By G. GORDON CAMPBELL, B. Sc., M. D., Lecturer in Clinical Medicine, McGill University; Assistant Physician to the Montreal General Hospital.

As cases of this condition are always of interest and especially on account of the wonderful results following thyroid treatment, I have thought that a report of the following instance, which had a fairly characteristic group of symptoms and has improved rapidly under the specific treatment, would be worth publishing.

The patient was first seen by me in May 1898, and gave the following history:—

A. M., female, aged five years, was born on June 8th, 1893. The labour was prolonged and required the assistance of forceps to accomplish delivery, but was otherwise normal. Nothing special was noticed about the child at birth. The parents were living at the time in Chicago, but removed to Dayton, Ohio, six months later. Here she was taken to see a physician on account of the thickness of her tongue, and under the impression that the large tongue might be due to "tongue-tie" the frenum was cut. When the child was three years old the family moved again to Buffalo, New York, and as she did not appear to be developing properly and did not try to talk, another physician was consulted, who stated that he did not understand the condition, but suggested sending her to a hospital for the eye, ear, and throat, as there might be something gained by an examination of the throat. This was accordingly done, and at this hospital the parents were informed that post-nasal adenoids were the cause of her want of development and their removal recommended. The parents, however, would not consent to an operation, although the diagnosis was confirmed by a second physician. The family then moved to Montreal.

Early in May, 1898, I was asked by Dr. F. J. Shepherd to see a case to which he had been called but was unable to go, and on speaking to him about it the next day, he told me that he, while passing in his carriage, had seen a cretin being wheeled up and down in front of the house in a baby carriage. I promised if I got the opportunity to make enquiries about it, and some weeks later had occasion to see the father. On asking him about the child he gave the history already related, but was not very anxious to have me see the case, having come to the

*Read at the annual meeting of the Medical Society of Nova Scotia, July 6th, 1899.



AGED 4 YEARS 2 MONTHS.

conclusion that nothing could be done for his child. However, on showing him some illustrations of sporadic cretinism with the marked improvement produced by treatment by thyroids, I gained his consent to my seeing his child.

As will be seen from the accompanying plate of a photograph taken shortly after this and before treatment was begun, examination showed a girl of considerably under the average height for her age, with a short, thick body, large head, and limbs rather large in proportion to the trunk. The face was round and fat, the eye-lids thick and palpebral aperture narrow, the nose wide and flattened, and the lips thick and prominent with the large tongue most of the time protruding between them. Her head was fairly well covered with rather fine hair, which was, however, dry, lustreless and difficult to keep in place. The abdomen was large and prominent and there was a small umbilical hernia. The skin, though dry, could not properly be classed as xeroderma. The child's expression was the characteristic, dull, stolid, stare of cretinism. She showed little, if any, signs of mental development, being unable to express her wants or to speak, except for two sounds which the parents interpreted as "ma" and "pa." She seemed, however, to understand in a measure what was said to her. She would sit all day without crying or laughing or attempting to enter into the play of her brothers and sisters, but at other times was extremely nervous and irritable and easily frightened by strangers. She was still wearing a napkin and required constant care and attention.

In the *family history* there is nothing of interest. The patient is the fifth of a family of seven, both older and younger children being of average development. When first seen, a younger sister, although there is almost three years difference in their ages, was taller and brighter than the patient.

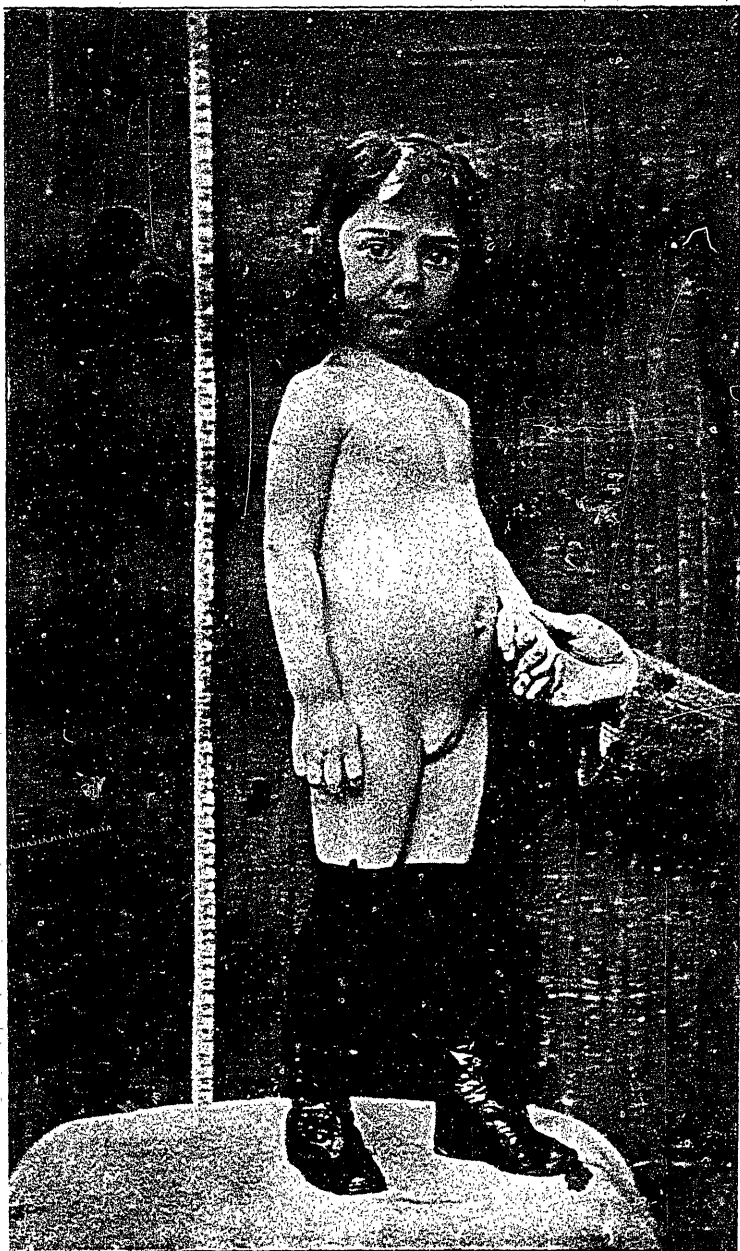
Treatment was commenced on May 17th, 1898, two grains of Armour's desiccated thyroids being given three times a day to begin with. This, however, proved to be more than she could bear, as she developed the condition described as acute thyroidism, and the dose was diminished to two grains twice a day and finally to two grains once a day, which she has continued to take ever since. Improvement at first was slow, the earliest indication that the thyroid was having any effect upon her condition being in the rapid loss of flesh and falling out of the hair. Her health also appeared to fail. It was soon seen, however, that the expression of her face was changing and the improvement in both mental and bodily condition has been going on continuously ever since.

Her present condition, as compared with that of a year ago, is well shown in the second plate of a photograph taken in June, 1899, thirteen months after the first one. Her height, which was 34 inches, has increased to 38, her expression has entirely changed until now she is an intelligent child, looking perhaps four or five rather than six years of age. The improvement in respect to her mental condition is in no way better shown than by comparison with the younger sister, who is now some two inches shorter, and although one year ago vastly her superior in mental development, is now barely her equal, if not her inferior. The cretin is now a bright vivacious child, taking an interest in and talking about everything around her, does not require more than ordinary attention, has given up wearing napkins and attends to her own wants in that respect, and assists in the care of her two younger sisters. She has also lost the most of her timidity. Physically, besides the gain in height, the thickness of the lips, nose, eye-lids and tongue have entirely disappeared, and, although she does not yet look quite right, one would never suppose that she was a cretin. The prominence of the abdomen and the umbilical hernia have also disappeared and the disproportion between the limbs and body is not noticeable. She has lost almost all of her subcutaneous fat, and the new growth of hair is fine, silky, and easily kept in place.

The interesting points about this case are the vast improvement produced by a year's treatment, the small dose of thyroid required, and the fact that the condition was so long unrecognized. With regard to the degree of benefit received from this form of treatment, reports of cases tend to show that it is greater the earlier in life it is instituted after the condition has developed and also the younger the age of the child. Although there have been a few brilliant results from the treatment of cretins who have reached adult life, in the majority of cases it is far from being as satisfactory as in the case reported. The history of the case previous to coming to Montreal shows that, although these cases cannot be mistaken by any one who has ever had the advantage of seeing a well-marked type, there is nothing in any one of the symptoms or appearances taken separately that would give a clue to the diagnosis, at least in early childhood. Backward children are by no means uncommon, and the condition which is the cause of their want of development may not be recognized until they reach the age of three or even five years. In cretinism the characteristics of course become more marked as the child grows older and fails to develop. In three cases of this condition which I have had under my care, the youngest was three years of age, and, although on taking the appearances and symptoms as a whole, the condition was very suggestive and was looked upon as sporadic cretinism, the diagnosis was not absolute until thyroid treatment had proved its correctness.



SPORADIC CRETINISM.—A. M., aged 5 years, height 34 inches.
Photographed May, 1898.



SPORADIC CRETTINISM.—After one year's treatment. Height, 38 inches.
Photographed June, 1899.

GRAVES' DISEASE, WITH A REPORT OF THE SUCCESSFUL TREATMENT OF A CASE.*

By ROBINSON COX, M. D., Upper Stewiacke, Nova Scotia.

In undertaking to read a paper on Graves' disease, I did not presume to offer anything new or to give a satisfactory explanation of the singular combination of symptoms usually found associated together in this troublesome malady; but having had a case under my care for the last eighteen months I propose to refer to some of the main features of the disease and glance at a few of the many theories that have been brought forward to account for them, touching upon some of the various plans of treatment which have been tried to counteract their influence. I hope that in the discussion which may follow, some ideas may be gathered from the experience of others which will be found helpful in the future.

Under the name of Graves' Disease or Exophthalmic Goitre we designate a group of symptoms, the chief of which are increased size of the thyroid gland, an accelerated pulse and exophthalmos—protrusion of the eye-balls. A number of other disturbances are usually met with, chiefly in the nervous and circulatory systems, but these are usually secondary and not characteristic of the disease.

Exophthalmic goitre has been recognized and more or less accurately described for more than half a century, but up to the present time the researches of the best pathologists have failed to give a rational and satisfactory explanation of its main features. Professor Osler, of Johns Hopkins, speaks of it as "a singular disease arising from an *unknown cause*." As early as 1825, Parry described some cases of the disease under the designation of "an enlargement of the thyroid gland in connection with enlargement and palpitation of the heart," but among eight cases reported by him exophthalmos is mentioned in only one. The Germans claim that Basedow was the first to accurately describe the disease, in 1840, while the English usually assign the credit of the discovery to Graves. From that time to the present many widely different theories have been advanced to account for it. Most of the observers, such as Graves and Basedow and their contemporaries as well as many since their time, sought to find the essential cause in a morbid state of the system like

* Read at meeting of Medical Society of Nova Scotia, Truro, July 5th, 1899.

that of chlorosis, while others considered the heart the point of origin. Later observers, for the most part, have regarded the disease as being altogether due to neurotic causes. During the last decade, some of the best of modern pathologists sought to find a solution of the strange trio of symptoms which form the cardinal features of the disease, on the theory that they all arise as a result of a general toxæmia of the system due to the absorption of septic material from the intestinal canal and caused by imperfect digestion and malassimilation of food. And when we remember that gastro-intestinal irritation is an almost constant and most troublesome feature in most cases of Graves' disease, as it has been in the case under my own observation, we are inclined to hope that a satisfactory solution of the cause of the disease will eventually be found along this line of investigation..

A theory of the disease, to deserve the name, should be able to derive all the symptoms, or at least the cardinal ones, from a common source; so far this has never been done. An attempt has frequently been made to show that the other symptoms depend upon the struma or goitre, and many arguments have been advanced in support of the theory that the disease is virtually due to an excessive thyroid secretion, and therefore essentially a thyroid secretion toxæmia. Doubtless, the excessive thyroid secretion, when present, influences the other symptoms, but it merely aggravates the symptoms which it did not cause, just as starch and sugar in the diabetic diet aggravate the disease which these articles do not cause. But the goitre is by no means the first symptom in the majority of cases, and hence cannot be regarded as the cause of the others.

The most generally accepted theory in the past of the struma or goitre, has been a hyperæmia of the thyroid gland owing to paralysis of the vaso-motor nerves running in the cervical sympathetic. In support of this view we have the following conditions which are usually present:—strong pulsations of the small branches of the carotid, the rapid growth of the tumor, the perceptible pulsations of the thyroid arteries, and the abnormal development of the thyroid arteries and veins, as shown by the pathological anatomy of the disease; but that these conditions are due to a paralysis of the sympathetic is as yet a matter of question. There is, moreover, as yet no experimental proof that section of the sympathetic can produce struma.

Exophthalmos, the second cardinal symptom, usually makes its appearance soon after the struma; in a few cases it has been seen first. It is almost without exception bilateral. Sometimes it makes its

appearance in one eye earlier than the other, and often it is not equally developed on both sides. In some cases it is wholly wanting. In degree, the exophthalmos varies greatly; sometimes there is but slight prominence of the eyeball, at other times the protrusion is so great that no part of the globe is covered by the eyelids, and even dislocation of the globe may occur. The exophthalmos is generally regarded as a mechanical protrusion of the eyeball due to venous hyperæmia and increased development of fat in the cellular tissue of the orbit. The results of ophthalmoscopic examinations seem to justify the assumption of venous hyperæmia, and the increased deposit of retrobulbar fat has been directly proved by a series of autopsies, but when we ask why we have venous congestion and increase of orbital fatty tissue, we are at a loss for a satisfactory answer.

The third cardinal symptom of Graves' disease to be noticed, is acceleration of the heart's action. This symptom is usually the first to be developed. For a long time it was supposed to be due to anæmia, but this view has now but few supporters. That it is due, as some have supposed, to a primary disease of the heart is also unsupported by evidence. The bulk of evidence among pathologists of the last twenty years, tend to show that it is caused by disturbance of the function of the cervical sympathetic. It is well known that irritation of the sympathetic will increase the action of the heart, and if we could assume a condition of permanent irritation in any group of nerve fibres, this view would in a large measure explain the increase in the heart's rate. Friedreich has attempted a somewhat different explanation. He thinks that the vaso-motor nerves that originate from the sympathetic are in a state of paralysis, which produces a dilatation of the coronary arteries and causes an increased flow of blood to the muscle of the heart, and so an increased action of that organ. This view, however, does not differ essentially from the former; for the branches of the sympathetic which support the heart are commonly supposed to have the function of transferring the excitement coming from their centre to the ganglia of the heart. Another hypothesis worth mentioning is that of Roben, who considers that the goitre exerts pressure on the sympathetic, causing both exophthalmos and acceleration of the heart. This view is supported by several German pathologists of repute, but it is contradicted by the fact that goitre often appears at the same time as the exophthalmos, or even years after it, and in some cases is altogether wanting. Besides, the ordinary cystic goitre, that often occurs endemically and is often harder

and bulkier than that of Graves' disease, produces no exophthalmos, and in cases where compression of the sympathetic is proved to exist, the exophthalmos is wholly wanting. Moreover, exophthalmos does not diminish in proportion to the diminution of the goitre, as would be expected if it were due to the effect of pressure. Thus we see that the demand for a theory of the disease that will satisfactory account for all the symptoms has not yet been supplied.

The theory of systemic infection by the absorption of poisonous material from the intestine, is advocated at the present time by pathologists of high repute, and a plan of treatment, based on this theory, is being adopted by many practitioners, and with highly satisfactory results. The history of the case already referred to as under my own observation supports this idea. It is as follows :

About eighteen months ago, I was consulted by a lady suffering from what was clearly evident the symptoms of Graves' disease. She had a good family history, was 29 years of age, married, and the mother of one child, then fifteen months old. The goitre, that led her to seek my advice, was quite prominent, but not more so than the exophthalmos. The pulse rate was 135 per minute, and the eyeballs protruded from their orbits with a staring appearance. There were great prostration of strength, loss of appetite, and, on the slightest exertion, profuse perspirations. I followed what appeared to be the natural indication as far as the heart's action was concerned, and ordered complete rest with arterial sedatives, commencing with digitalis, and the use of iodine externally. This treatment I was obliged to discontinue in a few days owing to increased nausea and diarrhœa. I then tried in succession most of the arterial sedatives, such as strophanthus, convallaria, spartein, etc., but all caused more or less increase in the gastro-intestinal irritation, while none of them had the slightest effect in controlling the heart's action. I then gave potassium iodide and also acid hydriodic, but with no benefit whatever. I then put my patient on thyroid extract, partly for the sake of being in the fashion and partly in the hope of deriving some benefit from it, but soon had reason to regret having made the experiment, as it not only was of no benefit whatever, but was a positive injury. At this stage Dr. W. S. Muir, of Truro, kindly saw the case with me and suggested as a result of his own experience, the use of intestinal antiseptics. His suggestion was at once acted upon and the patient given salicylate of bismuth combined with salol, with an occasional mild mercurial purge to keep the intestinal canal free and as nearly antiseptic as possible. The diet consisted largely of milk and eggs,

no meat of any kind, fruit, or vegetables, being given. This treatment, combined with absolute rest in bed and followed up for six weeks produced a decided improvement in all the symptoms of the disease. The intestinal irritation, which had become a most serious feature of the case, was first relieved. Following this, there was soon a reduction of the enlarged thyroid gland. In twelve weeks the pulse rate was reduced from 140 to 100 per minute. The exophthalmos was the last of the three main symptoms to show signs of improvement. In four months she was able to be out of bed and go about the house without any apparent injurious effects. She continued taking small doses of salicylate of bismuth and salol for several weeks after she left her bed. The improvement in her general health and strength continued without interruption, and now, for the last six months and more, she has been attending to her usual duties about a farm house with ease and comfort. When I saw her last, a few days ago, her pulse was 82 per minute, strong and regular, her eyes had a perfectly natural appearance, and it required very close examination to distinguish any thyroid enlargement.

I do not say the case is cured, as I am well aware that relapse of her former condition is probable, but the improvement has been so great and the success of this plan of treatment has been so far in excess of all others, that it certainly deserves trial in similar cases, and also strongly suggests the idea that in the disorders of the gastro-intestinal tract may ultimately be found the hitherto unexplained cause of this very serious and often fatal disease.



Selected Article.

SEASICKNESS.

By J. CARLISLE DEVRIES, M. D., Honorary Member of the Indian Medical Association of Calcutta, India.

Seasickness, or *mal de mer*, is an important subject to consider, as the suffering caused by it is beyond estimate. In a concise manner it may be described as a peculiar functional disturbance of the nervous system produced by shock resulting from the motion of the ship. It is not a disease of the stomach or alimentary canal, as is erroneously supposed by some, but clearly a functional disease of the central nervous system. By deduction it would seem inevitable that any mechanical agitation of the body, such as is caused by the rolling, pitching, and tremor of a vessel, would primarily and chiefly affect the central nervous system, which is most sensitive to external irritation.

The most prominent symptoms are a state of general depression, giddiness, nausea, vomiting and derangement of the bowels and urinary secretion. It may be divided into four stages: Depression, exhaustion, reaction, and convalescence. The profession has never been able to solve the problem, and the laity must regard it as beyond human control. The travel across the Atlantic would be considerably multiplied were it not for the terrors of seasickness.

Quite a few are under the impression that seasickness is beneficial; whereas, on the contrary, it is decidedly injurious. After an attack one certainly feels relieved for a time, but very exhausted all the time, and if it were not for the tonic and bracing effects of sea air, one would continue sick even after again regaining *terra firma*. Scientifically there is no more reason for seeking an attack of seasickness than of diphtheria.

My experience with this interesting disease was while surgeon on various transatlantic mail and passenger steamers sailing from New York to Amsterdam, Antwerp, and Southampton. These trips necessitated frequent passages across, up and down the English Channel and North Sea. These two immense bodies of water are rarely calm; generally very rough and choppy.

Vomiting is a symptom of concussion of the brain. Seasickness is a series of mild concussions. Children and the very aged rarely suffer from it. Active cerebral life is more prone (between the ages of twenty and sixty), although I have frequently seen children vomit on shipboard purely out of sympathy, without previous or subsequent illness. It is most frequently seen in those of a highly sensitive and nervous temperament.

One of the very first symptoms of *mal de mer* in certain cases is an abnormal appetite, which is developed as soon as rough water is encountered. The victim is anxiously awaiting the call to luncheon or dinner. He is the first at table and gorges himself, but ere long finds it expedient to immediately and rather suddenly leave the table, a miserable mortal.

Headache is not an essential symptom of this malady. Cerebral congestion and vertigo may be present. Hopelessness is a constant accompaniment of the disease. Pain in the back sometimes is present and precedes nausea and vomiting.

Constipation is a source of much discomfort, and should be relieved. Diarrhœa may, on the other hand, be present. Both result from the same conditions. Life on shipboard illustrates this interestingly. Neuralgic pains, chilliness, flashes of heat, exhaustion, and suppression of the menses are occasionally met with.

The nausea is quickly followed by vomiting, and is often sudden and projectile, as from a central cause. As the vomiting continues, the ejected matter is composed of intensely acid gastro-biliary secretions. All secretions except the saliva are decreased. The appetite is entirely lost, and there is a marked repugnance to food, especially to all forms of fat. The mental depression is now very characteristic. Shipwreck and drowning have no horrors; the victim rather praying for that speedy death to end his miserable sufferings. This condition continues from two to five days, varying in intensity, and followed by reaction. Seasickness can rarely be mistaken for any other condition, although it may simulate gastro-enteritis at first. In seasickness the intense nausea and constipation, the constant and violent vomiting and later retching, and the loathing of food are more pronounced.

In some cases of slight disturbance, a prolonged, even inspiration as the vessel rises, followed by expiration during descent, thus controlling the movements of the diaphragm, is efficacious. It has been stated by Beard, Barker, and others that by the administration of thirty-, sixty-, and ninety-grain doses of bromide of sodium three times daily for a

week prior to embarking, and continuing at sea until the danger is past, *mal de mer* would be prevented.

The question arises, When is the danger past? When the sea becomes smooth? When the physiological effects of the bromide are visible? When the patient is stuporous from excessive and repeated doses? And echo answers, "When?" The treatment mentioned undoubtedly bromizes the central nervous system; but does it render it less susceptible to the molecular disturbance of the nervous system caused by the motion of the ship?

In all my fifty-eight voyages across the Atlantic I have never come across a passenger whom this dosage affected, except visibly, by giving him a bromism, and nausea and vomiting just as soon as the steamer entered an area of rough water; also extreme loss of appetite. This is caused by the intensely irritant action of the sodium bromide on the sensitive stomachs of hyperæsthetic and nervous patients.

The bowels must be opened before embarking by either calomel, phosphate of sodium, or a saline purge. An active purge (saline,) either Epsom or Rochelle salts, half to an ounce, should be taken the night previous to embarkation, followed by twenty grains of bromide of sodium at 7 a. m, the day of sailing, and this dose repeated one hour before the vessel sails. Remain on deck constantly during the passage across, save for meals and bed. I have had marked beneficial results with this course of treatment in all cases. Vichy and Apollinaris should be indulged in freely throughout the voyage. In those who are seized with *mal de mer* at sea, not having previously undergone this preparatory treatment, aromatic drinks, lemonade and champagne, with imported ginger ale *ad libitum*, are of great value. Where the bromides can not be retained, these will be kept down.

The position of the patient deserves equally to be taken into consideration; the horizontal proving much more agreeable than the erect posture, as it better supports the stomach and other viscera, and prevents thereby, to a certain degree, their disturbance by the oscillation of the vessel.

A general diet, substantial and succulent food, easy of digestion, with Vichy, or, if stimulation is indicated, brandy or wine, is most benefiting and useful. Such a regimen is nourishing and strengtbening, does not oppress the stomach, but acts somewhat as a soothing or sedative remedy. Avoid cold food.

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Chapman recommends the spinal ice-bag. While this is good and relieves the spinal congestion, its disadvantage is apparent by the fact that the patient is compelled to remain in the close stateroom below: and this confinement should by all means be avoided, as whatever good the ice-bag may do, it will be handicapped by the odors from the galleys, and the smell of stale sea water, which may have previously got in during a violent storm, causing the patient to gag and retch, until removed from these surroundings. The motion of the ship is also least noticeable to the patient on deck, owing to the horizontal position assumed, and the invigorating and tonic effects of the air.

Nitrite of amyl in obstinate cases at sea has been tried with success. It should be given in full doses upon the first appearance of epigastric distress, and repeated as necessary. Cocaine has been recommended, but I have never found it beneficial.

In very severe and obstinate cases, after everything has been tried without success or relief, the patient's greatly enfeebled condition and the constant retching demand morphine, but great care must be exercised in its exhibition. The patient should be kept under its influence at least twenty-four hours.—*N. Y. Med. Journal.*



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Editorial.

CANADIAN MEDICAL ASSOCIATION.

The thirty-second annual meeting of the above association was held in the Education or Normal School buildings at Toronto, Ont., on Aug. 30, 31, and completed its labors at midnight on the 1st September. The number of members and delegates in attendance was the largest in the history of the association, there being nearly 300 who registered their names. A large number of very able papers were read and others taken as read, the publication of which will be looked forward to with much interest.

The address of President Cameron was a very able and learned paper which must be heard or read in order that it may be appreciated. Tuberculosis in Canadian cattle and its prevention was ably dealt with by Prof. mer Adami of Montreal. Christian Science was presented in a very unique manner by Dr. Richardson of Toronto, and judging from the applause brought forth by its reading, the profession would do well to read it. He literally dissected Mrs. Eddy and did not leave her much room to stand upon. On the whole the meeting is one long to be remembered. The reception by the Hon. Geo. W. Ross, LL.D., Minister of Education, was much enjoyed. He delivered an able address of welcome, and the music and recitations were fully up to the standard.

On the evening of the 30th the members and their lady friends were entertained by a trip on the lake by steamer "Chippewa," music and refreshments being provided. An afternoon tea was also provided at the Island Club House of Royal Canadian Yacht Club. On the afternoon of Friday at 2 p. m., the members were entertained at luncheon by the President and Directors of Toronto Industrial Exhibition at Exhibition Park and were taken to the exhibition, which was thoroughly appreciated. This exhibition we are informed witnesses 60,000 people daily in attendance.

This meeting of the Association is memorable from the good work done to unify the profession from the Atlantic to the Pacific. Every province was represented. The question of inter-provincial registration was abandoned, because it was a scheme which would give the profession no recognition from the British Medical Council or any foreign recognition. It might be in force to-day and stand suspended to-morrow. Therefore nothing short of legislation by the Dominion Parliament would meet the requirements of the case. Dr. Roddick, who has labored indefatigably in this matter, had, through the law officers of the crown,

succeeded in preparing a law which he submitted to the committee appointed last year at Quebec. The measure was carefully considered and amended by the committee. It provides for the appointment of "the College of Physicians and Surgeons of Canada," the corporation to be composed of three men from each Medical Council, one to be appointed by the Governor-General and one by the Council, together with the President of each Council ex officio. These are to make the rules and regulations for curriculum and appoint a Board of Examiners. All men now re-



DR. T. G. RODDICK, M. P.

gistered in the various provinces who are ten years in practice will receive the new qualification on payment of a small fee. Those who are not ten years in practice must complete the term. All entrants must take the examination and complete the curriculum of five years, the last being clinical. Dr. Roddick was empowered to complete the necessary legislation required to give the following resolution, which was fully endorsed by the Canadian Medical Association, its full effect :

Dr. Williams of Ingersoll moved the following resolution dealing with the question of registration :

*Whereas*, the standards of education for the profession of medicine and surgery and the qualifications for the practice of the profession vary in each of the provinces of Canada, and the assimilation of these standards, and, if practicable, the establishment of uniform standards throughout the Dominion are desirable ;

*And whereas*, in consequence of the provisions of the Acts of the United Kingdom of Great and Ireland, known as the "Medical Acts," medical and surgical practitioners, who are by the law of a province of Canada entitled to practice the profession in such province, cannot obtain the benefits of registration under the said Acts, inasmuch as by the said provisions the qualifications required for such registration must be regulated by the Parliament of Canada ;

*And whereas*, a medical and surgical practitioner duly registered according to the law of one province of Canada cannot legally practice in another province without being duly registered in such other province ;

*And whereas*, serious practical inconvenience both to the public and to medical and surgical practitioners have arisen from the above cause ;

*And whereas*, it is desirable to assimilate and, if possible, to unify the various standards of qualifications established by the several provinces of Canada as conditions of admission to the study of the profession, and to the practice thereof, such assimilation and unification being best attained by the establishment of some central authority with power to hold examinations of, and to establish and maintain a system of medical legislation of, such persons as desire to practice the profession in more than one province of Canada ;

*And whereas*, it is within the legislative jurisdiction of the provinces to establish such central authority, the jurisdiction of each province being restricted to the limits of the province and to the provincial objects only ;

*And whereas*, it is expedient to constitute a co-operation in which the Legislatures of the various provinces may, if they see fit to do so, vest such powers as are necessary to effect the above purposes, and the other purposes mentioned in this Act ;

*And whereas*, the appointment of such an authority is for the general benefit of Canada and would promote the advancement of medicine and surgery throughout the Dominion of Canada ;

*Resolved*, therefore, that the association heartily approve of the proposed scheme which the committee has formulated and presented at this meeting.

*Further Resolved*, that Dr. Roddick be empowered and requested to continue his efforts to have the scheme completed and carried into effect by such legislation as may be found necessary.

Dr. Macneill, of Stanley Bridge, P. E. I., seconded the motion in a very forcible speech.

Sir James Grant supported the resolution.

The resolution carried unanimously.

When this qualification is completed, each of the provinces will be required to pass a short act, agreeing, through the various Medical councils to accept this qualification without examination on payment of the registration fee. The local laws and councils will continue their own

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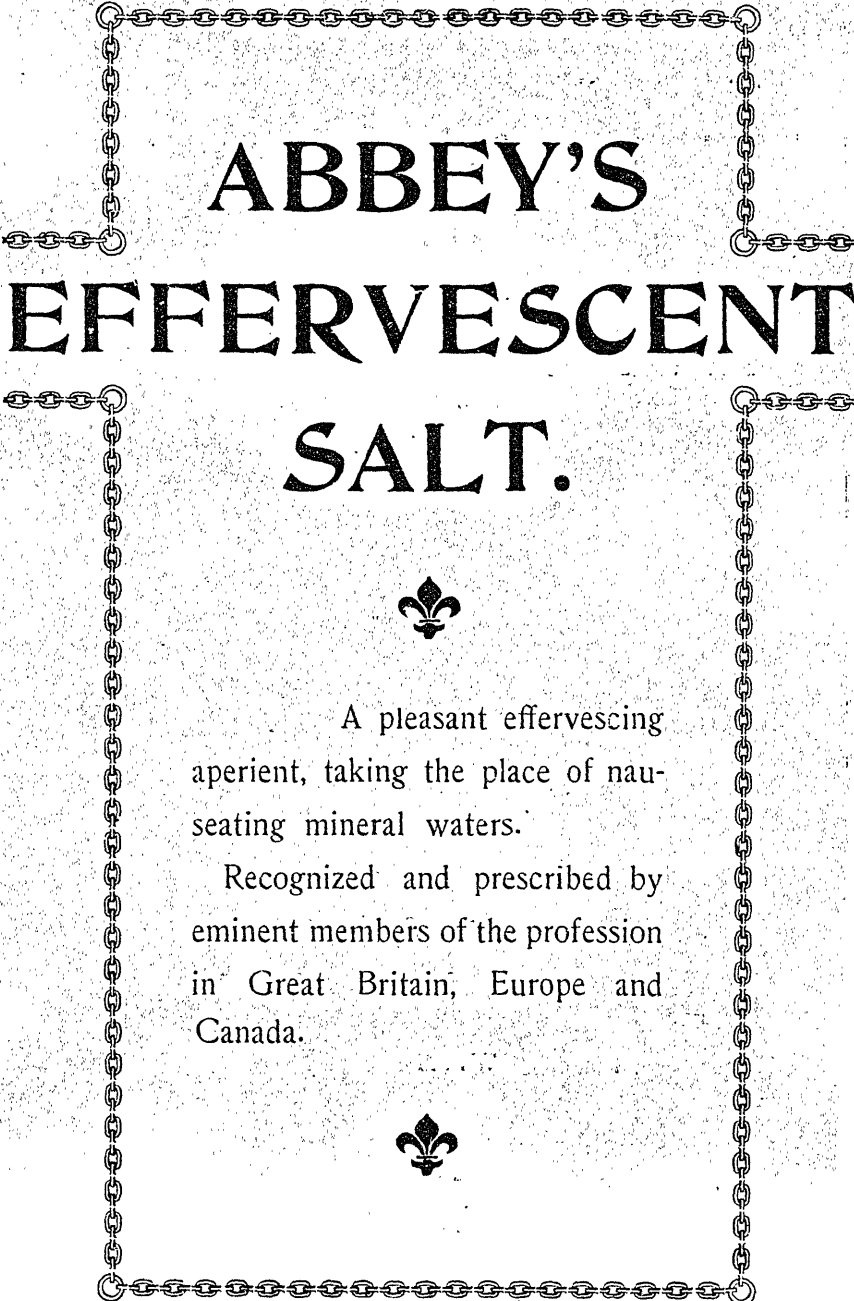
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work as heretofore without let or hindrance by the new college. The thanks of the profession is greatly due to Dr. Roddick in this matter, and we hope it will stand solidly at his back in demanding that the Federal Government will provide the funds necessary to carry it into effect, and thoroughly provide for sustenance in the future.

The report of the Nominating Board was brought down by Dr. Roddick, convener. It named Ottawa for the meeting place next year and nominated the following officers for the ensuing year :

*President.*—R. W. Powell, Ottawa.

*Vice-Presidents.*—S. R. Jenkins, Prince Edward Island ; W. G. Putnam, Nova Scotia ; A. R. Meyers, New Brunswick ; A. R. Marsallais, Quebec ; A. S. Johnson, Ontario ; W. J. Neilson, Manitoba ; H. V. Bain, North West Territory ; O. M. Jones, British Columbia.

*Local Secretaries.*—H. D. Johnson, Prince Edward Island ; G. M. Campbell, Nova Scotia ; G. A. B. Addy, New Brunswick ; J. Alex. Hutchison, Quebec ; J. H. Clock, Ontario ; Dr. Smith, Manitoba ; M. M. Leyman, North West Territory ; Dr. McGuigan, British Columbia.

*Treasurer.*—H. B. Small, (re-elected).

*General Secretary.*—F. N. G. Starr, (re-elected.)



## Book Reviews.

**INTERNATIONAL CLINICS.**—A quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment and drugs. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia. Volume II, ninth series, 1899. Published by J. P. Lippincott Company, Philadelphia. Canadian representative, Charles Roberts, 593 Cadieux Street, Montreal.

One who has become acquainted with the International Clinics looks forward greedily to the coming of each succeeding number. The current issue is quite up to the standard, (which is high praise), and will be eagerly devoured by every subscriber. The bill-of-fare is, as always, tasty and nutritious, and so varied that every palate may be satisfied. This very variety makes the book difficult of review, as the reviewer can scarcely be expected to overcome the bias which his inclinations naturally give him, and he may attach especial importance to an article which another would regard as of ordinary value. All maritime physicians, however, will be attracted by an exceptionally interesting article on "Paranoia" by Dr. George L. Sinclair, of Halifax. Paranoia is a form of alienation to which much attention has been directed of late years, and the extreme importance of the condition, particularly from a medico-legal point of view, adds the value of timeliness to the article under discussion. Dr. Sinclair deals with his subject in a very frank and concise manner, and in a characteristically attractive style. The other articles, of which there are many, are all from the pens of competent contributors, and are full of interest and practical value.

**ANNUAL REPORT OF THE SUPERVISING SURGEON-GENERAL OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES FOR THE YEAR 1898.**—Treasury Department, Washington.

This is a comprehensive document of more than 850 pages, which deals with a great variety of matters affecting the marine-hospital service of the great republic of our south. Considerable space is devoted to interesting clinical reports. Yellow fever, small pox, plague, and others of the infectious diseases are elaborately dealt with, and the subject of quarantine administration is discussed in detail. The report of the hygienic laboratory contains much valuable information, including an elaborate report on the bacteriologic examination of the Potomac water supply. Full tables of statistics of the United States are appended.

## Matters Personal and Impersonal.

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Dr. E. V. Hogan, late of the cable steamer "Mackay-Bennett" and Dr. W. D. Forrest, formerly house surgeon to the Victoria General Hospital, have sailed for London to take up post-graduate work.

The marriage of Dr. W. F. Smith, of this city, and Miss Lucy K. Gordon, was celebrated on the 29th, ult., at Trinity Church, Boston, by the Rev. Dr. E. W. Donald. After the ceremony the guests and wedding party repaired to the Hotel Brunswick, where a wedding breakfast was served. The happy pair then departed on an extended trip to New York, Saratoga and Niagara Falls. Among the many valuable presents awaiting Dr. Smith's return is a handsome silver soup tureen and ladle, to be presented by the Halifax Dispensary staff and a few other local medicos.

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## Matters Medical.

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THE FUTURE OF THE WOMAN PHYSICIAN.—At the New York Infirmary, Dr. Frederick Peterson, clinical professor of insanity, recently delivered a brief address to the class of 1899, from which we make the following extracts:

There is something inspiring in seeing a battalion of troops going forth to the wars, and if we look at it aright there is even greater inspiration in observing a company of young physicians setting out for a lifetime of continuous battle against the diseases and disorders which afflict mankind. The warfare conquerors, on the one hand, march out to slay their own kind, but "the conquerors of peace," as they have been well named, give battle to other foes, to the invisible enemies that wear the garb of many a perilous disease, and set forth not to kill but to save their fellow men. In the stories of the ancient wars there are traditions that companies of women sometimes took arms and fought desperate fights on bloody fields. In these more peaceful battles of modern times to which I have just referred we witness the onslaughts of phalanxes of new Amazons which make annual sorties from our medical schools for women. In the end the "conquerors of peace" will prevail, and not a few of the laurels of victory will belong to the women who have bravely borne a notable part in the strife against disease.

With the gradual progress of civilisation, with the slow but sure evolution of society, the work of the woman physician must unfold and broaden to an extent undreamed of now. At the present time her professional duties are chiefly among women and children, but there are already indications of wider fields of labor. To the delicate manipulations of laboratory research she can bring such deft and skilful fingers that a man's awkward hands seem like the flappers of a seal in comparison. Centuries of fine needlework, crocheting, and embroidery, have prepared those fingers for section-cutting, staining, and the innumerable synthetical and analytical processes necessitated by modern methods of scientific research. She brings also to science the intuitive wit, the swift imagination, the deductive methods of philosophy which Buckle so lauded in his essay on "The Influence of Women on the Progress of Knowledge." This writer gives his reasons for affirming that women are more deductive than men:—"First, because they are quicker than men. Secondly, because, being more emotional and enthusiastic, they live in a more ideal world, and therefore prefer a method of inquiry which proceeds from ideas to facts; leaving to men the opposite method of proceeding from facts to ideas." He goes on to say that "women have rendered great though unconscious service to science by encouraging and keeping alive this habit of deductive thought, and that if it were not done for them, scientific men would be much too inductive, and the progress of our knowledge would be hindered."

But this service to science rendered by women is now no longer unconscious, as Buckle described it at the time he wrote this essay, over forty years ago. It is a fully conscious service, as is evidenced by the very creditable work of women at the present time in many branches of science. There is a real place for the women who graduate as doctors, but do not care to practice the art of medicine, in our laboratories, for pathology, chemistry, physiology, psychophysics, and the like, and physicians of both sexes are fast beginning to appreciate the peculiar fitness of women for work of this kind.

And this is not by any means the whole domain over which the woman physician may yet come to rule. There is a particularly feminine quality which will ultimately serve her in still another important sphere of activity. All these centuries of domestic occupation, before women entered upon her commercial and professional career, have bred in her an instinctive love of clearness and beauty. As a physician she does not lose that innate sense of orderliness, neatness, cleanliness, nor does

she give up the hereditary desire to surround herself with what is pleasing and attractive. Let the woman who becomes a physician but extend the art of which she has such peculiar knowledge, that of making the home clean and charming, to circles reaching far beyond the home, to the streets, to the towns, and to the cities, and what vistas for well-doing will open up before her! In other words, I should like to see well-trained women physicians on our public boards of health.

As women and as physicians you will some day come into your own, and expand the principality of your tidy, healthful, and beautiful home into the wide kingdom of public health and hygiene. Our streets will be thoroughly clean, our water supplies and methods of sewage disposal perfect, and thoroughfares sprinkled and shaded, our pavements improved, our factories made healthful, our public baths and parks multiplied, the homes of the poor redeemed from squalor, and you shall go with all the paraphernalia of modern Amazons in the darkest places to fight and conquer the pestilence that walks therein.

But this may bring you into politics! Well, there was a noted statesman who addressed the Academy of Medicine a few years ago, and in his address he spoke of the diseases of the body politic which physicians in general were prone to neglect. He strongly urged physicians to awaken to a sense of their own responsibilities towards the diseases which afflicted the body politic. Doctors, as a class, are more neglectful of their civic duties than any other citizens of the community. They should begin to study, classify, and catalogue these diseases of the body politic, to the end that some happy therapy may bring about regeneration. The women physicians can further this work with hand and voice, and, it may be, votes.—*Health.*

THE DIAGNOSIS AND MANAGEMENT OF PLEURISY WITH EFFUSION.—Dr. Louis Faugeres Bishop recently read a paper with this title. He said that in all chest diseases it was a safe rule to make examinations at short intervals with a special view to determine, by exclusion, the presence or absence of pleuritic effusion. The cause of the effusion might be in the pleura itself, or result from other conditions giving rise to dropsy in other parts of the body. Cardiac disease did not usually cause effusion until the kidneys had become involved, either by congestion or inflammation. The pleura seemed better able than the peritoneum to take care of itself after the first attack of inflammation. The importance of a pleuritic effusion depended primarily upon the amount. The diagnosis of fluid in the pleural cavity depended upon its physical character-

istics as compared with those of the surrounding tissues. Of all the physical signs flatness on percussion was the most constant, but the sensation of resistance conveyed to the percussing finger was also an important indication. According to his experience, bronchial breathing was as often found as the absence of breath-sounds, and the percussion note was often tympanic instead of flat. When the breath-sounds were not absent, they had a peculiar character of their own. The advantages of the exploratory puncture were those of a certain means of diagnosis; the danger was from septic infection. The pain of making the puncture was trifling if the needle was introduced with a steady thrust.

The dry-diet theory of treatment the speaker likened to a tank of water placed on the bank of a stream; the stream was ready to receive the water in the tank at any time that it might be set free, but no amount of dredging of the stream or changing its volume would have any effect on the water in the tank. The first thing to insist upon was absolute rest and moderate diet; the next thing was to sustain the heart's action. The close connection of the pleura with the nervous system was sometimes strikingly illustrated in individual cases. Owing to the mechanical conditions present in the thorax it was possible to remove the fluid, even though the puncture happened to be made above the level of the fluid. Of all the devices for aspiration, he preferred the Dieulafoy instrument, and used with this a trocar of about the size of a knitting-needle. The point of election for the puncture was two inches below the lower angle of the scapula. It was a good plan to explore with a fine needle before introducing the larger instrument. As there was always danger of syncope, a stimulant should be administered just before performing thoracentesis.—*Health.*

FEMORAL ARTERY AND VEIN—THEIR DESTRUCTION WITHOUT LOSS OF LEG.—By B. Merrill Ricketts, M. D., Ph. B., Cincinnati, Ohio. Obstruction of either one or both of these vessels does not necessarily mean amputation. Septic infection is more often the cause of gangrene than simple occlusion. Anastomosis of veins and arteries has proven to be of but little, if any, avail. It is therefore not advisable, for the reason that occlusion sooner or later occurs. It is better to apply ligature for occlusion.

Twenty-three deaths have occurred from gangrene in four hundred ligations of the femoral artery. Clean surgery makes ligation less dangerous. The reports of several cases in which ligation of the femoral artery and vein was without loss of leg justify this assertion.

There are six varieties of the femoral artery, either one of which may save the leg. But it is impossible to determine either of them without dissection.

Ligation should be first resorted to before amputation.—*Virginia Med. Semi-Monthly.*

GUDE'S PEPTO-MANGAN.—Throughout the pages of materia medica and therapeutics no preparations are so lauded as a general tonic as those of iron. It has been shown by thorough investigation that the tissues and fluids of the human body contain normally a certain amount of iron; not a large quantity, but evidently very essential to the health and well-being of every individual.

The intimate association of iron with manganese throughout the whole of nature is no less demonstrated in the human body than in the vast mineral formations of the earth. They are found together in the blood, in the bile, and in the hair. The proportion of manganese to iron in red blood corpuscles is one in twenty, and it appears to be a very important associate and aid to iron in the human economy.

We have described in the Pharmacopœia an almost endless number and variety of preparations of iron, and yet the physician rarely employs more than two or three of these. The few that are of practical importance are often objectionable on account of their astringency and tendency to irritate the stomach, constipate the bowels, or injure the teeth.

It is generally conceded that both iron and manganese are absorbed as albuminates, and when they are carried through a process which prepares them for easy and ready absorption and assimilation, they are necessarily more effective, as the stomach is relieved of work which in many cases it is unable to accomplish.

Gude's Pepto-Mangan is an unusually happy combination of iron and manganese in such a way as to be easy of absorption and free from the objectionable effects of other preparations of iron. In its preparation a large amount of egg albumen is used to convert the iron and manganese into a form easy of absorption; there is also sufficient pepsin employed to make the preparation an aid to the digestion, whereas many of the other preparations interfere with this all-important function. The tr. chloride of iron, which is the most generally used of all preparations in the Pharmacopœia, is very astringent; it can rarely be tolerated by a weak stomach; it discolors and injures the teeth, and always constipates the bowels.

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In nervous conditions associated with anæmia no preparation can be found of more service than this in combination with strychnia sulphate. It is given in dessert to tablespoonful doses, with or immediately after meals, and may be given in water, sweet milk, or preferably, in most cases, sherry wine. This preparation, as in case with all general tonics, should be given from four to six weeks before any marked improvement is expected.—Editorial from *Alabama Medical and Surgical Age*.

SANMETTO IN PROSTATITIS, CYSTITIS, CHRONIC GONORRHOEA AND VESICAL IRRITATION.—I take pleasure in saying that sanmetto in my hands has proven its superiority to other remedies in prostatitis, cystitis chronic gonorrhœa and general vesical irritation. I prescribe it with confidence every time, and in cases not attributable to mechanical causes I feel sure of relief every time. In gleet its action is marvelous, the worst cases yielding readily, and I shall continue its use.

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THE INFLAMMATORY CONDITION IN PERITONITIS, ETC.—An interesting reference to an extensively prescribed remedy is found in that valuable text book "Materia Medica and Therapeutics" by Finley Ellingwood, A. M., M. D. Chicago. The substance of the article is to the effect, that the influence as a pain reliever of the popular analgesic—antikamnia—is certainly next to morphine, and no untoward results have obtained from its use, even when given in repeated doses of ten grains (two five-grain tablets.) It is especially valuable during the progress of inflammation, and given in pleuritis or peritonitis it certainly abates the inflammatory condition, relieves the pain at once and the diffused soreness shortly, as satisfactorily as opium. It does not derange the stomach or lock up the secretions. It is also of value in pain of a non-inflammatory character, and is a convenient and satisfactory remedy in headaches without regard to cause, if the cerebral circulation be full.

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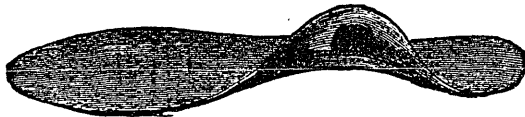
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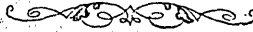
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