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CANADA MEDICAL RECORD

NOVEMBER, 1901.

Original Communications.

RETROSPECT OF LARYNGOLOGY.

UNDER THE CHARGE OF

GEORGE T. ROSS, M.D., D. C. L.

Fellow Am. Laryn., Rhin. and Otol. Society, Laryngologist Western Hospital. Lecturer on Diseases of the Throat and Nose, University of Bishop's College.

VENTRICLE OF LARYNX AS A HARBOUR FOR DIPHThERIA BACILLI.—Jobson Horne cites two cases where cultures from oro-pharynx, larynx, and even trachae, failed to show diphtheric bacilli, but at the post mortem cultures taken from the interior of ventricles of larynx produced a typical growth. The author thinks such cases prove that the ventricle alone may at first harbour the bacilli, and those fatal cases of so-called membranous laryngitis which have been regarded as non-diphtheric may really be cases of true diphtheria. Moreover, these facts may explain the recurrence of diphtheria in which external sources of infection can almost certainly be excluded in the second attack.

GENERAL ANAESTHESIA IN OPERATIONS UPON NOSE AND THROAT.—Gleitsman discarded the A. C. E. mixture seven years ago, and now uses Merk's Ethyl Bromide for general anaesthesia, complete narcosis being produced by about 30 grams. He always operates with the child in the upright position, and in 500 operations had only two accidents, one a secondary hemorrhage, the other sepsis.

MORBID CONDITIONS SIMULATING ADENOIDS.—Wingrave gives a list of these conditions as follows:—

1. Diminutive choanae and nostrils.
2. Low vault of pharynx.

3. Paresis of soft palate and pharynx.
4. Vomerine crest.
5. Distortion of vertebral column.
6. Retropharyngeal abscess.
7. Hypertrophy of palate tuberosities.
8. Webs and neoplasms.

TONSILLOTOMY RASH.—Wingrave refers to the surgical rash which not infrequently follows the removal of tonsils and adenoids. This may be simple and non-specific and soon disappear, or it may be from drug intolerance, or if operation be done when tonsils are inflamed, such as is advised by some authors, it may be the rash of scarlatina, or the eruption occasionally seen in diphtheria, and thus deserves watching.

IMPORTANCE OF PREVENTING CHRONIC, SUPPURATING ETHMOIDITIS BY PROMPT TREATMENT.—Clarence Rice concludes his article on this subject—as follows:—

1. No nasal disease should be allowed to progress far enough to produce obstruction, deficient drainage, the close contact of turbinals with septum, and the retention of muco-purulent secretions, because in those conditions there exists great danger of extension of disease to the sinuses, and especially to the ethmoid cells.

2. All surgical work in the nose should be carefully and cleanly performed, so that no resulting infection can produce chronic suppurating ethmoiditis. He favours the persistent use of antiseptic powders for the first forty-eight hours after operation, in preference to the older method of washing the nasal passages, and believes this is a better safeguard against sepsis.

ABNORMAL PULSATING PHARYNGEAL VESSEL.—Tilley showed a patient suffering from enlarged tonsils and adenoids where such a vessel existed, and discussed the advisability of operation, at a meeting of the London Laryngological Society. It was decided that, in the hands of an operator with special skill, the removal might be successfully done, but the risk was generally admitted.

DI-iodoform in Tubercular Laryngitis.—Massier (Nice) reports the result of treatment in seven (7) cases of laryngeal tubercle by this remedy, and concludes from

the data mentioned that the drug is very efficacious in allaying dysphagia. It may be used alone or incorporated with cocaine or morphia into impalpable power. Although the pulmonary disease continues to progress, the pain and distress while swallowing is so much relieved that ordinary food can be taken with comparative comfort. Some of the cases cited had been treated earlier with the much-vaunted orthoform, and were in consequence much aggravated. The formula recommended is the following :—

R_x

Di-iodoform.....	8.0 gm.
Cocaine mur.....	0.08 gm.
Morph. mur.....	0.04 gm.

for insufflation.

Selected Articles.

REMARKS ON TUBERCULOSIS AND ITS TREATMENT.

By DR. BARADAT.

Consulting Physician at Cannes (French Riviera).

Read before the British Congress on Tuberculosis for the prevention of Consumption, July 22-26, 1901.

In the case of tuberculosis, as in that of every infectious disease, two factors must be taken into consideration.

The first of these is the infectious agent, the morphological and biological characters of which are so well known nowadays ; the second is the soil which the agent has developed itself in, and whose characteristics are either acquired or hereditary.

All rational medication must, to be complete and really efficacious, apply to these two factors, and take into account all the elements which arise in a given case. For, as Leudet says, tuberculosis presents, in its varied manifestations, special idiosyncrasies, differing absolutely from one individual to another.

Under these conditions only can we hope to be victorious over this dread disease.

As a mater of fact, a review of the new methods of treatment employed in dealing with tuberculosis reveals to us the fact that, although these methods are, without doubt, of real value, they are only efficacious against

certain given systems, and possess no influence over the whole of the phenomena which are to be overcome; certainly, they have special indications, but they are insufficient, because their field of action is but a limited one.

Amongst these indications, the comparative effects of which we shall examine later on, some are destined to improve and to strengthen the soil; others, on the contrary, are specific agents; they give rise to the diapedesis of the white globules, thus multiplying the means of defence with which the organism is provided in its struggle against the bacilli.

A thoroughly rational treatment should take both factors into account; that is to say, the medication employed should act in two ways, both as a dynamogenetic agent and as a specific. One is generally inclined to look upon each new method of treating tuberculosis as one that will immediately effect a radical cure of this terrible disease, without taking into account either the infectious agent and its toxine, or the soil on which these latter react.

We must oppose this tendency, and attempt a true, careful and impartial appreciation of the new medications.

Let us, for instance, take the case of an anemic patient: the Koch bacillus has invaded his organism, but still remains latent; if we leave this patient to himself his anemia will increase, his digestive activity will diminish, his strength dwindle away, and assimilation will be reduced to a minimum; there will be, as has truthfully been said, a failure of the whole organism.

What must be done to meet such a case?

Firstly, the organism must be strengthened, nutrition favoured; it is here that a use is found for medications tending to produce these effects, such as arsenic in its more easily assimilable forms (cacodylates), tannin, iodine, cod liver oil, salt lotions, alcohol frictions, sea-baths, a hygienic treatment.

By these means the bacilli will be kept under, their action neutralized, and as long as an equilibrium is maintained between the means of defence and the attack the patient will live.

But a fatal time will come when the bacilli will gain the upper hand, and this under the influence of varied causes, to which an organism already infected will have to pay a large tribute, such as physiological troubles, grief, repeated bronchitis, influenza, measles, scarlatina, and, especially in the case of young subjects, intense physical and intellectual strain—too much bicycling, too much fast living, an excess of emulation and rivalry in examinations and competitions.

So that this treatment of the soil, if we may be allowed the expression, which seemed at first so efficacious, had but an ephemeral effect ; enough had not been accomplished, the disease should have been attacked in its very essence, the bacilli and their toxines destroyed.

It is the same with all medications in the case of tuberculosis, and I should willingly call them partial medications.

Let us consider those that address themselves to the soil, the constitution of the subject.

Firstly, we hold that a hygienic treatment should be the basis, the indispensable foundation-stone of every medication ; without it, they will all fail.

As Professor Letulle so picturesquely puts it, the patient must be "*centrifuged* ;" he must be taken away from large towns, from the centres where diseased persons are collected ; he must be given the pure, fresh, invigorating air of the seaside or of the mountains ; he must have in profusion sunlight, an agent as salutary to man as it is destructive to microbes.

In our opinion this hygienic treatment will best be realized by means of *free sanatoria*, Landouzy's home sanatoria, such as we find them scattered, in the shape of villas, along our sun-bathed Mediterranean shores. There all the required conditions, not only hygienic, but moral and inspiring as well, can be fulfilled.

In private sanatoria for the rich, the culinary arrangements for such a large number of people are necessarily unsatisfactory, the cooking is less carefully attended to, the dishes less carefully prepared, and less adapted to individual wants, to stomachs often fatigued and upset.

As a matter of fact, the question of food is of vital importance in the treatment of a disease in which super-alimentation plays such an important part.

The private sanatorium should be reserved for the impulsive, for those who are incapable of energy and self-direction.

Besides, how many of these sanatoria are carelessly conducted ! How many paying sanatoria are under the control of commercial managers, who allow alcohol in all its forms to be freely distributed ! who close their eyes to promiscuities which are dangerous, often immoral, and always harmful to patients who must carefully husband their strength.

On the contrary, we willingly acknowledge the usefulness of the sanatorium destined to the poor. In their case hygienic discipline will always be maintained, for there

will be no reason for unbending before the perspective of rapid gains and big dividends ; on the other hand the poor will always find at a sanatorium better feeding than at home.

As for the medical treatment, much has been said of cacodylate of sodium.

We shall not attempt a complete study of this substance. The most important thing for us is to be thoroughly acquainted with its real value. Its action and its efficiency must be measured by the light of the experience of numerous observers, and of our own. Its promoters were wrong, in our opinion, to call cacodylate of sodium a specific agent against tuberculosis. As against the numerous favourable observations, and which we do not doubt in the least, of Messrs. A. Gauthier, Renaut, Rendu, Letulle and others, we have to set off many others, equally unimpeachable, and where the results on tuberculosis have been *nil*.

In the course of our practice we currently employ cacodylate of sodium ; its effects have proved excellent in cases of anemia, of ganglionic and lymphatic persons, of chlorosis ; in such cases we have observed a regular revival of the physiological functions, an increase of appetite, a resorption of ganglia. On the contrary, we have obtained less favourable results in cases of ulcerous and cavitory tuberculosis.

Burlureau, in a recent and thoroughly complete study on cacodylate, has come to the same conclusion. "As for tuberculosis," he says, "I regret to have to say that, contrary to the opinion of Professor Gauthier, it is in this disease that cacodylate has given me the least favourable results. Out of twenty-nine cases of pulmonary tuberculosis I have only once obtained a really favourable effect, and that was but temporary."

Cacodylate will be specially useful for the predisposed, for those incipient cases which were so difficult to diagnose, and which we have now learned to recognize.*

As for the vanadates, they have not fulfilled the expectations formed of them ; but this is partly due to the difficulty experienced in obtaining thoroughly determined products.

For instance, Landouzy, Grancher, Sanchez have revealed to us the delicate stethoscopic signs of the period of germination ; Bard and Faisans have showed us the importance of the cardiac rhythm, of tachycardia ; Roussel and Boix that of the scapulo-thoracic amyotrophia ; Bouchard, Beclere, Kelsch, Maragliano have taught us the radioscopic signs of incipient tuberculosis ; Arloing, Mongour, Courmont have established on a sure basis the early diagnosis of tuberculosis by sero-diagnosis by agglutination ; Albert Robin and Binet give us the same certitude by the analysis of the respiratory chemism ; Sirot and Fink by the observations of the effects produced by injections of artificial serum ; Gaube (of Gers) by the study of the demineralization of the tissues.

The same must be said of certain artificial serums, which must be classed among the soil strengtheners, and are wanting in bactericidal powers, or rather in the power of exciting diapedesis and phagocytosis.

We now come to the raw meat treatment.

The experimental researches of Richet and Héricourt have proved that raw meat juice acts, not as a strengthening agent, but as an antitoxine. This antitoxine would neutralize the effects of the tuberculosis toxine.

This juice is the muscular plasma, obtained either by the press or by congelation followed by rapid thawing of the muscular tissue.

The following is the method I have adopted at Cannes in the case of patients whom I submit to this treatment ; the daily quantity of mashed meat is 800 grms. (28 ozs. about) ; the patient takes as much as he can, the rest of the meat is pressed in order that the juice may be extracted.

The plasma must be taken immediately after having been prepared, otherwise one risks swallowing a putrefied and toxic substance.

Although this method has given me excellent results, I consider it difficult to put into every-day practice.

It possesses many inconveniences ; for one thing it is not within everybody's reach ; it is costly in preparation, and requires 800 to 1500 grms. of meat daily ; it is supported with difficulty by many patients ; it requires constant supervision, for this meat juice soon putrefies and becomes toxic. Injected under the skin of an animal it causes death in a few minutes.

Experiments with this anti-tuberculous plasma have been made in the laboratory of Messrs. Richet and Héricourt. These attempts at hypodermic injections of an immunizing and even curative liquid led us to read once more the already old but very complete works on the bactericidal or antitoxic properties of the blood of animals that are refractory, or seemingly refractory to tuberculosis.

The medical literature of 1890 to 1895 shows us how this question has been strenuously discussed and deeply criticised.

However, from these works we glean the following fact : that the blood of certain animals confers on other animals immunity from tuberculosis, and may even cure this disease. . . "As far back as 1888," says Professor Bouchard, in writing to Mr. Bertin, one of the promoters of anti-tuberculous sero-therapy, "I expressed the idea

that vaccines were destined to play a part, not only in the prophylaxis, but also in the treatment of this disease."

For my own part I have no hesitation in attaching myself to the method of anti-tuberculous sero-therapy introduced at about the same time, in 1889, by Richet and Héricourt, and by Bertin and Picq, for I think that therein lies the solution, so long sought, of the problem of the cure of tuberculosis.

Naturally, with this medication just as with any other, we must not wait for the patient to be emaciated, to present digestive troubles and cachexia before treating him.

For, we insist on this point, tuberculosis is not consumption. A consumptive or phthisical person is one in whose case the Koch bacillus, after having terminated its progressive career, has slowly brought on the suppurative destruction of the cells attacked, and in this mass of destroyed matter you will find all the processes provoked by the staphylo-, the strepto-, and the pneumococcus, working together with the Koch bacillus.

In this case you have phthisis, consumption, the hectic fever which brings on a fatal issue; imagine that, by some means, you could at this period destroy the bacilli of tuberculosis, your patient would still succumb to the strepto-, the staphylo-, and the pneumococcus.

As a matter of fact, says Landouzy, it is this idea of helping those who are in the incipient stage, at a time when the germs of secondary infection have not yet attacked them, that has led medical men to make use of "the immunizing agents that are antitoxic or bactericidal owing to their strengthening action on phagocytosis."

This science of sero-therapy, which we owe entirely to the French school, has been perfected by Pasteur's most renowned disciples, by Drs. Duclaux, Roux, Grancher, Nocard, Metschnikoff, Yersin, Calmette, Leroux, Charrin, Marmorek, Boinet, and many others, among whom we must mention Bertin and Picq, who were, together with Richet and Héricourt, the promoters of modern sero-therapy.

The use of natural serum has given me unexpected results in serious cases of tuberculosis, and I have always been surprised to find that this method of treatment is not better known; natural serum seems to me to fulfil all the required conditions, for it is both dynamic and bactericidal.

As we know, in the case of tuberculosis, the bacillus acts as a destructive force, but its action is strengthened by that of other destructive forces due to the soil. In one case it will be anemia, in another heredity, in another

influenza, or intellectual or physical strain.

So with these generalities, what are the characters required of a therapeutic agent against tuberculosis? We admit the stimulating and regenerative properties of the general tonics, cacodylates, phosphates, cod liver oil, etc.; we will even allow the anti-toxic property of meat juice, but has anyone the right to say that each of these agents fulfills the two conditions necessary to the cure of tuberculosis? Certainly not, for they are either simply stimulating and strengthening, or simply antitoxic. Bertin and Picq's serum (goat's serum) seems to me, on the other hand, to be at the same time tonic, antitoxic and bactericidal; it is the one we make use of.

As a matter of fact, daily experience tends to prove that every serum is dynamogenetic, and therefore, a general strengthening agent.

This is proved daily by the use of artificial serum in the case of serious hemorrhage, of anemia subsequent to chronic diseases, of traumatic shock consecutive to operations. In taking into account, however, the comparative value of the two serums, natural and artificial, we find that a very small quantity of the former produces an intense therapeutic effect, whilst the same effect can only be obtained by employing a double or even triple dose of artificial serum. There is here a *quid divinum*, due evidently to the intimate composition of natural serum. No one nowadays denies the dynamogenetic action of serum—it is a recognized fact.

All we have to do is to repeat this action as often as required in order to maintain to a remarkable degree the resistance and the vitality of the patient.

Whilst awaiting experiments, destined to throw light on the still obscure question of the mode of action of serums, we give preference to the theory propounded by Metschnikoff, who looks upon them, not as antitoxic, but as stimulating agents of phagocytosis—in other words, as *stimulines*, provokers of organic resistance.

Therefore, as we admit that the microbial destruction and the arrest of infection are due to phagocytosis, the aim of our therapy must be to increase the activity of the phagocytes, in order that they may the more easily accomplish their mission. Moreover, the happy results that we have obtained this winter by means of natural sero-therapy lead us to believe that this is the real and only effective method of realizing the cure of tuberculosis, especially in its early stages, now that the means of diagnosis which we possess permit us to discover the very earliest symptoms of incipient tuberculosis.

This treatment is absolutely innocuous and easily applied; one hypodermic injection of two cubic centimetres every other day. In some cases, however, in the case of nerve patients especially, I have observed after each injection an exaggeration of cellular activity, showing itself in the shape of fever, erythemia and dyspnoea; in such cases I administer the serum internally. But in order to obtain the same tonic and stimulating effects I have to increase the dose, and administer ten cubic centimeters instead of two, as in the case of hypodermic injections.

These results agree with those obtained by Grasset, who concludes by saying that the administration of serum internally is the method of choice, because it is free from danger and gives rise to no accidents. Nevertheless, even with Bertin's serum, we are of opinion that the cacodylate medication should be employed as a precious adjuvant in most cases on the same level as tannin, iodine and cod liver oil.

JOYS OF A COUNTRY DOCTOR.

The old-fashioned country doctor, with his saddle bags and his proverbially large pills, has passed into memory, but there still remain to carry on his work those disciples of Esculapius whose tents are pitched "far from the maddening crowd," who must still overcome many of the obstacles with which he had to contend, although in many ways better prepared to meet them.

Little do the city practitioners realize the physical and mental strain under which their rural brothers are placed day after day from January to December. The country physician is expected to do work along all lines; in fact, is compelled to do it and hold himself at all times ready to meet any emergency.

Like the mate of the "Nancy Jane," he must be surgeon, obstetrician, oculist, aurist, rhinologist, dentist and veterinary; besides general practitioner, all in one.

To be successful, a country doctor must be ingenious, ready for anything that may come in his way, be able to devise instruments and apparatus, to meet all requirements on short notice, from a very meagre supply.

He must be in full control of his "nerve" at all times, for he does not know when he will be called on to meet a very alarming condition, and that, too, single-handed.

Unlike the city, where in a few minutes, counsel and skilled nurses may be procured, he must think it all out alone, and apply his treatment all alone, for in an emergency case most bystanders are too much frightened to be of any assistance. It may be a placenta previa, applying forceps or numberless other conditions, where at least two seem necessary, but where in many cases there is no time to wait two or three hours till help can be secured.

As an example of the physical endurance necessary, imagine yourself, after a hard day's work, riding ten to twenty miles, on a pitch dark night, with the mud a foot deep every step of the way. Or the scene may change to a past zero night, when the icicles will form in fantastic shapes on your whiskers, so that when you arrive at your destination you must call for a pan of hot water to remove your unseemly adornments. No doubt the city doctor envies him his cool, quiet drives "along shady lanes and babbling brooks," but how would he enjoy a trip like that suggested?

The country doctor knows everyone in his territory, and callers at his office make it a rule to stay an hour or two talking over things in general; that, too, it may be, when the doctor is waiting for his dinner, or wants a little time to himself. Still, he must grin and bear it, for upon the people depends his daily bread, which in some cases is a misnomer (coming only every second day).

He must take from his bad patrons wood, corn, hay, etc., and a large portion of the remainder wait six months or a year, and then make several trips to collect it. It will offend the people if he sends a bill or someone else, so he must go in person. This too with fees that are already too low.

He is expected to be a travelling health report of all the sick under his care, for almost everyone he meets will say, "How is John Jones' baby?" or, "Sam Smith's wife will never get well, will she?"

A doctor must also look pleasant and smile when people say (as most of them do) "how are you, Doc.? Is there much sickness now?"

Every boy who can find a lemon essence bottle or two will bring them to you to sell, and you must buy them or you may offend the family. Very often your own bottles will be brought back when their contents are not yet paid for.

Every case is diagnosed by all the old women in the township before the doctor arrives, and of course he is expected to give his opinion, when those who concur will

say, with a triumphant look at the others, "that's what I thought."

According to country tradition a lying-in woman must not be washed or have her linen changed till the third day; a baby must nurse during its second summer; a diarrhoea must not be checked during teething; flannel must be worn till the teeth are all cut; for a diuretic in the new-born, give water-melon seed tea; for abscess of the breast, use cow dung poultice; when a child picks its nose it has worms; and dozens of other notions which the doctor must often overcome, and are, as the Irishman said, "equally worse."

I am glad to see, however, that the more intelligent people are getting above this sort of thing and are trusting more in the doctor.

The country physician is fast coming to rank with the best in education, intelligence and skill, although by reason of his location he will always be handicapped in many ways. More trained nurses are being used in the country, which will not only make the work less arduous, but will bring better success as well.

Of course he has many advantages found nowhere else, such as pure air, plenty of fresh milk and usually good water.

As time goes on, less surgical work will be sent to the city, for it is possible for two or three men in a town to assist each other in doing this important work at home and adding not only to their prestige, but their pocketbooks as well. With trained nurses and clean, quiet surroundings, with the patient at or near his own home, the cost can be greatly lessened and the best results obtained.

Life is such that we all have our joys and our sorrows, and this is not intended to convey the meaning that no one but a country doctor has hardships, but merely to give a few points from his view of the matter of conditions as they actually exist. Probably the reader will like to suggest a different heading for this article by this time.—
H. A. Giltner, M. D., Chelsea, Indiana.—*Wisconsin Med. Recorder.*

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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CLINICAL EXPERIENCE WITH ADRENALIN.

By Emil Mayer, M. D., Surgeon, New York Eye and Ear Infirmary, Throat Department; Fellow American Laryngological Association, and of the New York Academy of Medicine, New York. Abstract from original paper in the *Philadelphia Medical Journal*, April 27, 1901.

The aqueous extract of suprarenal gland is perhaps the best culture medium known. Its instability, the involved method of preparation, its unsightliness and the inexactitude of its various strengths tend to make us welcome a preparation that is exact, stable and, above all, clean. Dr. Jokichi Takamine undertook the task of isolating the active principle of the suprarenal gland. He obtained a substance in stable and pure crystalline form, which raises the blood pressure, and which he named "adrenalin."

The author has used solutions of adrenalin chloride, 1 to 1,000, 1 to 5,000 and 1 to 10,000; his cases were all rhinological. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. He has employed no suprarenal extract since, for any purpose whatever.

The effect of the solutions was not altered by their change to a pink colour; they were used for six weeks. Subsequently a small amount of chloretone was added to the fresh solutions, and now there is but slight change of colour and no floccules appear.

Thirty-five cases are reported in tabulated form, showing that the usual effect of the aqueous extract of the suprarenal gland was obtained. A few operative cases bled freely, but in every instance the hemorrhage was promptly checked by a second application of adrenalin. The adrenalin was used not only as a hemostatic, but for

the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

The author arrives at the following conclusions :

1. Adrenalin solutions supply every indication for which the aqueous extract has been used.
2. They are sterile.
3. They keep indefinitely.
4. Solutions, 1 : 1,000 are strong enough for operative work ; and 1 : 5,000 and 1 : 10,000 for local medication.
5. They may be used with safety.

In this connection it is interesting to note that E. Fletcher Ingalls, M. D., of Chicago, also had a very satisfactory experience with adrenalin. In a paper entitled "Notes on Adrenalin and Adrenalin Chloride,"* he reports that he experimented with solutions, varying from 1 to 1,000 to 1 to 10,000, of the chloride of adrenalin in distilled water or normal salt solution, and kept careful records until satisfied of its activity. In nine cases a very small quantity of a spray of one part of chloride of adrenalin to 10,000 parts of water was applied to the nasal cavities, with the effect of blanching the mucous membrane quickly, and in most cases causing contraction of the swollen tissues similar to that caused by cocaine. The first solution used was made with distilled water and caused smarting ; normal salt solution was then used as the solvent with perfect satisfaction. The smarting may have been due to the presence of a small quantity of formalin in which the atomizer had been washed just before use.

Experiments were also made with insufflations of a dry powder consisting of 1.5 per cent. (75 parts) each of biborate of sodium and bicarbonate of sodium ; 3 per cent. (150 parts) light carbonate of magnesium ; one part of adrenalin to 5,000 parts sugar of milk. This powder cleared the nasal cavities when obstructed by swelling of the turbinated bodies, and diminished the secretions decidedly. A case of daily epistaxis was relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had equally satisfactory results in cases of conjunctivitis ; laryngitis, acute and chronic ; acute laryngitis with edema glottidis ; acute coryza ; chronic laryngo-tracheitis with acute exacerbation ; and in preparation for operations upon the nose.

* Journal of the American Medical Association April 27, 1901.

In conclusion, the following results are presented: This remedy will be of great value in the treatment of acute inflammatory affections of the nasal cavities, either in sprays of 1 to 5,000, or in powders of 1 to 5,000 or 1 to 2,500 sugar of milk. In acute coryza and in hay fever, in epistaxis from various causes, in acute inflammation of the fauces, solutions of 1 to 1,000 will have good effects. In acute or subacute laryngitis solutions of 1 to 1,000, applied with moderate force, will give very great relief; it appears probable that vocalists may obtain sufficient relief from congested cords, for at least two or three hours, to obtain normal efficiency in the use of the voice.

In a paper read before the Chicago Laryngological and Climatological Association, W. E. Casselberry, M. D., called attention to the fact that adrenalin chloride solution is clear, colourless, odourless, sterile and stable, if protected from heat, light and oxidation; it is non-irritating to mucous membranes. When applied locally it exerts identically the same vaso-constrictor influence as the aqueous adrenal extract. Sprayed into the nostrils in the strength of 1 to 10,000 it produces a visible change from turgidity to compactness of the turbinated tissues, and a decided pallor of the mucous surfaces. In the strength of 1 to 1,000, or even 1 to 5,000, it has the power to limit hemorrhage during operations and is an aid in the treatment of epistaxis. It may be substituted for cocaine in all cases in which an ischemic effect is desired, *e. g.*, to facilitate inspection of the deeper recesses of the nasal cavities and to make them more accessible. Adrenalin has little or no cerebral stimulant effect, exciting no desire for more of the drug, hence there is little risk of habit-formation.

The author expresses the opinion that adrenalin should afford relief in asthma associated with bronchitis and vaso-motor paralysis, although he would expect little benefit from its use in asthma characterized by bronchial spasm. It may be formed into an ointment with vaseline, or mixed with stearate of zinc, powdered starch, or sugar of milk to make powders for nasal or laryngeal insufflation. The bibliography is very comprehensive, covering the literature of the subject down to the present date.

SHOULD INVALIDS SMOKE ?

Dr. Jankau, in an article in the *Zeitschrift für Krankenpflege*, tries to answer the question so often asked by patients and convalescents: "May I smoke, Doctor?" As a general rule, there is no need to forbid the use of

tobacco in surgical affections and during convalescence after operation, with the exception of those on the eyes, the abdomen and the bladder. The *Lancet* says: Does the use of tobacco play any part in the pathology of cancer of the lips and of the tongue? Nothing certain can be said on this point. It should be forbidden as a general rule in affections of the throat and of the pharynx and with certain restrictions in catarrh of the nasopharynx. The toxic action of tobacco must not be forgotten, and those suffering from internal affections should only be allowed to smoke with circumspection. Fortunately, however, most of the affections in which the use of tobacco is injurious are just those which cause the patient to dislike it; indeed, attention is often drawn to the fact that a man is unwell by his evincing a disinclination for smoking. Therefore, it is occasionally a good sign when the convalescent again feels a desire to smoke. Tobacco should be strictly forbidden in cases of peritonitis, typhlitis and peri-typhlitis. According to Dr. Jankau, gastric affections should not be considered an absolute counter-indication. Patients who suffer from organic affections of the heart cannot generally tolerate tobacco with any ease. Nevertheless, an habitual smoker may be allowed two or three mild cigars daily. As to pulmonary affections, experiments have taught us the prophylactic and even bactericidal action of tobacco on the microorganisms of the mouth and those of carbuncle, of typhoid fever and pneumonia. The same effect of tobacco is seen in the case of bacilli of tuberculosis. He also considers that it is a great mistake not to allow those in the first stage of phthisis to smoke. On the contrary, he would encourage them to do so even more than formerly. There are two other points in favour of tobacco—its disinfecting qualities on the mouth and the soothing effect exercised by it on the genital functions, which, at the beginning of tuberculosis, are very excited. Moreover, tobacco has a favourable influence on the central nervous system, both on the account of its slightly narcotic action and by distracting the patient's thoughts from himself and his illness to his smoking and the associations which it brings with it. It is most important that phthisical patients should be prevented from continually thinking of themselves and their malady. Tobacco need not be absolutely forbidden even when hæmoptysis exists, if only it is but slight. With regard to functional affections of the nervous system, it would not be advisable absolutely to forbid smoking from the commencement of the disease. The medical attendant should, however, be careful to state

plainly the number and quality of cigars which may be smoked, and to ascertain as far as possible whether the patient adheres to the directions given.—*Health.*

MIGRAINE.

W. Whitehead, in *Brit. Med. Jour.*, reports some very interesting cases of migraine which he successfully cured in every instance by means of the ordinary tape seton. He grasps at the back of the neck between the finger and thumb of the left hand, and then transfixes the skin with a scalpel and passes a needle or probe, with an eye, through the wound. A piece of tape one-half inch wide is drawn through the wound. Four or five inches of tape is left on either side of the wound, and tied so that the tape can not be displaced. The patient is ordered to move the tape in the wound from side to side each day. This seton is allowed to remain continuously for three months. If the migraine reappears at the end of that time another seton should be introduced. Anaesthesia with nitrous oxide for one-half minute is sufficiently long for the operation.

THE TREATMENT OF CAPILLARY BRONCHITIS AND PNEUMONIA.

Dr. Leonard Weber (*Post Graduate*) says that, in cases of capillary bronchitis and pneumonia, he has successfully employed the hot mustard bath when the patients were at their worst, and has succeeded in relieving the congested lungs and helping the overburdened heart after other remedies had failed. In the hot mustard bath we have two agents acting upon the surface of the body; first, the mustard, a powerful irritant, attracts blood to the integuments. The hot water, on the other hand, dilating the blood vessels, as it does when applied for a short period of time, helps to increase the amount of blood at the periphery. The surface of the body being large, a correspondingly large amount of blood is thereby drawn toward it, which must, in a great measure, relieve the obstruction of the pulmonary circulation.

The cause of over-distention of the right ventricle of the heart being removed or considerably lessened thereby, the heart itself gets a chance to regain its propelling power, and to properly receive and discharge the blood that is brought to it. The bath is also a powerful excitant and stimulant of the central nervous system, especially the vasomotor center acting reflexly through

irritation of the nerves at the periphery. In cases in which Dr. Weber had employed it, camphor and carbonate of ammonia had failed to relieve the comatose condition of the patient, but all alarming cerebral symptoms of the patient were materially improved soon after the first bath. Finally, the bath favours an exchange of the gases of the blood through the capillaries of the skin.

The bath is easily prepared ; the materials for it can be easily procured in the households of the poor as well as the rich ; its action should be prompt ; there is no danger whatever in applying it as often as the urgency of the case may require, and it is a valuable means of fulfilling the vital indication in severe cases of pneumonia in children. Dr. Weber would look, other things being equal, for equally good success with it in the adult.

CONDENSED REMINDERS ON VARIOUS FEVERS AND INFECTIOUS DISEASES.

Period of incubation : This is the period elapsing between the entrance of the poison and the development of the symptoms. It varies considerably in the same disease, being more or less influenced by the susceptibility of the patient and the virulence of the contagion. The average period of incubation in the infectious fevers is as follows :—Typhoid fever, two to three weeks. Typhus fever, a few hours to two weeks. Measles, two weeks. Rotheln or Rubella, ten to twelve days. Scarlatina, a few hours to one week. Smallpox, one to two weeks. Erysipelas, three to seven days. Diphtheria, two to ten days. Varicella, ten to fifteen days. Tetanus, a few days to two weeks. Mumps, two to three weeks. Yellow fever, from a few hours to a week.

The date at which the rashes appear in the various diseases is as below : Typhoid fever, seventh to ninth day. Typhus fever, fourth or fifth day. Smallpox, third or fourth day. Measles, third or fourth day. Scarlatina, first or second day. Varicella, first day.

Few diseases give absolute immunity from future attacks, but the following are fairly protective : Typhoid fever : relapses are common and second attacks occur. Typhus fever : second attacks very rare. Measles : second attacks uncommon. Rotheln : second attacks uncommon. Scarlatina : second attacks rare. Smallpox : second attacks occasionally occur. Mumps : second attacks rare. Yellow fever : second attacks rare.

The following do not confer immunity: erysipelas; relapsing fever; diphtheria; malaria; influenza; croupous pneumonia.

The infectious fevers usually associated with jaundice are: yellow fever; relapsing fever; acute yellow atrophy of the liver; bilious remittent fever.

The fevers apt to end by crisis are: typhus, pneumonia, influenza, measles, relapsing fever, erysipelas fever.—*Practice of Medicine, Stevens.*

COUGHS.

All coughs are either moist or dry. A moist cough is nearly always paroxysmal; expectoration is usually most abundant in the morning. This cough, like all others, is often nearly or quite suppressed toward the fatal end of most grave diseases, owing to carbon dioxide narcosis.

Anatomically, most coughs are either pulmonary or bronchial. The pulmonary class is marked by more or less percussion dullness, and by double subcrepitant and inspiratory crepitant rales or bronchial breathing. The bronchial class is marked by soreness, oppression, pain and irritation in the upper sternal region, and by moist double rales.

A dry cough is usually short, sharp and hacking, though sometimes paroxysmal. Reflex forms are generally quickly relieved by treating a local cause, or they may be produced artificially by irritation of the affected locality. There is inability to cough in bulbar paralysis and extensive destruction of the larynx. A dry, pulmonary cough is accompanied by broncho-vesicular or bronchial breathing and impaired resonance.

Dry bronchial coughs are tight and harsh, with sonorous and sibilant rales.

Laryngeal coughs are hoarse, harsh, deep and rough, with altered voice and laryngeal pricking, burning and soreness and a constant desire to clear the throat.

The pharyngeal cough is accompanied by a pricking feeling in the throat or feeling of fulness.

Nasal coughs are marked by local signs and by "hawking" down mucus from the posterior nares.

The faucial cough is usually worse on lying down, and is attended by a tickling in the throat.

The oral cough is due to irritation of tongue or teeth.

Aural coughs are due to irritation of the auriculo-temporal branch of the fifth nerve, and may be accompanied by considerable expectoration.

Pleuritic coughs are generally painful, with quick and painful breathing, and often friction murmurs or flatness.

Pressure on the respiratory tract by tumours or pseudo-tumours excites a cough, which is laryngeal in character.

Visceral disease is a rare cause of cough, and diagnosis should be made by strict exclusion.

A uterine cough is hacking, very painful and tiring, and repeated two or three times in succession. It is excited by the least irritation.

Nervous coughs deserve considerable attention. They are periodic or paroxysmal, usually high-toned, quite variable, slight or prolonged and painful. Two important general characteristics are that they disappear entirely during sleep, and are accompanied by no secretion whatever. On auscultation there are sometimes wheezing, rattling, scraping sounds, and there may be spasms, convulsions or aphonia.—*Denver Med. Times.*

THE THERAPEUTICS OF WHOOPING COUGH.

T. J. Mays advocates the application of counter irritants over the region of the pneumo-gastric nerves in the neck, and states that, in his experience, this method is the only one which leads to any notable amelioration of symptoms. His method is thus described :

Trace the pulsating carotid artery from behind the angle of the lower jaw to the clavicle on both sides of the neck. This will be a landmark for finding the pneumo-gastric nerves, which lie in close proximity and slightly behind the carotids. Gentle massage and kneading of this region of the neck, every hour or two, yield beneficial effects in many cases of this disease. The application of a strip of mustard plaster, about two inches wide, from the angle of the lower jaw to the clavicles on each side of the neck two or three times a day, until the effects of the mustard are evident, is almost sure to cause amelioration of the spasmodic cough. Equal parts of gum camphor, chloral hydrate and menthol applied over this region are also very useful. Painting the same area with tincture of iodine, twice a day, until irritation of the skin is produced, is a beneficial procedure. Finally, in very stubborn cases the hypodermic injection of silver nitrate over the vagi must be resorted to in accordance with the following plan: Lift the skin over the vagus between the thumb and the forefinger of the left hand, introduce the hypodermic needle just under the elevated skin, and

inject five minims of a two-and-a-half per-cent. solution of cocaine hydrochloride. Detach the syringe from the needle and allow the latter to remain in the puncture. Wash out the syringe with water, draw a two-and-a-half per cent. solution of silver nitrate into the syringe, attach the latter to the needle, and throw in from three to six minims of the silver solution.—*N. Y. Medical Journal*.

CONDITION OF THE KIDNEYS WITH REFERENCE TO THE EMPLOYMENT OF DIURETICS.

A. R. Elliott (*Med. News*, vol. 79, no. 6) concludes a valuable and timely article thusly :

1. Except in the case of the irritant-epithelial diuretics (turpentine, cantharides, etc.), the entire class of diuretics may be said to exert their effect upon the urine by acting indirectly through the circulation.

2. Owing to the necessity for sparing the kidneys all irritation, drugs given for diuretic purposes should act indirectly rather than directly, consequently the secretory diuretics are contra-indicated in irritative and inflammatory renal conditions.

3. In functional urinary disorders diuretics are mainly useful to overcome concentration and hyperacidity of the urine. To accomplish this, simple dilutents and salines are best adapted.

4. In acute nephritis saline diuretics are permissible throughout the entire course of the disease, and exert a beneficial influence by increasing elimination and clearing the tubules of inflammatory débris. Subcutaneous saline infusion constitutes our most powerful eliminant in desperate cases.

5. In chronic nephritis the cardio-vascular diuretics are most useful, owing to the fact that oliguria and dropsy are usually the result of circulatory failure. The dropsy under such circumstances, being of cardiac origin, may be benefited by cardio-vascular stimulants, provided the kidneys are not too badly damaged.

6. Dropsy of purely renal origin is not amenable to favourable influence by diuretics.

7. Although the morbid process in the kidneys may furnish us with our primary inspiration to diuretic medication, it is the condition of the heart and circulatory apparatus in most cases that determines the choice of an agent.

NUTRIENT ENEMAS.

Rectal feeding is too little employed by the average general practitioner. This negligence is due to fear of bother, the disagreeable nature of the operation, and a lack of proper understanding regarding the technique. Even without trained nurses, one may teach any intelligent person, by a single lesson, sufficient to enable him or her to administer the food successfully. It is not to be expected that even the humblest country physician would do such work regularly, even if present at the proper intervals; and if doctors once realized the simple nature of the procedure, and the benefits to be derived from it, it would be oftener employed.

The best equipment is a smoothly-working piston syringe attached to a large calibre soft rubber catheter. The catheter is lubricated with glycerine or olive oil, and is left in position after insertion, until enough food has been injected; when one syringeful is injected, the syringe is detached and filled, and again attached to the distal end of the catheter. When enough has been injected, the catheter is removed, and the patient instructed to endeavour to retain the injection by avoiding all bearing down. The discomfort generally passes away in a few moments. Catheter and syringe are then boiled and allowed to cool until the hour arrives for the next injection. The rectum should be washed out once each twenty-four hours with warm water and non-irritating soap.

In giving the injection, the patient should lie upon the left side, with the hips elevated a few inches on pillows, or the foot of the bed may be elevated on bricks or books. The fluid should be at a temperature of 100° F., and should be injected slowly. The intervals between injections may be four to eight hours.

Easily soluble medicines, not likely to irritate the bowel, may be often incorporated with the nutriment, and thus save the patient the annoyance of taking them by the mouth.

No one can rightly deprive a patient of the benefit of rectal feeding through a plea of inadequate equipment, of lack of skilled nurses; for any syringe will do in an emergency, and any one who can give a sick person a drink of water can operate it.

When a patient cannot swallow, when prolonged vomiting causes a threatened collapse, when any other condition excludes the advisability of administering food by the mouth, then rectal feeding is indicated. Every

physician should become familiar with the simple technique, and be able to give extemporaneously the popular formulas and method of administration, and illustrate the method personally if the circumstance demand it. The mode of procedure is little different from the practice of rectal irrigation for summer diseases of children; and no doctor, in the coming season, dare ignore the advantages of this treatment. In the name of humanity, so long as you pretend to practice medicine, practice it as well as any one can. Ignore no valuable suggestions, and learn the techniques of all the simpler plans at least.—*Med. World.*

FRONTAL HEADACHE AND IODIDE OF POTASH.

Since there are various forms of headache, and since the remedy that will relieve one patient will utterly fail to relieve another with seemingly the same kind of head-pain, it is necessary that the physician should be armed with a variety of remedies. For some time past we have found minimum doses of iodide of potassium of great service in frontal headache. A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with a distaste for food, which sometimes approaches to nausea, can generally be removed by a two-grain dose of the potassic salt, dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who, a quarter of an hour before, was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Mass. Med. Jour.*

THE DIETETIC TREATMENT OF EPILEPSY.

Rudolph Balint, in the *Berliner Klinische Wochenschrift* of June 10, 1901, gives an account of his experience with the diet which has been recommended by Toulouse and Richet. This diet is based upon the theory that as the amount of chlorides is lessened in the system the effect of bromides is increased. The diet which the writer employed in the treatment of twenty cases consisted of milk 1000 grammes, meat 300 grammes, potatoes 300 grammes, bread 200 grammes, sugar 50 grammes, butter 40 grammes, coffee 10 grammes, two eggs. The food was cooked without the addition of salt, and one to two drachms of bromide

of potassium was given each day. Under this treatment there was a marked diminution of the convulsions in all of the cases, and in many they disappeared entirely. It was found that the amount of chloride of sodium in the diet as first employed was considerable, and consequently the reduction of chlorine in the organism was not very rapid. The diet was then changed to 1 to 1½ liters of milk, 40 to 50 grammes of butter, 3 eggs, 300 to 400 grammes of bread and fruit. Such a diet approximately equals 2300 to 2400 prepared without salting was also unpalatable. It was found difficult for patients to take meat that had been cooked without salt, and bread which was used was obviated by salting it with bromide of potassium, the latter acting in every way as an excellent substitute for the chloride of sodium. The results in twenty-eight cases that remained for some little time under treatment were: in nine recent cases the attacks disappeared in seven, and in nineteen chronic cases in fifteen; in the remaining six cases the attacks continued, but their intensity was lessened.

CONSTIPATION IN INFANTS.

For constipation in infants and small children cathartics ought not to be given. Instead, let a small quantity of glycerine,—a half-teaspoonful,—to which has been added a few drops of water to make it flow, be injected into the rectum by means of a small hard-rubber syringe. This may be repeated every day when the act of evacuation does not take place naturally. The effect of the glycerine is that of a mild stimulant to the rectum, the result of which is expulsion of its contents. No harm can come of this treatment, while much damage does come from the use of cathartics.—*American Medical Journal*.

ECZEMA AND ALCOHOL.

In connection with general attacks, I think a word should be said about eczema and alcohol. I have recently had a case under my care which has brought this prominently before my mind. A man in active business had been in the habit of taking a very fair quantity of alcohol every day for a great number of years, though never in excess. He was suddenly laid up with an acute attack of eczema. He was treating himself for a length of time before he called in his medical attendant, and during that time he was continuing his alcohol. Afterwards the alcohol was stopped, and under simple treatment he got well.

When he went back to his work he began to take his alcohol as before, and he had a second attack of eczema. It was then suggested to him that he should leave off taking alcohol altogether. He did so, and has not had a return since. I think the relation of alcohol to these attacks is a very important one.—*Brooklyn Med. Jour.*

COLIC, INFANTILE.

Colic is a symptom of many pathological states of the intestinal tract. The causes of infantile colic are: (1) flatulence; (2) influences acting through the mother; (3) indigestion; (4) refrigeration. The absence of pancreatic digestion in early infancy is perhaps one reason for the frequency of imperfect digestion at this time of life. Slow or insufficient digestion results in the development of flatus. If the mother is constipated the infant is apt to be constipated, and the mother's milk, under these circumstances, is apt to produce flatulence. The diet of the mother is also responsible for much flatulence in the infant. Another common cause is taking salts, senna and similar purgatives by the mother, and this, too, even when these drugs are not taken in sufficient quantity to produce any evacuation from the mother's bowel.

Infantile colic sometimes arises from mental worry on the part of the mother, or from suckling the infant immediately after sexual excitement. A case has been recorded in which a most obstinate colic in an infant immediately subsided when the mother had sought the aid of a dentist and had a carious tooth extracted which had caused her much toothache. The commonest cause is overfeeding, particularly too frequent nursing and feeding. Another common error is the giving of too large a quantity of food, even though the latter is of the proper composition and given at suitable intervals.

In comparatively rare instances infantile colic arises from a deficient supply of food. Refrigeration is produced commonly by lying in a wet diaper, walking over a cold floor, or exposure of the abdomen to a draft of cold air. In cases of colic associated with grave pathological conditions one does not see the kicking of the legs observed in simple colic nor does the child cry for a few minutes with pain and then relax into a smile.

The treatment of infantile colic divides itself into: (1) the immediate relief of the pain; (2) removal of the cause. One of the best methods of treatment is irrigation of the

lower bowel with hot water and the external application of heat. In protracted cases opiates should not be given. In infantile colic nothing is superior to milk of asafetida freshly prepared. The dose is 1-3 to 1-2 teaspoonful, followed, if necessary, by a second dose in fifteen or twenty minutes. It is given with a little fine sugar on a spoon. When the attack comes on shortly after nursing it can often be averted by giving before the nursing some of this medicine or some warm fennel-tea. The general treatment may be instituted in the removal of the cause. Where milk in any form disagrees it should be discontinued as soon as possible, and meat-broth and cereals substituted. Hiccough is sometimes a troublesome sequel, and is most easily relieved by putting a few grains of fine sugar into the infant's mouth.—H. Illoway (*Pediatrics*, July 15, 1901).

CRAMPS OF THE LEGS.

Dr. John McDonald, after discussing the causation of cramps, their relation to the valvular condition of the inferior vena cava, and consequent great hydraulic pressure, to constipation with its pressure on the iliac veins, and to the gouty diathesis leading to the deposit of urates in the muscles surrounding the congested veins of the legs, says that in the remedial treatment of cramps, the attention should be directed mainly toward (1) the relief of constipation; (2) the removal of the uric acid toxine; and (3) the establishment of a better nutrition.

It is obvious that for this purpose an effective cholagogue agent is of the first importance to stimulate cellular action of the liver; increase its normal secretions, and initiate peristalsis; and that combined with an appropriate uric acid solvent, the circulation of the blood may be quickened, while at the same time its subalkalinity may be neutralized and oxidation increased by the removal of the toxine mainly responsible for the abnormal condition.

A more active interchange having thus been established between blood and tissue, the former being better enabled to perform its function of removing poisonous waste, the nutrition of the latter becomes improved, and the third indication is fulfilled. The author records a case of obstinate cramps treated successfully on these lines.—*Northwestern Lancet*.

SURGERY.

IN CHARGE OF

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FEATURES DETERMINING PERMANENCY OF CURE IN RADICAL OPERATIONS FOR HERNIA.

A. J. Ochsner, Chicago: The permanent success following herniotomy depends upon a comparatively small number of practical points which must be observed in order to secure satisfactory results regularly.

1. The wound must heal primarily, because suppuration results in an abundance of cicatricial tissue and this is most unstable.

2. The stitches must not be drawn tightly, in order to avoid pressure necrosis.

3. The edges of the wound to be united must be free from fat and other unstable tissues.

4. The wound should be supported by broad rubber adhesive plaster strips until healed.

5. The patient should be kept in bed two or three weeks.

6. After the operation abnormal intra-abdominal pressure should be eliminated by avoiding constipation, etc.

I. In inguinal hernia: (1) The entire sac should be removed. (2) It is especially important to remove all the loose tissue between the transversalis and internal oblique muscles on one side and Poupart's ligament on the other. (3) The upper portion of this canal should be closed with especial care. (4) In case of a long thin omentum, this should be resected.

II. In femoral hernia the canal through which the sac protrudes is a perfect ring, and, consequently, if the entire sac is removed, this ring will invariably close and there can be no recurrence. All meddling operations contemplating the closure of this ring cause a certain percentage of recurrences.

III. In ventral hernia following laparotomy: The original layers should be laid bare, and then the corresponding layers should be carefully united. The author

prefers deep silkworm gut stay sutures, to be tied after each layer has been united separately with chromicized catgut sutures.

IV. In umbilical hernia the ingenious operation first described by Dr. W. J. Mayo, of Rochester, consisting of an overlapping of the edges of the hernial ring from above downward or from side to side for a distance of one and one-half inches has given complete satisfaction.—*St. Louis Med. Rev.*

WHAT IS TRUE CONSERVATISM IN THE TREATMENT OF APPENDICITIS ?

M. F. Porter, Ft. Wayne, Ind., argues for the early operation and presents the following summary :

TIMELY OPERATION.

1. Immediate mortality less than 2 per cent.
2. Danger of hernia, nil.
3. Danger of bowel obstruction, slight, if not entirely absent.
4. Danger of recurrence, none.
5. No danger of secondary abscess.

CONSERVATIVE TREATMENT OR OPERATION ONLY WHEN OTHER TREATMENT FAILS.

1. Immediate mortality more than 10 per cent. of operated cases, and more than 2 per cent. of all cases attacked.
2. Danger of hernia considerable (50 per cent. of cases requiring large or long continued drainage).
3. Danger of bowel obstruction real. (Three cases have occurred in my own practice in late cases, and none in cases operated early).
4. Danger of recurrence 33 1-3 per cent. of cases not operated upon and more than 2 per cent. of cases treated by incision and drainage.
5. Secondary abscess not infrequent.

TREATMENT OF HEMORRHOIDS.

The various procedures for the surgical treatment of piles are taken up and briefly reviewed.

The so-called Whitehead operation is condemned as bloody and troublesome.

Ligature.—This is the oldest method, advocated by such men as Allingham, Ball and Van Buren.

The patient is prepared in the usual manner, the anus and scrotum, the bowels emptied, chloroform administered, and he is put on his left side. We divulse the sphincter, catch the pile with a pair of toothed forceps, draw it down outside of the anus, separate with scissors from skin or mucous membrane, and pass a ligature of strong braided silk tightly around it, making three or four knots. Each pile is treated the same way, then the parts are oiled with vaseline, returned above the sphincter, and a tight T bandage put on. The ligature cuts in about seven days, during which time there is considerable pain. Patient recovers in about three weeks.

Clamp and Cautery.—This method is very popular in America, used by such men as Gant and Kelsey. Operation is more difficult than the ligature; very important to have a properly made clamp. Gant's, in author's opinion, is best.

Prepare patient the same as for other operation, divulse sphincter, catch pile with a toothed forceps, put clamp at the base of the tumour. Cut off the hemorrhoid close to the clamp, and use cautery at dull heat. Be careful not to burn the skin, otherwise there will be a great deal of pain after the operation. When all the piles have been treated put on a T bandage, put the patient to bed, and move his bowels in three or four days.

There is no pain with the use of the clamp and cautery to speak of, the healing is more rapid than with the ligature, but there is danger of secondary hemorrhage.—Dr. G. Monroe, in *Cincinnati Lanc. Clinic.*

SUBMUCOUS LIGATION FOR HEMORRHOIDS AND PROLAPSE.

An experience of eight years with satisfactory results from the operation impel the author to publish it. Patient prepared the usual way, anaesthetized and sphincter divulsed; then a needle carrying moderate-sized kangaroo tendon is passed around the piles and drawn tight. Atrophy takes place after a few weeks. Advantages claimed:

1. There is no secondary hemorrhage.
2. There is no destruction of tissue.
3. Can be done as quickly as the clamp and cautery operation.

4. So far there has been no infection, nor fistula, abscess or fissure following the operation.

5. Pain is no greater than in other forms of ligation.

6. No stenosis.

For prolapse the operation is done the same way as for hemorrhoids, but if we find after three or four months that the amount of tissue included in the ligature is not sufficient, another series of ligature can be applied.—
Dr. B. M. Ricketts in *Med. Rev. of Rev.*

SHOULD COLOSTOMY BE DONE FOR CANCER OF THE RECTUM ?

The writer mentions the various surgical means for treatment of this condition, and speaks of the disadvantages of colostomy.

Its advocates maintain that life is prolonged, pain lessened, hemorrhage prevented, and patient made more comfortable. Dr. Mathews dissents from this view of the matter, but first of all he emphasizes the fact that after operation the malignant spot still remains, and that of course colostomy means palliation, not cure.

It is argued that life is prolonged because we divert the fecal current and prevent irritation of the mass. But is that so? Does not the growth enlarge because of qualities that are inherent to it, and not because of irritation. Cancer of the breast continues to flourish and enlarge, though there is no external irritation.

As far as lessening the pain of a rectal cancer by a colostomy operation is concerned, that proposition does not appeal to the writer very forcibly. The pain of a carcinoma is sharp and lancinating when it exists, and entirely independent of external causes. Besides that, it is not a factor in many cases.

The claim that hemorrhage is prevented or much lessened is not regarded seriously, because the bleeding is not due so much to tears and rents in the cancerous mass by the feces passing over it as to the ulceration which goes right on when the cancer has reached a certain stage—colostomy or no colostomy.

That life is rendered more comfortable is by no means a settled certainty. Of course if obstipation exists due to, say stricture of the flexure or colon, then life may, indeed, be prolonged and death averted for a time by a

colostomy, but such a step does not prevent the exhaustion of the patient, which is dependent upon the disease itself.

CONCLUSIONS.

1. In a majority of cancers of the rectum colostomy is not admissible.
2. When growth is low down in the rectum and circumscribed excision is indicated.
3. Gradual dilatation of strictural portion is preferable to colostomy.
4. Colostomy is justifiable when there is total or nearly total occlusion due to growth very high up.
5. Opium is preferable to colostomy.—J. M. Matthews, in *N. Y. Lancet*.

PREVENTION OF ACUTE PERITONITIS FOLLOWING APPENDICITIS.

A. J. Ochsner, in the chairman's address before the Section of Surgery and Anatomy at the last meeting of the American Medical Association (*Journal of the American Medical Association*, June 22, 1901), reaffirmed his treatment of appendicitis. The wider experience of recent years has confirmed views somewhat at variance with those of many surgeons. The peristaltic motion of the small intestines is the chief means of carrying the infection from the perforated or gangrenous appendix to other portions of the peritoneum, thus changing a circumscribed into a general peritonitis. This can be prevented by prohibiting all food and cathartics, and by the prompt removal by lavage of such remnants of food as may be found in the stomach. In case food is required, it should be administered by enemata and should be given not oftener than once in four hours, and not more than four ounces at a time.

It is claimed that such a treatment, instituted early, will change a violent acute perforative or gangrenous appendicitis into a mild and harmless form. Cases of appendicitis with beginning general peritonitis can be generally carried through an acute attack by this method. In all cases gastric lavage should be practiced to prevent the absorption of the decomposing material from the alimentary canal.

The patient should be permitted to recover fully from an acute attack before an operation is performed, except in cases which come under observation in the first thirty-

six hours, or in those in which there is a superficial circumscribed abscess. Such a management of the cases as is here described does not protect the patient against a subsequent attack, and does not complicate the early-removal of the diseased appendix before the septic material has extended beyond this organ. It is indicated in all intra-abdominal conditions in which septic material may be distributed through the abdomen by peristaltic motion—*Medicine.*

SPRING FINGER.

Noble Smith (*Clinical Journal*, May 1) says that "spring finger" (*doigt a ressort*; *schnellender finger*) consists in a partial obstruction to free flexion or extension (or both) of a thumb or finger, occurring at one particular joint, the difficulty being presently overcome and the flexion or extension completed with a snap. The obstruction generally occurs at a metacarpo-phalangeal articulation, and is sometimes so persistent that the patient is induced to help the completion of flexion or extension by pressing upon the digit with his other hand.

Causes.—In the majority of the recorded cases rheumatism is said to have been present, in others gout. The affection has also been attributed to injury, such as hyper-extension. *Pathological condition.*—The fact that the obstruction occurs at one exact point, both in flexion and extension, indicates the existence of a fixed lesion, and contra-indicates the presence of a loose or pendulous body in the joint. In many of the recorded cases a nodule has been felt, apparently a thickening of the tendon at one point. Nelaton, Notta, Menzel and Hyrtl all held the view that such thickening existed and caused the obstruction which met with resistance in passing through the tendinous sheath, and Hyrtl and also Berger thought that this sheath might be narrowed. Carlier records two cases in which a node could be apparently detected by the finger of the surgeon, while upon dissection no thickening of the tendon was found, but "Leisering, of Hamburg, actually exposed a nodosity in the profundus tendon at the level of the point at which it entered the canal of the flexor sublimis, excised it, and cured the disease." In another case a fringe-like tumour was discovered "springing from the synovial covering of the flexor sublimis" (Anderson). An alteration in the shape of the articular surface of the joint has also been suggested as a cause, and this seems to be the case in a similar condition oc-

curing in the mid-phalangeal joint of the great toe in a young lady, a patient of the author's, who was also suffering from contraction of the plantar fascia. I relieved the contracted fascia by subcutaneous section, but do not expect this to do any good to the "spring toe." This condition in the toes has been noted before, especially in association with hammer toe, and is supposed to be due to a transverse ridge upon the surface of the proximal phalanx. Osseous excrescences, the result or not of rheumatoid arthritis, and spasm of muscles, have also been referred to by Carlier as causes. Roser and Lisfranc have suggested that some change in the tendon, involving a roughening or thickening, is the cause of the affection; and Schoenborn states that Bruns, Leisrink, Weisinger, Carlier and Lick have actually found circumscribed thickening of the tendon.

Reeves thinks that a thickening of the tendinous sheaths may be the cause, and points out that in the case of the thumb, the affection "seems due to a circum-articular inflammation of the tendinous sheaths, and especially at the region of the metacarpo-phalangeal joint. The groove in which the flexor longus pollicis runs is at this spot limited by the sesamoid bones, and bridged over by a firm fibrous structure, converting it into a canal, and it seems, anatomically, highly probable that the slightest thickening of the tendon in its synovial sheath would, at this spot, lead to obstruction in its motions." In the other digits, in which similar firm osteo-fibrous canals are strengthened by the transverse and crucial bands, he suggests that it is probable that the obstruction may be due, either to thickening of the tendons or to narrowing of the canal alone.

Steinthal found contraction of the lateral ligaments. In Schoenborn's case a strand of connective tissue crossed the tendons of the two flexors, and division of this strand gave relief.

It seems probable, says Noble Smith, that each of these different causes may exist in particular cases, but in the following instance the obstruction seems to have been due alone to constriction of the sheath.

Miss S—, aet. eighteen years, was brought to him on October 4, 1899. She had suffered from spring finger from the previous January. At that time she had been practising with a mandolin for three months, and suddenly, while dressing her hair, the ring finger of her left hand became affected at the meta-carpophalangeal joint, and had so continued ever since whenever she flexed or extended the finger. Her mother had been troubled with

the same condition in a slight degree for many years, the middle finger of the right hand being affected. The author could feel nothing abnormal in the tendon or its neighbourhood. Upon cutting down upon the tendon, no enlargement could be detected at any point, but upon passing a probe beneath the tendon sheath the passage was found to be very restricted, so that it was with difficulty that the probe could be made to pass. He inserted a blunt hook within the constricted sheath, and stretched it forcibly. The wound healed by first intention, and the affection was perfectly cured. Once only, about three weeks later, was there a slight jerk in flexion, but since then the movement of the digit has remained perfectly normal. In January, 1901, the finger was reported cured, except for slight stiffness in the early morning, which goes off after an hour or so.—*N. Y. Med. Jour.*

UNDER WHAT CIRCUMSTANCES (EXCEPT EMERGENCIES) IS IT DESIRABLE TO OPERATE IN CASES OF GALLSTONES FOR RADICAL CURE OR FOR RELIEF ?

By Dr. Maurice H. Richardson.—The author considers that inasmuch as the diagnosis of gallstones can be made only when they begin to offend (except, of course, during abdominal operations for other causes), gallstones should be removed either as soon as they begin to offend or at the most favourable period after their immediate ill-effects have had time to subside. By the most favourable moment he means that period of time when there is no infection of the gall-bladder to contaminate the field, no impaction in the common duct to increase the difficulties and dangers of dissection, and no jaundice to induce hæmorrhage or to impair the patient's power of recovery. In many cases the favourable moment follows recovery from the disturbances of a transitory biliary colic unattended by jaundice; in others it follows the disappearance of jaundice after passage of the stone; in others, the subsidence of fever and other signs of a biliary affection. In all cases of jaundice one should wait a reasonable time for that favourable moment, in the hope that the stone may escape from the common duct into the duodenum, and that bile may reappear in the stools.—*Boston Med. and Surg. Jour. and N. Y. Med. Jour.*

Therapeutic Notes.

ACUTE GASTRO-ENTERITIS.

In the treatment of cases of acute gastro-intestinal catarrh, due to indiscretions in diet, and attended especially with nausea, vomiting, diarrhoea and abdominal pain, good results are secured in the clinical service of Dr. Eshner from the employment of the following formula:—

R Ext. of hæmataxylon..... 2 drachms
Aromatic sulphuric acid..... 2 fluidrachms.
Camph. tinct. opium..... 3 fluidounces.

M. Sig. : A teaspoonful every three hours if the bowels are moved that often ; at longer intervals if the bowels are moved less often.—*Philadelphia Polyclinic.*

TO PREVENT MOSQUITOES BITING.

R Oil tar..... Oz. 1
Olive oil..... Oz. 1
Oil pennyroyal..... Oz. $\frac{1}{2}$
Spt. camphor..... Oz. $\frac{1}{2}$
Carbolic acid..... drams 2

M. Sig. : To be applied occasionally.

SCIATICA.

Richardson recommends :

Opium powder..... grains xii
Ipecac powder..... grains xii
Sodium salicylate..... grains 90
Cascara, extract fluid, q. s.

Make twelve pills and give one or two at a dose.

Jottings.

An old physician says that a decoction of quassia to which a little borax and glycerine has been added will remove lice and other parasites from the hair better than any other known remedy.

Bradbury recommends that when the bromides are to be used in insomnia that the bromide be combined with tincture of sumbul and tincture of hops, all in a vehicle of camphor water.

In cases of delirium tremens (*International Journal of Surgery*), when sedative drugs fail to give rest and sleep, a blister or mustard plaster applied to the back of the neck often has an excellent effect.

HINTS ON TYPHOID FEVER.

In hemorrhage use ergotin and digitalin. For insomnia and nocturnal delirium give morphine or codeine. For "fighting delirium" of the first stage give veratrine and tartar emetic. For "low muttering delirium" and weak heart give atropine. Kill the micro-organisms and render the stomach and intestines aseptic by giving zinc sulphocarbolate until the stools lose their odour—up to 100 grains daily. Calomel is useful in the first stage. If sweating is profuse, use hydrastin. For subsultus tendinum give strychnine. In later stages, with blood in the stools, give silver oxide. For pneumonic symptoms use sanguinarin. Leptandrin is useful in constipation. Bismuth subnitrate is useful in gastric irritation.—M. G. Price, *Wisconsin Medical Record*.

DRUGS TAKEN BY A NURSING WOMAN WHICH AFFECT THE NURSING.

Fisher, in his work, "Infant Feeding in Health and Disease," states that the following drugs have been found in milk.

The purgative principles of rhubarb, senna and castor oil, antimony, arsenic, iodine, bismuth, turpentine, salicylic acid, all bromides, all iodides, lead, iron, mercury, copaiba, garlic, cocaine, chloral, hyoscyamus, digitalis, atropine, ergot.

An unpleasant but harmless flavour is imparted to the mother's milk from the ingestion of onions, turnips, cabbage and cauliflower.

FOR BED SORES.

The *Clinical Review* recommends the application of an ointment containing 45 grains of zinc sulphate, 30 grains of lead acetate, 20 minims of tincture of myrrh, and sufficient petrolatum to make 2 ounces.

FOREIGN BODY IN THE EAR.

The rubber end of a pencil was extracted by teasing out the end of a small piece of twine, and giving this a good coating of glue, pushing it tightly against the India rubber, and packing it closely all around with cotton wool. This was allowed to remain in position for twenty-four hours, when there was firm cohesion, and not the slightest difficulty was found in withdrawing everything *en masse*.—Dr. Macaskie.

CORNS, TREATMENT.

Dr. E. L. Wood, of Dansville, N. Y., writes : " A radical cure for corns consists in paring the callosity as closely as possible without causing any hæmorrhage, then placing in the centre of the corn a very small drop of croton oil, and bandaging for twelve hours. Then remove the bandage and paint the corn with reliable cantharidal collodion ; a pustular bleb will result, in the formation of which the entire callosity, nucleus and all, will be raised without very much pain from the tissues beneath, and can be easily removed. The process should be conducted under the care of a surgeon to insure prompt sterilization of the part after the callus is removed. Healing has always been rapid, not requiring more than three or four days, with no liability to recurrence, unless the foot is afterward abused. I have treated active, working patients without a loss to them of more than a half-day of time."

HEADACHES OF CHILDHOOD.

One should not, says the *Clinical Review*, too readily conclude that an error of refraction exists. Faulty diet, irregular meals, constipation and insufficient out-door exercise often cause headaches. Removal of these causes and perhaps the administration of 10 or 20 drops of tincture of *nux vomica*, before meals, are indicated.

URINOUS SMELLS.

Cases in which there is a dribbling of urine in the bed, attended by the usual disagreeable urinous smell, can be made less obnoxious by pouring some turpentine upon the sheets, where it will not touch the patient's skin. This counteracts the odour to a remarkable degree.—*Internat. Jour. Surgery*.

CARIOUS TEETH.

Freemeyer recommends placing in the aching void a pledget of cotton soaked in a mixture of $\frac{1}{2}$ drachm of oil of cloves, $1\frac{1}{2}$ drachms of chloroform and $\frac{1}{4}$ grain of codeine.

Nothing equals pilocarpine as a means of restoring the secretion of urine when suppressed.

Urea is now being advocated as a remedy for tuberculosis. Dose, 4 grams daily, by mouth or hypodermically.

Pilocarpine in Membranous Croup.—Wertram (*Amer. Med.*) describes five cases of true croup, in which prompt relief and recovery followed the use of pilocarpine hydrochlorate, gr. 1-48, to 1-24 hypodermically. The ages of the patients ranged from thirteen months to ten years.

NEW METHOD OF MAKING MILK DIGESTIBLE.

Dr. C. E. Tucker, of Joppa, Ill., says: "In all those paring milk where other methods have not proved useful. A pint of milk is gently warmed. Into it is dropped, very slowly and with constant stirring, about 20 minims of dilute hydrochloric acid. The milk should be stirred until it cools. In this way a very fine flocculent coagulum is produced, floating in the whey, which is easily accessible to the digestive secretions, while the whole fluid has lost somewhat of the flat and cloying taste which makes it unacceptable to so many. It will be noticed that milk prepared in this way differs from the various wheys in the highly-important particular that the casein is retained and used, instead of being separated out as a distinct product, while it avoids the bitterness of pancreatinized milk.—*New York Medical Times.*

TO PREVENT PAIN BY ACRID STOOLS.

Dr. C. E. Tucker, of Joppa, Ill., says: "In all those cases where it becomes necessary to administer purgatives and cholagogues I advise my patient to anoint the anus with vaseline or lard when he prepares for a stool. This prevents the acrid dejecta from coming in contact with the anal tissue, a circumstance that produces the most intense burning pain and tenesmus. This simple procedure has been so effective in preventing the agonizing sensations produced by the passage of acrid stools in my own person and those of my patients that I have concluded to pass it on that others may have the benefit thereof.—*Medical Summary.*

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Editorial.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The first meeting of the new Board of Governors took place in the City of Quebec on the 25th of September. This Board was elected under the Amended Act which places the election entirely in the hands of the profession, the old method by proxy being entirely discarded. The election now takes place by Districts, a ballot paper being sent to each qualified voter, who fills it and returns it to the returning officer, such an officer being appointed for each district. The ballots had all to be returned to this officer not later than the 4th of September, and at 5 o'clock p.m. on that date the ballots were opened in the presence of two witnesses and the results recorded.

The following shows the result of the elections :

DISTRICT OF MONTREAL.

Division No. 1. St. James and St. Mary's Wards, Montreal.—Registered practitioners, 116 ; qualified to vote, 84 ; votes recorded, 69. Drs. Marsolais and R. C. Laurier elected. Residence, Montreal.

Division No. 2. St. Lawrence and St. Louis Wards, Montreal.—Registered Practitioners, 146 ; qualified to

vote, 93 ; votes recorded, 75. Drs. R. Boulet and J. H. Chartier elected. Residence, Montreal.

Division No. 3. St. Antoine and St. Lawrence Wards, Montreal.—Registered Practitioners, 221 ; qualified to vote, 147 ; votes recorded, 81. Drs. J. A. Macdonald and G. A. Brown, elected. Residence, Montreal.

Division No. 4. Counties of Joliette, L'Assomption, Montcalm and Berthier.—Registered Practitioners, 41 ; qualified to vote, 26 ; votes recorded, 19. Dr. J. O. Beaudry. Residence, St. Roch d'Achigan.

Division No. 5. Counties of Terrebonne, Two Mountains, Argenteuil and Laval.—Registered Practitioners, 48 ; qualified to vote, 29 ; votes recorded, 22. Dr. L. A. Fortier, elected. Residence, St. Vincent de Paul.

Division No. 6. Counties of Ottawa and Pontiac.—Registered Practitioners, 72 ; qualified to vote, 26 ; votes recorded, 20. Dr. E. L. Quirk, of Alymer, elected.

Division No. 7. Counties of Beauharnois, Chateauguay, Huntingdon, Soulanges and Vaudreuil.—Registered Practitioners, 64 ; qualified to vote, 35 ; votes recorded, 22. Dr. Charles Marshall, Huntingdon, elected.

Division No. 8. Counties of Brome, Shefford and Missisquoi.—Registered Practitioners, 64 ; qualified to vote, 38 ; votes recorded, 25. Dr. J. D. Pagé, Waterloo, elected.

Division No. 9. Counties of Chambly, Iberville, Laprairie, Napierville and St. Johns.—Registered Practitioners, 45 ; qualified to vote, 27 ; votes recorded, 18. Hon. Dr. Girouard, Longueuil, elected.

Division No. 10. Counties of St. Hyacinthe, Bagot and Rouville.—Registered Practitioners, 47 ; qualified to vote, 36 ; votes recorded, 29. Dr. E. Choquette, St. Hilaire, elected.

Division No. 11. Counties of Richelieu, Yamaska and Vercheres.—Registered Practitioners, 38 ; qualified to vote, 20 ; votes recorded, 17. Dr. E. H. Prevost, Sorel, elected.

Division No. 12. County of Hochelaga, East.—Regis-

tered Practitioners, 66 ; qualified to vote, 56 ; votes recorded, 50. Dr. G. E. Baril, Montreal, elected.

Division No. 13. County of Hochelaga, West.—Registered Practitioners, 71 ; qualified to vote, 56 ; votes recorded, 35. Dr. Cypihot, St. Cunegonde, elected.

DISTRICT OF QUEBEC.

Division No. 1. Quebec Centre.—Registered Practitioners, 51 ; qualified to vote, 29 ; votes recorded, 27. Drs. A. Vallée, M. D. Brochu and C. R. Paquin, Quebec, elected.

Division No. 2. Quebec East, West and St. Sauveur.—Registered Practitioners, 37 ; qualified to vote, 24 ; votes recorded 17. Drs. Jobin, F. X. Douin and J. Marcoux, Quebec, elected.

Division No. 3. Levis and Lotbiniere.—Registered Practitioners, 25 ; qualified to vote, 14 ; votes recorded, 11. Dr. J. E. Ladriere, Levis, elected.

Division No. 4. Quebec, Portneuf and Montmorency.—Registered Practitioners, 41 ; qualified to vote, 15 ; votes recorded 10. Dr. M. Brophy, St. Foye, elected.

Division No. 5. Charlevoix, Chicoutimi and Lake St. John.—Registered Practitioners, 22 ; qualified to vote, 13 ; votes recorded, 10. Dr. L. E. Beauchamp, Chicoutimi, elected.

Division No. 6. Beauce and Dorchester.—Registered Practitioners, 31 ; qualified to vote, 19 ; votes recorded, 17. Dr. T. Fortier, St. Marie, Beauce, elected.

Division No. 7. Counties of Bellechasse, Montmagny and L'Islet.—Registered Practitioners, 26 ; qualified to vote, 14 ; votes recorded, 13. Dr. L. M. Moreau, L'Islet, elected.

Division No. 8. Counties of Kamouraska and Temiscouata.—Registered Practitioners, 24 ; qualified to vote, 11 ; votes recorded, 9. Dr. F. J. Langlois, Trois Pistoles, elected.

Division No. 9. Counties of Rimouski, Matane,

Gaspe, Bonaventure and Magdalen Islands.—Registered Practitioners, 26 ; qualified to vote, 15 ; votes recorded, 8. Hon. Dr. Fiset, Rimouski, elected.

DISTRICT OF THREE RIVERS.

Division No. 1. Counties of Drummond, Arthabaska and Megantic.—Registered Practitioners, 39 ; qualified to vote, 26 ; votes recorded, 18. Dr. L. J. O. Sirois, St. Ferdinand de Halifax, elected.

Division No. 2. Counties of Three Rivers and Champlain.—Registered Practitioners, 22 ; qualified to vote, 8 ; votes recorded, 5. Dr. L. P. Normand, Three Rivers, elected.

Division No. 3. Counties of St. Maurice, Maskinonge and Nicolet.—Registered Practitioners, 32 ; qualified to vote, 24 ; votes recorded, 21. Dr. L. A. Plante, Louiseville, elected.

DISTRICT OF ST. FRANCIS.

Division No. 1. County of Sherbrooke.—Registered Practitioners, 17 ; qualified to vote, 12 ; votes recorded, 7. Drs. P. Pelletier and J. O. Camirand, Sherbrooke, elected.

Division No. 2. Counties of Stanstead, Compton, Richmond and Wolfe.—Registered Practitioners, 54 ; qualified to vote, 29 ; votes recorded, 13. Dr. F. McMorine, Richmond, elected.

Analyzing the above, we learn that there are in this Province 1,484 Registered Practitioners, of whom 926 were qualified to vote, but only 668 recorded their votes. The qualification required to be allowed to vote was to clear as to their annual dues to the College up to the 1st of July last. A protest against the election of the Hon. Dr. Fiset in No. 9 Division, District of Quebec, was made on the ground that the returning officer had opened the ballots as they were received, instead of waiting the time named by law. The protest was referred to a Committee,

who reported that the protest was good. A new election was ordered. In No. 2 Division, District of St. Francis, a new election was ordered, as Dr. McMorine, the Governor elected, had died suddenly on the day of his election. The Report of the Treasurer of the College was read and adopted. It showed a balance on hand of \$4,813.93. The following were elected officers of the College for the ensuing three years: President, Dr. E. P. Lachapelle (re-elected); vice-president for Montreal, Dr. Robert Craik (re-elected); vice-president for Quebec, Dr. A. Vallée; treasurer, Dr. Albert Jobin (residence, Quebec City); secretary for Montreal, Dr. John A. Macdonald; secretary for Quebec, Dr. C. R. Paquin. On the evening of the 24th September the Governors, guests of the St. Louis hotel, invited their fellow governors, who were guests at the Chateau Frontenac, to a smoking concert at the former hotel, where a very pleasant time was passed, and the new governors made the acquaintance of each other. There is no doubt that the new Board enters upon its duties with the support of the electors. It will, however, have to give a good record, or, when the governors return three years hence to their constituents, they may fail to be re-elected. We hope and believe that the present Board of Governors will continue to do the good work of the previous (reform) Board. If so, no reasonable member of the profession can ask for more.

SUCCESS IN THE PRACTICE OF MEDICINE.

The *Texas Courier-Record of Medicine* for July, 1901, says: "Dr. Osler, of Baltimore, is perhaps the most admired physician in the United States, and his addresses to young men are always received with applause and appreciation. The lines given below are a part of an address given before the New York Academy of Medicine lately, and are a rebuke to those men who have, by staying constantly at home, come to believe that they have no use for post-graduate study; that they are as well posted as any physician or surgeon, and that it is a useless expense

for them to go to medical centers and devote time and money to studying under their inferiors.

“How shall a young man prepare himself to rise in the medical profession to a position in which his brethren lean upon his judgment and rely upon his decisions?” This is the question with which Professor Osler opens an address before the New York Academy of Medicine. In laying down the general lines of work, he reminds the anxious youth that the fame of a prominent consultant at sixty is oftentimes accompanied by a treadmill routine of work and a never-ceasing weight of responsibility that makes him look back to the days of his freedom, when he could follow his bent untrammelled and undisturbed, with as much envy as he formerly looked forward to the days of his reputation. Joy comes in the climbing, and while living laborious days, happy in the growing recognition that he is receiving from his colleagues, the young physician is realizing the best that the profession has to give. He recommends a year abroad in Paris or Berlin if the language is known, but excellent opportunities are to be had in London for the broadening of his views and enabling him to escape the besetting sin of most young physicians, that intolerant attitude of criticism toward everything outside of his own circle and his own school. But he need by no means remain narrow-minded, nor lack perspective in his views if he cannot afford the time and money for a trip abroad. Some of the ablest men in the profession have found their opportunities in country practice and have built up wide reputations in small towns. He should visit the hospitals and clinics of the larger cities yearly. Short vacations spent in visiting various universities and hospitals from the Chesapeake to the St. Lawrence will stimulate to new ideas and give him that combination of conservatism and independence that comes only by travel. In solving the problem of ways and means the first few years, it may be necessary for the young physician to settle in the country, using every economy in saving for further study and travel. At the end of a few years, when he needs a rest and change, let him invest \$600 in a summer semester

in Germany, working quietly at one of the smaller universities and absorbing the spirit of patient investigation that is the genius of the German mind. Another year let him spend three months in Paris; lay schemes in advance, and it is surprising how often the circumstances will fit them.

“It would be folly to suppose that every bright and energetic young physician can attain that widest of reputations in which his name becomes familiar to the laity of this continent and to the profession of Europe. That is not the point he is striving for and should he attain it he should find himself at the mercy of an exacting public, with an irksome and enormous practice, and not time to keep abreast of, and much less lead the thought of the times. A professional reputation in even a restricted area affords an excellent income and a satisfactory life-work to those who care to be masters of their own fate and not public slaves. With the present overcrowding of the large cities and the keen competition among physicians, the tendency will be more and more to drive the younger men into the small towns which have hitherto sent their best talent to the city and received no adequate return. There are throughout the country hundreds of small hospitals whose clinical opportunities are wasted for the lack of younger men who will do with their might whatsoever their hands find to do. These are well worth the consideration of the graduates who are just ready to begin their practice and who realize that to settle in one of the large cities means a desperate struggle for a livelihood. With capital for the promised co-operation of a well-established physician or with a grim bulldog tenacity, the young doctor can live through the educational years of his practice and begin to reap the benefit in the forties. But for the young men whose only capital is brains, and whose only backing is his belief in his own powers of work, the same town affords an opportunity to do work that is just as valuable to the community, and to build up a reputation that is of far more help to his professional brethren of the far-away great consultants.

“At the end of twenty years, when about forty-five

years of age, the man who has worked wisely and well should have a first-class reputation in the profession, and a large circle of friends and patients. He will probably have precious little capital in the bank, but a very large accumulation of interest bearing funds in his brain pan. He will have gathered a stock of special knowledge which his friends in the profession will appreciate, and they will begin to seek his counsel in doubtful cases and gradually to lean upon him in times of trial. He may awake some day, perhaps quite suddenly, to find that twenty years of quiet work, done for the love of it, has a very solid value."

Personal.

Dr. Patterson (M. D., McGill, 1898), passed a year as House Surgeon at the Montreal General Hospital and six months in the same capacity of the Montreal Maternity. He then passed a year with Dr. Vidal (M. D., Bishop's, 1890), as one of his assistants at Belt, Montana. He has decided to enter the Medical Service of the American Army, and has passed the entrance examination. One hundred and thirty-five candidates presented themselves, of whom only 19 were successful, and Dr. Patterson stood at the head of the list. He was our Clinical assistant at the General Hospital for some months, and we predict for him a brilliant career, in which he has our best wishes.

Dr. John McCrae has been appointed resident Pathologist to the Montreal General Hospital.

Dr. Donald Hingston, son of Sir William Hingston, has been appointed Medical Superintendent of the Hotel Dieu Hospital, Montreal.

Sir William Hingston and Dr. Deeks have just returned from brief visits to England.

Dr. William Osler, of the Johns Hopkins Hospital, Baltimore, has given \$1,000 to the endowment fund of the library of the Maryland Medical and Chirurgical Faculty.

Dr. Burgess, Superintendent of the Protestant Hospital for the Insane, Verdun (Montreal), has returned after a vacation of several months, part of which was passed in Europe.

Dr. Laberge, Medical Health Officer for the City of Montreal, and Lecturer on Hygiene in the Faculty of Medicine, University of Bishop's College, left on the 14th of September to attend a Health Congress to be held in Glasgow, Scotland. Dr. Laberge will return early in November.

Dr. Helen MacMurchy has been appointed to the resident staff of the Toronto General Hospital. This is the first time that a Lady Physician has received such an appointment.

Dr. Stephenson (M. D., McGill, 1858), of Iroquois, Ont., who has been seriously ill for a year past, shows considerable signs of improvement, and his friends are hopeful that his life may be spared for some years yet.

Dr. Euchariste Sirois (M. D., Bishop's, 1883), of Denver, Colorado, was in Montreal the middle of September, and visited his old professors. We are glad to know that he has prospered in his profession, and occupies an excellent position among his *confreres*.

Dr. Montizambert, of Ottawa, Ont., the head of the Canadian Quarantine Department, was present at the Congress on Tuberculosis held in London, Eng., the end of July.

Dr. Osler, of Baltimore, went to Europe June last.

Dr. Meuburn, of Toronto, celebrated his sixtieth wedding day on the 25th of July last. The doctor received his license to practice in 1838.

Dr. Tomkins (M. D., Bishop's, 1901), who received an appointment as one of the resident Medical Officers of the Western General Hospital, has, owing to poor health, been obliged to resign. He went to Europe in July, as surgeon of one of the Beaver Line of Steamships, and returned somewhat improved, but not quite well. His friends hope that rest in his country home will bring him back to perfect health.

PUBLISHERS DEPARTMENT.

Whether Mr. George Horton's new story, "The Tempting of Father Anthony" (A. C. McClurg & Co.), is to take a place among the "100,000 copies" successes, is yet to be seen, but the fact remains that in the second week of its publication the demand for it was so great that its publishers were entirely unable to supply it, and second and third large editions followed each other rapidly on the presses. The book has not been pushed by sensational methods of any kind, and the interest in it is an entirely healthy one inspired by the unusual merits of the story.

Mr. Seton-Thompson's books set people to thinking about the attitude of modern civilization towards wild animals. "Lady Lee," a remarkable book published by A. C. McClurg & Co., seems destined to serve the same purpose for our more familiar domestic pets. The author was the late Hermon Lee Ensign, who will be remembered for his activity in humane work. So strongly did he feel on the subject that every story in his book carries a powerful appeal for a larger humanity toward brute creation. "Lady Lee" marks another step in the forward movement inaugurated by the publication of "Black Beauty" some years ago.

SANMETTO IN FREQUENT MICTURITION AND NEPHRITIS FOLLOWING LA GRIPPE.

I used Sanmetto in a case of a man seventy-eight years of age recovering from La Grippe, troubled with frequent micturition and chronic nephritis. The result of the agent was completely satisfactory. Have used it since in cases of irritable bladder with pleasing results.

A. BLODGETT, M.D.

Benecia, Cal.

A WORD OF PRAISE.

It gives me pleasure to say a kind word for Sanmetto—it surely deserves praise. I have been using Sanmetto in all affections of the genito-urinary tract, and it is by far the most reliable and *unfailing* agent of its class known to me in thirty-one years' experience as a medical practitioner. *Vivat* Sanmetto!

H. D. GUIDRY, M.D.

Scott, La.

THE BRYAN RATIO OF 16 TO 1.

S. F. Wehr, M.D., of Belleville, Ill., late surgeon to U. S. A., writing, says: "For upwards of ten years I have been using and prescribing Sanmetto for almost all kinds of genito-urinary troubles. I have never found anything its equal. In chronic cases of gleet it cannot be excelled. In all kidney troubles its action is fine, relieving the backaches, etc. I could not get along without keeping it upon my dispensing shelf. Hundreds of empty bottles are in my cellar I would exchange for filled ones at the Bryan ratio of 16 to 1. So much for Sanmetto."

SANMETTO IN HYPERTROPHIED PROSTATE AND IN IRRITABILITY OF BLADDER.

I put Sanmetto to a very thorough trial, thinking as I prescribed it, "now I will see." I had a case, an old gentleman suffering from hypertrophied prostate of long standing—had been giving "elix, saw palmetto comp.," etc.—substitutes of Sanmetto I take it, but with little benefit. Had advised castration as only method of relief. But to my pleasure, I may say surprise, I noticed some little benefit following administration of a bottle of Sanmetto. Bought another bottle, 8 3/4, gave that, and am giving it now with *decided* benefit. I gave another bottle of it to a patient who had been taking huge doses of kissengen and vichy salts for obesity, on advice of another physician, until he had produced an irritation of his bladder almost beyond endurance. Two days' treatment with Sanmetto relieved him nicely, and a tablespoonful per day now controls it. I shall in future use only the "real thing." No more substitutes of Sanmetto for me.

EDGAR I. BRADLEY, M.D.

Elkhorn, Mont.