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# THE MARITIME MEDICAL NEWS

A MONTHLY JOURNAL DEVOTED TO  
MEDICINE & SURGERY

VOL. XVIII HALIFAX, NOVA SCOTIA, FEBRUARY, 1906.

No. 2

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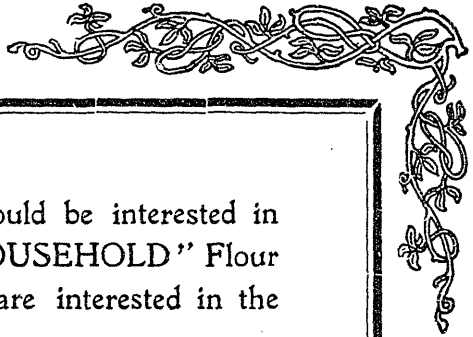
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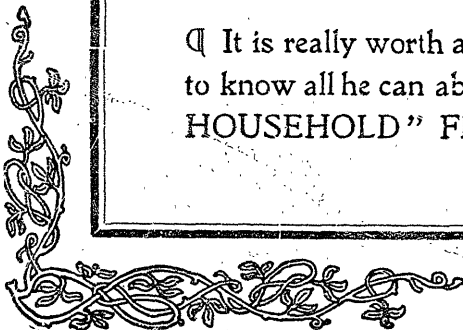
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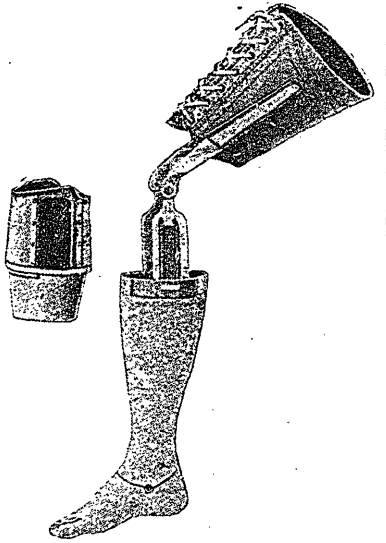
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J. W. Daniel, M.D., M.R.C.S.	St. John, N.B.	W. H. Hattie, M.D.	Halifax, N.S.
Murray MacLaren, M.D., M.R.C.S.	St. John, N.B.	R. Macneill, M.D.,	Charlottetown, P.E.I.
James Ross, M.D.,		Halifax, N.S.	

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# THE MARITIME MEDICAL NEWS

VOL. XVIII., FEBRUARY, 1906, No. 2

**Prevention of Consumption.** The Sixth Annual Meeting of the Canadian Association for the Prevention of Consumption and other forms of Tuberculosis, will be held in Ottawa on Wednesday, March 28th, 1906. His Excellency, the Governor-General, will occupy the chair at the evening session. Dr. Richer, of Montreal, will give "A Lantern Demonstration with a talk on the Exhibited Subjects."



**Alcohol in Patent Medicine** Analyses conducted by the United States Department of Internal Revenue have shown that a number of popular patent medicines contain an excessive proportion of alcohol, and consequently a special tax has been imposed upon them. Among the preparations which have thus been classed are Atwood's La Grippe Specific, Hostetter's Stomach Bitters, Kudros and Peruna. Altogether eleven "remedies" are affected by the order.

Document No. 34, of the Massachusetts State Board gives the proportion of alcohol contained in 36 patent medicines. This ranges from 12 to 47.5 per cent. In only 14 of the preparations is the percentage less than 20, while in 12 it is more than 25 per cent.

**Football at Harvard.** The recent agitation favoring radical changes in the rules of American football has brought forward a very interesting summary of football injuries received by the Harvard squad during the past year. On glancing at this summary one is amazed to find that from Sept. 12th to Nov. 25th, 1905, over eighty per cent. of the men engaged received some injury necessitating at least a temporary retirement from the game. With these figures before us, can it be any wonder that the thinking men of the country are advocating changes which will make the play less dangerous. A comparison of English and American football discloses the fact that the former is healthful, invigorating play; the latter dangerous, exhausting work.



**Pathology of Enteric Fever** Joseph H. Barach, of Pittsburgh, in an article published in the *New York Medical Journal* of Jan. 13th, on the Pathological Physiology of Typhoid Fever, emphasizes the following beliefs:—that typhoid fever is a disease dependent essentially upon the bacteriaemia; that the Peyer's patches and solitary follicles are not the sources from

which the bacilli are sent out into the circulation, but that their marked development is owing to their peculiar histological structure or to some physiological relation that exists between the typhoid bacilli and the lymphoid elements; that perforation with the ordinary pyogenic infection is so much more dangerous than with the pathogenic infection, because to the latter there is already a partial immunity established.

**Dangers of Curettage.** Byron Robinson, of Chicago, (*New York Medical Journal*, January 20th) opposes strongly the use of the sharp curette within the uterus, except in a very few cases, and by the most skilful specialists. There is no gynæcological instrument except the uterine sound that has been so extensively and badly misused as the curette. It has probably caused more suffering and death than any other gynæcological instrument. The injuries of the traction forceps, of the dilator and curette are profound on the genital tract. Curettage produces relief in about twenty-five per cent. only of atrophic and maldeveloped uterus. The damage inflicted by curettage on the other seventy-five per cent. overbalances the relief secured by the twenty-five per cent. The relief secured by curettage in subjects of anæmia, neurosis, malnutrition is largely due to the preparatory and subsequent opera-

tive treatment, and the favorable mental impression. There is no operation in gynæcology that requires greater skill, knowledge of pathological conditions, or extensive experience than curettage. In general, curettage of the uterus is as irrational, unnecessary, and harmful as it would be to curette the nasal mucosa.

**Gonorrhœal Rheumatism.** Gonorrhœal Rheumatism is discussed in the *New York Medical Journal* of Jan. 13th, by Martin W. Ware, of the Mount Sinai Hospital staff. He reports the cure of a gonorrhœal knee joint by Bier's method: and in speaking of the occasional invasion of muscles by the gonococcus reports the following case. A man consulted him for severe pain about the shoulder joint, which was swollen and limited in its range of motion. The posterior axillary fold was tender and infiltrated. Eventually a swelling was detected which became so painful as to call for incision. No pus was encountered, but a turbid serum containing Gram's negative diplococci. The muscles showed all the changes of interstitial myositis. Gonococci were also found in the secretion expressed from the muscle fibres and in sections of the diseased muscle.

This article throws considerable light on a most troublesome affection, the perusal of which will amply repay the interested reader.

**The Relation of the Kidneys to Eclampsia** Philip King Brown writes under this caption in the *Journal of the American Medical Association* for January 13th. From a study of 54,010 birth-records, he concludes that albumin is present in 80 per cent. of normal pregnancies; that albumin and casts are found in 30 per cent. of all pregnancies; that the renal condition is not accountable for the eclampsia which depends upon some extrarenal cause, though there appears to be some connection between the albuminuria and the extrarenal cause; that defective thyreoid or parathyreoid action is to be considered among causal factors; that toxic substances are formed in the placenta which are very likely accountable for eclampsia and possibly also for the headache, œdema, abdominal pain and especially the albuminuria found in non-eclamptic and non-nephritic cases.



**Hidden Intestinal Hæmorrhage.** T. Dutton Steele, of Philadelphia, (*New York Medical Journal*, Jan. 20), finds the Examination of the Stools for Occult Hæmorrhage in cases of suspected gastric ulcer of therapeutical and prognostic value, but says that too much must not be claimed for the test. It must be performed under suitable conditions as to food, and other sources of bleeding must be eliminated. It will aid in determining the length of the various periods of the medical

treatment of ulcer; in detecting the tendency to bleeding during the course of gastric ulcer and in anticipating and preventing serious hæmorrhage; in determining when medical treatment may be considered to have failed and surgical treatment is indicated; finally under certain circumstances in detecting the development of a cancer upon the floor of an ulcer. The bleeding should stop within a week after the patient is placed on a milk diet and rest in bed. As soon as blood disappears from the stools, provided the other symptoms are favorable, the diet may be increased. If bleeding reoccurs it indicates that the diet is being increased too rapidly. Persistent recurrence would indicate that the ulcer will not heal with medical treatment and that surgical intervention is required. Boas says that when bleeding recurs persistently in people beyond middle age, development of cancer upon the ulcer must always be suspected.



**The Resistance to Bacterial Invasion.** J. Jonathan Wright, of New York, theorizes (*New York Medical Journal*, Jan. 20th, 1906) concerning "the Primordial Nature of the Forces Exerted Against the Penetration of Bacteria Beneath the Surface of the Body." Positive chemotaxis, exemplified in the attraction of the spermatozoon for the egg, and negative chemotaxis seen in the phenomenon of bacteria held back



at the periphery of the epithelial cell, are regarded as forms of electro-dynamic force. Many who have studied the phenomena of cell division have been struck with the resemblance of the karyokinetic figures to those made by iron filings in the fields of two poles of an electro-magnet. The processes suggest within the cell some form of electro-dynamics, now recognized not only as the fundamental attribute of all matter, but as the very substance of all matter. If we see so many facts pointing to the existence of intracellular forces of attraction and repulsion, if we consider that this is the fundamental manifestation of all matter, and if we know from biological and chemical studies that it is more pronounced between heterogenetic units of protoplasm than homogenetic, which is in accordance with the results of recent work on immunity in its usually received meaning, we cannot escape the belief that the relation of the bacterium to the epithelial cell can only be investigated in the light of a fundamental knowledge of electro-dynamics. In the general scheme of evolution we must conclude that intracellular activities are correlated with intercellular forces. The epithelial cell in the tonsillar crypt allows harmless inorganic dust to pass through, and arrests the foreign organic protoplasm of bacteria at the surface. This is due to the trans-

mission of those habits of molecular affinity and repulsion which guide nutrition and which govern the determination of immunity and susceptibility.



**Friedreich's Ataxia** Wharton Sinkler reports (*New York Medical Journal*, January 13th, 1906) thirteen cases of Friedreich's Ataxia, all of the spinal cord variety, described by Friedreich. He distinguishes this disease from the so-called cerebellar hereditary ataxia. Of the thirteen cases, three were in one family, three in another, and two in a third, so that the thirteen cases occurred in eight families. In addition one of the patients had a brother who also had Friedreich's disease. There were seven males and six females. The age of onset varied considerably, but there seemed some tendency for the disease to come on at about the same age in the same family. Thus in one family where three were affected, the ages of onset were 2, 3 and 3 years; in one family with two cases the ages were 18 and 19; and in another 18 and 21. The age of onset in the fourth family group is not determinate. Nine of the cases were not over eleven years of age at the commencement of the disease. In one case it is stated that the child had never walked normally. In two cases the onset was at 18, in one at 19, and in one at 21. The knee jerk was absent

in nine cases, present in two, and exaggerated in two; the plantar reflex was absent in five and present in eight; contractures were present in seven; speech was affected in seven; nystagmus was present in nine, absent in four patients. In one family of three patients, all died of pulmonary consumption at ages of 26, 26 and 24. In this family there is now a third generation of three children, all perfectly normal. In families in which there were two or more cases, the type of disease was similar.

**Rheumatism of the Feet.** L. W. Ely, another writer in the *Medical Record*, says that among the patients seeking relief at an orthopedic clinic probably the most frequent complaint is "rheumatism of the feet, yet it might be said with slight exaggeration that an article on this subject should read like the old book on snakes in Ireland: There is no rheumatism of the feet." One of the commonest affections giving rise to pain in the feet is flat foot. Another is anterior metatarsalgia, or Morton's toe. Gonorrhœal arthritis or peri-arthritis of the ankle has often been observed, and the author says that there is a form of gonorrhœal infection characterized by extreme sensitiveness about the sole, to which he gives the name of gonorrhœal foot. The pathology of this affection is still a matter of doubt. Hysteria may simulate

rheumatism of the feet, and tuberculosis of the ankle and tarsus must also be carefully excluded, as any circumscribed persistent, painful swelling in the foot, especially of a child, is to be viewed with extreme suspicion. The sequelæ of fractures, and the pains of late syphilis or of locomotor ataxia must also be kept in mind. Gout and acute rheumatism itself close the list of such affections, and it is pointed out that acute articular rheumatism never leaves behind it a damaged joint. The treatment of these conditions is then briefly outlined, the chief adjuvants required being zinc oxide plaster, plaster of Paris, a few drugs, and some assistance from the bracemaker and shoemaker.

**Trachoma in Children** C. Cole Bradley, writing in the *Medical Record* says that the soft follicular trachoma seen daily in New York school children is often very difficult to distinguish from follicular conjunctivitis. His rule is to classify as follicular conjunctivitis those cases in which the follicles are limited to the lower lids. In these cases they are lightly scattered over the lids in rows and are superficial. When, however, these same benign follicles appear on the upper lids, even without deep infiltration of the conjunctival tissue, the case should be classed as trachoma. Cases that respond to mild astringents in a short time, or to fresh air, better food, and to relief

from errors of refraction are cases of follicular conjunctivitis. When there is doubt, it is safer to separate and isolate. Later, the hypertrophy and consequent shrinking of the conjunctiva will surely appear if it is a true case. In discussing the treatment he says that the general use of sulphate of copper is not altogether harmless, as it may lead to serious cicatricial contractions. The use of 1 per cent. solution of bichloride of mercury is harmless, and is equally good in its curative results as sulphate of copper. Copper citrate is apparently harmless, and is devoid of the objectionable features of copper sulphate. General anesthesia is unnecessary in the operation of expression. Cocaine hydrochlorate applied in solid form, about two grains to each eye, answers every requirement and obviates the necessity of a hurried operation, with its frequent extensive laceration of lid tissue.

**Is Epilepsy Ever Idiopathic?**

In the *Journal of Nervous and Mental Disease* for January appears a contribution by Onuf which is of unusual interest. Wishing to study the blood and gastric functions in a dozen cases of idiopathic epilepsy, he made a careful selection of his subjects, excluding all in whom there was a history which might in any way tend to make the case non-idiopathic. Choosing from the most intelligent class of male

patients in the Craig Colony, only fourteen out of more than fifty cases examined were considered, even upon superficial examination, to be free from non-idiopathic factors. When subjected to a more rigid scrutiny, six out of these fourteen patients were found to present muscular conditions—partly muscular atrophies, partly defective muscular action without clearly demonstrable atrophy. The distribution of the disturbances was fairly definite:—(1) "Wing-like standing off of the scapula, due apparently chiefly to weakness of the trapezius; possibly also serratus magnus, and rhomboideus, and levator anguli scapulae muscles; (2) atrophies of the scapular muscles in a strict sense, namely, infra- and supraspinatus; also occasionally of the deltoids and other muscles of the shoulder joint; (3) lordosis of lumbar spine in erect position, disappearing in sitting position, a phenomenon clearly explained already by Gowers in "Pseudo-muscular Hypertrophy" as due to weakness of the extensors of the hip, causing an inclination of the pelvis forward, and compensatory bending backward of the body; (4) pes valgus; (5) involvement of the facial muscles (two cases only); (6) electrical changes manifested most frequently by a reversal of the galvanic formula, particularly in the deltoid muscles; (7) fibrillary twitchings (two cases)."

These symptoms were detected only on close examination, and

might readily have been overlooked by a less careful observer. It is a question "whether a case of epilepsy thus complicated can be called idiopathic or not. If we have to deal with a spinal form of muscular atrophy, then it would be rather risky to consider the epilepsy as idiopathic. \* \* \* Somehow the more thorough the inquiry and examination the less becomes the percentage of cases to which the appellation 'idiopathic' remains justifiable."

#### The War Against Quackery.

Our good American friends, always on the alert for some fresh diversion, are just now enjoying what threatens to prove a surfeit of investigation into various iniquities. The magazine of this day which does not number among its contributors some daring writer who, with keenly pointed pen, reveals to an astounded and horrified public the profundity of the degradation to which the greed for gain compels men, must find singular difficulty in attracting readers. The "Story of Amalgamated," the exposure of the methods of the great insurance companies, the revelations of the corrupt practices of those in control of civic, state and even national administrations, have followed one another with singular rapidity, and have awakened our cousins to the South to much introspection and questioning as to the future. Just now there appears to be an almost hysterical

desire on the part of fame-seekers to unearth fresh scandal, and the promises of revelations to come continue to send thrills of expectation through the insatiable searchers after excitement.

It is hard to believe that so unseemly a scramble on the part of magazine writers to lay bare the unrighteousness of a nation does not indicate a want of balance which should be taken into account in the final judgment. Too free a play of the imagination may add to the spectacular effect; but surely detracts from the reasonableness of an argument, and we may have suspicion that much of what we read in these "revelations" is coloured far too highly. Yet where there is so much smoke, the existence of some fire may well be suspected, and it cannot be doubted that there is room for improvement in the ways and means by which some of our American neighbours acquire their wealth.

From the physician's view-point, an interesting, perfectly justifiable and highly commendable agitation is that aimed at the sale of proprietary medicines, which has been carried on for some time by several of the better class journals, notably *Collier's Weekly* and the *Ladies' Home Journal*. The articles in these journals have all been moderate in tone, and have been convincing because of the skillful manner in which proofs of the contention have been set

forward. It is gratifying to know that the campaign inaugurated by these excellent journals has created widespread interest, and that already there are ample indications of good results.

And now we have the satisfaction of knowing that quackery in its more vicious phases is being brought under the search light. Some recent revelations of the methods of the "Force of Life Company" have attracted the attention of President Roosevelt, who, with his usual energy and discernment, has adopted what was doubtless the most effective expedient for dealing with such a case. Two directors of the company were arrested, charged with using the Post Office with intent to defraud. In the course of the investigation, so far as it has been conducted, it has transpired that the company has or has had on its directorate several of the leading financiers of the Republic—men who were supposed to be of unquestionable integrity. The names of nearly a million patients appear on the books of the concern, and proof has been adduced of the most shameless and iniquitous abuse of the credulity of unfortunates, to whom impossible promises were made, and from whom were exacted fees and prices

enormously in excess of actual value. Doubtless many other concerns, equally as disreputable, continue to ply their nefarious trade, but it may be hoped that, a beginning having been made, it will not be long before the most objectionable at any rate will be exposed and punished as they deserve.

It is a hopeful sign of the times that a very respectable proportion of the leading magazines now refuse to accept the advertisements of "patent" medicines. Is it too much to expect that the religious periodicals will soon follow suit? Possibly it is even not too venturesome to trust that there is a day coming when members of our sister professions, notably judges and clergymen, will cease to give testimonials to the nostrums so widely advertised. The doctor has a practical interest in all this—though very different in character to that which some unkind people consider, and he foresees in the events of to-day a presage of a healthier and saner race, freed from the temptation to self-dosing to which so many now give way, and which is responsible in no small measure for the "nervousness" and other forms of illhealth so prevalent in our time.



# TRACHEOTOMY AS A REMEDY IN SEVERE WHOOPING-COUGH.

By A. B. ATHERTON, M.D., L.L.D.,

*Surgeon to Victoria Hospital, Fredericton, N. B.*

(Read before Canadian Medical Association, Halifax, Aug., 1905).

ON December 29th, 1903, I was called to see G. B., aged 6 years, who had been suffering from whooping-cough for ten or twelve days, which was becoming more and more severe. During the following week or so I used inhalations of eucalyptus oil and various other remedies with but little effect. During this time the temperature ran from 99.5° to 101°, and he was considerably prostrated by the disease. About every half hour at night the boy was wakened by the attacks of cough.

On Jan. 8th, he complained of a sore throat, and when I saw him the next day I found the tonsils inflamed and a few small white spots scattered over them. I ordered a mixture of chlorate of potash and tincture of iron, and in twenty-four hours the tonsils had cleared off. On Jan. 10th, however, croupy symptoms appeared and became more pronounced in the evening. I therefore, for fear the throat affection had been diphtheritic in nature, gave 3000 units of antitoxin subcutaneously, and began the inhalation of steam from slaking lime. This was done about midnight. During the

ensuing day his breathing continued much the same, but as night approached the dyspnoea became worse and 1500 more units of the antitoxin were administered. I remained with the patient during the night and tried a third dose of 2000 units at 2 a. m. Notwithstanding all this the dyspnoea and struggles of the boy became more and more severe, and at 5 a. m. I was forced to perform tracheotomy. The chloroform was administered by my friend Dr. McGrath, and the nurse rendered other assistance. The operation was done at the patient's home by the light of coal-oil lamps.

As was expected, instant relief was given to the croupy symptoms, while in addition a very marked change for the better was observed in both the frequency and severity of the paroxysms of cough. Whereas the interval between the attacks had been only about half an hour previously, now it was two or three hours, and furthermore they were far less violent and of shorter duration.

I kept up the steam inhalation. Jan. 13, 9 a. m.—The patient has got on fairly well since the

operation, and slept most of last night. The inner tube has been taken out for cleansing whenever required, and the usual aid given in assisting in the expulsion of mucus.

Henceforth the steam is to be omitted part of the time.

5 p. m.—As the lower end of the outer tube seemed to be getting obstructed, I removed it to clean away the inspissated mucopurulent matter which had accumulated there. The breathing still continuing good, I decided to leave it out and see how things would turn out.

Jan. 14.—Respiration has gone on fairly well since the tube was left out, and I therefore did not replace it. Steam stopped.

From this date the opening in the windpipe was allowed to contract, and in about ten days the air and mucus ceased to pass through it. As the aperture grew smaller, and especially after it completely closed, there was some increase in the frequency and violence of the cough, but it never became anything like as troublesome as it had been previous to the operation.

REMARKS.—It will doubtless be said that the proposal of such a measure as tracheotomy for whooping-cough is chimerical, and that it is altogether too heroic a remedy for this disease. But it is only, of course, when medical treatment has had a fair trial and the patient is threatened with death

from the suffocative effects of the cough, that one would think of resorting to it. Certainly the marked relief afforded in the case reported seems to justify its employment in such instances.

It is probable that very few persons have ever had occasion to do tracheotomy for such a complication as laryngitis, seeing that out of a dozen or more works treating of whooping-cough, I find it referred to in only Ziemmsen's *Encyclopædia of Medicine* and in *Twentieth Century Practice*. In the former a very brief reference is made to it. It says that: "In very rare cases croupous laryngitis has made its appearance in the course of the disease and almost always with a fatal result." It does not mention that tracheotomy had been resorted to in the treatment. In the article in the *Twentieth Century Practice* (by O'Dwyer and Norton) it is said that intubation was employed in three such cases, and this was attended by some considerable relief to the cough, and its trial is therefore recommended in grave cases of pertussis as a legitimate procedure. With this recommendation is coupled the advice to use only hard rubber tubes which do not become encrusted with calcareous deposits as the metallic ones do after their retention for three to five days.

At the time I operated on my patient I was not aware that intubation had ever been tried or

recommended in such a case. When confronted with the necessity of giving relief to the laryngeal stenosis I thought of intubation, but immediately dismissed it from my mind because it seemed to me that the tube would not be easily retained in place on account of the violent fits of coughing. Besides, I supposed it itself would be a source of irritation to the hypersensitive glottis, and therefore even increase the frequency of the attacks.

There is no doubt that most of the deaths from whooping-cough are due to the suffocative effects produced by the violence of the paroxysms. The spasmodic stage of the disease becomes most pronounced towards the end of the second week and continues for two or three weeks longer. During this period we get the cyanosis, ecchymosis of the conjunctiva, epistaxis, hebetude, convulsions, etc., which accompany that stage.

Now if we can divert the current of air away from the oversensitive glottis, and at the same time provide another outlet for the escape of mucus, etc., from the trachea and bronchi, it is reasonable to suppose we shall largely remove the exciting cause of the frequent attacks of spasm in that part. Such seems to be the explanation of the good effect upon the whooping-cough which resulted from the tracheotomy in the above case.

It will probably be objected that tracheotomy is itself an operation which more or less endangers life, and may therefore be as serious as the disease.

According to statistics, from five to fifteen per cent. of those attacked by whooping-cough succumb to it, and as the operation is chiefly to be restricted to these in its application, one is justified in taking some risk in doing it. We think, however, this will be very slight in patients from one and a half or two years upwards; provided a fair amount of skill be exercised in the operation, and the after-treatment be conducted properly. In children younger than this the operation is apt to be more difficult and the risk run somewhat greater. Consequently one would be more inclined to hesitate to recommend it in them. Still in desperate cases it might be tried even in these.

In conclusion allow me to call attention to the importance of getting rid of the tracheotomy tube as early as possible in laryngeal cases. I have for many years been in the habit of removing the tube in croup within forty-eight hours after the operation, and I have found that by that time the tissues around the opening have become so hardened that the channel made remains freely patulous for several hours; and by that time it not infrequently happens that the obstruction in the larynx has sufficiently yielded to



permit a considerable amount of air to pass, and when supplemented by that which comes through the tracheal aperture, there will be enough supplied to the lungs to sustain life. If such a favorable result does not follow, one has only to re-insert the tube for twelve to twenty-four hours, and again try leaving it out.

A similar course may well be followed if tracheotomy is used for pertussis, although it is probable that the tube would require to be left in longer in such cases, as the tendency to severe spasm lasts for some weeks.

In the case reported it will be observed that the tube remained in the trachea only thirty-six hours, and its use for that short time was sufficient to save the child from a death due to

laryngitis and also to give great relief to the whooping-cough. The relief to the latter disease was doubtless considerably prolonged by reason of the cough keeping the aperture in the windpipe open longer than usual. During an attack the spasmodic closure of the vocal cords would necessitate the forcible expulsion of the secretions through the tracheal wound, and thereby more or less prevent its healing. For this reason a longer period would elapse after the tentative withdrawal of the tube in the case of whooping-cough before there would be need of its reinsertion; while in many cases the tendency to severe spasm would probably have by that time sufficiently abated to permit of its being permanently dispensed with.



# THE PRODRAMATA OF INSANITY.

By W. H. HATTIE, M. D.,

*Medical Superintendent Nova Scotia Hospital.*

(Read before Canadian Medical Association, Halifax, Aug., 1905.)

SOME years ago a paper, bearing a title very similar to that upon which I now venture, was presented before the Harveian Society of London by one of England's most eminent alienists. The subject was dealt with comprehensively, and so great a variety of symptoms prodromal to mental disease were presented that, it is said, every one who heard the paper went away in a great state of perturbation; every one discovered that he possessed on his own account some of the symptoms indicative of oncoming insanity. In the face of such an experience by one whose fame is for all time established amongst those who favour psychiatry, it surely requires courage as well as presumption in me to come before you with a paper on the prodromata of mental disease.

Lest you fear that you may, like those of the Harveian Society, be stimulated to an unpleasant degree of introspectiveness as my paper proceeds, a disclaimer of evil intent at the outset may be reassuring. There is to be no attempt at exhaustiveness in this paper. It will not venture even a superficial glance at the whole psychiatric field, but will deal

only with the more common forms of mental derangement—those with which the general practitioner is more or less intimately acquainted. And because it is presented by one whose work is done in a hospital for the insane, it must not be regarded as authoritative, for the asylum physician has little opportunity of learning about the earlier manifestations of insanity, which necessarily come under the observation of the general practitioner. As a matter of fact we of the psychiatric specialty, after a long period of observance of our medical brethren who exploit other lines, have concluded that it is time that we too assumed the convenient expedient of poking the responsibility for our ignorance upon some other branch of the profession, and the special reason for bringing my paper into being is to secure an opportunity to call the attention of the family doctor to the splendid opportunity he has of contributing towards our enlightenment by thorough study of early symptoms and careful estimate of their relative importance. The majority of patients coming to institutions for the insane are incapable of giving a reliable account of the development of their

disorders, and the asylum physicians must necessarily depend almost entirely upon the histories which accompany patients. The meagreness of such histories frequently bears testimony, of the silent yet eloquent sort, of lack of interest in mental cases on the part of many physicians in general practice. Yet it is generally conceded that no other illness compares in fatfulness with mental disease; there is none which causes greater distress to friends; none more dreaded or from which recovery is more devoutly to be wished for; and none which more intimately touches individual, family and nation, or which is of greater import from sociologic or economic viewpoints.

When with these facts we have also to consider that insanity is rapidly increasing in civilized countries, and that it is a condition which is often arrested in its incipency, we have surely a sufficient combination of reasons why the general practitioner should regard mental disease as of no less importance than other conditions which he is called upon to treat, and should lead him to a careful study of mental abnormalities.

It is rather a peculiar circumstance that the majority of physicians are especially interested in the one form of mental disease from which there can be no recovery—general paresis. It is very desirable that an early

diagnosis should be made in this disease because of the fact that it often manifests itself in a profligacy which may bring financial ruin to patient and family, or in a moral lapse which may lead to unfortunate legal complications, and cause great mortification to friends. Physical symptoms, especially pupillary phenomena, tremour of lips and tongue, exaggeration of knee jerk and some blunting of cutaneous sensibility, are commonly to be determined very early in the disease, and are of such diagnostic importance that they should always be looked for in an individual approaching the age of thirty-five or forty whose general behaviour has undergone notable change.

It is not generally recognized that the type of general paralysis has undergone considerable variation of late, and that the mental manifestations are often those of nervous exhaustion rather than the expansiveness and grandiosity which have coloured the classical picture of the disease. Frequently there are early complaints of disordered digestion, lack of energy, disturbed sleep, difficulty in concentrating thought, failure in memory and uneasy sensations in the head, which are told with such an air of concern and with such minuteness of detail as to convince the physician that he has a case of neurasthenia to deal with, and should a careful physical examination be omitted the real

condition may be quite overlooked. The danger of this error is increased because of the fact that general paralysis is very prone to occur just at the "neurasthenic age." In some instances the earlier stages of general paralysis are characterized by mental depression, and one might at first think he had melancholia to deal with. The physical symptoms are really the only constant ones in the disease, and they should always be looked for in the first examination of any mental patient. There is perhaps no form of alienation in which it is more desirable to have the patient committed to an appropriate institution at the earliest possible moment. Certain it is that if we are ever to escape from the unvaried fatality with which the disease has thus far confronted us, we must diagnose at the very beginning and institute treatment at once.

Several recent writers have attempted to trace a close analogy between general paralysis and a condition which is especially apt to appear during the years of adolescence—the dementia præcox of Kraepelin's conception. The term dementia præcox is not ideal, but so large a company of authors have heaped their criticisms upon it that there appears to be no further need for abusing it, and so it is accepted for the purposes of this paper. The condition is one which, in its

earlier stages, may present itself in at least two and possibly in three forms, but it is generally characterized throughout its course by a peculiar suspension of emotional activity, and nearly always ends in a state of profound apathy and indifference, rendering the patient quite unfit for anything but institutional life. It is a very common form of mental disorder, including a considerable majority of all cases occurring under twenty-five years of age, and offers an extremely unfavourable prognosis. It seems, moreover, to have been rapidly increasing in frequency of late years. For these reasons, and also because it contributes the greater proportion of the demented to the population of our asylums, it is a variety of mental disease which should receive most earnest consideration.

Just as a blunting of the moral sense may be one of the first signs of general paralysis, so the development of bad habits may be prodromal of dementia præcox. A reasonless depression is also an early symptom in a fair proportion of cases. Lack of attentiveness, frequently recurring dreamy states, and especially failure to show natural affection for and interest in parents and friends, are very suggestive symptoms. A state of depression accompanied at the very onset by vivid hallucinations or confused delusions generally indicates dementia præcox. A tendency to silly

laughter and grimacing, flightiness and weakness of judgment are all more or less indicative of this disease. It is not until the condition has become very advanced that failure in comprehension or impairment of memory becomes noticeable.

Kraepelin limits the use of the term melancholia to cases showing a rather characteristic depression, and which generally appear in the involutional period—either coincident with or following upon the climacteric. Apprehension and depression are constant features, but delusions need not be present, and there may in fact be no intellectual defect until the condition has lasted for a long time. Such patients often suicide in spite of the absence of delusions; a fact which is attested to by a long list of self-ended lives. The early recognition of the disorder is consequently of great importance. Amongst the symptoms which first become manifest, certain sensory symptoms deserve consideration. One of these is headache, or perhaps more correctly a peculiar distressing sensation which is usually persistent and not relieved by sleep, which is often accompanied by variously described paræsthetic sensations and sometimes by vaso-motor disturbances, and which has often associated with it a feeling of weariness and incapacity, and an indefinable fear. Insomnia is another early symptom, which,

while by no means limited to melancholia, is especially important in connection with this disease. It should always receive most careful attention. Loss of muscular tone, with a feeling of weakness and a flabby state of the muscles, class amongst the prodromal symptoms of melancholia, and constipation—frequently of a most obstinate type—is extremely common. Digestive disturbances with consequent nutritional defect and loss of weight often coexist. The mental symptoms appear gradually as a rule, and slowly increase in intensity. Some emotional depression may be noted early, but memory remains good for a long period, and the patient is frequently able to talk intelligently and usually without manifest effort during this time.

In the forms of insanity which tend to recur, there is offered an especially good opportunity for studying the early symptoms. The recurrent manias and the recurrent melancholias of the older writers have, with certain other psychoses, been grouped by Kraepelin under the term manic-depressive insanity. The applicability of this term becomes apparent to anyone who has had an opportunity of studying several attacks of mental disease in a single individual, for it is found that each attack presents features of its own, that some are especially characterized by exaltation, others by depression, while still others

show an admixture of exaltation and depression, and yet, as far as can be determined, the pathologic condition is the same in each instance. The symptoms premonitory of either phase of this psychosis may be divided into objective and subjective. Among the objective symptoms which often indicate the advent of a maniacal attack may be cited unusual alertness, quickened muscular reaction (especially indicated in unusually rapid play of the muscles of facial expression and of gesturing), a tendency to over activity, and often an improvement in the general "set-up" of the individual. There are sometimes attacks of muscular twitching, sometimes tremour—especially when finer movements, such as those of writing, are attempted, and very often an unusual degree of loquacity. Subjective symptoms of an approaching manic attack include a feeling of unusual well-being, a desire to be occupied, widened and increased interest in the affairs of life, and apparently lessened need for food and sleep. These symptoms may be present for some time without there being any noticeable flaw in mental action; in fact, the period may be one characterized by exceptionally good mental work. But if they are abnormal to the individual, and especially if there be predisposition to mental disease because of heredity or a previous attack, they are strongly presumptive of oncoming excitement.

While, in a general way, objective symptoms predominate before an attack of excitement, subjective—or in other words sensory—symptoms are most prominent in antecedence of depressed states of mind. A series of symptoms may precede the depressed phase of manic-depressive insanity which correspond very closely with those which have been described as premonitory of melancholia. Comparative youth, a bad inheritance, and especially the history of a previous attack of mental trouble, point to the depressed phase rather than to melancholia, and an early appearance of indecision and of loss of capacity for effort add to the likelihood that an attack of the depressed phase of manic-depressive insanity is impending.

Many attacks of mental trouble have their incidence in an attack of acute bodily illness. The various febrile psychoses, and some of the cases of collapse delirium, etc., are especially to be thought of in this connection, but an attack of manic-depressive insanity, melancholia, or dementia præcox, may be determined in this way. The infectious diseases are most likely to be followed by mental disorder, and typhoid seems to be particularly apt to leave behind it a mental warp. Sometimes the mental symptoms so obscure the clinical picture that the underlying general disease may be overlooked. Psychological enfeeblement in the spheres of

comprehension, thought, memory, emotion and action suggest a coexisting physical condition making its damaging influence felt in all these directions, and it is especially associated with an acute infection that such mental symptoms are found. Occasionally mental symptoms may really antedate other symptoms of an acute febrile process.

My paper is intended to be suggestive. Enough has been outlined to show that, even with our present knowledge, the watchful family doctor may often be able to detect mental disorder in its incipency—when the greatest likelihood exists of improvement

under treatment. Of course in estimating the importance of prodromal symptoms, one should give full value to the natural temperament of the individual. In a predisposed individual, such symptoms as have been noted may be of the most serious import, while in one whose family history and personal past are good, they may mean but little. It may at times be very difficult to determine when one has to deal with prodromata and when with an actual attack. Much observation will be necessary before our knowledge will have attained anything like a satisfactory degree of accuracy.



# SOME COMPLICATIONS OF PREGNANCY TREATED SURGICALLY.\*

By FRANCIS D. DONOGHUE, M. D.,

Boston, Mass.

WITHIN comparatively few years, our knowledge of appendicitis and neoplasms, complicating pregnancy, has been considerably increased.

Surgical interference has also been encouraged by the attitude of obstetricians toward "operative delivery" in cases which may be called, from the surgical standpoint, uncomplicated. This is on the increase, especially in large cities, and, undoubtedly, tends to encourage surgical intervention in a growing list of obstetrical conditions. The practitioner, who has seen the development of "surgical trusts" under the name of "hospitals," hesitates when he considers what his financial end is to be if he further countenances the fallacious idea that patients cannot be successfully treated at home.

On the other hand, the desire for personal consideration and to remain at home, if possible, is still strong among those who have not contracted "the hospital habit."

With the large number of competent operators who desire only fair remuneration for services rendered it rests with the general

practitioner whether or not he will lose the best part of his practice among the great middle class as he has lost it among what may be considered the opulent poor and the economically inclined opulent.

The value of recognizing deviations from the normal early in the conduct of these cases cannot be overestimated; acting with conservative promptness in the presence of dangerous complications will save many lives, both fetal and maternal.

Surgical interference is more important in certain conditions in the pregnant than in the non-pregnant.

## Appendicitis.

Appendicitis frequently complicates pregnancy. The condition of obstinate and continued constipation which is so frequent during pregnancy must be looked on as a predisposing cause.

There is but one point in the diagnosis which I wish to emphasize: If there is cessation of pain without amelioration of local signs, operation is indicated at once.

The relief of tension brought about by perforation of the appendicular wall will be followed,

\* Extract from the Journal of the American Medical Association, February 25, 1904.



in a few hours, by an increase in the infected area, making the results of an operation more doubtful.

Pain in the right iliac fossa, which increases as the uterus enlarges and pushes up out of the pelvis, should be looked on with great suspicion. Especially is this true of cases in which abortion comes on, following such pain.

A history of one or more such abortions should suggest surgical interference, even if the physical signs do not point definitely to the appendix.

### **Ovarian Tumours.**

Tumours of ovarian or tubal origin are dangerous from their position, obstructing delivery, from torsion of the pedicle in the case of the former, or from inflammation.

A differential diagnosis between ovarian, tubal or uterine tumours, if the tumour is low down in pelvic cavity, is often difficult or impossible.

Extrauterine pregnancy presents such a varied clinical picture that it never can be excluded in making a diagnosis.

### **Fibroids.**

When pedunculated, fibroids closely simulate ovarian tumours, and are liable to the same kind of accidents, while subperitoneal or interstitial fibroids may cause trouble in various ways. Change in the tumour itself, or in its relations, and the cardiac, vascular

and nephritic changes which take place with tumour development, all make for early operation, at least during the child-bearing ages.

Fibroids present in a uterus after the age of 40 may give rise to symptoms which are sometimes attributed, before operation, to an increase in size or to a change in the character of the uterine growth. Operations have been repeatedly done under these conditions, and a pregnancy found as the basis for the apparent lighting up of the growth.

One case of mine was of this character, and there appears to be no way surely to escape from this error in diagnosis.

On moral grounds, the induction of labour early in pregnancy has no justification whatever. It is fully as serious as the performance of an operation to relieve the condition which complicates the pregnancy, and in the great majority of cases the pregnancy will continue to term.

### **Conclusions.**

When there is a history of a well-marked attack of appendicitis in a young woman, operation should be performed as an antecedent to marriage.

With well-made, acute symptoms, referable to the right iliac fossa, in the presence of pregnancy, operate at once.

The same treatment should be applied when there is gradual increase of marked discomfort in the same region.

Operation should be advised, prior to marriage, if tumours of the uterus or appendages are known to be present.

The treatment of ovarian or uterine tumours, not recognized until pregnancy has occurred, should be governed by the con-

ditions existing in the individual case.

At or near term, an operation may be performed which will remove the condition, and, at the same time, permit the delivery of the child.

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## THE ANTISEPTIC BABE.

BY EDNA KINGSLEY WALLACE

We can sterilize his bottles, we can boil his little mug,  
 We can bake his flannel bandages and disinfect the rug  
 That envelops him when he partakes of medicated air ;  
 But there's one impossibility that leaves us in despair—  
 And a not unjustifiable one, you will allow—  
 To wit : we fear 'twould never do to sterilize the cow !

So we feed the baby Medicus's hygienic dope,  
 And we wash his face with germicidal antiseptic soap,  
 And we brush his little toofums—or the place where they will be—  
 With diluted glyco-thymoline, most sanitari-lee ;  
 Then despair to see a milky effervescence supervene  
 On a countenance which heretofore was surgically clean.

Thus, although we strive to conquer every septic circumstance,  
 Yet we greatly fear a ghastly mischance ;  
 For albeit, we bake and boil his things, and scrub and soak and souse,  
 As if in his anatomy forever keeping house,—  
 The recklessness with which he sucks his vagrant tiny thumb  
 Imperils much his precious antiseptic little tum.

We are careful of his hours, we are thoughtful of his toys ;  
 We are mindful of his sorrows, and judicious of his joys ;  
 We are prayerfully considerate of needful declipline,  
 Of our little " Mother's Handbook " and the precepts writ therein ;  
 And we strive to render sterile all designed for mouth or tum,  
 But one frightened danger menaces—we cannot boil his thumb,

—*Harper's Magazine.*

# INJURY FROM GUNPOWDER INVOLVING BOTH EYES.

By H. H. McNALLY, M. D.,

Frederickton, N. B.

NOT as a specialist in eye work do I report this case, for I am a general practitioner.

On the 12th of July last I was called to Gibson, a distance of one and one-half miles from my office, to find a boy, by name Loriston Estabrooks, fifteen years of age, blackened and burned and apparently blind from the explosion of gunpowder.

Having bored a hole in a block into which he had poured several ounces of gunpowder, plugged this with paper, driven in a plug of wood and set fire to the paper. Not igniting as fast as his liking demanded, out he pulled the plug and off went the powder while he was peering into the hole, therefore receiving the full force of the explosion in the face and eyes.

His eyelashes and eyebrows were burned off as well as some of the hair on his head. His forehead, nose and cheeks were as black as charcoal. The whole surface of the eyeball was as black as his forehead.

What was I to do? Prevent as much disfigurement as possible, and uncover some of the iris if nothing more, that the oculist might later on do an iridectomy and give light.

With these ends in view I began my task and at once found the whole conjunctival surface of the eyeball cooked. Under cocaine it was dissected, the powder of course lifted off with it. After completing one I thus treated the other. The same method was applied to the face, but to clean this it was necessary to scour off every bit of blackened epidermis, and then this lotion was kept applied: Calamine, Zinc Oxide, of each  $2\frac{1}{2}$  drams; Glycerine, 4 drams; Aq. Calcis, 4 ounces; Hydrogen Peroxide add to 8 ounces.

It is very gratifying to know that this removed every blackened spot in the skin; there is not now a particle of discoloration.

I did not bandage the eyes fearing the formation of adhesions. When in much pain morphia internally was administered, and to the eye was applied a 2% solution of cocaine. Liquor atropia, 2 grains to the ounce, was applied twice daily. The secretions were washed away often with boracic lotion. Later on an ointment of ung. hydrarg. ox. flav., one grain to the dram, was applied to lids several times daily.

The boy now sees out of both eyes; one pupil is partially obstructed by a white scar, but he is able to work in a cotton mill and play ball as well as any boy.

# THE USE AND ABUSE OF ANALGESICS.

CHAPTER III of the special article of The Physician and the Pharmacopœia treats of analgesics, one of the most important and at the same time most misused classes of drugs in the whole materia medica. The importance of a thorough acquaintance with these remedies is obvious, and the impropriety and danger of the use of nostrums containing them without regard to the special needs of the individual case is emphasized. The danger of forming the opium habit, from even a short use of the drug, is well known and other agents are only a little less harmful, if at all, yet there are few physicians who duly appreciate the extent of such addictions, and how much the nostrum makers profit by them. In administering these drugs they should be disguised as far as possible, and this is more readily accomplished with the deodorized preparations. For convenience, these remedies are divided into five groups: the opium, atropin, acetanilid, chloral hydrate and bromid groups, the first three being more properly analgesics and the last two soporifics, though the distinction is not an absolute one. The different preparations of opium are taken up separately, and it is remarked that the deodorized tincture is far superior to all the nostrums. Of the alkaloids, apomorphin as a hypnotic, in  $1/30$  grain doses, is said to have the advantage of not

producing a drug habit. Cannabis indica is a comparatively unimportant member of the opium group as here considered, but special mention is made in this connection of the extravagant claims made for the nostrum bromidia, which is one of the bludgeon type of hypnotics that may be very dangerous if used as advised by the manufacturers, on account of the chloral hydrate content of fifteen grains to the dose directed to be repeated hourly if needed to produce sleep. The atropin group includes the crude drugs yielding the mydriatic alkaloids. Atropin is of value in combating pain mainly when it is of spasmodic character, and if the drug can be applied directly to the nerve terminations of the affected part. In lead colic this can be accomplished by the internal administration of belladonna, preferably a pill of the extract coated with salol or keratin to insure its passage through the stomach without dissolving. The use of scopolamin as an anesthetic is mentioned, but the opinion is expressed that its application in surgery must obviously be very limited. None of the mydriatic alkaloids should be used as soporifics except in case of urgent need as the benefits may be more than offset by their disadvantages. Hyoscin and hyoscyamin are of little use in relieving pain, hence they can hardly be considered as analgesics.—

*Journal A. M. A., January 13.*

# FROM THE MEDICAL PRESS.

## The Medical Relations of Mouth Conditions.

**D**UNCAN BULKLEY, New York, remarks that in the course of his dermatologic practice he has had frequent occasion to note oral conditions, and has become much interested in the subject. The importance of proper mastication is emphasized and incidentally he emphasizes the very great advantage of thorough mastication in seasickness. The remarkable vitality of the oral tissues is also noted, and is explained in part by the character of the saliva, which is affected to a very large extent by various bodily conditions. We must look, therefore, to the constitutional condition of the individual as modifying the saliva, or soil in which the micro-organisms of the mouth are bathed, for the cause of many of the disorders that may affect the parts. Any diminution of vital resistance has its effect on the structures of the mouth as elsewhere. Dyspepsia is a fertile source of mouth trouble, as constantly observed in the case of so-called "canker sores" and dental decay may follow and vary with the condition of the stomach. Bulkley has also often noticed the effects on the gums and teeth of the acid state associated with gout, rheumatism, and rheumatoid arthritis, and has seen Rigg's

disease markedly benefited by a purely antacid treatment. He asks why should not dentists more often seek the aid of a physician in some of these cases. Syphilis, of course, is the most frequent cause of buccal lesions, and it is very important that dentists should be able to recognize the effects of the disease in this location. This is a matter on which he had before addressed the dental profession, and he repeats his warning here. Aside from canker sores due to disordered digestion, leucoplakia is probably the next most frequent diseased condition found in the mouth, usually in men and principally in those who have used tobacco. It is comparatively harmless, though it may be the starting point of epithelioma if injudiciously treated, but it is often perplexing on account of its resemblance to the lesions of syphilis, and many a patient has been long under needless specific treatment because of this innocent local affection. Epithelioma is the most important disease of the mouth, as elsewhere, and here the dentist can be of service in many ways. In many cases, it is started and kept up by irritation by ragged, decayed teeth or by amalgam fillings, and these should be sedulously looked to and corrected. With any suspicion of epitheliomatous condi-

tions, competent medical counsel should be advised, and any needless procedures avoided. Lupus sometimes affects the mouth, but it is so rare in this country as hardly to need consideration. Localized tuberculosis, however, is not so rare, and is often mistaken for syphilis. Patients should be warned against neglecting this. Lastly, Bulkley mentions the reflex disorders due to bad or to imperfect teeth, and the frequent need of the dentist's assistance in such cases, also the derangements of digestion and nutrition due to imperfect oral antisepsis.—*Journal of the American Medical Association.*

#### The Perils of Being Shaved.

At the Marylebone County Court on Monday, a case of some moment to men who shave, or are shaved, was heard before Judge Self and a special jury. The plaintiff, a male nurse, claimed damages from the proprietor of a hairdresser's shop in West London on the ground that whilst he was being shaved he contracted a skin complaint. The defence was that the plaintiff did not suffer from the complaint, and on his behalf an assistant was called, who said that sometimes carbolic acid was used as an antiseptic. He added that he did not use it, "because it was not obligatory," but only used hot water and soap. Another witness for the defence was a member of the House of Commons, who stated

that he had often been shaved at the shop in question, and intended to continue the practice, a remark which prompted the plaintiff's counsel to ironically wish him "A Happy New Year." A second barber having mentioned that "he had separate mugs for his less cleanly customers," and "that some fussy people kept their own mugs," the judge submitted the case to the jury to decide, mentioning that it was one of peculiar interest to him, because he himself was in the habit of visiting barbers' shops. The jury found for the plaintiff, and awarded him £15 damages. Possibly the plaintiff's success will help to teach a much-needed lesson to a large class of persons who have it in their power, by carelessness or wilful neglect, to propagate infectious and loathsome maladies. The safest thing is for a man to shave himself, but if he pays someone else to do it for him he ought not to be exposed to the risk of contracting skin disease. It is easy and inexpensive to keep razors, brushes, and mugs in a clean state; and no one who cannot do this is fit to pursue the calling of a barber. We are afraid, however, that the inspection by experts of the conditions under which the average knight of the razor carries on his trade would result in revelations sufficient to frighten away most of the customers.—*The Hospital.*

### Animal Remedial Preparations.

J. W. Wainwright contributes an exhaustive paper in the *Medical Record* on the various glandular and other animal extracts which have lately come into use in therapeutics. He says that the striking effect of thyroid extract in myxedema is an ideal illustration of Brown-Sequard's theory, and this preparation has received the greatest amount of study. Different observers still hold conflicting theories in regard to its action, but thyroid extract has been used with more or less success in myxedema, operative myxedema, exophthalmic goiter, and obesity. Several cases of cure or improvement have been reported of diabetes mellitus, eczema, and even in hemiplegia. It is claimed also to render more active the process of bone formation, and is, therefore, useful in fractures. Thymus gland or its extract has given somewhat similar results, except that it does not stimulate the heart or cause increased metabolism. It has been given with good effect in rachitis in doses of as many grams of the fresh gland as the child is months old. The object is to substitute the gland extract for the deficient internal secretion, while at the same time the general health is improved. Suprarenal therapy is then discussed at length, its various applications being described in detail. The author says it is probably the best hemostatic known, as it acts by contracting

the small arteries, and has no chemical or other effect on the blood, non-irritating, and does not form a clot. Pituitary gland has been used with good results in acromegaly and paralysis agitans. Spleen extract is employed in Hodgkin's disease, anemia, and all diseases with enlarged spleen. Hepatic and parotid extracts, pepsin and pancreatin, renal and nerve extracts are also described, and their uses indicated, as well as testicular, prostate gland, mammary, and ovarian extracts.

### Some Facts Concerning the Early Diagnosis of Pulmonary Tuberculosis.

John H. Pryor in the *Medical Record* states that as a result of observation and experience gained while acting as the first medical superintendent of the New York State Hospital for the treatment of Incipient Tuberculosis, his conviction that pulmonary tuberculosis is rarely recognized at an early and proper time for successful treatment, has been decidedly strengthened. This conclusion is corroborated by the fact that the hospital, which was created under a law providing that only incipient cases could be admitted, has never contained more than one-third of the number of cases that could be accommodated. The following definition of incipency or favorability was agreed upon by a committee of the National Association for the Study and

Prevention of Tuberculosis: Slight initial lesion in the form of infiltration limited to the apex or small part of one lobe. No tuberculosis complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbances or rapid loss of weight) Slight or no elevation of temperature or acceleration of pulse at any time during twenty-four hours, especially after rest. Expectorations usually small in amount or absent. Tubercle bacilli may be present or absent." Inquiries submitted to a number of sanatoria in the United States to learn the per cent. of incipient cases received, as thus defined, reveal the fact that the average percentage of all patients under treatment which could be designated as early and favorable varies from two to thirty. An analysis of all cases treated at the New York State Hospital shows that sixty per cent. were received. In attempting to account for this state of affairs the author says that one reason is that the patient does not seek medical advice early enough. This is

especially the case among the poor, who also often receive incompetent counsel when they do go to a physician or dispensary. Another reason is the faulty education in medical schools and the recent tendency to give prominence to laboratory methods at the expense of the skill in the clinician. The classical symptoms almost invariably presented in combination, are loss of appetite, chlorosis or anemia, loss of weight, cough, with or without expectoration, hemorrhage, and fever. It is extremely rare that all of these are associated at an early time. They are apt to be present at a later stage. This is particularly true of patients who have had rest, nourishing diet, and open-air treatment. Many times, under these conditions, few or no symptoms are apparent, and yet the disease may be progressive. The author also discusses at length the physical examination of the chest and points out the necessity for painstaking examination of the patient with the clothing removed to the waist.





## SOCIETY MEETINGS.

### British Medical Association.

(Halifax and Nova Scotia Branch.)

HALIFAX MEDICAL COLLEGE. JAN. 17TH, 1906.—

Regular fortnightly meeting was held, the President occupying the chair.

After routine business a letter was read from Dr. E. C. Dent, Secretary of the American Medico-Psychological Association, acknowledging receipt of branch's invitation.

Dr. A. P. Reid reported for the committee appointed at a previous meeting to confer with him concerning "The Health Act." He read an abstract of the proposed Health Bill as amended.

The report was on motion accepted and endorsed, and it was resolved that the same committee support the proposed bill at the next session of the Legislature.

Dr. A. C. Hawkins showed three cases of trachoma from S. S. Numidian, emigrants who had been ordered deported as incurable by the authorities.

Dr. Goodwin spoke of a case which he had encountered, showing phlebitis involving the internal saphenous vein, and an eruption of papules and pustules along the course of this vein, the whole condition following an attack of pneumonia. The pustules had, on examination by Dr. L. M. Murray,

been found to contain pneumococci and staphylococci.

Dr. Ross, in discussing this case, remarked that the history and arrangement of the eruption was very suggestive to him of herpes zoster.

Drs. L. M. Murray and Watson also discussed the case.

The regular programme for the evening, "A discussion on Immunity," was then taken up.

Dr. L. M. Murray dealt with the historical and theoretical phases of the subject. He reviewed in brief the various theories of immunity leading up to Ehrlich's side chain theory, of which he gave a very lucid explanation by means of diagrams, etc.

Dr. Doyle followed, presenting the status and progress of serum therapy at the present time.

Dr. G. M. Campbell referred to Metchnikoff's phagocytosis theory.

Drs. Reid, Trenaman and Eagar also contributed to the discussion, at the conclusion of which the meeting adjourned.

NOVA SCOTIA HOSPITAL, JAN. 31st.—Regular fortnightly meeting. After routine business the President introduced Dr. H. K. McDonald of Lunenburg, who read a most interesting and well prepared paper on "Cerebro-Spinal Meningitis, a brief account of the epidemic in Lunenburg in 1905."

Dr. D. A. Campbell opened the discussion. He considered Dr. McDonald's to be the only authentic report on the subject in Nova Scotian history. He recalled the epidemic which occurred in Halifax at or about 1871. There were not many cases at this time but the mortality was high, over 60%, and there were many poor recoveries. Many adults were affected, and such cases were especially fatal.

With regard to the Lunenburg epidemic, Dr. Campbell stated that he was not thoroughly convinced as to the diagnosis. He held that the possibility of the epidemic having been one of acute anterior poliomyelitis had not been excluded. The midsummer occurrence, the low mortality, and the sequelæ rather favored the latter view.

Dr. Campbell cited some of the features recorded by Caverly in the *N. Y. Medical Record* of a similar epidemic in Vermont in 1884, which had finally been diagnosed as acute anterior poliomyelitis.

Dr. Eagar continued the discussion dealing with some of the points of difficulty in the diagnosis of sporadic cases.

Dr. King thought that the diagnosis of cerebro-spinal meningitis was more likely the correct one, certainly so in those few cases where the diplococcus intracellularis of Wiechselbaum had

been demonstrated. He thought that typical symptoms of acute anterior poliomyelitis might be set up by the involvement of the anterior cornua either with the diplococci themselves or with their toxins.

Speaking of treatment, he recalled an unquestioned case where repeated lumbar puncture had done much good, and, in general, he had observed that this measure had been followed by improvement of two or three days at least.

Dr. Stewart referred to an epidemic recently reported as occurring in a valley in Switzerland, whose features were, he thought, somewhat similar to those of the epidemic under discussion.

Drs. C. D. Murray, H. P. Clay and others also contributed to the discussion.

Dr. McDonald in reply to the discussion, mentioned that Drs. Shirres and Finley of Montreal, who had made some observations of the epidemic, thought that the resemblance between the cases and acute anterior poliomyelitis might be due to the extension of infection to the anterior cornua, as had been brought out in discussion by Dr. King.

A cordial vote of thanks was tendered to Dr. McDonald before adjournment.

The members were then kindly entertained to a supper by the President.

**St. John Medical Society.**

OCTOBER 11, 1905—The President, Dr. Barry, in the chair.

The first meeting of the session was held on this date, and an address was given by the President. He discussed the various ways of interesting members and how to obtain successful and profitable meetings. Suggestions were made as to the most suitable form of programme for the winter months, and he advised that the stereotyped paper, to a considerable extent, be avoided. Its place could be taken by clinical evenings and discussions.

After adjournment the Society was entertained by the President in a very pleasant manner.

OCTOBER 18—The Vice-President, Dr. Lunney, read a paper on the "Treatment of Diphtheria." The importance of early and liberal doses of antitoxin was well pointed out.

OCTOBER 24—Dr. Inches read an account of a meeting of the medical profession held 80 years ago at St. John, when the Faculty of Physicians and Surgeons of New Brunswick was duly formed.

Dr. Emery exhibited a specimen of hydatiform mole and gave a history of the case.

NOVEMBER 1—The Secretary, Dr. Pratt, read a paper on "Cocaine," what it is and the uses to which it is put. More especially the following points were considered: the dangers from ab-

sorption, the danger of the habit, and the difficulty in keeping a solution free from germs and fungi.

NOVEMBER 8—Dr. G. A. B. Addy gave an account of a recent visit to the hospitals of Boston and New York, and referred to the operations and technique observed at these institutions.

NOVEMBER 22—Dr. Scott read reports of several cases of nephritis and then discussed the pathology and diagnosis of chronic Bright's disease, with special reference to the cases quoted.

DEC. 6—Dr. Gray in the Chair.

A paper, "Points in the Treatment of Puerperal Woman," was read by Dr. Thos. Walker.

Among various points which were considered may be mentioned: the use of ergot in the third stage of labour, the proper means of asepsis, the use of the binder, the treatment of after pains, the use of the douche and the length of time proper to keep the patient in bed.

A full discussion followed, and was taken part in by all the members present.

DECEMBER 13—The President, Dr. Barry, in the chair.

A discussion on "Typhoid Fever" was introduced by Dr. Pratt.

In the discussion Dr. McCully referred to abscess as a sequela which may be quite obscure for a time.

Dr. McIntyre spoke of several cases of abortive typhoid which he had seen recently.

Dr. Addy and the President spoke of the unsatisfactory character of the Widal reaction.

Dr. T. D. Walker used phosphate of soda as a laxative and referred to a recent case of intestinal perforation.

JANUARY 10, 1906—Dr. P. R. Inches in the chair.

Dr. Loggie read a paper on "Appendicitis," and dealt especially with the symptoms, pathology and diagnosis.

JANUARY 17—The President, Dr. Barry, in the chair.

The Society determined that the evenings should be alternately devoted to papers and discussions. The discussion on Dr. Loggie's paper was concluded.

JANUARY 24—A discussion on "Alcohol as a Food" was opened by the President.

Dr. T. D. Walker thought alcohol of use in failure of digestive powers, and deplored the use of large quantities of alcohol in proprietary medicines. Hot liquids were as good as alcohol in counteracting cold.

Dr. G. A. B. Addy found alcohol of use in the late stages of pneumonia.

Dr. McIntosh considered alcohol very beneficial in wasting fevers.

Dr. Gray quoted statistics against the use of alcohol as a food.

Dr. Corbet referred to the formation of fibrous tissue after its prolonged use.

Dr. Pratt spoke of the obesity of beer drinkers.

JANUARY 31.—Dr. McMurtry showed an interesting specimen of gun-shot wound.

Dr. McMurtry then read a paper on "Cerebral Hemorrhage" in which he discussed the various forms, the diagnosis from thrombosis and its prognosis. Unfavourable signs were rapid pulse, rise in temperature, Cheyne-Stokes respiration, unconsciousness for over 48 hours.

FEBRUARY 7.—Dr. W. W. White in the chair.

A discussion took place on the "Abuse of Antiseptics." It was generally held by those present that all antiseptics were irritant, and that in many cases the use of antiseptics did more harm by injury to the vitality of the tissues than was gained by their germicidal action.



# BRITISH MEDICAL CONVENTION.

**R**EGARDING the seventy-fourth annual meeting of the British Medical Association, which is to be held in Toronto, August 21 to 25th, 1906, inclusive, the following information of interest to practitioners in the Maritime Provinces has been issued:

1. **FARES, GOING DATES AND LIMITS.**—Certificate plan arrangements; free return regardless of number in attendance. Passengers going rail, returning R. & O. Navigation Co., or vice versa, rate to be one and one-half fare. Dates of sale, July 1st to September 30th, 1906, inclusive. Final return limit, September 30th, 1906.

2. **EXTENSION OF TIME LIMIT.**—On deposit with Joint Agent of Standard Convention certificates issued from points in the Maritime Provinces, from points west of Port Arthur and from points in the United States, on or before August, 28th, 1906, and on payment of fee of \$1.00 at time of deposit, an extension of time until September 30th to be granted. Joint Agency to be conducted in the name of G. H. Webster, Secretary, E. C. P. Association, will be kept open from August 21st to September 15th, 1906.

3. **SIDE TRIPS.**—Side trip tickets to be sold from Toronto to delegates from the Maritime Provinces, from all points west of

Port Arthur and from the United States, on presentation of validated certificate, or deposit receipt, at lowest one-way first-class fare for the round trip, to all points in Canada. Dates of sale, August 23rd, to September 1st, 1906, inclusive. Return limit, September 30th, 1906.

The scientific business of the meeting will be conducted in twelve sections, as follows, the name of the president being given along with the name of the section:

*Anatomy and Physiology*—Professor Bertram Coghill Alan Windle, M. D., F. R. S., Cork.

*Dermatology*—Norman Walker, M. D., Edinburgh.

*Laryngology and Otology*—J. Dundas Grant, M. D., London.

*Medicine*—Sir Thomas Barlow, Bart., K. C. V. C., M. D., London.

*Obstetrics and Gynaecology*—A. H. Freeland Barbour, M. D., Edinburgh.

*Ophthalmology*—Robert Marcus Gunn, F. R. C. S., London.

*Paediatrics*—George Alexander Sutherland, M. D., London.

*Pathology and Bacteriology*—Professor J. G. Adami, M. D., F. R. S., Montreal.

*Psychology*—William Julius Mickle, M. D., London.

*State Medicine*—Dr. F. Montizambert, Ottawa.

*Surgery*—Professor Irving H. Cameron, Toronto.

*Therapeutics*—Professor David W. Finlay, M. D., L.L. D., Aberdeen.

The following are the names of the chairmen of various sub-committees in charge of certain necessary details of the convention's work:

*Reception Sub-Committee*—Dr. I. H. Cameron. *Finance Sub-Committee*—Hon. Dr. R. A. Pyne. *Excursion Sub-Committee*—Dr. N. A. Powell. *Transportation Sub-Committee*—Dr. B. L. Riordan. *Dinner Sub-Committee*—Dr. F. LeN. Crasett. *Printing and Publishing Sub-Committee*—Dr. A. H.

Wright. *Local Entertainments Sub-Committee*—Dr. H. Crawford Scadding. *Hotels and Lodgings Sub-Committee*—Dr. H. T. Machell. *Membership Sub-Committee*—Dr. R. W. Bruce Smith. *Corresponding Members of the Membership Sub-Committee in the Maritime Provinces*—NEW BRUNSWICK, Dr. Murray MacLaren, St. John; NOVA SCOTIA, Dr. John Stewart, Halifax; PRINCE EDWARD ISLAND, Dr. Jenkins, Charlottetown. *Sub-Committee in Charge of Exhibits*—Dr. A. Jukes Johnson.

## INTERNATIONAL MEDICAL CONGRESS.

ARRANGEMENTS are being completed with regard to the fifteenth Congress, which meets in Lisbon from the 19th to the 26th of April. The principal general addresses will be delivered by:

Sir Patrick Manson (London.)  
 Prof. Brissaud (Paris.)  
 Dr. Jose Maria Esquerdo (Madrid.)  
 Dr. P. Aaser (Christiania.)  
 Prof. Azevedo Sodre (Rio de Janeiro.)  
 Prof. Neumann (Vienna.)  
 Prof. Prince Jean Tarcharoff (St. Petersburg.)  
 Prof. E. Von Bergmann (Berlin.)

The different nationalities are well grouped, and we observe that the delegates from Great Britain, Canada, Australia and the other British colonies will have a common

meeting place. As to the service of lodging, it will be in charge of M. Manuel Jose da Silva, Praca dos Restauradores, Palacio Foz, Lisbon, to whom may be addressed all correspondence on this subject. Applications for membership will be received until the hour of the opening of the Congress and during the Congress, but in order to secure reductions granted by railways and navigation companies it is necessary to give your name as soon as possible. All such correspondence may be addressed to the Secretary General, M. le Professor Miguel Bombarda, Nova Escola Medica, Lisbon.

Regarding the fetes and receptions which will be given in honor of the members of the Congress, it is announced that there will be three general fetes and there will probably be several receptions and

dinners de gala. A bull fight according to the old Portuguese way will be organized at the expense of the Congress. The definite details will be published at a later date.

We understand that a number of Canadians have already decided to attend the Congress. It is

requested that any member of the profession in Canada who desires to join the Canadian committee would at an early date communicate with Dr. A. McPhedran or Dr. W. H. B. Aikins, of Toronto, who will be glad to furnish all available information.

## PERSONAL PARAGRAPHS.

**D**R. E. O. STEEVES defeated Dr. Botsford for the mayoralty of Moncton on the 30th ult.

The NEWS extends its sincere sympathy to Dr. and Mrs. Hogan in the death of their little boy, aged 2 years. We are glad to report, however, that the doctor's health has improved even in the face of his sad affliction.

Dr. H. G. Farish is still in active practice in the town of Liverpool, N. S. Now an octogenarian he may be justly called the "Grand Old Man" of the profession in this province.

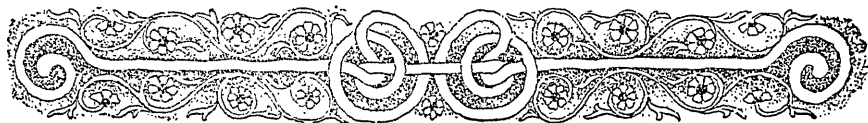
The recent hockey match between the lawyers and the doctors of this city resulted in favor of the former by one goal. It is the

intention of improving the calibre of the latter team for the return game.

Dr. J. W. Reid was elected one of the councillors for Windsor at the recent election.

Drs. A. M. Perrin and A. J. Fuller were also elected councillors for Yarmouth. Dr. Perrin had ninety more votes than the next highest candidate. The following is an extract from his card to the electors:

"I will not solicit a vote, nor use any means to secure one. I will not give a drink of rum for a vote nor hire a team to carry a voter to the polls. If I am elected on this principle I will be astounded—and will try to merit the confidence of my fellow ratepayers. If I am not I will consider that they have the right to judge who should conduct the spending of their hard-earned dollars."



# CURRENT MEDICAL LITERATURE.

## LECTURES ON AUTO-INTOXICATION IN DISEASE, or Self-Poisoning of the Individual.

By CH. BOUCHARD, Professor of Pathology and Therapeutics; Member of the Academy of Medicine and Physician to the Hospitals, Paris. Translated, with a Preface and New Chapters added, by THOMAS OLIVER, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; Formerly Examiner in Medicine, Royal College of Physicians, London. *Second Revised Edition.* Crown Octavo, 342 pages. Extra Cloth. Price, \$2.00, net. F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry Street, Philadelphia.

The idea, auto-intoxication, has become so familiar to the medical profession that reference is often made to it without due regard to its limitations. The complexity and difficulties of exact investigation, and the almost irresistible temptation to evolve elaborate theories from insufficient or insufficiently proved facts, have led to contradictions on the part of leading investigators, and uncertainty among their disciples. There is, too, a growing tendency to regard auto-intoxication loosely as a cause of disease, without laying sufficient emphasis on its essentially pathological character, and the fact that it is itself an effect demanding a cause. Bouchard's book gives his views of the matter clearly and concisely, with numerous reports of experiments, step by step, and deductions from these. There is a conspicuous lack of theory as compared with proved fact, and yet the work is charmingly fluent of various chemical and

ly written. The translation is as literal as the different idioms of the two languages permit, and it is Bouchard, not Oliver, who speaks from its pages. The additional notes by the translator are valuable and interesting and embody the latest information on the subject. The volume is neat in appearance and clearly printed, and merits careful and thoughtful perusal by every progressive physician.



**MAN AND HIS POISONS.** A practical exposition of the causes, symptoms and treatment of self-poisoning. By ALBERT ABRAMS, A. M., M. D., (Heidelberg), F. R. M. S., etc. 8vo., 250 pages, illustrated. Price \$1.50. Published by E. B. Treat & Co., 241-243 West 23rd St., New York.

Dr. Abrams presents to us a book full of absorbing interest. He has scoured, if not the heavens above, at least the earth beneath and the waters under the earth for data for his book, and amazes one with the array of knowledge on various topics which he advances in support of his argument. The in-physical forces upon life are considered, and so much is presented in a comparatively small book, that it is not surprising that here and there one finds difficulty in tracing the applicability of instances he cites to the subject under discussion. Some debatable matters are set forward, which after all seem unnecessary to the author's contention. One may reasonably wonder why a writer who seemingly has no difficulty in believing that a drop of water



contains something like 9,556,000,000,000,000,000,000,000 molecules, each molecule being sub-divided into three atoms—two of hydrogen and one of oxygen, and each atom of hydrogen in turn containing some thousand electrified corpuscles, should express impatience with the belief of those who hold to the "orthodox" conception of life. Nevertheless the book abounds in good things. Nearly every page teems with suggestions of a very practical nature. Full stress is laid upon the influence of mind over the bodily functions, and the importance of considering this in treatment. There is a valuable chapter on the psychology of living in relation to the prevention and cure of self-poisoning, in which full instructions are given as to quantity, quality and frequency of meals, and the various niceties associated with proper performance of the digestive function. The author again asserts the value of the sinusoidal current in strengthening the musculature of the bowel and abdominal walls, in improving the abdominal circulation and thus favouring resorption of toxic products and removing abdominal congestion, and in relieving hyperæsthesia.

The publishers have made a very attractive looking volume, quite up to the standard for which Messrs. Treat & Co. have so long been noted.

**PRACTICAL DIETETICS, with reference to Diet in Disease.** By ALIDA FRANCES PATTEE, Graduate Boston Normal School of Household Arts; late Instructor in Dietetics, Bellevue Training School for Nurses, etc., etc. *Third Edition.* 12 mo., Cloth, 300 pages. Price, \$1.00 net, by mail \$1.10. A. F. PATTEE, Publisher, 52 West 39th St., New York.

This book, while primarily intended for the trained nurse, is one which the physician will find exceedingly useful. Short chapters on food values and classifications, nourishment in acute disease, general rules for feeding the sick, the serving of food, etc., are followed by very clear directions for the preparation of various forms of liquid, semi-liquid and solid foods which may be utilized as diet for the sick. A very practical section of the work is that devoted to diet in disease. The more common conditions which call for restricted diet are taken up, and valuable menus presented. This will prove a boon to those physicians—and there are many of them—who do not always find it easy to outline a diet for a finicky patient. Infant feeding and the feeding of young children also receive consideration. The appendix contains a number of practical suggestions for the nurse in the sick room. Altogether the book is one which every physician will find to be of great utility.



# OBITUARY.

**D**R. WM. CHRISTIE, of St. John, died on 8th February, in his seventieth year, after a somewhat prolonged period of ill-health.

Dr. Christie was born at Westfield, Kings Co., N. B., in 1836, of Scottish parents. He studied medicine at Jefferson College, Philadelphia, and graduated in 1864. From this period until his death he practiced medicine in St. John.

He was on the visiting staff of the General Public Hospital for many years and gave excellent service. His surgical skill was well recognized, and his work in orthopædics was especially noteworthy.

As a general practitioner he held a prominent and foremost position in the north end, and his opinion and advice was held in high regard by a large clientele.

Dr. Christie was greatly interested in civic and Dominion politics. He was alderman for many years and showed much activity and force of character. Indeed he was regarded as the most independent member of the Common Council, and gave his views in a very vigorous manner. His death is greatly regretted by the community, for he had many strong friends.

Dr. James Christie is a brother and Dr. W. A. Christie a nephew of the late doctor.

The profession of St. John met on 9th February, Dr. Barry in the chair, and after suitable references had been made, the following resolution was passed:

*Resolved*, that the members of the medical profession have heard with profound regret and a sense of deep loss of the death of their friend and colleague, William Christie, M. D.

"Dr. Christie has for very many years occupied a prominent position in this city, both as a practitioner and citizen. His energy and ability, united with an unusual degree of manual dexterity, placed him in the front rank of operative surgeons, while his warm heart and kindly disposition endeared him to his patients of all classes. As a member of the visiting staff of the General Public Hospital he rendered valuable services, and his connection with the Board of Health added another responsibility which he cheerfully discharged; be it therefore

*Resolved*, that a copy of this resolution be forwarded to his widow and that the medical profession be requested to attend his funeral."

The following resolution was passed by the medical staff of the General Public Hospital:

*Resolved*, that the staff of the General Public Hospital wish to give expression to the deep regret that they feel at the loss of their late chairman, Dr. William Christie.

"Though an unusually busy man, he was untiring in his zeal for his hospital work, and in its performance always maintained the pleasantest relations with those it brought him in contact with.

"Modest of his recognized ability as a surgeon, yet his opinion was often sought by his colleagues, and he was always glad to help and encourage them.

*Resolved*, that a copy of this resolution be forwarded to his widow with an expression of our deep sympathy."

Dr. Wm. N. Hand, of Woodstock, N. B., died on the 10th of February under very sad circumstances.

Three weeks previous to his death he contracted blood poisoning while performing an operation, which ultimately proved fatal.

Dr. Hand was 42 years of age and a graduate of the University of New Brunswick and of the University of Philadelphia.

As has been stated, Dr. Hand was a trusted physician and surgeon, a public spirited citizen, and a most agreeable person in his private capacity. He was one of the founders of the hospital at Woodstock, a member of the Provincial Board of Health, and took

on active interest in public affairs. He was also Major in the Woodstock Field Battery.

A widow and three children survive one of the most prominent and best respected citizens of Woodstock.

Dr. Frederick Goodwin, of Bayfield, N. B., died at Amherst, N. S., on the 11th of February, at the home of his father.

He was 45 years of age and a graduate of the Medical College, Baltimore. He had practiced fourteen years at Bayfield.

He suffered from Bright's disease and had been gradually failing for some time. His wife survives him.



## FOR IDLE MOMENTS.

A TEACHER had been telling her class of boys that recently worms had become so numerous that they had destroyed the crops, and it was necessary to import the English sparrow to exterminate them. The sparrows multiplied very fast and were gradually exterminating our native birds.

Johnny was apparently very attentive, and the teacher, thinking to catch him napping, said :

“Johnny, which is worse, to have worms or sparrows?”

Johnny hesitated a moment and then replied :

“Please, I never had the sparrows.”

Johnny ate a tablet,

The family doctor gave :

Now he's got a big one,

On his little grave.

—*University of Michigan Wrinkle.*

His Wife—“John, dear, the doctor says I need a change of climate.”

Her Husband—“All right. The weather man says it will be colder to-morrow.”

A man lost a leg in a railway accident, and when they picked him up the first word he said was : “Thank the Lord, it was the leg with the rheumatism in it.”

A physician in Oklahoma bought an automobile, and became so excited over running it that he lost his head, steered it into a ditch, and was killed. The jury brought in a verdict of “death from auto-intoxication.”

Gravedigger (to doctor's coachman)—Is the doctor busy the noo?

Coachman—Aye, we're running oot every day.

Gravedigger (resentfully)—I ha'e na'dug a hole for him this lang while.

A country doctor, who was attending a laird, had instructed the butler in the art of taking his master's temperature with a thermometer. On repairing to the house one morning he was met by the butler, to whom he said :

“Well, John, I hope the laird's temperature is not any higher to-day?”

The man looked puzzled for a moment and then replied :

“Weel, I was just wonderin' about that myself. Ye see he deed at twal' o'clock.”

At a certain Scottish dinner it was found that every one had contributed to the evening's entertainment but a certain Doctor MacDonald.

“Come, come, Doctor MacDonald,” said the chairman, “we cannot let you escape.”

The doctor protested that he could not sing. “My voice is altogether unmusical, and resembles the sound caused by the act of rubbing a brick along the panels of a door ; but if you can stand it I will sing.”

Long before he had finished his audience was uneasy. There was a painful silence as the doctor sat down, broken at length by the voice of a braw Scott at the end of the table.

“Mon,” he exclaimed, “your singin's no' up to much, but your veracity's just awful. You're richt about that brick !”

## THE TALK OF THE OFFICE.

THE "Forward Movement" has progressed quite favorably since our last issue. Many of our friends have said very kind things about the efforts at improvement which we made in our January number, and we are pleased to report that there has been a very generous response among non-subscribers, who daily send their names and their dollars, asking us to put them on our subscription list. We are very happy to welcome the new friends and wish to thank them for the sympathy they show with the work we are trying to do. The interest in the *News* seems to be very general and this is manifest in all parts of the provinces, even in places most remote from the seat of publication.

We hope that readers everywhere in these provinces will appreciate fully that the *News* is *their* journal and that it is made to serve their interests. Our desire and aim is to make it a sort of open parliament for the profession, in which every member will have full freedom of speech. Every reader, in his own interests and in the interests of the profession, should regard these pages quite as much at his disposal, as if he were one of the editors. In fact, the *News* should be conducted somewhat on the mutual plan in this respect; that is, every reader should have a share in its literary work. The editors want

to know what things each individual reader would like to see taken up. Whatever ideas suggest themselves to you, whether in the nature of matters which should be discussed, or agitated; or whatever you would like to give the *News* in the way of news, or information, or interesting things of a medical nature that have come under your observation, let us have them. It is for such things the *News* exists.

We are later bringing out the February number than we expected to be, and the printers tell us that they will not be able to put the March number in hand very early either, owing to the pressure of work in their office. But after that we hope to be able to bring the *News* out promptly on time. The March number will be a very valuable one as it will contain a long article entitled "Caesarean Section" by Dr. Reddy discussing what we understand is a Canadian record, if not a record for North America, in the successful performance of this difficult operation.

We would like to draw readers' attention to the fact that Miss Pattee's book on "Practical Dietetics" may be had from us. If those who are disposed to buy this book, which is well thought of, would send their orders to us, we will have it delivered to them duty paid.

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The tart, pineapple flavor, renders these tablets as acceptable as confections. They are particularly valuable as "After Dinner Tablets," to prevent or relieve pain or distension occurring after a heavy meal.

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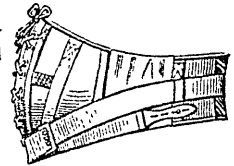
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# THERAPEUTIC NOTES.

**The Theoretical Depreciation Of Diphtheritic Antitoxin.**—The theoretical depreciation of diphtheritic antitoxin has been systematically attacked of late by scientific investigators, and the facts as deduced explode many long accepted but obsolete theories. Roux of the Pasteur Institute, Paris, Marx of the Royal Institute for Experimental Therapy in Frankfurt, Germany, Chiadini in Italy, and Miller in the United States, are among those engaged in the work. Tests and retests have been made in twelve to fifteen thousand lots of serum kept under all conditions of laboratory and field antitoxin. All the conclusions concur in sanctioning a more extended time limit, and emphatic statements are made that "The demand for fresh serum is not justifiable", and that "Any mistrust of old serum is unfounded." The majority of serums show no appreciable diminution in antitoxic value, in two, three, four and even five years. The maximum loss in the occasional serum, which frequently occurs within the first year is  $33\frac{1}{3}\%$ . The practice of adding a precautionary excess fully compensates any such anticipated loss.

✦

**"The Bloodless Phlebotomist"** is published by the Denver Chemical M'fg. Co., New York. The January number contains some short, interesting articles, one by

Dr. R. T. Morris on "Appendicitis as an Infective Inflammation," and another by Dr. H. E. Lewis on "The Early Diagnosis of Pulmonary Tuberculosis." This paper will be sent to any physician on application to the publishers.

✦

**Relief of Sciatic Pain.**—We wish to refer to a comparatively new combination of drugs, one which has been used largely for the control of cough and which has also been employed to a great extent for the relief of pain. It is claimed that its use in many cases renders the same service as does morphine, its influence often lasting for as long a period of time, and possessing the advantage that it does not disturb the digestive tract, nor cause constipation or habit. The remedy we mean is Antikamnia & Codeine Tablets. In several instances in which the patients were suffering from severe acute sciatica, it was found that they acted most satisfactorily. Each tablet contains  $4\frac{3}{4}$  grains of antikamnia and one-fourth grain codeine sulphate. The prompt and excellent result obtained with this preparation is due, in a great measure, to the specially refined and purified codeia which the Antikamnia Chemical Company employs in these tablets. Impure or ordinary codeia irritates, constipates and depresses, and to avoid this the said company purifies its



codeia by a special process, and this should be remembered by the physician when prescribing codeia. In treating a case of sciatica, one tablet was followed by a diminution of pain, and after the third tablet, given in half-hour intervals, the pain entirely disappeared. The usual dose is one tablet every two, three or four hours, according to indication.

**A Remedy That Will Live.**—Such a remedy as Royal Sanmetto, because, as is claimed for it, it is honest and square. As an example of the esteem in which it is held, the words of Dr. Andrew James Park, of Chicago, here quoted, will

illustrate. Dr. Park writes: "I have been prescribing Royal Sanmetto for suffering mortality for years. Indeed, ever since its entrance upon its high career and since it has vindicated its right to recognition, and to be held and regarded as the unrivalled remedy for bladder aggravations. This formula has won the confidence of physicians everywhere, and the remedy the gratitude of suffering thousands. Sanmetto without any exaggeration is Royal—the Prince Imperial—whose fame is destined to live as long as it continues honest and square, and in the way that gave it its high reputation."

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BY

JOHN A. HALE, M.D.

*Alto Pass, Ill.*

FOR years I used various remedies and met with varying success, until tiring of one remedy after another I relied solely on Potassium Permanganate in weak solutions as a nasal douche, but a review of some points in this paper will show why I always sought for something else. Glyco-Thymoline has usurped the place of the permanganate solution in my armamentarium, and after sufficient trial, established faith, implicit faith, in its specific therapeutic action only tends to strengthen a belief in its specificity. Caution is necessary in the selection and use of remedies, but a fair trial has proven no untoward inconvenience emanating from the use of this remedy. Meanwhile the therapeutic results are gratifying and the good effect of Glyco-Thymoline can be easily verified by a trial, when conclusions will be the result of practical truths only.



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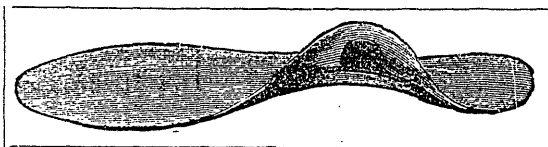
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Faculty of Medicine, Seventy-Fourth Session, 1905 - 1906

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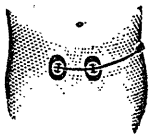
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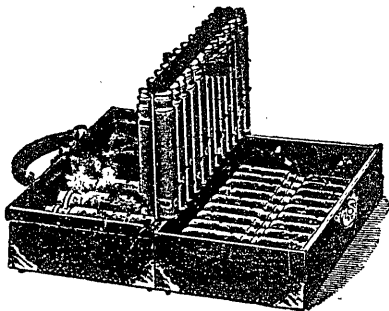
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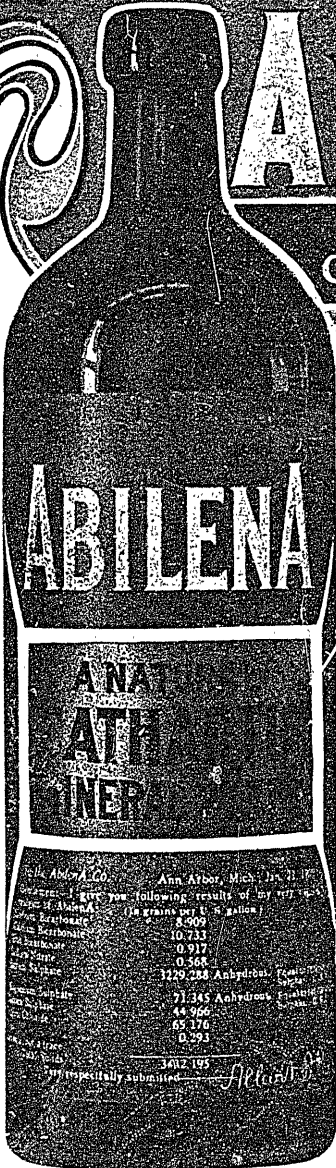
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