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Vol. XXII.

HALIFAX,
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No. 3

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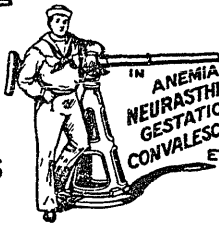
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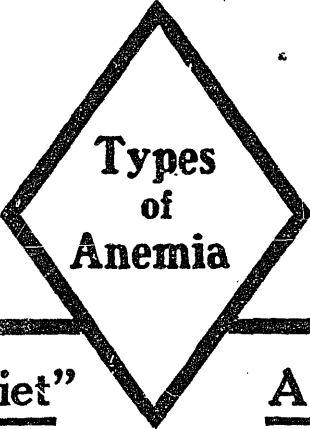
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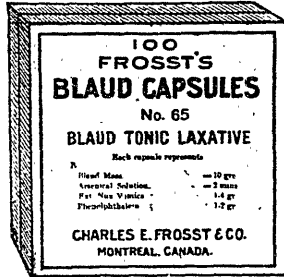
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THE MARITIME MEDICAL NEWS

VOL. XXII., MARCH, 1910, No. 3.

WORLD OF MEDICINE.

**Arterio-
Sclerosis.** In a paper dealing with the Premonitory Signs of Arteriosclerosis, appearing in a recent issue of the *Canada Lancet*. A. J. MacKenzie says that the initial manifestations of this disease are shown as varying according to the region upon which the impact happens to fall—kidney, brain, heart, liver, etc. The tendency is notably influenced by heredity, although acquired by certain habits of life.

We may have early migraine, epistaxis, baldness, etc. Constitutional symptoms comprise diminished mentality, energy for work and power of concentration. Tendency to fatigue is shown by drawn features and physical depression. Small amounts of alcohol and tobacco render the patient morbidly irritative. Irritability of temper is common. Headaches are frequent. Sensory disturbances in one form or another are fairly common, such as neuralgia, tingling, slight paresis of the limbs with or without pain. Genuine insomnia is rare, though sleep is disturbed.

A simple way of determining general arteriosclerosis is the estimation of the stability of the pulse. Under normal conditions the pulse is eight or ten per minute higher in the erect than in the recumbent position, and when observation shows that such is not the case it may be inferred that the blood pressure is markedly above normal, while if the ratio be reverse it may be taken as proved that not only

is the arterial pressure unduly high, but the arteriosclerosis has reached the stage of giving rise to definite organic disease, an assumption which is confirmed should it be found that the heart apex is displaced to the left.

Exaggerated arterial tension with a small hard thready, but regular pulse, is a recognized sign of arteriosclerosis, but in minor degrees it also constitutes an early premonitory sign; indeed, some weighty authorities believe that actual changes in the arterial walls are preceded by prolonged exposure to the ill-effects of persistent high pressure what Huchard calls the pre-sclerosis period, such hypertension being due to the spasmodic contraction of the arterioles probably dependent on toxic irritation of the vaso motor system.

High arterial is commonly associated with renal disease, but we must not forget that this very mischief may be due to arteriosclerosis; indeed the renal lesion may be, and often is, due to local arteriosclerosis. When in addition to an abnormally high blood pressure some of the other signs just mentioned are observed, there is a strong presumption in favor of the existence of arteriosclerosis.

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Ectopic Gestation.

A paper entitled, "The Recognition and Treatment of Ectopic Gestation," by Channing W. Barrett, appears in the *Medical Record* for Janu-

ary 22nd. Barrett calls the ovum a parasite living at the expense of its host. Previous pelvic disease, especially gonorrhoea, plays an important part in the etiology of extrauterine pregnancy. The parasitic growth develops malignant tendencies, due to the incapacity of the maternal tissues to cope with it. The extrauterine ovum is suicidal and matricidal in its tendencies. The danger to the mother is mainly by hæmorrhage; less frequently sepsis, obstruction of the bowel, embolism, and fistula are factors in causing death. The prognosis of the ovum is uniformly bad, and it should not be considered in treatment. An early diagnosis and prompt treatment for the removal of the ovum are necessary. Extrauterine pregnancy should be considered when a woman of childbearing age has severe pain in the ovarian region, with uterine hæmorrhage, collapse, and evidences of concealed hæmorrhage. A pelvic mass aids diagnosis. The more urgent the symptoms, the greater the need of relief of hæmorrhage; collapse indicates immediate operation. Patients sometime die of hæmorrhage, and prompt surgical measures will save life. Suprapubic instead of vaginal incision should be chosen in all unruptured cases, and in most old cases, unless contraindicated by sepsis or pus formation. No vaginal puncture or exploration should be undertaken for diagnosis or therapeutics unless preparations have been made for immediate laparotomy.

Uses of Pituitary Body.

The Pituitary Body, and the Therapeutic Value of the Infundibular Extract in Shock Uterine Atony and Intestinal Paresis, is the subject of a paper by W. Blair Bell, in the *British Medical Journal* for December 4th, 1909. As

the result of physiological experiments, confirmed by a number of clinical observations, the author concludes that the administration of infundibular extract has a marked effect on the rise of blood pressure, and on the contraction of the uterus and the intestinal muscle. In its effects upon the rise of blood pressure, the action of infundibular extract is as marked as adrenalin; it has a distinct advantage over this drug, however, in the prolongation of its action. Its action on uterine muscle is very powerful; this was particularly manifest in two cases of Cæsarian section and in one of post partum hæmorrhages. The action of the infundibular extract on intestinal muscle was clinically tested in a number of cases intestinal atony, with unfailingly satisfactory results. The author noted some other collateral effects of this drug which should prove of additional value, such as the diuretic effect, and its slowing and tonic action upon the heart. The drug is administered hypodermatically in a 20 per cent. solution.

Pituitary Extract in Post-operative Shock.

The treatment of Post-operative Shock by Pituitary Extract is discussed by G. G. Wray, in the *British Medical Journal* for December 18th, 1909. Wray remarks that the great disadvantage of adrenalin in the treatment of shock is that though it produces great rise in blood pressure and increase in arterial tone, this effect passes off in an hour or so, and the dose has then to be repeated. Any drug which would produce the same effect without the disadvantages mentioned would be a distinct advance. This, he thinks, has been discovered in pituitary extract. He has used an extract of the posterior lobe of the pituitary body, a fluid sterilized in

the autoclave, each phial of which contains 1 c. c. of a twenty per cent. solution. The contents of one of the phials were injected intramuscularly into the patient's arm before the patient had recovered from the anæsthetic. The effect was almost immediate, and the almost imperceptible pulse soon became large and bounding. This lasted from twelve to sixteen hours, and gradually passed off. Not only did the pulse become larger in expansion but it was also slowed. This effect seems due not only to the action of the drug on the blood-vessels, but also on the heart. The injection was given in conjunction with normal saline per rectum. There was no signs of any ill effects whatsoever. There was an increase of the urine passed next day after operation, and it was passed naturally. The only disadvantage observed was that there was a tendency to reaction after the effect of the injection had passed off, but this was transitory, and the patient was then over the worst period.



Treatment of Eclampsia. H. M. Little, in the *Journal of Obstetrics and Gynaecology of the British Empire*, September, 1909, discusses the treatment of puerperal convulsions, and passes in review a series of forty cases, thirty-nine of which were treated in the Maternity in Montreal. The cases showed the usual premonitory symptoms. In all of them there was a marked decrease in the time of coagulation of the blood to a time varying between $2\frac{1}{4}$ to $2\frac{1}{2}$ minutes. This time gradually increased as the patient improved, and constituted a fairly reliable guide to her condition. Only four of the forty cases died. One died of acute yellow atrophy of the liver, one of cerebral

thrombosis, possibly the result of slight infection during labour combined with low blood pressure resulting from venesection. The two remaining deaths the author ascribes to insufficient treatment; one was treated by the morphine method, the child being delivered by *accouchement forcé*, but not until the day after admission; the other had slight convulsions before delivery. Out of thirty-one patients who had convulsions while undelivered, fifteen were delivered immediately and sixteen underwent treatment before delivery. Immediate as compared with delayed delivery had very little, if any, effect on the occurrence of *post partum* convulsions, but had a great effect in survival of the child. If the cases in which the child was not viable or was already dead on admission of the mother be subtracted, it was seen that twelve live babies were obtained from thirteen cases of delayed delivery—that is 92 per cent., as compared with 23 per cent. Immediate delivery, therefore, offers four times as good a chance for the child. Immediate delivery is not indicated if the child is not viable or is already dead from toxæmia unless convulsions continue; the author doubts also the advisability of dilating forcibly in cases in which labour has not set in, the cervix is rigid and the practitioner without assistance. There were only four cases of spontaneous delivery. Forcible dilatation of the cervix was carried out by the manual method whenever it was employed, and the Pomroy bag was used in six or seven cases as a preparatory measure. There was evidence of injury, slight or severe, to the cervix in all but three of the cases of dilatation, and in nine instances the cervix was sutured with perfectly satisfactory results. In

only one case was a surgical as opposed to an obstetrical procedure adopted—vaginal Cæsarian section. As to drug treatment, one case received veratrum after admission in the hospital, but without permanent effect. Morphine was used only in small doses, and its administration is considered to be irrational, except, perhaps, when a patient is conscious and very restless; chloral was given to a few cases, but without definite satisfactory result. The author suggests the following general rules of treatment: (1) Minimize the use of narcotics and anæsthetics. Chloroform is rarely indicated for the control of convulsions, but should be used when general anæsthesia is required for examination or delivery; (2) Immediate delivery is advisable, particularly when the child is viable; (3) In the majority of cases the onset of labour is associated with the onset of convulsions; *accouchment forcé*, preferably Harris's method followed by version, has given the best results; (4) Immediately after delivery, if not before, the stomach should be washed out. Several ounces of magnesium sulphate, well diluted with warm water, should be introduced through a tube. The patient should be sweated by means of a hot-air bath or hot pack; (5) If convulsions recur after delivery, and particularly in post partum eclampsia, the best results are obtained by withdrawing 700 to 900 c. c. of blood from one of the veins of the forearm; (6) A large quantity of fluid (forced fluids) should be given for several days, and the amount so given should be carefully tabulated for comparison with the amount of fluid eliminated in the urine and stools. If the excretion is inadequate, repeat the sweating and purgation. Do not allow the patient to become

water-logged; (7) Careful records of ingestion and excretion should be kept for at least ten days as the involution of the uterus has a marked effect on the general metabolism, particularly between the sixth and ninth days.



Relief of Headaches.

Discussing the Relief of Headaches by the Correction of Errors of Refraction, in the *Practitioner* for December last, Duncan M. Mackay says that there is, unfortunately, nothing characteristic about headaches which may be relieved by correction of errors of refraction, either as to their position or their severity, or the time at which they occur. The headache may vary from a moderate frontal distress to violent explosions of pain, and may be situated in any portion of the cranium. Some points, however, may be noticed. There may, for example, be great discomfort when attempting to watch moving objects. In this connection, one has to remember what are called in America "theatre headaches" which come on after attending a play or going through a picture gallery, or watching a cinematograph exhibition; and also the headaches which so many people suffer from at the end of a long railway journey, during which they have spent the time which they did not give to reading in looking out of the window. The pain may immediately follow the use of the eyes, or be delayed, or come on at a certain hour of the day, or even night. And the headaches which depend on ocular errors are frequently not associated with the use of the eyes at all by the sufferers. Toms, who examined records of over twelve hundred patients found "that one-half revealed ocular defects which were never sur-

mised by the patients themselves, and many of them were exceedingly skeptical of the suspected cause, inasmuch as they could not directly attribute, subjectively, the cause to their eyes, their vision being apparently good for all distances and conditions of light or work. Many of the headaches are what are called "bilious" headaches, and hemicranias and migraines occasionally are dependent on refractive errors. Even though the headache does not develop until middle life, or even later, the eyes may still be the cause. The attitude of ophthalmologists toward the relief of headaches is that every case of headache which is not removed by other means should be suspected of refractive error, and that this suspicion should only be dismissed if refractive error is proved to be absent. Doubtless, in many cases, the spectacles fail to relieve the headache; but this only indicates that other conditions may co-exist with the error of refraction, and be of more importance in the causation of the trouble. A sufficient number of successful cases have been observed to encourage one in the expectation of relieving the headaches in this way. Of course unsuccessful cases exist; but the patients do not, as a rule, return to us—they try someone else; but if that someone else again examines the refraction, as he often does, and prescribe spectacles, and so relieves the headache, then the case becomes a successful one.



Adrenalin in Vomiting of Pregnancy. The value of adrenalin in hyperemesis gravidarum is discussed by S. Rebaudi in *Centralblatt für Gynäkologie*, October 30th, 1909. Hyperemesis of pregnancy has been said to be due to nervous or toxic influences, or to a

combination of the two. Vasomotor disturbances are also frequent. Freund has found engorgement of the inferior turbinate in 66 per cent. of all pregnant women. Possibly the vomiting is due to disturbance of the vomiting center in the medulla which is close to the vasomotor center. In a desperate case of hyperemesis of the third month of gestation, in which all measures had failed, Rebaudi was called in to empty the uterus. Instead of doing so he gave ten drops of adrenalin 1: 1,000 by mouth, morning and evening. The good result was immediate and lasting. After eleven days the dose was reduced, and after nine days discontinued. The author recommends the remedy, though he is uncertain whether the good effect is due to vasomotor or antitoxic causes.



W. H. Park describes in the *Journal of the American Medical Association* for January 22nd, the process of eliminating portions of the non-antitoxin serum substances of the horse serum used for diphtheritic antitoxin, and says that there are now globulin preparations thus prepared on the American market. In answer to the question as to whether they have the same curative effects as the whole serum he says that he has carefully watched the results following the injection of the whole serum and of the Gibson and Banzhalf modification. The rashes and after-effects are undoubtedly much less after the Gibson injections than after those of the whole serum and somewhat less after the Banzhalf modification than after that of Gibson. Curiously enough, certain types of rashes are eliminated. The urticarial reactions still frequently follow. Certain French and Austrian investigators have asserted that

the curative value of diphtheritic serum was only partly in the antitoxin and even that the antitoxin was the least important part. Their results would make it seem that the amount of serum rather than of the anti-toxin units was effective. These assertions were mainly based on certain animal experiments which have been repeated by the author in Frankfurt and later under Ehrlich's direction. The serums used in Vienna were fortunately obtained by Ehrlich and he was surprised to find that they had been very inaccurately tested. The author's results were exactly the reverse of those of the Austrian investigators and strengthen the conclusion that the antitoxin is practically the only curative element in the serum. This applies also probably to tetanus antitoxins. So far as animal tests can be depended on, Park is positive that the globulin preparation contains all the curative substances of the whole diphtheritic serum and that this is in the antitoxic element.

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Surgical Treatment of Puerperal Pyæmia. In a paper entitled "A Further Contribution to the Surgical Treatment of Puerperal Pyæmia," which appears in the *Lancet* for December 4th, 1909, Ernst Michels says that in cases of puerperal pyæmia an attempt should be made to localize the septic process by ligature of the great pelvic vein (ovarian and internal iliac and possibly median iliac). The very acute cases of puerperal pyæmia are not suitable for this operation, but the more chronic cases which are due to infection by an attenuated virus promise a good success, provided the operation is not delayed too long. The veins should be exposed by the transperitoneal route in preference to the retroperitoneal or vaginal way. All

the four great venous trunks should be exposed and examined, but isolation and ligature seem necessary only for those veins which are actually found diseased. Further experience is required to decide whether the results can be improved by excision of the venous trunks and plexuses in preference to simple ligature.

* * *

Causation of Epilepsy. M. L. Perry has an article in the *Medical Record* for February 12th, entitled "The Role of Cerebral Lesions in Infancy and Childhood in the Causation of Epilepsy." Perry believes that brain injury during childhood and infancy has much to do with the production of epilepsy in later life. Infantile cerebral palsies are such as occur *in utero*, those caused by injury at the time of delivery, and those developing paralysis after birth. The first group is very rare; in the second fall many cases occurring in long, tedious labours, or when forceps have been used unnecessarily. The injury is a meningeal hæmorrhage, but may be brain laceration from pressure. The third group is the most frequent and important. The Germans believe in the inflammatory origin, a polioccephalitis developing. The American and English authorities believe that it is a vascular lesion. The disease is sporadic, not epidemic; the predominating lesions are porencephalus, cavities, cysts, and hæmorrhage. Infantile convulsions are an important factor in this lesion. Physicians should prevent convulsions whenever possible. The results of hæmorrhage are small or large destructive lesions in the brain substance. There are three characteristic features in the epileptic convulsions arising in such cases; they are one-sided, the first attack of convulsions is very severe, and it may

occur in the course of an acute illness. There is often a unilateral retardation in development.

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Subcutaneous Purgatives. I. G. Rowntree, in a paper on this subject in the *Journal of the American Medical Association* for January 29th, says that medicine stands in need of subcutaneous purgatives which can act on the intestinal tracts alone without any untoward effect on any other organ, must act with certainty, must be readily soluble, preferably in a small quantity of water so that the dose need not be large and must be locally non-irritant. As a rule, it should be rapid in its action, though sometimes delayed action may be preferred. He reviews the literature of the subject showing how the various preparations have their drawbacks. None of the vegetable purgatives appear to meet the needs. Apocodein obtained in dehydrating codein is not the ideal subcutaneous purgative though serviceable in some ways. It is locally irritant and its action is short in duration and too complex to be altogether satisfactory. Eserin is an exceedingly powerful alkaloid and needs careful handling. It is more used to prevent intestinal paresis than as a purgative and the administration of other purgatives by the mouth may be needed. Sodophthalyl, a soluble salt of phenolphthalein, has been recommended recently by Fleig as being successfully used in the clinics in Montpellier. In April, 1908, Abel and Rowntree started an investigation of the saline group the result of which showed that phenoltetrachlorphthalein gave a more prolonged purgative action than any other saline phthalein at their command. The method of preparing the solution is described together with its action.

He gives the results of a study of its clinical value and sums up the objections to and advantages of the drug. The former are its insolubility in water, its slight solubility in oil, and the slowness and moderate intensity of its action. The advantages given are the prolonged nature of its action, the absence of crampy pains and colics and the constancy of the results. It is efficient, non-toxic, and non-irritant as a subcutaneous purgative but its insolubility in water and low solubility in oil stand in the way of its wide application as such in practical therapeutics. "It may prove of considerable value in certain conditions, as (a) in coma; (b) in marked gastro-intestinal irritability which contraindicates the administration of a purgative by mouth; (c) among the insane, who often refuse to take any medicine by mouth and who fight vigorously against the administration of enemata; (d) in certain cases of chronic constipation, combined with hygienic, dietetic and psychic treatment. Phenoltetrachlorphthalein is worthy of a trial in the field of abdominal surgery, when its introduction beneath the skin can be accomplished during the anaesthesia without any pain whatever, where its mild prolonged laxative effect, e. g., soft daily stool, starting on the day following the operation and continuing for a period from four to six days, may possibly entirely dispense with the necessity of administering any other purgative by mouth during the first week subsequent to the operation."

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Alcohol Applications in Typhoid Fever. An article dealing with the Treatment of Typhoid Fever with applications of alcohol, by L. Cheinisse, appear in *La Semaine Medicale* for November 17th, 1909. Cheinisse is oppos-

ed to the routine use of cold baths in typhoid, without individualizing. There are many indications against the use of these cold baths, especially in children. He prefers alcohol compresses applied to the abdomen. Such a compress has to be wrung out of ninety per cent. of alcohol and is applied to the abdomen, covered with a pad wrung out of ice water; over this is placed an air-tight covering, the whole being held in place with a flannel band. The water compress is to be renewed every hour, the alcohol compress every two hours. In children we should use eighty-five per cent. alcohol.

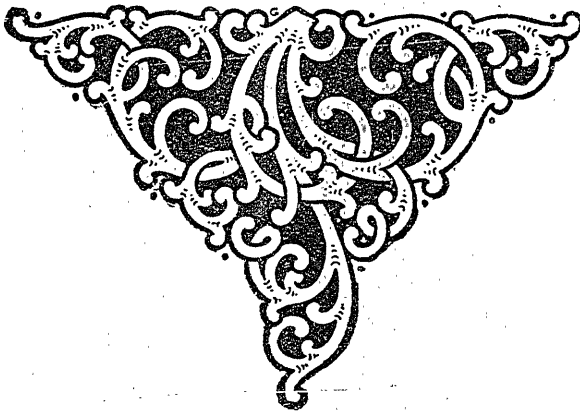
* * *

Tuberculin. E. R. Baldwin contributes an article to the *Journal of the American Medical Association* for January 22, in which he says that tuberculin represents the toxin of the tubercle bacillus and is the diametric opposite of an antitoxin. It depends for its diagnostic value on a special sensitiveness acquired by the tissues after tuberculous infection and the clinical value of a tuberculin reaction is generally proportionate to the smallness of the dose and the quickness and degree of the response. The more recent the infection and the more extensive the disease, the more delicate is the reaction, unless the disease is rapidly progressing or there is grave constitutional weakness. In such cases, tuberculin serves no useful purpose. The reaction occurs with increased frequency as age advances and can be obtained in a large percentage of apparently healthy adults. Repetition of the same or an increased dose is capable of arousing a latent sensitiveness from a former or healed disease, hence this method, especially when subcutaneously employed, is mainly useful in

excluding active tuberculosis, and the interpretation of positive results must be made with care. They do not necessarily establish the diagnosis of an existing disease which must be made in other ways. He describes the different forms of tests, recommending the cutaneous test of von Pirquet as harmless and most suitable for general use. Other tests may be needed in adults but this is suitable as a preliminary in all cases. The subcutaneous test is the last resource and the most searching in tuberculin diagnosis. At present it may be regarded as unnecessary in most cases. Its dangers have been over estimated but it is potent for harm if carelessly used. It should never be employed when a satisfactory diagnosis can be made otherwise, when a fever of 99.5 F. or over is present, or when the patient has a rapid pulse, gives a history of hæmorrhage or has already extensive signs in the chest. It should never be used in suspected Addison's disease. The tuberculin should be fresh and the dosage accurate and if there is the least reaction the subsequent dose should not be increased. The interpretation of the results in tuberculin diagnosis must take into account the size of the dose required to produce the reaction, the promptness with which it develops and the local and general reactions accompanying it. The therapeutic use of tuberculin may be for the following objects: to diminish the sensitiveness to the toxin and to create intermittent local reactions and thus stimulate the disease focus to heal or be absorbed. Baldwin doubts the production of any recognizable immunity, any specific resistance obtained is gradually lost after stopping the treatment. Only patients in a comparatively quiescent stage of the disease are likely to be

benefitted and progressive tuberculosis of any form is a contraindication. Focal reactions can be best observed and applied with safety when the focus is localized in the skin, bones, joints, etc., and the lungs are not involved. For therapeutic use the choice of tuberculin lies chiefly between the solutions and emulsions or vaccines. In general, the dosage is more controllable with solutions, and reactions are less frequent from emulsions, though, owing to their uncertain absorption, unexpected reactions may occur if the dose is much increased. The dosage is at present empirical, each individual case must be an experiment and until some standards are established the solutions are safest. Careful clinical oversight is the most satisfactory guide; opsonic determinations, while useful in the hands of a

few laboratory workers, are impracticable for the general practitioner. The subcutaneous method is the only satisfactory one for the therapeutic administration of tuberculin. Inunctions have a possible field in the treatment of skin tuberculosis, otherwise they are impracticable. The emulsions have experimentally some immunizing power against the disease in animals but the amounts which can be given with safety in man are too small to produce this effect. The details of the technic of tuberculin injection vary with the preparation used and the experience of different observers. They are therefore not gone into by the author, whose purpose is merely to state the general principles which should guide and safeguard the use of tuberculin.



EDITORIAL.

THE RODDICK BILL.

WE regret to inform our readers that an unavoidable difficulty has arisen, necessitating the abandonment of the introduction of the Bill at this Session of Parliament. We have been favoured with a letter from Dr. Roddick, inclosing a copy of a telegram from British Columbia, running as follows:

“Executive of Medical Council of
“B. C. protest against introduction of
“Bill this session until completed
“Bill meets with approval of pro-
“fession of this Province.

“(Signed). C. J. FAGAN.”

An so the hoped-for “Dominion Register” is again postponed, and competent men are still barred from practice in other provinces than their own until they have passed absolutely unnecessary examinations.

Dr. Roddick says: “I have now positively given up the fight for this session.”



THE MEETING OF THE CANADIAN MEDICAL ASSOCIATION.

THIS takes place this year in Toronto, on the 1st, 2nd, 3rd and 4th of June, and we hope there may be a good attendance from the Maritime Provinces. Among those who are likely to deliver addresses or read papers at the general session, are: Dr. Herringham, of London, whom Dr. Osler has kindly invited to visit us, will give the Address on Medicine, and Dr. John B. Murphy, of Chicago, will give the Address in Surgery. Dr. W. J. Connell, of Kingston, will give an Address on Medical Education, and Dr.

Ellice Macdonald, of New York, on Pyelitis during Pregnancy. There will be a symposium on Psycho-neuroses, in which our esteemed colleague Dr. W. H. Hattie, will take a part; the other speakers being Dr. Putnam, of Boston; Drs. August Hoch, Ernest Jones, C. K. Clarke and Helen MacMarchy. Dr. MacPredran and others will discuss Exophthalmic Goitre. Other papers in medicine are expected from Drs. Howland, W. T. Connell, J. Ferguson, G. W. Ross, R. D. Rudolf and others, while the contributors to the surgical section will be: Drs. Shepherd, Von Eberts, Murray MacLaren, Ryan, Wood, Halpenny, Ingersoll Olmstead, Gibson, Armstrong, etc.

A number of papers on Pathology are expected, by Drs. Edward Archibald, C. B. Keenan, C. P. Howard, J. A. Amyot, A. H. Caulfield, D. G. Ranel, J. J. MacKenzie, D. T. Fitzgerald, Lowry, Mabee, and Professors T. G. Brodie and Leathen. The list on Obstetrics and Gynaecology is not yet complete, but contain the names of Drs. Garratt and Little.

As to the entertainments it seems likely that on Thursday afternoon, June 2, the members of the Association will be taken by boat to Dalhousie, thence to Niagara River, up the American side, and across to Clifton on the Canadian side, back to Dalhousie and Toronto. There will be a light luncheon on board and perhaps a dinner at Clifton. The members of the Association have also been invited by the profession of Guelph to visit that city and inspect the two Government institutions and the Homewood Sanatorium.

NOVA SCOTIA MEDICAL BOARD BALLOT.

IN this issue we publish the Report of the Secretary to the Provincial Medical Board on the ballot returned in accordance with the resolution of the Nova Scotia Medical Society, adopted at Sydney last summer, together with copies of the circular addressed by the secretary of the Board to the members of the profession, the form of the ballot, etc., etc.

From the fact that the Board was asked to take this ballot "before the next meeting of the Legislature," it was felt that the members of the Nova Scotia Medical Society, present at the Sydney meeting, had it in view to ask for legislation on the proposed annual fee, during the present session. It was the opinion of the Board, however, that in view of the large number of unreturned ballots, as well as from the opinions expressed by some of the members who sent written replies to the Secretary's communication, it would be inexpedient to apply for legislation at this period. We trust the matter will continue to occupy the thoughts of our colleagues and that some definite programme

may be decided on at the meeting in Yarmouth.

ANNUAL MEETING OF THE NOVA SCOTIA MEDICAL SOCIETY.

THE Yarmouth meeting gives promise of being a very pleasant and interesting one. The profession in Yarmouth are enthusiastic, and from what we know of the energy and alertness of Dr. Farish and his lieutenants we may be confident of a well arranged and profitable meeting.

The address in Medicine has not yet been decided on, but we feel sure the profession will be glad to know that Dr. S. J. Mixer, of Boston, will deliver the Address in Surgery. Many of us have known Dr. Mixer as one of the Masters of Surgery for many years and those who first made his acquaintance at the Lunenburg meeting, will be very glad to meet him again.

We hope arrangements can be made to enable those attending the meeting from the central and eastern parts of the province, to travel from Truro or Halifax by the D. A. R. and return by the H. & S. W. Ry., or vice versa.



THE TREATMENT OF SPINAL ABSCESS, WITH A REPORT OF SOME CASES OF THE DISEASE.

By DR. A. B. ATHERTON,
Fredericton, N. B.

(Read before the Halifax and Nova Scotia Branch of the British Medical Association)

MY first duty is to thank the Halifax Branch of the British Medical Association for the honour done me in extending an invitation to read a paper before it. I assure you that I highly appreciate the compliment, and I only regret that a better representative of your sister province had not been chosen to fill the position.

On pondering over the choice of a subject, one's thoughts naturally turned, in these days when the surgery of the abdomen is uppermost in almost all medical gatherings to that part of the body; but on further consideration I decided to let it for once have a rest, and look to some other region for a theme on which to discourse on the present occasion.

After sending to your secretary "The Treatment of Spinal Abscess," as the title of my paper, I began on more mature thought to doubt whether I had made a wise choice, seeing that Halifax, being a centre of medical teaching, would be quite up-to-date in all matters of this sort as well as others of a similar nature.

In my acquaintance with the members of our profession in New Brunswick, however, I have found a lack of knowledge in regard to the best way of dealing with this affection, and I trust that the observations which I may make will not be entirely without profit to some of the members even here, while the report of a few cases will, I hope, prove of some interest to all.

Those of us who have been engaged in medical practice for forty years

and more, will call to mind with what dread surgeons of a former time regarded the formation of an abscess in connection with caries of the spine. Their experience and observation taught them only too plainly that such an occurrence meant in many instances the doom of the patient, especially if the pus were let out by the knife. When the case was left to nature herself the results were not so bad. Occasionally the effusion was absorbed after a long time, or if it made its way to the surface, a wall of granulation tissue was formed around the track of the pointing abscess, which served as a barrier to the entrance of the bacteria of the atmosphere, and secondary infection was thereby more or less prevented.

In former days the actual cautery was sometimes used to open the abscess in the hope that it might in some measure imitate the process of nature.

After the introduction of the aspirator, it began to be employed to evacuate these chronic abscesses, and with a fair degree of success. Three of my cases so treated bear evidence to its value.

When, however, a spinal abscess persists in spite of rest and other appropriate measures, and aspiration will not work because the contents will not pass through a medium-sized needle, we must resort to making an opening in it with the knife. The great Lister, soon after the introduction of his antiseptic system, began to apply it to the treatment of chronic abscesses, and with much better results that were formerly got. In 1871

I well recollect seeing in his ward in King's College Hospital, a young girl whom he had brought with him from Edinburgh two years before, suffering from a psoas abscess, in order that he might carry out the after-treatment under his own immediate supervision. The abscess had dwindled to a mere sinus, and there seemed to be a good hope of its complete cure. Our esteemed confrere, Dr. John Stewart, who was Lister's house surgeon at the time, will doubtless readily recall the case.

No one but Lister could be expected to follow out the long after-treatment of these cases with his unflinching patience and care, and in the experience of others not much success was attained. In spite of the greatest precautions, almost invariably sooner or later during the long drawn out dressing of these cases the pyogenic germs would get in from the air, and some of the usual disastrous results would follow, namely, death from hectic fever and exhaustion, a sinus indefinitely extended, or lardaceous disease.

In the year 1891 I first saw A. E. Barker and Lister open, curette, flush out, and immediately close the incision without drainage in tubercular abscesses. Before suturing the wound Barker injected a few ounces of a ten per cent. mixture of iodoform and glycerine. He used plain boiled water at a temperature of 105 or more degrees Fahrenheit for washing out, while Lister used a one in ten thousand solution of corrosive sublimate.

This plan of treatment with slight modifications has been largely followed the world over, and with a good measure of success. There are some who still do not hesitate to drain for a few days after the operation in cases where they think it is desirable. Others omit the use of all antiseptics

for cleansing purposes or for injecting afterwards. For my own part I dread the use of a drain, even for a limited period, in any case of tubercular abscess, wherever situated. It may well be, however, that the throwing in of an antiseptic is unnecessary in these cases, just as we have found that it is not required in dealing with tubercular peritonitis.

From what I can gather from my own experience and the opinion of well-known surgeons as expressed in late numbers of the medical journals at my disposal, I have arrived at the following conclusions as to the management of cases of spinal abscess:— In the first place it is important to bring the general condition up to as high a level as possible by means of tonics, cod liver oil, good feeding and plenty of fresh air. It is also advisable to afford as much rest to the diseased spine as is practicable, by keeping the patient on his back or by the use of some support. If the abscess is small and does not show any sign of becoming absorbed after several weeks of such treatment, or if it is a large one when first seen, I would try aspiration through a medium-sized needle, applying the needle at a point where the coverings of the abscess are of considerable thickness, so that the risk of infection from the air by the way of the needle track may be lessened. To avoid the entrance of any of the tuberculous contents of the abscess into the same channel, it is well, perhaps to inject a little sterile water through the needle before it is withdrawn, and then, disconnecting the latter, press the tip of the finger on its end as it is being pulled out. It is of course understood that the skin has been properly disinfected previous to its puncture.

In an article which appears in an April number of the *British Medical Journal* of 1907, F. J. Steward, of Guy's Hospital condemns the use of the aspirator altogether, basing his objections upon two grounds, namely:

(1) Because only the more fluid contents of the abscess can be removed by this method, the lining membrane, which contains many of the bacilli, being left behind; and (2) because the needle track is liable to become a channel for infection both by tubercular material from within and pyogenic bacteria from without. The fact that aspiration not infrequently cures a spinal abscess, shows that it is not by any means always necessary to remove the lining membrane of the cavity, and, judging from my own limited experience, he exaggerates the risks of infection by way of the needle track.

One aspiration is not usually sufficient to obliterate the abscess cavity, it being often necessary to repeat the operation one or more times.

If particles of semi-solid matter block the needle and we are therefore unable to draw off the contents of the sac, we must then resort to an incision, made under antiseptic precautions, and remove the more fluid contents together with the lining membrane. Barker's flushing curette is the best instrument for the purpose, and we may follow either him or Lister in the use of either hot water or a weak solution of corrosive sublimate for the washing out process. The incision is closed at once and dressed antiseptically.

In choosing the site for our incision we should select one as far removed from the genitals as practicable, so as to minimize the risk of contamination from this source.

In case a re-accumulation of pus takes place, the operation is to be repeated, or perhaps it would be better to try the aspirator again, when it may be found that the contents of the abscess have now become so much thinner that they will readily flow through the needle, and thus the more serious operation be avoided.

When there is a piece of dead bone of considerable size in the abscess, it must of course be removed.

When the abscess has opened and we afterwards get an infected discharging sinus which tends to continue indefinitely, we may resort to the new treatment lately introduced to the notice of the profession by Emil G. Beck, of Chicago, which consists in injecting a mixture of subnitrate of bismuth and vaseline, with the addition of a small quantity of white wax and soft paraffine, where it is desirable to have the mixture more solid after it has cooled down to the body temperature, thus rendering it less likely to be prematurely extruded. To ensure asepsis the ingredients are to be boiled while being mixed. After cleansing and drying the sinus as thoroughly as possible, the preparation, at a temperature of about 110 degrees, is gradually but forcibly injected until the remotest corners have been filled. On cooling to the temperature of the body the mixture becomes harder and remains, or is discharged by little and little, the walls of the sinus meantime closing down upon it, and thus the sinus tends to become obliterated.

Usually a number of these injections will be required before a cure is accomplished.

While this plan of treatment does not always prove successful, still it seems the best means we have at our

disposal for dealing with all old sinuses.

I have recently tried it in one case, which I believe is the result of disease of the spine, and although I am not quite sure that the sinus is entirely cured, yet the discharge, which had previously amounted to about half an ounce per day, is now reduced to a drop or two per week, there being none at all for days at a time. Moreover, the patient expresses herself as feeling much improved both locally and generally.

REPORT OF CASES.

Case I.—Some twenty years ago while practising in Toronto, a boy sixteen years of age came under my care in the Home for Incurables, who had been sent there from Toronto General Hospital because of his serious condition and because he had been an inmate of the latter for one year, which was as long as a patient was allowed to remain there.

His father had died of phthisis when he was four years of age. He had been suffering from spinal disease for about two years, and had been paralysed in his lower limbs for some months. To add to his misery he had developed disease of one tarsus, and discharging sinuses had formed in connection with this part. He had also some cough, and there was much loss of flesh. His chief cause of complaint when I saw him was the fact that his legs would jerk when he fell asleep, and the pain thereby caused in his sore foot was extremely severe.

In the first place I did a Syme's amputation, which healed by first intention, and he was much relieved by this. I also gave him cod liver oil and plenty of good, nourishing food. After some time the paralysis began to disappear and about the same

period a fluctuating swelling showed itself in the mid-dorsal region, a little below the prominent vertebrae. This I aspirated, removing about twelve ounces of purulent fluid. After three or four weeks it was necessary to repeat the aspiration. Subsequently a leather jacket was put on and in a few weeks he was allowed to get up on crutches.

His cough continued for several months and was accompanied by more or less bloody sputa. Ultimately, however, he got quite well and went to work.

Case II.—A. B. Female. Age 44. Tailoress. Menopause four years ago. Always spare in flesh and more so of late than usual. Five months ago began to suffer from severe pain in right arm and elbow. Recently the same kind of pain has appeared in left arm. From the first there has been an ache in the back of the neck, about one level with the top of the scapulae. She had been treated for rheumatism or neuralgia.

When I saw her on April 27th, 1897, I found some stiffness on moving neck, and a soft, deeply fluctuating swelling on the right side above the outer part of the clavicle. I put in the needle of an aspirator and drew off two ounces of pus. I directed rest on her back, with a sand bag on either side of the head and neck. I also advised her to take cod liver oil and Fellsows' hypophosphites, and eat plenty of cream and raw eggs.

The pains became less severe after this, but by May 22nd the abscess had re-formed and I aspirated again. By August the pain had completely gone, though some stiffness of the neck remained.

Up to the end of the year she kept on her back most of the time, but soon after that she began to go about,

and in few months more commence to work at her trade, and still continues to do so.

Case III.—Mrs. M. Age 31. Multipara. Has had disease of the spine with marked angular curvature in the mid-dorsal region for two or three years. During three months of the past year there was considerable paralysis of the legs. Two months before I saw her a swelling began to appear in the lumbar region, and when I was first called, in the latter part of September, 1898, it occupied a space of three inches on either side of the spine, narrowing somewhat as it crossed the latter. As the swelling fluctuated I introduced the needle of the aspirator, but failed to withdraw any of its contents. On October 12th, I had her removed to hospital for operation. The swelling now measured eight inches in its transverse diameter and five in the longitudinal. I made an incision on one side near the spine and let out about a pint of flocculent pus, and then with Barker's flushing curette removed the lining membrane of the abscess. I found there were two pouches, one on either side of the spine, communicating with each other by an opening about an inch in diameter. This made it somewhat difficult to be at all certain that one removed the whole of the lining membrane of both sides, but I think I succeeded fairly well. I used a one in ten thousand solution of bichloride in washing out, and closed the wound with half a dozen sutures of silk-worm gut, just catching up the edge of the sac wall. Iodoform gauze and pads were then applied and strips of adhesive plaster were put on firmly over all, in order to make compression.

Five days afterwards the dressings were changed for the first time, and

the stitches removed. The wound had healed by first intention.

On October 22nd I used the aspirator to remove some bloody serous fluid which had accumulated in the sac, and on the 25th, she was allowed to go to her home wearing a support for her back. She never had any return of the abscess, and was able to attend to her household duties for several years, at the end of which time she succumbed to an acute attack of pneumonia.

Case IV.—Mrs. MacC. Age 67. Generally healthy until May, 1907, when she hurt her back in the lumbar region when stretching to reach a clothes-line. The back did not get better afterwards but continued to pain, and the pain subsequently ran down at times into the right hip, and lately into the left hip occasionally. She feels the pain in the back most when she raises herself after stooping for a time. Thinking it was rheumatism, she did not consult any one in regard to it until she had noticed a swelling for some weeks on the right side close to the inner side of the anterior superior spinous process of the ilium. This was in September, 1908, Dr. MacGrath, who then was called in, sent for me to see her in consultation. I found a fluctuating swelling four inches in diameter, lying in the aforesaid situation above Poupart's ligament at its outer end. I aspirated it and removed about fourteen ounces of pus. In three weeks it refilled and I drew off ten ounces. After a further interval of six weeks I withdrew about the same quantity, but it was much thinner than before. There has been no further accumulation since then and although she feels some of her old pain at times, yet she does nearly all the housework for herself and daughter, and keeps a few boarders also.

Her general condition is much improved since the tappings.

I should perhaps mention that when in her "teens" she hurt herself in the lumbar region while lifting a heavy weight and was troubled with back-ache for several years, when it left her and never returned until the time mentioned in the above history. It seems too long after this early injury for the present trouble to have any connection with it, although I suppose it is not impossible.

The patient seems almost too old to develop disease of the spine, but the long time that she felt the pain in the lumbar region, namely, fourteen months, before the abscess showed itself, and its cure by simple aspiration, would tend to confirm that diagnosis. It is not so very uncommon in my experience for tubercular disease to develop after fifty years of age.

Case V.—Mrs. T. C. Age 33. Has one child fourteen years old. Has been generally healthy. Two years ago began to have a "lame back," affecting the lumbar region; which has continued to trouble her ever since. Three months ago she noticed a swelling on the upper and inner side of the front of the right thigh. Dr. Dudley, of Hoyt, was soon afterwards called to see her, and has made several visits. He ordered her to keep in bed or lying on a couch, and gave her appropriate medical treatment. The swelling, however, gradually increased, and of late another has appeared above Poupart's ligament. I visited her about eight miles from the railway station with Dr. Dudley, on May 4th, 1909. She did not look ill and had not lost much flesh. The pulse and temperature have been normal. On examination I found a prominent fluctuating swelling three or four inches in diameter, two or

three inches below the right groin on the anterior inner aspect. Also there was another non-prominent one in the pelvis just above Poupart's ligament, which evidently connected with the other. No deformity of the spine. I tried to aspirate the lower one through a rather large needle, but only a few ounces of pus came away when the needle became blocked. Next day she was driven to the railway station and brought by train to the private hospital at Fredericton. I there opened the lower border of the swelling in Scarpa's triangle, letting out about thirty ounces of pus, and by the use of Barker's flushing curette and the finger I removed as well as I could the lining membrane of the cavities. I found that the pus had burrowed deeply to the inner and posterior side of the thigh, this cul-de-sac holding about eight ounces. Some particles of dead bone were seen in the pus. The finger passed beneath the femoral vessels up into the pelvis. A one in ten thousand solution of bichloride was used to flush out the cavities. Then I sutured the wound with silk-worm gut, just catching up the very edge of the sac, and applied some absorbent cotton impregnated with iodoform, which was secured in place with collodion, so as to guard more effectually against contamination from the urine or menstrual fluid. Outside of this I put on some iodoform gauze and strips of plaster.

A week afterwards the dressing was changed for the first time and stitches removed. The wound had all healed and the parts looked well. The menses had come on three days before. She said she felt much better than before operation.

As she was anxious to leave hospital to save expense and seemed to be

well, I allowed her to go home sixteen days from the date of operation.

Dr. Dudley informs me that some little time after getting home there was a small discharge of pus from the incision, but it never amounted to more than a teaspoonful per day. The opening closed again in a few weeks. It has now been soundly healed for about three months and there is no signs of any further accumulation of pus on the right side, but about eight weeks ago another swelling appeared in the left upper thigh similar

to the other one. While she is feeling so well Dr. Dudley writes that he hesitates to advise another operation, and therefore will wait a while. He tells me she weighs fourteen pounds more than she did before the former operation.

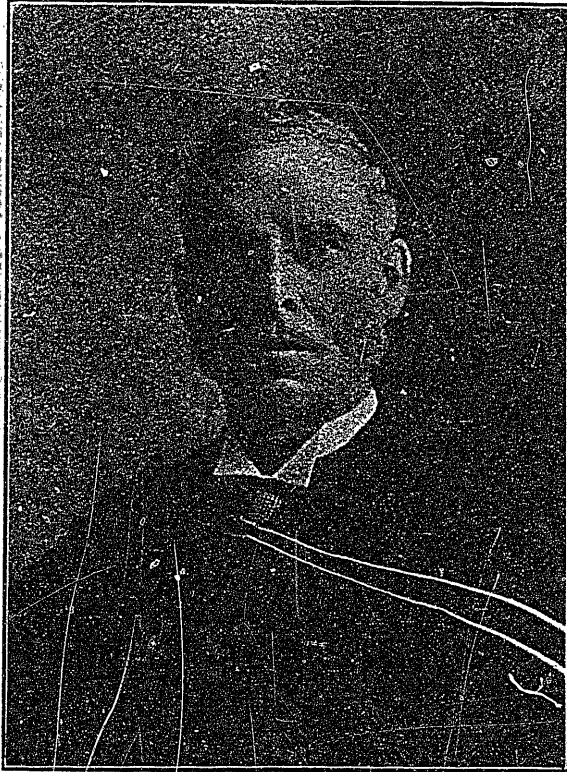
I suppose she will require a second operation on the left side similar to the first, and I trust it may turn out as successfully. I think too that there should be no unnecessary delay in having it done.



OUR PORTRAIT GALLERY.

RICHARD A. REEVE, M. D.

WE have much pleasure in presenting our readers with a portrait of one of the most distinguished as well as best beloved medal in the Natural Sciences. He received the degree of M. D. from Queen's University, Kingston, and became a Fellow of the Royal College



RICHARD A. REEVE, M. D.

of the medical staff of the University of Toronto.

Dr. Richard Andrew Reeve was born in Toronto in 1842, and was educated at the University there, graduating in 1862 as B. A., with the silver

of Physicians and Surgeons in that city in 1866. In 1869 he received the degree of M. D. (*ad eund.*) from Toronto University, and was appointed Lecturer on Ophthalmology and Otology in the Toronto School of

Medicine, now the Medical Faculty of the University. He was elected Dean of the Faculty in 1896, and in that capacity rendered services of incalculable value to the University, and gained as well the esteem and affection of his colleagues and of generations of medical students. It is to Dr. Reeve's untiring efforts that the University owes the spacious and beautiful building, known as Convocation Hall, a building which those of our readers who attended the meeting of the British Medical Association in 1906, will remember as the hall in which the general meetings took place. It was at that time in an unfinished condition.

In 1909, at his own urgent request, Dr. Reeve was released from the onerous duties of the Deanship, but he still retains the Chair of Ophthalmology in the University and is chief of the Ophthalmological service in the Toronto General Hospital. He is an LL.D. of the University.

Dr. Reeve has been President of the Ontario Medical Association, and was President of the British Medical Association at its meeting in Toronto in 1906. He is a member of the Otological and Ophthalmological Societies of America, and of the Ophthalmological Society of the United Kingdom, and he is at present Chairman of the Executive of the Canadian Medical Association.

We cannot give our readers a better idea of the position held by Dr. Reeve in the hearts of his colleagues and students than by reprinting the following extract from the University Magazine *Torontoniensis*:—

EXCERPT—"TORONTONIENSIS," 1909.

"The retirement of Professor R. A. Reeve from the Deanship of the Faculty of Medicine is an event not

the least important in the series of University happenings of which this book is a voracious chronicle. The writing of an appreciation *intra vitam* of its subject has not been an easy task, and when one recalls the reticence and modesty of this particular servant of the University, the undertaking becomes a task—even though it be a pleasure. But Ecclesiasticus commands us: 'Honor a physician with the honor due unto him for the uses which ye may have of him: for the Lord hath created him'—and truly this University has in the twelve eventful years of his tenure of office had many uses of him. So we may without undue comment or adulation proceed to recount some of those uses and leave a plain tale to speak for itself. When in 1896 Professor Reeve became Dean of the Medical Faculty, he found the staff going vigorously on with the work they had undertaken upon the reorganization in 1887 of the Toronto School of Medicine as the Medical Faculty of the University. The great disaster, or blessing in disguise, which you will remember, of the fire of 1890, had been repaired, the new Library, the Biological Building, and in 1895 the Chemical Building, had been completed, and the era was dawning of a more adequate appreciation on the part of the Provincial Government of the needs and rightful claims of the Provincial University and particularly of its very important Faculty of Medicine. The new Medical Building was finished in 1903, another object of great solicitude to the ever watchful, thoughtful guardian of the interests of both Faculty and University. From 1900 to 1907 Professor Reeve sat in the chair of the President of the Alumni Association, and among the multifarious activities of

that organization he inaugurated and helped to carry on to completion, the scheme which, beginning as a plan for a Memorial Hall in honor of the Ridegway heroes of 1866, was modified and enlarged till it resulted in our magnificent Convocation Hall.

"But even more important from a Faculty and University point of view were the prolonged, delicate and difficult negotiations which resulted in the amalgamation of the University of Trinity College with the University of Toronto in both Arts and Medicine. From 1887 the question had been mooted and forgotten by turns, till in 1900 it became again active, and in 1903 was harmoniously settled. This great gain to the University was attained only by the exercise on all hands, and by none more conspicuously than by Prof. Reeve, of tactful, unselfish, patient and conciliatory methods. Only those who have at some time in their lives undertaken a task so complicated can appreciate the nights and months of interview, negotiation, consideration and regard for vested rights and preconceived ideas, which were given by the Government and the authorities of the University to this question, and in all of these Professor Reeve bore a large and helpful part.

"As soon as this undertaking was brought to a successful issue, an even larger matter arose, to which most earnest attention had to be given, the work of the Royal Commission on the University whose report, presented to the Lieutenant-Governor in April, 1906, is an epochal document in the University's history. Again the same care and attention to the interests of the Faculty of the University were freely given, and directly arising from the reforms brought about the Commission's report, came the long and

difficult task of readjusting the Medical Faculty, not only in its new relations to the University, but to the hospitals in which the clinical teaching is done. But little experience is needed in such matters to enable one to see their difficulty, and it is perhaps the most just and at the same time flattering comment that one can make to say that whatever disappointments or heartburnings may have arisen from the selection of staff finally decided upon, criticism has never been levelled at Professor Reeve, or his "bona fides" and sense of duty to his colleagues called into question.

And now that his request of a year ago to the President has been granted, that he be permitted to retire from the Deanship and devote more of his time and energy to those important professional and private interests which he has so fully sacrificed upon the altar of the University's needs, the sentiment uppermost in our minds is not 'The King is dead. Long live the King.' For, while we welcome the present Dean, Professor C. K. Clarke, to his new responsibilities, we shall still have with us, we hope for many years, the ripe experience and knowledge of the history and affairs of the University possessed by the late Dean, and available for the expansion which will go on 'velut arbor ævo.' Rather our sentiment is to return to Ecclesiasticus, 'Let us now praise famous men, and our fathers that begat us.'

"This article could be in no sense compendious or complete without at least a reference to the tenure by Professor Reeve of the Presidency of the British Medical Association in 1906, on the memorable occasion of the Toronto meeting. Again was displayed the same willingness to spend time and energy upon what was to the advan-

tage of the University, the same tact and 'bonhomie' which have enabled him to play the role of presiding officer so often and so well elsewhere. The frequent visits with which we have been favored by distinguished men of medicine and surgery, from the United States, Germany, France and especially Great Britain, have been largely due to the esteem in which the late Dean is held by all whom he has met, both abroad and at home. And, finally, allusion may be permitted to the liberty with which Professor

Reeve has always set himself to care for the social and, so to speak, domestic interests of the undergraduate body. In all his addresses to the students, in his carefully thought out arrangements for such occasions as Hallowe'en, and in his paternal solicitude for the rights and interests as well as the normal welfare and ethical standard of the students for whom he has always felt himself deeply responsible, he has established a standard for all who may succeed him."



PROVINCIAL MEDICAL BOARD.

Halifax, March 12th, 1910.

DR. JAMES CORSTON,
Sec'y Med. Soc. of Nova Scotia,
Halifax, N. S.:

DEAR SIR,—In compliance with the request made by you, December 1st, 1909, on behalf of the Medical Society of Nova Scotia and in accordance with a resolution passed by the Society at its last annual meeting to the effect that the Provincial Medical Board should be asked to ascertain by a ballot to be taken before the next meeting of the legislature, the wishes of the profession throughout the province with regard to the exaction of an annual fee. I have to report that every effort has been made to comply with the Society's request and to secure as full a vote as possible on the question.

A special circular embodying the resolution passed by the Society and explanatory of the object was prepared and issued to every practitioner resident in the province on December 8th, 1909. A ballot paper was appended to the circular and a stamped envelope was enclosed for the return of the ballot to this office. On January 8th, 1910, as a very large number had up to that date made no reply whatever. About 200 cards were issued urging those who had not done so to return the ballots so that the vote might be made as general as possible. The final result to date is as follows:

Total number of ballots issued..	441
Ballots in favour of the Fee..	274
Ballots opposed to the Fee..	35
Declined to vote	2
Unreturned ballots	130

— 441

A number of letters were received along with the ballots in which the

writers took occasion to express still more strongly their views for or against the proposed Fee. If desired, these letters will be submitted to the Society.

Yours truly,
A. W. H. LINDSAY.

P. S.—Copies of the circular, the ballot paper, and the card are herewith.

Halifax, Dec. 8th, 1909.

DEAR SIR,—In accordance with a request made by the Medical Society of Nova Scotia, that a ballot should be taken so as to elicit the views of the profession of this province with regard to the advisability of requiring an annual fee from every registered medical practitioner in Nova Scotia, such fee being for the purpose of supplementing the funds of this Board, and the appearance of the name of each practitioner in the Register, as published each year to be dependent upon the payment of this fee, I beg to enclose herewith a copy of clause 2 of the report of the committee of the Medical Society on the presidential address of 1908 as unanimously adopted at the annual meeting of the Society held at Sydney, July, 1909, and would request that you will be good enough to indicate your feeling upon this matter by adding your signature to the appended slip, so as to show whether or not you are favourable to the levying of this fee, and to securing such legislation as may be necessary to make payment of the same compulsory.

I may say, that not only are the initiatory examination and registration fees lower in Nova Scotia than

in most of the other provinces, but further, Nova Scotia is the only province in which an annual fee is not collected, and in view of the additional expense which has been entailed by the establishment of the License Examinations, the Board felt, as was indicated in the presidential address above referred to, that some means must be adopted to increase its revenue so as to cover these new demands. and at the same time to meet legal liabilities which may be incurred in carrying on proceedings against irregular and unqualified persons.

In order that the Board may be in a position, at its next regular meeting in January, to act in accordance with the general consensus of opinion which this ballot may disclose, and to take steps, if so desired, to secure the necessary legislation during the coming session, I have to request that you will kindly return the ballot slip at your earliest possible convenience, for which purpose a stamped and addressed envelope is herewith enclosed.

On behalf of the Board,

A. W. H. LINDSAY, Secy.

Adopted at annual meeting of the Medical Society of Nova Scotia, held at Sydney, July 7th to 8th, 1909.

BALLOT RE ANNUAL FEE.

To be returned to Secretary Provincial Medical Board.

Having read the circular letter from the Secretary of the Provincial Medical Board, and the resolution adopted by the Medical Society of Nova Scotia at the annual meeting at Sydney, July, 1909, relative to the assessment of an annual fee on every registered medical practitioner in Nova Scotia, I desire hereby to record myself as * in favour of the levying of such fee (not to exceed two dollars) and the securing of such legislation as may be necessary to make payment of the same compulsory.

Dated at _____ this _____ day of December, 1909.

*The word "not" to be inserted here in voting against the proposed fee.

Halifax, Jan. 8th, 1910.

DEAR SIR,—As it is wished to get as general a vote as possible on the question of the "Annual Fee," I have to request that you will kindly return the Ballot Paper sent you a short time ago—unsigned if you so prefer it, but indicating at least whether you are in favour of, or opposed to the levying of such a fee.

Thanking you in anticipation of a prompt reply.

Yours truly,

A. W. H. LINDSAY,

Secretary Prov. Med. Board.

REPORT OF COMMITTEE ON PRESIDENTIAL ADDRESS, 1908.

Clause 2.—"It is to be regretted that the Board is at times hampered by lack of funds, and it is suggested that this Society advocate the adoption of an annual fee say of \$2.00, and that the desire of the profession in the matter should be learned by ballot; and that Provincial Medical Board be asked to take the ballot before the next meeting of the Legislature."

SOCIETY MEETINGS.

HALIFAX AND NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION

THE regular fortnightly meeting of this Branch was held at the Queen Hotel, on February 2nd, at 8.30 p. m. The President, Dr. Corston, was in the chair, and twenty-five members and six guests were present. The secretary read a letter from Dr. Kirkpatrick, who was absent on account of illness, and several members expressed regret that Dr. Murdoch Chisholm had met with a serious accident and was prevented from being present.

The paper of the evening was then read by Dr. A. B. Atherton, of Fredericton, N. B. The title was "Treatment of Spinal Abscesses, with report of some cases." The paper will be published in the MARITIME MEDICAL NEWS. Dr. J. Stewart complimented Dr. Atherton on his paper and discussed the paper, referring in an interesting manner to his experiences in the early Listerian days. Others who took part in the discussion were Drs. Mader and Birt, Colonel Bridges, P. M. O.; Drs. H. K. MacDonald, Carruthers, Finn and Eagar. Meeting adjourned to the dining-room of the hotel where supper was served. Toasts were proposed by Drs. Trenaman and G. M. Campbell, and replied to by Dr. A. B. Atherton, Colonel Bridges, Dr. Tobin, the first president of the Branch, Dr. Armstrong, of Bridgetown, and several others.

A regular fortnightly meeting of this Branch was held at the Nova Scotia Hospital, Dartmouth, on February 16th, 1910. Fifteen members and five guests were present. The minutes of last meeting were, on motion, taken as read.

The programme of the evening was in the hands of Drs. Hattie, Lawlor, and MacIntosh.

Dr. G. A. MacIntosh, being called upon, briefly described a recent method of diagnosis in chronic inflammatory diseases of the spinal cord, especially useful in the early diagnosis of General Paralysis of the Insane. It consists (1) in demonstrating an increased number of lymphocytes in the cerebro-spinal fluid; and (2) in submitting the fluid to a chemical test, both of which he demonstrated very satisfactorily.

Dr. Lawlor read a paper on "Hydrotherapy in the Treatment of the Insane." After reviewing briefly the virtues of ordinary hydrotherapeutic measures he described in detail the methods of carrying out treatment by means of the prolonged baths. By this method patients are immersed in water 98° to 90° for days and weeks at a time. Some good results are reported following this method of treatment.

Dr. W. H. Hattie read a paper on some of the recent advances made in the field of Psychiatry. The papers were briefly discussed by several members.

After a vote of thanks was tendered to Drs. Hattie, Lawlor, and MacIntosh for their interesting papers, and to Dr. Lawlor for the use of his reception room. The meeting adjourned. The members were then invited to an oyster supper which was much enjoyed by all present. A vote of thanks was tendered to Drs. Hattie and Lawlor and both responded briefly. Before leaving the institution the members inspected the hot air system of forced ventilation recently installed in the institution. All present agreed that this was one of the most enjoyable meetings of the session.

ANNAPOLIS-KINGS MEDICAL SOCIETY.

A REGULAR meeting of the Annapolis-Kings Medical Society was held in Lawrencetown on Thursday, January 27th, 1910. There was a good attendance considering the bad roads and storm, and an excellent programme was enjoyed.

Dr. A. A. Dechman, of Bridgetown, and Dr. A. P. Miller, of the Provincial Sanitarium, were elected to membership in the Society.

It was moved, seconded and passed, that the Society adopt the Code of Ethics of the Canadian Medical Association.

The resolution in re Patent Medicines and Patent Drugs was taken up and discussed by the members in a very able manner, and it was resolved that the further discussion be deferred to the next meeting and that the Secretary obtain copies of the Quebec and Ontario Act for the members to read.

Dr. Miller reported two fatal cases of pleurisy with effusion, which were tapped in the usual manner and the query was as to the cause of sudden death in both was raised by the author.

Dr. Moore reported an interesting case of epithelioma of lip, very large and ulcerated and was removed more to afford temporary relief from the offensive growth than with the hope of cure. The operation was done more than fifteen years ago, and in spite of the involvement of the sub-maxillary glands the patient got over the trouble and was well to-day. The question of operation and the use of the various pastes of arsenic and zinc chloride was ably discussed by the different members.

Dr. Sponagle read a paper on "Notes on London," which was very enthusiastically received by the meet-

ing. He compared the post-graduate work of New York and London; showed the marked difference in London between the general practitioner and the consultant, and explained how the various hospitals were supported and referred to the work done by the great surgeons and medical men with whom he came in contact.

Dr. A. F. Millar, Medical Director of the Provincial Sanitarium, Kentville, gave a very able and instructive address on "Incipient Tuberculosis, its diagnosis and the examination, etc., taking the family and personal history, subjective and objective symptoms in all their details.

The balance of the afternoon session was devoted to a general discussion on the subject of Tuberculosis, after which a dinner was enjoyed at the Hotel Carlisle.

EVENING SESSION.

Over a hundred people turned out to the evening meeting and this part of the programme was carried out in its entirety.

After a few opening remarks by the President, Mr. J. E. Shaffner gave an address of welcome to the visitors and hoped the present meeting would be a great uplift in educating the people on the subject of Tuberculosis.

The addresses of Dr. DeWitt, Dr. A. F. Millar and Dr. A. P. Reid, the Provincial Health Officer, were well received and applauded and Rev. Messrs. Hart and Mellick thanked the Medical Society and its speakers for the very enjoyable and instructive meeting, on behalf of the people present.

The public meeting is the fifth of a series of meetings held in different parts of the two counties on the subject of Tuberculosis.

THE CANADIAN HOSPITAL ASSOCIATION.

THE Fourth Annual Meeting of the Canadian Hospital Association will be held in Montreal on Easter Monday and the following Tuesday, March 28th and 29th. Mr. H. E. Webster, of Montreal, will preside. Dr. C. K. Holmes and other prominent hospital workers will be present. One feature of the meeting will be a visit to the various hospitals in Montreal, with demonstrations of special features of their work.

All hospitals superintendents and trustees are eligible for active membership; and anyone particularly interested in hospital work is eligible for associate membership.

Further particulars in regard to meeting may be obtained from the Secretary of the Toronto General Hospital. Anyone desiring a copy of last year's proceedings may secure it on application.

THE TORONTO GENERAL HOSPITAL EX-HOUSE STAFF BANQUET.

THE Ex-House Officers of the Toronto General Hospital, of which there are now nearly three hundred, will hold their annual banquet at the King Edward Hotel on Easter Monday evening. Dr. Roland Hill, of St. Louis, will deliver the scientific address, following which the

usual toasts will be drunk. It is expected that the first presentation of the Gold Headed Cane will take place. This has been awarded to Dr. Thos. Cullen, of Baltimore, who was considered to have made the best contribution of any ex-house officer to medical literature last year.

ERRATA.

In Dr. Sutherland's paper on Typhoid Fever, which appeared in the February number of this journal, the phrase (occurring about the middle of the first column and page 58), "albumen water and whey, etc., And the

phrase at top of first column, page 54. reading "This was changed every five minutes and repeated every hour, etc.", should read, "This was changed every five minutes *for twenty minutes*, and repeated every hour, et."



OBITUARY.

DR. J. M. DEACON.

IT is with gréat regret we have to record the recent death at an early age of one of our leading practitioners.

Dr. J. M. Deacon died at his home in Milltown, N. B. on Wednesday, February 20th, after a very short illness. On Saturday Dr. Deacon attended his professional duties as usual, although in the evening he did not feel well; nothing of a serious nature was anticipated, so his sudden death of rupture of the heart, the next afternoon, was a great shock to the community.

Dr. Deacon was a native of Charlotte County, New Brunswick, and a graduate of the Saint Stephen's High School. He graduated in Medicine with honours from the University of Vermont in 1883, and took a Post-Graduate Course at McGill in 1899. He began practise in Grand Manan, where he remained until 1886, when he removed to Milltown, N. B. There he practised most successfully and gained the reputation of being a very skilful surgeon.

At one time he was mayor of Milltown; he was also former president of the New Brunswick Medical Society, and took an active and keen interest in all matters that concerned his profession and the public. He was Chairman of the School Trustees, and a member of the Masonic and Pythians Societies.

His loss will be greatly felt not only

among his professional brethren but by the general public.

At the time of his death, Dr. Deacon was forty-six years old; he leaves a widow, who is a daughter of Ven. Archdeacon Newnhan, and seven children.

At a meeting of the Council of Physicians of New Brunswick, held February 21st, the following resolution was passed:

"The members of the Council of Physicians and Surgeons of New Brunswick desire to place on record the keen appreciation of the great loss that they and the profession in the province have sustained in the sudden demise of our valued friend and co-worker, Dr. J. M. Deacon.

"Endowed with good ability and a love of his chosen profession, he had gained a more than local reputation as a surgeon and won the love and confidence of numerous patients.

"To the profession at large, Dr. Deacon had endeared himself by his unselfish energy in promoting all that is to the advancement of medicine and surgery and to the upholding of its highest aims.

"*Also resolved*, That a page of our records be devoted to the memory of our departed member:

"*And further resolved*, That a copy of the resolution be sent to his widow and family, with the prayer, that He who doeth all things well will comfort and sustain them in their heavy bereavement."



BOOK REVIEWS.

INTERNATIONAL CLINICS: A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Volume IV., Nineteenth Series, 1909. Published by J. B. Lippincott Co., Phil. and London.

The first article by Dr. Simon Flexner on "Antimeningitis Serum and the Results of its Employment," is a most valuable contribution. Several tables are given showing the percentage of deaths in epidemic cerebro-spinal cases treated by the serum, and likewise non-serum treated cases. The great reduction in the mortality is proven not only by the author's statistics, but also by many other observers. "Treatment of Cancer by Fulguration," by Pierre Fredet, M. D., of Paris, is advocated as a palliative measure in these cases. The author states

that "fulguration has a right to occupy the honorable position by the side of, if not above X-ray and radium treatments." "The Use of Tuberculin in Treatment," by Louis Hamman, M. D., of Baltimore; "Hypnotism and Psychotherapy," by J. W. Wainwright, M. D., of New York, are likewise instructive. "The Rontgen Diagnosis of Tuberculosis," is advocated strongly by the author, C. L. Leonard, M. D., of Philadelphia, and eleven plates are shown to corroborate the author's opinion. "Color Photographs in Relation to Surgery," by C. B. Longenecker, M. D., of Philadelphia, explains some of the processes in color photography, and several admirable plates are given in the text.

PERSONALS.

Dr. A. I. Mader, who returned home some weeks ago from Edinburgh, has fully recovered from his serious illness referred to in a previous issue.

Dr. Murdoch Chisholm, who had the misfortune of having his upper arm broken early last month, is progressing favorably.

Lieut.-Col. Foster, P. A. M. C., returned from his trip to China last month.

Lieut.-Col. Bridges, who made many friends during his stay in Halifax, returned to Fredericton last month.

Dr. W. T. M. MacKinnon, formerly of Amherst, has taken Dr. S. Shaw's practice at Berwick.

Dr. W. J. Kennedy, of Musquodoboit Harbor, had a narrow escape last month with his life. He was returning at night across the ice from a call and the horse getting off the track went through the ice. The horse, which was a valuable animal, was lost, as well as a satchel of surgical instru-

ments. The doctor was much exhausted after a great battle for life, as the ice broke several times before he finally succeeded in extricating himself.

Dr. E. N. Payzant, of Wolfville, in renewing his subscription to the News recently states that it is sixty years since he entered the office of his preceptor, Dr. E. L. Brown, of Wolfville, and although not in active practice he takes a lively interest in the professional progress of the day. Dr. Payzant is an exceedingly well preserved man for his age and the News trusts that he will enjoy many years of continued good health.

Major T. J. F. Murphy, P. A. M. C., has recently returned from Glace Bay, having been stationed there with the troops for some months.

Dr. M. A. B. Smith, of Dartmouth, is on a short trip to the West Indies.

Dr. N. F. Cunningham, of Dartmouth, whose health has not been good lately, has gone for a trip to Mexico and other points.

THROAT AND SINUS COMPLICATIONS OF GRIP.

By C. G. COAKLEY, M. D.

In New York State Journal of Medicine

IN the time allowed for the discussion of the throat and nose complications in the recent epidemic of grip, it will be possible only to give a very brief account of the more important affections. The pathological changes in the mucous membrane of the pharynx, larynx and trachea as seen in the examining mirror were not so severe, if measured by the intensity of the hyperemia and swelling, as those occurring in similar epidemics in former years. Notwithstanding this fact, the inflammation and symptoms therefrom have persisted much longer than the pathological changes would seem to have warranted. This can only be accounted for by the extreme bodily depression and lack of recuperative power that has been so noticeable in the present epidemic.

The most troublesome symptom in relation to the throat has been a spasmodic irritable cough, accompanied by only a small amount of glairy mucoid expectoration. In the pharynx there was the usual tendency to hypertrophy of the lymphoid tissue on the posterior wall behind the pillars of the fauces.

In the larynx the most marked change has been a hyperemia and some swelling of the inner ends of aryepiglottic folds. The mucous membrane of the trachea has been but moderately inflamed, and in many cases the vocal cords were scarcely at all involved. In a few cases there have been an edema and hyperemia of one or both vocal cords, simulating the rupture of a small capillary and presenting almost the appearance of a hematoma. In such cases, of course,

the voice has been impaired in direct proportion to the amount of involvement of the vocal cord.

The variability of the laryngeal condition has been very noticeable and always in direct proportion to the amount and severity of the cough. When the latter has been excessive these congested areas have been very noticeable, and when the paroxysms of the cough have been reduced to a minimum the congestion of the cord would in twenty-four hours nearly disappear. As a large part of the cough is the result of the excessive irritability of the nerve endings in the inflamed mucous membrane of the pharynx and larynx produced by the frequent trauma of paroxysms of cough, the most satisfactory treatment was found to be the administration of sedatives to reduce to a minimum the useless portion of the cough. Codein, morphin and heroin are the three most valuable drugs for this purpose; each has its objectionable features.

In some cases the cough is best controlled by one large dose administered in the morning on waking, while in other patients the cough is best controlled by small doses frequently repeated. Local applications to the inflamed mucous membrane, even when the patients have been thoroughly cocaineized, have not proved of much benefit, and oftentimes on account of the bruising during the application, have done more harm than good. Inhalation of sprays containing menthol from 1 to 5 per cent. in an oily vehicle, have often given temporary relief, but require to be repeated every two or three hours.

The inflammation of the nasal mucous membrane has also been of moderate severity. The number of cases of involvement of the accessory sinuses as characterized by intense, so-called neuralgia, and accompanied by a muco-purulent nasal discharge, has also been less than in some other epidemics. I wish to emphasize the importance, however, of the general practitioner differentiating between true neuralgias and the so-called neuralgia accompanying diseases of the accessory sinuses. The pain from sinus disease is often mitigated or absent at night, returning in the morning soon after rising and lasting with varying intensity until the middle of the afternoon, when it frequently disappears. The headache may be bilateral when the sinuses on each side of the head are involved, or unilateral when the sinuses on one side only are implicated. The point at which the greatest pain is described is not necessarily an indication of the sinus that is involved. It is not uncommon to find intense frontal, orbital, or temporal pain, even earache, associated with the sensitiveness of the teeth accompanying suppuration in the antrum. Pain in the teeth in the upper jaw of the affected side is often experienced, even when competent dentists fail to find any disease of the teeth.

Pressure over the anterior surface of the antrum, just below the inner canthus of the eye, is observed in many cases of antral disease. Pain on pressure on the under surface of the frontal bone, just above the inner canthus of the eye and internal to the supra-orbital notch, is usually indicative of involvement of the frontal sinus, as is also percussion over the anterior surface of the frontal bone just above the inner end of the eyebrow and in-

ternal to the course of the supra-orbital nerve. Deep-seated pain at the back of the orbit, which is intensified on moderate use of the eye and sometimes attended with indistinctness of vision, often accompanies involvement of the posterior group of ethmoidal cells and the sphenoidal sinuses.

If the practitioner would investigate, or in the absence of his ability cause to be investigated, the nasal cavities of all patients suffering from neuralgia, and having considerable muco-purulent discharge from the nasal cavities, either anteriorly or posteriorly, I am sure he would be surprised to find the number of times these accessory cavities were filled with retained secretion.

Though the milder cases of sinus disease have a tendency to get well with little or no treatment directed to them, the more severe types persist for weeks until recognized, and are then more slowly amenable to treatment. Undoubtedly, some of them if untreated become chronic and give the patient and his physician much to do before suppuration in these cavities can be cured. The treatment of the milder cases consists in keeping the mucous membrane of the nasal cavities contracted so far as possible with a 1 to 10,000 solution of adrenalin; and, if necessary, judicious spraying of the nose with a 1 per cent. solution of cocain by the physician or a trained nurse. It is never safe to give a cocain spray to the patient for his own use for fear of the formation of the cocain habit. If the discharge is not greatly diminished in the course of a few days and the neuralgia persists, then the nose should be thoroughly investigated, obstructions to drainage removed, and the cavities themselves irrigated with normal saline solution.

FOR IDLE MOMENTS.

A MISCONCEPTION.

A census taker while on her rounds called at a house occupied by an Irish family. One of the questions she asked was, "How many males have you in the family?" The answer came without hesitation, "Three a day, mum!"

* * *

Mrs. Casey: Pwhat's the matter, Mrs. Dooley? Mrs. Dooley (between sobs): Me Dennis is nearly dead, an' I can't get his medicine. Mrs. Casey: Why? Mrs. Dooley: The pubs are closed.

* * *

"QUEER EPITAPHS"

John Burton, he lies buried here,

He was both hale and stout,
Death stretched him on this bitter bier

His wife now hops about

* * *

The editor of the *British Medical Journal* (November 23rd) quotes the following "queer epitaphs" from the *Chicago Medical Recorder*:—

"Stranger, approach this tomb with gravity;

John Brown (Dentist) is filling his last cavity."

* * *

"Beneath this stone our baby lays,

He neither cries nor hollers;
He lived just one-and-twenty-days,
And cost us forty dollars.

* * *

SIX MILES FROM DRUMTOCHY

English Tourist (in the far north, miles from anywhere)—"Do you mean to say that you and your family live here all winter? Why, what do you do when any of you are ill? You can never get a doctor?" Scotch

Shepherd: "Nae, sir. We've just to dee a natural death!"—Doctor's Domicile (U. S. A.)

* * *

CHRISTIAN SCIENCE.

The meeting had not begun. A nervous little man shifted uneasily from one part of the hall to the other. At last he rose and called out in a high penetrating voice: "Is there a Christian Scientist in this hall?" A lady stood up and said, "I am a Christian Scientist. What do you want?" "I want you to change seats with me, ma'am, as I'm sitting in a draught!"—Daily News.

* * *

HOSPITAL "NOURISHMENT"

A caterer who had met with an accident was sent to the nearest hospital, where, among other things, a nurse put a thermometer into his mouth to take his temperature. During the afternoon the man's employer called to see him. "Well, Nathan," he asked, "how are you?" "Fairish, sir," the invalid replied. "Have you had any nourishment?" "Yes, sir." "What did you have?" "A lady gimme a piece of glass to suck, sir."

* * *

General Phil Sheridan was at one time asked what incident in his life caused him the most amusement. "Well," he said, "I always laugh when I think of the Irishman and the army mule. I was riding down the line one day when I saw an Irishman mounted on a mule which was kicking rather freely. The mule finally got his foot caught in the stirrup, when, in the excitement, Pat remarked: "Well, begorra, if you're goin' to git on I'll be gittin' off!"—West Drug-gist.

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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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DOSE—One to two tablespoonfuls three to six times a day.

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A highly efficient (non-acid) antiseptic solution, of pleasant balsamic taste and odor. Absolutely free from toxic or irritant properties, and does not stain hands or clothing.

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Pinus Pumilio,	
Eucalyptus,	
Myrrh,	
Storax, Benzoin,	

SAMPLE AND LITERATURE ON APPLICATION.

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R	Sodium Formate	- -	2 Grs.	}	DOSE One or two Capsules three times a day, followed by a <i>copious</i> drink of water.
	Potass Formate	- -	2 Grs.		
	Calcium Formate	- -	3 Grs.		
	Quinine Formate	- -	1 Gr.		
	Strychnine Formate	-	$\frac{1}{80}$ Gr.		

This form of administering the Formates is one largely in vogue for increasing tone in those who go in for physical exertion, such as athletes and men who are very actively engaged, who are merely run down and not suffering from any illness, but require a sharp tonic. The Formates are also useful in the treatment of Chronic Rheumatism.

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—*British Medical Journal.*

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SAMPLE ON APPLICATION.

NOTES ON SPECIALTIES.

ENURESIS-NOCTURNA.

Dr. L. L. Gray, of St. John, Mo., reporting the outlines of a case of enuresis-nocturna, treated with sanmetto, says the case was that of a maid thirteen years of age, who had suffered with enuresis from infancy. She was old enough to realize her condition and keenly felt its effects. She acted as though she thought every one she met knew her troubles, and consequently she was shy, unsociable, ashamed to be seen in company. Strangers would ask if she was entirely sane.

He gave her a bottle of sanmetto, told her mother to give her all assurance that it would cure her, if properly taken. He says a second four ounce prescription verified the truth of his statement. It did cure her, and she became a perfectly formed young lady, intelligent and sociable, the downcast countenance gone and life again worth living.

* * *

MENTAL DISTRESS.

Of all the various anomalies of the menstrual function, none occasions more worry on the part of the patient than a suppressed or scanty flow.

The fact that cessation of the menses is a common symptom of phthisis is known to practically every woman; hence it is that whenever the expected flow is absent or scanty, there is apt to be a degree of mental distress entirely out of all proportion to the amount of physical discomfort experienced.

Mindful of the fact that worry of this character is always detrimental to the general welfare of the patient, the physician very wisely avails himself of an agent having the property

of promoting the menstrual discharge.

Despite the fact that over-work, over-study, lack of exercise, insufficient food, anæmia and numerous other circumstances may be the cause of non-appearance or deficiency of the catamenial discharge, it is, in the opinion of the best informed, always the part of wisdom to restore the function with the least possible delay in order that the patient may be spared the depressing consequences of extended anxiety.

Furthermore, a debilitated condition of the reproductive system is invariably associated with a suppressed or scanty menstrual flow, and by reason of this fact, the prompt administration of a utero-ovarian stimulant is obviously of more immediate benefit than the employment of measures directed toward improving the nutrition and general health of the patient.

When the menstrual discharge has been acutely suppressed or rendered scanty by exposure to cold, change of climate, worry or grief, the administration of a potent utero-ovarian stimulant is incomparably more beneficial than drugs that only affect the reproductive system indirectly.

The invigorating action of Ergoapiol (Smith) on the uterus and its appendages renders it of extraordinary service in cases of suppressed or scanty menstrual flow. The stimulating action of the preparation on the sexual apparatus is exceptionally marked and prompt, and in instances where debility of these organs is the underlying cause of suppressed or scanty menstrual discharge, its employment is invariably advantageous.

In the amenorrhœa of "shop-girls" debilitated by over work and insufficient exercise, Erpapiol (Smith) has

proved particularly beneficial. It is likewise notably serviceable in scanty menstruation of women who have borne children in rapid succession.

In cases of acute suppression arising from sudden exposure to cold or dampness, change of climate, shock or similar causes, the preparation should be administered in doses of one capsule three or four times a day until the function has been re-established.

When the amenorrhoea is of long standing and due to general debility, anæmia, sexual depression or other systematic impairments, one capsule should be administered night and morning throughout the intermenstrual period.

* * *

A NEW REMEDY FOR RHEUMATISM

For many years, including the present time, iodides, salicylates, and pre-

parations thereof have been used extensively in the treatment of rheumatism, and in the majority of cases they have little or no effect. We have to-day in Sal Lithofos a preparation containing in the active state lithium phosphate (Li_2HPO_4) and sodium phosphate (Na_2HPO_4), a combination of salts which is of special service in the treatment of chronic rheumatic and gouty conditions.

It has been proven by the best authorities that lithium urate is more soluble than any other urates, and therefore lithium phosphate is far superior as a solvent, and should be administered to gouty and rheumatic patients. Expert knowledge and chemical skill of high order were required to combine in this palatable preparation the necessary active constituents without in any way produc-

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* * *

VERDICT IN FAVOR OF ANTIPHLOGISTINE.

Early in the history of the Denver Chemical Mfg. Co. their sole product, Antiphlogistine, was nicknamed Den-

ver Mud and for many years has been known and sold under that name.

The merit of this product, years of indefatigable labour, and the expenditure of vast sums of money have created a world-wide business, which has led many individuals and firms to manufacture imitations of Antiphlogistine, and within recent years a few firms have been manufacturing and selling a plastic dressing under the name of Denver Mud, frequently misleading purchasers, who, in calling the product of the Denver Chemical Mfg. Co. under its nickname, have not received the original preparation.

In view of this, suit was brought against Colorado Chemical Co., of Chanute, Kansas, which has recently been decided. A great amount of testimony was taken in St. Louis, Kansas City, New York, and other parts of

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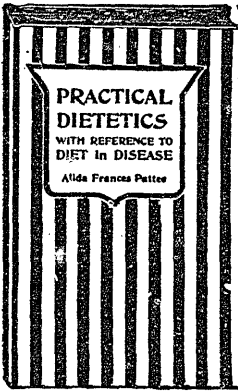
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 Mount Vernon, New York
 NEW YORK OFFICE: 52 West Thirty-ninth Street.

the country, defendant's counsel attending and cross-examining complainants' witnesses. After contesting the case to its conclusion no reason was presented by defendant on final hearing, why a decree should not be entered in favour of the Denver Chemical Mfg. Co., and on the testimony, a decree was granted accordingly. Perusal of the decree shows that the Denver Chemical Mfg. Co. have been granted all that was claimed in their bill.



TWO INTERESTING CASES.

Dr. Geo. Selkirk Jones, Ph. D., L. S. A., in an original article, first printed in *Medical Reprints*, London, says: "I am desirous of placing upon record the two following clinical cases, which have come within the sphere of my professional occupation.

**Glyco-
Thymoline**

IS INDICATED FOR

**CATARRHAL
CONDITIONS**

**Nasal, Throat, Intestinal,
Stomach, Rectal and
Utero-Vaginal**

SAMPLES ON APPLICATION

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The first was that of a lady, the subject of a periodically recurring hemi-crania of a decidedly neurotic type, upon whom the usual remedies had *ad nauseam* been tried, with occasional benefit alternated with disappointment. This led me to persevere with Antikamnia tablets, one every two hours for eight doses. This case having secured for me a meed of confidence, I have labelled it, mentally, as my first success with this preparation.

The second one is that of a man aged forty-five, the subject of asthma of a pulmonary type and associated with gastric troubles, for whom I was in the habit of prescribing alkalies. In this case I am now observing the gradually increasing evidences of the benefit of Antikamnia and Codeine tablets, which, up to the time of writing, have not failed or fluctuated in their analgesic and stimulating action upon my patient's asthmatic condition.

A STUDY OF COCILLANA.

Among the remedies from South America which were brought to this country and introduced by Parke-Davis & Co. about twenty years ago is Cocillana. I was much interested

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in many of them, principally pichi, kava kava, lippia, and chekan. The first named remedy has proved to be of value in the treatment of respiratory difficulties. It influences the mucous membrane of the respiratory tract, although, like lobelia, ipecac, and bloodroot, it has an active emetocathartic effect.

Cocillana has been used principally in bronchitis; in the treatment of chronic cases it is especially valuable. It relieves the cough, improves the secretion of mucus, causing it to be more watery and more easily expelled. In those cases in which the cough is dry, in which there is but a small quantity of mucus, it shows its influence more decidedly. It has been used satisfactorily in acute catarrh where the mucous membranes are dry, and in spasmodic croup with deficient secretion. In the cough of measles, influenza, asthma, and hay-

fever, where the mucous membranes are dry, it has accomplished good results. It has been observed to afford an excellent effect in the cough of tuberculosis. — *Ellingwood's Therapeutist.*

LETTERS TO A NEUROLOGIST.

Joseph Collins, of New York, supposes himself to receive a letter from a worldly, selfish woman, who has exhausted all sorts of pleasures and now, at forty-three, finds herself a prey to ennui, supposing herself to be sick. He answers her by trying to direct her to live for others instead of herself, to endeavor to aid some of the great endeavors of the day to better the condition of the masses, and in this to find a happiness that the mere pursuit of pleasure cannot bring.—*Medical Record.*

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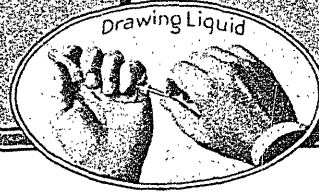
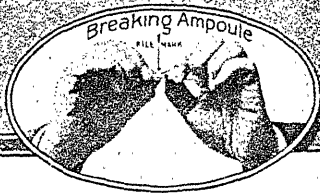
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