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Vol. XIV.

HALIFAX, NOVA SCOTIA, JANUARY, 1902.

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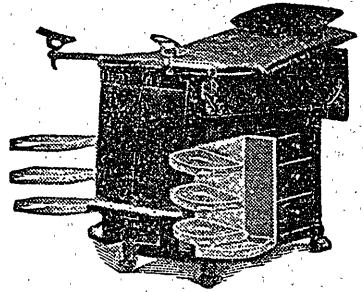
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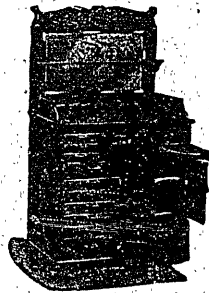
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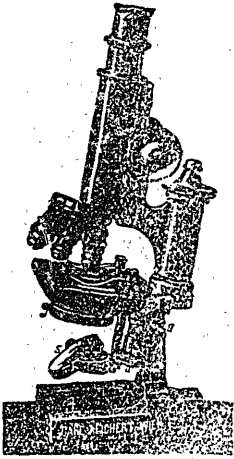
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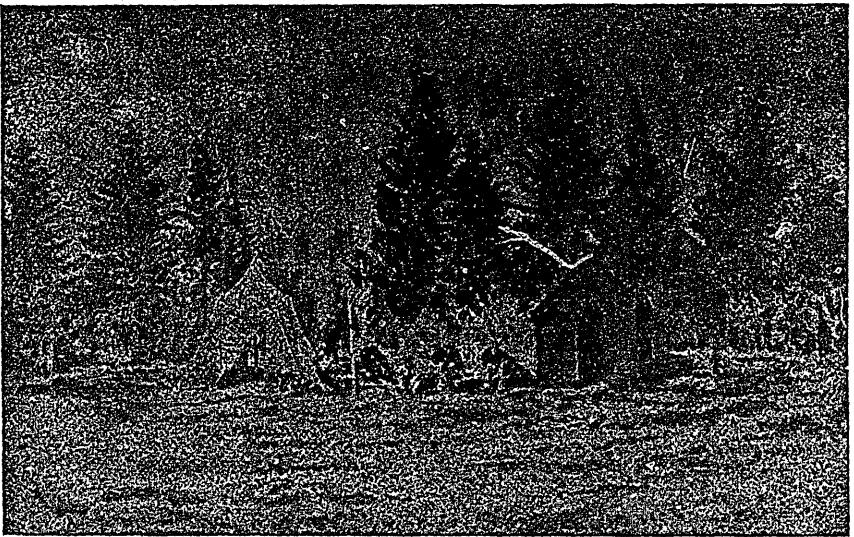
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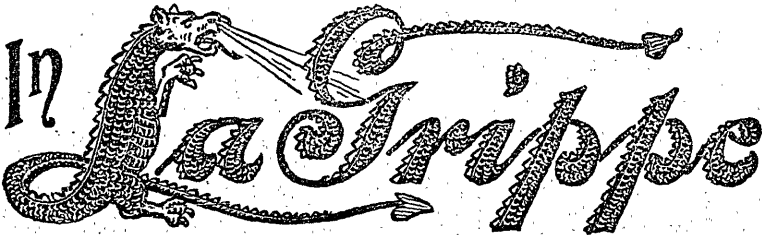
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VOL. XIV.

HALIFAX, N. S., JANUARY, 1902.

No. 1.

Original Communications.

REPORT OF A CASE OF APPENDICITIS.*

By ALEXANDER ROSS, M. D., Alberton, P. E. I.

The following case of appendicitis may prove interesting, on account of some unusual symptoms presented after operating, notably a locking of the bowels for 17 days, terminating in recovery.

The patient, (P. F.), had had attacks of appendicitis for the past five or six years. Each attack was always preceded by a derangement of the stomach, and lasted from three days to ten days. They averaged in number from two to seven or eight per year. In some the elevation of temperature was considerable, while in others there was none. I saw him in two attacks. He presented the usual symptoms of catarrhal appendicitis:—pain on pressure over McBurney's point, elevation of pulse and temperature. The case presented no unusual symptoms, except on one occasion, when considerable difficulty was experienced in moving his bowels. The frequent attacks made life a burden for him, and incapacitated him for work. This, together with the danger of the suppurative, or the fulminating, form developing at some future time, decided him to have an operation done. At his request the operation was done at his home.

The day before operation one of his old attacks of stomach trouble came on, accompanied with headache, nausea, vomiting of green biliary matter, and belching of flatus; but by next day it had subsided, though he still continued to belch gas from the stomach.

* Read at meeting of Maritime Medical Association, Halifax, July, 1901.

Not having hospital facilities, it may be of interest to relate how we prepared our room for operation. And I may say here, that, while it is absolutely necessary to have the patient and everything that comes in contact with the field of operation surgically clean, and while it is well to have the room thoroughly clean if time and circumstances permit, and not wishing in anyway to minimize the importance of thorough cleanliness in every respect, I regard the preparation of the room as of secondary importance; for I have seen the peritoneal cavity opened in anything but ideal surroundings, notably in a case of strangulated femoral hernia, where time was pressing. The walls and the ceiling were covered with dust. The bed was in one corner; pots and pans in another. An old kitchen table was used for an operating table. Yet under those unfavorable surroundings the patient made an uneventful recovery. But to return. All hangings, carpets and unnecessary furniture were removed. Walls and ceiling were whitewashed. The floors and furniture were thoroughly scrubbed and then gone over with a 1-500 solution of perchloride of mercury. Then the floor was covered with new grey cotton, which could be used for household purposes after it was no longer needed.

The operation, which was done on the thirteenth of June 1900, presented no special difficulty. The appendix was removed through a three inch incision and the wound closed with a single row of silk-worm gut sutures. The only feature of note was an excessive accumulation of gas in the intestines.

The patient reacted well after the operation. During the first three days he suffered considerably with pains, principally in the stomach, which pain was usually relieved by the vomiting of green biliary matter. Great quantities of gas were belched from the stomach, and passed per rectum. His bowels were moved daily by means of Seidlitz powders and enemas. Great care was exercised as to his diet. The highest temperature was 98.4° and pulse ranged from 87 to 95.

Passed a rectal bougie on the third day. Great quantities of flatus came away, which gave him great relief. From this time till the seventh day he did fairly well. The vomiting had completely subsided. The pain in the stomach had almost entirely disappeared. But his abdomen was more or less tympanitic, and the flatus was

very bothersome. However, he relished his food better and was able to digest larger quantities. Temperature normal. Pulse from sixty-nine to eighty.

On the seventh day he had a poor day. Vomiting of biliary matter again set in with pain in the region of the stomach. Given a dose of castor oil, which relieved the pain in the stomach at once. Moved his bowels by means of enema. Abdomen quite tympanitic. Flatus did not come away so freely. Temperature 99°. Pulse 125.

The eighth day, examined the wound. It looked well and was healing by first intention. Had a very poor day. Very restless. Considerable abdominal pain. Flatus failed to come away. Failed to move the bowels.

Ninth day. Great abdominal pain. Abdomen quite tympanitic. No result from either purgatives or enemas. As there was considerable difficulty in vomiting, and as vomiting gave him some relief, I decided to wash out the stomach. I did so, and washed out quite a quantity of biliary matter and threw into his stomach two ounces of concentrated solution of Epsom salts, but without results. Temperature normal. Pulse 136.

From this time on till the seventh of July, i.e., twenty-four days from date of operation and seventeen days from the date of last movement of his bowels, his bowels remained locked. I made three distinct and separate attempts to move his bowels, by means of purgatives and enemas, pushing each attempt till my patient was almost in a state of collapse with pain, but without result. His pulse would shoot away up, and on one occasion reached 180. His temperature always remained normal. His condition would appear so hopeless at these times that death would seem to be imminent, but after a day or two his condition would improve so that we felt warranted in trying again, only with the same result. During this time morphia sulphate was given to relieve pain, which was most acute in the region of the stomach, and in the right flank. Brandy and strychnine were also given, and at his own request lemon juice and sugar. He practically took nothing else in the shape of food. The only thing that gave him any relief at all was the use of the stomach tube, which was used whenever fulness in the stomach was complained of. Each time green fluid was washed out. The washing out of this fluid always gave relief. Always after using stomach tube some predigested food was administered, but it was

often vomited up again. The only thing that agreed with his stomach was the lemon and sugar.

On the twelfth day from the time his bowels became locked, the nurse on massaging the abdomen, noticed that while any attempt to force the flatus downward caused marked pain, it could be easily forced back into the stomach, and after a time belched up. Sometimes he could not belch it up, when he would pass the tube, and up it would come. In this manner the tympanites and the pain were greatly lessened. For two days before his bowels moved the matter washed out of his stomach had a distinctly fecal odor.

On the seventeenth day from the date of last movement, his bowels moved spontaneously, and he had twenty movements during that day to his own relief, and to our intense relief, I may add. All the pain disappeared. The abdomen became quite flat. By this time my patient was very weak and emaciated, and I had to control the excessive purging by means of morphia sulphate. Salol, which had been given for some days past with a view of rendering the alimentary tract as aseptic as possible, was continued. Predigested foods were now pushed, and retained, and our patient picked up fast. The only untoward symptom being a pain in the lumbar region, shooting down into the rectum.

From the seventh of July to the fifteenth, he did first rate. On that day undigested milk was given him. Next morning at 5 a.m. the nurse found him in a state of collapse. Surface cold and clammy, pulse very weak. Hot water bottles and stimulants and strychnine caused him to react and by evening he was feeling fairly well again. I did not know just at first what caused this attack, but owing to the condition of his alimentary tract I thought it might be due to acute ptomain poisoning. On the following day he passed by the bowel some undigested curd and nearly a pint of dark clotted blood with a little bright red blood. It was now clear that, owing to the condition of his digestion, he was unable to digest the caseine of the milk. This formed masses of curd, and as they passed along the intestine over the point of previous obstruction, which evidently was in an ulcerated condition, they caused the bleeding to occur.

From the sixteenth of July till the thirteenth of August he gained rapidly, so that he was able to be up and about his room. We were able to give him a more generous diet, giving only such things as by past experience we found to agree with him, and feeling our way very

cautiously, giving minute quantities when we were making a new addition to his bill of fare. When he noticed his stomach any way getting out of order, or when he had taken anything that he found to be disagreeing with him, he washed his own stomach out, at which he had become quite expert.

On the thirteenth of August his bowels again refused to act. Taking a lesson from our previous experience, we cut down his bill of fare, and gave him only lemon and sugar as before. By persistently using the stomach tube, and massaging the abdomen, we succeeded in moving his bowels after three days.

From the seventeenth of August till the last of October, he did not gain a particle. He was emaciated to a skeleton. Candidly I do not believe he could have weighed 75 lbs. He suffered a great deal of abdominal pain, and distension; and also from severe pain in rectum. Continued to pass a great deal of flatus. Stretching his limbs caused abdominal pain, so there he lay for weeks with his limbs drawn up. Towards the end of October he passed some blood and considerable pus by the bowel which gave immediate relief from pain in rectum, and after a few days the abdominal pain subsided. I may say that his temperature was normal up to a week or so before the passage of the pus, when it presented a rise of a couple of degrees.

From this time forward he improved very rapidly. He had a good deal of difficulty in straightening out his limbs, but eventually they became all right. He got up, and remained up, on the thirty-first of December, 1900. Since then he has made continual improvement and now he weighs almost as much as he ever did. He is free from his old attacks. He has discarded the stomach tube and his stomach gives him no trouble.

Now, in conclusion, a word as to the probable causation of the condition he suffered from. I have come to the conclusion that the primary cause was a band causing what is known as an angular adhesion, or causing a partial twisting of the bowel upon itself; so that the lumen of the bowel at this point was constricted, but not occluded. The abnormal development of flatus above the point of constriction caused the band to become taut, thus producing complete occlusion. It is obvious that purgatives by moving the bowels to action only increased the strain on the band and could never overcome the difficulty, but were dangerous. But any measure which lessened the gas and fluid above the point of constriction tended to slacken the band, and gave relief. This view falls in with the line of treatment which we found to be the best.

The only other cause which might obtain is intestinal paresis produced by the development of certain poisons in the intestinal tract.

THE DUTY OF THE MEDICAL PROFESSION IN THE PREVENTION OF TUBERCULOSIS.*

By J. F. MACDONALD, M. D., Hopewell, N. S.

That tuberculosis is a contagious disease is an established fact. For many years evidence of its contagious nature has been recognized by many physicians and others.

That the facilities for propagating and spreading the disease are almost unlimited is well known though not seriously appreciated. It is such a common universal disease, always everywhere in evidence, that people become so familiar with it that the fear of contagion is lost. That "familiarity breeds contempt," is well exemplified in this case.

That it is not hereditary is pretty generally understood. That tuberculosis is a veritable plague, decimating to a large extent the population of our country, being responsible for nearly twenty-five per cent. of deaths from all causes in the Dominion of Canada is known.

It is also well known that this universally prevalent disease is preventable. If the above statements are true, if all this and more has for many years been known, we would naturally expect that practical efforts would have been made for the prevention of the disease, and that the medical profession as a body would have taken the initiative and kept up the agitation until the object sought was obtained. With the concerted action of so influential a body there could be no such a thing as failure. We all know the magnitude of the task with which we would have to grapple, as well as the necessity for action. What have we done? So far as I can hear no practical, concerted action has been taken by any medical organization in the Dominion for the prevention of tuberculosis. There has I admit been some talk, some writing, and lately a flourish of some large calibre trumpets whose strains were of high pitch and good tone; may we not hope that some practical good may result therefrom.

The Nova Scotia Provincial Board of Health has done a little "marking time." It proclaimed tuberculosis a contagious disease. Very good! It had leaflets printed for, I presume, the information—

* Read at meeting of the Maritime Medical Association, Halifax, July 4th 1901.

the education of the public re contagious diseases. A few of these were sent, I suppose, to the members of the medical profession throughout the country, perhaps to others. How many of these found their way into the hands of the people would be difficult to determine. Besides this certain recommendations were made by the Board to our legislature, for which the credit should be given. The Board if I remember rightly asked our legislature for an appropriation for a sanatorium for the treatment of tuberculous patients which was readily granted. How many years it will take to find a location for the sanatorium and get it built is difficult to predict. Sanatoria are most useful institutions if conducted upon right principles, for the treatment of tuberculosis. They are however of limited use in the way of prevention. While the contagion is allowed to be freely provided and as freely distributed we may go on building sanatoria for the accommodation of the manufactured article, for the prevention will be about nil. Sanatoria or consumptive homes for incurables especially for the poor would be of more service and a very large percentage of the contagious matter would be removed from general distribution, which would mean decided prevention.

In order to accomplish anything definite in the work of prevention certain legislation is necessary, viz:

1. To prohibit spitting on the streets, in all public buildings, wherever people congregate, and all public conveyances.
2. To provide for sanitary inspection of all public buildings and public conveyances.
3. To prohibit tuberculous persons from teaching in our educational institutions.
4. That all teachers, from those teaching in our primary schools to the university professor, shall be subject to medical examination and have a clean bill of health before being allowed to teach. The medical examination to be repeated every two years.
5. Also medical examination of all students attending public schools of all kinds. All tuberculous teachers and pupils should be prohibited entering the public schools. It is well known that our schools are prolific centres of infectious diseases.
6. Sanitary inspection of school buildings and premises as well as medical inspection of those attending schools is necessary.
7. Sanitary inspection of all places where food supplies are prepared and sold and medical examination of all persons employed

in and about such places. The coughing, spitting consumptive must be prohibited from handling and coughing over our groceries and baking our bread.

It is well known that the animals from which we get a very large portion of our food supply are infected with tuberculosis; it is therefore necessary that these animals be carefully examined, and sanitary inspection made of the places where they are kept. Especially is it necessary to inspect our dairy stock, that the cows from which we get our milk should be perfectly healthy and free from tuberculosis. Sanitary inspection of dairies, creameries, cheese factories and products of these places. Tuberculous persons should be prohibited from working with and handling milk and its products. There is no article of food so generally used as milk. Children are largely fed upon milk; hence the necessity of having a pure article free from germs.

This is a partial outline of the means to be used and the legislation required for the prevention of tuberculosis.

The trend of ideas in this country seems to run upon the building of sanatoria for the cure for consumption. This is I think a mistake. Home treatment, outdoor or fresh air treatment, particularly among the well-to-do can be practised with as good results as can be gotten anywhere. Over thirty year's experience in the treatment of this disease on the home, outdoor plan warrants the above opinion. It is very important to know how best to treat consumption but it is of far greater importance to prevent the disease. By proper effective, preventive measures, including homes or hospitals for poor incurables, in a few years tuberculosis would be among the rare diseases. Are we as a profession ready and willing to take concerted action to secure measures for practical prevention of this plague?

It may be, has been, said that the preventive measures indicated would be oppressive interfering too much with the liberty of the citizen. Looked at in this way all the laws that make a country safe to live in are oppressive. The law says thou shalt not steal, yet the thief plies his business. In every community there are those who evade or openly break the laws of the country, still the law is good and society could not exist without it. If it is oppressive to restrain the consumptive from endangering the lives of his neighbors, it is also oppressive to prevent the assassin from shooting his victim; the former endangering the lives of all with whom he comes in contact besides

inflicting long drawn out misery not only upon those whom he may infect but on others also; the latter kills his victim and there is an end to the suffering. We cannot hang the consumptive but we can hang the murderer. The former is more dangerous than the latter.

But restraint need not be oppressive; the consumptive when informed how to avoid giving the disease to others can mingle with others safely provided he complies with stipulated regulations with which every consumptive should be provided.

I believe it is a positive crime for coughing, spitting consumptives to be allowed to prepare, handle and cough over our food supplies. Consumptives mouths are never free from contagious matter, their hands seldom. Is the country, are the people ready for such legislation and restraint as above outlined? Were people ever ready for any reform altho' it were for their good? History says no! It is said that the country must be educated to the necessity of legislative prevention. How are the people to be educated, and who are to do the educating? It cannot be done by the medical press which is not in the hands of the people. The lay press has given the subject some attention but its teaching is not always in the right direction. The profession might use the press to some advantage.

I think our better course would be to educate our legislators, professional politicians and others of our *governing* class. The people give themselves little concern about making of laws, until after they are made.

What is wanted now is a united medical profession asking legislation for prevention of tuberculosis. And in Nova Scotia, if we ask for it, showing the necessity for it, I believe we will get it.

Do the members of the medical profession in Nova Scotia, in the Maritime Provinces, in the Dominion believe in prevention, believe in its necessity? From past experience, I sometimes think the answer might be in the negative. It seems to me we are a slow moving people, afraid to move until the rest of the world pushes us onward.

The object of this rambling paper is to keep the subject of prevention in view, and if possible to induce a united medical profession, through our organizations, to take concerted action in procuring preventive legislation, and I believe we can get it, if not at once, then by persistent importunity.

RHEUMATISM IN THE EYE*.

By J. R. McINTOSH, M. D., St. John, N. B.

The many and various forms in which rheumatism appears in nearly all quarters of the globe and the number of structures it involves are alike of interest, not only to those who suffer from it, but those who have to minister to their ailments as well; and while the general practitioner has to deal with these to a very great extent still those of us who follow a more restricted line of practice are not unacquainted with its peculiar manifestations in the organs of special sense.

How far the rheumatic basis is, of itself, the one and only cause of the many forms of disease we describe as rheumatism it would be impossible to prove—for rheumatism has but little pathology and many a severe ache or pain gives but little evidence of it ever having existed when we look for it on the post-mortem table, but that such pains have existed during life and must have had a cause, has more than once proved itself to many of us.

I do not here intend to ask you to accept the proposition—all too common in ordinary parlance—that all vague pains are rheumatic or neuralgic in their origin. That would be preposterous, but to my mind it would be equally illogical to argue that, because we cannot prove to the hilt that a certain trouble is of that class we should scientifically neglect or overlook it as a “growing pain” or something that “will pass off” or make the equally vague diagnosis of being “constitutional.”

It is at least reasonable that we should have a working basis on which to treat even the vaguest disease if we are to advance beyond the useful placebo, or the equally valuable tonic, and as a consequence one can, I think, argue that, given a patient with rheumatic antecedents and personal troubles which come and go and are affected by season and climate, and warmth and cold, while there are no other evident causes to his trouble—might at least, according to our present light, and in the great majority of cases, receive more benefit from an anti-rheumatic line of treatment than any other.

*Read at meeting of New Brunswick Medical Society, Moncton, July, 1901.

It is not my intention here to enter into any discussion in regard to the structures involved in arthritic diseases—nor even to discuss any other theory to explain its phenomena, whether or not it be due to lactic acid accumulation in the system, the effects of chill or exposure directly or indirectly on skin or nervous system, or whether it is an infective disease as is now more generally supposed.

Suffice it for our purpose in the present instance that we have certain conditions arising in the eye in persons of admittedly rheumatic tendencies—conditions which like those in the rest of the body are affected by dampness, cold or exposure, few or any of which tend towards suppuration, but pass through an inflammatory stage accompanying or following pains described as rheumatism elsewhere in the body—having peculiar characteristics of their own which are rarely or never seen unless in persons with rheumatic histories or tendencies, and lastly are more favourably influenced by anti-rheumatic treatment than any other. At the very outset it may be stated that rheumatism does not for some reason attack the eye so frequently in the acute form as it does in the subacute or chronic forms, and it is for this reason I am inclined to think as much as any thing else that so little is heard of rheumatism as a cause of ocular trouble. However, that may be, we all know that in acute rheumatism there is a tendency to cardiac affection and that beads of lymph may form on the valves of the heart, and becoming loosened be carried forward in the general circulation until they reach the smaller vessels, and there becoming blocked their further progress is impossible.

This fact makes little difference in many parts of the body where the inter-communication of vessels is so perfect that little if any disturbance of circulation takes place in the peripheral area—but in the case of the eye we have what we call a “terminal artery”—an artery which when it branches off from its parent stem receives no anastomosis from other vessels and yet goes to supply not only one of the most delicate parts of our anatomy, but the most essential part of our visual organs as well—the retina—whence it derives its name. You have all seen an infarct of the spleen or other organ on the post-mortem table—you know what disorganization follows in the part supplied by the obstructed blood vessels. It is not otherwise in the retianl

artery, or rather it is worse if the whole artery is obstructed, for then the entire retina and optic nerve as well suffers. From that moment its usefulness is gone, all sight is lost, and subsequent atrophy of retina and nerve follows.

You ask me what will the treatment of rheumatism do for such a person. I answer you—nothing, but you will see the case first, often long before the oculist will, and it is in your power, and you have the chance, in rare cases I admit, of doing something, of saving some sight in the eye by endeavouring to let the obstruction free and get further on in the circulation, if possible, till its gets to a point where it will go no further, and if it goes on to a point where the artery branches into two you may save half of that person's field of vision in that eye. How are you to do it? The only way is by massage, or rather by a form of intermittent pressure which mildly squeezes the eyeball for a time and then by releasing the pressure again allows the force of the blood current again to exercise its pressure on the obstruction and carry the embolus further on. Other treatment there is none.

An embolus is the most serious trouble that is liable to accompany or follow an attack of rheumatic fever. Subsequent attacks of arthritic trouble are generally of decreasing severity and it is in connection with them or rheumatism in its more chronic forms that we get a much more frequent form of eye trouble, viz :

Iritis.—This form of iritis differs from other forms in that it is liable to be more painful, tender not only to pressure, but even on movement of the eyeball from side to side in a way other forms are not, and it is also more liable to be accompanied by a coagulatory exudation and jelly-like formations in the anterior chamber than other forms, while frequent relapses are common after a first attack. While these peculiarities are true of rheumatic iritis in a general way, however, it does not follow that all such cases are bound to be rheumatic even if the patient does suffer from rheumatism, and further, a rheumatic iritis is not bound to have all or any of these special characteristics, for it may be but mild and insidious just as rheumatism itself may be. Nor is it bound to relapse, but it has these tendencies and we should be on the lookout for them, and while in a general way the local treatment of iritis from any cause is the same,

we find benefit from treating the systemic trouble as well by anti-rheumatics and attention to the stomach and bowels along the lines our experience may find best.

There is another inflammation of the uveal tract which I think is frequently rheumatic in its origin and that is cyclitis. It too like iritis is very liable to relapse, but it goes further, it becomes chronic and progressive to a greater or less extent, involving surrounding structures. Inflammation of the iris is apt to occur though it is generally not severe, and thinning of the sclerotic with subsequent stretching and bulging over the affected area results so that we can see the brownish color of the ciliary region showing through the sclerotic just beyond the cornea. I will not attempt to weary you with any detailed or particular account of the troubles that may follow, but pain is one of them, periodic in its character, and impairment of vision is another, and should the condition spread to affect the edge of the cornea or root of the iris, a sclerosing opacity of the cornea follows, or a form of subacute or chronic glaucoma, according to the severity of the inflammation or the size of the area affected.

It is not my purpose here to give any detailed treatment for these cases. Any one of them is a long story of itself. I am merely mentioning them to draw your attention to the ocular manifestations of the rheumatic poison and how many and varied are the troubles it may give rise to in one organ, and at the same time to recall to your minds that many of these affections require general and systematic treatment as well as local attention.

There is another disease of this same region around the cornea which is also very apt to be rheumatic in its origin and that is episcleritis. Personally I have never seen it in a person who is not rheumatic to some extent. In fact the last patient in whom I saw the condition recognized the fact before she consulted anyone, and was treating herself with gin and sulphur. Episcleritis appears as a swelling on the exposed parts of the sclerotic, as a general rule, and near the cornea, and so in a part of the eye liable to be affected by cold and exposure. While some deeper inflammation is apt to accompany it, and although it is necessary to use some form of local anodyne to soothe the pain, the greatest amount of benefit is to be

got from an anti-rheumatic line of treatment, just as in cases of erythema nodosum to which this condition bears a remarkable resemblance on a smaller scale.

Rheumatism may also be the cause of several other eye troubles, and amongst these, inflammation of Tenon's capsule and parietic affections of the various muscles and nerves of the eye may at times be reckoned. It is or would be difficult in any particular case to prove the matter, and at best we can only suspect it, but it is at least reasonable to think such things can occur from such a cause when we know how frequently Bell's paralysis fifth nerve neuralgia, lumbago, sciatica and many other such troubles come as they do, either due to exposure and draughts, or have their origin in the rheumatic poison in the system, and if I have succeeded in drawing your attention to the possibilities for harm that may occur in the eye alone from this cause, the object of this paper has been fulfilled.



SMALLPOX AND COMPULSORY VACCINATION.*

BY G. R. J. CRAWFORD, M. D., ST. JOHN, N. B.

At a time like the present, when the public mind is deeply stirred over the outbreak of a disease such as smallpox, it is really quite amusing to notice the tendency of one member of the community to attack or throw blame upon another. Especially is this so with regard to criticism of those who have a public duty to perform. This propensity, inherited from our first parents in the garden, will no doubt remain with us, an illustration and reminder of human depravity.

At present almost at every street corner may be heard a *hue and cry* about the sins of omission and commission which may be laid to the charge of our local Board of Health. The discussion, or rather the *abuse* of this body, with a homily on the carelessness and incompetency of the doctors and nurses, seems to afford a great measure of relief to the pent up feelings of the Solons and Wiseacres who *seem* to know all about the sanitary affairs of the city.

This class of critics will generally be found with hands folded complacently questioning, obstructing, or actively opposing any progressive movement in the interests of medical science or public health. They will for the most part be found among those patronizing the osteopaths, Christian Scientists or Holy Ghosters, in short, any fraud, fad or fancy at variance with common sense or reason. It is certainly humiliating, and a sad illustration of the evil days which have fallen upon us when we are compelled to admit, (because it is a fact) that over a century after the discovery of the immortal Jenner, a century of accumulating, convincing and conclusive evidence in favor of vaccination, that Great Britain should be the first, and so far as I can learn, the only country which has modified (to an extent nearly approaching a repeal), its legislation with regard to compulsory vaccination.

The voice of the ignorant and superstitious multitude prevailed, and the country is now face to face with, and actually suffering from, the dreadful scourge of smallpox, which had almost been exterminated by means of rigidly enforced vaccination.

* Read before St. John Medical Society, Nov. 27, 1901.

It is not necessary to do more than merely to mention in order to disprove the objections urged against vaccination in general and especially against compulsory vaccination.

The liability of the transmission of other diseases notably syphilis is one of the strongest arguments urged against vaccination.

Admitting the danger (which is exceedingly slight,) it must be noted that this can only exist in case of arm to arm vaccination or the use of humanized lymph. It is probable this can only take place when the vaccine matter accidentally becomes impregnated with blood.

Perhaps the late discoveries as to the etiology of tuberculosis have been a factor in promoting the more recent opposition and hostility to vaccination. Carefully obtained bovine vaccine, which is now almost universally used, entirely obviates any danger from this source.

There yet remains quite a number among the religious and superstitious who still believe these diseases are sent as judgments and will only "go where they are sent." These diseases are certainly punishments which come upon the people, largely on account of their prejudice and obstinacy; ignorance can hardly be pleaded as an extenuation, at the present day.

Now I must refer to a matter which may have a good deal to do with the hostility to compulsory vaccination.

In past years the operation was performed, in many instances, in a very rough-and-ready, sometimes in a very uncleanly and disgusting manner.

It is not so very long ago since I myself had an opportunity of observing the technique of the operation as performed by a district vaccinator. Without any preliminary washing or preparation, with a dirty lancet, which had previously done duty on scores of others, and a nasty mixture probably obtained from a scab, this operator went his rounds.

To compel the public to submit to an operation under such circumstances would be nothing short of an outrage.

This state of things is now all happily changed. Every precaution as to cleanliness and asepsis is now strictly observed, each patient has his own hermetically sealed tube of lymph, and every detail of this little operation is "carried out" with the same care as in any other ordinary operation. There is nothing now for the most captious to cavil at, and our law now requires every one for their own safety and

that of the community at large to submit to vaccination or re-vaccination as the case requires.

Our vaccination law, or the compulsory feature of it, is only enforced after a case of small pox is found actually to exist in one of the "health districts" into which the province is divided.

Now I think that there is a weak point in our Act, just here. Even in the absence of an epidemic a regular system of vaccination should be carried out.

There should be a clause inserted, making it compulsory upon all practicing physicians to ascertain as far as possible and report all unvaccinated persons in their fields of practice. This would immensely reduce the number of unvaccinated, and bring all the obdurate ones under the cognizance of the proper authorities.

Now if this were done the "Board of Health" and the local doctors would be able to deal with most of the cases in their several districts.

In cities like St. John there should be a properly qualified physician appointed and paid by the city. This gentleman could look after the delinquents as well do other necessary work along the line of public sanitation. There is ample work in a city of this size to keep a physician constantly employed. He should be paid a liberal salary.

We have now in our city the "Compulsory Vaccination Law" in full force, and it is working well. It is wonderful the magic influence a summons to appear before the police magistrate has upon the stiff-necked and stubborn ones. They generally at once see things in a different light and are willing to bare the arm to the lancet without further question.



NOTES ON SMALLPOX CASES AT LAWLOR'S ISLAND.*

By J. J. DOYLE, M. D., Halifax, N. S.

Of the twenty-three cases, eleven were confluent, two modified confluent, five discrete, and five modified discrete.

Incubation.—In five cases we could fix definitely the date of infection, and the incubation period was 6, 9, 9, 10, 11 days respectively. In the rest it was somewhere between 8 and 15 days.

Invasion.—Onset was sudden but in no case was there a marked chill. Symptoms were headache, backache, vomiting, fever from 10.3° to 10.5° . As a rule the relation of the prodromes to the subsequent severity of the disease was not marked. The temperature was as high, the headache and backache as severe in some of the modified discrete as in some of the confluent cases. But I noted that those cases in which the vomiting was particularly persistent were the ones in which the eruption was confluent in type. One case alone had no vomiting and that was our mildest modified discrete. Several had fantastic hallucinations. In three there was active delirium. I did not note any marked prodromal rashes. Length of period of invasion was seventy to eighty hours or about three days.

Eruption.—The appearance of eruption is so diverse in different types that I shall describe illustrative cases. What strikes one is its continual change.

Case 1, Confluent.—G. M. æt. 24. After about three days of markedly severe prodromes the face and forearm were peppered with small, closely set, deep red macules. Six hours afterwards the eruption was raised and hard, and had appeared on other parts of the body. Next day the papules had increased in size and the face was swelling. In the evening tiny vesicles, pearl white in color, appeared on summit of papules on face, hands and forearms; what skin there was spared was intensely hyperæmic. By the next night the face was a mass of vesicles, which were mostly umbilicated and were all running together; on hands and forearms were bullae. Already the vesicles were cloudy; pus formed and in a couple of days more, umbilication had disappeared and the face was a "superficial abscess." In a day or two more the

* Read before N. S. Branch, British Medical Association, Dec. 18th, 1901.

pustules ruptured and the face was inclosed in a black mask of scabs. Then the swelling subsided but it took weeks before the crusts had separated.

Leaving the eruption and looking at the patient—vomiting, headache and backache disappeared when rash came out. The temperature did not fall below 101° , rose again to 104° in pustulation stage; pulse 110 to 140 Tongue swollen, cracked and could not be protruded, hands tremulous. Voice inarticulate and hoarse.

Am. M. aet. 18. *Modified Confluent*.—Prodromes severe. Night before eruption came out he could not be kept in bed. The eruption was confluent on face and extremities, but went through its different stages far more rapidly than in the previous case. With eruption temperature fell to normal and there was scarcely any secondary fever. The crusts were yellowish and separated readily in 4 or 5 days.

Natural Discrete.—J. McN. aet. 26. Prodromes severe. Although discrete spots were very numerous there was no marked swelling of the skin but convalescence was tedious. This case had two scars from vaccination in '98.

Modified Discrete.—I shall describe our mildest case. Prodromes—loss of appetite, temperature 102° to 103° , headache and backache but no vomiting. In four days these symptoms disappeared and temperature fell to normal and I found three papules, two on forehead and one on forearm. Next day they were vesicular but not umbilicated. Next day a thin yellow scab which I flicked off, leaving a reddened surface beneath.

Complications: Stages of Vesiculation and Pustulation.—Phimosis in all confluent cases; conjunctivitis; in one case keratitis and staphyloma. *Stage of Decrustation*; broncho-pneumonia which was fatal in one case; dermatitis spreading over the body in five cases; subcutaneous hæmorrhages over the tibia in one case; superficial abscesses and boils.

Vaccination.—Two cases had been previously vaccinated. One was a severe discrete, the other a mild modified case. The vaccination done after exposure, in a number of the cases failed to modify the attack. Several could not be vaccinated, as the period of incubation was nearly over.

Mortality.—Two died in height of pustulation stage, a third of broncho-pneumonia, and a fourth with indefinite cerebral symptoms.

Treatment.—Was symptomatic. Opium was given to allay the restlessness caused largely by the irritation of the eruption. Locally used carbolized oil and poultices to hasten the separation of scabs. In adynamic cases, alcohol, strychnine and digitalis were given. In convalescence strychnine and quinine. As soon as decrustation began we used daily warm baths.

CASE BOOK REPORTS.*

By H. L. DICKEY, M. D., C. M., Halifax, N. S.

Case No. 1:—*Cerebral tumor.* C. McD., aged 15, consulted me on January 15th, 1901, and gave me the following history:—Sight gradually failing in left eye with persistent excruciating pain over eye shooting to back of the head. Loss of sight had been gradual during past five weeks. Pain had been steadily getting worse. Had always been in good health and never been troubled with his eyes.

Father and mother both living and in good health.

Vision (distant.) R. V.— $\frac{1}{12}$. L. V.— $\frac{3}{8}$. No improvement in either eye with glasses.

Vision (near.) R. V.—Could read smallest type of Snellen's. L. V.—Largest type could only be read and that with considerable strain.

Under atropine I made a careful ophthalmoscopic examination which revealed the following:—Right eye normal and nothing to note. Left eye, papilla much swollen but not assuming the common mushroom shape which we would expect under this condition; veins distended and tortuous, while arteries were much contracted. Flame-like hemorrhages were present near papilla. As this was the first time I had examined the case I cannot say whether the neuritis appeared before the vision became affected or not, as this is a symptom of cerebral tumor. Field of vision was naturally very much contracted. My diagnosis was cerebral tumor.

Treatment was given as follows:—The old stand-by, potassium iodide, beginning with 10 grs. three times daily for the first few days, afterwards increasing to 20 grs., and increasing 10 grs. every week till 40 grs. were taken three times daily. Diet and bowels were of course regulated in usual manner. Dark glasses were worn and patient confined to a dark room, as the absence of light gave him considerable relief of the pain. He returned to his home after a few days but I did not see him again for two weeks as he lived in the country. At second examination I found the patient's condition

* Taken from case book while practising at Charlottetown, P. E. I.

getting more serious. Pain was now more intense and he had not slept for some nights. In order to give him a little relief I ordered $\frac{1}{2}$ grain tablet of morp. sulph. to be taken if needed at bedtime every second or third night during the next week. Examined with ophthalmoscope and found condition same as at first examination. Same treatment was to be carried out as before. Did not see patient again till 1st of March. At third visit pain was much better but perception of light entirely lost in left eye, so much so that he could not even see the light reflected from the ophthalmoscope into the eye. Right eye vision remained same as at first. He was now taking 40 grains potassium iodide three times daily. I did not increase the dose but gave him strychnia as well.

While in New York last March, I consulted Dr. Webster at the Manhattan Eye and Ear Hospital re my case. He at once confirmed my diagnosis, but not did give a very favorable prognosis. He advised me to use larger doses of potassium iodide increasing weekly until 100 grs. were taken three times daily (or 300 grs. per diem). Saw patient last of April after returning to Charlottetown. Increased dose as advised by Dr. Webster. Vision then same as before but no pain. Saw patient again in May. He was then taking 60 grs. of the iodide three times daily. Prognosis seemed unfavorable. He called at my office during June and July as well. During the middle of August he called and informed me that he could see again. I examined him and found vision same as at first examination in Jan. L. V.— $\frac{3}{8}$. He consulted me again in October and to my great surprise was able to read all of the distant type with the exception of the last line, and as well could read some of the smaller print of Snellen's type. Since then I have seen him twice and at the last examination in December vision was as follows: R. V.— $\frac{6}{6}$, L. V.— $\frac{6}{6}$ and with 1 D. sp. $\frac{3}{8}$ could be read with either eye. Examined with ophthalmoscope and found the left eye to be getting normal. Hemorrhagic patches had nearly cleared up while blood-vessels were nearly of their normal calibre. Considering the intense excruciating pain in this patient's case as well as the total blindness in the left eye, the potassium iodide certainly got in its good work although it was necessary to give heroic doses as advised by Dr. Webster.

Case No. 2:—*Syphilis of Nose*. J. E. G., aged 35, was sent to me by his physician early in December 1900 on account of a very profuse and bad smelling odor from his nose. He was a fisherman by occupation, and had been troubled with a discharge and "stuffy" feeling in his nose for over a year. At times nose would become quite enlarged. After spraying with Dobell's solution I made an examination. Left side was normal with the exception of the inferior turbinated body which was slightly enlarged. Right side—very bad odor. Lower part of middle turbinated bone was exposed and upon using the probe the same was found to be necrosed. Whole nasal cavity was very tender upon pressure. In consultation with his doctor we decided upon giving an anæsthetic the following day and all necrosed parts to be removed and curretted. Operation was duly carried out and part of middle turbinated bone removed and remainder curretted. Nose was dressed under usual antiseptic precautions. He was now put on mercury and large doses of potassium iodide. On the fourth day after operation a large sinus was seen directly above the place where the bone had been removed. We made an incision at the opening and dressed with iodoform gauze. After two weeks at the hospital patient returned to his home much improved in general health as well as the nose. Two weeks afterward he came back to the hospital with a large sinus on the left side of the nose, possibly a little higher up than the one on the corresponding side. At the same time a perforation was noticed between nose and mouth. Sinus was cleaned as well as possible. Patient remained for two weeks longer at the hospital and nose seemed to be improving slowly, but general health did not seem as good. His memory now seemed to fail him. He was discharged from the hospital but prognosis was very unfavorable. In two weeks after leaving patient died, as disease had spread and consequently result was fatal.

Case No. 3:—*Chronic Atrophic Rhinitis*. A. E. B., aged 55, consulted me early in November 1899, on account of bad odor from his nose. Upon examination I found right side normal. Left side—middle turbinated body was completely covered with dry and foul smelling crusts. With the aid of compressed air apparatus I removed the crusts with Dobell's solution after considerable difficulty and

leaving a raw bleeding surface. Antiseptic ointment was applied and patient given directions about using syringe at home. He returned after two days. Crusts were found at this visit same as last and removed in like manner. I followed this line of treatment for two or three weeks, but result was not satisfactory. I now applied a five per cent solution of cocaine to the part and gave it a good burning with the galvanic cautery. In a few days new tissue had formed. After nose had sufficiently healed I began using nitrate of silver ten per cent solution. This was applied daily for ten days, afterwards twice a week for two weeks. I then used a twenty per cent solution once a week for a month; then once a month. Patient was of course using the spray and Dobell's solution at home. I have examined patient every two or three months during past year, and in no case have I found any return of the crusts. Whether it was the cautery or the silver nitrate that did the work I am unable to say, —possibly both.



THE ABDOMINAL BANDAGE IN OBSTETRIC PRACTICE.*

BY D. MACKINTOSH, M. D., Pugwash, N. S.

My purpose in writing this short paper is not to obtrude my own views on the members of this society, but to elicit from them an expression of their views regarding the use of the abdominal bandage in obstetric practice.

For the last five years or more I have abandoned as a routine practice this part of the toilet of the lying-in. I have been induced to do so for two reasons. First, because I could see no good in it, and second, because I fancied I could see positive harm in it.

The advantages claimed by the advocates of the bandage are that it gives to the patient a feeling of comfort and a sense of security, that it preserves the figure and that it lessens the tendency to hemorrhage. I feel quite sure that there is very little, if anything, in these contentions. I have yet to learn of a single woman in whose case the bandage had been employed in a previous confinement, but whom I had induced to dispense with it on a subsequent occasion, ever afterwards expressing any desire to return to it. On the contrary, they all tell me they get along very much better without it. I admit that sometimes it requires all my persuasive powers to convince them that this practice is a useless one. This is because there is a tradition among women and physicians too that it is an application of indispensable necessity. That the bandage preserves the figure I have grave doubts. If there is anything in this contention it would only apply after the patient is up and about, and even admitting that there may be something in it, the slipshod method adopted by the majority of physicians in applying it would defeat its object. That the bandage in any way lessens the tendency to post partem hemorrhage I am quite convinced is a mere fancy.

In my experience—limited, of course—but acquired after careful observation, I have not seen more cases of hemorrhage since I abandoned this practice than before. Indeed, I might go further and say that I have seen fewer cases under my present practice, the

* Read at meeting of Maritime Medical Association, Halifax, July 3rd, 1901.

reason for which obviously being the temptation to apply it too soon after the completion of the third stage of labor, thus preventing the accoucheur from grasping the uterus when it begins to relax, which is the first signal of danger.

The disadvantages of the abdominal bandage present themselves to my mind in two classes—theoretical and practical.

THEORETICAL OBJECTIONS.

1. It enhances the chances of subsequent prolapse of the uterus. In a normal case of labor after the completion of the third stage and after full retraction the uterus will occupy a position about the middle of the abdomen. If the binder is applied with sufficient firmness to effect the purpose intended, it will cause the uterus to move in the direction of least resistance, viz: towards the pelvis, and if it is maintained in this position during the period of involution it will be forced into the pelvic cavity and result in prolapsus.

2. It increases the danger of sepsis.

Unless the bandage is changed every day, which, as a general rule it is not, it becomes soiled with the lochia and the resulting decomposition is a constant menace to the life of the patient because of the danger of septic infection.

PRACTICAL OBJECTIONS.

1. It is a source of discomfort.

Paradoxical as it may appear, women frequently complain that instead of adding to their comfort, it is really a source of discomfort to them. They say that the moment the thighs are flexed on the abdomen, the bandage is converted into a coil or rope which is anything but comfortable.

2. Its application entails on the patient an amount of exertion that is undesirable. I suppose it will be admitted that perfect repose at this particular juncture is of the greatest advantage. I sometimes fancied under my former practice that this extra exertion opened the flood gates of a dangerous hemorrhage. Under any circumstances I consider early application of the bandage an unjustifiable procedure; and of the two alternatives, early application or not at all, I prefer the latter. Although it is the duty of the physician to stay with his patient until danger of hemorrhage is practically over, there are many

times when this cannot be done. In such cases it might be urged that the application of the bandage might be left in the hands of the nurse to be attended to later.

This might be done if we had trained nurses to whom this duty could be entrusted. But in most cases there is no trained nurse, and in some cases no nurse at all. On the whole, therefore, I think it better to dispense with the bandage altogether.

I have thus endeavored briefly to enumerate some of the disadvantages of the abdominal bandage without at all exhausting the subject; my object being as stated at the outset to open a discussion that might throw some light on a debatable subject and assist us to determine what is best in the interests of our patients as well as ourselves.

It appears to me that in this as in many other things that we do in our practice, we are so much under the influence of the authorities that we are blind imitators of a custom which is neither scientific nor practical. We do it because it is the fashion. I suspect that there are some among us who have not the courage of their convictions who adhere to this practice because their patients are under the spell of a hoary tradition. I am well aware of the fact that the great majority of the books and obstetric teachers endorse the abdominal bandage, but the authorities are not infallible. They often lead us astray, and sometimes the experience of the least humble followers of Æsculapius may confound the dicta of the learned.



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Editorial.

VACCINATION AND THE CITY HEALTH BOARD.

Smallpox after threatening the city of Halifax for more than twelve months has at last come, seemingly to stay. The length of its visitation will to a large degree depend upon the way in which the health authorities of the city face it. Up to the present date the City Health Board—a hybrid body—depending for its constitution to a large extent upon the lethargy of the provincial government and the exigencies of civic politics, has neglected to take and enforce such precautions as would commend themselves to the veriest tyro in medicine. The Board has seemingly been quite unable to rise above the plane of their individual instincts and interests. The lay members have recited the ancient jokes about “doctors disagreeing,” “high fees,” and “monopolists”—which have passed current at the expense of the profession for many years, while the two medical members who dominate their counsels have failed to impress upon their colleagues the real gravity of the situation.

No attempt at the inspection of trains coming into town from infected districts has been made and up to the present there has been no serious or well organized attempt at a general vaccination. True—a year ago the board issued several proclamations with many large capitals and threats of heavy penalties but no attempt has been made to enforce them or to provide adequate and proper means for their being carried out.

Last year some members of the profession were offered employment in a house to house vaccination of poor people earning less than

six dollars a week per family—the remuneration being fixed as twenty-five cents for each successful vaccination inspected and certified. The offer naturally found no takers, and two medical men seldom heard of in professional circles (the identity of one of whom is still obscure), and two lady doctors were employed at the rate of five dollars per evening with the result that about three hundred people were vaccinated at a cost of about *seventy-five cents* per head, and it is absolutely unknown whether any of these so-called vaccinations were successful.

Again, during the past two or three weeks two young medical men and two students have been employed at a cheap rate doing similar work at the city hall under the eyes of the city medical officer, who has been lulled into acquiescence. About 1500 vaccinations have been done and the medical men remunerated at the rate of about *seven cents* per vaccination.

The Board of Health has alienated every public body with which it has had relations. The City Council has treated its regulations with contempt. The School Board has laughed at its recommendations, and the medical profession has mourned that members of an honourable profession should make such a pettifogging exhibition.

The employment of unqualified students to do such work is particularly reprehensible, considering one of the members of the Health Board is also a member of the Provincial Medical Board and both would pose as distinguished members of the profession.

In matters of quarantine their inconsistency has been no less marked. Seven days after the discovery of a smallpox case in the Victoria General Hospital the quarantine on that institution was raised by the authority of the Chairman of the Health Board, and private patients of his own and of his colleague were allowed to leave that institution. Was it self-interest or professional ignorance that was responsible for this?

Fumigating of private houses has been carried out in such a way that cases of contagion have arisen five weeks after the patient has been removed.

In all we have much to be thankful for that the epidemic has not assumed greater dimensions, but it is to Providence our thanks must be given. It lies with the profession in Halifax to see that no effort is neglected to impress upon the public the gravity of the situation in which we find ourselves, and the means which we must immediately take for our protection.

VACCINATION AND TETANUS.

In our December number was published the finding of the Coroner's inquest re the death of the Causton child, who died in St. John from tetanus following vaccination. Part of the verdict, it may be remembered, was as follows: "We find that the child died of tetanus, caused by the use of impure vaccine."

On behalf of the H. K. Mulford Co., of Philadelphia, on Dec. 16th, before Judge McLeod, H. A. McKeown, K. C., applied to quash the verdict of the coroner's jury. Coroner Berryman showed cause against the application, contending that there was sufficient evidence to warrant the finding.

His Honor decided that without any reflection upon the coroner, the finding must be quashed. That official had only done his duty as he saw it, but there was really no evidence from which reasonable men could conclude that there had been tetanus germs in the vaccine used. The only evidence was that the child's mother told the attending physician that the deceased had been vaccinated about a fortnight before. No examination had been made and Dr. G. A. B. Addy's testimony showed that tetanus germs might be introduced in other ways. So important a finding as this, which was really equivalent to that of manslaughter against somebody, could only be supported by the clearest evidence. He ordered the finding to be quashed and that a new inquest be held forthwith.

A second enquiry was held on Dec. 20th, and a new verdict rendered as follows: "That the deceased, Ella May Causton, died of tetanus. The decease was not caused by the method of vaccination nor was due to the vaccine that was used."

The principal point in favor of the new verdict was founded on the medical evidence which asserted that the germ of tetanus is supposed to develop in from four to fourteen days, whereas the child's death occurred four weeks after vaccination, and therefore the germ of tetanus could not have been introduced at that time.

There is still, however, considerable doubt on this important question, and next issue we hope to refer to opinions lately expressed by well-known observers.

EDITORIAL NOTES.

SMALLPOX IN ST. JOHN.—The list of cases since the outbreak up to the eighth of January numbers ninety-nine. Of these, twenty-two died, sixty-two have recovered and the remainder up to that date were under treatment. There are good evidences now that the epidemic is near its end.

THE DEATH OF MRS. FINN.—The sad death from smallpox of Mrs. Finn, wife of Dr. W. D. Finn, of this city, is familiar to most of our readers. It was a shock to all, as favorable reports had constantly been heard. Dr. Finn has already received reassuring evidences of the deep sympathy extended to him.

Matters Personal and Impersonal.

Major G. Carleton Jones, of this city, and in command of No. 1 Bearer Company, has been appointed second in command of No. 10 Field Hospital which leaves for South Africa the last of this month. Major H. Johnson, in command of the Field Hospital at Charlottetown, is also attached to the same organization, having the rank of captain.

Dr. G. S. Grimmer, who practised some months in St. John as a specialist in eye, ear, nose and throat diseases, has gone to Montreal to practice in that city.

Dr. O. J. McCully, of Moncton, has left that city for St. John and now occupies the apartments vacated by Dr. Grimmer.

Dr. G. D. Turnbull, of Yarmouth, will leave early in February for Philadelphia, to resume study in diseases of the eye, ear, nose and throat.

Dr. A. C. Hawkins, has been appointed assistant quarantine officer temporarily during the absence of Dr. Jones in South Africa.

Dr. D. H. Muir, of Truro, recently returned from a stay of some months in the West Indies.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Dec. 18th. Dr. T. W. Walsh, President, in the chair.

Meeting of Branch held at the Halifax Hotel at 8.30 p. m.

Dr. W. B. Almon showed a case of supposed scirrhus of the breast of four years duration in an elderly woman. The tumor was immense in size and was pressing the veins of the arm producing œdema. The tumour had not gone on to ulceration. She had been at the Victoria General Hospital one year ago where operation had been refused and Dr. Almon now wished for a further expression of opinion. The growth was a great burden to the patient and pain getting more severe at night.

Dr. Chisholm said the patient had been under his care and he had advised against an operation as the supraclavicular glands were involved.

Dr. Black said he would advise removal of tumor.

Dr. Murphy said an operation would have to be a very extensive one.

Drs. Goodwin and Almon further discussed the case.

Dr. J. J. Doyle then read "Notes on Smallpox Cases at Lawlor's Island Quarantine Station." (Published in this issue on page 18.)

Dr. Trenaman, being called upon, said he regretted missing part of Dr. Doyle's paper. He asked Dr. Doyle if he had seen any cases in which the eruption was vesicular from the very first without a papular stage. Reference was made to three cases in one family, vesicles occurring at the beginning and some developing into almost the size of bullæ. All had been vaccinated eight or nine days before, two "taking" well and the other not at all. The two vaccinated cases were very slightly ill and the vesicles slowly dried up. The other case slowly developed into large lesions, many purulent.

Dr. Ross confirmed Dr. Trenaman's description. He referred to Dr. Doyle's statement of the changes in the eruption in twenty-four hours. This had not occurred in these cases. Two days after seeing them the first time the eruption was about the same only that new

vesicles had developed. Some five days afterwards, however, when two other medical men saw them as well the eruption in the unvaccinated girl had gone on to pustulation and he was satisfied that the disease was smallpox.

Dr. Chisholm discussed these cases and said the one case looked unmistakably like smallpox when he saw them with the other physicians, and he was only doubtful owing to the onset described by Drs. Trenaman and Ross. The papular stage he thought must have been overlooked.

Dr. Trenaman said that there was no doubt about the rash being vesicular from the first.

Dr. Chisholm said he would rather believe in the modification of the last stage of chicken-pox than the first stage of smallpox.

Dr. Goodwin stated he had seen some cases of vesicular rash occurring in unvaccinated children, the vesicles running on to bullæ.

Dr. Ross said he could vouch for the fact that some of the lesions in the cases referred to were vesicular from the start. He had not seen the cases until two days after the eruption first started but new vesicles developed after that, some very small and growing larger.

Major Devine, of the Canadian Mounted Rifles, said they had had the same trouble over diagnosis in Winnipeg. He described his own unfortunate experiences with the health authorities over cases which he had diagnosed as smallpox. There had been 2,800 cases in the North-West Territories. All doubtful cases were now sent to the pest house.

Dr. Black stated that the same trouble was occurring throughout the United States where cases were called "Cuban itch," "Porto Rico measles," etc. The disease occurring in a vaccinated race and in their descendants does not follow the normal type.

Dr. Kirkpatrick remarked that he had seen similar views expressed in the *British Medical Journal*.

Dr. Hare spoke of smallpox as seen in China where it is constantly prevalent and the mortality especially among children is very great. A child is not named or considered a member of the family until it has had the disease. They inoculate with the dried scab in the nostril. There is now a system of general vaccination in China but the vaccine is poor. Eye complications are common, especially ulceration of the cornea followed by blindness. About 80 per cent. of the population have smallpox scars.

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Dr. Halliday gave his experience of one case of smallpox where he had found the agglutination test of Widal present. He had seen many cases in Glasgow last year and the diagnosis was often difficult. Smallpox did not follow one particular course. Its manifestations are various and we are apt to take too restricted a view of our cases, and expect them to follow too closely the text-book. The bacteriology of the disease is obscure. He referred to Copeman's experiments of inoculating a monkey from man and a calf from a monkey and getting a lymph with which he vaccinated children getting the usual protection.

Dr. Hogan explained his position with regard to the case which he saw. The patient had a papular eruption on face and body, no vesicles or pustules present, and a hard indurated scar on the penis. Patient had been examined the day before by Dr. Brine at Canso. The day after Dr. Hogan saw him, Dr. Moore of Kentville examined him. The patient had not had a day's sickness. The man's brother whom Dr. Hogan did not see, had undoubted smallpox and accompanied him on the train.

Dr. D. A. Campbell enquired if puncture of the vesicles had been tried to distinguish between the unilocular vesicle of chicken-pox, which collapses and the multilocular one of smallpox which does not.

Dr. Trenaman said this test had been applied and vesicles collapsed when punctured.

Dr. Doyle, in replying, said in no case of his had eruption been vesicular from the start, but it would become so within twenty-four hours in the modified discrete cases, and in these no pustulation followed. All the cases arose from men going to a dance near Gloucester, Mass.

ST. JOHN MEDICAL SOCIETY.

The meetings of this Society have been held as usual, in October, November and December. During a considerable portion of the time, however, two of the officials (the President and Secretary) have been unable to take part, owing to their engagements at the two isolation hospitals.

October 2nd—The President Dr. W. L. Ellis, in the chair. A paper on "Post-Operative Ovarian Neuroses" was read by the President. The various disturbances following upon removal of the ovaries, such as

hot and cold flashes, palpitation and indigestion were described. In adults loss of the ovaries does not involve alteration of voice, figure or growth of hair, but the case may be different, should the removal of ovaries be effected in the undeveloped girl in whom the ovarian influence is essential for complete development.

In the majority of cases the distressing symptoms attributed to the operation have been really due to defective technique, resulting in suppurating areas with silk ligatures which may remain for long periods before coming away; adhesions and constrictions are thus formed which may set up a train of neurotic symptoms.

It is found that greatest relief is given by removal of ovaries where the most marked pathological condition exists. When the local condition is not well marked and accompanied with a great amount of nervous disturbance, removal is less effective and improvement is not immediate.

After adjournment the members of the society were pleasantly entertained at the President's home.

October 9th—A resolution was adopted, recording the society's regret in the death of Dr. J. H. Morrison. Reference was made to the enthusiasm for work, high attainments, and oratorical power which Dr. Morrison so fully possessed.

Dr. Melvin then read a paper entitled "Skin manifestations in general disease." (This paper will appear in the *Maritime Medical News*.)

October 23rd—Dr. Morris read a paper on "Smallpox." As it is hoped that a further paper on this subject will be presented by the writer upon the termination of the epidemic, no reference need be made for the present.

November 6th—The Vice-President, Dr. Melvin in the chair.

A paper on "Pediatrics" was read by Dr. Olding. This was followed by a communication on "Some experiments in vaccination" by Dr. Thos. Walker.

November 13th—Dr. G. A. B. Addy read a paper entitled "Smallpox and vaccination." In this article, it was well pointed out from many careful observations that the danger of spread of smallpox from isolation hospitals was in direct ratio to the proximity of the centre of infection.

November 20th—Dr. Crawford opened a discussion on "Compulsory vaccination." This subject was fully discussed by all the members present.

December 4th—Dr. F. H. Wetmore read a paper "Remarks suggested by a recent epidemic of diphtheria."

December 11th—Dr. James Christie gave an account of the proceedings of the meeting of the Canadian Medical Association held at Winnipeg during the present year. The various addresses and papers were referred to, followed by some remarks on two other subjects which had been dealt with at the meeting, Dominion Registration and Protective Insurance.

Obituary.

DR. GEORGE PICKLES.—The death of Dr. George Pickles, of Mahone, occurred on the 30th ult., and though not unexpected was a cause of deep regret to a large circle of friends throughout the County of Lunenburg. He began the practice of medicine some twenty-eight years ago, first starting at Petite Riviere, but the last twenty-five years was settled at Mahone. Dr. Pickles took a great interest in militia matters, and was Surgen-Major of the 75th regiment since 1890. In business circles he was successful in accumulating property, being interested in shipping and other business. The funeral was very large and impressive, though many were kept away by the unfavorable weather. The hearse was drawn from the church to the cemetery by officers of the 75th regiment, while the band played the "Dead March in Saul." Dr. Pickles leaves a widow who is a daughter of the late Nicholas Wolfe, of Petite Riviere.

DR. J. C. MOODY.—The many friends of Dr. James C. Moody were pained to hear of his death, which took place on Sunday, January 5th. Only a few days before he was around among his patients, attending to the duties of his profession with that promptness and kindness of heart which won for him the friendship of many, and as a citizen enjoyed the respect and esteem of all classes for his manliness and sterling integrity. Failing to take needed change and rest, Dr. Moody was always at his post to answer to calls, no matter when or where, and his best friends noted for months past that he was failing, although the sudden collapse about three weeks ago came with a startling suddenness to his family. He was unconscious for a few days before his decease, but on Saturday asked for his wife and family, and remained in that condition until the next day, passing quietly and peacefully away of heart failure about 12.45 p. m.

James Cochran Moody was born at Liverpool, N. S., September 1st, 1844, son of the late Rev. J. T. T. Moody, for some years rector of Liverpool, and later rector of Yarmouth.

Dr. Moody received his early education at Yarmouth, but his medical studies were pursued at the medical department of the New York University, from whence he graduated, and received his diploma in 1866, when about 22 years of age, and soon after commenced practice at Richibucto, Kent Co., N. B. His professional duties in Kent County necessitated a very great deal of hard work, which tried his health sorely, and in 1882 he decided to come to Windsor.

During his residence in Windsor he has exemplified the life of a man and a Christian, and was held in universal esteem. A prominent member of the Anglican Church, and for many years a churchwarden; he will be greatly missed by that body. Was also connected with the Masonic fraternity there—a member of Welsford Lodge and Hiram Chapter, and also with Pesaquid Lodge, I. O. O. F., and Court Haliburton, No. 950, I. O. F., and was medical examiner for the latter.

Dr. Moody leaves a widow, two daughters and one son.

Book Reviews.

A TEXT-BOOK OF SURGERY.—By Dr. Hermann Tillmanns, Professor in the University of Leipsic. Translated from the seventh German edition by Benjamin T. Tilton, M. D., Instructor in Surgery, Cornell University; and John Rogers, M. D., Instructor in Surgery, Cornell University. Edited by Lewis A. Stimson, M. D., Professor of Surgery, Cornell University. Vol I. The Principles of Surgery and Surgical Pathology. With five hundred and sixteen illustrations. Published by D. Appleton & Co., New York. 1901.

We have just received from the publishers the first volume of the American translation of Tillmanns' famous work. The translators' preface announces that "the present volume contains not only a complete exposition of general surgical pathology and bacteriology, but also chapters on diseases and injuries of special tissues, with their treatment; tumours; general surgical technique and bandaging."

In the two remaining volumes, which we hope soon to have, the principles laid down in the present volume will be applied to treatment and regional surgery will be taken up in detail.

The volume is divided into three sections, the first of which is devoted to the general principles governing surgical operations. The first chapter deals

with the preliminaries to operation, the preparation of the patient, the operator, dressings, etc. and is clearly written and well illustrated. The second chapter treats of anæsthesia, and is interesting but not very dogmatic. The usual conflicting opinions as to the value of chloroform and ether find a place. By far the greater prominence is given to chloroform, and we note that the author recommends the simple, cheap and convenient mask of Kocher. Several little-used anæsthetics are mentioned, and a clear account is given of Schleich's infiltration anæsthesia, which is warmly recommended.

In the third chapter, dealing with control of hemorrhage, the place of honor is given to Esmarch's artificial ischæmia. On page 55, after pointing out the danger of forcing noxious or septic material into the tissues by the application of the elastic bandage, the author recommends that in cases where this danger exists the elastic bandage should not be used, but that the extremity to be operated on be held vertically for a couple of minutes before the tourniquet is applied. Now this was Lister's method,—a reflex ischæmia, and is better in every way and in all cases than the compression of the elastic bandage.

In speaking of hæmophilia (p. 65,) scarcely sufficient prominence is given to Wright's researches on coagulation, and at page 100, under "Styptics" the error is made by describing Wright's solution as one of chloride of lime.

It is amusing to find healing under a blood-clot spoken of as Schede's method. It was one of the earliest phenomena observed in the history of antiseptic surgery, and was a favourite test for some of Lister's charming pathological disquisitions at the bedside years before Schede's article appeared.

Chapter X is a good general account of plastic surgery, well illustrated, and with a full description of Thiersch's method of skin-grafting.

The whole of the second section of the book, on surgical dressings, including antiseptics, bandaging and splints, is good reading, full of interesting detail and very fully illustrated.

The third section, on Surgical Pathology and Therapy, occupies more than two-thirds of the present volume, and it is particularly good. Inflammation is first considered, and Tillmanns is too wise to attempt a definition of this protean subject. Then the healing of wounds with their complications is taken up, then the surgical infections, and then, in succession, the injuries and diseases of the soft parts, bones, and joints, including gunshot injuries, and finally, tumours. Not only is the pathology of each disease considered but its clinical features and the treatment are discussed.

Bacteriology is well treated, and there are numerous useful and interesting illustrations, some being coloured. The section on tuberculosis is very good. Favourable mention is made of the method introduced by August Bier, of passive congestion, combined with parenchymatous injection of iodoform as used so successfully in the Breslau Clinic and by Tillmanns himself.

The chapter on tumours is short but very clearly written and like all the others well illustrated. In speaking of malignant tumours, Coley's method is given considerable space, but the author does not look upon it hopefully. The parasitic origin of carcinomata is discussed, but it is not considered that we have as yet any evidence in favor of it.

The index to this volume is not as complete as it should be.

Notes.

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

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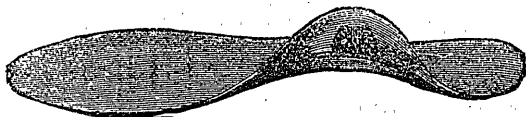
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