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- 1896 -

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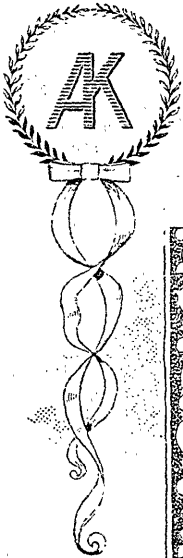
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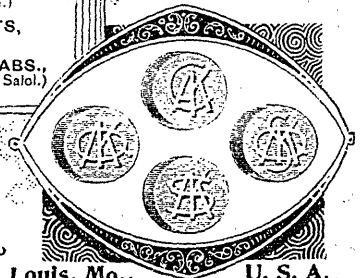
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THE
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Original Communications.

THE TREATMENT OF INSOMNIA.

BY W. H. HATTIE, M. D., HALIFAX.

(Read at Meeting of Maritime Medical Association.)

So many causes underlie the inability to sleep, which is such a frequent and such a distressing symptom, that it will be impossible to afford time for the discussion of all. Yet the question of etiology is by far the most important matter for consideration when the treatment of insomnia is demanded. So regularly do authorities insist upon it that insomnia is only a symptom, that I almost feel an apology is due you for reminding you of the fact. And yet it is a little information which may prove dangerous. The loose tendency to treat symptoms rather than disease—a tendency which is all too prevalent—is perhaps especially manifested in connection with this very symptom *insomnia*. The patient complains of sleeplessness—the physician prescribes chloral, or morphia, or bromide, or one of the host of semi-proprietary preparations so much vaunted in the advertising pages of our journals. Relief is, of course, afforded, and without any further consultation with his physician, the patient has the recipe repeated time and time over, has the chloral, or morphia, or some drug-habit superadded to his original habit of sleeplessness, and quickly degenerates both physically and morally, until the last state of that man has become decidedly worse than the first. For the very reason, then, that insomnia is *only* a symptom, it behooves the

physician to think the case over well before attempting its relief—to strive to discover the underlying condition in order to direct treatment to it, and, always remembering the possibility of establishing a habit for certain drugs, to avoid such agents whenever possible.

Many notable physicians of to-day manifest an inclination to cry down the class of drugs known as hypnotics. I share this inclination only to a slight extent, feeling assured that in many instances drugs have been blamed for bad effects which should have been attributed to the ignorance or carelessness of the prescriber. But I quickly join with those authorities who urge, for hypnotic medicines, a careful, rational use, and use only in those conditions where other measures—of hygienic rather than of strictly medicinal nature—are unlikely to prove of service. Frequently nothing short of a full dose of an active hypnotic will avail, but much more frequently will the persistent, intelligent maintenance of a suitable regimen prove quite sufficient to bring about restoration of the normal condition.

Sleeplessness may, in a general way, be said to be due to pain, to emotion, or to some disturbance of brain nutrition. The pain may be that which follows injury, or which is associated with acute or chronic disease processes. It need not necessarily be very severe. Sometimes a dull, teasing pain may be quite as efficient in preventing sleep as sharp, intense suffering would be. The annoyance, which scarcely amounts to pain, caused by cardiac palpitation or by the coughing which so frequently comes on when the position for sleep is assumed, is often enough to prevent rest.

When pain or physical distress of any kind is the cause of sleeplessness, it is generally a necessity to fall back upon opium or one of its alkaloids. The drug is prescribed rather for the purpose of relieving the pain than for its narcotic effect, and it should be administered in doses sufficiently large to produce its analgesic action *but not larger*. If it is found that so small a dose has a tendency to produce mental excitement rather than repose, it is well to combine it with small doses of chloral. Chloral by itself is of little use in the sleeplessness of painful conditions, but it materially aids the action of morphia in many cases—the drugs being combined in much smaller doses than would be required if either agent were used singly. The morphia in this combination materially diminishes the danger which attends the administration of chloral to patients who have weak hearts, and on the other hand the chloral lessens the likelihood of gastric disturbance following the use of morphia. A small dose of either morphia or chloral given singly, frequently brings

about more or less cerebral excitement and thus defeats the object in view, while their combination is usually free from this objection.

I have said that in the sleeplessness due to pain it is generally necessary to employ opium. In many of these instances, however, the newer analgesics—phenacetin, acetanalid, lactophenin, etc.,—may prove ability to allay the pain, and in cases of the neuralgic type should perhaps receive a trial before opium is resorted to. It should always be a primary consideration to prevent the establishment of a drug habit, and in neurotic patients, naturally possessed of little self-control, the physician must exercise care in the composition of his prescription. Less danger attends the use of the synthetic analgesics than of opium, in such patients, yet their use is not entirely free of risk, and consequently their exhibition must be with due caution.

The sleeplessness due to physical or emotional states which have passed the bounds of normal, is usually found in persons of somewhat delicate constitution, whose minds are very active and frequently overworked. These people give much thought to all matters—great and small—and even though the excess of thought may hardly amount to worry or anxiety, it may maintain the mental processes in such a state of excitability as to preclude repose. Homesickness, disappointment and kindred states of mind, we all know to be ready causes of sleeplessness. In some of these cases the general health may appear good, but the rule is to find more or less debility. In other words the rule is to find emotional causes of insomnia associated with the disturbance of brain nutrition which must, in the nature of things, go hand in hand with disturbance of the bodily functions. Where, however, there is no apparent systemic disorder, the treatment can only be directed to the symptom which is the patient's sole complaint. In these cases, symptomatic treatment is justifiable, because it must of necessity be symptomatic. There is a tendency for the insomnia to become a habit, and oftentimes a few night's sleep, secured by means of a carefully chosen drug, may suffice to break a habit which has not become too firmly established. Generally one of the milder agents will be found all that is required. Sulfonal in a dose of from 15 to 30 or perhaps even 40 grains administered in hot solution, or in capsule and followed by a hot draught, is a common and usually a successful prescription. Urethan, especially when combined with a bromide, say 15 to 20 grains each of urethan and bromide of sodium, does not often fail in bringing about the desired effect. Chloralamid gr. xx - gr. xlv. or chloralose gr. iv. - gr. vi. are, with me, favorite medicaments. Chloralose is a peculiar drug,

having sometimes a marked psychic effect with notable defect in memory which persists for some hours after the hypnotic action has ceased. Trional and tetronal are other drugs, of fairly recent introduction, which are indicated in these cases of so-called simple insomnia. They are, however, expensive, and as far as my experience with them has extended I have been able to see little difference in their action from that of sulfonal or chloralamid. The dose of trional is the same as that of chloralamid. Tetronal should be given in smaller quantity, from 5 to 10 grains. Paraldehyde is also adapted to such cases. It is a disagreeable drug, but has the advantage of being a liquid. Some authorities say that it causes gastric derangement, but, altho' I have prescribed it freely, I have not seen an instance of such effect. And I have a memory of an article from the pen of an English investigator, published some years ago in the *British Medical Journal*, in which he claimed experimental proof that not only was paraldehyde the least irritating to the stomach of the various hypnotics, but that it actually aided digestion. It is also said to have an irritant action upon the respiratory mucous membrane. Of this I cannot speak, but I can assert that in an asthmatic patient I have repeatedly seen paraldehyde relieve the spasm in the most charming manner, affording the patient perfect ease. Gelsemium has sometimes the power of relieving simple insomnia in a very marked degree. Ten to fifteen minims of a reliable tincture should be administered at bedtime, and if the dose does not prove sufficient, a smaller quantity may be given an hour later.

Probably the general practitioner is consulted for insomnia most frequently by persons who regularly overwork the brain. Students, professional men, who spend much time in the library or at the desk and have little bodily exercise—business men, who all day long are occupied in complex dealings with their fellow men, who spend their evenings in the consideration of monetary matters, and who retire with their attention still directed towards some question of dollars and cents. These men indulge in little exercise and less diversion. They eat hastily and at irregular times, and defer their responses to nature's calls as long as is possible without suffering great discomfort. They are "uncertain in all their ways" except in the fulfilment of required duties. Such people often suffer terribly from insomnia, and are very prone to indulge on their own account, in hypnotic medicines. They are unwilling to spare the time which consultation with a physician demands, and quickly learn the habit of dropping into a drug store and asking for a sleeping potion—which the druggist usually gives without hesitation. It is only

after the potion begins to fail in its effect and the patient begins to feel that a drug habit is becoming fastened upon him that the physician is consulted.

In the treatment of such cases the first and probably chiefest point is reform in the mode of life. There must be a due amount of time set apart for exercise, recreation and the ordinary bodily requirements. Regularity in the matter of meals, of retiring to bed, of bathing, of defecation, etc. etc., should be insisted upon. If the patient has already been taking hypnotics, it becomes a question as to whether or not such agents should be continued. The solution of this problem rests of course, with the circumstances of the case. Frequently the health is much impaired, and it is often the case that a great deal of the ill-health is the result of the drugs used to overcome the sleeplessness. In such an instance either all hypnotics should be dropped, or the one which is in use should be substituted by another. If an hypnotic is prescribed, it should only be for a few days, because the most important consideration in the treatment of these cases is to restore the general health, and with it the normal tendency to sleep.

This class of patients generally present a more or less evident lack of vaso-motor tone. They are likely to be anaemic to a greater or less degree. A common condition in these cases is ability, even desire, to sleep while in a sitting posture, but when the prone position is assumed the sleepiness vanishes. The reason for this is well known. When the patient is in an upright position, the lack of vascular tone allows a gravitation of blood from the brain and brings about the anaemic condition of the cortex which normally favors sleep. Once the patient lies down, however, the influence of gravitation is in the other direction, the cerebrum now become flushed with blood, and wakefulness is the result. Of course this loss of tonicity in the vessels implies insufficient or abnormal nervous control, and is frequently if not ordinarily only one of many evidences of "nervous exhaustion." And the "nervous exhaustion" may in most cases be attributed to ill-nutrition or mal-nutrition dependent upon an anaemic or a toxæmic condition. A local (cerebral) anaemia, the result of lessened blood supply, is normally a condition necessary to sleep, but a general, systemic anaemia is a frequent cause of most obstinate insomnia—which is more likely to be due to the presence of some abnormal element in the blood rather than to the mere absence of a normal constituent from that fluid. This opens up such a large field, however, that we must not enter upon it at this time.

The treatment adopted in these cases should have the correction of the pathologic condition as the goal. Means to restore tone to the vasomotor system—cold or tepid spongings followed by brisk towelling, prescribed muscular exercise, the administration of strychnine, etc., often work wonders. The anaemia must receive careful attention. If there be much muscular unrest, a sense of uneasiness, or the “fidgets”—some motor depressant might be added to the tonic mixture for a few days. The combination of strychnine or nux vomica with hydrobromic acid is physiologically heterodox but is found practically to be of decided service in many instances. Or, digitalis and a bromide may be prescribed for a short time, to be supplanted by a tonic as quickly as the case may justify it.

In many of these cases a “night cap” in the shape of a moderate draught of good, ripe whiskey in hot water, has a most pleasing effect. Often a glass of bitter ale is even more efficient in securing a good night’s rest. The good effect of a stimulant at bedtime is practically limited to just such cases as those of which we are now speaking, the result being due, probably to a temporary toning up of the vessels, and perhaps to a certain extent, to the detraction of blood to the stomach. But alcohol should be used with much caution, as very frequently indeed it is found to have just the opposite effect to that which is desired. In fact it is the general rule that, during the evening at any rate, *all* cerebral excitants should be avoided, and very often this exclusion should extend throughout the day. This applies in troublesome cases, not only to alcohol, to tea, coffee and similar agents, but also to exercise of the mental faculties beyond a certain very limited extent. For the two or three hours immediately preceding bedtime, mental exercise should, in some people, either be interdicted as far as possible or should be allowed only under definite regulation. If reading is prescribed, the books should be of a dull, monotonous type rather than of an exciting nature. Poetry is usually a good recipe because the subject matter is usually of a quieter nature than that of the ordinary novel, and the rhythm of verse has in itself a soothing effect upon the psychic centres. Tennyson has said so :

“ But, for the unquiet heart and brain,
 A use in measured language lies :
 The sad, mechanic exercise,
 Like dull narcotics, numbing pain.”

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gruel, has oftentimes proved a pronounced success. But unfortunately this method fails quite as often as it succeeds and nothing that we now know can tell us which result will obtain in any case.

We have already seen that anaemia causes *somnolency*, when the state is a localized one, dependent merely upon a lessened supply of normal blood, or *wakefulness*, when the condition is general and when the blood is altered in its composition. When instead of cerebral anaemia we get cerebral hyperaemia, here too we may get *somnolency* or *wakefulness* according to whether the congestion be of a passive or of an active type. The sleeplessness of an active hyperaemia of the cortex depends upon the condition which underlies the vascular disturbance, such as increased heart action—whether from primary “simple” hypertrophy or from the hypertrophy accompanying renal disease—or the vaso motor paralysis resulting from strong emotion, etc., or the effect of certain drugs such as alcohol, amyl nitrite, etc. The treatment must be that indicated by the pathologic state underlying the hyperaemia.

Organic disease of the brain, unless the lesion be of a syphilitic nature, rarely causes insomnia. This is said to be so regularly the case that sleeplessness in a patient the subject of brain tumor should at once arouse the suspicion of specific disease, and lead to the use of an iodide in rapidly increasing doses—combined if considered necessary with mercury. Inflammation of the brain membranes has commonly associated with it, in greater or less degree, an active congestion of the brain substance and consequently insomnia. This applies at least to the earlier stages of the inflammatory process. The therapy of the meningitis includes the therapy of the accompanying insomnia.

The sleeplessness attendant upon the insanities is sometimes overcome by surprisingly mild means, but at other times yields only to most active measures. The treatment, of course, depends much upon the form of alienation. Usually it is necessary to employ measures for the specific purpose of securing sleep, as every night spent sleeplessly and in meditations upon his delusions, not only adds to the fatigue of body and mind, but materially strengthens a patient's belief in his false conceptions. Moreover the restoration of the patient's general health, and with it the natural sleep, ordinarily extends over such a prolonged period that it would be cruelty to permit such a length of time to elapse without giving at least occasional remissions of the suffering by artificially produced sleep. This is especially the case in melancholia. In this disorder sleeplessness is likely to be very obstinate, yielding only to fairly full doses of hypnotic drugs. What I have already said concerning the

treatment of the insomnia of general debility, applies to that of melancholia. In cases where the mental symptoms are associated with motor restlessness, and when it is desired to use one of the anilin series, it is well to combine with the chosen drug a moderate grainage of a bromide. Opium and cannabis indica are frequently indicated.

In acute mania it is often possible to secure sleep without employing drugs. In sturdy patients a warm or even a hot bath at bedtime, maintained for 15 to 20 minutes, has a markedly soothing effect, and if the patient can be persuaded to reinforce the bath by swallowing a bowl of hot milk or gruel, the result is often charming. In such cases, too, the wet pack is of decided benefit and can sometimes be used when the general bath is out of question. If circumstances do not permit the use of these measures, it is as a rule advisable to employ drugs, although they should be given sparingly and with judgment. If the physical condition of the patient be good, and the physician can supervise him closely, the hydrobromate of hyoscin is the drug of drugs. The hundredth part of a grain given hypodermically rarely fails to bring sleep quickly, even in the most acutely maniacal states. Chloral comes next in efficiency, and with a bromide it makes a powerful combination which should not be administered with so free a hand as is the custom with some practitioners. Sulfonal is slow in its action and is of much more service in chronic than in acute mania. If used in acute cases it should be combined with potass. bromid. Morphia is generally bad treatment in mania.

As to the toxic insomnias—including those due to such agents as alcohol, tobacco, tea, coffee, etc., and also those depending upon gastric derangement, the treatment resolves itself into removal of the cause and the employment of such general means as may appear indicated.

My paper is already so long that I dare not venture further, although I have only been able to outline my subject, and to mention such lines of treatment as can be adopted by any practitioner. I have purposely said nothing respecting the merits of electricity, of massage, or of advanced hydrotherapy in the treatment of insomnia, inasmuch as it is only in rare cases that these methods of therapy are available. It is not because I underestimate their value, but because I realize the difficulty in the way of their general adoption.

PROPHYLAXIS OF TUBERCULOSIS.

BY J. F. MACDONALD, M. D., HOPEWELL, N. S.

(Read at meeting of Maritime Medical Association.)

"The contagiousness of tuberculosis," says Fleck, of Philadelphia "has been recognized by the greatest minds of every age, and has at times taken strong enough hold of the lay as well as the medical mind, to beget successful measures of prevention, yet at no time in the history of medicine, prior to the present age, had it been recognized and understood by the medical profession as a body." That tuberculosis is a contagious disease is now admitted by the profession and so taught in our medical schools. The moot and experimental stage is passed. Wherever preventative measures have been enacted, the death rate from this disease has materially decreased.

While the question of contagion is established, the hereditary side of the question is still of prime importance. For while in order to have a case of tuberculosis there must have been a pre-existing case—a source from which the contagion came. There must also have been a pre-existing, suitable soil for the growth and propagation of the bacilli. In other words, an inherited or acquired pre-disposition. The two essential factors in the production of tuberculosis are the specific element, the bacillus tuberculosis, without which there can be no tuberculosis, and the pre-disposing causes, which, being absent, the danger of contagion is greatly modified. The tuberculous bacilli are disseminated through the discharges from broken down tuberculous tissues, whether that be from lung, bowel, kidney, bone, skin, or any glandular organ. This infectious material finds entrance into the uninfected from the hands of those attending the infected by articles handled by the infected, as food, clothing, books, dishes, and all instruments used in taking food and drink, by actual contact between the infected and others, as in kissing, &c., (indiscriminate kissing is reprehensible); and by these bacilli laden discharges becoming dried and floating in the air as dust, this last is probably one of the most dangerous media of infection. If the above statements are correct, and I think they will not be challenged, the dissemination of the contagious material is capable of prevention, with almost mathematical precision, provided proper preventative measures are adopted.

When we take into consideration the almost universally unlimited supply of contagious material, everywhere disseminated, and the large death rate from this disease, the importance of preventative measures is apparent. The percentage of deaths from phthisis in the Dominion, as per bulletin No. 15, 1891, was nearly 12 per cent of the whole number of deaths from all causes; and examining the tables we find a large percentage of the deaths ascribed to other cases is no doubt due to tuberculosis, viz.: catarrh, diarrhoea, serofula, diseases of joints, cerebro-spinal, lung diseases, throat affections, stomach affections, enteritis and bowels, the percentage of deaths from tuberculous diseases is nearer 20 than 12 per cent.

Although the contagiousness, the universally disseminated contagium, the prevalence and fatal termination of tuberculosis are, or ought to be, well known, nothing practical has yet been done, in this country, in the way of control or prevention. Large sums are annually spent by government for the prevention of cholera, a disease in our climate comparatively harmless. If a case of smallpox, a disease shorn of its virulence, appears in city, town or village, the citizens are almost panic stricken and the local authorities at once take the necessary precautions to prevent its spread, while no attempt is made to prevent the spread of this, the most prevalent and fatal disease to which our race is subject. It seems rather, that every possible means for its spread is used, in the migrating of consumptives from place to place.

To successfully prevent the dissemination, and propagation of tuberculosis, legislation is necessary. Before legislation can be obtained the laity must be educated to the importance of getting such legislation. How are the people to be educated? Who are to do the educating? The medical, periodical, literature and standard medical works are not accessible to the laity. The individual physician can and doubtless does much in that line, but that is not sufficient. People are seeking information in reference to the preservation of health, and how to avoid contracting disease, and they find a certain kind of information in objectionable, quasi medical literature, that is so freely bestowed upon a credulous public. From this source they get a little education which for the most part is dangerous, because enough information is given to make the victim imagine they are diseased, then they are told that the "Elixir of Cucumber," price \$1.00 per bottle will restore health. From this class of literature the people get some truth, some knowledge of their physical being; some information hygienic, some sanitary advice; and much that is fatal and diabolic. People complain that the medical

profession is too conservative too selfish, in keeping their professional knowledge to themselves. Medical literature is not available to the general public, and if it were would not be of much service it being only intended for the medical trained mind. Those who have written upon the subject of the prevention of tuberculosis agree that legislation is necessary; they also tell us that before such legislation can be secured the public mind must be educated to its necessity. Who are to do the educating; I suggest that it is the duty and the privilege of our profession? How shall it be done? I have already given my ideas upon that subject, and now seek more light.

Many of our best minds have been, and still are, by research and experimental investigation seeking a remedy for tuberculosis, and we hope for a realization of their aims. This is well, and these investigations deserve every help and encouragement, but if prevention is possible which it is, that is still better. The State of Pennsylvania has a society for the purpose of educating the people upon this subject of prevention, which is doing a great work. An institution of the same kind might be made use of for the education of the popular mind upon this subject. We want legislation; to get which we must educate legislators and constituencies.

So far we have studied tuberculosis and its propagation in reference only to the human subject. There is however, another and probably a more dangerous source of contagion that menaces the public health, viz.: that from our domestic animals, upon which we are dependent for a large and important portion of our food supply. It is well known that the animals from which we get our milk and meat are to a certain extent infected with tuberculosis. Yet we have no means of ascertaining to what extent our live stock is infected. This is a serious defect and calls for remedial legislation. The flesh, the milk, and its products from tuberculous animals, are vehicles by which the bacillus tuberculosis is conveyed to the human subject, and thus becomes a prolific source of contagion. Here we have a contagious most prevalent, and fatal disease infecting both man and the lower animals, capable of being transmitted from one to the other. Many valuable horses die of it annually. Those suffering from consumption are often not careful as to where they deposit their bacilli laden sputa. These people let their sputa fall upon the food they are giving their animals, and in this way communicate the disease to them. When we consider the many and prolific sources of contagion of tuberculosis, and the facilities for conveying it to the

human subject the wonder is that the death rate is not much greater. It seems that every one in almost every place is exposed to the contagion and if it were not for some protecting force the race would be consumed. From this we infer two important conditions. First the conditions favorable to the development of the organisms within the body are not so often present as might be expected, in fact the healthy body gives to the invading bacilli a rather warm reception, and the resisting power is sufficient to effectually dispose of the enemy. Second that the conditions outside the living body are not altogether congenial to the growth, life, and propagation of the organisms. May not the healthy non-tuberculous body by constantly taking in a new supply of tuberculous organisms lose its power of resistance? Or will this very condition render the system immune?

Considering all the known facts regarding this disease it is confidently believed that had we a thorough system of preventative legislation rigidly enforced it would soon cease to be the scourge it now is. To get the needed legislation, may be difficult; but difficulties exist to be overcome. In the past reforms for the welfare of the people, for the preservation of health and life and for the prevention of disease advocated by our profession have met either with indifference or determined opposition so now we may in some degree expect to meet like difficulties. For in this enlightened nineteenth century we still have much ignorance, even among the educated, with its twin offspring prejudice and superstition which the experience of the past has taught us to overcome. A partial system of legislation so far as the human subject is concerned was outlined in a previous paper. I wish now to have a few words in reference to the elimination of disease germs from our food supply coming from our domestic animals. Milk, butter, cheese and meat form a large and important part of the everyday food supply of the people, rich and poor; hence the necessity and importance of knowing that the source from which these come is free from disease, especially that of tuberculosis. This disease tuberculosis, is capable of being entirely eliminated from our animals, provided the necessary legislation be procured. This is a subject that concerns every citizen of our country, for the feeling of uncertainty as to whether our meat, butter, etc., which we are eating does or does not contain the germs of consumption, is at least uncomfortable. The following legislation is suggested. The appointment of a "live stock sanitary commission or board" to be composed of practical and professional men not politicians. (This board should contain at

least one veterinary surgeon one medical practitioner, one bacteriologist.) This sanitary board or its agents should have full power to enter all places where animals and carcasses of animals are kept and to use such means as are necessary to obtain the required information as to the infection or non-infection with tuberculosis of all animals and dead meats; to enter and examine all infected places, have them cleaned and disinfected. To have power to enter all dairies, cheese and butter factories, examine thoroughly such places, stock and products thereof. To destroy all animals infected with tuberculosis, compensation being given the owners upon the valuation of the sanitary board or its agents. Suspected animals to be isolated until proved diseased or not. All products of the dairy or slaughter house found to contain disease germs to be destroyed also. Consumptive persons should be prohibited from attending animals, from milking cows, from handling in any way, milk, its products, or dishes in which the products are kept. This is a mere outline of what is needed in the way of legislation.

The necessity for the bacteriological inspection of milk and the source from which it comes that supplies our towns and cities is urgent. Tuberculous milk is a prolific source of contagion especially to young and weakly children. It is more than probable that the large mortality among the children in towns and cities is due to infected milk. In the old cities of Copenhagen and Stockholm, there is an excellent system for supplying pure, healthy milk to the consumers in those cities, which recommends itself as probably the best yet adopted in any other city, either in Europe or on this continent. The system is adopted and worked out by private companies; and the milk supplied is pure and free from disease germs. The citizens of these cities are so far in advance of our citizens that they are willing to pay the extra price necessary for this pure milk, while those who care nothing about the purity or impurity of what they eat or drink can get the article they want.

How long will it take to educate our people up to this standard? It depends, I believe, very much upon the action taken by our profession. The subject requires to be constantly kept before the public. The press, both secular and scientific should be freely used for this purpose. The legislature should be memorialized by our medical association and by our citizens. And if the profession as a body as well as individually undertake this work in earnest, I believe it will not take a very long time until we will have such a revolution as will relegate tuberculosis to a place among the rare diseases. Fifty years of prophylactic treatment, thoroughly carried out will almost if not altogether exterminate tuberculosis,

MEDICAL PROGRESS.

NOTES, ABSTRACTS, SELECTIONS.

Surgery.

REPORTERS—J. STEWART, M. B., Halifax.

MURRAY MACLAREN, M. D., M.R.C.S. St. John.

Rosenberg's researches in Anæsthesia.

The chloroform-theory of the Edinburgh School has been amply supported by the investigations of the Hyderabad Chloroform Commission, and the experiments of Rosenberg published last year give additional proof that the respiratory centres are of paramount importance in chloroform anæsthesia.

He observed that in animals inhaling chloroform through a tracheal tube, much less disturbance of the pulse occurred than during inhalation through the nostrils. He made a large number of experiments. A normal pulse tracing was obtained by a kymographion, and then chloroform was administered on a mask held over the nostrils. The pulse curve at once underwent characteristic changes becoming shorter and shallower. If now the mask was removed from the nose and held over the tube inserted in the trachea, the normal pulse was restored, or at least it became much more natural. If during inhalation through the cannula, and while the heart's action was quiet and regular, chloroform vapour was sprayed into the nostrils, the pulse at once became disturbed again, the same changes occurring in the pulse wave as those induced by irritation of the pneumogastric nerve. Rosenberg concluded that this cardiac disturbance was a reflex irritation transmitted to the centres in the medulla through the fifth nerve, the terminals of which ramify in the nasal mucous membrane, and then reflected along the pneumogastric to the heart. He argued that the application of a solution of cocaine to the mucous membrane of the nose would render it insensible to the irritating fumes of chloroform, and so the reflex loop would be broken. And on trying the experiment he found it so. After applying cocaine in this way, he found that chloroform might be administered on a mask held over the nostrils, without causing any disturbance of the pulse wave.

The same results were obtained in experimenting with ether, and it appears quite reasonable to suppose that sudden death during the administration of ether or chloroform, is due to this reflex inhibition of the heart.

Rosenberg has applied these results to surgical practice. He maintains that the application of cocaine to the nares renders anaesthesia much safer, and less distressing to the patient, obviating the sensation of suffocation, shortening the period of excitement, and rendering vomiting less frequent. He advises the spraying of a few drops of a ten per cent. solution of cocaine into the nares, this may be repeated in two minutes, and then anaesthesia is begun. Every half-hour a few drops more of cocaine are to be employed, about one grain of cocaine each time. Dr. Gerster, of New York, (*Annals of Surgery*, Jan. 1896.) has made extensive trial of this method and thinks favorable of it. His paper, read at the New York Surgical Society, contains a tabular statement of the conditions present in "100 unselected and consecutive cases." He used a five per cent solution of cocaine. Dr. Willy Meyer considered the method presented great advantages, but Dr. Abbe indicated the undoubted risk of cocain-poisoning.

A very important point bearing on the "drop method" of administering chloroform, is noted by Rosenberg. Although the laryngeal nerves are so much less sensitive to the irritation of chloroform than the nasal branches of the fifth, they are affected to some extent. At the commencement of inhalation, and with every fresh addition of chloroform, there is a transient disturbance of the pulse wave, in other words, more or less inhibition of the hearts action, and this disturbance is proportional to the amount of chloroform poured on the mask. By adopting the continuous drop method, this source of disturbance is reduced to a minimum.

Schleich's "Infiltration-anaesthesia."

In the MARITIME MEDICAL NEWS for March, there was a note on this method of local anaesthesia. Dr. Schleich's first paper was read about eighteen months ago, before a Medical Society in Berlin. His method appears to have been widely used. Quite recently a report has been published, of 100 cases treated in Professor Bruns, clinic at Tübingen, and including such operations as the removal of atheromatous cysts, ganglia of the wrists, epithelioma of the lips, warts, naevi, lupus, also tenotomy, tracheotomy, circumcision, extraction of needles, removal of ingrowing toe-nail, excision of varix of the saphena vein, extirpation of

a goitre, and even amputation of the arm. In the vast majority of cases, the success was complete, the operations being entirely painless. Many patients however complained of the pain caused by the injections themselves, especially in dense tissues, such as the fingers, and a burning and itching is frequently felt for a day or more. Then the œdema caused by the injection of the fluid interferes somewhat with the operator. The method appears applicable in a very large class of cases, and the exceedingly dilute solution 1 per 1000, appears devoid of danger of cocaine-poisoning.

Coxa Vara.

Prof. A. Ogston, of Aberdeen, gives this name to a peculiar affection of the thigh, of which he has been taking notes for some years, and which has been independently studied by some German surgeons. It is liable to be confounded with hip joint disease, but is an affection of the neck of the femur, which becomes curved, its concavity upwards, so as to cause abduction and apparent lengthening of the limb. Dr. Ogston gives some cases with examinations and illustrations.—*Practitioner*, April, 1896.

Coley's Antitoxin Treatment of Malignant Tumours.

Nothing of much note has come under our notice in this connection since our January retrospect. Experiments have been carried out at Leipzig, under the direction of Prof. Thiersch, following the directions laid down by Dr. Coley, but with negative results. Thirteen cases were epithelial carcinoma and four were sarcoma. In one case of sarcoma there was improvement which lasted a long while and encouraged further experiment in sarcomata.

At the New York Surgical Society in November last, Dr. Abbe showed a child, eighteen months old, with a large sarcoma growing in the temporal region which he had attempted to remove, but found inoperable. He then began the use of the erysipelas-toxins, and these had now been used for eleven months: the tumour was smaller, and the general condition of the child was much better.

Senn, in his recent work on tumours, considers that in inoperable cases we are encouraged to make use of Coley's method.—*Annals of Surgery*, Jan. and Feb., '96.

Suture of Arteries.

The closure of wounds made in veins has been frequently successful, but it is only recently that cases have been reported of the successful

suturing of an artery. At last three cases are now on record. One was the common iliac, another was the common femoral, and the third, lately reported by Heidenhain, the axillary, wounded during the removal of cancerous glands from the axilla. The bleeding was arrested by digital pressure, and the wound, which was longitudinal, was closed by continuous suture of catgut. The patient made a good recovery, and the axillary artery can be felt beating distinctly in the axilla.—*Brit. Med. Journ.*, 1896; *Epit.*, 6.

Ichthyol Irrigations in Gonorrhœa.

Dr. Canova, at the Hospital du Midi, Paris, describes his method of treating gonorrhœa. "An irrigator is filled with a solution of ichthyol of the strength of 1 or 2 per cent., which is conveyed to the urethra by an india-rubber tube terminating in a nozzle, which is introduced into the urethra for 2 or 3 centimetres (about an inch) and which is so constructed as to block up the meatal orifice and so prevent the solution from escaping. The ichthyol solution is introduced into the urethra until that tube is distended to its utmost, and is then allowed to escape, a procedure which is repeated till a litre (about 1 $\frac{3}{4}$ pints) of the solution has been utilized."

This treatment may be employed in the acute stage, say twice a day, but if not well borne had better be postponed until the period of decline, when it generally cures rapidly. Lane, of St. Mary's Hospital, London, after an experience of this method, speaks very highly of it.—*Practitioner*, March, '96.

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TO STIMULATE THE APPETITE.—Take half the Tonic Dose, as directed, in very cold (not iced) water, fifteen minutes before eating.

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Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

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FOR CONVALESCENCE FROM Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

DOSES.

TONIC.—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the dose should be regulated according to age, viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

Employ the TONIC Dose for sleeplessness, loss of memory, loss of voice, lack of energy, timidity, despondency, night sweats, dyspepsia, hysteria, hypochondria, palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

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As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

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Editorial.

The Annual Meeting of the Nova Scotia Medical Society will be held at Sydney, on Wednesday and Thursday, July 1st and 2nd and, that of the Maritime Medical Association at Charlottetown, Wednesday and Thursday of the following week, viz.: July 8th and 9th. The Nova Scotia Medical Society elect members of the Provincial Medical Board, which with a well filled programme assures a large gathering. The Maritime Medical Association should also be well attended as the Association is well worthy of the active support of every practitioner in the three provinces. The Association has brought about not only reciprocal registration between the maritime provinces but has also helped to advance the consideration of reciprocal registration between the various provinces of the Dominion. It goes without saying that the Sydney and Charlottetown men will leave nothing undone to give all a hearty and cordial reception.

There is no reason whatever why those who go to Sydney should not also go to Charlottetown, combining needed recreation and intellectual advancement in the most happy way. Our advice would therefore be to attend the Sydney Meeting, spend Friday and Saturday in visiting points of interest in Cape Breton, then to leave Monday for Charlottetown. The "tight little island," will then look its very best. These meetings more than counterbalance any loss pecuniary or otherwise, which attendance could possibly entail. They lift a man above the monotonous routine of everyday life, they bring him in contact with his fellow workers, they help him to a more careful consideration of his cases, they supply him with new ideas or old ideas appear in a new light. Our life is all too short, and if spent in isolation and without change means serious loss not only to the individual but also to the public.

CANADIAN MEDICAL ASSOCIATION.

The Annual Meeting of the Canadian Medical Association will be held at Montreal on August 26th, 27th and 28th.

The late date is likely to ensure a large attendance from all parts of Canada, and there will be no interference with the work of Provincial Societies.

The attendance from the maritime provinces is likely to be greater than any past meeting, owing to the ease with which Montreal can be reached, and the important questions likely to come up for discussion. The subject of Inter-Provincial Registration will be thoroughly ventilated, and it is hoped that some basis of agreement may be arrived at.

Already many prominent members have announced their intention to read papers and take part in discussions.

An effort will be made to secure a cheap travelling rate.

The Secretary, Dr. Starr of Toronto, is pushing the work and will be pleased to hear from any who are likely to be present.

DANGER OF DIPHTHERIA ANTITOXIN.

Some cases recently reported, show that Diphtheria Antitoxin is not wholly free from danger.

A child of Professor Langerhans of Berlin, aged one year and nine months was given an "immunising" dose of Behring's serum, and died a

few minutes later. The child was in good health at the time and a *post mortem* examination gave no clue as to the cause.

The sensation caused by the sudden death of the child was increased by the announcement in the press in large type that "the funeral of my beloved child *poisoned by the Behring antitoxin serum* will take place," etc.

Another sad case is related by Dr. James L. Taylor in the Journal of the American Medical Association. Some members of a family were affected with a mild form of diphtheria and an immunising dose of Behring's serum was given to a five year old boy in whom the disease had not appeared. The boy was asleep when the injection was given and up to that time he had seemed to be in perfect health, but in five minutes he was dead.

We are inclined to think that in both instances death was the result of syncope which in some instances may prove fatal even when induced by trifling causes. Such cases show that the greatest care should be taken in the use of the diphtheria antitoxin.

SMALL-POX AT GLOUCESTER, G. B.

The present outbreak of small-pox in the City of Gloucester, England, where Jenner practiced for many years and during the centenary year of the discovery of vaccination is full of instructive lessons, especially to communities where either through neglect or a feeling of security against danger a large percentage of the juvenile population are unvaccinated.

The health authorities of Gloucester failed to carry out their duty under the Vaccination Acts, for nearly ten years. As a result they find themselves face to face with one of the severest outbreaks of small-pox, which has been recorded in England for many years.

During the last seven weeks the notifications of fresh cases of small-pox in Gloucester dating from the week ending Feb. 15th, to the last of March, are as follows:

First week 9, second week 61, third week 50, fourth week 79, fifth week 130, sixth week 155, seventh week 154. Since then there has been a more rapid extension of the disease.

So far 118 deaths have been recorded, the great majority being among unvaccinated children

The hospitals are crowded and even extra provision made for this has proved insufficient.

The authorities realized when too late the terrible blunder they had been guilty of. First, they urged the people to be vaccinated and revaccinated, and getting still more alarmed they finally decided to enforce the compulsory clauses of the Vaccination Acts.

The lesson of this terrible outbreak should be impressed upon those who fancy themselves secure from danger. In these maritime provinces for instance, vaccination has been neglected since the great Montreal epidemic in 1885, and we are not wide of the mark in stating that, at least nineteen twentieths of our young population have not been vaccinated. At any moment the disease may make its appearance and sad havoc may follow in its train. We are pleased, therefore, to note that Dr. Carleton Jones of Halifax, has been persistently bringing this question to the notice of the public and the health authorities.

Dalhousie Examinations.

The following persons having passed all examinations and fulfilled all other requirements of the Medical Faculty, Dalhousie University, will receive the degrees of Doctor of Medicine and Master in Surgery (M. D., C. M.) at the convocation of Dalhousie on Tuesday, the 28th :

William Henry MacDonald	Clara M. Olding
Henry Emanuel McEwen	Samuel W. Williamson.
Duncan Murray	

Results of degree examinations—M. D., C. M., April, 1896.

I.—PAST LISTS.—(Alphabetical.)

PRIMARY M. D., C. M. EXAMINATION.

(A)—FIRST YEAR.

Armstrong, Tremaine Ernst	McDonald, Daniel
Atkinson, Edward Payson	McDonald, Edward Murray
Brehm, Robert Almon	MacKay, John St. Clair
Dickey, Hugh Leverette	McLean, Murdoch Thomas
Forrest, William Duff	Morton, Angus McDonald
Fraser, Alexander	Munroe, James Gilbert
Goodwin, Wendell VanKleck	Randall, May Leila
Lange, Christian Christoph Andrew	Rodgerson, James Alex. Cummings.

(B)—SECOND YEAR.

Archibald, Matthew George	Lange, Christian Christoph Andrew
Brehm, Robert Almon	McDonald, Daniel
Brown, Mattie Wyman	McKenzie, Murdock Daniel
Dorman, Oscar Chipman	Morton, Angus MacDonald
Fraser, Alexander	Shaw, Sydney Everett
Gandier, George Gaw	Thompson, Alfred

FINAL M. D., C. M. EXAMINATIONS

(A)—THIRD YEAR.

Bentley, Robie Dugwell	Grierson, Robert
Bissett, Ernest Eugene	Lloyd, Cyrus Decker
Brown, Mattie Wyman	MacDonald, William Henry
Dorman, Oscar Chipman	Murray, Duncan
Fraser, Alexander	Payzant, Henry Austin
Gates, Charles Randall	Slawenwhite, Stephen Sinclair

(B)—FOURTH YEAR.

MacDonald, William Henry	Olding, Clara Mary
McEwen, Henry Emanuel	Williamson, Samuel W.
Murray, Duncan	

Book Reviews.

International Medical Annual and Practitioner, Index 1796, Fourteenth Year, New York, E. B. Treat. 8 vo., Pp. 728 Morocco Cloth \$2.75.

This is most unquestionably the best production of its kind for the general practitioner. It is small in compass yet very comprehensive. The special articles are of unusual interest and include one on the remedial value of cycling by Dr. Oscar Jennings of Paris. The work is divided into four parts: Part 1 is devoted to therapeutics: Part 2 to diagnosis, etc.; Part 3 a dictionary of new treatment while Part 4 refers to a number of subjects of interest which have cropped up during 1895. An excellent account is given of the Rontgen method of photography. The illustrations are numerous and well executed. The volume as issued is uniform with "Treat's Medical Classics."

The *Virginia Medical Monthly* appears in a new dress and will in future be known as the *Virginia Medical Semi-Monthly*. It is a well managed and interesting journal and its pages are clean and free from any objectionable features. We wish it a full measure of success.

Electricity in Electro-Therapeutics by Edwin J. Houston, Ph. D. and A. E. Kennelly, Sc. D. Pp. 412. Published by The W. J. Johnston Company, 253 Broadway, New York.

This is one of the Elementary Electro-Technical Series. It is a book which can be easily read. The fundamental electrical principles of electro-therapeutics are clearly defined. The authors are peculiarly well fitted from practical work and experience in teaching to write such a work. The publisher's work has been well done in every respect. There are 138 illustrations throughout the volume.

Books and Pamphlets Received.

Perforation in Enteric Fever. Its Surgical Treatment. By Frederick Holme Wiggin, M. D., visiting surgeon New York City Hospital. Reprinted from proceedings Connecticut Medical Society, 1895.

Report of Commissioner of Public Charities, Nova Scotia, 1895.

Report of Victoria General Hospital, 1895, A. P. Reid, M. D.

Chronic Perivesical Inflammation. By Lucius Wales Hotchkiss, M. D., New York.

Laryngeal Neoplasms. By Walter F. Chappell, M. D., New York.

The Necessity of Complete Extirpation of Tumors and the Importance of Rapid Cicatrization of the Wound. By Frederick Holme Wiggin, M. D., New York.

Sleep in its Relations to Disease of the Skin. By L. Duncan Bulkley, M. D., New York.

The Treatment of Laryngeal Tuberculosis by the Application and Submucous Injection of Creasote. By Walter F. Chappell, M. D., New York.

Report of a Case in which Laparotomy was performed for intestinal perforation occurring in the course of typhoid fever. By L. W. Hotchkiss, M. D.

Report of the Halifax Dispensary, 1895.

WYETH'S

Compound Elixir of Kola.

KOLA, CELERY AND COCA.

In deference to the growing popularity of Kola Nut and its preparations, we have for some time prepared it in the form of Compressed Tablets and a plain Elixir as well as the well-known and extensively used Fluid Extract. At the suggestion of several eminent practitioners we have devised the above combination which has given the most satisfactory results.

The introduction of Kola as an active Cerebro-Cardiac tonic and stimulant was inaugurated some years ago. Its popularity has rapidly increased until now it is recognized by the profession as a most valuable remedy in the treatment of various forms of nervous disorders. In conjunction with the invigorating action of Coca and the well merited stimulating properties of Celery, it presents a combination which we think cannot fail to enlist the attention of the medical profession, generally. This preparation is specifically indicated in cases of nervous prostration occasioned by over excitement and fatigue of mind and body, imparting to the system under extreme physical exertion and strain, a vigor and buoyancy that is most marked. Its administration will be found particularly valuable in counteracting the distressing consequences of undue indulgence in alcoholic stimulants, smoking or other excesses, relieving the morbid depression which invariably follows; promoting a healthy tone and vigor in the patient's condition. It also exerts a direct action upon the hepatic functions, augmenting the secretion of urine, and stimulating the nervous system and heart.

In the treatment of nervous exhaustion, melancholia, and atonic dyspepsia as well as in various forms of heart disease, asthma, sea-sickness, etc., it will be found to afford great relief. The flattering reports which we have already received, regarding the therapeutic action, and the remarkable increase of its use, are sufficient to attest its undoubted merit as well as to justify the claims which we make.

Each fluid ounce contains 48 gr. Kola, 48 gr. Celery and 64 gr. Coca.

DOSE.—A dessertspoonful every two or three hours, or as may be required according to the condition of the patient; in cases of extreme prostration a tablespoonful may be given as the preliminary dose.

JOHN WYETH & BROTHER.

DAVIS & LAWRENCE CO. (LIMITED), MONTREAL

GENERAL AGENTS.

Selections.

MEDICAL NOTES.

FROM THIRTY-EIGHTH REPORT OF THE NOVA SCOTIA HOSPITAL FOR THE
INSANE.

We have nothing to add to the remarks in last year's report in regard to the medical treatment of epilepsy. We have gone on upon the lines referred to therein, and with about the same general average results.

We have used sulfonal freely among our excitable chronics—a class I am sorry to say steadily on the increase—and have seen no bad consequences. Our average dose is gr. xxx per diem. This is at times increased to gr. xl, and in one case gr. xc was taken by a strong robust man in two doses, with no very marked effect. We discontinue its use when ataxia shows. Speedily upon its withdrawal the patient rallies and is restored to an ordinary condition. No toxic symptoms have been seen.

In some selected cases we tried *Kola* as a tonic stimulant. We can report no positive results. As a hypnotic in certain cases of maniacal excitement we think a combination of paraldehyd and chloral gives better results than either drug separately. Chloralamid in doses of from grs. xxx to grs. xl we find useful in certain forms of melancholia with sleeplessness. It seems more soluble in gin than in anything else.

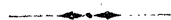
Believing that auto-intoxication may account in many cases for some of the mental changes in our patients, we endeavour to carry out a treatment having for its object intestinal disinfection.

Copious draughts of hot water, and the free use of salol, calomel, and permanganate of potash, are frequently ordered, and when we can get the treatment faithfully and continuously tried, with appropriate dieting, the results are, in some cases, decidedly beneficial.

We have had three cases of typhoid fever during the year. The cause of the first case we can trace to nothing, unless it be a visit made by relatives of the person who subsequently developed the disease. These visitors lived in a portion of Halifax in which the disease existed, and brought fruit with them, which the patient ate. About ten days after, the first case occurred. The patient was an imbecile and could

give no account of anything. She died, and an autopsy showed the ordinary lesions of the disease. The next case was in a man who worked in the wash house, and may have been infected from some of the first patient's clothing (although every effort was made to disinfect and sterilize it), and the third case was a female patient, who had rinsed out the urine stained sheets of the first patient, but who had not come in any way in contact with fecal discharges.

One patient died, the others are quite well again. We can discover nothing wrong either with our water or drainage.



COMPARATIVE VALUE OF THREE HYPNOTICS.—Bresslauer and Joachim (*Centr. bl. f. d. gesammte Therapie*, August, 1895) compare the value of these hypnotics: (i) Sulfonal has certain disadvantages. Its action is slow, owing to its being nearly insoluble, and sleepiness rather than sleep is produced. The authors have had no bad results since they made a rule never to give it for more than three days in succession, in doses not exceeding 2.0 Gm. *pro die*, and to regulate the bowels and kidneys. It should be exhibited always in hot water (tea, etc.) in as good solution as possible. (ii) Trional acts excellently in neurasthenic insomnia, chronic and periodic mania, etc. The authors (contrary to the experience of many, have had good results also in melancholia, and hallucinations accompanied by violence, even 0.5 Gm. having a sedative effect. Its action is cumulative and delayed from 15 minutes to 3 or more hours after administration, but this is not nearly so marked as with Sulfonal. Sleepiness continues in some cases during the next day and even night. The following rules are necessary in its administration: (1) Trional must never be given continuously in larger doses than 1.0 to 2.0 Gm., and always in a large quantity of warm fluid—soup, tea, etc.—in which it is readily soluble. (2) After administration for four to six consecutive days, breaks of several days must be made. (3) The patient should take some natural alkaline mineral water during the course. (4) Constipation must be corrected. (5) If hæmatoporphyria be present, the drug must be discontinued at once, diuresis and free evacuation of the bowels obtained, and the blood neutralized with 4 to 6 Gm. sodii. bicarb. *pro die*. If these precautions be taken, Trional is one of the best and relatively safest hypnotics. (iii) Tetronal has all the disadvantages of Sulfonal without its power, its action being more sedative than hypnotic. If given, all the precautions necessary for Sulfonal and Trional must be taken.—*British Medical Journal*.

LATE SUPPERS.—The old tradition that to eat anything just before going to bed was sure to produce indigestion and render sleep impossible is now happily exploded. It is not good, as a matter of fact, to go to bed with the stomach so loaded that the undigested food will render one restless, but something of a light palatable nature in the stomach is one of the best aids to quietude and rest. The process of digestion goes on in sleep with as much regularity as when one is taking violent exercise to aid it, so something in the stomach is a very desirable condition for the night's rest. Some physicians have declared, indeed, that a good deal of the prevalent insomnia is the result of an unconscious craving of the stomach for food in persons who have been unduly frightened by the opinion that they must not eat before going to bed, or who have, like many nervous women, been keeping themselves in a state of semi-starvation.

Nothing is more agreeable on retiring for the night than to take a bowl of hot broth, like oat-meal gruel or clam soup. It is a positive aid to nervous people, and induces peaceful slumbers. This is especially the case of cold winter nights, when the stomach craves warmth as much as any other part of the body. Even a glass of hot milk is grateful to the palate on such occasions, but a light, well-cooked gruel is better, and in our climate, during the cold months of winter, should be the retiring food of every woman who feels, as man do, the need of food at night.—*Canada Lancet.*

EXTERNAL USE OF CHLORAL HYDRATE.—Dr. Broadnax uses it in toothache.

R Chloral hydrate,
 Camphor,
 Carbolic acid,
 Glycerine, aa v (ʒ i¼).

Introduce a ball of cotton moistened with this mixture in the cavity of the tooth.

In earache :

R Chloral hydrate,
 Camphor,
 Carbolic acid, aa ʒ 50 (gr. xiiss).
 Castor ol., ʒ 15 (ʒ iv).

Instill a few drops of this mixture previously warmed.—*College and Clinical Record.*

EUGENE FIELD'S POEM ON THE PNEUMOGASTRIC NERVE

Upon an average twice a week,
 . When anguish clouds my brow,
 My good physician friend I seek,
 To know "what ails me now."
 He taps me on the back and chest,
 And scans my tongue for bile,
 And lays an ear against my breast
 And listens there awhile.
 Then he is ready to admit
 That all he can observe
 Is something wrong inside, to-wit :
 My pneumogastric nerve !

Now when these Latin names within
 Dyspeptic hulks like mine
 Go wrong, a fellow should begin
 To draw what's called the line.
 It seems, however, that this same
 Which in my hulk abounds,
 Is not despite its awful name,
 So fatal as it sounds ;
 Yet of all torments known to me,
 I'll say without reserve.
 There is no torment like to thee,
 Thou pneumogastric nerve.

This subtle, envious nerve appears
 To be a patient foe—
 It waited nearly forty years
 Its chance to lay me low :
 Then like some withering blast of hell
 It struck this guileless bard,
 And in that evil hour I fell
 Prodigious far and hard.
 Alas ! what things I dearly love—
 Pies, puddings and preserves—
 Are sure to rouse the vengeance of
 All pneumogastric nerves.

Oh, that I could remodel man !
 I'd end these cruel pains
 By hitting on a different plan
 From that which now obtains.
 The stomach, greatly amplified,
 Anon should occupy
 The all of that domain inside
 Where heart and lungs now lie.
 But, first of all, I should dispose
 That diabolic curve
 And author of my thousand woes,
 The pneumogastric nerve !

VACCINATION NEGLECTED.—In Europe vaccination is done with much greater thoroughness than is the rule in this country. There they vaccinate. We vaccinate. They take pains to saturate. We do not. When they get through we find three or four scars on each arm. We are through when the patient has two scars. In view of these various facts is it surprising that we have an outbreak of small-pox every few years? The subsidence of an epidemic lulls us into the negligence of fancied security; spurious vaccinations mislead; the immunity conferred by genuine vaccination dwindles away; children are not vaccinated till they reach the school age, and many are not vaccinated then: a case of small-pox is imported, and lo! another epidemic appears. How many lessons of this kind are necessary to arouse the medical profession to a proper sense of duty, and the community at large to a common sense appreciation of the demands of self-protection? The experience of the world has demonstrated again and again with terrible impressiveness that so long as unvaccinated children are allowed to accumulate, and so long as people continue to neglect renewal of immunity by re-vaccination, epidemics of small-pox are certain to make their appearance. Such epidemics are a hideous disgrace to civilization. The disease is preventable. It is eradicable. And yet I question if a particle of progress has been made in the direction of eradicating it from our own country during the past quarter of a century. We do just as our predecessors did—vaccinate furiously when small-pox becomes, or threatens to become, epidemic, and then neglect vaccination until the next epidemic arrives. Carelessness is growing and the results of it are multiplying.—*William E. Quine, M. D., Chicago, President Illinois State Board of Health.*

MEDICO-LEGAL POINTS IN REGARD TO MALPRACTICE.—1. A physician is guilty of criminal malpractice when serious injury results on account of his gross ignorance or gross neglect. 2. A physician is guilty of criminal malpractice when he administers drugs or employs any surgical procedure in the attempt to commit any crime forbidden by statute. 3. A physician is guilty of criminal malpractice when he wilfully or intentionally employs any medical or surgical procedure calculated to endanger the life or health of his patient, or when he wilfully or intentionally neglects to adopt such medical or surgical means as may be necessary to ensure the safety of his patient. 4. A physician is civilly responsible for any injury that may result to a patient under his care, directly traceable to his ignorance or negligence. 5. A physician is expected by the law to exhibit in the treatment of all his cases an average amount of skill and care for the locality in which he resides and practices. Further than this he is not responsible for results, in the absence of an express contract to cure. 6. A physician is not relieved of his responsibility to render skilful and proper treatment, or reasonable care and attention, by the fact that his services are gratuitous. 7. A physician is not obliged to undertake the treatment of any case against his will, but having once taken charge he cannot withdraw without sufficient notice to allow his patient to procure other medical assistance. 8. A physician having brought suit and obtained judgment for services rendered, no action for malpractice can be thereafter brought against him on account of said services. 9. A physician is relieved of all responsibility for bad results in connection with the treatment of a case when there can be proven contributory negligence on the part of the patient. 10. A physician is civilly responsible for any injury to his patient resulting from the ignorance or carelessness of his acknowledged assistants, but he is in no way responsible for their wilful criminal acts.—*The General Practitioner, American Medical Review.*

BREWERS YEAST IN DIABETES.—At the French Congress of International Medicine, Cassaet reported good results obtained in diabetes by administration of brewer's yeast in daily doses of one and one-half ounces. It is readily taken, tolerance being soon established. The weight of patients increased three to eight pounds in a fortnight; strength also increased. The proportion of sugar diminished two-thirds to three-fourths in a fortnight.—*Medical Times and Register.*

EARLY RECOGNITION OF UTERINE CANCER.—L. Kessler (*St. Petersburg Med. Woch.*, Sept. 28, 1895,) remarks that the diagnosis of uterine carcinoma is not very difficult in the majority of cases. It is by no means always associated with cachexia, a miserable pale aspect, suffering expression of the face, frequent hæmorrhages, discolored and fetid discharges, as the majority of text-books would lead one to believe. But a serous discharge, a bleeding between menstrual periods, and especially a hæmorrhage after the menopause, should make one very suspicious of a malignant disease. He deprecates the practice of giving ergot or styptics in uterine hæmorrhages when there is a suspicion of carcinoma, because while using these drugs the disease is progressing and valuable time is lost.—*Amer. Gynec. & Obstet. Jour.*

CUTANEOUS IRRITATION OF MEASLES, ETC.—Balsam of Peru is a useful addition to many ointments, both on account of its pleasant odor and because it is in itself a valuable non-irritating antiseptic. When added to vaseline it is much more readily mixed if a few drops of alcohol or castor oil are added. The following may be recommended to allay the cutaneous irritation of measles, chicken-pox, etc.:

R Lanolini puris, \bar{s} j.
 Vaselini, \bar{s} ij.
 Ol. ricini, ℥ ij.
 Aq. dest., \bar{s} v.

Ft. ung. Sig. Apply as required.

Preparations of vaseline or parolene can have a pleasant odor given to them by the addition of a few drops of oil of wintergreen.—*Practitioner.*

COUGH-MIXTURE.—A cough-mixture containing no opiate is that of Warburton Begbie. It is thus given in the Pharmacopœia of the Edinburgh Royal Infirmary:

R Acid, hydrocyan, dil, \bar{s} ss.
 Acid, nitric, dil, \bar{s} ij.
 Glycerini, \bar{s} j.
 Inf. quassiae, ad \bar{s} vj.

Ft. mist.

Sig.: A tablespoonful in a wineglass of water three times a day.

It is both a sedative and tonic in cases of phthisis.—*Practitioner.*

PLASTER-OF-PARIS BANDAGE—TO REMOVE EASILY.—In *La Semaine Medicale*, No. 3, 1895, L. Gigli recommends a plan to facilitate the disagreeable task of removing a plaster-of-Paris bandage, which is worth considering. After applying the usual layer of cotton around the limb a layer of parchment paper previously moistened and rung out is wrapped above this and then a large sized cord well rubbed with vaseline is placed upon this in the direction that one wishes to saw open the apparatus. Over this the plaster bandage is laid on. When, in the course of time, the dressing is to be removed, this cord, whose ends have been tied together, is loosened and one end tied to a thin steel wire which has been nicked at close and regular intervals and the wire drawn through. Each end of this wire is attached to a handle and with a backward and forward motion the plaster is at once sawed through, after which the dressing may be immediately laid off.

TRIFACIAL IRRITATION.

Dr. Capp recommends the insufflation, through an ordinary insufflator or other appropriate tube, of from two to four grains of pulverized table salt, as a measure tending to give immediate relief in facial pain or headache arising from trifacial irritation from decayed teeth, eye-strain or from other causes such as ear affections, hysteria or uterine reflexes. The measure was first applied, according to the author, by Leslie, and published in the *Edinburgh Medical Journal*; the latter had successfully employed in the treatment of obstinate and long-standing cases, as well as acute neuralgia, headache, faceache, earache, toothache and bronchial asthma. The application causes about the same temporary discomfort as would a pinch of snuff, but is not followed by bad results, and is usually successful.—*Texas Medical Journal*.

ITCHING IN ECZEMA.—

R Chloral hydrate,
 Camph. pulv., aa ʒ ss.
 Acidi carbolicī, gtt. x.
 Balsam Peru, ʒ j.
 Menthol, ʒ j.
 Ung. zinci oxidī, q. s., ad. ʒ j.

M. Ft. Ungent. Sig. Apply morning and night.—*Clinique*.

WARM SALT BATHS IN THE TREATMENT OF NIGHT-SWEATS IN PHTHISIS.—The treatment of night-sweats in phthisis is a question which has received much attention from the profession at large during recent years but the result as yet has not been highly satisfactory; many drugs have been proposed and tried in turn, and though some have proved successful in isolated cases, none have met with lasting favor.

Seeing the failures of internal remedies Vintras naturally sought another field of investigation. Bearing in mind the beneficial action of saline baths on the serofulous diathesis generally, and imbued with a firm belief in the direct association between serofula and phthisis in the light of cause and effect, he determined to try what influence such baths might have in improving the condition of patients suffering from consumption.

The result was the finding of an almost sure means of checking the night-sweats of this disease, and moreover, as anticipated, of determining in each case an amelioration of the general condition so marked as to encourage the author in calling particular attention to the use of these baths.—*Ther. Gazette.*

MEDICAL MEN TO AVOID.—The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well, and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—*Med. Record.*

GONORRHEA IN WOMEN.—In gonorrhoea urethral and vesical irrigation should be made with a solution of potassium permanganate, 1 per 1000 to 1 per 2000, according to the case. The quantity at each irrigation should be at least one litre. The irrigation should be practiced every day, the usual duration of treatment being from ten days to two weeks, or thereabouts.—*Cumston, N. Y., Med. Record.*

TREATMENT OF HEMORRHOIDS.—Dr. Schney recommends a simple means of treating hemorrhoids which he has successfully employed in a number of cases, three of which are reported in detail. It consists in painting the nodules once daily with a 2-per-cent. solution of nitrate of silver, which causes a gradual reduction in size without the least pain. In the cases reported the tumors had entirely disappeared in the course of one or two weeks. As there are many patients who positively refuse operative treatment, this new procedure is well worthy of attention.—*International Journal of Surgery.*

A CLINICAL STUDY OF ANTIKAMNIA.—The *New York Medical Record* contains an exhaustive article under the above caption by Samuel Wolfe, A. M., M. D., Physician to the Philadelphia Hospital; Neurologist to the Samaritan Hospital, Philadelphia. He summarizes as follows:

“I feel justified from my experience, to formulate the following conclusions:

“That antikamnia is valuable for reducing temperature in febrile complaints.

“That it is of service in many forms of pain connected with febrile diseases.

“That it has a field of use in rheumatic and gouty affections.

“That in neuralgic and myalgic pains, it is not only palliative, but along with other measures, assists in ultimate cures.

“That in neurasthenia, hysteria and migraine, it is a valuable adjunct to the other recognized therapeutic measures.

“That in organic nervous diseases, it has a field of application.

“That it is the least depressing of all the drugs that can exercise so extensive a control of pain, and also least disturbing to the digestive and other organic functions.” He further states:

“The scientific physician prefers always to treat a cause or condition, rather than a mere symptom. If he can remove pain, by abolishing its cause, he will do so, rather than to blunt the sensory structures so that the pain is not felt. The demand for relief from mere symptoms, however, frequently becomes imperative, and this is especially the case when pain is present. We would cease to respect the physician, who in the presence of an acute agonizing pain, which mechanical or other means could not quickly relieve, who would withhold the hypodermic morphia. On the other hand, we applaud the sentiment which seeks for measures to combat this symptom, carrying with them less of the remote dangers, which are inherent in the frequently repeated and long continued use of opiates.”

1866 to 1896.

A Record Unsurpassed in Medical Annals.

“H. V. C.”

HAYDEN'S VIBURNUM COMPOUND,

A Special medicine which has increased in demand for THIRTY YEARS, and has given more universal satisfaction in that time, to physician and patient than any other remedy in the United States, especially in

THE AILMENTS OF WOMEN, in and OBSTETRIC PRACTICE.

For proof of the above statements we refer to any of the most eminent physicians in this country, who will endorse our record.

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1896.

Maritime Medical Association.

SIXTH ANNUAL MEETING.

The Annual Meeting will be held in Charlottetown, P. E. I., on Wednesday and Thursday, July 8th and 9th, commencing at 10 a. m. on Wednesday.

Extract from Constitution:

“All registered Practitioners in the Maritime Provinces are eligible for membership in this Association.”

Railway fares at reduced rates. Get Certificates at starting point.

P. CONROY, M. D.,

President,

CHARLOTTETOWN, P. E. I.

GEO. M. CAMPBELL, M. D.,

Hon. Secretary,

HALIFAX, N. S.

WHEELER'S TISSUE PHOSPHATES

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutri-
tive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This
elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable con-*
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phate $\text{Fe}_2 \cdot 2\text{PO}_4$, Trihydrogen Phosphate H_3PO_4 , and the active Principals of Calisaya and Wild Cherry.

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