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MARITIME MEDICAL NEWS

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. I.

HALIFAX, NOVA SCOTIA, APRIL, 1908.

NO. 4.

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1898.

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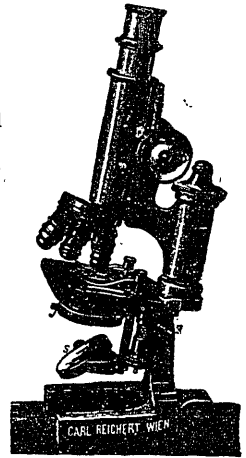
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A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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A Remedy in Nervous Disorders when Characterized by Melancholia.

—Mode of Exhibition.—

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

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"As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgetic it is characterized by promptness of action and freedom from the disagreeable effects of the

narcotics. It has been much used, and with very favorable results in neuralgia, influenza and various nervous disorders characterized by melancholia. The dose of antikamnia is from three to ten grains, and it is most conveniently given in the form of tablets."

We may add, that the best vehicles, in our experience, for the exhibition of antikamnia are Simple Elixir, Adjuvant Elixir or Aromatic Elixir, as also brandy, wine or whiskey. It can also be readily given in cachets or capsules, but preferably tablets, as well as dry on the tongue in powder form, followed by a swallow of water. When dispensed in cachets or capsules it should be put into them dry. Antikamnia tablets should be crushed when very prompt effect is desired and patients should always be so instructed. The conditions of the stomach frequently present unfavorable solvent influences and they can be thus overcome.

—Notes New Pharm. Products.

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R Antikamnia (Genuine)..... ʒ ij
Tinct. Digitalis..... ʒ iss
Syrup Doveri..... ʒ iij
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R Antikamnia (Genuine)..... ʒ j
Brom. Potass..... ʒ ij
Elix. Aurantii..... ʒ iij
Mx. Sig.:—One or two teaspoonfuls every hour in water.—*Dunglison's Clinical Record.*

THE
MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

Vol. X.

HALIFAX, N. S., APRIL, 1898.

No. 4.

Original Communications.

CANNABIS INDICA.*

By F. W. GOODWIN, M. D., C. M., Professor of Materia Medica, Halifax Medical College.

Of the making of many drugs there is no end, and so many new compounds are submitted every year for our consideration that we are apt to forget the old ones. I shall not give you much that is new about this drug, but wish to emphasize some points that seem to me important.

The drug contains an aromatic oil and a resin. Opinion is divided as to which of the two is the active principle.

A writer in the *British Medical Journal*, 1889, says the oil is the active principle, and thinks a watery infusion of the drug possesses many advantages.

As regards the taste of the drug, it is generally considered disagreeable, and in prescribing the tincture or fluid extract it is recommended to put a little chloroform with it to cover the taste.

Physiological Action.—From half an hour to three hours after taking a full dose the patient feels a sense of well-being, or as if he had heard "good tidings of great joy." There is a tendency to laughter, and the subject in many cases says comical and witty things. Thus among the Orientals it is called the "laughter-mover," "the increaser of pleasure," "the cementer of friendship." The subject sometimes feels like acting in a burlesque manner. Sometimes old memories are stirred up.

* Read at meeting of Medical Society of Nova Scotia, 1897.

The pupils are dilated but responsive to light. The hearing becomes more acute. The legs take on a strange foreign feeling, and the subject may not be able to walk steadily. Another Oriental epithet applied to this drug is "the cause of a staggering gait."

There is partial and sometimes complete anæsthesia of the skin, and pain may be relieved. The pulse is often increased to 120. The respiration is slightly stimulated and sensibility of the respiratory tract is diminished. Often there is a feeling as if the lungs were swelling up like a pneumatic tire when pumped, sometimes even to the point of bursting. The appetite is often greatly stimulated; even in the first stage of the effects of the drug and after sleep brought on by the drug the patient in many cases wakes with a ravenous appetite.

Little or no constipation is produced. Urinary secretion is generally increased. In many cases, probably owing to the surroundings and disposition of the patient, the sexual system is markedly stimulated.

In some, all sensations produced by the drug are disagreeable from the first. A feeling of double consciousness is sometimes experienced which Wood was first to refer to. Once I gave a large dose to a lady and she told me she could distinctly see herself coming down stairs although she knew at the same time she was lying on the lounge.

The eyes generally feel hot and there is a sensation as if "the brain were boiling over and lifting the cranial arch like the lid of a tea-kettle." Time is prolonged apparently. A doctor who took a very large dose to convince his patient that it was harmless told me that under its influence while driving to a patient the wheels of his carriage seemed to move with painful slowness, although he was going at a very good rate. He said he had also a sense of impending death. Wood, who took an enormous dose for experimental purposes, says the second-hand of his watch seemed ages in getting around. The judgment of distances seems also disturbed.

I do not think this drug produces hyperæmia of the brain, like alcohol, but rather tends to diminish it.

Reflex action is diminished, owing to depression of the sensory areas of the cord or the sensory nerve trunks.

Have found in experiment upon the frog that sensation was lost before voluntary movement.

Whatever the symptoms of the first stage, in from three to six hours sleep comes on if a sufficient dose has been taken. While the patient is drowsy, his eyes being shut, shifting figures appear before his vision.

The imagination seems to be strong, and he can see at least dimly what he sets his mind upon. One patient who had taken a large dose said when he thought of pansies he could see them, and also that he could see shifting patterns as of different kinds of wall paper. Its action thus slightly resembles that of mescal button, which produces a gorgeous panorama of colors when the eyes are shut.

Sleep is often accompanied with dreams—sometimes delightful—sometimes unpleasant. The patient can be aroused sufficiently to answer questions intelligently, and previous to sleep the mind seems conscious of its own vagaries and can correct its false judgments.

In some cases the patient does not think he has slept while those watching know that he has. One patient to whom I gave the drug for insomnia said next morning that she felt as though she had had the benefit of sleep, but on looking back over the night it seemed to her that she had not slept at all, or at least very little.

The next day after sleep has passed there is some lassitude—sometimes a peculiar headache, but no nausea or malaise such as we see after opium. The activity of a large dose is mainly spent in twelve hours, though some effects remain for twenty-four hours.

Often the patient is much alarmed even after small doses. In most cases this is, I think due to idio-syncrasy, although the drug is said to be very uncertain in its strength. In several cases, however, where it seemed to have no effect on patients, I have taken a sample and found it quite effective on my own person.

As to the *uses* of *cannabis indica*, speaking generally I should say that as a rule it should not be given to a patient unless he has confidence in the doctor. Also that in giving anything but the smallest dose the patient should be forewarned that some peculiar symptoms might arise. But he should at the same time be assured that there is not the slightest danger. If these hints are not tactfully given, the patient may, of course, become alarmed before he takes the medicine. Probably you have often noticed that when you had something to do with a child, as for instance, to examine its throat, the mother would hasten to tell the child the doctor was not going to hurt him, whereupon the child invariably set up a howl—thus showing his lack of confidence in his mother's assurance. Better to say nothing than to blunder over it.

I think the fluid extract is the best to prescribe, both as regards taste and its facility for mixing with other drugs.

The extract manufactured by Parke, Davis & Co. is reliable. On inquiry they inform me that every lot they get from India is tested on animals to ascertain if it has its proper physiological action before it is marketed.

One need not be afraid of a fatal result. All authorities agree that enormous quantities are required to kill, and no fatal case is recorded. Nor have I read of any case where the drug habit has been brought on by its use.

Locally.—I believe the drug is not used locally, although it is an ingredient of a powder to be used by insufflation in hay fever, recommended by W. H. Beverly.

Stomach.—The drug is recommended in gastralgia. A pill containing cannab^s indica and bismuth is sometimes given in irritable or painful conditions of the stomach.

In migraine Ringer said that no single drug had given him such good results. That was years ago, and since then antipyrin and its congeners have largely taken its place. Still, a recent author expresses surprise that it is not more often used for this disease at the present day. It may be used in a full dose to abort an attack, or it may be used in small doses three times a day for some weeks to lengthen the intervals between the attacks. Ringer ventures to think that it affects the centre from which the attacks spring, since it seems to have a good effect, no matter what the nature of the peripheral irritation acting upon the centre. Other medicines may be combined as needed, as for example iron in anæmia, or aloes in constipation.

Respiratory System.—This remedy is considered a valuable one to add to cough mixtures, being especially useful in coughs accompanied by or due to tickling of the throat. In asthma it is useful, though of course there are other and better remedies. In phthisis it is highly spoken of for purposes of euthanasia.

Skin.—I do not remember having seen any reference to the use of this medicine in pruritus, but from its action in producing anæsthesia of the skin would expect it to do good and intend to try it in suitable cases.

Nervous System.—In neuralgia of various kinds it often succeeds. In mania it is recommended, combined with bromide of potassium. Dr. Sinclair, of the Hospital for the Insane, says he seldom uses it owing to its uncertain action. In neurasthenia and melancholia it often gives great aid in bringing about a successful result.

As a hypnotic this remedy is not used so much as formerly. Chloral and the numerous new hypnotics have to a great extent taken its place. I succeeded in two cases of insomnia where other hypnotics in ordinary doses had failed.

In tetanus excellent results have been reported in a large number of cases. In paralysis agitans it may be used to diminish the tremors.

In headaches during the menopause, or those due to retinal asthenopia, this drug may be used combined with nux vomica.

Urinary System.—In Bright's disease, with vigil and neuritis, it has been successfully used. Bloody urine in Bright's disease has been laid down as an indication for the use of this drug.

Sexual System.—In dysmenorrhœa it often gives happy results. In subinvolution, and in chronic uterine irritation or inflammation, it often proves serviceable. In menorrhagia and metrorrhagia it has strong advocates. A Halifax physician who has had a large experience in gynecology tells me that he has found it useful in all kinds of pelvic pain. He uses the extract in pill in the dose of an eighth of a grain put up by Wyeth.

In gonorrhœa and chordee it has succeeded well and some use it in these conditions to the exclusion of other remedies.

In functional impotence some authorities assign a high place to this remedy, one author considering it the best. Other good authorities do not mention it in that connection. I used it myself in two cases with marked success. I think the cases suitable for its exhibition are those in which there is great excitability of the organs—erection taking place on the slightest provocation, with premature discharge. I have seen this condition referred to in quack advertisements in the daily papers. They designate it as "prematureness." I think as physicians we should pay more attention to this class of cases than we do and reduce the harvest of the charlatans who prey upon them.

Physiologists tell us that during erection the penis is in a much more sensitive condition than at other times. Ordinarily the sensory condition of the penis is on a par with other parts of the body, while in the erectile condition it is in a state of sensory erethism.

Now cannabis indica almost invariably produces a powerful erection when the necessary mental stimulus is at hand, but it takes away the hypersensitive condition of the penis just as it produces anæsthesia of the skin in other parts. With diminished sensibility of the penis coitus does not bring about a premature discharge.

Where the patient never experienced any sexual appetite I do not think cannabis indica would be likely to induce it.

The extract of cannabis indica may be combined with nux vomica and ergot and given for a length of time in the form of pill. Or a full dose of cannabis indica may be given alone, about two or three hours before the expected connection. It may be that the drug has its effect in inducing that degree of moral courage which is lacking in some cases. I have known alcohol to be recommended by physicians for this purpose. But Shakespeare in Macbeth hits off the action of alcohol in this respect very well.

Porter.—"Drink, sir, is a provoker of three things.

Macduff.—What three things does drink especially provoke?

Porter.—Marry, sir, nose-painting, sleep and urine.

Lechery, sir, it provokes and unprovokes; it provokes the desire but takes away the performance. Therefore much drink may be said to be an equivocator with lechery; it makes him and it mars him; it sets him on, and it takes him off; it persuades him and disheartens him; makes him stand to and not stand to."

In conclusion I may add that I believe many have been deterred from using this drug because of alarming symptoms that may have been produced in some of their first trials of the drug. But I believe with the precautions previously mentioned, if exhibited in suitable cases, it is a valuable part of our armamentarium.



A MORNING WITH MR. MALCOLM MORRIS AT ST. MARY'S HOSPITAL.

By G. G. MELVIN, M. D., St. John, N. B.

The time spent in the out-patient department of any of the great London hospitals is always interesting and generally very instructive, but a recent morning with Mr. Malcolm Morris in the skin department of St. Mary's was especially so. During the course of a couple of hours seven or eight cases of quite rare occurrence or peculiar interest presented themselves. These, in the hands of this celebrated dermatologist and teacher, were so skillfully handled and their peculiar characteristics and distinctions so clearly brought out, that it could not but occur to me that a brief mention of them might be of some interest to the readers of the NEWS.

(1.) *Rickets, Lupus Erythematosus and General Syphilide.*—This was the first case of surpassing interest that came in. The patient was a man about thirty years of age, married, who came for treatment of an extensive inflammatory process involving nearly the whole of the right side of the face, nose, neck, extending downward to the upper border of the clavicle. He stated that he had suffered with it since the age of seven, that it was subject to exacerbations, being worse after prolonged exposure to the weather, and that at the present time it had assumed so angry a condition that it had forced him to seek relief.

At a glance there could be no doubt as to the diagnosis, more especially as lupus seems to be an extremely common disease in this country, being much more noticeable in this respect than in the United States. This case, however, presented some peculiarities. A raw and "weeping" surface pervaded the whole lesion, which gave it a somewhat eczematous appearance, as often seen in many manifestations of the latter protean disease. This, not escaping the eye of the acute observer in charge, caused further enquiries to be made, which elicited the admission that he had a "rash" all over his body. Stripped, the patient exhibited a mixed and symmetrical eruption, with adenitis of the neck and groins so perfectly characteristic that it did not require the presence of a half-healed chancre on the penis to demonstrate at once the

additional disease. He also, as appeared from the anterior curvature of both tibiæ, had suffered in infancy from rickets. This latter, of course, was of no particular interest, unless pointing to some etiological relationship between the lupus and the early defect of the bony tissue, which is, perhaps, very largely apocraphal. The real point of interest, of course, consisted in the modification of the lupus by the specific disease, and the liability of the diagnostician to overlook the latter and more acute disorder.

The fact was clearly set forth that it is never safe to rest content with the discovery of one disease, however grave, even if it be the obvious one, and the one of which the patient complains, as long as there is the slightest ground for suspicion that something additional may be at work. Here, the suspicious point was the slightly abnormal appearance of the lupus lesion, which might easily, by a careless or incompetent observer, have been passed over with the remark that one cannot expect every case of the same disease to look exactly alike.

Molluscum Contagiosum.—The patient was an infant about two years old. The lesions were situated directly under the chin, with a few upon the left cheek, one or more of which, in the latter situation had suppurated, producing a small ulcerated surface the size of a five-cent piece. With the exception just mentioned, they were everywhere discrete, and numbered, perhaps, a dozen.

The case was interesting from the rarity of its occurrence, Crocker stating that it forms but one-fifth of one per cent. of his practice. He further states that it is much more rare on the Continent and in America, than in England. It was the third case which had come under the writer's notice. Mr. Morris did not enter upon the vexed question of its contagiousness, but one would infer from the adjective, in the title which he unhesitatingly gave the disease that he had small doubt of its ability, under favorable conditions, to communicate itself from person to person. Kaposi calls it *molluscum verrucosum*, while the synonyms in this country are *molluscum sebaceum* and *molluscum sessile*.

Erythema Induratum.—The subject was a male, 14, of a somewhat reduced and cachectic appearance. As the case was an old one it had largely progressed toward recovery. The lesions were upon the left calf, and had only in one instance necrosed, there being a small indolent ulcer on the lower third and outer aspect of the leg. They occurred in plaques, about one-half inch in diameter, and were of a dull, livid hue. It is an exceedingly rare form of erythema, and in this case, of

course, required no external treatment except a small dressing of ungt. ammon. hydrarg. for the nicer. Mr. Morris recommended a tonic of iron and nux vomica, with a view of improving his general condition.

Dermatitis Herpetiformis.—Here the patient was an infant of about twelve months. The eruption was pretty well distributed over the whole body, and, considering the age of the subject, the intense pruritus present, and the fact that such a very large percentage of vesicular eruptions in children are due to scabies, one might be pardoned for thinking of the latter, at first glance. But its situation on the face, a region nearly always exempt from the ravages of the acarus scabiei, makes a closer examination desirable, which results in entirely negative evidence as to the presence of burrows. This is the hydroa herpetiformis of Crocker, the herpes gestationis of Bulkley, and the pemphigus circinatus of the Germans. As is well known we owe nearly all our accurate and definite information concerning this disease to the able and celebrated articles by Duhring, of Philadelphia.

Hereditary Syphilis.—The patient was a girl of fourteen, and the lesions consisted of perhaps half a dozen small ulcers on the anterior aspect and middle third of the right leg over the tibia. The point of interest was the entire absence of that time-honored but extremely fallacious sign of hereditary syphilis—the “peg”-shaped teeth of Hutchinson. In this instance the teeth were quite remarkable for their regularity and beautiful uniformity. That the absence of the foregoing dental defect is by no means to be looked upon as excluding the hereditary disease was emphasized by Mr. Morris, who, although he postponed his positive diagnosis for a week, yet, apparently from the very characteristic appearance of the ulcerative lesions, had very little doubt as to the nature of the trouble. The case well exemplified the fact that syphilis may lie latent for many years after birth before manifesting its presence.

Lichen Urticatus.—This is the urticaria papulosa of Crocker, and was seen in an infant of three years. The wheals were in most instances not larger than hemp seeds and were nearly always papular in character. What helped to clear up the diagnosis were three or four typical lesions on the palmar-dorsal surface of the right hand. Apart from this, to the inexpert observer the case presented serious difficulty in diagnosis. Crocker says “it is due, doubtless, to the tissues of the child being more ready to resent irritation than those of adults. And, instead of there

being merely serous, there is actually inflammatory effusion into the papillae, so that a papule is left after the wheal has disappeared."

Molluscum Fibrosum.—Here again in a woman of fifty was seen a rare disease. Of course the fibroma simplex is by no means uncommon, but in over 16,000 cases in America the true molluscum fibrosum was observed in only nine, and the authority just quoted only noted it in one one-thousandth of one per cent. of his cases. The tumors, varying in size from a split-pea to an English hazel-nut, were quite evenly distributed over the arms and trunk. I may say I saw one other very beautiful and typical case in a male last October, while on service at Roosevelt Hospital, New York.

It is not often, I think, that such a galaxy of interesting cases present themselves in the ordinary run of a morning's out-door clinic, and this, taken in conjunction with the eminent auspices under which they were seen, rendered the session one of the most pleasing and instructive of the many valued ones I have attended since I have been in the city.

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SOLE AGENTS FOR CANADA.

A CASE OF TRAUMATIC DISLOCATION OF THE CRYSTALLINE LENS, WITH REMARKS.

By DAVID WEBSTER, M. D., New York, Professor of Ophthalmology, New York Polyclinic.

John M. aet. 48, while walking along the street on June 16th, 1891, was struck on the right eye with a stone thrown by a boy. He went immediately to the Presbyterian Hospital where one of the surgeons sewed up a wound of his cheek below the lower eyelid and then sent him to the Manhattan Eye and Ear Hospital. On examination we found an irregular abrasion of the corneal epithelium and numerous specks of dirt adherent to the surface of the cornea. The corneal haziness so interfered with ophthalmoscopic examination that only a reddish reflex from the pupil could be seen. The vision was down to counting fingers at one foot. There was some redness and swelling of the ocular conjunctiva and the eyelids were oedematous. The specks of dirt were carefully removed from the cornea and the patient was put to bed and iced cloths and atropine applied to the eye.

June 20th. Corneal abrasion, healing and haziness of cornea disappearing. Pupil irregularly dilated and iris tremulous. With the ophthalmoscope the transparent crystalline lens can be seen dislocated backward into the vitreous humor. Hot water bathing to alternate with iced cloths as the patient complains of pain in the side of his face from the cold.

June 22. Chemosis and redness of conjunctiva disappear—and swelling of the lids less.

June 28. The lens is seen to be becoming opaque. It seems to be situated about midway between the cornea and the fundus oculi, but moves about with every motion of the eye. Tension normal.

July 2. The inflammatory symptoms have disappeared. The patient does not complain of any discomfort. Discharged with instructions to return if the eye should become inflamed or painful.

This patient's vision was not noted at the time of his discharge from the hospital. We know very well what it probably was, however. When the dislocated lens floated up and interposed itself directly in a line between the pupil and the macula lutea, the vision was, probably, only perception of light. When it settled down out of the line of vision the patient could probably see objects indistinctly. With a strong glass, convex spherical or convex sphero-cylindric, correcting the error of

refraction, he would have about the same amount of vision that he would have had if the eye had been the subject of a cataract extraction.

What is the prognosis in this case ?

1. The patient may go all the rest of his life with his eye in its present condition.

2. The crystalline lens may become bound down to the retina by adhesions, the result of localized inflammation, as some times occurred after the old operation of couching. In that case the vision would be about the same as after a cataract extraction.

3. The dislocated lens, loosened from its moorings and ploughing its way freely through the vitreous in every direction with every motion of the eye and striking against the retina from time to time with more or less violence, may at any time set up an irido-choroiditis or a secondary glaucoma, and may even give rise to a sympathetic inflammation in the fellow-eye. In the first two instances the eye should be let alone. In the third instance, if there be increase of tension, an attempt may be made to quiet the eye by means of myotics, such as pilocarpine and eserine, hot or cold applications, rest in the recumbent position and anodynes to relieve the pain. If with the inflammation there is no increase of tension, mydriatics, such as atropine, homatropine, cocaine and scopolamine, should be dropped into the eye, and leeches may be applied to the temple, not omitting the iced cloths or the bathings with hot water. If these measures fail prompt operative interference is demanded. Some ophthalmologists recommend an iridectomy, some a sclerotomy, anterior or posterior : but while either of these operations may relieve the pain and quiet the eye temporarily neither of them removes the source of the trouble. There will be constant danger of a recurrence of the inflammatory condition while the lens remains in the eye. It seems to me, then, that our first thought should be to get the lens out of the eye if possible. If it cannot be seen it is folly to go fishing around in the dark for it. If it can be brought into view by placing the patient with his face downward, or if it comes into view spontaneously, it may be pushed into the anterior chamber and secured there by means of an Agnew's bident. The usual cut may then be made in the corneal margin and the lens extracted through it by means of a cataract spoon, often with very little loss of vitreous. If this operation is performed successfully and the eye recovers kindly the future prospects for the organ are more encouraging. If there should be symptoms of commencing sympathetic inflammation in the fellow-eye the diseased one should be enucleated at the earliest moment possible.

It may be asked why the dislocated lens was not extracted from this patient's eye before he left the hospital, if it is such a prolific source of mischief there and it is so important to get rid of it. The answer is that the operation is so hazardous a one, so liable to result in failure and to make the enucleation of the eyeball a necessity that all ophthalmologists avoid it when possible and have recourse to it only as a last resort. Better a very imperfect eye than an atrophied eyeball or an artificial eye.

RETROSPECT DEPARTMENT.

Medicine and Neurology.

UNDER THE CHARGE OF

W. H. HATTIE, M. D., Lecturer on Pathology, Halifax Medical College.

THE NEURONE CONCEPT.*

"In the old, old days of medicine, some ten or twelve years ago," to quote a recent editorial in the *N. Y. Medical Record*, "there were nerve cells and nerve fibres, and these joined in various ways were enough for the Acadian needs of those pre-neuronic times." But during the past decade and a half the more perfect technique of the histologist has been demonstrating an arrangement of nervous tissue which demands a revision in many particulars of ideas previously held, and offers so much more satisfactory an explanation for nervous phenomena than was formerly in vogue. that we feel that our new knowledge is of very great importance. Inasmuch as the journal references to the more recent work in neuro-histology are very meagre, and as few of the text-books provide much information on the subject, I have thought that a brief synopsis of some of the articles to which I have had access might not come in amiss, and have endeavored to construct a short paper, which I trust will prove worthy of your attention.

The first part of the retrospect, dealing principally with the histological side of the subject, is simply a condensation (confessedly not well balanced) of some of the points brought out by Lewellys F. Barker in an exceptionally valuable series of papers which he is contributing to the *New York Medical Journal*. The remaining portion, in which a practical application of the concept is attempted, is likewise a condensation from recent papers by F. X. Dercum in the *Journal of Nervous and Mental Diseases* and in the *University Medical Magazine*.

One of the first discoveries which has led up to the present day conception of the structure of the nervous system was that the cell and the

*Read before meeting of Nova Scotia Branch British Medical Association, February, 1898.

fibre are not separate structures, but that the fibre—or axis-cylinder with its nerve continuation—is but a long and tenous branch of the cell, and absolutely dependent upon it for its integrity. Then it was determined that instead of there being a continuous nervous connection between brain-centre and periphery, a nerve impulse must pass over at least two, and probably in most instances a larger number, of nervous units, each composed in the main of a cell and its axis-cylinder process, at the extremity of which is an end-tuft. These nervous units, or neurones, as they have been termed by Waldeyer, are superimposed upon one another so as to permit of nerve impulses passing from periphery to centre, and vice versa, but they are each independent structures, which, coming into close contact with one another, allow—in the normal condition—a nervous impulse to flow over from one neurone to another. So, instead of a nerve impulse travelling uninterruptedly along a nerve fibril, as over a telegraph wire, from brain-centre to toe, as was a former belief, we now consider that it must suffer at least one transfer from one neurone to another—somewhere in the anterior grey horn of the cord.

In addition to the axis-cylinder process—or, as we have now to term it, the axone or neuraxone—the cell sends off many fine processes which freely intermingle with similar processes sent off from neighboring cells. These, which are termed dendrites, have doubtless quite as important a role as the neuraxones. Like the neuraxones, they always end free, and, although freely mixing up with the dendrites of other cells, they never unite with them.

Given off from the neuraxone there is quite frequently noticed small branches, which, when traced, are found to terminate like the main stem of the neuraxone in end-tufts, which are terminal and do not unite with any other nerve structure. These are the collaterals, or side-fibrils.

The neurone, then, is composed of a cell-body, from which are given off numerous dendrites, and (usually) a single neuraxone. The neuraxone gives rise to a larger or smaller number of collaterals, and ends—as do the collaterals—in an end-tuft. Some of the neuraxones are of great length, as, for example, those extending from motor cortex to lumbar cord, and those extending from lumbar cord to periphery in the foot. Others again are comparatively short, as in the grey matter of the cortex. These two classes of neurones correspond roughly to Golgi's cells of Type I. and Type II. To-day they are dubbed inaxonen and dendraxonen respectively.

The end-tufts of the neuraxone of one neurone are known to mingle amongst the dendrites of a second neurone, and an impulse travelling from the cell-body of one neurone along its neuraxone is conceived to flow over from its end-tuft into the dendrites of a second neurone immediately adjacent. The dendrites of the second neurone convey the impulse to its cell-body, which passes it along to its neuraxone, and so on until the extreme is reached.

Perhaps the conception of the neurone will be rendered clearer by quoting from Barker: "Neurones are in reality nothing more nor less than cells, curiously modified in structure and elaborately differentiated in function, but none the less genuine body cells. It must be distinctly understood that the nerve cell includes not only the cell-body and its protoplasmic processes * * * but also the axis-cylinder process with all its subdivisions, collaterals and terminal ramifications." So that each and every portion of a neurone represents an integral part of a body cell.

The general appearance of the cell-bodies of the neurones differs quite considerably in different regions. Thus the cells of the spinal ganglia, the cells of Purkinje, the pyramidal cells of the cerebral cortex, etc., are readily distinguished from one another. "The shape and size of the cell-body, the number, size and mode of branching of the protoplasmic and axis-cylinder processes, the relations of these to the cell-body and to one another, are some of the criteria which serve to guide us in making a distinction."

Of the two main varieties of processes coming off from the cell body, *i. e.*, dendrites and neuraxone, the dendrites (or protoplasmic processes) resemble the cell-body the more closely in appearance. These are broad and thick at their commencement, but rapidly narrow as they divide in a dendritic or antler-like fashion. Dendrites, even of a single cell, differ in size, length and richness of branchings. The contour of the dendrite is often irregular, but marked nodulation is a pathologic condition which has been described in association with some disease processes. The course of the dendrites is usually devious, though sometimes tolerably straight. The degree of complexity of the branching varies enormously. In some positions there is little branching; in others, as in the outer layer of the cerebellar cortex, it is very complex.

Then, too, the relation of the dendrites to the cell-body differs in different parts. In motor cells of the anterior horns they radiate in all directions. In the cells of Ammon's horns, one end of the cell gives off

one or two dendrites, the other end gives off a group, while the sides of the cell are smooth and sometimes give off no dendrites. In the pyramidal cells of the cerebral cortex, the main dendrite is given off from the apex, the smaller ones mainly from the basal angle, while the sides and base yield few if any projections. Some cells have no dendrites—as in neurones of the ganglia of the dorsal root; but here, however, the axones have a physiological resemblance to dendrites.

“The dendrites within the central nervous system are, like the cell-bodies, entirely devoid of myelin sheaths.” The dendrites of some neurones (pyramidal cells of cerebral cortex, Purkinje’s cells, etc.), shew minute lateral buds. Berkley calls these “gemmules,” and thinks they are of much importance in the contact of different neurones with one another—and for transference of impulses. “He asserts that in certain diseases, particularly in certain intoxications, it is these gemmules which are the portion of the neurone which first suffer, and he has even suggested that in paralytic dementia, for example, the early symptoms may be explicable by assuming the destruction of large numbers of these gemmules.”

“The axone differs from the dendrite in its mode of origin from the cell-body, in its contour and calibre, and in its course and mode of branching; further, if long, it is usually medullated, and also shews differences in its accessory processes and in its method of termination.” It is a direct expansion of the protoplasm of the cell-body. Its calibre is, as a rule, maintained for a considerable portion of its length. Its surface is smooth, contour regular, and course usually fairly direct. The length varies—in dendraxones, perhaps only a fraction of a millimetre; in inaxones, perhaps half of the height of a man.

Most neurones possess but one axone, *i. e.* they are “monaxones.” Spinal ganglion cells may, histologically at any rate, be regarded as “diaxones.” Some of the sympathetic ganglion cells, according to Cajal, possess several axones—“polyaxones.”

The ultimate terminals of the axones—telodendrions—invariably end “free.” Sometimes there is a definite end arborization about a single cell, but more usually the axone terminates “by exhaustion through multiple division, this division being spread over quite a wide domain, so that the terminal branches of a single axone not infrequently come into the neighborhood of the dendrites and cell-bodies of a considerable number of different neurones.” So that an impulse passing along neurone A is likely to affect not only neurone B but a considerable number of neurones on the same level with B.

In the majority of the inaxones the axones are covered, through most of their length, with a protective sheath. This is wanting in the dendraxones, which are limited to the grey matter of the central nervous system. In the inaxones, the portion of the axone nearest the cell-body is usually devoid of myelin, and so are its terminal ramifications.

The collaterals are given off most abundantly near to the cell body, and become fewer towards the distal end of the axone. They are protected with myelin sheath like the main stem, and terminate similarly.

As for the minute anatomy of the cell-body, so much could be said that I dare not venture upon that part of the subject in the present paper. Certain peculiarities with reference to the staining qualities of different parts of the cells, and certain general morphological appearances, have led to a classification of these bodies into the (1) somatochrome nerve cells, which include the arkyochrome, the stichochrome, the arkyostichochrome and the gyrochrome nerve cells, with various subdivisions, and (2) cytochrome and karyochrome nerve cells. And then there are the pyknomorphous, and the apyknomorphous, and the parapyknomorphous cells.

Notwithstanding these hisalutin names to which the cells are falling heirs, there been a tendency in some quarters to rob them of an honour to which they have all along been accredited, and to leave them out of consideration in studying nervous phenomena. "This view has been especially advanced by Nansen, who maintains that the old manner of view relative to the composition of the reflex arc and the physiological importance of the nerve cells can no longer be sustained, inasmuch as the cells are not in direct communication with each other, and because direct communication between the central nerve cells and the sensory or centripetal nerve fibres is lacking."—(Dercum.) Nansen considers "that the voluntary impulses emanating from the nerve fibres which emerge from the superior centres transmit themselves directly to the centrifugal fibres of the inferior centres without passing through the nerve cells of these centres." He refuses to admit that the nerve cells of the inferior centres have any direct relation either to reflex movements or voluntary movements, and he thinks this applies also to the nerve cells of the superior centres. According to his view nervous activity, as it is variously manifested (intelligence, consciousness, etc.) has its origin in a fibrillary meshwork of the cortex—the molecular layer. Mills has adopted this view, and in the "Text book on Nervous Diseases by American Authors" he holds that "impulses are conveyed from pro-

cesses to processes through the entire reflex arc" * * without passing through nerve cells, and that "the function of the nerve cell-body is trophic." As he puts it, "the aggregation of grey matter at various levels of the nervous system are watering and feeding places, not places for renewing nerve activity."

This view, so entirely at variance with former beliefs and so opposed to the long-held opinion that the cells are the integral parts of every tissue, has received by no means a universal endorsement. It would take too much time to discuss it in all its pros and cons, and I merely mention it at the present time. Personally, I hold to the view that the nerve cell-body is still "in it" as far as the functions we have all along attributed to it are concerned.

Now before making a very ingenious practical application of the neurone concept, with which the name of Dercum in particular must be associated, let us briefly reconsider the transmission of a nervous impulse. Starting, we will say, from a motor neurone in the cortex cerebri, it is carried along its protoplasmic extension (neuraxone) to a definite aggregation of cells in the spinal cord. Although there is no fusion with these cells or with their processes, the impulse is communicated to them, and passes through their neuraxones to their terminations in the muscles, say of the extremities. In the same way impressions coming through the sensory paths travel through the peripheral neurones, and are conveyed by fibres which are protoplasmic extensions of these neurones, up to the cortex, where they are transmitted to the cortical neurones, although there is no fusion between the two sets of neurones.

The idea occurred to Dercum that the neurones might possess a property common to many of the body cells—a certain power of motion. In this he had been anticipated by two or three other authorities, each of whom had—quite independently of one another—conceived a somewhat similar notion. Amœboid motion on the part of the neurone might lead to such retraction of the processes as to increase the normal distance between the processes of interrelated neurones and hinder the flow of nervous impulses from one neurone to another. Ramon y Cajal denies that the nerve cells move, but considers that the neuroglia cells possess considerable power of motion—and by sending out processes which penetrate between the arborizations of the nerve cells and their protoplasmic processes, a species of insulation is accomplished which renders difficult or impossible the passage of nerve currents. This, of course, implies a

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is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

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It possesses very remarkable antispasmodic properties. It also acts as a nervine tonic, astringent, and is a useful remedy in Diarrhœa and Dysentery, and is particularly valuable in preventing abortion and miscarriage, whether habitual or otherwise.

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passive separation of the process which would afford quite a reasonable interpretation of certain phenomena as that which supposes that the neurones are capable of active movement. It should be said, however, that Wiedersheim has seen nerve cells move and change their shape—but his observation was upon an entomostrocan, and is not necessarily true of the nerve cells of vertebrates.

Assuming that the neurones do move, Dercum offers this explanation of the phenomena of hysterical paralysis: "Due, we will say, to an emotional or other psychic shock, or possibly to a physical shock, the neurones of the arm centre of the cortex retract their processes, and in such a way that their end-tufts in the spinal cord no longer bear their normal relation to the spinal neurones. In other words, the connection between the cells is broken. We will suppose now, as every one of us has seen, that, as a result of suggestion either with or without hypnotism, or spontaneously, the paralysis of the arm disappears. According to the view here advanced this disappearance is due to the extension or protraction of the processes previously retracted—that is, the end-tufts resume their normal relations with the spinal neurones and function is re-established. Certainly no other theory explains so readily the appearance and disappearance of hysterical paralysis or of hysterical anæsthesia. In these conditions there is really a lesion, the lesion consisting of a break in the normal relations of the neurones due to the retraction of cell processes."

Dercum applies the theory to many normal and pathological conditions. "Let us see how the movements of the neurones will account for sleep. Evidently the neurones when functionally active must be in relation with each other. Their processes must be either in contact or nearly so. Evidently this condition is a pre-requisite of consciousness. Now what happens when the nerve-cells are exhausted by fatigue, when their volume and their cell-contents have been diminished, as we have every reason to infer is the case from the experiments of Hodge? Evidently their processes become retracted and they are no longer in relation with each other. The neurone isolated from the rest by retraction must be without function. General retraction of neurones must mean absence of function, must mean unconsciousness, must mean sleep. In other words, in sleep the neurones have their processes retracted; in consciousness their processes are extended."

The theory is further pressed, by ingenious argument, in explanation of the phenomena of pathological unconsciousness (cerebral concussion), perception, conception, memory, even thought itself, as well of hallucinations, illusions, delirium and hypnotism.

THE
MARITIME MEDICAL NEWS.

VOL. X.

APRIL, 1898.

No. 4.

Editorial.

THE MARITIME PROVINCES OF CANADA AS A SUMMER
HEALTH RESORT.

The popularity of the maritime provinces as a holiday resort has been rapidly increasing during the past few years. In the warmer months tourists have been coming hither in large and larger numbers, crowding the steamers and trains and overflowing the hotels. The increase in the travel has really been so great of late that it was with difficulty that sufficient accommodation could be provided in many of the favourite localities, and in numerous instances visitors have had to put up with inconveniences which almost amounted to hardship.

The reason for our unpreparedness lies in the suddenness with which the travel us-ward rose in its volume. Now that we have become aware of the popularity of our provinces, the business instinct has awakened, and every effort is being put forth by railway, steamboat and hotel men to prevent a repetition of the uncomfortable overcrowding to which the tourists of the last two or three seasons have had to submit. The train and steamboat services will be augmented, so as to provide for any contingency, and numerous comfortable hotels have already been or shortly will be completed in the localities where the congestion has been most marked in times past. All this is being done because of the assurance that future seasons will bring to us even greater numbers of visitors than we have had in the past.

This is being done by the commercial men because of the benefit which they reap from the tourist trade. The railways and steamship lines and hotels profit most, of course, but other lines of trade are secondarily stimulated in no small degree. Why should not the

medical fraternity legitimately have a share in the increase of business thus induced ?

Our provinces have come into the favour of the holiday-maker mainly because of the restfulness of our surroundings, the variety of climate, scenery and amusements afforded and the cheapness of a residence with us. Tourists go into raptures over the beauties of our hills and streams and the delightfulness of our climate, and they assert that a very few days in our pleasant country is sufficient to invigorate and quite recreate them. Should these excellent qualities, which are mentioned quite apart from the historic interests attaching to the provinces, be less attractive to the invalid and the convalescent than to those who are merely on pleasure bent ?

We feel that our provinces offer advantages as a health resort which are not inferior to many of the widely-advertised resorts, and which should be made generally known. Within easy reaches we can present every variety of climate—from that of the coast to that of the valley or the hill. There is no class of disease for which a suitable locality may not readily be found. Our complete freedom from malaria should in itself be attractive to a large number of sufferers. All of our towns, while perhaps not possessed of very pretentious buildings, are modern in respect to sanitary arrangements, etc., and can provide comfortable accommodation to visitors. There is, consequently, no reason why we should not attract within our borders health-seekers as well as pleasure-seekers. Let us not lose sight of these facts. We are surely privileged to advance our interests in any legitimate way. There would appear to be scope here for an honest effort to broaden our field for practice, and still to be ethical and possibly even humanitarian in the effort.



Society Meetings.

ST. JOHN MEDICAL SOCIETY.

Dr. G. A. B. ADDY, Vice-President, in the chair.

FEB. 16, 1897.—A paper on "Something of the Surgery of St. John Sixty Years Ago" was read by Dr. FOSTER MACFARLANE. The line of treatment of compound fractures as practised by Dr. PADDOCK was outlined and contrasted with the present views on bacteriology.

MARCH 2.—Dr. W. W. WHITE, President, in the chair.

"Osteopathy."—The action pursued by the Medical Council and profession to prevent the so-called Osteopaths from becoming registered to practice in New Brunswick was related and discussed by Drs. WALKER, MORRISON and CRAWFORD. Some further notice of this subject will appear in the next issue of the NEWS.

MARCH 9.—"Rheumatoid Arthritis."—A paper on this subject was read by Dr. MOTT. The symptoms, physical signs and pathology of this disease were described, with its varieties. As regards treatment, the disease being often met with in anæmics and those of impaired health and vigor, a supporting treatment is often indicated. The salicylates in the acute and the iodides in the chronic forms may prove useful. Thermal baths are of value, especially early in the disease, while massage is to be used locally.

MARCH 16.—"Health in Disease."—Dr. MCINTOSH read a paper on the above mentioned subject. Symptoms may often mask some serious disease—for example the pain in the limbs in the early stages of locomotor ataxia, being so frequently mistaken for rheumatism, and abdominal aneurism, being diagnosed as lumbago. Two cases were cited, both with serious and severe eye troubles—subsiding acute iritis and a severe choroiditis. Each was apparently in the bloom of health, but careful examination showed one had syphilis and the other chlorosis. Bright's disease, gout, diabetes, locomotor ataxia and many other troubles may be quite as well masked. Anæmia is a source of great trouble to oculists and aurists, as hæmorrhages, inflammations, muscular asthenopia, etc., are caused by it, the last mentioned being often very difficult to cure. Anæmia may affect the nose, throat and ear. This anæmia is comparatively common and receives but little treatment.

The general treatment of chloro-is was considered and the old-fashioned ferruginous cathartic stated to be the most valuable medicine for these patients. The fact was emphasized that so long as the stomach is disordered or the bowels confined little or no good comes from the administration of iron in any form. The effect of the administration of the liquid forms of iron upon the teeth was dealt with and the belief expressed that though a deposit of iron certainly does take place which blackens the teeth, yet no injury is caused unless the enamel be defective, but even then with proper attention to the cleansing of the mouth afterwards no harm comes from the administration of iron.

It was next considered how well masked and insidious a disease rheumatism may be at times and how serious and continuous its ravages may become from new inflammatory exudation which is constantly being thrown out in many cases. This is even more conspicuous in the eye and the manner in which a slight sore eye may really be an insidious iritis—advancing to a serious kerato-cyclitis or other equally evil affection of the sight. Several other conditions were mentioned which may be caused by the latent or chronic forms of rheumatism. Indeed these conditions are rarely seen to follow the more acute cases of rheumatism. All the arthritic eye troubles are noted for their tendency to relapse—their tendency to attack but one eye at a time and their great liability to be influenced by weather and season.

Several other conditions were briefly considered in which the latency of disease and its masked character were brought to light by some element showing itself in the eye, ear or throat. So the true condition of a person in supposed good health is sometimes found to be quite the reverse when all is told.



Matters Personal and Impersonal.

Dr. Wm. Pepper is mentioned as a probable independent candidate for the mayoralty of Philadelphia.

Sir Wm. Jenner recently celebrated his eighty-third birthday.

Professor Von Esmarch has decided to give up the chair of surgery at the University of Kiel, which he has occupied since 1857. He is now over seventy-six years of age.

Dr. Maria L. Angwin has been spending some months at the New York Infirmary for Women and Children, and will probably resume practice in this city next month. She has recently favored us with a copy of the annual report and a brief history of the Woman's Medical College connected with that institution.

Dr. J. W. Daniel, of St. John, is actively engaged in an election campaign to fill the mayor's chair of that city. The contest promises to be a keen one, if we can estimate from the large vote polled by his opponent last year. Should the genial doctor be elected, judging from the able manner in which he has filled other chairs he will do ample credit to those who supported him.

Dr. G. G. Melvin, formerly of Alma, N. B., is spending some time at post-graduate work in London. An interesting contribution from his pen will be found in this issue. On his return he will locate in St. John.

Dr. F. W. Goodwin and family recently sailed by the steamer *Damara* for London. The Doctor will spend most of his time at one of the large London hospitals, and will probably return to Halifax in six months' time.

Dr. Crawford, whose excellent translation on "Orthoform" appeared in our last issue, desires us to say that the drug is made by Messrs. Lucius & Bruning, Hoechst am Main, Germany. The agents for the United States are Messrs. Victor Koechl & Co, 79 Murray street, New York.

Dr. W. B. Slayter has been obliged to give up active practice, and has found it necessary to close his private hospital, owing to prolonged illness. We trust that rest will soon restore him to his former vigor. Dr. Howard Slayter, lately of Chicago, is now attending to his father's practice, and will probably remain permanently in this city.

Still another new comer has settled in our midst. Dr. T. Murphy, son of the provincial engineer of Nova Scotia, and who for some years has been practicing in New York, has opened an office on Argyle street.

We would refer our readers to the annual spring course given at McGill University to medical graduates, which opens on May 3rd and closes June 11th. The lectures, clinics and demonstrations on special departments of medicine and surgery will be conducted by the professors and their assistants. This is a fine opportunity for practitioners who would like a general "brush up" in all branches. Full details may be seen in their announcement on another page.

It has recently been falsely intimated that Gude's Pepto-Mangan has been placarded on fences about New York city. It appears that a sign advertising company bears the same name "Gude," and a passing glance might create the impression that Gude's Pepto-Mangan was being so advertised. It is hardly necessary to state that this impression has been circulated by maliciously disposed dealers.

Our friends, Messrs. Simson Bros. & Co., had what might have been a serious conflagration in their laboratory on April 1st, but their staff have been well instructed in matters of this kind and the flames were smothered before very serious damage was done, by making the laboratory air-tight and adding large quantities of liquor ammonia. The laboratory is now in working order again, and Messrs. Simson Bros. contemplate making many improvements. A visit to this warehouse is well worth while to note the excellent way in which the stock is kept and the many original ideas used in the application of the business, not only as regards pharmacy, but for the practically fire-proof arrangements and self-made fire escape, which one of the staff preferred on this occasion rather than take the stairs, though they were in their ordinary condition. Their adv. appears in this issue.

Book Review.

INTERNATIONAL CLINICS. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and specially prepared articles on treatment. By Professors and Lecturers in the leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia; J. Mitchell Bruce, M. D., F. R. C. P., London, Eng., and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland. Volume IV., seventh series. Published by J. P. Lippincott Co., Philadelphia; Canadian Representative, Charles Roberts, 593A Cadieux Street, Montreal.

This is the last volume issued of these clinics, and to our mind is even more valuable in practical points than the previous volumes of the present series. Most of the chapters are written by men well known in the profession and contain considerable information that will always be useful to the go-ahead physician. Those who know little of the local therapeutic action of the suprarenal gland ought to read the chapter by Mullen on "Clinical Observations on the Use of the Aqueous Extract of Suprarenal Capsule in Operations within the Nasal Chambers." It was used in a number of cases by Mullen in conjunction with cocaine, and where operative interference was necessary, pain and hæmorrhage were prevented and less swelling and quicker healing ensued than when cocaine was used alone. Further extended use of this preparation is suggested in other operative procedures, for instance in gynecology, laryngology, and genito-urinary diseases. "The Treatment of Acne," by Hutchins, is a first-rate article, dealing with an affection that always requires persistent and thorough treatment, as all know how prone it is to relapse. "The Use of Creasote and Creasote Derivatives in the Treatment of Tuberculous Affections," by Sainsbury, is concise and to the point. It is only necessary to refer to a few other of the most valuable contributions, such as "Diabetes Mellitus," by Kiemperer; "Differential Diagnosis of Kidney Lesions by the Microscopical Examination of the Urine," by Heitzman; "Differential Diagnosis of Typhoid Fever," by Greene, and "Nasal Stenosis and Some of its Effects," by Cheatham. There are many other equally well-written articles, and we can only reiterate what has previously been said, that every practitioner to keep himself abreast of advancing medicine should avail himself of the opportunity of purchasing this excellent work, the volume just issued completing the series.

PAMPHLETS RECEIVED.

- ARSENIZATION METHOD OF TREATING CHOLERA.—By R. B. Leach, M. D.
Submitted to Fifth-fifth Congress and ordered to be printed.
- IMPLANTATION FOR A GLASS BALL FOR THE SUPPORT OF AN ARTIFICIAL
EYE, AND MULES' OPERATION FOR THE SUBSTITUTION OF ENUCLEA-
TION OF AN EYE-BALL.—By L. Webster Fox, A. M., M. D.—Re-
printed from *Journal of Am. Med. Assoc.*
- EPIPHORA, OR WATERY EYE, ETC.—By L. Webster Fox, M. D.—Reprinted
from *International Clinics.*
- OPHTHALMIA NEONATORUM.—By L. Webster Fox, A.M., M.D.—Reprinted
from *Medical Bulletin.*
- MICROSCOPICAL PROOF OF A CURATIVE PROCESS IN TUBERCULOSIS.—By
Charles Denison, A. M., M. D.—Reprinted from *Medical Record.*
- ANTITOXIN TREATMENT OF TUBERCULOSIS.—By Charles Denison, A. M.,
M. D. Reprinted from *Journal of Am. Med. Assoc.*

NEW BOOKS ANNOUNCED.

FLINT'S ENCYCLOPÆDIA OF MEDICINE AND SURGERY, second edition.—
Cloth, \$5.00; leather or half morocco, \$6.00. J. B. Flint & Co., 104
Fulton St., New York.

HARTLEY-AUVARD SYSTEM OF OBSTETRICS, third edition.—Cloth,
\$4.00; leather or half morocco, \$5.00. J. B. Flint & Co., New York.

POZZI'S SYSTEM OF GYNÆCOLOGY, third edition.—J. B. Flint & Co.,
New York.

AMERICAN YEAR BOOK OF MEDICINE AND SURGERY.—Edited by
George M. Gould, A. M., M. D. Cloth, \$6.50 net; half morocco, \$7.50
net. W. B. Saunders, Philadelphia.

COMPENDIUM OF INSANITY.—By John B. Chapin, M. D., LL. D.
\$1.25 net. W. B. Saunders, Philadelphia.

ATLAS OF METHODS OF CLINICAL INVESTIGATION.—By Dr. Christfried
Jakob. \$3.00 net. W. B. Saunders, Philadelphia.

SURGICAL COMPLICATIONS AND SEQUELS OF TYPHOID FEVER.—By W.
W. Keen, M. D., LL. D. \$3.00 net. W. B. Saunders, Philadelphia.

Matters Medical.

A BACTERIOLOGICAL TRAGEDY.

BY J. LEE HAGADORN, M. D.

A gay Bacillus, to gain him glory,
Once gave a ball in a laboratory.
The fete took place on the cover-glass,
Where vulgar germs could not harass.
None but the cultured were invited,
(For microbe cliques are well united),
And tightly closed the ball-room doors
To all the germs containing spores.
The Staphylococci first arrived—
To stand in groups they all contrived—
The Streptococci took great pains
To seat themselves in graceful chains.
While somewhat late and two by two,
The Diplococci came in view.

The Pneumococci, stern and haughty,
Declared the Gonococci naughty,
And would not care to stay at all
If they were present at the ball.
The ball began, the mirth ran high,
With not one thought of danger nigh.
Each germ enjoyed himself that night,
With never a fear of the Phagocyte.
'Twas getting late (and some were "loaded,")
When a jar of formaline exploded,
And drenched the happy dancing mass
Who swarmed the fatal cover glass.
Not one survived, but perished all
At this Bacteriologic ball.

—*Southern California Practitioner.*

FOR THE POSITIVE DIAGNOSIS OF THE BACILLI OF DIPHTHERIA IN THE DIPHTHERITIC MEMBRANE.—M. Neisser has discovered a procedure which enables one to make the diagnosis in a short time. The specimen is smeared on plates of grape-sugar-serum-agar, and these are placed for six hours in an incubator at 34-36° C. At the expiration of this time klatsch preparations, made by lightly pressing the cover glass on the surface of the growth, so that some of the latter adheres to it, are made and stained with a ten per cent. solution of carbolized fuchsin; the diphtheria bacilli now appear as slightly curved, not evenly calibred rods. Wherever the cover glass has come in contact with small colonies the bacilli are placed very irregularly: at times parallel to one another; at others more radiating, again crossing each other. In more than 80 per cent. of all positive cases Neisser was able after six hours to make a diagnosis with absolute certainty. Where the result was doubtful the agar plates were returned to the incubator for a number of hours.—*Pediatrics.*

PROF. SCHENK'S theory for controlling sex has redounded to his disadvantage and brought upon its author considerable ridicule. It is said that despite the scientific altitude of German physicians and surgeons, some of them are not without desire for newspaper notoriety.—*N. Y. Polyclinic.*

LACTOPEPTINE TABLETS

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

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—*The Medical Times and Hospital Gazette.*

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The Standard Nerve and Nutrient Tonic.

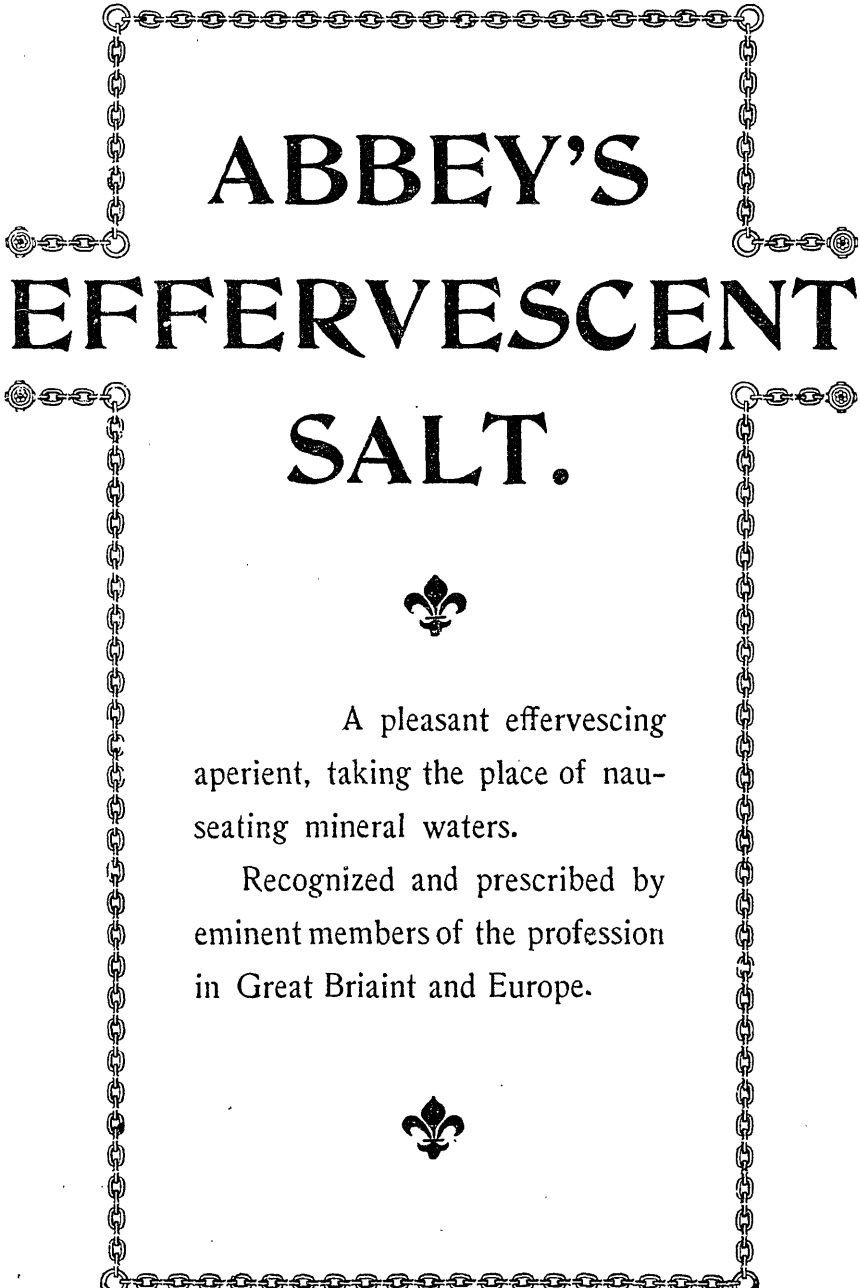
MALTINE WITH COCA WINE

Dr. C. H. BROWN, of New York, Editor of the *Journal of Nervous and Mental Diseases*, says:

"Maltine with Coca Wine has served me well in cases of Neurasthenia from any cause. It serves as a most excellent sustainer and bracer. Besides these two essential qualities, we are forced to believe in another element in this combination, and that is the sedative quality which makes it a most valuable therapeutic desideratum. This action does not depend entirely upon the Coca, or the Coca in combination with wine. My conviction is that the Maltine plays a leading part in this triple alliance."

SAMPLES SENT PHYSICIANS ON APPLICATION.

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aperient, taking the place of nau-
seating mineral waters.

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eminent members of the profession
in Great Briaint and Europe.



THE Rontgen ray burn and its treatment are assuming prominent places in surgery. This lesion, though called a "burn," seems in no sense like what is usually understood by this term. The amputation of the thigh recently in the Polyclinic Hospital, by Professor James P. Tuttle, because of a Rontgen ray burn in a patient referred to him, and the fact that these injuries under the most favorable circumstances rarely heal within a year, seem to emphasize their importance. Injury is supposed to be much more liable to occur from an induction apparatus than from a static machine. A thin sheet of aluminum is considered protective and at the same time permits the passage of the rays. Of course the proximity of the tube to the part to be photographed, the strength of the current, and the length of the exposure are highly important.—*N. Y. Polyclinic.*

HEADACHE.—Dr. Dercum declares that headaches, if due to pelvic disturbances in the female, are usually located at the top of the head and are accompanied by soreness of the scalp; if due to digestive disturbances, they are occipital or frontal; if to disease of the pharynx, they involve the entire vault, as though the pharynx were expanded and extended upward; if due to migraine, they are usually one-sided, local and accompanied by soreness at the supraorbital foramen; if to eye-strain, generally superciliary or frontal, sometimes occipital; if to disease of the nares, between the eyes and extending backward.—*Medical Record.*

THE DIET OF DYSPEPTICS.—(From an address by Max Einhorn, M. D., before New York Academy of Medicine.) How shall we treat dyspeptics? Medicaments are not of much value, or play only a subordinate part. The main factor lies in proper nourishment. These patients, who have abstained from most kinds of foods for years, must now learn anew to eat. Their stomach and intestines very quickly adapt themselves to this new condition. First and above all, it is of importance to increase the quantity of nourishment; second, to provide a sufficient variety of foods.

In order to improve nutrition, two articles of food, which hitherto have been often avoided by laymen as well as physicians, play an important part. I mean bread and butter. Bread forms one-third of the total amount of ingested food in health and besides having nutritive value, serves the purpose of increasing the flow of saliva during its mastication. It also creates an appetite for other food.

Butter not only improves the taste of various kinds of foods, but is also in itself a nutriment of the greatest importance. The great number

of calories which butter contains (100 grams give 837 heat units, while the same amount of bread develops about 217) shows this in the clearest manner. Another advantage which butter presents is that its volume is only about one-third that of bread. A patient taking about one-quarter of a pound of butter a day receives therewith more than one-half of the heat units required. This quantity of butter is well borne by most of the patients.

As nutrition plays the principal part in the treatment of these patients, it will not be amiss to give a few hints with regard to its management. To begin with it does not appear advisable to permit patients who have abstained for a long while from the coarser varieties of food everything at once. This abrupt change may at times be the cause of various unpleasant symptoms: therefore, it should be accomplished gradually. At first give, besides milk, gruels and thickened soups, eggs beaten up in milk, etc. A few days later begin to add to this bill of fare zweiback or crackers with butter; then permit meat, the white of chicken and well-scraped beef; next, mashed potatoes; still later give wheaten bread, baked or boiled potatoes, soft-boiled or scrambled eggs, oysters; at last allow vegetables and fruits.

An essential point with regard to nutrition is punctuality in the taking of meals. In most of these cases, in which a gain in weight is of importance, frequent meals (five or six daily) will be advisable. Although it does not appear advantageous to prescribe for the patient the quantities of the various foods in exact weight (grams or ounces)—as by so doing they are too easily reminded of their ability or inability to digest this or that quantity and not more—it is nevertheless of value to mention approximate figures by which they may be guided or below which they shall not go.

Thus, for example, they may be told to eat as much as their neighbors at table, or that they shall take ten ounces of milk at this or that meal; or, as I frequently advise, that they shall consume one-quarter of a pound of butter a day. Emphasize those points which appear to be the most important and leave the patient great liberty in all other particulars. We must strive to familiarize the patient with the idea that ample nourishment will strengthen his organs (including the stomach and intestines) and we must always endeavor to dispel the fear of food with which he is harassed.—*Public Health Journal*.

THE SLEEP PROBLEM.—As town life extends and intellect is aroused, the problem will be more and more that of too little, not too much sleep.

Perfect or nearly perfect health is of course the first condition of sound sleep. But scarcely anyone is quite healthy and so we must aid the sleepless to acquire that which is lacking. The one great thing to do is to fatigue the attention; not only to tire the body but also the active mind; to quiet the vasomotor center and so drive the congested blood from the brain. Quiet and regular habits, a certain monotony of light evening occupation, will tend in this direction, while a great variety of evening engagements is generally fatal to the victim of insomnia. It is unwise to go to bed on either an empty or very full stomach; a slight meal before rest is the wise course. A hot bath the last thing, taken under the following conditions, is perhaps the very best aid to sleep: As recommended by Eccles and others, the bath should be taken in a room with a temperature of 65° to 70° F. The patient should stand with his head over the edge of the tub, douching head and face with water at 100° F. The cooling of the body by the air and the hot sponging of the head first send blood to the brain, dilating its vessels. Then the entire body, except the head, is immersed in a bath at 98° F., rapidly raised to 105° or 110° F.; in a few minutes the bath is left and the body wrapped in blankets, which absorb the moisture and with the least possible exertion the patient gets into his night clothes and to bed with a warm bottle to his feet and perhaps a little warm liquid food.—*Public Health Journal*.

BACTERIOLOGY OF ACUTE ARTICULAR RHEUMATISM.—According to *Gazette Hebdomadaire*, February 3rd, 1898, MM. Triboulet and Cayon made an additional report (*Soc. Med. des Hopit.*, January 28, 1898) of their bacteriological observations with reference to acute articular rheumatism. On December 24th, 1897, they described a diplococcus which they had found in six cases of the disease. So that the following report represents their researches from December, 1897, up to the January meeting:

1. They found the same diplococcus as that previously described in eleven consecutive subsequent cases of the disease.

2. It is found by direct microscopical examination of the blood of patients—sometimes abundantly.

3. Hence acute articular rheumatism is a septicæmia.

4. This septicæmia may be either simple or complex, as two microorganisms (diplococcus and a minute bacillus)—sometimes three, as one case also exhibited the “bacillus of Achalmé”—occur in the same

patient. But the diplococci occur invariably in every case and always predominate.

5. As the valvular (cardiac) lesions are caused by the diplococcus, it must be held clinically responsible for the disease.

6. Intravenous injection of a pure culture of the diplococcus in a rabbit, indeed, caused large enough vegetations on the mitral valve in twenty days to produce death by acute mitral stenosis. Histo-bacteriological examination of these vegetations unquestionably proved that they were due to the activity of the inoculated organism.—*Virginia Med. Semi-Monthly*.

An Official Pronouncement.

The Bacteriologist of the Ontario Board of Health Gives the Result of a searching test of Antitoxin Purchased on the Open Market.

Under date of February 1st, Mr. John Mackenzie, Official Bacteriologist of the Ontario Board of Health, reports the following result of his action in subjecting antitoxin purchased on the open market to bacteriological test:

“I beg to report to you the result of a test which has been made during the past month upon Messrs. Parke, Davis & Co.’s antitoxin. This firm has repeatedly requested that such a test should be made, but routine work in the laboratory has been so great that it has been impossible to get the time until recently for its completion.

The sample tested was bought in the open market, at a drug store, and the test applied was one to determine if the sample contained the number of antitoxic units indicated by the label.

The label claimed that the bottle contained 1000 units; the result of the test showed that it contained over 1200 and under 1500 units, probably nearer 1500 than 1200 units. This shows that the antitoxin was reliable, as it is necessary to place in the bottle a good margin of units in excess of the label strength, so that the loss of units which takes place by keeping may not be so great as to bring it in a reasonable time below the amount indicated by the label.

Antitoxins differ from other drugs in this respect, that there is no danger in over-dosing; the danger is rather the other way, and the rate of decrease in strength due to keeping is determined by factors which are largely not controlled by the manufacturer.”

Therapeutic Suggestions.

OCULAR PAIN.—Pain in affections of the eye, neuralgic in character and not associated with inflammatory conditions, is sometimes relieved by mild counter irritation and a mixture such as the following will prove beneficial :

R Mentholgrs. xxx
Spts. rosmarin.....
Spts. lavandul.....
Spts. vin. galaa ʒi
Ft. lotio.

Sig. Bathe the forehead and temples with brisk rubbing.—*Atlantic Medical Weekly.*

ACIDULATED GLYCERIN IN THE TREATMENT OF DIABETES MELLITUS.—On account of our limited knowledge of the pathological changes which characterize diabetes, and an inability to determine with any degree of exactness, which organ or group of organs is most at fault in the disease, it necessarily follows that our treatment be at least, to a certain degree, empirical. When we have paid the proper amount of attention to the hygienic and dietetic part of the management of the disease, it will be well to consider the medicinal treatment with glycerin acidulated with citric acid, as advanced by Prof. Davis, Sr., of Chicago. There does not seem to be any rational explanation of the favorable therapeutic effect of the acidulated glycerin, any further than that it does good. The mixture should be chemically pure glycerin, in which is dissolved from two to four grains of citric acid to the drachm, to be given in gradually increasing doses, from one-half to one and one-half drachms, well diluted with water an hour after each meal. Care must be taken, during its administration, that the increasing doses of glycerin do not cause intestinal trouble. The above treatment will, in the great majority of cases, have a very decided beneficial influence; relieving the great thirst and ravenous appetite, lessening the excessive flow of urine, and diminishing the amount of sugar contained therein, and establishing for the patient a fair degree of health. The treatment will not prevent the occurrence of a relapse, but when such an event occurs the treatment will, as a rule, have the same favorable effect as was obtained on its first exhibition.—*Charlotte Medical Journal.*

OVARIAN HEADACHE.—In headache dependent on ovarian disease a prescription has been found of great benefit composed of

R Ammonium bromide	̄ 5	vi
Ext. hydrastis fluid	̄ 5	ss
Tr. gentian com	̄ 5	iss
Aqua	̄ 5	iv

Dessertspoonful three times a day.—*Medical Fortnightly*.

In a discussion of a paper on syphilis, read at the meeting of the British Medical Association last fall, it was generally agreed that the use of the insoluble salts of mercury (as calomel) by hypodermic injection was a dangerous and an unnecessary practice. It was thought better to use bichloride of mercury, injecting hypodermically five minims daily of an aqueous solution containing four grains of the bichloride to the ounce. This is said to be the quickest method of getting patients under the influence of mercury.—*N. Y. Polyclinic*.

TONSILLITIS.—Acute tonsillitis can be relieved in a few minutes and cured in a few days by the local application of muriate tincture of iron, diluted fifty per cent. with water. For children dilute further with water, about half the strength of the above, or two parts water to one of tincture of iron. Apply with a mop two, three, seldom four times in the twenty-four hours. Very seldom will it require to be used more than two days. Many patients need some tonic in addition, as the system is usually debilitated by absorbing fæcal matter, constipation being a feature of the complication. In fact, Nature is making an effort to rid itself of poisonous matter through the general system, and the tonsil suffers—*Med. Sum.*

SEDATIVE AND LOCAL ANÆSTHETIC.—Dr. J. D. Ely says that Prof. A. J. Howe suggested the following, which has many uses :

R Camphor gum	
Chloral hydrate	
Chloroform	āā ̄ 3j.
Morph. sulphate	gr. v—Mix.

If the ingredients are put together in the order named, a clear mixture will result; otherwise, not. Triturate the camphor and chloral together, add the chloroform and finally the morphine, which, on shaking, will soon dissolve, and the mixture become clear, when it is ready for use.

It may be administered internally, applied locally, or used by inhalation.

For *internal administration*, the dose is three drops and upwards to the limit as required. Syrup of rhubarb compound is an excellent vehicle, as it covers the taste and is otherwise beneficial. *Water is not a good vehicle*, as the camphor will not mix with it, though it may be added in desired quantities after mixing "the sedative" with the rhubarb compound syrup. This mixture, however, is not a permanent one; so that it is best to add the vehicle only at the time of administering.—*Elec. Med. Jour.*

"Biliousness" is a contra-indication to the exhibition of iron. So long as there is a foul tongue, a bad taste in the mouth (as if it could be any place else), and fullness of the liver, with disturbance of the alimentary canal, iron is to be prohibited. It is not only that it is of no service, it positively does harm.—*Med. Age.*

Tellurate of sodium ten to twenty centigrams and alcohol fifty grams, make a solution of which a teaspoonful may be given in sweetened water morning and night in the night sweats of phthisis. Dr. Joguet says it was successful in sixteen out of twenty cases.—*Lyon Méd.*

FOR VOMITING FROM ANÆSTHETICS.—The following is often useful for the relief of obstinate vomiting which follows an anæsthetic :

R	Rectified spirit	10 parts
	Menthol	4 parts
	Tinct. nux vomica	2 parts

M. Sig. Ten drops to be taken every hour in a tea-spoonful of cherry laurel water.—*Am. Jour. of Surg. and Gyn.*

THE TREATMENT OF NEURALGIA.—The following application is recommended :

R	Menthol	
	Guaiacolaa gr. xv
	Absolute alcohol $\bar{5}$ v

A small quantity of this mixture is gently rubbed over the painful spot, which is then covered by a piece of cotton. This can be repeated two or three times in the twenty-four hours.—*Therapeutic Gazette.*

ARSENIC IN SCARLATINA.—The protective and prophylactic action of arsenic against scarlatina has been confirmed by Sperawsky. Twelve individuals were treated, all being children who were in contact with cases of scarlatina; not a single case contracted the malady, although none were isolated from infected cases. In addition the author treated two cases of the disease with arsenic, and in one the patient was able to resume his work within a week.—*Revue de Therapeutique.*

INDIGESTION IN INFANTS.—On the basis that attacks of acute gastrointestinal indigestion in infants are caused by fermentation of undigested food, generally milk, those connected with the obstetric clinic have found that mercurous chloride (calomel), in doses of one-twentieth to one-thirtieth of a grain, administered every hour until a grain is taken, has given most excellent results. All milk diet should be stopped for at least twelve hours, after which beef juice or peptone preparations may be given until the irritation has subsided.—*Philadelphia Polyclinic.*



PAIN IN OTITIS.—Dr. G. H. Powers, Professor of Ophthalmology and Otology in the University of California, San Francisco, in an article in the *Medical News*, writes as follows, in reference to the treatment of pain in otitis: "At my first visit I found a copious discharge of bloody serum from the ear with hardly a trace of pus. He suffered from severe cephalalgia, but there was no special tenderness in or about the ear, and no swelling. Thorough cleansing of the meatus with dry cotton relieved the pain in the head remarkably and with a dose of antikanmia, 10 grains, he slept some hours."

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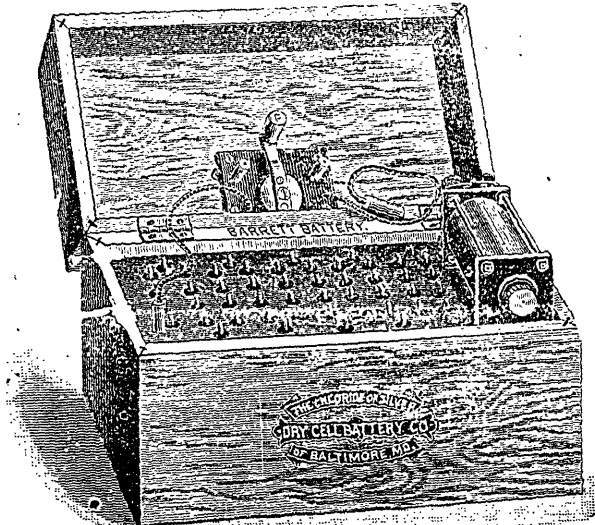
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