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VOL. XIX

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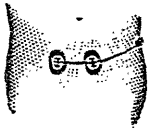
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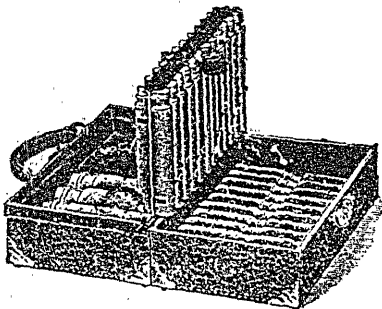
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THE MARITIME MEDICAL NEWS

VOL. XIX, JANUARY, 1907, No. 1

Surgical Kidney.

Dr. G. F. Lydston, writing in the *Journal of the American Medical Association*, of December 8, publishes a number of clinical histories of cases of surgical diseases of the kidneys that are of interest. In connection with cases reported of malignant diseases, he remarks that white blood in the urine, in conjunction with a solid tumour of the abdomen located behind the colon, is generally regarded as pathognomonic of renal cancer, exceptions occur in which hemorrhage is wanting, as Roberts has shown. Hematuria also is not constant in the beginnings of renal cancer, as two of Lydston's cases here reported, demonstrate. As a rule, however, it occurs in considerable quantity. A case of kidney abscess illustrates the recuperative power of the kidney, in which, after the operation, only a mere remnant, resumed its functions. Although it is difficult to lay down rules, Lydston is inclined to deem it safer to perform only nephrotomy unless there are special indications for nephrectomy in a given case. Another case of sarcoma followed an exploratory operation for suspected calculus, which revealed no evidence of neoplasm. This and a similar case in the author's experience are suggestive of a pre-malignant stage of such growths, and raise the question as to whether a nephrectomy would not sometimes be justifiable in cases in which all the symptoms of calculus are present, but none is revealed by exploratory operation. The possibility of a cir-

culatory disturbance existing and being responsible for the symptoms must of course be considered. Other cases reported are of tuberculosis and of calculus.

*

Gastroptosis and Hyper- chlorhydria.

Dr. E. Reissman, in discussing gastroptosis in its relations to hyperchlorhydria in the *Medical Record* of December 15, states that relaxation of the abdominal muscles is the essential feature in gastroptosis. One function of the abdominal muscles is to control the distribution of fluids in the abdomen, to regulate circulation and secretion. All forms of anomalous gastric secretion, hyperchlorhydria, hypochlorhydria, and achylia, may be due to gastric atony. Hyperchlorhydria is said to be a neurotic affection, but it seems that few have yet appreciated that gastroptosis is often the cause of nervous disturbances. All forms of secretory disorders in the stomach may be connected with gastroptosis. Plaster strapping is advised to relieve abdominal relaxation.

*

The Opsonic Index.

In a joint paper contributed by Drs. N. B. Potter, N. E. Ditman and E. B. Bradley, to the *Journal of the American Medical Association* (issues of November 24 and December 1), a critical review is given of the ascertained facts as regards opsonins and the opsonic index in pathologic conditions, and an estimate

made of the practical value of the latter. The great difficulty, they think, will probably be in the fact that the variations of the indices do not always correspond with more or less profound changes in the conditions, and that this variation is frequently not far beyond the limits of error in a method where the chances for small errors of technic are numerous. The determination of single indices may be of some aid in diagnosis, but before this can be considered a thoroughly reliable method, considerable work is needed to determine the specificity of opsonins. The authors consider this question as still unsettled. The work of Wright and Reid indicates that some diagnostic aid can be obtained by comparison of serum and exudates, and by the methods of heated and unheated serum. A wider field of application will probably be found in the control of inoculations of vaccines to determine the optimum dose and its frequency, but here the clinical difficulties also somewhat limit the method. A little explored field in which it may prove of great value is the determination of susceptibility to various infections, especially the inherited susceptibility to tuberculosis. Its greatest use will perhaps be found in the laboratory, where it may be found to be a convenient and rapid method of testing the virulence of organisms and the strength of sera that are dependent on opsonins for their beneficial effects. The therapeutic application of the known facts regarding opsonins is not discussed in the article, except incidentally.



Faradization of the Human Motor Cortex. After giving the history of what is known experimentally of the human motor centers, Dr. J. H. Lloyd reports a case to the *Journal of the American Medical Association* (De-

ember 15), in which an operation for traumatic epilepsy afforded the opportunity of testing the convolutions before and behind the Rolandic fissure with faradization. A light faradic current was used by the unipolar method and the centers in the precentral gyrus for the arm and hand, and the neck and face, were determined, and the claim that the motor centers are all anterior to the Rolandic fissure was supported by the findings. The leg centers were not exposed during the operation. The postcentral gyrus was found reactionless. The author describes his technic at length. The patient had no return of his fits during the three months following the operation, which consisted in loosening up adhesions and removing a nodule from the dura.



Suggestion in Therapeutics. Dr. William Burgess Cornell contributes an article to the *Medical Record*, of December 15, in which he states it to be his belief that psychotherapy is of great value to the general practitioner. There is commonly found an ignorance of this whole subject among the members of the medical profession; but it would be impossible to write the history of therapeutics, without considering the influence of suggestion. The ability to minister to the mind as well as to the body is possessed by those physicians who possess the highest qualities to be found in their profession. Although the hurried life which exists in modern times in the large cities is antagonistic to the best exercise of these qualities, nevertheless psychotherapy is rapidly gaining ground and taking its proper place. Psychology and psychiatry should receive their proper attention in the years of medical training, and then, in due order, would follow instruction in therapeutic psychology.

Bromism. Dr. A. L. Skoog discusses the various bromide preparations used in epilepsy and nervous diseases, and gives case histories illustrating their toxic effects in the *Journal of the American Medical Association*, of December 1. Among these are included cases of bromide mania, acne, mucous and gastrointestinal disorders, cardiac disturbance and trophic impairment. The sodium bromide seems generally the least toxic of the commonly used and efficient salts, and is the one largely used at the Kansas State Hospital for Epileptics. He summarizes his views in substance as follows: The bromides are often given in excessive doses continuously over long periods in epilepsy and in some other diseases. In many cases they are contraindicated or the patient is not duly watched during their administration. After a few weeks cellular resistance is lowered; the degree being dependent on the individual susceptibility or the amount given. The importance of early detection of the mild beginning symptoms of bromism is evident. Though the skin gives the first evidence, other organs may be simultaneously affected and a few show the first isolated symptoms of bromism. The gastrointestinal and mental derangements from the injudicious use of the bromides are of greater importance as regards the future welfare of the individual than the skin lesions.



Neurasthenia. Dr. T. C. Ely (*Journal of the American Medical Association*, December 1), discusses the causes of neurasthenia, which he finds in faulty hygiene and habits of life, injuries, especially those incurred in connection with modern methods of rapid transit, local overstrain, as in writer's

cramp, toxins of various origins, latent organic disease and reflexes from visceral disorders, overwork and worry, heredity, and faulty educational methods, and faulty ideals and standards of life. The prevention of neurasthenia must be in the line of the recognition and avoidance of its causes. Every one should seek to learn his own limitations and not to exceed them, and should strive to regulate his work along the lines of least resistance. Properly directed occupation is often preventive and curative of neurasthenia, but hurry and worry are direct factors in its production, and the common combination of both is deadly. The hygienic life should be followed, thus avoiding the neurasthenia of organic disease so far as possible as well as the more truly functional type. Inter-marriage of the neurotic and hereditarily inclined should be discouraged, as well as faulty ideals and aspirations, and educational methods involving overstrain during the growing and critical periods should be avoided. The hope for the future lies in these directions.



Trypsin in Cancer.

Dr. William J. Morton recently instituted a series of experiments, consisting of the consecutive use of trypsin in a series of about thirty cases of cancer, both hospital and private. Two of these, severe cases of facial cancer, are cured to date. In one case, a remarkable process of retrogression by degeneration and atrophy of a carcinomatous breast gland to final and curative obliteration has been microscopically demonstrated. In all cases signs of amelioration in the progress of the disease have been observed. It has been demonstrated that both local and constitutional reaction may be produced by the use of trypsin. Enlarged glands have rapidly diminished in size. Trypsin

has a decided effect in reducing cancer cachexia, and in improving the general health. Even in severe cases of uterine cancer involving the associated pelvic organs, the disease may be brought to a halt. The influence of amylopsin seems to have had much to do with favourable results. The writer concludes that trypsin deserves further trial.—*Medical Record*, December 8, 1906.



Journalistic Changes. Beginning on the first of January, the *Therapeutic Gazette*, the *Medical Age*, and *Medicine*, the three widely and favourably known journals which have for many years issued from the press of Mr. E. G. Swift, will be consolidated under the editorship of Drs. Hobart A. Hare and Edward Martin. The result can be scarcely anything else than the production of an unusually strong journal, which will doubtless fully maintain the popularity so deservedly enjoyed by the *Therapeutic Gazette*, and at the same time embrace the features which have given the other journals a distinct place in the world of medicine.

Commencing with the January 1907, issue, the *Oklahoma Medical News Journal* will have a new editor. Y. E. Colville, B. S., M. D., of Chattanooga, Tenn. Dr. Colville has bought a half-interest in the journal and will devote his entire time to the editorial department, while Dr. Phelan will be the business manager. In this way the journal will be greatly benefited and enlarged, and of greater value to the profession than heretofore.



Smallpox in Nova Scotia.

From various widely separated districts come reports of the occurrence of the mild form of smallpox,

which has of late years been prevalent in other provinces and in various states of the American union. The story from each district is practically the same—the disease is so mild in its manifestations that people scarcely realize themselves to be ill, and consequently do not consult a physician, and it is not until the feature of epidemicity attracts attention that the doctor learns of the existence of the malady in a neighborhood. Now that it is known that many cases of the disease exist and that many localities have been invaded, the various health boards are active and we may expect good results to follow. The fact that some districts have become so widely infected, however, is not to the credit of the health authorities, and is apt to occasion doubt as to the efficiency of our public health system.

Just now there is a demand for vigilance on the part of every physician, no matter where situated. There is, moreover, need of systematic vaccination of the unprotected. The article by Dr. Butler, published in our December number, and that by Dr. Pratt appearing in the present issue, are very timely and of unusual value and interest in the present juncture.



Filth in Foodstuffs.

The question of the proper protection of foodstuffs from contamination is one which comes up for discussion so frequently that it threatens to become wearisome. Yet the constant neglect on the part of vendors, who expose all varieties of food to contamination by the most disgusting materials, makes the matter one of continued importance. It is unnecessary to review what has so frequently been said with reference to the common methods of displaying

meats, green vegetables, etc. Even the laity are impressed with the nastiness of the street-dust which is so copiously deposited upon the wares exhibited in open windows and upon unprotected counters, and the impartial manner in which the ubiquitous dog showers his favours upon all things which come within reach of his near hind-leg has been a theme for comment for many a day. Recently the *Lancet* has been giving space to the advocacy of clean bread, and has urged a more hygienic method of delivering than that now in vogue. In its distribution the loaf is subjected to contamination by the dust of the air, but the handling it receives from the driver (whose hands usually present both visual and olfactory evidence of intimate association with the things of the stable), and, not very infrequently, by an inadvertant drop to the ground. Musings on these facts do not bring comfort to the fastidious. A simple remedy suggests itself, viz., a proper wrapping applied before the loaf leaves the bakery. And again, the growing tendency to ship articles such as sugar, flour, salt, etc., in bags rather than in barrels is worth the attention of the sanitary authorities. These articles have usually to pass through many hands before they eventually reach the consumer, and in dirty warehouses, as well as in con-

veyances of one sort or another (which are usually innocent of serious knowledge of the ways of sanitarians) the opportunities for contamination are many. Not long ago the writer noticed, while in a wholesale grocer's establishment, a pile of bags of flour, on the uppermost of which the store cat slumbered peacefully. While standing in conversation with a friend near the door of a similar establishment, on another occasion, one bag of sugar was noticed to be the special object of attention by canine visitors, three of which deluged this particular bag with all they could spare in the space of an equal number of minutes. While a desire on the part of the dog to produce a new variety of sweet-pea may possibly commend itself to the ultra-enthusiast in floriculture, the physician and the ordinary citizen can scarcely view the procedure with anything else than a cold eye and a shudder. Apart altogether from the unpleasantness of having to know that a peck is scant tale of the amount of dirt we are each compelled to eat, there is manifest opportunity for the causation, and possibly for the spread, of disease by contaminated foods. What more practical opportunity of proving usefulness could be put in the way of health boards than this universal and yet easily-remedied evil?



DISPUTED POINTS IN SMALL-POX

By C. M. PRATT, M. D.,

St. John, N. B.

(Read before the St. John Medical Society.)

IT would hardly be advantageous to you this evening if I were to pick up a text book and read from it a long article on small-pox, which could just as easily be perused by you in the privacy of your own office. Still if I were to gather together fact and theory from different authorities and add what I can from personal experience, and jot them down in a concentrated form on paper, it may suffice to be of some interest to you. I will try in doing this to limit myself to points which have been recently, or are, in dispute in connection with this disease.

A few important points which in times past have been discussed by different writers and settled in both ways are:

First.—Does vaccination protect from small-pox and should it be compulsory?

Second.—Does there exist a mild form of this disease, and can it be differentiated from severe forms?

Third.—Is vaccinia or cow-pox the same disease as variola or small-pox, modified only by transmission?

Fourth.—Is it possible to successfully vaccinate a patient recently recovered from the mild form of small pox, and does it produce the same degree of immunity as the severe type of the disease?

Does Vaccination Protect?—So worn a discussion as this can hardly bear repetition, yet the existence still of a large army of anti-vaccinationists appears to me an excuse to recover this subject.

It may be claimed that the reason so many have become supporters of

this group is that the process of vaccination, especially in a community where enforced, exposes the whole community to the irregularities and complications of vaccinia, whereas by proper sanitation in a small-pox epidemic only a small minority contract the disease and expose a much smaller part of the community to the complications and irregularities of small-pox proper. Nevertheless there are many who even go so far as to claim that vaccination gives no protection. Very recently the question of vaccination has been a matter of practical moment in Toronto. There, as the *Lancet* for April points out, there is a definite, progressive anti-vaccination organization, which have been instrumental in abolishing compulsory vaccination in schools of that city. In public mass meetings which have been held under their direction, speakers have attacked advocates of vaccination in a most vehement manner. One speaker goes so far as to say that it is criminal to inject in children filthy animal matter from pus producing sores. They quote extensively from statistics in England showing no increase in the spread of small-pox amongst the unvaccinated, over those claimed to be protected. They cite Professor Creighton, of Cambridge, Professor Crookshank, of King's College, London, Alfred Russell Wallace, LL. D., D.C.L., and Herbert Spencer, as opposed to vaccination, and have no inconsiderable influence in raising a spirit of revolt against compulsory vaccination in the schools of Toronto.

In refuting this, the medical profession, led by Professor MacCallum, of Toronto, showed that Professor Creighton, though once teacher of bacteriology in King's College, London, not being a sound teacher, yielded up his position, and now lives in retirement. He was unable to obtain his F.R.S. Dr. Creighton was only a demonstrator in anatomy at Cambridge. He wrote the article in the *Encyclopædia Britannica* which caused so much adverse criticism that in a supplement of the same publishers were obliged to refute it. Spencer was a theorist who had no standing whatever in dealing at first hand with any problem in practical medical science. Wallace was in the same class, is now 90 years old, a phrenologist, believes in spiritualism, and thinks that bacteria possess souls. That these anti-vaccinationists have misrepresented facts and have dealt in specific instances only, with part truths, is clear to anyone following closely reports on this subject.

We all know that of all countries Germany is the one that has enforced vaccination most strictly. Shortly after Jenner's experiments the Prussian government declared war on small-pox, using as their ammunition vaccine virus.

Before 1800 the mortality from small-pox had been 4,000 per million inhabitants. Year by year this mortality lessened, and every year, vaccine being used more generally, the death rate from small-pox fell until in 1816 it was 5 per cent. per million inhabitants. In 1874 the German Imperial vaccination law was declared. Every child had then to be vaccinated in its first year, and again in twelve years. This further reduced the mortality.

From 1896 to 1898 in that country there were only thirty deaths from that disease.

In the army, in the epidemic of 1870-1875, while the French army, being only partially protected by vaccination, lost 23,000 men, the German army had only 287 deaths from small-pox.

In England there has existed the same anti-vaccination craze which has recently been exhibited in Toronto. This accounts for the greater death rate in England. From 1896 to 1898, while there were but thirty deaths in Germany, in London alone there were 216 from the disease.

Sanitation cannot possibly account for the great decrease in the occurrence of small-pox. Vaccination must get most of the credit. The same attempt in sanitary conditions is made in cases of other infectious disease, but we cannot show a corresponding decrease to that in small-pox.

A report in the *Journal of Medical Research* of experiments carried on by Drs. W. R. Brinkerhoff, and E. E. Tyzzer, in Sear's laboratory at Harvard, shows that it is possible to inoculate the monkey with variola virus, producing the same disease as variola inoculata in man: the only difference being that in the monkey the fever has a shorter duration, and that the exanthem appears quicker. If the site of inoculation be the mucous membrane of the trachea, the same result is obtained as if the animal inhale variola virus. Vaccination of the monkey produces the same results as vaccination of man. A vaccine lesion on the skin of the monkey confers upon the animal an immunity to subsequent inoculations of the skin with vaccine or variola virus. This if correct, and there is no reason to doubt the accuracy of the experiment, would appear to be final, as an argument proving the protective power of vaccination against small-pox.

Again, Should Vaccination be Enforced?—At this stage of medical

knowledge most medical minds would reason "yes"; but there are not a few medical practitioners who are opposed to the rigid enforcing of any such law, together with the vast majority of the laity. With regard to the protection afforded by the use of vaccine, we have already decided that here our anti-vaccinationists cannot possibly have us. They must advance other reasons against wholesale vaccination, and they do.

First, they say, from the standpoint of free citizenship no government should forcibly inflict on any individual enjoying all other rights of the nation, a disease leathsome in its origin, and not free from danger to life, and with, at all events, impairment of bodily health, at least of a temporary nature.

The average human mind is most inconsistent in its arguing. They argue chiefly from an egotistical standpoint. Their ideas on medical subjects are formed from one or a few examples. If they have a friend who suffers from a specific malady, and dies under a certain treatment, the treatment or the abuse of another treatment was the cause of death. If a child is vaccinated and dies from paralysis, vaccination assumes an awful role. No other children of theirs, or those of any one else would in future be allowed to submit to this terrible ordeal. But if a woman die in confinement, next time the family may try a new doctor, but they do not pronounce child-birth an evil to be exterminated. They must necessarily recognize its benefit to succeeding time. Just as necessary as it is to sacrifice a few for the maintaining of posterity, in a like manner it might be necessary to injure a few that posterity might thrive and be free from that scourge of former times—small pox.

Even here there is a doubt if it is really necessary to injure the few. Statistics certainly do show us untoward effects of vaccination. It would to a surface-thinking person appear alarming to read, without any qualifying phrases, that vaccination is followed by sloughing ulcer of the arm, cellulitis, urticaria, lichen urticatis, invaccinated erysipelas, syphilis, and tuberculosis-gangrene and glandular abscess.

Such statements as these are misleading to the laity, who have not infrequently had a chance to read them, and unthinkingly condemn vaccination with its evils; and if a chance permits for a plebiscite to be taken, cast their vote against compulsory vaccination.

Syphilis has been rendered impossible by the use of animal lymph. Tuberculosis, if the calf be killed, examined, and found free from disease, can be disposed of. The risk of transmitting tuberculosis from the calf, anyway, if so slight that it scarcely need be considered. All the other diseases mentioned are rendered unlikely if the physician observe the general rules of cleanliness, if the patient is in a healthy condition and keeps arm free from contaminating dirt.

Vaccination is not compulsory in Canada, yet the majority of the thinking population favour it. Nearly all boards of health in cities and large towns have regulations whereby children are not allowed to attend school until they have been successfully vaccinated, and can give a certificate of the same to the School Board from a medical practitioner. This regulation is sometimes enforced by school boards, independently of the Board of Health. In the anti-vaccination campaign recently carried on in Ontario, it was this regulation the Toronto School Board rescinded. It may

be interesting to know that in the city of St. John children are allowed to attend school without certificates of vaccination.

In 1892, after the epidemic of small-pox in this place, the Governor-in-Council, on recommendation of the Provincial Board of Health, made a law that no child should attend school without a certificate of vaccination. This was encribed in the New Brunswick Health Act. In 1904, when the statutes were consolidated, this law was taken from the Health Act and placed under the School Act. Under this Act, in 1906, it has been repealed. If here in Canada we would follow the example of Germany and the Motherland, or follow the democratic principles of Jefferson and Jackson, namely, "the greatest good to the greatest number," we would thoroughly stamp small pox from our list.

Is Cow-pox or Vaccinia only a Modified Form of Variola, Through Transmission?—For years this question has had its champions "for" and "against," but very gradually and surely most pathologists have now settled it in the affirmative. In former times numerous experiments have been made in the attempt to prove that they were not the same disease.

The best known of these were Chauveau's Lyon's experiments, where seventeen young animals were inoculated with the virus of small pox. Small reddish papules appeared which disappeared rapidly, while the animals did not acquire the severe systemic small-pox. Fifteen of the seventeen were then vaccinated. One of these only showed a typical cow-pox eruption. Of the original reddish papules, one was excised and injected into a non-vaccinated child. As a result confluent small-pox followed. A second child inoculated

from the primary pustule of the first child developed discrete small-pox.

On the other hand experiments have been made where small-pox matter inoculated in the heifer has produced lesions similar to vaccine vesicles. Material from these vesicles inoculated in a second and third calf produced characteristic lesions of cow-pox. From these vesicles vaccine has been taken and injected in the arm of a child, producing typical vaccination, without any signs whatever of small-pox.

The Brinkerhoff and Tyzzer experiments also showed that if the cornea of the monkey be inoculated with variolous matter, the pathological result is the same as we get when the cornea of the rabbit is inoculated with variola or vaccine virus. The same result is obtained by vaccine virus on the cornea of the monkey. The lesions in both groups of cases, whether the inoculation be with vaccine or variola virus, contain cytocytes variolæ, a form of parasite found and described by these investigators. The only difference seems to be that whereas in variola inoculata we get intra-nuclear forms of the parasite in the cells at the seat of inoculation, with vaccine inoculations we get the cytocytes within the endothelial cells, but not within the nuclei.

All these experiments seem to demonstrate that vaccinia has been produced originally from variola, and that by successive transfers it has in time assumed the characteristics of cow-pox. Many of the strains of vaccine virus now used are known to have been derived from small-pox, and we are justified in believing that all strains were originally so derived. The number of transfers necessary before cow-pox is produced, or before the virus fails to produce small pox, is not known. In the foregoing experiments five transfers from the

vaccine vesicle of the cornea of a rabbit to other rabbits were made. Inoculation in the monkey produced variola instead of vaccinia.

In the Lyon's experiments, small pox was produced in a child when only one transfer to a calf had been made. It is reasonable to suppose, as in the other experiments, if transfers had been made to other calves, instead of returning to a child, that in time vaccinia instead of variola would have been produced in the child.

If, as it seems here, the analogy between small-pox and cow-pox is made clear, vaccination would appear but an immunization with variola antitoxin, produced in a little more indirect and intricate manner than other serums of specific diseases are produced. It will also help to shed some light on other diseases thought only to be changed by transmission such as tuberculosis and bovine tuberculosis.

Does there exist a mild form of Small-pox?—Without a doubt! As we get mild forms of every known disease, we also get it of small-pox, and that this form of it has manifested itself more in the last six years than it ever did before, everyone agrees.

Whether we can attribute this mild form to the war waged against it, to sanitary conditions and to vaccination, it does seem that the virus floating about or lying endemic in different foci has certainly become attenuated. Vaccination may have led to this, but if so, it has resulted from vaccination in a generalized way, as when exposed to that mild infection, unvaccinated individuals contract it and still have it in the lightest possible form.

Throughout the United States and Canada recently this disease has been plentiful—even here in New

Brunswick we have had, and are having, our quota of mild variola. It has caused no end of trouble, as many medical men have failed to recognize it. From this mild form, as Welch in Philadelphia points out, and also Dr. Hodgetts, Secretary of the Ontario Provincial Board of Health, there have sprung serious cases of the severe type. In describing this form of variola, Welch, who, is probably the best authority on small-pox in the United States, says: "A few years ago, small-pox of an unusually mild type appeared in the United States and the disease was variously regarded by physicians. It was called chicken-pox, impetigo contagiosa, etc. The profession were about equally divided on calling it small-pox or chicken-pox. The disease was recognized as infectious, as it was seen to spread from patient to patient, and from town to town, but wherever the disease was seen it was always the same mild type, and rarely resulted in death. Those who took it were confined to the house only during the initial stage, and sometimes not even then. After the eruption appeared persons would go about their work as if nothing affected them. The diagnosis of chicken-pox has been the most common error made by physicians. It was not uncommon for the patients to appear at the dispensaries for treatment, to be given a salve to anoint themselves with, and then to go home. Patients spoke of other patients in the same workshops or lodgings, who were afflicted with the same disorder. The natives, negroes and people afflicted, referred to the disease as Cuban itch, elephant's itch and bumps.

Welch says that in an experience of 5,500 cases he never has seen small pox as mild as it has been during the last few years. In his first year's ex-

perience with this mild type, he had 128 cases without a single death, and most of the cases were unvaccinated and but for wide-spread vaccination, undoubtedly a serious epidemic would have followed.

The most of the present mild type does not differ greatly from the severer forms except in degree. A chill with fever, backache and sometimes headache, with a certain degree of prostration may be present. This lasts no longer than 72 hours, generally forty-eight. Some times in fact, patients hardly notice symptoms at all, so slight are they. If questioned you will generally find that for two days they have had more or less general malaise, a chill, and backache. In forty-eight or seventy-two hours the eruption begins to show itself, temperature drops to normal, and the patient feels as well as ever. The eruption appears as minute papules, appearing generally on the face, forehead and wrists. They become hard and in the third or fourth day may be seen in the vesicular stage. Umbilication may be seen in some of the lesions. Frequently from the fourth to the sixth day, the vesicles change into pustules, and from this on, shrinking and drying appears on face first and then on the body. The course may vary and very often is very short. A not uncommon termination is for the vesicles to raise themselves in a conical form, having exude into the apices a sero-pus, which dries quickly leaving a solid portion, which leaves a watery exudation of the skin. The lower layers of the skin are rarely involved. Cases differ in severity. Some approach the old severe form and show throat and respiratory symptoms.

Differential Diagnosis—In vari-cella we very seldom get an initial febrile stage preceding the appearance of the rash, although we may

get a slight disturbance, but it generally appears at the same time as the rash. It must be remembered that lesions of chicken-pox make their appearance as distinct vesicles containing clear serum, and that the epidermic covering is so slight that it can be broken by the finger nail. They vary greatly in size and occur chiefly on covered parts of the body. They can be seen in all stages of development, and are not umbilicated. The crusts are thin and brown, and have red instead of pigmented spots. In contrast it must be remembered small-pox papules are hard with a red areola, appear first on exposed parts of the body, that the vesicles, in clearly defined cases are umbilicated, are uniform in size, the epidermal covering is not easily broken, that the eruption requires from six to twelve days to pass through the three stages, the crusts are thin and dark and when fallen off leave pigmented spots and more or less pitting.

Anything with little or no initial disturbance, with the formation of small vesicles disappearing in three or four days, should be regarded as chicken-pox, together with its occurrence in early life, though it may occur at all ages. On the other hand, an acute exanthem preceded by an initial stage of forty-eight hours, in which the temperature was distinctly elevated, beginning as papules and ending as vesicles or vesico-pustules, even though the period of evolution be short, should be regarded as small pox. It would at any time be right to regard such a case as suspicious, and surround it with measures to prevent any spread of infection.

Impetigo should rarely be mistaken for mild variola. There is seldom any temperature. It starts as vesico-pustules. They enlarge and are irregular in outline, form crusts which are light and dark brown in colour,

are easily separated and crumble off in small pieces. They are flatter than either of the other eruptions, and the scabs when removed leave a purulent surface but no ulceration.

In pustular syphiloderm we have not so much trouble. The history, the absence of the shot like feel, the tendency to ulceration of some of the lesions, and the dark coppery line after the falling off of scabs, serve to distinguish it from variola.

Charles H. Hodgetts, Secretary of the Provincial Board of Health of Ontario, reports an epidemic of mild small pox occurring in 1900-1901, appearing in lumber shanties of New Ontario, brought there from the Michigan lumber camps. The disease became very wide-spread, attacking camp after camp. The patients gave little attention to it, but worked along with the rash still on their bodies. Scarcely any patient was ill enough to call in a physician. Since then, by strict measures of the Board of Health in that section, the disease has been wiped out, although a few cases have been reported traceable to an outside origin. A very striking fact is that the majority of cases were unvaccinated.

There would seem another argument here in favour of its being small pox. There must be some bearing on this when we see unvaccinated people who are attacked—*the rule*.

That the province of New Brunswick during the last three or four years has been visited by this same mild disease there seems no doubt. There have been many disputes in diagnosing this disease here, as in all places where it has visited. That the symptoms and course correspond to the cases described by Welch and Hodgetts, I am firmly convinced.

A difficulty that does exist, as others have stated, is that under the conditions and environment favouring the

outbreak of variola, varicella is also favoured. In the recent outbreak in King's county some of the cases which hailed from the camps were typical of mild variola, while others were more doubtful. There was a group of cases, with an eruption thought to be suspicious, but which on investigation proved to be well-defined chicken-pox. The contrast between these and the cases isolated were marked, leaving no doubt of the existence of two specific diseases, although in a very indirect way. Contact seemed to have been made with the King's county camps.

A case isolated here in St. John seems such a good one of mild variola it is worth reporting.

M. H. was seen in Milford on the 23rd of February, 1906. At that time he was not feeling well and suffered from anorexia. On his face were a great many pimply-like spots. When questioned about having these on other parts, he stated they had already appeared on his hands. Two days previously, patient had been what he termed "deathly sick," with severe pain in the back, sore throat and a temperature of 101 degrees. He had thought he suffered from kidney trouble, and on the second day thought he would go to town and see a doctor. He came to town and found the doctor out. Thinking he would return the next day he went home, but on the third day, feeling considerably better, he deferred it again. Having been a mate at the lumber camp with a patient already attacked and in the hospital, he also was isolated. After this, rash came out over all parts of his body, vesicles formed on the fourth day, and about the sixth day pustules appeared. Umbilication of vesicles was present. Shotty feeling to papules present. Typical pocks appeared on forehead around roots of hair and on the nose. He gave his-

tory of escaping from a quarantine camp. Symptoms did not correspond to chicken-pox. His temperature did not reach normal until the morning of the fourth day. Patient had not been vaccinated, nor had any of the others suffering from this disease hereabouts. On some parts of the body eruptions seemed to run together and to become semi-confluent. On the palm of his hand appeared a couple of pocks leaving considerable ulceration and attacking the deep layers of skin. He left the hospital about the first of April.

Considerable controversy, confined chiefly to the proprietor of the lumber camp and to those quarantined, has taken place, as to whether or no their camp contained small pox.

Strangely, though, few claimed it was chicken-pox. It was said to be due to overheating of the blood, eating pork, and being confined to camps not overly clean. There are even a few of the medical profession suffering from this belief.

To further give importance to their contention the camp proprietors claim to have had some of the men successfully vaccinated some little time after their recovery.

Since the epidemic of 1901-02 there have been ten cases of this mild type in St. John. All recovered. All were unvaccinated.

Lastly—Is it possible to Vaccinate a person recently recovered from mild small-pox? Or does it produce the same degree of immunity as the severe type?

We have previously shown in the Lyon's experiments that of the fifteen calves inoculated with variola, one was afterward inoculated with vaccine, producing a typical vaccine vesicle.

Further in the Brinkerhoff and Tyzzer experiments, a monkey on whose skin a vaccine lesion had been produced was shown to be protected

from subsequent inoculation with vaccine or variola virus, but a variolous lesion on the skin of the monkey, while it protects the monkey from later inoculation with variola virus, does not protect in all cases from subsequent inoculation with vaccine virus. This is accounted for by the fact that the particular species of monkey does not produce as much germicidal substance as is necessary to a second inoculation of vaccine. Councilman says that recent experiments on monkeys in the Philippines show that the immunity produced by vaccinia is stronger and more fully protective than that produced by variola inoculata.

It has also been found that if variola inoculata be produced in a given animal, and from this transfers be made to other animals, if the last animal be exposed to inhalations of variolous matter it may contract modified variola, whereas the first animal inoculated fails to contract it. This would tend to show the lessened immunity of light cases of small-pox. It is reasonable to suppose then if in some cases severe variola can still be influenced by vaccination in animals, and a vaccine vesicle formed, that mild variola would take vaccinia in a more marked manner in a small percentage of cases. In a like manner it would seem that the same process might take place in man.

As a rule, after severe or mild cases of small-pox in man, vaccination gives a negative result, but in mild cases the length of immunity may be very short. In severe forms the immunity may be permanent, though in a large percentage of cases it is not.

In many cases where the operation of vaccination is performed, too deep and violent scarification of the skin will lead to a suppurating sore. This is especially so in patients of poor physique and of dirty habits.

ROENTGEN RAYS—USE AND ABUSE

By G. G. CORBET, M. D.,

St. John, N. B.

(Read before the New Brunswick Medical Society, July, 1906.)

TO present the subject of the Roentgen Rays to you from a historical standpoint would certainly exhaust your patience and be of no practical use.

I take it for granted that all here to-day have a good working knowledge of the X-rays, and most of you would like to hear this subject discussed from the diagnostic and therapeutic standpoints.

What is the practical use of X-rays to the patient, physician and surgeon?

To the patient the value of the X-rays can't be estimated until such time as we know the value of a life. The patient will never realize the value of X-rays, for the simple reason he never realizes the full value of health till he loses it.

To the physician the X-rays will aid him in diagnosis and treatment. This part of X-ray work is very much overlooked. We will not discuss the theoretical but attend to the practical use of the X-rays.

Pulmonary Tuberculosis.—It was early recognized by many practitioners in various countries that the dense lung in this disease would cast a shadow which might be observed on the fluorescent screen. It seemed to me, also, that we might find in the X-rays another means of recognizing pulmonary tuberculosis in its early stages. Dr. Williams says: "I have examined about 40 cases of pulmonary tuberculosis and find not only that the fluoroscope is of value in determining the extent of the disease, but also sometimes reveals its location

where and when it would otherwise have been unsuspected." In order to compare the results obtained by an X-ray photograph of the chest with the appearances as determined by means of the fluorescent screen, I have used both methods of examination in some cases, in the same patient, in an early stage of the disease. I made this experiment in the early stage advisedly, because in the later stages we have so many ways of making a diagnosis that the X-ray examinations are only useful in determining the progress or extent of the disease. While the X-ray photograph shows clearly that the lungs are denser than normal when the disease has passed the early stage, thus far I have been able to detect an abnormal condition of the lungs in early tuberculosis better by means of the fluorescent screen than by means of the photograph. Therefore the X-rays is an aid to diagnosis in the early stages of pulmonary tuberculosis.

Cavities in the Lungs.—These cavities when filled with fluid or mucus will appear as dark areas on the screen. The recognition of a cavity depends to a great extent upon its size, as compared with the thickness of the encompassing dense lung. Small cavities in a dense tuberculous process would not be perceived.

Pneumonia.—The abnormal condition of the lungs in pneumonia is shown on the fluorescent screen not only by the obstruction which the affected parts offer to the rays, but also by the restriction of the excursion of the diaphragm on the lower side.

Pleurisy with Effusion.—The outline of the diaphragm in the fluoroscope is less defined or obliterated altogether, according to the amount of fluid present. A marked displacement of the heart by fluid is readily seen.

The displacement of the heart caused by fluid in the chest may be marked and still not be detected by percussion, or if detected its extent may not be accurately estimated. The X-ray examination is a more trustworthy test of a displaced heart in pleurisy with effusion than is percussion.

Pneumothorax.—The affected side of the chest is unusually clear and the light area in this region is larger than normal, the lung is retracted, the diaphragm is pushed low down in the chest and has little or no movement and the organs on the side displaced to the opposite side.

Empyema.—The appearances vary with amount of lung involved.

Heart.—In order to determine the borders of the heart with X-rays it is essential that the lungs and pleura be clear.

Aneurisms.—The diagnosis of a thoracic aneurism is difficult and sometimes impossible by the ordinary methods. Aneurisms are not infrequently overlooked in their early stages, the time when there is the best opportunity of prolonging life, or if recognized their extent is not appreciated or their presence is suspected when they do not exist.

Therefore to get as accurate knowledge as possible of the thoracic cavity it should be examined by means of the fluorescent screen both in front and behind, and from side to side. X-ray photograph may be of service. Pulsations can be seen by means of the screen. If the walls of the aneurism are thick and the sack filled with a clot, there may be no pulsations. On

the other hand it is possible for a dense body near the normal aorta to have a movement imparted to it by the pulsations of that vessel.

Alimentary canal presents great difficulties in X-ray examination, because in its natural state it is not easily distinguished from other soft parts surrounding it, but size and position may be determined by artificial means, as by using bismuth.

Liver, spleen and kidneys can be seen by the screen.

New growths in abdomen are not easily seen by X-ray examinations. We may get some suggestion of their presence if they affect the outline of the diaphragm.

Gravid Uterus.—Some observers, notably Dr. E. P. Davis, have succeeded in taking X-ray photographs of the gravid uterus and one case has been reported in which X-rays confirm the diagnosis of extra-uterine pregnancy.

Calculi in kidney or bladder can be photographed.

Therapeutic Use of X-rays.—In the different forms of lupus the X-ray is the best means of treatment. One case of lupus, referred to me by Dr. Scammel, who first curetted a patch the size of a twenty-five cent piece over aft eyebrow, was cured or apparently cured by ten treatments. No return after fifteen months. Patient at present cured.

Rodent Ulcer.—Can be cured after other treatments fail. I have one patient at present (referred to me by Dr. Crawford), in which the disease has existed for the past fifteen years. The disease destroyed the left side of the nose, the inner canthus of eye down to within one inch of upper lip and on the outer side from outer canthus of eye down to one inch from lip. size of ulcer, 5 x 7 C. M. Dr. Crawford removed the eye and curetted the diseased area, and then cut the edges

of ulcer, leaving a fairly healthy looking ulcer. Patient had 43 treatments, and at present the disease is checked; in fact it is now in better condition than it has been for many years. It is apparently cured.

On point in X-ray treatment *in all cases of lupus, rodent ulcers and upon you*:—First, always remove as *epithelomas*. I want to impress much of the disease tissue by the curette or by the knife as you can before you commence your X-ray treatment. You can remove as much disease tissue in a few minutes by curette or knife as you can by the X-ray in three to six months. Always remember that six to eight weeks is the longest period of X-ray treatment you can give continuously. By following the above directions, success will crown your efforts.

To the Surgeon.—Indeed the proofs of the great usefulness of the X-rays in surgery as well as in medicine is now overwhelming. The recognition of foreign bodies in the remotest corner of the living organism has become a matter of ease. Fractures and dislocations are shown as they really are in life. Accuracy takes the place of ignorance and doubt, and painful manipulations cease to be necessary for diagnostic purposes. Even the most skillful experts in fractures are unable to deny that there is a large number of bone injuries, the character of which could formerly be not recognized on account of the swelling of the area involved or of the obscurity of the symptoms. The number of cases of fractures formerly mistaken for contusion or distortion was enormous. It is in such cases that the fluoroscope furnishes the most precise evidence. Whether there is comminution or impaction, or the intervention of muscular tissue, or intra articular fracture, or association with a dislocation, the condition can at

once be clearly determined, if the picture is fixed on a photographic plate. The nature of the injury can be studied at leisure, and the proper line of treatment easily decided on without subjecting the patient to any tentative manipulation. After the dressing is applied, the skiagram shows whether the fragments are in proper position. The execution of all therapeutic measures can be verified through it, the dressing itself, even though consisting of plaster of paris, offering an obstacle to the rays. Thus the therapy is simplified and perfected, and roentgen guide showing the true nature of the conditions.

Now it is easily determined whether an ankylosis is fibrous or osseous, and consequently, the question whether the breaking up of adhesions or resection is indicated is settled at once.

It is needless to call attention to the frequent importance of a skiagraphic proof in court for the protection of the surgeon as well as of the patient. Especially in the better understanding of fractures a revolutionary metamorphosis has taken place. It is not an agreeable feature of the rays that they soon told most impolitely how often we had erred in the true recognition of the various fracture types.

For those surgeons, however, who appreciate the immense value of one of the greatest discoveries of all time, the increasing capacity of recognizing their own errors has become a continual source of scientific satisfaction which finds its culmination in the blameless results of their cases.

"Our sight," says Addison, "is the most perfect of our senses," and the small flock of "Thomases who imagine that by virtue of their own especially developed palpatory talent they can just as well judge any fracture without the aid of the Roentgen rays, will not escape in the course of time

the natural shrinkage of their cell walls. They will share the fate of the anti-asepticist and obstructionists in general.

Abuses.—Is the physician or operator responsible for X-ray burns? Many factors will enter into the case.

If the physician has had special training in radio-therapy and has taken all the precautions known at present, such as not too long an exposure (not over ten minutes), and has used shields to protect the healthy tissue, then he is not to blame, as in many patients there is an idiosyncrasy to X-rays. But if he is careless and gives too long an exposure, say fifteen to twenty minutes, with most any kind of a tube, and if a burn results, then the physician is certainly to blame. I most emphatically say that in the present state of our knowledge of radio-therapy, X-ray burns are unnecessary when using X-rays for diagnostic purposes or cosmetic effects, but when you are fighting a foe which gives no quarter, as lupus, rodent ulcers or epithelioma, then you may be justified in producing a slight burn if you think it will be advantageous to do so.

If you give the X-ray work over to an assistant (who is not a physician) such as a nurse, male or female, or to an orderly, as it is sometimes done, both in private practice

and in a few hospitals, then if any burns take place, the hospital authorities or the physician who hires some one for this work should be heavily fined. I claim no man, unless he is a physician or surgeon, is capable of judging the amount and extent of treatment necessary in any disease it may be used for. Or no nurse or orderly is capable of properly taking a skiagraph, as he has not had the necessary study in anatomy. Would you ask your nurse or orderly to do the operation of appendicitis or treat a case of pneumonia for you? Yet it is as reasonable for you to ask your nurse or orderly to operate or treat a patient with appendicitis as to hire him to give X-ray treatment. The nurse or orderly is not capable for want of medical and surgical training; therefore all who employ them in this work should be held responsible for damages.

In small cities the ideal place for X-ray work is the hospital, which should be properly fitted up with a good machine and necessary apparatus and operators. The large cities, in addition to the hospitals, a few physicians can fit up laboratories, where they can give this special form of treatment and devote their energies to this work, but they can only do so provided their confreres will assist them.



REPORT OF A CASE OF ABSCESS OF LARYNX

By DR. G. R. CRAWFORD.

(Read before St. John Medical Society.)

THE post mortem specimen, which has not been passed around, was taken from a patient who was received into the general public hospital some five or six weeks ago, who died rather suddenly from a suffocative attack. As you will note, the specimen has been kept for some time.

It was a very distressing case from the very first. The harsh, stridulous, laboured breathing during the paroxysms might be heard all over the ward. Those attacks, however, at most did not take place more frequently than two or three times in the 24 hours.

The only difference in the symptoms from that of a child suffering from croupous laryngitis of a severe type was that the patient had quite long intermissions during which he breathed comparatively easily.

In his history nothing special was elicited, with the exception that he had just recovered from an ordinary attack of typhoid fever.

There was frequent examination with the laryngoscopic mirror, which, for the most part, showed nothing more than redness and swelling, especially on the right side. There was defective movement of the vocal cords. Roughly, the diagnosis was laryngeal obstruction in the sub-glottic region; but whether it was caused by a tumour, abscess or simple œdemor it seemed impossible to determine.

The attacks of dyspnoea at times were quite alarming. I advised that everything be kept in readiness for an immediate tracheotomy should an extremity arise.

What I regret now is that this operation was not performed in the interval of the paroxysms. This operation was put off on account of the comparatively comfortable breathing between the attacks. The house surgeon was called up after midnight on account of a suffocative attack, and promptly opened the trachea, but too late to save the patient.

The specimen shows the condition which actually existed. There was a small opening on the upper part of larynx communicating with the abscess, and there is little doubt but that pus from this opening suddenly completely closed the narrowed glottic opening, and death ensued before an operation for relief could be performed.

What is to be learned from unfortunate cases of this kind?

1st. The great difficulty of a satisfactory diagnosis.

2nd. The urgent necessity for performance of tracheotomy in the interval between attacks of dyspnoea, when such attacks are alarming and threaten the life of the patient.

Fortunately those cases are rare. Especially is this so because of the very unfavourable prognosis as to the ultimate outcome of the disease.

The disease is more fully described by Bosworth, of New York, in his text-book, than by any other authority I had at hand.

He has collated 33 cases, two of which occurred in his own practice.

In those cases, as to causation, nine were idiopathic (whatever that means), nine were syphilitic, eleven followed typhoid, one followed diphtheria, one was traumatic, twenty-

one were due to lordosis of the arneal vertebrae pressing upon the cricoid cartilage.

Men are more subject than women, in the ratio of four to one.

Sometimes the disease primarily attacks and confines itself to a single cartilage. Occasionally all the cartilages become affected.

Where the arytenoid is affected the disease not infrequently extends to the cricoid. In the specimen shown just the opposite order of extension seemed to have taken place—the main trouble being in the cricoid with extension to the arytenoid. The extension, you will notice, is to the right arytenoid. The left seems to be healthy.

In the cases tabulated by Bosworth 23 involved the cricoid, three involved thyroid, four involved the arytenoid, one involved cricoid and arytenoid, two involved all the cartilages.

With regard to prognosis, very little is said. I will quote Bosworth's own words: "These cases run a somewhat protracted course, and yet they involve no special tendencies to a fatal ending, other than as the result of laryngeal stenosis, which, of course, can be obviated by the prompt insertion of a tracheal tube.

"In the rare cases, however, in which all the cartilages are involved the prognosis is exceedingly unfavorable, death almost invariably resulting in the course of one or two months. Even in those cases where the disease is not fatal, the ultimate result as to the voice and respiration, becomes an interesting question in prognosis. Six out of every seven

cases require the permanent wearing of a tracheal tube. Those cases are the ones following typhoid fever, persistent laryngeal stricture being particularly characteristic of that form caused by typhoid."

The clinical course of the disease, after tracheotomy, in the only two cases which came under the immediate observation of Dr. Bosworth, was as follows:

1st Case, October 27, Syphilitic.—After a year's treatment a necrosed creoid cartilage was removed. The patient wears a tube. No improvement in respiration since the removal of the sequestrum. Phonation somewhat improved.

2nd Case, Men, October 26.—After being under observation for a few days tracheotomy was performed on account of dyspncea.

This patient did better on potass. iodide, although non-specific, than the first. In fifteen months a sequestrum was discharged through the mouth, which proved to be the remains of a necrosed cricoid cartilage. There were cicatricial bands left, extending across the larynx in the subglottic region, but practically the patient obtained complete restoration of the voice and breathing space.

I was very anxious to obtain further information from persons of large experience and I wrote Prof. Bosworth, hoping he might have something to add to his literature published on this subject fourteen years ago, but from the answer with which he kindly favoured me, it appears he had nothing further to add concerning this disease.



THE TREATMENT OF TUBERCULOSIS AT THE PROVINCIAL SANATORIUM.

By W. S. WOODWORTH, M. D.,

Kentville, N. S.

(Read before H. and N. S. Branch B. M. A., Dec. 19th, 1906.)

THE latter decades of the nineteenth century are replete with literature, both practical and theoretical, upon the treatment of Tuberculosis, yet it remains for the twentieth century to achieve anything like a certainty in the prevention, arrest, or cure of the dreaded disease. When we recall the work of Jenner, in ameliorating, at least, if not wholly preventing that fearful scourge, small-pox, by vaccinia, or view the wonderful victories won by Serum Therapy over diphtheria and allied diseases; when we consider the light and knowledge, which may be given us by the microscope in bacteriological research, we take heart and believe that in the near future, we will have become victorious over this great White Plague.

As far back as the forties, Dr. Sydenham of England, established for himself an almost national reputation for curing consumption, by outdoor treatment, conjoined with horse-back riding. In the sixties and seventies, the late Dr. J. B. S. Jackson, lecturer on Pathology at Harvard, held and demonstrated to his classes, that many cases of advanced tuberculosis, were healed and cured by a life in the Western wilds. Many will remember his specimens of the lungs of the Cadaver, with large cavities cicatrized, the adjacent tissues vitalized and healthy, giving the subject years of usefulness and eventually succumbing to the power of another affection or mayhap to accident. His subject was dry and to many uninteresting, and he gained the soubriquet from his

classes of "Morbid Johnny." But his insight into the nature and working of this disease was as logical and correct as that of to-day. I have grateful remembrance of his instruction upon this subject.

The fact of the contagiousness of the disease having been established, is the most potent factor in preventing the spread of the affection.

The possibility of arrest or cure of the disease has caused patients to resort to all climes, and to climb to all heights. The Isles of the Sea have been the resort of some, the dry atmosphere of the far inland has been sought by others.

Cod liver oil and whisky have had their votaries; oil alone by some, whisky more.

The uncertainty in the past, as to the best method of treatment to be adopted for the arrest and cure of the disease, has given license to that arch-fakir of civilization, the patent-nos-trum vendor, to conjure with the credulity of the public, so that charlatans have become millionaires, and builders of cities in the name of benefactors forsooth!

But whilst these fakirs are heaping up their filthy lucre, the energy of the grey matter of the medical scientist is being exhausted in the endeavour after truth and light. Great personal sacrifices have been, and are being made, the world over by men of power in the medical profession along these lines, solely for the good of mankind.

The past has taught us that cases have and do recover under various conditions and various treatments.

The nostrum vendor can trumpet his wares through the press, by word and photo showing that many have survived in spite of his fakes.

The scientist sees that all climes, all altitudes have their votaries, all proving the one and the same fact, *vis medicatrix naturae*.

Thus it is that one and all turn to the East and endeavour to assist nature in her mighty work of restoration. Thus it is that we swing back to a primitive method of living, choose our food rich in cell and tissue reconstructives, seek the sunlight, and breathe, day and night, the pure oxygen of Heaven; procuring, if possible needed rest for mind and body, freedom from worry and apprehensions, and above all a hopeful and cheerful environment. So arises the sanatorial treatment throughout the civilized world. America has not been laggard in assisting in this great work, as is evidenced by the establishing of sanatoria in most all States of the Republic. Canada also has her associations for carrying on this work, and no section of the great Dominion has been more active in this interest, than the medical brethren down by the sea.

Some years ago the late Dr. Edward Farrell, of Halifax, was appointed a delegate by our Provincial Government to a conference on tuberculosis, held at Berlin. A man ever ready to promote the best interests of the public, progressive in thought and action, and a benefactor to his native land. "His works do follow him."

I doubt not that the influence of his address on his return from that conference, was in a great measure instrumental in inducing our Provincial Government to establish at Kentville a sanatorium for the treatment of tuberculosis, the first State building for the purpose in Canada.

In 1903 our Provincial Government purchased a plot of land of eighteen

acres, lying to the north of the Cornwallis River, near the Town of Kentville, and in June of the following year erected and completed a very artistic and well appointed building for the treatment of pulmonary tuberculosis.

The grounds are gravelly and the soil porous, drying very quickly. The primeval forests of pine and oak which once covered its surface, have met their fate at the hands of the woodman's axe. A smaller growth now studs the ground.

The building will accommodate from 18 to 20 patients, and faces the south. Extending along the south side are two piazzas, one upper, one lower. The dormitories open upon these piazzas by folding doors, sufficiently wide to permit the beds to be drawn out. Running through the building from west to east, are wide corridors, well lighted and airy. A spacious hall and reception room give a homelike effect to the building. It is electric lighted, and procures its water supply from the town of Kentville.

Patients are admitted by application to the Superintendent, Miss Bertha Elliott. Special medical examiners have been appointed by the Government in different towns of the Province, for the accommodation of applicants. The uniform charge of five dollars per week is required, this being less than one-half the actual expense to the Government, making the Institution semi-charitable.

On admission a full clinical history of the patient is taken and recorded. A thorough examination is made by the visiting physician and a diagram and notes taken. Pocket or hand cuspidors are provided each patient, and scrupulous care is exercised by the nurses in keeping these receptacles sterilized.

The rules and regulations are in detail as follows:

The doors of dormitories, which have been open all night, are closed at 6 a. m. and the rooms heated. Patients arise at 7, take a sponge bath or cold plunge, dress and breakfast at 8, are outside till 10.30, then lunch, at which time the nurses take the pulse rate and temperature, which are recorded upon the chart of each patient, to which the visiting physician has access, before making his round to the patients. Outside life until 12. Dinner at 12.30. Rest, reclining, from 1.30 to 3 p. m., then lunch of egg, cream or milk and pulse and temperature taken. Then outdoor amusements or continued rest as patients feel disposed until tea at 6, after which patients are permitted to go in or out, engaging in music, plays, games, writing or talking as they are disposed, until 9.30 when they retire.

This is the routine life at the Sanatorium. When patients suffer from a chill or have temperature of 100, they are advised to remain in bed until the temperature is reduced.

There is 'phone connection with the visiting physician in town, night and day, and he is notified of any noticeable changes in condition of patients. There is no routine drug treatment and but few stimulants are used. Individual symptoms are treated as they arise. For coughs, the Terpen Hydrate and Herion mixtures are occasionally prescribed.

As bacillicides, I prescribe Guaiacal Carb. or creosote in a menstrum of wild cherry and hypophosphites, the beneficial action of either as bacillicides being questionable.

The sympathetic and psychological factors, in most cases, are underestimated and by many wholly ignored, greatly to the detriment of the patient. Their condition demands and deserves the fullest sympathy and

support of all with whom they come in contact. Brethren, give them your sympathy.

Recognizing, as we do, either a constitutional predisposition to disease, or an impairment of the natural resistance, either constitutional or local, we endeavour to assist the body corporal to regain its lost powers, and repair the breach made by the tubercle bacilli.

In order to accomplish this, it is necessary that the physician have a definite knowledge of the habits, environment and even the mental and emotional forces, which in the past may have influenced the patients' health. Worry and depression must be supplanted by cheer and hope. So much depends upon the mental and emotional condition of the patient in some instances, that I am disposed to minimise the severity or seriousness of the affection, in order to strengthen the hope of recovery.

Having from sixty to eighty patients admitted during the year, with an average of from sixty to eighty patients each, a daily visit from the visiting physician, say from one to two hours, is not sufficient to accomplish the work he feels should be done. He should have time to give daily supervision to each case, in regard to diet, physical exercise, deep breathing and mental occupation. Even daily visits are proscribed during this season of the year, for want of a shelter for the physician's horse.

In conclusion, let me say, that as a public educational factor, the Provincial Sanatorium is of incalculable benefit to Nova Scotia. From the physician's practical standpoint it is inadequate to the demand. As viewed from a scientific standpoint it is nil.

Kentville, N. S., Nov. 20th, 1906.

A PLEA FOR THE EARLY IDENTIFICATION OF LUPUS

By GEO. G. MELVIN, M. D.

Dermatologist to Home for Incurables, etc., St. John, N. B.

(Read before Maritime Medical Association, Charlottetown, P. E. I., 11th and 12th July, 1906.)

IN the *American Dermatological Journal* for December, 1905, appeared a report, by me, of "600 Consecutive Cases of Skin Lesions, in Private Practice," and I have been requested by the Secretary of this Association to develop and expand some portion of that review, for the purpose of its presentation to this meeting.

I have, therefore, determined to choose the above disease as the subject of more minute and extended consideration than is given to it in the article just adverted to. Why I do so this society has a right to know, as no one should presume to come before it and occupy its valuable time and attention without a more or less clear and ample "apology," using this term in its old and literal signification. That I have selected lupus is not because I hope to enlighten the members of the profession here present with regard to this disorder, or to present any new or original views concerning it. All that I could say respecting the scientific character of the disease has been said already a hundred times, and much more excellently than is in my power, in the regular text-books on dermatology.

My only reason for this brief paper is to put forward a plea, and as earnest a plea as I am capable of making, for an earlier recognition, by the general practitioner, of this disease, and for a deepened sense, on the part of the same individual, of the extreme *importance* of lupus: of, in general, its entire and easy curability in its formative stages: and, above all, of

its horrible and inevitable results when permitted to pursue its course unrecognized, under mistaken diagnoses, or under improper, or insufficient treatment.

In the list referred to, out of the 600 cases, lupus occurred twenty-five times, the erythematous variety standing for eleven and the vulgar for fourteen. It is well understood, of course, that, according to present pathological knowledge, the two types have almost nothing in common, except the name, a fairly constant agreement of favourite location, and, to the uninitiated, a certain degree of clinical resemblance. Notwithstanding this, I think it neither impractical nor, perhaps, unscientific, to group them and consider them, in some degree, as a clinical, if not pathological, entity.

Concerning the particular cases in question, it will be seen that, compared with records including very large numbers of skin lesions, the superficial variety bulks considerably larger than normal. If I recollect aright, the American dermatological tables only represent the erythematous kind as about one to four of the vulgar, while my figures approach an equality. I do not think any useful conclusion can be drawn from this discrepancy, as the numbers here given were all seen in private practice, and, generally, among the comfortably-situated, or well-to-do classes, while the official tables were largely compounded from hospital records, and, as a result, from among the poorer people. Probably, therefore,

an equalizing of the conditions would go far toward equalizing the result as to proportion. The very fact that erythematous lupus is not destructive of tissue, is always dry and, while rather more painful, does not present the unsightly and repulsive symptoms of the deeper species, would amply account for its comparative rarity of appearance in the casual "out-door" ward.

That lupus, according to my own experience, constitutes one out of every twenty-four cases of skin complaint presenting themselves at the physician's office, or calling for his services, is surely, of itself, generous excuse for its consideration on such an occasion as the present. But its relative frequency is, I think, only a minor criterion of its importance. Eczema, for instance, though certainly important enough from a clinical standpoint, and though yet, probably, ten times as frequent, loses in significance, as concerns gravity, when compared with the disease in question. As my experience in skin troubles increases, I become continually more impressed with the vital import of a greater degree of interest being given this disease by the profession in general. This is true, in an especial way, of the vulgar or common variety, and if I am to achieve anything by this paper, as already noted, it will not be in rehearsing dry-as-dust details, no matter how correct and learned, but, by so considering it from the patients' or "lay" standpoint as to run the danger of being accused of addressing this society in newspaper style, or in that of the dollar-a-year magazine article.

Of all forms of tubercular action upon human tissue, lupus vulgaris is, without doubt, not only most obvious, but most repulsive and disgusting in appearance. When confined to the internal viscera, the patient, it is true,

usually forfeits a large portion of his normal existence; but in so doing he goes to the grave in a generally easy, dignified and more or less comfortable manner, so little the victim of external decay that even the most refined and æsthetic of attendants and nurses find little to shock their sensibilities. Indeed, it is well known that pulmonary consumption often in its earlier stages enhances female beauty, and, in both sexes, invigorates and renders optimistic the sometime dull and lethargic mental functions, whilst it so stimulates the sexual system as to make it a positive danger to the well-being of the succeeding generation. In this connection I cannot forbear reminding you of the younger Dumas' master-piece, *Camille*. When concerned with the joints the patient becomes, at worst, an interesting cripple, and an inviting object to all those to whom doing good in a dainty and delicate manner, the kid-gloved "lady bountiful" is the chiefest pleasure of life. No such pleasant and agreeable modifications allay the lot of the victim of our disease. Leprosy had often been held up by the poets and literateurs as the acme of the gruesome, and is, in fact, the stock illustration of the painter of the morbid. But we have here a process far in advance of the classical disease, so far as pure, down-right and loathsome corruption of tissue is concerned. I believe in the production of pus it has no equal, and when it is reflected that this abnormal process takes place usually upon the most prominent part of the human body—the face—no words are wanting to complete a picture of abject misery and wretchedness. Even in the infrequent cases of spontaneous cure the cessation of the disease almost never occurs until after the total destruction of the nose. Compared with cancer, the latter, in

its progress, is benign. Its local destructiveness is modified and cut short by its constitutional inroads, and often long before its victim becomes a horror to his people, his life is brought to a term because of this. Lupus, on the contrary, being a strictly local disorder, only attacks the general system in its very last stages, and then, indirectly, by way of puspoisoning and exhausted vitality, rather than by any shorter and more merciful method.

In order to pursue the point deliberately chosen for this paper, I cannot do better than to briefly recite the history of two cases that have come before me during the past six months. The first, a young and very vigorous fellow, with a face quite beyond the average for manly beauty and intellectual expression, presented himself with the upper lip, all but about half an inch of the left extremity, entirely involved in the disease. It was thickened to two or three times its normal extent, completely covered, so as to be almost hidden, by an enormous crust, out from the edges of which continually oozed a foul, sickening, sanious pus, and necessitating the removal of the patient from all human society and companionship, while yet perfectly well, with good appetite, mental faculties bright, and in every way, but the one, capable of pursuing a normal existence. Twelve months before a small papule had appeared near the right angle of the mouth, which, after a month's ineffectual attempt to heal by home-made remedies, he submitted to the inspection of a medical man, a very skilful surgeon, and one of such busy parts that, I suppose, skin troubles, especially seemingly minor ones, had never appealed to him. In consequence he assured our patient that the tumour was not malignant (meaning non-cancerous) in

which, of course, he was perfectly correct; that it would certainly amount to nothing, and that the ointment he gave him was all the treatment that was required. With these assurances the patient, or victim, returned home, easy in his mind, and was only induced to seek further advice when the progress of the disease was such as to render the prospect of its following the course predicted quite out of the question.

The other case, first seen about six weeks ago, presented, almost identically, the same history. First, the papule, then the homely remedies, then the visit to the busy and preoccupied practitioner, the reassuring assertion concerning its non-malignancy, and its consequent neglected progress. When it came under my notice, nearly, or quite all, of the lower half of the nose was involved, a large papulo-pustular tumour situated upon the upper lip, and a lesion two inches long by three-quarters of an inch wide occupied the centre of the left cheek. When I state that this was in an otherwise bright and healthy school-boy of fourteen, some idea may be had of the consequence of careless neglect.

Although not quite in line with my avowed object in this paper, I can not refrain from stating that this case was quite unique in my experience in that he had both types of the disease. Over the right scapula was an area the size of the palm, milk-white in color, depressed, unevenly floored with little elevations, all entirely healed, and the seat of former lesions of the erythematous variety. Towards the right edge of the scar-tissue, gradually encroaching upon the left or posterior border of the axillary space, were four or five shilling-sized plaques of deeply-reddened skin, slightly raised, with rounded or mound-like borders, and partially

covered with a very loosely adherent yellow crust. All was absolutely dry; no ulceration whatever was then, or, evidently, had ever been present, and, altogether, the shoulder presented as beautiful an illustration of the erythematous type as could be seen anywhere.

Now, of course, the truth and gravity of my charge of neglect rest entirely upon one, or, at most, two, facts or questions. These are: (1) is the disease easily curable in its earlier stages, and (2) is it practically incurable in its advanced ones?

If these cannot be both answered in the affirmative, early neglect or a mistaken diagnosis becomes merely insignificant; but speaking entirely from my own experience, I can unhesitatingly answer the first with an absolute "yes," and that the prognosis in advanced cases is, at very best, most unpromising. In the article referred to at the outset, I put the limit of assured curability at the shilling-piece sized lesion, somewhat smaller when erythematous, and, may be, a little larger when vulgar. I hesitate in pronouncing every extensive case hopeless, for, in young subjects, especially, I have had lesions to close in of a size almost thought incredible without skin grafting.

I suppose in any such exercise as this, one can hardly avoid treatment, although it is a subject not strictly within my purview, as intended at the beginning. Almost every day I have to answer the question, "if such and such a case would not be benefitted by the X-ray?" Now, no one realizes better, I think, than does the present writer what dangers one runs into in butting his head against any popular fad, and the individual who wantonly attacks the X-rayers must hold his peace of mind, if not his reputation, at a cheap rate. Hence, I am cau-

tious. I plead to a want of absolute personal experiment with the so-called ray, but after a very careful review of all I can find upon the subject, I am of the deliberate opinion that this method has never cured any case not just as readily curable by other methods, and that in very, very many instances the ray procedure has done untold injury.

Four methods are commonly applicable in treatment—excision, erosion, the actual cautery, and caustic pastes—and, in general, two of these, erosion and the pastes, are best, combined. Excision is only practicable in small isolated patches or papules, readily accessible, and even then is to be employed sparingly, and, usually, followed by paste, to prevent the possibility of producing fresh centres of extension. The actual cautery I have almost restricted to the superficial variety; it is here very useful in conjunction with erosion, the use of caustic pastes having, usually, in my practice, been of little benefit in this type.

Much misapprehension, I think, exists regarding curretting. Popularly, even in the best authorities, the notion is that by this process one eliminates not only the diseased tissue, but the germ, as well. This idea, in my opinion, is quite fallacious. No mechanical contrivance is sufficiently perfect, either in its make or application, to entirely rid any surface even of diseased tissue, not to speak of the far more difficult task of getting rid of a microscopic germ. In consequence of this erroneous notion, scraping is often, indeed generally, pushed too far; not only is the effort made to abolish the unhealthy growth, but, in order to be "thorough," a considerable amount of normal tissue is also removed. From this mistaken method arose the decided repugnance of the French

school of dermatologists to this procedure. By such assiduous currettement, while failing, quite, to eliminate entirely either abnormal growth or causative germ, they opened up extensive areas of healthy tissue to fresh inroads of the tubercular bacillus. My own observation has led me to scrape only gently, and, in a way, superficially removing the *bulk* of the unsound material, and following with a coating of a mild escharotic, thus trusting to what, perhaps, we may call chemical, rather than mechanical, action for the more or less complete abolition of the disease causatives and products.

But it is vain to suppose that even this process will result in an entirely healthy, or, rather, aseptic groundwork for normal growth and repair. The utmost we can hope for is a *comparative* freedom from pathological products, and we must trust to Nature and her recuperative powers to do the rest. In fact, as was so clearly shown by Mr. Malcolm Morris a year ago, it is upon this reaction, consequent upon wound-infliction, that all reparative and curative action depend. The X-ray, itself, is only useful in this connection, insofar as it sets up what we are accustomed to call a "healthy reaction," and is vicious in its result, because so often entailing a reaction beyond the power of Nature to control.

But, in the practical working out of these methods, the initial operation, whether by knife, curette, paste or cautery, is far from all. No mat-

ter how judicious or effectual we may be, all will go for naught, unless tireless effort be made to keep down septic action, and get rid, as far as may be, of waste products during the process of repair. To effect these two purposes nothing in my hands has worked so well as enzymol, and the peroxide of hydrogen. Daily dressings are necessary and judgment must be invoked to know when to repeat the destructive and reactionary processes. Under such treatment I have never failed to see lupoid nodules and even *areas* of such tissue when of restricted size, quickly and satisfactorily respond.

I have already exceeded the length to which I had intended this note to go. As already intimated, perhaps with more than modest earnestness, I put it forward, almost solely, as an incitement for the more prompt and certain recognition of this dread disease. There is, I am quite positive, not a man listening to me, but who, if unhappily forced to choose, would not more gladly by far, and without a moment's hesitation, select his lungs rather than his face or nose for the the habitat of the tubercular bacillus and I therefore, without further apology, beg each of you, when called upon to pronounce upon the character of an innocent-looking and insignificant-appearing papule, not to content himself and his patient with mere assurances of non-malignity, but, to make a positive diagnosis and act accordingly.



OCULAR DISEASES IN RELATION TO REFRACTIVE ERRORS.

By E. T. GAUDET, M. D.,
St. Joseph, N. B.

(Read before New Brunswick Medical Society, July, 1906.)

GENTLEMEN,—It was not my intention to take up the time of this association this year with a paper, until, about two weeks ago, our worthy secretary suggested to me that I write or report a case on any subject, no matter how short it would be.

While we have so many and such variety of remarkably learned, scientifically faultless (?) articles written for the different medical publications or read before the many medical societies, it may not be unreasonable to suppose that a short practical article upon a much overlooked and much abused subject would find not a few appreciative hearers.

It is certainly of great importance to science generally, the medical and surgical profession particularly, that, ingested in sufficient quantities, "Jamaica ginger," "lemon extract," "Columbian spirits," and an endless number of like products wherein methyl alcohol is employed in the manufacture, cause death and an appalling list of cases of partial and total blindness; that fatal poisoning has occurred from the absorption of liquid shoe blacking (nitro-benzol)—the feet acting as modes of ingress, absorption taking place through the leather while shoes are worn; that osmic acid is said to furnish relief in trifacial neuralgia, etc. Yet in the all-consuming thirst for exceptional knowledge, many of us are prone to overlook "little things," the practical knowledge of which is in the vast majority of instances of more real value in our daily practice than the

doubtful cure of an ailment of which there may possibly be found less than a dozen cases in the entire medical literature of a decade.

This article lays claim to nothing original, nothing new. It is a mere suggestive outline, simply desiring to place before the busy practitioner a few proven truths, the majority have temporarily forgotten, or overlooked.

It is quite generally known that the proper correction of certain refractive errors by the use of glasses will absolutely cure many forms of headache, eye ache, certain forms of conjunctivities, styes, granulated lids, certain forms of lachrymal disease, most all forms of strabismus and the amblyopias resultant from neglected squint, burning, smarting, itching eyes or lids, twitching of lids, and many other concomitant troubles too numerous and quite unnecessary to mention.

It is not generally known, however, but just as absolutely proven, that by a simple equalization of the nerve stimuli of the entire body, that many cases of epileptiform seizures, chorea, the convulsive tics, menstrual disorders, brain diseases, neurasthenia, hysteria, psychoses, gastric disorders and other ocular systemic diseases, have been permanently cured so long as the mechanical equalizer is held in place or proper glasses worn constantly.

The different malpositions of uterus are known to be, in a large per cent. of cases, the result of relaxed uterine supports caused in the beginning by

a lack of or deranged nervous stimuli of those parts. Now, if a certain degree of refractive error will cause such abnormal condition as headache, nausea, one or both eyes to turn in or out, as the case may be, epileptiform seizures, etc., it is easy to believe that from the same cause much harm can accrue in other organs in other parts of the body. Many celebrated pathologists go as far as saying that there can be no case of dysmenorrhœa, the same being, in any degree, resultant upon some error of refraction, permanently cured without first correcting this error. It seems hardly necessary to mention that all cases of epileptiform seizures, of dysmenorrhœa, or of any of the different diseases herein mentioned, cannot be cured or even benefited by glasses, yet such is true in a far greater percentage of cases than the profession at large imagine.

The appended case of dysmenorrhœa, under my care over two years ago, is a good instance of a number of like cures:

Miss B., age 17, general servant, suffered very severe characteristic pains at menstrual periods, almost invariably accompanied by a greater or less number of fainting spells, and occasionally spasmodic seizures. Ex-

amination of the eyes disclosed simple hyperopia. Gave full correction for constant wear. For eighteen months the patient has had virtually no pains or spasmodic seizures. No medicine was given. This case had been treated for over eight months previously without lasting relief.

Boy, aged 14, could not attend school on account of one to three epileptic fits every day for the past five or six years. No assignable cause. The boy had been treated with no permanent relief. After examination, glasses were prescribed for full correction and constant wear. Wore glass as directed, and was entirely free from seizures for five days, a longer period than he had ever gone before. On the sixth day he was brought by a disappointed father stating that he had "one of the worst fits of his life" on that day. Upon questioning, the boy admitted to leaving off glasses about half a day while playing ball. Further very strict instructions. After nearly a year I know the patient has had no recurrence. He has also gone of late without glasses for a full day with no apparent untoward result; this, of course, he is warned against doing. No medicine was given.



CATARACTS IN YOUNG ADULTS WITHOUT APPARENT CAUSE

By E. A. KIRKPATRICK, M. D., C. M.

LAST year I operated on one case and this year on four cases of cataract, which to all appearances were the same as the ordinary senile cataract. The ages of these patients were 22, 24, 29, 31 and 42 years.

There was no general disease, such as diabetes, or nephritis to account for the presence of any of these cataracts and no history of traumatism or previous severe inflammatory conditions of the eyes. Three of the cases were reported by me at the annual meeting of the Nova Scotia Medical Society held in Lunenburg last July. I now wish to record these as well as two additional cases operated on since the above named meeting.

CASE 1, C. G., Age 43, farmer, Lornville, Cumberland County.

This patient was recommended to me by Dr. Morse, of Amherst. I found the patient with fully mature cataracts in both eyes, which had been about two years in forming.

Mr. G. had always been temperate and enjoyed the best of health.

There was no history of cataract in the family, and no cause could be assigned for their development.

I operated on July 16th, 1905, and sent the patient home two weeks later with practically normal vision.

CASE 2, Mrs. M. Age 31, Bridgewater.

This patient was referred to me by Dr. Marshall of Bridgewater. I found her with a mature cataract in the right eye, and an immature cataract in the left eye.

There was no family history of cataract, and no cause traumatic or otherwise could be determined.

I operated on the right eye Jan. 31, 1906, and the eye made an uninterrupted recovery—the patient going home in two weeks. Vision 20-30 with 11 D.

In this case I found synechiae present, which made the operation very difficult. In the absence of any history of iritis, I came to the conclusion that these were congenital, the result of intra-uterine inflammation.

CASE 3, Miss W., Age 22, Lunenburg County.

This patient was sent to me by Doctors Stewart and Kelley in June, 1906. The right eye had a mature cataract and internal strabismus. An operation for strabismus was first performed, and two weeks later the cataract was extracted. These operations were performed largely to improve the appearance of the patient and in this respect were successful. Some vision, however, was secured. Synechiae were found in this case as in case 2.

Case 4, C. K., age 24, Lunenburg.

This young man had been teaching in Alberta for two years and during this time had noticed a gradual loss of vision in the right eye. At the close of his school year he came home and presented himself at my office on July 11th, 1906. I found a fully developed cataract in the right eye. The left eye was normal in appearance and vision. The young man had always been healthy and his family history was good. The operation was performed July 12th and a speedy and good recovery followed. Vision 20-25 with 12 D.

Case 5, Miss N. R., age 29, Antigonish.

Miss R. was sent to the Victoria General Hospital in September, 1906, by Dr. Huntley MacDonald, of Antigonish. She was blind in both eyes with mature cataracts which had been four or five years in forming.

Miss R.'s father became blind with cataracts seven years ago and was successfully operated on by Dr. Huntley MacDonald. Possibly this is an extreme case of the influence of

mind over matter, for doubtless Miss R. worried a great deal over her father's affliction. I operated on the right eye September 24th, 1906, and the patient went home in two weeks with good vision for distance and reading. In this case there was absolutely no redness or sign of irritation. From the first day it looked a normal eye except for the small iridectomy which I had performed during the operation.



INJURY OF BRACHIAL PLEXUS WITHOUT EXTERNAL WOUND

By A. McD. MORTON, M. D.,

Bedford, N. S.

ON June 29th, 1905, I received a telephone message to go and see Mr. C.—six miles distant. The message stated that he had broken his arm. I saw the patient, a man about 61 years of age, about one hour after and found complete paralysis of the left arm, but on careful examination could not make out any fracture or dislocation.

On enquiry as to how the accident happened, I was informed that the patient had been working in a mill, and his hand became caught between a belt and a revolving pulley and he was given a violent pull, his body and head coming in contact with a solid post and a beam; the pull was thus suddenly increased and his hand was liberated from between the belt and pulley, and being free, he fell to the floor without sustaining further injury. I found no external wounds whatever except a slight scratch on the back of the left hand and another on the side of the face. I put the patient in bed and the arm at rest and prescribed tonic treatment. However, there was no return of motion in the arm; it remained completely paralyzed. About four or five days after the accident he became very ill; his pulse went up to 125 or 130 and his temperature to 104. On examination it was found that

there was no costal breathing whatever. His breathing was entirely abdominal, showing that the muscles of the chest, at any rate on one side, were involved in the paralysis, but the diaphragm was continuing to act. Dr. N. E. MacKay saw him at this time with me in consultation. On examining the lungs the right was found to be clear, but the left, that is the one on the side of the injury, was found to be extensively blocked up—passive congestion. We increased the tonic and stimulant treatment and had the patient propped up in bed. In a day or two he began to improve, and in a short time the acute symptoms passed off. Costal breathing reappeared, but the arm remained about the same. In about three weeks a slight improvement in the condition of the hand was noticed—that is, he began to move his fingers slightly. This improvement has continued slowly since that time—16 months ago—but he has never been able to move either elbow or shoulder joints. There was loss of sensation as well as loss of motion, but the loss of sensation has never been complete. There has been a great deal of atrophy of all the muscles and parts supplied by the brachial plexus of the left side. The treatment has been rest, massage, the battery and general tonic treatment—strychnine, iron and quinine, etc. The interesting point in connection with this case is, I think, the extensive involvement of the nerves of the brachial plexus without any external or internal wound, or no direct blow, as far as could be made out, on the plexus itself.

THE CAUSATION OF APPENDICITIS

By H. H. LANGDON,

Food Expert, New York.

I HAVE perused numerous articles on the Pure Food Question and the evil effects of colouring matter and preservatives on the human system. Not until recently, however, have I perused articles written by physicians who claim that boric acid and boron compounds, which are used quite extensively for preserving food, are the cause of appendicitis. An article appeared in the *New York Medical Journal*, April 17th, 1906, and in *Truth*, of Buffalo, N. Y., June 30th, 1906, stating that boric acid was the cause of appendicitis.

If such statements were true, however, the English nation would be wiped out of existence. They have consumed foods preserved with borax for decades, and if food preserved with boron compounds was dangerous to health, the entire medical fraternity would have learned of it years ago.

I have had a great deal of experience with boric acid and have always found it a soothing, cooling, healing, sedative agent. The action of boric acid on the mucous membrane and cuticle is to allay inflammation, not to cause it. It is recognized as the most innocent antiseptic extant.

It is an antiseptic which never irritates nor inflames and thus enables a natural healing process to take place without interruption. Its action on the organic tissues is seen by the blood. Concentrated boric acid mixed

thoroughly with fresh blood only delays and cannot prevent coagulation.

In spite of all that has been said against boric acid, it is clear that its action on albuminous bodies has no analogy with any other acid except carbonic acid gas. It has been stated that weak or diseased kidneys could not eliminate boric acid. It is a fact, however, that it forms remedies of great value in kidney diseases. If the vermiform appendix were inflamed, boric acid would have a tendency to allay the inflammation instead of exciting it. Solutions of boric acid have been used in every cavity of the human system with beneficial instead of detrimental results.

That cases of appendicitis are more numerous now than they were years ago cannot be denied. Years ago, however, such cases were diagnosed differently. In the census year of 1890, there are no records of any appendicitis cases. In 1900 there were five thousand one hundred and eleven cases.

There is no doubt that a few cases are caused by foreign bodies entering the appendix. Coprolites are found much more frequently, however, than foreign bodies.

Bryant, in his paper published in the *Annals of Surgery*, February, 1903, states: "I found in one hundred and twenty-four cases abnormal matter in 70 per cent. of the males and 55 per cent. of the females."

Renvers,, in *Deutsche Medizinische Wochenschrift*, 1891, found in four hundred and fifty-nine autopsies one hundred and seventy-nine coprolites and about sixteen foreign bodies.

We do not as yet understand the functions of the appendix. Without doubt almost every case of inflammation in the iliac region can be traced to a diseased appendix. Faecal matter is forced into the appendix, which is so constructed that it cannot drain itself, which causes inflammation. The vermiform appendix being a weak organ, is unable to protect itself.

Constipation would have a tendency to interfere with the supply of

blood by direct pressure on the single artery which supplies the blood. A great many cases can, no doubt, be attributed to our bad habits of eating too much or masticating our food too little, which causes dyspepsia, constipation and general derangement of the functions. The hurrying, restless lives we lead certainly interferes with the normal working of our digestive organs.

I firmly believe that indigestion, constipation, diarrhoea and other digestive disturbances are the prime factors which favor the development of appendicitis.

427 West 22nd St., New York.



SOCIETY MEETINGS

THE ST. JOHN, NEW BRUNSWICK, BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THE formation of this branch was formally authorized on 10th November, 1906.

The meeting for organization was held on 14th December, with a good attendance of members.

Bye-laws for the guidance of the Branch were adopted, and provision was made for quarterly meetings.

The following officers were elected for the ensuing year: President, Dr. Murray McLaren; President-elect Dr. Thos. Walker; Vice-president,

Dr. James Christie; Treasurer, Dr. J. R. McIntosh; Financial-secretary, Dr. W. Warwick; Recording-secretary, Dr. J. H. Scammell; Representative, Dr. W. C. Crockett, Fredericton; Members of the Council, Dr. T. F. Sprague, of Woodstock; Dr. J. T. Smith of Moncton; Dr. F. H. Wetmore of Hampton, and Drs. Travers, Skinner, G. A. B. Addy and McAlpine, of St. John.

A CASE OF SELF MUTILATION

By A. McD. MORTON, M. D.,

Bedford, N. S.

(Read before Halifax and N. S. Branch B. M. A., November 21st, 1906.)

ON the evening of March 3rd, 1901, I received a message to drive at once, 10 miles in the country, to attend an old man who had just cut his throat with a razor. I responded at once and found a very old, melancholy, half-crazy man, who, tired of living, had attempted suicide. He was one of the oldest looking men I have ever seen, and as near as I could find out was about 90 years of age. He had made three or four jagged cuts in his throat, cutting several superficial vessels, so that the hæmorrhage had been sufficient to saturate his clothing and run in a pool across the kitchen floor. The bleeding had about stopped when I arrived and I closed the wounds with silk sutures, and left him clamouring with his friends to give him the razor that he might complete the task he had attempted. I returned in six days, the wounds had healed kindly, and I removed the stitches. I instructed his friends to watch him as he might make a further attempt to take his own life.

There is nothing particularly interesting in the case so far, and I have only related this as it has some connection with what follows:

On December 2nd, 1904, I received a telephone message requesting me to go at once and see my former patient, the old man I had attended three or four years previously. The message over the 'phone was that "old Mr. W.—— had torn one of his testicles out." When I reached his residence I found that he had gone out of the house during the afternoon and had remained about one

hour. When he came in his wife noticed that his hands were covered with blood and that he carried a knife. She noticed that his clothing was unfastened, and on examination his family found his penis and scrotum extensively mutilated and sent for me. I found both testicles and about two-thirds of the scrotum missing, leaving a rough-edged wound. I also found that he had performed a complete circumcision. He must have pulled all the fore-skin he could grasp in his hand over the glans penis and cut it off, leaving the organ completely denuded so that the skin was retracted back to the pubes. I pulled the skin down as well as I could over the penis, and stitched it to the sides of the organ, and sewed up the wounded scrotum. There was very little hæmorrhage, probably because the knife with which he had inflicted his wounds was an old table knife, the blade of which was full of gaps from one end to the other so that it was actually as "dull as a hoe." After I had completed the dressing I went to the closet, where he had spent the hour he was absent from the house, and I found the testicles and pieces of skin frozen to the floor. I secured hot water and melted them off the floor. The testicles with the intervening tissue were in one mass and about two or three inches of spermatic cord was still attached to one gland, the other cord was cut off close to the testicle. I went back to see him in three days and found the wounds looking rather badly. The inner sides of each thigh and the lower part of the abdomen were black

from venous stasis, and the general condition of the patient was bad—he was very old—between 90 and 100—and I considered his vitality very low and gave a bad prognosis. I left dressings at the house . . . instructed a man how to use them, and came away. Then the extraordinary snow storms of 1904 and 1905 began to fill the country roads up and I did not get to see my patient for some time, but I heard by telephone that he was doing well. I did not happen to pass his house again till March 10th, three months after the

injury. The wound had been completely healed for some time and he was in his usual health. The wounds on both occasions in this old man's case, under very unfavourable conditions, all healed by first intentions, and yet, his son, a young man about thirty-five years of age, strong and healthy, came to me three months ago with a small, clean axe wound on his leg, and this, treated as aseptically as I possibly could in my office, "went septic." How often this occurs!



PERSONALS

DR. L. E. BORDEN, of Winnipeg, was a recent visitor to this city.

Dr. B. H. Dongan, of Harvey Station, N. B., was married on the 18th of December, to Mrs. B. M. Slipp, a graduate nurse of Victoria Hospital. The News extends congratulations.

Dr. H. A. Payzant has resigned his position on the cable steamer "Mackay-Bennett" and will sail for

London to take up post-graduate work.

Dr. A. C. Hawkins, whose long siege of illness confined him to the house for three months, is now taking the round trip to the West Indies.

Dr. John Stewart is home again much improved in health. The doctor purposes sailing for Bermuda this month, hoping that the climate will be more beneficial at this season of the year.



CURRENT MEDICAL LITERATURE

(In order to afford our readers a ready means of learning what new books and new editions are being issued, we propose publishing such lists as follow from time to time. We would be glad if medical publishers would co-operate with us, so that these lists may be made as complete as possible.)

MESSRS. D. Appleton & Co., New York, have, during 1905 and 1906, issued the following works:

Diseases of the Heart and Arterial System, by Robt. H. Babcock, A.M., M.D., Chicago, 2nd edition, revised, three colored plates and 139 illustrations. Cloth, \$6.00 net.

Diseases of the Nervous System Resulting from Accident and Injury, by Pearce Bailey, A.M., M.D., New York. Illustrated. Cloth, \$5.00 net.

A Practical Treatise on Materia Medica and Therapeutics, by Roberts Bartholow, A.M., M.D., Philadelphia. Twelfth edition, with additions by Paul Bartholow, A.B., M.D. Cloth, \$5.00 net.

Surgical Pathology and Treatment of Diseases of the Ear, by Clarence J. Blake, M.D., Boston, and Henry O. Reik, M.D., Baltimore. Illustrated. Cloth, \$3.50 net.

Operative Surgery, by Joseph D. Bryant, M.D., New York. Fourth edition, rewritten, enlarged, 1700 illustrations, 100 in color, 2 vols. Cloth, \$5.00 net per volume.

The Diagnostics of Internal Medicine, by Glenworth R. Butler, A.M., M.D., New York. Second edition, revised and enlarged, 224 illustrations. Cloth, \$5.00 net.

Differential Diagnosis and Treatment of Disease, by Augustus Caille, M.D., New York, with 228 illustrations. Cloth, \$6.00 net.

Diseases of Infancy and Childhood, by L. Emmett Holt, A.M., M.D., L.L.D., New York, with eight colored plates and 245 illustrations.

Third edition revised and enlarged. Cloth, \$6.00 net.

The Surgical Diseases of the Genito-Urinary Organs, by E. L. Keyes, A.M., M.D., and E. L. Keyes, Jr., A.B., M.D., New York. Second edition revised, 174 illustrations and 11 plates, eight in colors. Cloth, \$5.00 net.

The Principles and Practice of Medicine, by William Osler, M.D., Oxford, England. Sixth edition, revised, rewritten and enlarged. Cloth, \$5.50 net.

A Treatise on the Nose and Throat, by Ernest L. Shurley, M.D., Detroit, Mich. Second edition, revised, enlarged, illustrated and six colored plates. Cloth, \$5.00 net.

Practical Dietetics, by W. Gilman Thompson, New York. Second edition, revised, enlarged and illustrated. Cloth, \$5.00 net.

Diseases of the Anus, Rectum and Pelvic Colon, by Jas. P. Tuttle, A.M., M.D., New York. Second edition, revised, with 338 illustrations and eight colored plates. Cloth, \$6.00 net.

Clinical Chemistry and Microscopy, by Francis Carter Wood, M.D., New York, with nine colored plates and 188 illustrations. Cloth, \$5.00 net.

A Text-book of Obstetrics, by Adam H. Wright, B.A., M.D., Toronto, Canada. Illustrated. Cloth, \$4.50 net.

Modern Clinical Medicine. A Translation of "Die Deutsche Klinik." Translated by Julius L. Salinger, M.D.: Vol. I., Infectious Diseases, edited by Jas. C. Wilson, M.D., Philadelphia, Pa. Cloth, \$6.00 net. Vol. II., Constitutional Diseases and Diseases of the Blood, by Richard C. Cabot, M.D., Boston, Mass. Illustrated. Cloth, \$5.00 net.

Messrs. J. & A. Churchill, London, issued during 1906, or are just about to issue, the following new books:

A Short Practice of Medicine, by R. A. Fleming, M.D., C.M., F.R.C.P., Edin, assistant physician, Royal Infirmary, Edinburgh; lecturer on Principles and Practice of Medicine, Edinburgh Medical School. Illustrated.

Preservatives in Food and Food Examination, by J. C. Thresh, D.Sc. Lond., M.D. Vict., D.P.H. Camb., F.I.C., lecturer on Public Health, London Hospital Medical College; Examiner in Hygiene, University of London; Medical Officer of Health, Essex County Council. Illustrated.

Essentials of Surface Anatomy, by C. R. Whittaker, L.R.C.S., L.R.C.P., Edin., demonstrator of Anatomy, Surgeons' Hall, Edinburgh. 2s. 6.

A System of Dental Surgery, by C. S. Tomes, M.A., F.R.C.S., L.D.S., F.R.S. Fifth edition. Illustrated.

Minor Surgery and Bandaging, by Bilton Pollard, M.B., B.S., F.R.C.S., surgeon, University College Hospital.

Thirteenth edition of Mr. C. Heath's Manual. Illustrated. 6s. net. A Manual of Midwifery, by T. W. Eden, M.D., C.M., F.R.C.P., assistant obstetric physician and lecturer on Practical Midwifery, Charging Cross Hospital; physician to out-patients, Queen Charlotte's Lying-In Hospital; examiner in Midwifery, Conjoint Board R.C.P.S. Formerly editor of the *Journal of Obstetrics and Gynæcology of the British Empire*. Illustrated.

Clinical Applied Anatomy; or, The Anatomy of Medicine and Surgery, by Charles R. Box, M.D., B.S., E.Sc., Lond., M.R.C.P., Lond., F.R.C.S. Eng., physician for out-patients, lecturer on Applied Anatomy, and demonstrator of Morbid

Anatomy, St. Thomas's Hospital, and W. McAdam Eccles, M.S. Lond., F.R.C.S. Eng., assistant surgeon and lecturer on Surgical Anatomy, and demonstrator of Operative Surgery, St. Bartholomew's Hospital; examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England, and in Surgery for the Society of Apothecaries. With 44 plates (12 colored) and 6 figures in the text. 12s. 6d. net.

A Manual of Pathology, General and Special, by R. T. Hewlett, M.D., D.P.H., professor of General Pathology and Bacteriology in King's College, London. Illustrated.

A Manual of Prescribing, by C. R. Marshall, M.D., professor of Materia Medica, University of St. Andrews, and examiner in Pharmacology, University of London. Author of a Text-book of Materia Medica.

Messrs. W. T. Keener & Co., Chicago, have recently issued, or have ready for immediate publication, the following new books:

Buchanan's Manual of Anatomy, to be published in two parts; the first part will be ready in May. This book combines a manual of practical anatomy with a text-book of systematic anatomy, furnishing the student with a complete treatise on the whole subject of anatomy, entirely written by one author.

Physiology of the Nervous System, by J. P. Morat, translated by H. W. Syers, M.D. Royal octavo, 800 pages, containing 260 illustrations, many of which are colored. Cloth, \$7.50.

Leprosy and Fish Eating, by Jonathan Hutchinson. 12 mo. Cloth, \$3.25 net.

Materia Medica and Therapeutics, by J. M. Bruce. New edition. Forty-ninth thousand. 16 mo. Cloth, \$1.75.

Essentials of Human Physiology, by D. N. Paton. Revised edition. 8 vo. Cloth, \$2.75 net.

Essentials of Medical Electricity, by Morton. 16 mo. Cloth, \$1.50.



We are pleased to welcome the *American Journal of Dermatology and Genito-Urinary Diseases* in enlarged form. Not only has the page been made larger, but the number has been increased. The January number, which is before us, contains 48 pages of pure reading matter clear of advertising pages, with some scattered through the last advertising forms. All the present improvements are given the reader without any additional charge, the subscription price being maintained at \$1.00 a year. This journal is one of the leaders in its line and numbers among its contributors the best and most celebrated dermatologists, syphilologists and genito-urinary surgeons who write. Whatever of theirs is printed is well worth reading, and, in addition to

this, there have been added several departments which will add increased interest and usefulness to the journal. The publishers aim to keep the journal ever in the forefront, and with the aid of its efficient collaborators, it cannot fail of doing so.

Four hundred and thirty-two pages packed with useful information is the programme which Belcher's Farmer's Almanac offers in its 83rd year of publication. In its present form it contains more useful information than ever before, and it has always been an extremely useful book for Maritime Province people; indeed, almost indispensable. In looking through its pages it seems to us there is hardly a thing one might desire to know about the Maritime Provinces that cannot be found in its pages. The book appears now in a bright paper cover, the price being 25 cents, and the book can also be had in cloth cover. The McAlpine Publishing Co., Halifax, are the publishers.



OBITUARY

Dr. John MacDonald, of Chatham, died on the 12th of December last, at the Hotel Dieu Hospital, after a lingering illness. He was a son of the late Dr. Gabriel MacDonald, and was born at Mount Stewart, P. E. I., fifty-six years ago, and graduated at St. Dunstan's College, Charlottetown, and Jefferson College, Philadelphia. He engaged in the drug business in Charlestown, Mass., then in Quebec, and afterwards practiced medicine at Newcastle. About twenty-five years

ago he started in Chatham, and enjoyed a very large practice. Besides a widow, formerly Miss Elizabeth, daughter of the late Mr. John Bannon, and sister of Rev. Edward J. Bannon, of Barnaby River, he is survived by an aged mother at Mount Stewart, two brothers, James A. of San Francisco, and Donald J. of Mount Stewart, and two sisters, Mrs. John McIntyre, of St. Andrew's, P. E. I., and Mrs. Ronald J. MacDonald, of Orwell, P. E. I.

FOR IDLE MOMENTS

A Truthful Chemist.

Customer—"Have you any cure for the toothache?"

Chemist—"No."

Customer—"Let me shake hands with you. You are the first chemist who has told me the truth!"



True Word Spoken In Jest.

I opened a doctor's office sometime ago. One day a lot of ducks came in front of my office and began hollering, "Quack! quack! quack!" They seemed to know me. I pulled down the sign and shut up. I had not the patients to keep open after that.



A Bad Case.

The following is a literal copy of a letter sent to a medical gentleman: Cer,—Yole oblige me if yole kum un ce me. I have a Bad Kowld, am Hill in my Bow-Hills, and have lost my Happy Tight.



Fun From Tombland.

In a country churchyard in the west of England—

My wife's dead,
Then let her lie;
She is at rest,
And so am I.

A record—

Under this sod,
Enclosed in a box,
Lies Mr. John Fox,
Who died of small-pox.

On a doctor—

Here lies the corpse of Dr. Chard,
Who filled the half of this churchyard.

On a doctor—

Here lies a doctor destitute of drugs,
His soul has fled, his flesh is left for bugs!
He lived a life forever in the fault,
And stops at last where all his patients halt.

Miseries of Trade.

Druggist (awakened at 2 a. m.)—"What do you want?"

Voice (at the door)—"If you'll let me look in your directory to see how to address this letter, I'll buy the postage stamp of you."



The Other Way 'Round.

In a trolley accident in New England an Irishman was badly hurt. The next day a lawyer called on him and asked if he intended to sue the company for damages.

"Damages?" said Pat, looking feebly over his bandages. "Sure, I have them already. I'd loike to sue the railway for repairs, sor, av ye'll take the case."



A Hint.

A prominent Southern physician, upon reaching his office one morning, found an old negro who had been a servant in his family standing in the waiting-room. The old negro, after mentioning several painful symptoms, related his usual hard-luck story, and begged the doctor to prescribe.

The physician filled a small bottle and said, "Take a teaspoonful of this, Mose, after each meal, and come back in a day or two if you do not feel better."

"Mars' John, I can't take dat med'cine," answered Mose.

"You will have to take it if you want to get well."

"How'm I gwine take it? Whar'm I gwine get de meals?"



Animal Food.

"Have you any dog biscuit?" said Mrs. Flannigan to the grocer. "Yes, but what do you want them for? You don't keep a dog, do you?" "Shure, an' we don't," replied Mrs. Flannigan, "but the doctor has ordered me husband to eat animal food."



Hopes!

"Has the doctor given up all hopes?" "Oh, no; he thinks the estate will settle the bill if his patient dies."

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A cleanly, convenient and very palatable method of administering Lactopeptine, especially for ambulant patients.

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SAMPLES AND LITERATURE ON APPLICATION.

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THERAPEUTIC NOTES.

CATARRHAL DISEASES OF THE NASO-PHARYNX.

By H. M. MARSH, Auburn, Ky.

AS the season is now fast approaching when this class of diseases takes up most of the physician's time, and is the cause of more suffering among more people than almost all other diseases combined, I wish to say something in regard to a simple and effective treatment of this class of diseases. In this climate this is the commonest of all diseases, there being very few who do not suffer from it in some of its various forms. Chronic nasal catarrh is in most cases a result of

repeated attacks of acute catarrh or "common colds." In this short article it is not necessary to go into details, or take up time or space with causes and symptoms; everyone is familiar with them. My object here is to simply give my plan of treatment plain and simple, yet eminently successful. In the treatment of these cases, every physician is well aware of the fact that cleanliness is in most cases all that is necessary for a cure. Every physician also knows that in order to have a perfect cleansing agent it must be both alkali-line and antiseptic. My success in treating these diseases, viz: acute and chronic nasal catarrh, including

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ozena, acute and chronic tonsilitis pharyngitis, catarrhal deafness, etc., has been due almost entirely to the systematic and thorough cleansing of the mucous surfaces with Glyco Thy-moline. I have been using this ideal alkiline antiseptic in my practice for years, and have never been disappointed in it.

“BEAUTY AS A FACTOR IN DISEASE.”

The New York Pharmaceutical Co. Bedford Springs, Bedford, Mass., have just issued a most interesting and instructive booklet, under the above caption, which gives in detail the various methods adopted by the female sex of the many savage and semi-civilized tribes to increase their attractiveness to the eyes of the male portion of their tribe or race.

In some instances this so-called improvement or attractiveness is carried to that degree of regional development that locomotion is impossible. A copy of the booklet will be sent upon application

Our readers will note from the new Antikamnia advertisement which appears in this issue, that The Antikamnia Chemical Co., was prompt to file its Guaranty under the New Pure Food and Drugs Act, their Guaranty number being 10; which means that of all the food and drug manufacturers in the United States, only nine filed their Guaranty in Washington before that of the Antikamnia Chemical Company.

This shows the usual Antikamnia disposition to protect the dealer and

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By S. W. CUMSTON, M. D., of Hagerstown, Md.

Two years ago I began to use Antiphlogistine in the treatment of pneumonia, and it has proved my "sheet anchor" ever since. My custom is to make daily applications, and by using it in this way, I am able to hold the disease in check. Antiphlogistine reduces the inflammation without reducing the patient's strength, and owing to its many virtues, is strongly to be recommended as an adjunct in the treatment of pneumonia.

A few cases follow:

Mrs. G.—Was called January 28th, 1905. An examination proved lobar pneumonia, in the upper lobe of the right lung. I applied hot antiphlogistine, and the cotton jacket. Next day the patient was doing well. I renewed the dressing daily for four days when it was discontinued, as the necessity for its use had passed away. The recovery was uneventful.

Mr. K.—Was taken ill April 12th, 1905, with his second attack of double pneumonia. I at once applied antiphlogistine and a cotton jacket, and renewed the dressing daily. In two weeks he was sitting up, and he made an uneventful recovery.

Mrs. D.—A woman with a tubercular diathesis, was stricken with pneumonia of the right lung, Dec. 4th, 1905. Antiphlogistine and the cotton jacket were used as in the preceding cases. I discontinued my calls in twelve days, after a complete cure.

Mrs. S.—Was called February 22nd, 1906, and found double lobar pneumonia. Applied Antiphlogistine hot, then daily until the eighth day when the crisis was passed. Antiphlo-



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The *parturient* period is one of the most critical stages of a woman's life. In obstetrical work both prior to and following delivery

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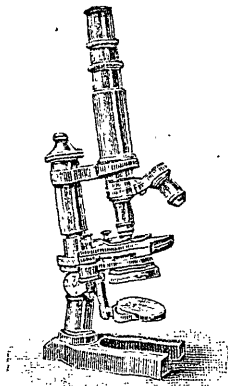
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gistine was of inestimable assistance in this case.

Mr. A., 45 years old.—I first saw the case April 22nd, 1906, found a double lobar pneumonia with pleurisy of the left pleura. I at once applied Antiphlogistine as hot as could be borne, and used it daily for twelve days. On the sixth day the evening temperature registered 105.80. The temperature dropped by lysis, and made a good, although slow recovery.

OUR CONFIDENTIAL FRIENDS.

We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galehic or alkaloidal derivatives, is our grandest remedy—our confidential friend. It is here also that the compound coal-tar products step in to claim their share in the domain of therapy. Among the latter, perhaps,

none has met with so grateful a reception as "Antikamnia and Codeine Tablets," and justly so. Given a frontal, temporal, vertical or occipital neuralgia, they will almost invariably arrest the head-pain. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, they are of signal service, contributing much to the comfort of the patient. Their range of application is wide. They are of positive value in certain forms of dysmenorrhœa; they have served well in the pleuritic pains of advancing pneumonia and in the arthralgias of acute rheumatism. They have been found to allay the lightning, lancinating pains of locomotor ataxia, but nowhere may they be employed with such confidence as in the neuralgias limited to the area of distribution of the fifth nerve. Here their action is almost specific, surpassing even the effect of aconite over this nerve.

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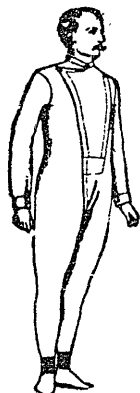
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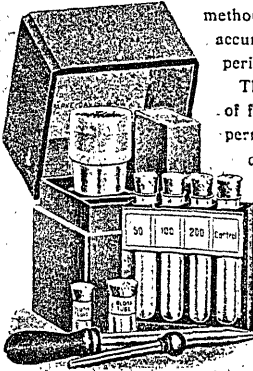
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