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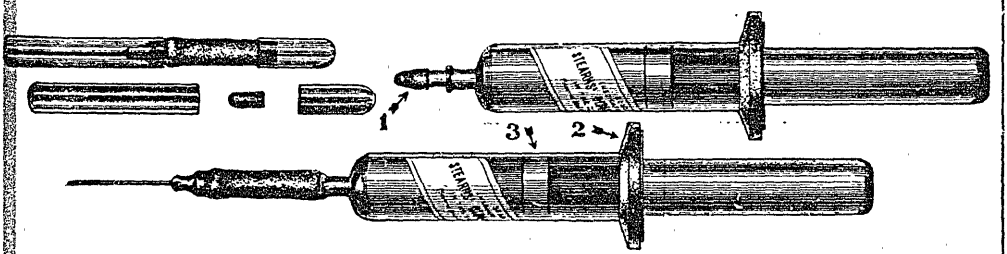

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VOL. XVI. HALIFAX, N. S., NOVEMBER, 1904. No. 11

Original Communications.

SYPHILIS.*

By GEO. G. MELVIN, M. D., Dematologist to Home for Incurables, &c. St. John, N. B.

This is an age of self-consciousness, and not less so in medical science than in any other walk of life. Our ancestors thought each century sufficient a term to review and "take stock" of their progress. Our fathers reduced this to fifty years, and once in a life-time held high jubilee over their successes. We, however, "go far upon another plan," and do not let ten years pass by without recounting our advance and taking note of our achievements. Indeed, now-a-days, a medical book five years old is already beginning to be in "the sere and yellow leaf." I do not mean to say that in this we are simply over-conscious or conceited. Without doubt, our progress, medically, as well as in many other directions, has been almost miraculous during the past half-century. But, as Burns says, "lest we o'er high and proud should turn, 'cause we're sae gifted," it is well, now and then, to reflect upon those things and in these directions whereupon and wherein we have not gone forward so rapidly.

For this purpose I do not think a more apt subject could be chosen than that which makes the title of this paper. It is certainly enough to give us pause when we remember that there is a disease, the most widely-spread and best known in the whole world, concerning which, our knowledge, at least as regards its etiology, its pathology, and theoretically, its treatment, is as limited as it was when John Hunter

*Read before N. B. Medical Society. St. John, N. B., July 19th, 1904.

died. I do not hope in this sketch to say anything original about syphilis; how could I, when the world is full of volumes, not to say, libraries, concerning it? I only propose to re-capitulate some of the interesting, and, perhaps, disputed points in relation to it, and to emphasize some few ideas about it, which I, individually, implicitly believe and hold to be important. What, then, are some of the disputed, or unknown, or unsettled questions regarding the disease? Among them are: (1.) Is its causative principle a germ or a virus? (2.) Is it from the very instant of its communication a constitutional disorder, or has it a period of restricted locality? (3.) Is it transmissible by either parent in equal degree? (4.) The method of its hereditaryness: by actual contagion to the fœtus, or through the blood and constitution, so-called. (5.) The possibility of either parent, or the child, remaining exempt, when one parent is inoculated. (6.) The possibility of the infection of the mother from the child *in utero* (7.) The era or stage of its infectibility. (8.) Arising out of the question of its being, at any time, local, the possibility of its abortion when restricted to the initial sore. (9.) The proper time to begin treatment. (10.) The length of time proper to continue treatment. (11.) The signs of completed treatment. (12.) And, perhaps, most important of all, is it susceptible of complete cure? It must not be imagined that I stop at *twelve* for lack of material. As one begins to tabulate these points, they rise before him in "shoals and nations;" " in an innumerable company, scarce any man can number." Nor do I intend to take them up *seriatim* for discussion at this time. I am not so cruel, nor do I rely to any such extent upon your patience and good humor, however admirably you may be possessed of these qualities. Some of them, while interesting, are wholly academic, while others are beyond the scope and experience of the writer. The first one, the nature of the contagium, may claim a few words, and in settling that to our satisfaction, we will also adjust one or two others depending upon, or arising out of it. To argue from commoness or frequency of occurrence, certainly everything would favour the idea of a germ. Germs, to-day, are undoubtedly, by far, the most important etiological factors in medicine. Scarcely a week passes but that some parasite is not made responsible for some disease, and I have not the remotest idea of making light of, or of disputing, the truth of these discoveries. Yet it seems to me that syphilis will prove an exception, or may be, *the* exception to the parasite rule. It is true the

term *virus* is a broad and indefinite one, but, in my own mind, a sufficiently clear distinction remains between it and the parasitic germ. Germs, whether vegetable or animal, contain life,—venom does not. Yet both may have a profound effect on the human economy. That syphilis is not germ-caused seems plain because of its undoubted heredity and non-infectiousness except through immediate or mediate contagion. Again, if germ-caused, the chances are (I do not say it would be so, positively) that the disease would pass through a truly local stage, and that, I am convinced, never occurs in syphilis. It is worth while to pause here and take into consideration the real differences between the germ and the virus or venom. The germ is a true parasite, possessing, as before noted, the life-principle. Its action is entirely, and its results are largely, due to a mechanical process. It generates sexually, and, hence, increases by that method, in proportion, other things being equal, to its vigor and the favorableness of its environment. The acarus scabei or itch-insect is a common and familiar type of the human parasite, animal, it is true, in its nature, but differing only in degree, not in kind, from the bacillus tuberculosis, which may easily be taken as the type of the human vegetable parasite. In both types we are able to lay our finger upon the seat and habitation of either in its host, and to minutely and accurately study its life-history and the detrimental effect of its settlement. But, if we swallow arsenic or antimony, really, in their nature, true venoms or viruses, who shall follow them in their pseudo-physiological course and point out each, their several characteristics and actions, their peculiar seats or methods of modifying the human economy? We see, in a moment, the root or radical differences which exist between the two. Both have a notable and pronounced effect on the system, but, so far as we know, there is absolutely nothing in common between their methods of procedure. True it is, that, in its secondary results, the germ secretes or excretes a toxin or ptomaine, remotely or superficially resembling in its action the effect of the venom, but this resemblance is only superficial and, in my own opinion, it is of the very utmost consequence that a real and constant differentiation be maintained between them. I do not say that the action and *modus operandi* of the inanimate drug, which, for convenience sake, I here term virus or venom, shall always remain a secret, but, up to the present, our very term "alterative" reveals, all too plainly, our essential ignorance with respect to it. To return, then, to our subject proper.

The momentous and age-important discovery of Hunter, of the essential and radical difference between the true or hard chancre and the chancroid, is very significant in this regard. Although not yet demonstrated, I have little doubt but that the true etiological factor in the latter is an animal or vegetable parasite. Its quick incubation: its immediate and complete localization: its intensely contagious character: its glandular involvement of only those formations in juxtaposition with it: its acute course and susceptibility to complete cure by direct applications of germicidal remedies, all point unmistakably to its parasitical origin. What a contrast is afforded by the true sore: its protracted incubation: its chronicity: its regular and almost invariable clinical history: its undoubted constitutionality, at least very shortly after the initial development: its predilection for glandular tissue, no matter where situated, and its utter resistance to all forms of germicidal remedies, save one, surely point with unmistakable significance to a disease produced by other than parasites.

I have yet taken no account of the persistent and long-continued search for parasitical sources of infection by many of the most original and indefatigable minds of the world—a search, it is unnecessary here to say, absolutely negative and unsuccessful. I do not propose to offer any speculations as to the nature of the virus which produces syphilis. Having no definite information with regard to it, that task would be as unprofitable as it would be tedious. An idea, however, not wholly personal, it being held by a number of the best thinkers on the subject, is worthy of note. It is that syphilis is among the most ancient, if not actually the oldest of the diseases of the world, and with which we have to deal. That being accorded, the law of evolution may shed a faint glimmer upon the reason why its etiological factor is so elusive. Basing our reflection on the theory that the original cause of all abnormalities of the system was a germ, it is at least conceivable that periods almost infinite in duration have sufficed to eradicate the original germ and to replace it with merely a product which we may term its virus or toxin. This is not utterly incredible. Did time allow, it could be shown that such a process, even now, in many of the true parasitical disorders, appears to be in motion. It can only be hinted at here, but the suggestion is one worthy of study and research.

If in many points in connection with the science of syphilis we have little reason to be proud, we have, without doubt,

made notable progress in the matter of its diagnosis and differentiation. Within a century no disease could compare with it in the imagined broadness of its results. Hardly an eruption of the skin was known but was ascribed in a more or less remote degree to the specific disease. I need only mention scrofula to enable you to call up perhaps a dozen other perfectly independent disorders anciently supposed to have connection with syphilis. Even to-day, among the laity, it is a matter of common knowledge in ourselves, that they suspect every alternate skin trouble they see to be due to the "indecent" disease. If an unfortunate happens to lose his hair, at all acutely, he is fortunate if he can evade suspicion of being implicated in the "bad disorder." Nor even in our own profession is this old superstition (for it deserves no better name) wholly obsolete. It is not very many months ago that I was asked by one of the brightest and most prominent members of the profession in this city, now, unhappily deceased, if I did not believe that syphilis did not or could not produce psoriasis, and that he had, undoubtedly, seen psoriasis so produced. Of course his mistake in the practical instance was due to a wrong diagnosis, but the theoretical opinion was certainly owing to a survival of the false pathology of our grandfathers. I cannot refrain at this place from giving due credit to those who were successful in thus restricting the disease to its own proper channels. This has been due, almost entirely, not to the general pathologist or even to the syphilographer, but to the advanced dermatologist. It has been brought about, not by the study of syphilis, but by accurate observation and examination of other dermatological lesions. Syphilis has been narrowed by exclusion: by a system of positive knowledge of other skin-diseases, and by negative evidence relating to the disease itself.

Perhaps the most important points remaining, concerning the disease, are those with respect to its prognosis and treatment. I touched upon them in my catalogue of disputed questions at the outset. In general, the prognosis is the least practically important of all subjects connected with an individual disease. As regard interest, especially to the patient himself, of course, all other things fade into insignificance compared with it, but from a standpoint wholly utilitarian it is of little moment. Necessarily, it is but the personal opinion of an individual observer, and may be right, or may be wrong. In the subject under question, however, this rule does not hold. In syphilis, the prognosis, even in practice, is all-important. It naturally

divides itself into two great classes: (1) general, (2) individual. By "general" I mean the outlook as to the curability of the disease, as a disease, and not with reference to the individual patient. We are asked, every day, "is syphilis curable?" Thousands, perhaps millions, of lives have been wrecked upon a false or mistaken reply to this question. Without any exception whatever; without any hesitation whatever; and without any mental reservation or doubt whatever, this question, when referring to the disease, considered as an entity in itself, should always be answered in the affirmative. With regard to no other disease in the world can we return an affirmation with so much confidence. The cure of no other abnormality of the system depends upon nature so little, and upon art so much, as does this. I think it can be safely said, that without art or science, the disease of itself is invariably and absolutely fatal, at a period more or less remote, if uninterfered with by other disorders or accidents. In districts where it has long been endemic this arbitrary rule may not appear true, but it is only because of the indirectness of its effect, by rendering the system so susceptible of other complaints, that the disorder, itself, is lost sight of. Bearing these facts in mind it is easy to conceive of the immense importance of a true prognosis. When we consider the second class of pronouncements, and are called upon for an opinion of the individual case, our reply can not be cast in any such invariable mould. Here, as in all other ailments, many things are necessary to be taken into consideration. Although, time enough being given, the disease, of itself, is curable, in many instances it is utterly beyond our power to repair the ravages it has already committed, and often these ravages may, in themselves, be fatal. Every one of us will call to mind cases of internal nervous tumors altogether beyond the stage of cure, or even relief. Yet, even with regard to the individual, no abnormality of importance presents the number of hopeful cases as does syphilis. At the same time no disease requires so much intelligence on the part of the patient. One might almost say that a cured case is a patent of mental ability and good sense on the part of the victim. This induces me to note a seeming rule, with regard to the clinical history of the disease that is certainly of interest, and, if real, of very great importance. It is, of course, not original with myself, but a continuous practice of nearly seven years, with an average of from eight to ten cases constantly under observation, almost confirms me in its belief. It is that syphilis exhibits well-

marked preferences as to the tissue attacked according to the ratio of mental cultivation of its victim. In manual workers, of low intelligence or mental culture, the muscular and bony systems are the regions affected. In those of education or superior mentality it is often, indeed generally, confined to the nervous system. In both, of course, the skin is involved, but, in the latter, often to only a very insignificant degree. In this fact resides one of the greatest dangers of the disease, and explains why it is so often mistaken, over-looked, or unsuspected.

I have little time or space left to touch upon therapeutics. I think no one who has followed me thus far will be surprised when I say that under no conditions should specific treatment be begun until the secondary symptoms have unmistakably disclosed themselves. Surely, no labored argument is necessary to inculcate this most salutary rule. In my own experience, it is not once or twice I have met with cases, where the victim of a harmless sore has been unnecessarily doomed to a long-continued period of drug-swallowing, and a life-long term of harassing anxiety, wretchedness and disquietude, which no assurances of mine, however forcible, were able wholly to abolish, simply because some physician thought he "would err upon the safe side," and began to administer specific remedies before becoming absolutely certain he was in the presence of the disease. This part of the subject deserves a whole paper in itself. But, on the other hand, insufficient or neglected treatment serves to explain perhaps fifty per cent. of all the sudden and more or less obscure deaths from "heart-failure," "acute meningitis," etc., etc., which afford the coroners such an unfailing source of work, if not profit. No part of our science is so neglected as this, and no part is so difficult of amendment. Ignorance and false modesty on the part of the patient, engendered by that wide-spread and malicious notion that all subjects pertaining, in no matter how remote a degree, to sexual topics must be rigorously tabooed, are responsible for the loss of many of the most valuable lives in the community, lives, in many instances, of most virtuous and noble souls, unfortunate only, where others are lucky; whose failings are those of youth, and utterly atoned for by a half life-time of conscious rectitude of purpose and stratghtforward duty. To remedy this is a reform the profession owes to itself; a work greater and higher, by far, than many of the wishy-washy schemes daily and constantly dinned into our ears by notoriety-seeking men, and sentimental women of the "strenous" type.

That a compound of iodine and potash should be the sole auxiliary to the specific remedy for the disease is sufficiently interesting and important in itself to command separate and prolonged consideration. Here, again, crops up another disputed point concerning the subject, viz.: what position iodide of potash holds as a remedial agent in these troubles. Is it only an auxiliary, or is it a true and independent specific of itself? A poll of those listening to me would probably show an equal number for and against. My personal opinion here is of no greater weight than on other questions, but I am induced to say that I think there is but one true remedy, mercury, in some form or another, and that, in some occult way, the iodide only acts beneficially in proportion to the thoroughness of the preceding exhibition of the metallic drug. To enter into the vexed topic of the amount and quality of the remedies, the length of time for treatment, would be futile. Of one thing, at least, we are reasonably certain, that in order to exert its remedial effects, the medicine need not be administered in quantity at all sufficient to produce toxic effects. That is another improvement we have made upon the therapy of our forefathers. Salivation, happily, is to-day a well-merited reproach upon the physician, save in those very exceptional cases where an idiosyncrasy to the drug exists. Although touching upon many points it will be universally conceded that this paper is all too fragmentary and inconclusive to do the subject any manner of justice. For that I do not mean to offer any apology. I am willing to be thought lame upon the matter, if my very lameness will but serve to induce other more ardent and better-qualified spirits to take up the subject and treat it as it deserves.

I need not reiterate what I have just said: that it is neglected to a very great extent. To that best class amongst us, the country practitioner, especially, it is, in many instances, almost an obsolete disease. They fancy it chiefly concerns him who dwells and practices in large and thickly settled communities, but a greater mistake could not well be made. Always wide and very evenly disseminated, in this day of constant and perfect inter-communication and "running to-and-fro," it is more than ever important never to forget that this disease, honored by time, if by nothing else, thinks no corner too sequestered, no position of life too high or too low, no climate too hot or too cold, and no community too primitive or simple to seat itself and work its baneful results.

REPORT OF A CASE OF CHYLURIA.*

By G. A. B. Addy, M. D., St. John, N. B.

Mr. P—, age 25, clerk in office, born in the West Indies; first came under my care about two months ago.

History of present illness:

Present illness began about one year ago by passing large quantities of urine having a milky appearance and sometimes bloody. Outside of having a little distress in the right lumbar region, and a swelling in the right groin, he felt quite well. The swelling in the groin made its appearance soon after noticing the peculiar urine. This condition kept up for some time when the milky and bloody urine disappeared, and the urine remained clear for two months, when he came north thinking the change of climate would do him good. He had not been here many days when it commenced again as bad as ever, this time lasting about two weeks. On one or two occasions it would come and go in the same day. The enlargement in the groin, (which is also known as Demerara groin) would disappear when the patient would rest in bed several days.

Chyluria signifies the presence of chyle, and consequently of fat in a state of emulsion, and albumen in the urine.

There are two varieties of chyluria, the parasitic and the non-parasitic, the former being by far the more common. According to Senator, chyluria has not been observed in childhood or in the aged. There is no reason, in the nature of things, why this should not occur at any period of life, for its cause is mechanical obstruction of the thoracic duct and this may be seated within or without the walls of the thoracic duct.

Much the most common cause of chyluria is obstruction of the thoracic duct either by adult or embryonic forms of the filaria sanguinis hominis nocturna. In the great majority of cases of chyluria, embryonic filariæ may be readily detected in a drop of blood from any part of the surface of the body, provided the blood be obtained at night. Manson, observing the embryonic characters of the circulating filariæ and their presence in the surface capillaries chiefly or

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solely during the night, came to the conclusion that they must reach a further stage of development outside of the body in the interior of some nocturnal blood-sucking animal. He exposed a patient with filariasis to the bites of mosquitoes, and found the embryos in the bodies of these insects, in which, in the course of time, from five to seven days, they attained a length of one-fifteenth of an inch. In the blood of man they measure from one-seventieth to one-eightieth of an inch. The mosquitoes with the embryonic filariæ in their interior seek water in which to deposit their eggs. This function accomplished, they perish; the embryonic filariæ are liberated, and through the medium of the water in which they exist, gain access to the human system. Manson's latest researches have practically demonstrated that the filaria can be transmitted from the infected to the non-infected by the agency of the mosquito in the same manner as malaria is transmitted by another species of the same insect.

The principal diseases to which the filaria gives rise, are: abscesses, lymphangitis, dermatitis and cellulitis, erysipelas, orchitis, chyluria, chylous dropsy of the peritoneum, chylous dropsy of the tunica vaginalis, varicose groin glands, lymph scrotum, and elephantiasis. Chyluria is not common even in those countries in which filariasis prevails.

As above stated, obstruction to the thoracic duct from any cause may give rise to chyluria. There is direct communication between the lymphatics and the urinary tract, and consequent leakage of chyle.

The onset of chyluria may be preceded by no symptoms whatever. In some cases, however, there is a sense of discomfort or pain in the lumbar region or groins, the perineum or testes, before the chylous urine appears. The first symptom may be retention of urine due to intravesical formation of coagula which occlude the neck of the bladder or the urethra.

In the great majority of cases chyluria is intermittent, being dependent, for example, upon posture, digestion, and bodily exertion, etc. The general health is, as a rule, well maintained, although if the discharge of chyle is long continued, emaciation, anæmia, and great debility set in and the patient dies of exhaustion.

The appearance of chylous urine is highly characteristic. On careless inspection it might readily be mistaken for milk, but when ex-

amined more closely coagula of delicate pinkish tinge or more deeply colored like ordinary blood clots. The gross appearances, in the case of my own, are thus described:— The urine after standing for several hours separates into two portions, of which the lower is distinctly hemorrhagic; while the upper part has the appearance of milk or cream. Floating on the upper chylous layer are numerous coagula of a delicate, pinkish hue, and almost translucent, while at the bottom are a few small blood clots.

There is no difficulty in making a diagnosis of chyluria. Lipuria, which signifies the presence of fat in the urine, should never be confounded with it. In chyluria, the fat is in the form of an emulsion so fine as to require the strongest objectives to resolve droplets of fat. In lipuria, on the other hand, fat globules are seen with comparatively low powers. It is very seldon that lipuria exists in such a degree as to alter the macroscopical appearance of the urine, while in chyluria it commonly resembles milk. The presence of clots is also diagnostic of chyluria.

In all cases of chyluria the blood and urine should be examined for filaria. Filaria sanguinis hominis, although most commonly found in tropical countries, one species of this worm is not uncommonly found in various parts of the United States. Any case of chylous urine or elephantiasis should lead us to make an examination of the blood for filaria.

In examining for the filaria a slide of flesh blood is prepared in the usual way, but after 8.30 o'clock in the evening, and examined at once. It is a long, slender, snake-like, gracefully shaped worm, and when alive its activity is so great that measurements and observations of its structure cannot be made till it is paralyzed by approaching death. It has no locomotive power and confines itself to wiggling in the same spot.

The same organism can sometimes be found in the chylous urine, but not every case of chyluria is due to the filaria sanguinis hominis. In a considerable proportion of cases no such organism is to be found.

For finding the parasite it is best to use a low power, not an immersion lens, and the whole of the slide should be looked over.

REFLEX NERVOUS MANIFESTATIONS OF UTERINE ORIGIN, SIMULATING DISEASE OF REMOTE ORGANS. —RECOVERY FOLLOWING OPERATIVE CORRECTION OF UTERINE LESIONS.—REPORTS OF SUCH CASES FROM PRACTICE.*

By W. H. Irvine, M. D., Fredericton, N. B.

This paper is based upon cases, which, in my opinion, are sufficiently comprehensive in character to justify the title I have chosen, yet in attempting to discuss the subject of reflex nervous phenomena, I assure you that I do not presume to approach the question in a spirit of controversy, nor do I desire it to be understood that I purpose attempting a satisfactory explanation of the modus operandi of such phenomena.

A perusal of the available literature treating on the subject of nervous reflexes leads one to the conclusion that their relative importance as factors in the production of invalidism, seems to be regarded by writers much as matters of personal equation, or possibly of suggestion. Though some are positive in their opinions that many obscure and long continued affections are frequently of reflex origin, others are equally positive that the "nervous reflex theory" is much over estimated; so that it seems, after reading the views of various writers, that the ætiological significance of such manifestations resolves itself into a matter of personal opinion based upon practical experience, which by the way is so often the case, in the general practitioner's experience.

Speaking for myself I am convinced that many affections diagnosed as atonic dyspepsia, hysteria, neurasthenia, chorea and the like, are of reflex origin in many instances, for I know that I have been able to detect the source of such irritation quite frequently, and have had the satisfaction and pleasure of observing a cure result after the mechanical removal of the source of the irritation. In fact the truth of the above assertions has been very strikingly exemplified by evidences which I have encountered in my experience in the past ten years or more, so much so that I fear that I too may be inclined to be biased toward this "theory", though I have tried to maintain a medium attitude.

I can recall numerous instances where disease has been diagnosed in remote organs, and treatment taken for years, in which all symptoms of the disease have faded away after the correction of some error of

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refraction, the removal of some obstruction in the upper air passages, such as enlarged tonsils, adenoids, nasal spurs etc., etc.,; and one case very prominent in my memory is that of a little girl who had what was diagnosed as epilepsy or chorea and treated by a number of good men for that disease; this case was of three years standing or thereabouts. Prompt and permanent recovery followed the washing out of threadworms, which had migrated into the vagina, and which were very easily discovered by inspection.

I have reason to be convinced that many cases which tax our patience and energies may be found to be due to some hidden source of nervous irritation, which we should try to locate and remove if possible before resorting to the routine administration of bromides, digitalis, strychnia, arsenic, and the other orthodox therapeutic agents.

I realize that I am digressing and that I am saying nothing new, nor advancing anything original. Nevertheless the nature of the appended cases illustrates that we do not always apply our knowledge or push our investigations as far as we should, for in both cases a number of physicians were consulted, and as they all differed in treatment I presume they also differed in diagnosis.

Case No. 1.—Married woman—age 34. Family history: Patient's father, still living at age 64, has had three paralytic strokes, but enjoys fairly good health now. Mother, age 60, has had valvular heart lesion, of some 20 years standing, and at present is quite poorly. Maternal grandmother died at 83, maternal grandfather died at 70 odd. Paternal grandfather 78, paternal grandmother 70, cancer. All father's brothers and sisters living, and enjoying good health, except one who is rheumatic. Mother's brothers and sisters all dead—three of typhoid, two of rheumatism, one of heart trouble.

Patient has had most of the diseases incident to childhood For years was a great sufferer, from sick headache, which disappeared upon the application of strong cylindrical lenses (she has a high degree of hypermetropic astigmatism). Had bronchitis eight months ago. Had diphtheria ten years ago, followed by abscess of cervical lymphatics; in bed two weeks. Has had tonsilitis quite frequently. Her baby was born about six years ago; difficult instrumental delivery, after which her health improved and for a year was well.

The case first came under my observation about eight months ago when the above history was obtained. She consulted me (and I might say she consulted and took treatment from others previously—different means of treatment being employed) for the following condition. I shall describe the attacks in her own language as taken in my note book. The first attacks occurred about four years ago. They would be precipitated by any excitement. First noticed a tired sinking sensation in the epigastrium, followed immediately by dyspnœa; these sensations would last about ten minutes and would be followed by a chill and chill would always begin by a shivering in left leg, and

until last attack a week previous to my examination never extended to the arms. During attacks heart beat very rapidly as high as 130, and sometimes very slowly. Could hear heart beat during an attack. Later these attacks would begin in sleep and run such a course despite the employment of ordinary domestic measures such as heat, etc., and the use of the different medicines prescribed. Functions of bowels, kidneys and other organs apparently normal, menstrual flow quite regular, no vesical or rectal symptoms, no dysmenorrhœa (leucorrhœa slight sometimes), no pain it back before flow, etc. In fact no symptoms to lead one to particularly suspect that the uterus was at fault. Complete physical examination failed to reveal anything but a nervous condition of heart; and eyes R. E. + 3.50 D. H. A., L. E. +3.25 with the rule; and a bilateral laceration of the cervix with an old cicatricial plug, extending on the left side the whole length of the cervix and into the vaginal wall about three quarters of an inch on the right side the tear was about three quarters of an inch in length. I might add that the lady was much above the average intellectually, and I explained to her how these symptoms and functional disturbances of the other viscera might be caused by the upsetting of the equilibrium of the nervous system throughout the pelvic plexus, etc., and she readily consented to an operation, which I did shortly after. The happiest results followed, all these nervous manifestations having disappeared. The attacks at first seemed to be coincident with the menstrual flow, laterally they became much more frequent, occurring several times in a week. In the first month after the operation she gained ten pounds in weight. I have heard from her quite often and with the exception of an attack of grip this winter, she has had excellent health. On June 20th I had a letter in which she says, "I am feeling real well." This women's condition was one of despair, for added to the symptoms above enumerated was a feeling of impending calamity and despair that nothing could be done for her.

Case No. 2—History: woman aged 45, married, has had five children. Father died of heart trouble at 72; mother living and in good health at 71. Had eight brothers; one died of tubercular peritonitis (presumably), one brother has been sick for the last two and a half years, stomach or kidney trouble the doctors say; two sisters, both living and in good health. One brother had convulsions following a fever when he was four years old. He always falls backwards, epilepsy probably. Personal history: had measles and several other infantile diseases. Present illness dates from seven years ago though as long back as she can remember she has been a victim of sick head aches which were usually relieved by a sleep. When first baby was born she went out of her mind for twenty four hours. About seven years ago she noticed that when stooping she would experience intense pain in back of head, which would sometimes last all day, subject to short periods of relief. In fact it was in regard to this pain she

consulted me, I being the sixth man she informed me she had consulted in as many years, and had therefore found no permanent relief. She presented the appearance of one who had suffered long. In the year previous to this time she had lost ten pounds in weight. (She was given a pair of cylindrical lenses by a physician who had formerly attended to her, but after their use she had added to her trouble supraorbital neuralgia.) When a girl she had experienced pain for several days before flow, cramps in lower part of abdomen, pain in back and extending down thighs, leucorrhoea, palpitation of heart, headache and stomach symptoms; she had always been constipated. All these symptoms except constipation and headache disappeared after birth of first child.

Physical examination revealed cachectic appearance, marked anæmia, a flabby condition of the tissues, a general condition of nervous irritability, accentuation of first sounds of heart, and a bilateral laceration of the cervix. The tear on the left side had healed in its upper end by the formation of a large cicatricial plug, which necessitated the removal of a large v shaped piece of tissue, the apex being difficult to remove. Immediately after the operation, the pain in the head completely disappeared and has never since returned, and also her general health has continually improved. About three weeks after the operation I refracted her eyes and found 25 H in R. eye, and 100 in left and for presbyopia I added an additional D. for close work and reading.

In further confirmation of uterine lesions as foci of reflex nervous troubles, I desire to quote the following cases, one from that eminent gynecologist Dr. Emmett, whom I presume all will admit as an authority, and he records numerous instances of reflex irritation produced by cicatricial plugs in the angle of laceration. He attributes these reflex irritations to the inclusion and pinching of nerve filaments in the scar tissue, analogous to the production of a sensitive stump after an amputation, the cicatrix serving as a continuous hidden source of irritation. He says: "A patient consulted one of the most distinguished ophthalmologists in America for a long standing severe obstinate neuralgia of the eyeball. As the only possible means of relief, extirpation of the eye was finally advised; this operation the patient declined and the pain continued. She was subsequently operated on by Emmett for laceration of the cervix. In the operation he removed a large wedgeshaped piece of tissue from the angle of the laceration, which nature, in a vain attempt to bridge over the gap, had placed there. Immediate and permanent relief from the neuralgia followed."

"In April 1878 Dr. E. C. Dudley performed a similiar operation upon a woman who had suffered for years from a constant pain in the head, and up to that time every resource of treatment had failed. In this case the cervix had not eroded, but from the perseverance of some

one in making caustic applications, it had suffered considerable loss of substance. The indurated tissue was very marked and abundant, so that in its thorough removal an unusual amount of cervix was sacrificed. The pain disappeared from the time of the operation and has not returned."

From the above reported personal experience and from the cases cited and many others recorded I think the following conclusions may be drawn :—

1st. That it is possible to have reflex symptoms of uterine origin so strongly suggestive of affections of other viscera as to put one off his guard in efforts to trace the etiology of a given case.

2nd. It is also true that the so called uterine-syndroma are not essential to the existence of a pathological condition of the uterus, or at least of the cervix uteri.

3rd. That it is possible that some cases of hysteria, nervous dyspepsia, neurasthenia, and allied troubles may have a special pathology in the cervix uteri.

4th. In such cases the focus of irritation is both accessible and removable.

5th. That we should take nothing for granted in obscure cases of the nature spoken of, and should not consider our duty completed until we have familiarized ourselves with the condition of the pelvic viscera.

6th. That these symptoms are due to disturbances in control of the nervous systems, more particularly the sympathetic, the manner in which such disturbances are occasioned being still a matter of controversy among the teachers and leaders of the profession, and of no practical importance from a surgical standpoint at least.

OPERATIVE TREATMENT OF BONE AND JOINT DISEASE.*

By MURRAY MACLAREN, M. D., St John, N. B.

When tuberculous bones and joints fail to recover under rest, food, and fresh air, operative interference is called for in order to remove the disease and save the part. When osteomyelitis has occurred and there remains a suppurating cavity with or without a sequestrum, which declines to heal, steps are necessary to be taken to obtain healing of this cavity, which otherwise continues discharging for an indefinite period of years.

The difficulty in obtaining obliteration of many osteomyelitic cavities is so well known that it does not require special mention. Many methods have been pursued to obtain recovery. After removal of the sequestrum, if present, and the cavity had been curetted to remove its infected contents and antiseptics had been applied, Neuber made skin flaps which were fastened to the floor of the cavity, with the view of obtaining healing in this manner, while others have made use of different materials to fill the cavity, such as sponge blood clot, plaster of Paris, amalgam and decalcified bone chips, then closing the soft parts over the filling. In a similar manner cavities formed by the scraping out of tuberculous material from bones may be dealt with, but failures in result have frequently been experienced owing to the onset of suppuration. That any of these methods can be recommended is doubtful.

In the case of tubercular joints, the joint has been excised, tubercular masses curetted out wherever found, and the incision is then closed.

I have recently had the opportunity of observing the method of treatment carried out by Professor Von Mosetig Moorhof, of the General Hospital, Vienna. Mosetig has treated so many cases, and the results have been so highly successful, that his method is well worth being given in detail. He fills bone cavities with an iodoform mixture and calls it " plumbing."

*Read before the New Brunswick Medical Society, July, 1904.

Mosetig lays down as the first essential of success that the cavity shall be completely sterilized. Antiseptic applications can never bring this about. To secure it, after the application of an Esmarch bandage, he lays open the cavity freely and thoroughly, then the suppurating contents are curetted out, this is followed by a prolonged and painstaking use of chisel and electric burr until all infected bone is removed and the cavity shows the walls to be clean healthy bone—just as a tooth cavity is prepared by the dentist for filling.

A 1% solution of formalin is then applied, or if there be a little blood showing, a 3% solution of formalin or a 20% solution of hydrogen peroxide. The next step is that of drying the cavity, which is carefully done by means of hot air from a special apparatus, although failing this a continuous stream of cold filtered dry air will suffice. The cavity is now ready for the filling or plumbing so that the smallest spaces may be filled, and the cavity completely and hermetically closed. The plumbing is poured into the hole in a thick liquid condition which then gradually hardens into a stiff mass. The composition of the filling is:

Iodoform	60	parts.
Spermaceti	40	"
Oil of Sesame	40	"

These are placed in a sterile flask and slowly heated in a water bath to not over 80° Celsius. The heating is continued until all is dissolved, meanwhile the flask is stirred in the bath and then the heat is maintained for fifteen minutes longer. When this is done, the mass is poured into hot sterilized vials with rubber corks or caps and allowed to cool and solidify, at the same time shaking to keep the iodoform emulsified. It may now be put away for future use. On cooling it forms a solid mass.

To use the mixture, take one or more vials, place in a water bath and heat to 60° Celsius for ten or fifteen minutes, stirring the flasks in the water and shaking them occasionally. It is now ready for use. It is poured into the cavity slowly, to avoid air bubbles which would occur with rapid pouring. When the hole is filled, one waits a few minutes, until the mass stiffens; then the flaps, including periosteum, are sutured over the plumbing. Drainage is employed to allow of the escape of serum. The plumbed cavity does not bleed nor sup-

purate. The dressing, gauze, and starch bandages are applied, but not too firmly, and then the Esmarch bandage is removed.

In tuberculous joints, Mosetig claims that the use of plumbing is a powerful aid to the preservation of the limb and its usefulness. He does not remove, in children, more than the diseased capsular ligament and the articular cartilage which will then show if the disease involves the bone, and wherever this occurs it is scooped out. Tubercular disease does not extend to the epiphyseal cartilage and therefore the subsequent growth of the bone need not be interfered with. He does not hesitate to operate in this way in children while in adults a thin portion of the bone may be removed as well. The excavated parts of the bone are plumbed, and should a considerable part be removed, as in the case of the tarsus or carpus, this as well is filled, although partly or wholly not in a bone cavity.

When the epiphyseal cavities have been plumbed, rubber tissue and pads are pressed over the filling while the tourniquet is released and all bleeding points about the joints ligated.

The secretion following plumbing is quite small—serous and sometimes a portion of the plumbing—so that the dressings, as a rule, are first removed, when the stitches require removal, after from ten to fourteen days. When there is considerable destruction of soft parts, healing by granulation is necessary, and three or four weeks may be required to attain recovery.

Iodoform plumbing is a temporary expedient; it remains as a makeshift until replaced by fibrous tissue and later by bone. The iodoform finally completely disappears through the action of the granulation tissue. This is demonstrated by the X-Ray, as iodoform casts a shadow in the same manner as metal does. The gradual diminution of the shadow and therefore of the iodoform can be readily demonstrated. In a year, Mosetig has observed all traces of iodoform vanished in a fairly large plumbing of the femur. There is never iodoform intoxication, he states, for the absorption is so slow.

Of one hundred and twenty cases of filling, in not one did the mass break down and be obtruded. All cases healed without a fistula. About twelve cases were seen by the writer at various stage following operation; a good proportion of these had had tuberculous joints. The rapid improvement, comfort and use of the part were very

noticeable. Two operations were witnessed, one of osteomyelitis of lower end of femur, discharging posteriorly, to which free access was obtained by a large flap having been raised from the outer aspect of the thigh. The other was a case of advanced disease of the ankle and tarsus.

These two cases were quite sufficient to show that in this method of treatment, among the factors of success, was the marked skill of the operator. The other important points may be reviewed as follows:

The technique is thorough;

Free and complete access is obtained to the diseased part;

Diseased tissue is thoroughly removed until only healthy bone and soft parts remain;

The bone cavity is dried with heated air;

The cavity is filled with the iodoform plumbing; this is antiseptic and finally absorbable, as new bone formation takes place.

The results when this procedure is carried out by Mosetig are altogether satisfactory.

ATAXIC HEMIPLEGIA IN A CHILD.*

By W. D. Rankin, M. D., Woodstock, N. B.

About the middle of August, 1903, a female child of seven years was brought to me by her parents on account of "her eye turning in." Her mother stated the little girl had always been well and uncommonly active, but she noticed the eye trouble had come on rather suddenly several weeks previously. The various bodily functions were properly performed save slight anæmia.

There was weakness of both external recti, especially the left, combined with hypermetropia. No fundal changes.

Correcting the refractive error did not relieve the strabismus. Nothing further was noticed until February of the present year, when she was observed to be weak on legs, lifted her feet uncommonly high in walking, and frequently stumbled over slight obstacles. She complained also of soreness and distress in the back of her neck.

During the month of April she became sick at the stomach in the mornings, sometimes before getting out of bed; this condition persisted and grew worse until she rejected everything taken into her stomach.

May 1st.—The lower part of the face is slightly drawn to the right. The left eye ball cannot be rotated outward in the least, the right one not beyond the middle line; moderately severe optic neuritis in the left fundus; speech indistinct; urinates only once in the twenty-four hours, and then only after repeated attempts and much straining; constipated.

All the deep reflexes are exaggerated, clonus in both ankles, and marked Babinski's sign. No tremor, but much unsteadiness in bringing the fingers together when the arms are extended, and the nose is missed as a rule, unless patient is lying down. Temperature normal; pulse 90.

May 9th.—Slight general convulsion; mental slowness; swallowing difficult on account of choking. Right upper extremity powerless; can be readily moved passively, but can or does not move it

*Read by title before the New Brunswick Medical Society, July, 1904.

actively; it lies semiprone in a condition of spastic rigidity. A few mucous rales in the chest and an inefficient cough.

May 22nd.—Saliva dribbles constantly. Food collects in the cheek and falls out of the mouth. Unable to stand alone—pitches forward.

May 31st.—Mental condition much altered—spiteful, irritable, tyrannical and dirty. Speech quite unintelligible, owing to motor incoordination in tongue and larynx; lips and tongue weak. Cannot raise mucous from throat by cough.

June 3rd.—Cannot retain food in mouth nor get it beyond soft palate save by pushing it down with the left fingers. Appetite good, and she apparently enjoys eating. Swallows liquids after being retained some time in back of mouth by a peculiar gulping motion. Severe bronchitis.

July 13th.—Bronchitis improved; gets rid of mucous by vomiting. Frequently when chewing or speaking the lower jaw snaps forcibly upward, often catching the mucous membrane of the cheek or tongue. The right foot is rigidly extended and rotated inward. Leg extended on thigh. Knee and ankle clonus very marked. Cannot lift her right arm to head.

Here then we have disease of the central nervous system in a female child. Four questions immediately arise; is it

(1) Organic or functional?
(2) Is it a tumour?
(3) Its situation.
(4) Its nature.

The disease is organic undoubtedly because of its focal as well as its general symptoms of which the optic neuritis and causeless vomiting in the absence of nephritis or lead poisoning are fairly conclusive evidence, even making allowance for the negative history of headache or convulsions.

The absence of sensory phenomena, the ingravescent character of the disease sufficiently distinguish this from hysteria.

Anæmia truly is present, but of very slight degree.

Is it a tumour? Having already eliminated general toxic disorders, there remain as possibilities, (*a*) bulbar paralysis, (*b*) Friedreich's disease, (*c*) cerebral abscess, (*d*) disseminated sclerosis.

The first is unheard of in childhood, the second is congenital and appears at a much earlier age. Cerebral abscess has generally

an obvious source, such as middle ear disease, adenoids, the acute infections, such as measles or influenza; its development is more sudden and its course more rapid. In disseminated sclerosis we have typical clonus and Babinski's sign; but here the coarse character of the incoordination, much lessened by the recumbent position, combined with the swaying, weak, and irregular gait, contrast with the stiff and stamping ataxia, while the absence of nystagmus and tremor, volitional or otherwise, and the age of the patient are sufficient to exclude sclerosis, even if we overlook the presence of optic neuritis and the causeless vomiting.

If then a tumour, where its situation? Look for a moment at the sequence of symptoms. Commencing with paralysis of the left abducent, which is peculiarly exposed to injury during its long course in front of the pons, there follows partial paralysis of the muscles supplied by the lower fibres of the facial as well as irritation of the crossed pyramidal tract to the upper and lower extremity and the coordinating centre in the middle peduncle of the cerebellum, progressing to the hypoglossal to the tongue, the pneumogastric supplying the pharynx, larynx and stomach, and finally the motor root of the fifth to the temporal, masseter and internal pterygoids. In short, a picture of bulbar paralysis with ataxia pointing clearly to a seat in the pons and medulla extending upward to the middle peduncle, which, from the absence of pains, headache and other sensory phenomena, is probably not meningeal, but central in origin. As to its nature, no morbid process elsewhere, save a bronchitis, apparently of inhalation origin, exists elsewhere to give one a hint. There is no history or sign of inherited syphilis, and no improvement under mercury and iodide; indeed, small doses of calomel produced salivation.

Tumours of the pons and cerebellum are most frequently tubercular or gliomatous. There is absence of pains and of the peculiar apoplectiform seizures so characteristic of glioma, while the unsteady progression, low blood count, age, and family history of the patient point a pale and uncertain finger to the presence of the White Plague.

Selected Articles.

THE CORRECTION OF ABNORMAL CONDITIONS OF THE BLOOD RELATIVE TO SURGICAL OPERATIONS.*

By S. C. EMLEY, A. B., M. D., of Wichita, Kan. Late Pathologist Augustana Hospital, Chicago, Ill.

Frequently the surgeon is called upon to operate on patients who, when they first present themselves, are in no condition to stand an operation on account of deficient quantity of blood or the poorness of its quality. On the other hand, it is desirable that the patient regain his normal condition as soon as possible after operation, whether the abnormal condition of blood is due to the operation or not.

The ideal remedy is that which will restore the normal condition of the blood in the shortest time with the least disturbance to the rest of the body, the digestive system particularly. Less necessary are palatability and cost of the remedy. To determine which of several preparations best fulfilled the above conditions was the purpose of this investigation.

All of the preparations used being recognized as good, Dr. A. J. Ochsner gave me permission to prescribe them as I saw fit to certain of his patients in Augustana Hospital. Only those cases were selected whose appearance indicated the need of a hematinic. As often as possible similar cases were paired off, one patient being given one preparation and the other patient another, and the results compared. The cases were paired according to pathological condition, age, sex general condition and the condition of the blood as to hemoglobin and erythrocytes at the beginning of treatment. The preparations used were malt with iron and manganese; malt with iron, quinine and strychnine; Blaud's pills, and the preparation known as pepto-mangan (Gude.)

After watching the effect of the medication on the patients, and observing the records, it is seen that Blaud's pills acted quickly, but constipated; the malt combinations caused nausea in a few patients, and the malt, manganese and iron combination caused constipation in nearly all. The pepto-mangan, given in milk, was agreeable to take,

and in no case did it cause nausea or constipation. While in two cases the Blaud's pills acted more quickly than pepto-mangan in two simliar cases, on the whole the latter gave better and quicker results than any of the others, and at the same time caused no digestive disturbances in any of the cases.

Although the investigation was undertaken for the purpose of finding the best hematinic for surgical cases, it was tried in one case of chlorosis and in several obscure medical cases.

The following table shows the results obtained in all those cases where Gude's preparation was given. One to four drams were given in milk to each case, three times a day. The hemoglobin was estimated with Von Fleischel's hemometer, and the erythrocyte count made with the Thoma-Zeiss apparatus. The first blood count was made previous to operation in all surgical cases, and the last a short time before the patients discharge from the hospital. The second count was never made immediately after the operation because of the temporary derangement due to the anesthetic and the loss of blood:

Name.	Age.	Diagnosis.	Date.	Erythrocytes per 1 c.c.	Per cent of Hemoglobin
1. G. M.[1]	53	Carcinoma of stomach...	9-29-03	2,920,000	33
			10-12-03	3,400,000	43
			10-25-03	3,260,000	42
			11- 8-04	2,520,000	36
2. Mr. L.[1]	49	Carcinoma of stomach...	10-29-03	2,665 000	27
			11-23-03	2,900,000	28
			12- 5-03	2,540,000	27
			12-19-03	2,300,000	26
3. Miss J.	17	Acute menorrhagia	12- 4-03	2,310,000	36
			12-20-03	3,565,000	44
			12-27-03	4,160,000	49
4. Mrs. E. K.	33	Menorrhagia	12-07-03	4,340,000	44
			1-10-04	3,565,000	64
			1-18-04	5,100,000	82
5. Mr. S.	23	Neurasthenia (?)	12-16-03	4,060,000	60
			1-7-04	4,260,000	65
			1-14-04	4,560,000	75
6. Mr. K.	35	Tuberculosis of mesenteric glands.	11-15-03	3,825,000	62
			12-10-03	4,826,000	68
			1- 4-04	4,716,000	66
7. Mrs. F.	23	Pelvic abscess	10-25-03	4,060,000	60
			11-23-03	5,100,000	69
			12-11-03	4,957,000	78
8. Mrs. A.	34	Pelvic abscess	12-10-03	3,165,000	53
			12-29-03	4,293,000	58
			1-11-04	4,560,000	78
9. Miss A. J.	16	Chlorosis	10-25-03	3,010,000	45
			11-12-03	4,950,000	65
			11-28-03	5,676,000	80
10. Mrs. H.	40	Myoma of uterus	7-15-03	2,100,000	42
			8-17-03	3,900,000	55
			9-15-03	4,500,000	80
11. Johnny L.	13	Tuberculosis of hip	12- 1-03	2,680,000	45
			12-29-03	3,600,000	55
			1-20-04	4,100,000	62
12. Mr. E. P.	21	Tuberculosis of ankle	10-29-03	4,310,000	66
			11-10-03	4,850,000	71
			1-23-04	5,166,000	75
13. Johnny F.	9	Extensive burn and infection of surface.	11- 9-03	3,560,000	50
			11-25-03	3,900,000	56
			1-23-04	4,362,000	68
14. Miss E. B.	17	Perforated appendicitis.	11-25-03	3,600,000	55
			12-26-03	4,000,000	65
			1-22-04	4,250,000	69
15. N. N.	29	Suppurative appendicitis	12-20-03	4,200,000	60
			1- 2-04	4,400,000	66
			1-20-04	5,120,000	75
16. Mr. B.	28	Chronic appendicitis	1- 2-04	3,565,000	62
			1-10-04	4,320,000	70
			1-23-04	4,800,000	78
17. Mr. S.	37	Gangrenous appendicitis	10-10-03	3,300,000	45
			10-27-03	3,350,000	45
			11-27-03	3,010,000	40
18. Miss. W. J.	29	Empyema	11-20-03	2,740,000	44
			12-20-03	3,070,000	52
			1-22-04	3,820,000	60
19. Mr. F.	44	Cholelithiasis Chronic appendicitis.	11-23-03	3,560,000	57
			12- 4-03	4,100,000	68
			1-12-04	4,640,000	78

[1]Incurable.

In the nineteen cases tabulated there is an average increase of 800,000 erythrocytes and of 14.5 per cent. hemoglobin. This improvement was during forty days on an average. The usual time a patient stays in the hospital is twenty-one days when the case is of ordinary severity from a surgical standpoint. Such cases were placed on tonic treatment and showed rapid improvement, but of such cases only one (Case 16) is noted because it might be urged they would improve equally fast with or without a tonic.

It is seen from the above table that even in the cachexia of carcinoma there is a temporary improvement, which shows that in the use of this tonic we are dealing with a powerful hematinic. In Case 17 there was no improvement, the patient dying shortly after the last count. At the autopsy I found a pyogenic abscess in the liver as large as an orange and about 200 c. c. of pus below the right kidney, which explained the retrogression. In all of the other operated cases the improvement was steady and marked, especially in uterine diseases accompanied by loss of blood. In the case of chlorosis (Number 9) the improvement was remarkable, the patient being discharged cured in a little over a month, at which time all the symptoms had disappeared.

PROPRIETARIES.

During the meeting of the American Medical Association held at Atlantic City last June, representatives of the State Medical journals conceived and promulgated the idea that mutual interests would be better served, a bond of sympathy and good will created between themselves, and the profession at large benefited by an association termed "The American Association of State Medical Journals."

One of their number whose bump of wisdom was more normally developed than that of some of those present, succeeded in having final action on the project deferred until the meeting of the A. M. A. at Portland, Ore., next year.

The points of special interest in their declaration of principles are, (1) No journal of this association shall accept an advertisement of a medicine which is not ethical, and "ethical" shall mean that the pro-

duct advertised must have published with it not only the names of its constituent parts, but also the amount of such constituents, so that a definite dosage can be determined. Further, such product must not be advertised in the secular press, to the laity. (2) If a product is marked under a copyrighted name, the manufacturer shall furnish with it the proper chemical name, and if not patented, then also the process of manufacture.

(3) All advertisements not covered by the above paragraphs, or which contain extravagant or improbable claims, shall be submitted to the executive committee for approval before they can be accepted.

If the representatives present had any desire or wish for anything further they did not express it, and it is fair to persume that they do not want anything more. Were an excessive or inordinate desire for gain present they might have demanded a share of stock in each company who patronized them or levied on a portion of their patrons' receipts,—pabulum for the "kitty" as it were, but as nothing of this sort was done, they cannot be accused of having had the slightest mercenary or other improper motives when their declaration of principles was formulated.

If they are ever put into actual operation the " bond of sympathy ' ought to be ordered exceptionally strong, as it is not difficult to foresee that the demands made upon it will be unusually heavy.

There is probably no question but that State medical journals, at least the more influential ones, can be conducted without a loss, without a page of advertising matter, as members of the State associations are in a measure morally bound to pay their subscriptions, if, in fact, the State association does not set aside a dollar or two from the annual dues of the members as a reserve for the expenses of their official organ, but the question of profit had better not be discussed.

It is also true that many independent medical journals could be issued regularly from month to month from the amounts received from subscribers, but it is safe to assume that medical editors and publishers "live not by glory alone," and do, undoubtedly, depend upon the commercial side for their maintenance and profit, to a considerable extent.

Notwithstanding the enormous circulation of some of the great daily papers of our large cities, but a small proportion of the excellent service we all enjoy is due to the amount received from subscriptions and were it not for the general advertiser, the modern newspaper,

with its foreign news department as completely served as its domestic, its elegant press work and fine illustrations, brilliant and lucid editorials written by men whose salaries run into five figures, would dwindle to a mere job sheet, more despised than read.

As this project is scheduled to lie over until the next annual meeting of the A. M. A. there is ample time for a thorough consideration of the subject, and although no prophet, or the son of a prophet, we venture the prophecy that its consummation will never be accomplished—unless suicide is contemplated, and that the executive committee who are delegated to pass upon the propriety of proposed advertisements, will not be compelled to shorten their office hours nor curtail their outside work in order to perform their duties.

Medicinal preparations of a proprietary nature possess a distinctive character as marked as that of individuals, due to the process of manufacture and fixed composition. Many of the better known preparations would not suffer by the publication of their exact formulæ, as for example, when certain complicated laboratory machinery is required for their perfect manufacture, but this is not true of many well known preparations whose nature is that of a simple compound.

It is, however, also true that if the exact formulæ of certain proprietary remedies were known and taken to a number of skilled pharmacists for compounding the results would differ in nearly every instance.

A common example is the preparation Essence of Pepsin. Every druggist can make it, and practically all do make it, all perhaps using the standard formula, yet, write ten prescriptions and compare the results! Compound Syrup of Hypophosphites is another example; this preparation can be found on the shelf of every drug store in the country, yet in appearance, taste, and action all differ, and in many instances materially.

It is not to be supposed that a preparation can always be duplicated providing the formula is known, but such a procedure would encourage substitution to an alarming extent, and in this fact lies the greatest danger. While substitution is probably not practiced as generally as some writers would lead one to believe, especially by the retail druggist on individual prescriptions, there is another form of substitution which, while in a sense is not deceptive nor fraudulent, is nevertheless an imposition upon the original manufacturer and a source of positive financial loss to him.

This form of substitution is found in the drug stores presumed to be of the higher grade, the store located on the principle street and the most prominent corner. The proprietor has a certain percentage more brains than his uptown or downtown competitor; he has the ability to develop his one time drug store into a department store with a drug department; he is patronized by the elite, and the high-priced doctors send their prescriptions to him for compounding.

Does the druggist substitue? Not much! He has sufficient intelligence to see beyond the extra dime or quarter profit he might make by using a cheap substitute for a high-priced proprietary; he argues that he charges good prices for his prescriptions and can afford to buy all the high-priced chemicals and compounds that the doctor may write for, but his keenly developed mental equipment soon reaches the conclusion that there is a shorter road to wealth than by the prescription, via proprietary remedy, route.

By the aid of his knowledge of chemistry and pharmacy, and a few timely hints by the editor of his drug journal, he soon perfects an elegant imitation of a certain proprietary, which strange to relate, often possesses more virtue and curative power than the original. (?)

He now calls upon Dr. So and So and the others who had favored him with their business, thereby conceding evidence of their confidence in him and mutely acknowledging their belief in his superior ability, and in a few well-chosen words convinces the doctor that it is foolish to pay one dollar an ounce, or one dollar a pint for a remedy that can be duplicated for less than half the amount, as he supposes. The doctor's attention is called to the fact that he, as an intelligent educated physician, can, of course, readily see that nothing is gained by adhering to the old and genuine preparation, and the result is, he prescribes the druggist's imitation product more or less afterwards. By continual efforts in this direction, worthy of a nobler purpose, doctors are constantly imposed upon through a want of a proper knowledge of the facts, but who believe the statements repeatedly made by the interested parties.

That harm frequently results from lack of precaution on the part of the physician there can be no doubt, yet the remedies prescribed are not always absolutely indicated and in many cases the expected results are not obtained, even when genuine remedies are dispensed, but when this is the case under the best possible conditions, what can one

expect from the use of imitations that are known and prescribed as such?

Apart from therapeutic views, it is unfair, venal, dishonest. Persons who further their own interests by appropriating the discoveries of others and who confiscate the products of the brains of their superiors, are conducting their business along lines which the self-respecting and conscientious physician cannot follow with profit to himself, nor advantage to his patient.

Anything done that will make substitution easy, or which will enable the skilled but dishonest pharmacist to become a party to the deception of physicians, cannot but be looked upon as a step decidedly unwise, and in direct opposition to true progress and meritorious advancement.

The outcome of the plans proposed by the A. of S. M. J. will be watched with interest.—*Albright's Office Practitioner.*

Correspondence.

To the Editor of the Maritime Medical News:

Sir,—I desire now, in due time, to call the attention of the medical profession in Nova Scotia to the effort which is being made by the Medical Society of Nova Scotia, through its committee, to obtain certain legislation at the next session of the local legislature.

Two years ago at the meeting of the Society in New Glasgow a committee on Legislation and Public Health was appointed, consisting, of the following :—Dr. D. A. Campbell, Dr. M. Chisholm, Dr. M. A. B. Smith, Dr. T. J. F. Murphy, Dr. A. J. Cowie, Dr. L. M. Murray.

The committee were "given power to prepare such legislative action with regard to sanitation, vital statistics, fees in courts of law, and such other matters as pertain to the welfare of the profession."

The committee duly met. Dr. A. J. Cowie was appointed Chairman and Dr. M. A. B. Smith, Secretary.

The following bills were prepared by the committee, legal advice having been employed :—

"Be it enacted by the Governor, Council and Assembly, as follows:—

1. Chapter 185 of the Revised Statutes of Nova Scotia, 1900, is hereby amended by adding to the schedule of witness fees on page 833, after the word "party," the following words: "Physicians and "surgeons other than parties to the cause residing not more than "three miles from the place to which summoned, when called upon to "give evidence in consequence of any services rendered by them, or "to give professional opinions, in additional to travel as above, per "day, $5.00.

"If residing over three miles from such place, in addition to travel "as above, per day, $10.00.

"In cases where such professional or scientific witnesses are called "or subpœnaed, a reasonable sum shall be allowed for the time em- "ployed and expenses (if any) incurred by the witness in preparing "himself to give the testimony expected from him."

2. Such professional or scientific witnesses shall be entitled to the said fees when called or subpœnaed in any of the Courts of the Province of Nova Scotia."

"Be it enacted by the Governor, Council, and Assembly, as follows:—

1. Chapter 36 of the Revised Statutes of Nova Scotia, 1900, is hereby amended by striking out the words "which shall include any charge for a post mortem examination, if such is made," in section 9, sub-section 2 thereof, and by adding to said section the following sub-section:

3. Such practitioner, if he shall make a post-mortem examination, shall be entitled to receive from the municipal treasurer a further sum of five dollars for such examination, upon presentation of a certificate from the coroner by whom the inquest is held, that such examination had been made by the direction of a majority of the jury."

The arguments urged in favour of these two bills, the justice of which appeals to all medical men, are as follows:

The allowance to physicians and surgeons as witnesses in courts of law in Nova Scotia is 60 cents a day and mileage 10 cents one way. As an example of the unfairness of this state of affairs, a physician of Upper Stewiacke was recently held in Truro three days to give medical evidence, for which he received the magnificent fee of $1.00 per day.

Again the allowance for attendance of medical practitioners before coroners, *including post mortem examinations,* is $5.00 in Nova Scotia. What one of our legislators would, in addition to giving his expert knowledge of a certain case, care to subject himself to the unpleasantness, danger and delay involved in an accurate external and internal examination of a dead body for five dollars?

A report of a Committee of the Provincial Medical Board to that Board, dated July 14th, 1903, on the subject of Medical Witness Fees has the following: "The inquiry shows that the fees paid to medical men for evidence in the various courts in Nova Scotia are lower than in any other Province of Canada, a condition which calls for immediate action on the part of the profession."

The following is a memorandum of the fees allowed to medical men in the Courts of Great Britian, and some of the Provinces of Canada:

GREAT BRITAIN.

Superior Courts.—When residing at, or near place of trial,.. $5.00.
Away from residence,.....$10.00 to $15.00
Mileage,.....25c. one way

County Courts.—$2.50 to $5 00 per day. Mileage, 12½c. one way.
Coroner's Courts.—Evidence, $5.00. Post-mortem and evidence, $10.00

ONTARIO.

High Court of Justice, Court of Appeal, Division Courts and County Courts.—"Physicians and Surgeons when called upon to give "evidence of any professional service rendered by "them, or to give professional opinion, per diem, ...$4.00

EXCHEQUER COURT OF CANADA.

Do. Do $5.00

MANITOBA.

Do. Do. $4.00

BRITISH COLUMBIA.

Do. Do. $4.00

In British Columbia they also have the following provision :

"In cases where professional or scientific witnesses are call- "ed or subpœnaed, a reasonable sum shall be allowed for the "time employed, and expenses (if any) incurred by the "witness in preparing himself to give the testimony ex- "pected from him."

NEW BRUNSWICK.

In Civil Cases.—Nothing laid down; fees are a matter of previous arrangement.

In Crown Cases.—"Whenever an indictment shall be presented be- "fore any Grand Jury, in the Province, for any indictable "offence * * * it shall and may be lawful for the Court to "order * * * witnesses for the prosecution, such amount "for travel and attendance as may be deemed sufficient "to meet their reasonable expenses, including an additional "allowance to medical men and other expert witnesses, call- "ed in on the part of the Crown."

PRINCE EDWARD ISLAND.

In the Supreme Court.—There is an old rule of Court, whereby medical men receive $3.78 per diem, for every day they attend Court.

In the legal opinion furnished to the committee, in regard to professional witness fees, the case of Webb vs. Page, (1 Carrington and

Kirwan's Reports, page 13, year 1843,) Mr. Justice Maule's observation is quoted as follows: "There is a distinction between the case of "a man who sees a fact, and is called to prove it in a court of justice "and that of a man who is selected by a party to give his opinion on "a matter with which he is peculiarly conversant from the nature of "his employment in life."

These two bills were introduced by Mr. Patterson during the last session of the Legislature, on January 7th. The arguments just mentioned, were all presented at a greater length by a small committee of medical men, before the Committee on Law Amendments, House of Assembly, on January 21st, when the bills came before it. Both bills were defeated in that committee.

Nevertheless, the first mentioned committee of the Medical Society of Nova Scotia was re-appointed by the society at its last session in July, of last year, with instructions to again urge upon the Legislature an increase of the allowances to medical witnesses.

These instructions are in harmony with resolutions adopted by the Cumberland Medical Society, the Colchester County Medical Society, and other county societies, urging "the serious state of affairs existing in the Province, with regard to the payment of witness fees to medical men."

This committee is of opinion that the only way to secure the passage of these most reasonable bills, is by medical men of this Province personally interviewing their legislative representatives, placing the facts before them, and indicating that the profession is in earnest about these measures. And the committee asks that members of the Medical Society of Nova Scotia will interview their representatives with a view to securing next session, not only the passage of the two bills which were thrown out last session, but also such other legislation as may be brought forward by the society's committee.

M. A. B. SMITH,
Secretary of Committee on Legislation.

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Editorial.

ACTINOBACILLOSIS IN CANADA.

The comparatively recent differentiation of the condition called actinobacillosis from the disease known as actinomycosis, has had a special interest attached by the publication of a bulletin from the Biological Laboratory of the Department of Agriculture, in which the existence of actinobacillosis in the Dominion is shown. The condition attacks cattle and bears a good deal of clinical similarity to actinomycosis, from which it was differentiated in 1900-01 by Ligineres and Spitz. The causative organism, however, is a bacillus, which differs in all respects from the streptothrix of actinomycosis.

The bulletin, which is from the pen of Dr. Chas. H. Higgins, the pathologist of the Department of Agriculture, cites four cases in which the condition was found. From each the bacillus was isolated and studied in cultures and in inoculation experiments. It is impossible as yet to say to what extent the disease prevails. In the majority of cases the lesions are located in the region of the larynx, and from the extensive tumour formation respiration may be seriously interfered with. The early signs may suggest abscess. The pus is characteristic, of a semi-solid consistency, glutinous, almost transparent and contains whitish granules which are scarcely visible to the naked eye.

The disease is infectious and capable of communication by direct

inoculation. The degree of danger of spread through co-habitation has not yet been determined, but is thought to be rather greater than in the case of actinomycosis.

It is a pleasure to know that work of this sort is being done under the auspices of the Dominion Government, and we congratulate our veterinary friends upon the benefit which must accrue to their mission through such investigations and the publication of results. We trust that in the near future there may be a Department of Public Health organized by the Dominion Government, so that work of a parallel nature may be done on behalf of human medicine.

UNITED STATES VITAL STATISTICS.

"A Discussion of the Vital Statistics of the Twelfth Census," by Dr John Shaw Billings, is the title of a bulletin recently issued by the Department of Commerce and Labor of the United States Government. The document is really but a supplement to the data formerly published by the Census Bureau, and will doubtless be most fully appreciated by those who have had access to these previous publications. Nevertheless there is much of intense interest in the bulletin under consideration, which well repays perusal. It is a striking illustration of the excellent use which may be made of even imperfect figures. Attention is drawn to a lessening of the mortality from consumption, diphtheria and the diseases of children, to such an extent as to more than offset an increase in the mortality from pneumonia, cancer, heart disease, apoplexy and other diseases of old age. The death rate per 1000 of population in 1900 was 19.6, while in 1900 it was but 17.8.

Tables showing influence of age, sex, colour, etc., upon mortality the comparative mortality from different diseases in different localities the expectation of life in certain cities, etc., etc., are full of interest.

The reading of this bulletin recalls very forcibly the extremely unsatisfactory conditions in Canada with reference to vital statistics. The United States statistics are much less complete than those of Great Britain, and we would prefer that a Canadian system shall be modelled after that of our mother-land. But there is much that is admirable in the bulletin being discussed, and something of a similar nature applied to our own country would be of great value.

It would seem that the question of vital statistics in Canada properly comes within the jurisdiction of the central government. The statistics as now compiled are of a very limited value from a medical standpoint, and it would seem to be quite time for the medical profession to make strong representations to the government of the desirability of something more satisfactory in this particular than we now have.

RE DR. SMITH'S LETTER.

We wish to draw attention to the letter in another column on the subject of Medical Fees in Courts of Law in this province.

This matter has been for some time before the profession. Bills were prepared by the committee of the Medical Society of Nova Scotia which were rejected by the Local Legislature at its last session, simply because the medical men of this province did not as a body use their influence with their respective legislative representatives to secure the passage of these measures. In this letter, arguments are set forth which will be useful in placing the matter before each one individually. We believe the committee intends to send a circular to each M. P. P. embodying the substance of this letter. It only remains for the members of the profession to personally urge these arguments upon their representatives. If these Bills are again lost, through the apathy of the profession, it may be some time before a further effort will be made in the matter. The members of the Local House will ere long be asking the support of their constituencies for their return to office. Now is the time to ask from them their support for such fair legislation as is granted the medical profession, not only in Great Britain, but in almost every other province of Canada but Nova Scotia.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

October 5, 1904. The President, Dr. O. J. McCully, in the Chair.

Pathological specimens. Dr. F. H. Wetmore exhibited. (*a*) Two polypoid growths removed from a multiparous cervical canal. (*b*) Nasal sequestrum.

The President opened the work of the Society for the year by reading a paper entitled "Criminal Anthropology." This paper will appear in the Maritime Medical News.

In the discussion which followed, many members referred to the interest and excellence of the paper. Dr. McIntosh showed that he had noted in fitting glasses, that successful men of the province have much breadth of forehead. Dr. James Christie gave his experience with the criminal class as physician to the jail. He deprecated the comfortless method of treatment adopted, such as bread and water diet, and favoured good food, bedding and ventilation.

Dr. McCully, in replying, among other things, thought that ultimately an international conscience would be evolved which would prevent killing in warfare. Also, that special attention should be paid to the training of the young who show criminal tendencies.

After adjournment, the President entertained the members of the Society at a supper at the Alexandra Cafe.

October 12th. The Secretary, Dr. Lunney, read a paper dealing with the superstitious ideas of some hundreds of years ago, and their application in the treatment and cure of many diseases, particularly those accompanied by nervous phenomena.

He reviewed the period when the cure of diseases relied upon charms, talismans and phylacteries. Some interesting instances of the influence of mind upon the body were related, and the reference was made to the Royal touch, animal magnetism and sympathetic cures.

The members present gave instances of present day superstitions.

October 19. The Vice-President, Dr. Barry, in the Chair.

Dr. Barry reported a case of adherent placenta. There was miscarriage at 5½ months. The head was hydrocephalic, necessitating puncture before delivery. The fœtus had been dead about 10 days.

The placenta had a low attachment and appeared to be connected with the uterine wall by cicatricial tissue. Curettage was found necessary. The case was complicated by a large pyosalpynx and ultimately proved fatal.

A discussion on adherent placenta followed, and there was agreement on the rarity of this condition.

Personals.

Dr. P. C. Murphy, of Tignish, P. E. I., was married to Miss Agnes C. Wickham, on the 8th inst. We were glad to see Dr. and Mrs. Murphy on their honeymoon and extend our best wishes for their future happiness.

Congratulations to Drs. Daniel, of St. John, McLennan, of Inverness, and Black, of Hants, on their election to the Dominion Parliament on the 3rd inst.

Dr. E. E. Dickie, of Wolfville, who has been suffering from rheumatism for some weeks, is now under treatment at the Victoria General Hospital.

The NEWS extends its sympathy to Dr. W. F. Hamilton, of Montreal, in the death of his mother, and also to Dr. W. F. Smith, of this city, in a similar bereavement.

Book Reviews.

International Clinics.—A quarterly of Clinical Illustrated Lectures and especially prepared original articles by leading members of the Medical Profession thoroughout the world. Volume III, Fourteenth Series. 1904. Price, Cloth, $2.00 net. J. B. LIPPINCOTT COMPANY, PHILADELPHIA; CANADIAN REPRESENTATIVE, CHARLES ROBERTS, MONTREAL.

The most valuable contribution in the present volume is that on "Syphilis," comprising twelve chapters, written by men who are enimently competent to discuss various phases of this disease. We have carefully read these articles and have been greatly benefitted thereby, especially in the details of diagnosis and therapeutics. "Uncertainty as to Syphilitic Inoculation," by Campbell Williams, F. R. C. S., of London, will give the reader in a few pages more information in the diagnosis of the initial lesion than all the numerous text books he may have in his possession. For his lucid interpretation the writer deserves every commendation. "The Differential

Diagnosis of Syphilitic Eruptions," by A. H. Ohmann-Dumesnil, M. D., cannot but enlighten the reader—as one might expect from the pen of so well known an observer. Dr. A. Fournier, one of the abliest living sphilographers, contributes two chapters: "Syphilis and Suicide," and "the Treatment of Syphilis by Calomel Injections." The writer does not approve of the injection method as an habitual form of treatment, although not denying its powerful and beneficent action on different manifestations of the disease. On the other hand, Dr. W. S· Gottheil, in the chapter on "The Hypodermatic Treatment of Constitutional Syphilis," is a warm advocate of the injection method at stated intervals throughout the period of the disease. His favorite salt is the neutral salicylate of mercury suspended in liquid albolene. One of the advantages states Dr. Gottheil, "is the fact that the physician keeps his patient under control and observation, as he should do." Also, "the more we do for our patients ourselves the better for them—and for us." This is, in itself, worth remembering. A number of excellent plates illustrating the text render the articles still more valuable.

While speaking on this subject we likewise commend Dr. Melvin's interesting article on syphilis in this number of the NEWS to the attention of our readers.

Other able chapters under the headings of treatment of medicine, surgery, gynecology and neurology are included in this volume, such as, "The Treatment of the Digestive Disturbances Occurring in Pulmonary Tuberculosis," "The Treatment oi Diabetes Mellitus," "Diseases of the Liver," "Some Remedial Agents in the treatment of Gynecological Affections."

We again heartily cougratulate the editors for gathering such an array of valuable material and strongly commend the perusal of this volume of the Clinics to every reader.

The Physician's Visiting List for 1905.—Fifty-fourth year of publication. For 25 patients weekly, $1.00, for 50 patients weekly, $1.25, etc. Published by P. BLAKISTON'S SON & Co., 1012 Walnut Street, Philadelphia.

No more popular visiting list is published than the well known little book referred to. It is well printed, durable and of convenient pocket size, and is bound in strong leather covers. The contents also embrace incompata bilites, immediate treatment of poisoning, the metric system, dose table, etc., etc. We can endorse the statement of the NewYork Medical Record: "For completeness, compactness, and simplicity of arrangement, it is excelled by none in the market."

Visiting and Pocket Reference Book for 1905,—The following are the comprehensive contents: Table of Signs and how to keep Visiting Accounts, Obstetrical Memoranda, Clinical Emergencies, Poisons and Antidotes, Dose Table, Blank leaves for Weekly Visiting List, Memorandum, Nurses Addresses, Clinical, Obstetrical, Birth, Death and Vaccination Records, Bills Rendered, Cash Received, Articles Loaned, Money Loaned, Miscellaneous, Calendar 1905, 126 pages, Lapel Binding, Red Edges. This very complete Call Book will be furnished by the DIOS CHEMICAL COMPANY, of St. Louis, Mo, on receipt of 10 cents for postage.

The Physician's Pocket Account Book,—By Dr. J. J. Taylor. This is a neat, compact, easily kept and strictly legal book, carried in the

pocket, always with you, showing each person's account at a glance. All entries are made but once, on the day when the services are rendered, in plain, legal language, and require no posting or further attention.

By always being able to show all inquirers the exact state of their accounts wherever you may meet them, showing date and nature of each transaction, you will save more than enough in one year to buy account books for a hundred years. Being simple and complete, it will save you much valuable time in keeping your accounts and much needless worry as to their correctness.

Books that are irregularly or obscurely kept in signs or ciphers are not admissible in court as evidence. If you use the Physician's Pocket Account Book, you can simply hand your book to the court and go about your daily calls, secure that your evidence is entirely competent.

The book contains Obstetric, Vaccination, and Death Records and Cash Accounts. The book is $4\frac{1}{4}$x$6\frac{3}{4}$ inches, containing over 224 pages. Prices, Bound in Leather, $1.00. Also bound in manilla boards with separate leather case. Price of case and two manilla books, $2.00. Subsequent manilla books to use in the case, 60 cents each; two for $1.00; three for $1.40. Also large size for desk or office use, $4.00. Address, Dr. J. J. Taylor, Author and Publisher, 4105 Walnut St., Philadelphia, Pa.

Serums, Vaccines, and Toxines in Treatment and Diagnosis.—By Wm. Cecil Bosanquet, M. D., M. D., Oxon., F. R. C. P., Lond., Cassell and Company, London, Paris and New York, 1904. Price 7/6. Toronto, Chandler & Massy Limited.

We heartily commend this work to the general practitioner desirous of acquainting himself with the most recent knowledge relating to serums and vaccines. Most of the literature on these subjects is not accessible, being scattered through many periodicals, British and foreign. The author presents in readable form the recent views concerning immunity, and gives an excellent summary of the application of the various serums and vaccines in disease. Nowhere have we seen a more practical digest or pointed criticism of the value of the methods which have been evolved by bacteriologists in various parts of the world.

Blood Pressure, as affecting Heart, Brain, Kidneys and general circulation. A practical consideration of Theory and Practice. By Louis F. Bishop, A. M, M. D., Physician to Lincoln Hospital and French Hospital, New York. 12mo. Published by E. B. Treat & Co., 241 West 23rd St., New York. Price, cloth, $1.00.

This interesting and practical little monograph will be welcomed by those who recognize the importance of the physics of the circulation, but who have not the time needed to read the larger works on the subject. It is free from technicalities, and treats the subject from a purely clinical standpoint. The significance of variations in blood pressure is clearly pointed out, and the therapy of the different states is succinctly considered.

A Manual of Medicine.—By Thomas Kirkpatrick Monro, M. A., M. D., F. F P. S., Glasgow, Professor of Medicine in St. Mungo's College, Physician to Glasgow Royal Infirmary, Etc. London, Bailliere, Tindall & Cox. Toronto, Chandler & Massey Limited.

Dr. Monro's work is intended primarily for the student, although it is hoped by the author that it will also be of service to junior practitioners. It is a creditable attempt to put the more essential matters of medical practice into concise form, the book containing but 900 pages, and in many respects it is the best of the smaller texts on medicine with which we are acquainted. The arrangement of the book appears to us to be excellent, and a large number of subjects receive consideration which are quite neglected in many of the more pretentious works. Facts are stated plainly, and there is a charming lack of redundancy and ambiguity We feel, though, that it is unfortunate that there is a demand (for there must surely be a demand) for these small works on general medicine. There is no time in which it is more necessary that all details should be considered than during student days. The books recommended for study by the classes in our colleges should, in our estimation, be standards in every respect. It is unusual for a man to do better as a student after graduation than before, and if one is unable during his college course to acquaint himself with the details of such works as Osler, Tyson, Fagge, etc., it is unlikely that he will ever do so. But as long as shorter works are demanded, it is well that the best of these be chosen, and for those who *must* have a brief text on medicine the manual of Dr. Monro can be conscientiously recommended.

Saline Therapy.—By Prof. Dr. Carl von Noorden, Physician-in-Chief of City Hospital, Frankfort-on-Main. Authorized American edition, edited by Dr. Boardman Reed. Published by E. B. Treat & Co., 241 West 23rd St., New York. Price 75 cents.

This is the fifth of the series of Von Noorden's monographs on disorders of metabolism and nutrition, and it must take its place as one of the most valuable of the series. The text shows the result of careful observation and is full of practical information. These monographs are of exceptional value, and Messrs. Treat & Co. deserve the gratitude of English speaking physicians for making them available to those whose reading is limited to literature in their own language.

Therapeutic Notes.

There is no Substitute for Sanmetto in Acute or Chronic Prostatitis, Cystitis and Nephritis.—I have prescribed Sanmetto quite extensively in the last ten or twelve years, and I must say that I like the remedy very much in all forms of genito-urinary troubles. I can find no substitute for Sanmetto in either acute or chronic prostatitis, cystitis and nephritis. I am not in the habit of giving testimony to proprietary remedies, but I must confess my faith in Sanmetto and shall continue to prescribe it as long as it gives results.

Plainwell, Mich. J. C. Dreher, M. D.

When to Operate in Appendicitis.—Now or later? That is the question. While undecided use Antiphlogistine. Spread warm and thick over the abdomen and cover with absorbent cotton and a suitable compress. When used early, the inflammation is often resolved, the attack is cut short, and operation becomes unnecessary. The dressing should be renewed when it can be easily peeled off, generally in 12 to 24 hours.

REAPING PTOMAINES. A great many people seem to think that it matters little what kind of material goes into the building of the human structure! They feed on thorns and expect to pick roses!

Later, they find they have sown indigestion and are reaping ptomaines.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being.

Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," particularly in the colds, so easily taken at this time of the year, coryza, influenza and allied conditions, Dr. L. P. Hammond, of Rome, Ga., recommends "Laxative Antikamnia & Quinine Tablets," the laxative dose of which is two tablets, every two or three hours, as indicated. When a cathartic is desired, administer the tablets as directed and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

The Dietetic Treatment of Typhoid Fever presents many difficulties that are entirely overcome by the use of

Lacto-Globulin

Here are two typical cases reported by Dr. C.———, Montreal:

(1) Man aged 40, severe attack typhoid; hemorrhage appeared third week. Gradually grew weaker and took no nourishment; no improvement with all recognized methods of treatment. Put patient on Lacto-Globulin, temperature decreased, and marked improvement in nutrition; patient gained weight. I am convinced that with no other treatment but Lacto-Globulin could such results have been obtained.

(2) Boy aged 12, severe attack typhoid fever; on being called, prescribed Lacto-Globulin; patient lost no weight, and temperature never went higher than 102°. This temperature at first visit was 104°. This remarkable fall of temperature was due entirely to the sole use of Lacto-Globulin. Patient made an uninterrupted recovery in three weeks.

Similar results are always obtained by using this Food.

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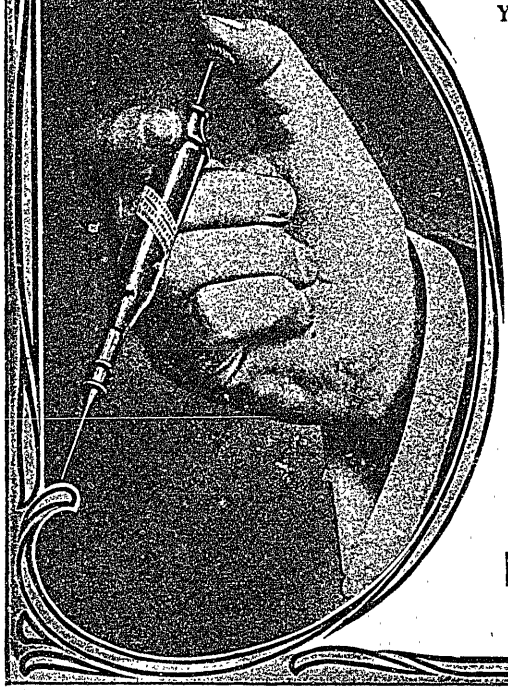

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