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FACULTY OF MEDICINE.

A Special Course of Instruction for General Practitioners has been arranged by the Members of the Faculty of Medicine of McGill University.

This course begins Tuesday, May 5th, and closes June 20th, 1896. It will consist of :—

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For any set of six lectures $5.00.

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PROF. R. F. RUTTAN,
Registrar.

The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th 1895, Dr. James Hervey Bell, 251 East 32d Street New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx.
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia & Quinine Tablets No. xxx.
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

℞ Antikamnia & Salol Tablets No. xxx.
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia & Codeine Tablets, No. xxx.
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always intructs patients to crush tablets before taking.

THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Original Communications.

SOME NOTES AND COMMENTS ON THIRTEEN CASES OF DIPHTHERIA TREATED WITH ANTI-DIPHTHERITIC SERUM.

BY E. J. ELDERKIN, M. D., Weymouth Bridge, N. S.

CASE No. 1.—Mary S., aged 4½ years, taken ill at 4 a. m., Nov. 25th, saw her at 7.30 p. m. the same day, pulse 140, temp. 103, tonsils covered with exudation, gave 3, c. cm. of serum at noon, Nov. 26th, no change, gave a second injection of 4 c. cm. at 7 p. m. Nov. 27th, pulse 96, temp. 100, false membrane on throat loosened so that it could be brushed off with a swab, gave 3 c. cm. of serum, and from that time convalescence was steady.

CASE No. 2.—Boy, aged 2 years, taken ill on the evening of Nov. 27th, saw him on the evening of Nov. 28th, tonsils covered with diphtheritic false membrane, would have used the anti-toxin then but had been disappointed in getting it that day. Saw child again on the 29th, when he seemed to be doing well under the old method of treatment, also on 30th the child was reported to be doing well, was not able to see it. Saw it on Dec. 1st, found it not doing so well, gave 5 c. cm. of serum, next morning child was bright and amusing itself with toys but at 5 p. m. when I saw it it was feverish and drowsy, gave 5 c. cm. serum, next morning child was reported doing well. Saw it at 8 p. m. and found a large patch of false membrane covering the left tonsil and

extending up on the soft palate as large as a half dollar, but so completely loosened that while I was syringing the child's nose the whole mass came away leaving the throat quite clear. This was about 54 hours after the first injection, and on the sixth day of the disease, from that on convalescence was slow but steady. This is one of the cases where I regret not having used antitoxin earlier.

CASE No. 3.—Tom G., aged 3 years, began to be feverish on Saturday morning, Dec. 7th, saw him at 8 p. m., pulse and temp. slightly above normal and a patch of false membrane the size of a small finger-nail on one tonsil, injected 6 c. cm. of serum, next morning temp normal, child bright and the small patch was removed from throat with a swab. From that time temp. remained normal and in a day or two child seemed as well as ever.

CASE No. 4.—Donald C., aged 7, was called to see him Dec. 7th, found him with pulse 140, temp. 103, heavy false membrane on throat as large as a 25 cent piece, with all the symptoms of a pretty severe case, gave 10 c. cm. of serum, saw him again 27 hours after, temp. 100°·5, pulse 110 no extension of membrane and the patch had commenced to loosen at the edge, did not see him on 3rd day, but on 4th day throat was perfectly clear, appetite good and convalescence fairly well established.

CASE No. 5.—Mary L., aged 3½ years, taken ill during Saturday night, saw her at 5 p. m. on Sunday, Dec. 8th, found her with high fever, rapid pulse, both tonsils covered with false membrane and the whole pass-pharynx secreting an enormous amount of muco pus altogether one of the most unpromising cases I ever saw, gave her 6 c. cm. of serum, all I had on hand, would have given 10 c. cm. if I had had it, saw her again on Dec. 9th, no improvement but on the morning of the 10th, she was reported better, saw her in the evening, amount of discharge greatly reduced, but patch of white false membrane running up on one side of soft palate almost to the top of mouth, this was easily removed with a swab, on the evening of the 11th coating had reformed in throat but not to such an extent but that it was removed very easily with a brush. On the evening of the 12th, coating nearly gone and patient doing well. A remarkable feature in this case was the rapidity with which a heavy coating much like a section of hard boiled egg would form on the throat and loosen again so as to be easily detached with a swab having only a few small bleeding points.

CASE No. 6.—DeLile S., aged 3 years, saw him Dec. 11th, the first day of his illness, temp. 101°, pulse rapid, small patch, false membrane on tonsil, gave 6 c. cm. of serum. Dec. 12th temp. normal, child asking for

food, gave 6 c. cm. more, Dec. 13th, throat clear, temp. normal, child up and dressed.

CASE No. 7.—Maggie M., aged 5 years, sister of No. 2, taken on Thursday morning Dec. 12th, saw her at 5 p. m. the same day, temp. 101° with slight coating on both tonsils, gave 9 c. cm. of serum, saw her again on the 13th, temp. normal and no extension of false membrane, recovery uneventful.

CASE No. 8.—Jessie C., aged 13 years, began to be ill on the 11th of December, but no coating on throat, but by the evening of the 12th there was quite a patch on one side, gave 10 c. cm. of serum, on the 13th vomited a good deal owing in part to the bowels being costive, temp. 103°, but no extention of false membrane. Dec. 14th child doing well temp. normal, throat clear, and convalescence well established.

CASE No. 9.—J. R. C., aged 7 years, was called December 17th to see this child, 16 miles in the country, had been sick 36 hours, false membrane on both tonsils and all the symptoms indicated a case of moderate severity, gave 10 c. cm. of serum. By this time I had learned pretty well what to expect and told the parents that the coating would shed off in two days and asked them to report to me. Two days afterwards I received a note saying that the case had progressed exactly as I had told them, and the child was up and dressed.

CASE No. 10.—Celeste L., aged 7, saw her Dec. 17th, about 30 hours after the initial symptoms, gave 10 c. cm. of serum, did not see her again until the 19th, when I was called to see another child in the same family and found her sitting up in bed with temp. 101°, but coating nearly gone from throat and general condition good.

CASE No. 11.—Helen L., aged 18 months, saw her on the evening of the first day of her illness, found her with temp. 103°, much flushed and a patch of false membrane on throat as large as a small finger nail, which was detached during the examination, gave 6 c. cm. of serum. Next day the child was up and dressed and never kept its bed for a day.

CASE No. 12.—Philip G., aged 5 years, taken sick on Sunday, did not see it until Wednesday p. m., throat literally filled with false membrane and breath very offensive, gave 10 c. cm. of serum, improvement was not noticed until 48 hours afterwards when the coating began to shed off, nasal discharge to grow less and general condition to improve, child improved slowly until all symptoms of the attack had passed away when it began to vomit, grew weak and died of asthenia about two weeks after beginning of the attack of diphtheria, and about one week after all signs of false membrane had disappeared from the throat.

CASE No. 13.—Brother of No. 12, aged 7 years, was called to see the child early in the 2nd day of disease, gave 10 c. cm of serum, next day the child was better and in two or three days was dressed and about the house.

In glancing over these notes one might say that all this proves nothing. I wish to point out 1st., that there were about 80 cases of diphtheria in this epidemic which lasted from Sept. 9th to Dec. 21st, 1895. At first the type was very mild and the cases did well under the older methods of treatment but later on the cases became more severe, lasting usually from a week to ten days and giving me a good deal of anxiety when I decided to adopt the serum treatment.

In the same family with No.'s 1 and 6, I had watched another child for over a week and for three or four days I did not know which way the scale would turn but finally it recovered. In case No. 1, I did not give the serum as boldly as I should have done or I have no doubt that the results would have been as striking as they were in No. 6. Case No. 2 was delayed too long to get very striking results. In cases No.'s 3, 6, 7, 11 and 13 it proved positively abortive. There could be no doubt about the nature of the disease in each case. Four brothers and the father of No. 3 had the disease and two of them have since developed paralysis. Two of the brothers were very ill indeed. Two sisters of No. 6 had it, the one treated without the serum was very ill indeed. A brother and a sister of No. 7 had the disease, one mild and one very severe. Three sisters of No. 11 were ill with it and a brother of No. 13 had it and died ultimately. For I have every reason to believe that if the cases above referred to had been treated by the older methods they would have at least dragged out a week or ten days of pretty severe illness (or possibly have succumbed to the disease), besides giving an endless amount of care and anxiety both to parents and attending physician.

Cases 4, 8, 9 and 10 demonstrate to my mind at least that when cases have been treated pretty early but not sufficiently early or sufficiently energetic to abort the disease, they may yet be so modified by the use of a proper quantity of the serum as to convert what would have been a severe case running its course in a week or ten days into a mild case running its entire course in three or four days.

It has been said that one of the uncertain things about the serum treatment was the proper dosage. But I think, that given the particular type of an epidemic and a preparation of serum of as nearly uniform strength as possible, the age and development of the patient and the time that has elapsed since the initial symptom and the progress that

the disease has made during that time, and you can guage your dose about as nicely as you can that of any other remedy.

I have used anti-diphtheritic serum of Parke, Davis & Co. of Detroit and the results have been so satisfactory that I have not tried any other. My advice would be to any one adopting the treatment, get the most reliable preparation you can without regard to cost and stick to it. In view of the fact that there has been some ontoward results following the administration of the antitoxin which have been attributed to it, I would admonish those engaged in its preparation, not to relax their vigilance for one moment. I regard antitoxin as not less a boon to humanity than vaccine, and I believe that in the case of vaccination a great deal of the ill results and consequent disfavour with which it is regarded by quite a large body of the laity might be avoided by a more careful mode of administration. So great is my faith in the serum therapy of diphtheria, that I would not think for one moment of treating one of my family without it. But with a reliable preparation at hand the disease has been robbed of three quarters of its terror for me.

COMPLICATIONS OF SCARLET FEVER

By A. I. Mader, M. D.

(Read before Nova Scotia Branch British Medical Association.)

Mr. President and Gentlemen:

It is my intention to refer only to the complications and sequelae of scarlatina that I have observed in the cases I have attended during the present epidemic. In all one hundred and thirty-five cases, seventy-five of which occurred in private practice and sixty in the Infants' Home. Of these sixty cases only about thirty were at all pronounced the remaining being of a very mild character. Of the seventy-five cases occurring in private practice the majority were of moderate severity. Eight cases terminated fatally. I mean to pass over the more common complications merely mentioning their frequency and character and will merely furnish brief notes on the rarer complications confining myself principally to private cases.

The complications observed were the following in order of frequency: Otitis media, arthritis, diphtheria, nephritis, membranous or diphtheritic opthalmia, phlegmonous swelling of the neck, cervical abscess, retropharyngeal abscess, glossitis, noma or stomatitis ulcerosa, other exanthems complicated scarlatina or were complicated by scarlatina in six cases, four of which were varicella and two measles (one of which had also whooping cough.) The following odd complications occurred among the Infants' Home cases: jaundice one case, erysipelas one case.

Otitis Media.—This disorder either as a complication or sequela was present in about 13 p. c. of my private cases and in upward of 50 p. c. of the institutional cases. With me this has not proved worthy of the dread in which I at first held it. I did not observe to result in any of these cases, chronic otorrhoea or permanent impairment of hearing. A case or two of catarrhal otitis caused some anxiety but by the use of Politzer's inflation deafness soon disappeared. My fatal cases did not have otitis.

Arthritis.—This complication was present in about 8 p. c. of my cases. In four it was present in one or both wrists the joints being very tender and painful though only slightly swollen and the inflamma-

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LIQUID MALT EXTRACT

Contains the elements which are in the "Staff of Life," but it is much more than a bread. When bread is taken into the stomach the starch in it (wheat flour contains about 70 per cent. of starch) must be changed into sugar before it can be used up in the body, whereas our Malt Extract, owing to the process it has gone through, is at once taken up by the system without taxing the digestive organs in the least, and the active principle in it, which is called by chemists "Diastase" acts at once on other food, changing it into the form whereby it can be readily absorbed, and go towards enriching the blood and repairing the waste which is continually going on.

As the Winter Tonic "par excellence" we do not hesitate to designate Wyeth's Liquid Malt Extract; it is particularly beneficial in Winter in that it promotes circulation, assists digestion, and is in itself a grateful food to patients who can hardly tolerate other diet, thus it increases vitality and aids the formation of fat to help withstand the severity of the season.

As a food for consumptives, many physicians find it to be about the only thing that some idiosyncratic patients can touch at all.

As to its advantages, during lactation this claim has been so fully substantiated by thousands of practitioners throughout America that the article has now become almost an essential requisite for mothers nursing, because of the large percentage of nutritious matter with the very small percentage of alcohol it contains; in the usual dose of a wine-glassful three or four times daily it excites a copious flow of milk, improves it in quality and supplies strength to meet the great strain upon the system at that period, nourishing the infant and sustaining the mother at the same time.

Yours respectfully,

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per DAVIS & LAWRENCE CO. Ltd., Gen'l. Agents.

We have no hesitation in stating, that as a Tonic, Stimulant and Roborant, WYETH'S BEEF, IRON AND WINE has proven more uniformly beneficial than any combination we have ever known It is substantially a universal tonic.

In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time to excite this organ to do its duty. On the other hand, again, wine stimulus, although needed, is ill borne if given by itself, producing headache, excitement and other symptoms which may be avoided by the addition of nutritious substance, such as the Essence of Beef. Iron, also, can be taken in this way by by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given.

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WYETH'S BEEF, IRON AND WINE.

To give strength after illness.—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutriment with Stimulus.

To those who suffer from weakness it is a Nutritive Tonic, indicated in the treatment of Impaired Appetite, Impoverishment of the Blood and in all the various forms of General Debility. Prompt results will follow its use in cases of Sudden Exhaustion, arising either from acute or chronic diseases.

To Growing Children—Especially those who are sickly, get great benefit from this preparation. It builds up by giving just the nourishment needed, and in a very palatable form.

To people who are getting old, who find their strength is not what is used to be, they experience a decidedly tonic effect from its use as occasion requires.

To clergymen, teachers and members of other professions, who suffer from weakness, WYETH'S BEEF, IRON AND WINE is very effectual in restoring strength and tone to the system after the exhaustion producen by over mental exercise.

For Overwork—Many men and women know that the continuous fatigued feeling they labor under is due to overwork, still they find it impossible just yet to take complete rest. WYETH'S BEEF, IRON AND WINE gives renewed vigor, is stimulating, and at the same time is particularly nourishing.

JOHN WYETH & BRO. *Manufacturing Chemists, Philadelphia,*

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tion disappeared in two or three days. In one case it was present in the ankles and this patient developed retropharyngeal abscess. I will refer to this case again. In a sixth case the pyæmic form was observed beginning in the first meto-carpo-phalangeal joint of the left hand and later on involving the right sacro-iliac synchondrosis. The small joint suppurated. The larger joint for some time presented a peculiar condition, the iliac bone was thickened from periostitis or ostitis and apparently it irritated the sciatic nerve producing spasm of the extensors of the foot particularly the tibialis posticus. This condition ultimately completely disappeared. It was probable the small joint (that which suppurated) was injured by the child struggling against the efforts of the parents to cleanse its throat.

Diphtheria.—I have had four cases where there is convincing evidence that diphtheria, complicated scarlatina and in which both diseases were well marked. Two of these had paralytic symptoms one of which was treated with anti-diphtheritic serum, and with success.

Nephritis has been a rare complication in my cases although I kept a close watch over the urine. In order to collect specimens of urine from very young children I had the nurse apply a clean sponge to the perineum.

In only two cases which were under treatment by me throughout did distinct nephritis develop although it was present also in a few other cases which did not come under my observation during the course of the disease proper. Perhaps the rigid milk diet and perchloride of iron medication adopted has had something to do with the infrequency of this complication. It is interesting to note that in the few instances in which it did occur the patients were delicate "strumous" children and of that age (eight or ten) at which it was difficult to have the milk diet strictly adhered to. These cases all ran a favorable course.

In a malignant case which died before the end of the first day, coma and convulsions were associated with suppression of urine. It is quite possible that this patient had acute inflammation of the kidneys. There was no hyperexia in this case.

Associated with the anæmia which frequently develops after scarlatina more or less swelling of the ankles and even eyelids is frequently noticed. This might be thought to be an evidence of nephritis but examination of the urine will prove that this often is not the case.

Opthalmia.—My first instance of this complication was in the case of a girl aged ten, first seen March 9th, 1894. A delicate strumous child with chronic enlargement of tonsils and vegetations in pharyngeal vault.

In this patient about the tenth day of the disease when rash and angina had subsided the left eye began to swell. She was seen by me the following day at which time the condition which presented itself resembled a severe case of opthalmia neonatorum. The free secretion of that disease was however absent. Only a slight muco-purulent discharge being noticeable. The upper lid overlapped the lower widely. The ocular conjunctiva was not much affected and the cornea was normal. A thick white glistening membrane protruded below the margin of the upper lid but on examination was not found to be a false membrane but apparently oedematous palpebral conjunctiva. After four or five days of vigorous treatment resolution was nearly complete—relapse followed—probably on account of carelessness in the nursing—and an abscess formed and discharged just below the brow. Ultimately recovery was perfect. This patient subsequently developed nephritis which was of short duration.

A second case was that of a female child six months old who lived in a very crowded flat in the most insanitary part of the town. As an experiment the child was nursed at the breast of a woman recently recovered from scarlatina. The early symptoms were inconsequent but on the fourth day of the disease the nose became obstructed and the neck much swollen. On the following day both eyes became intensely swollen. The conjunctiva thickened with solid exudation and it was only with much difficulty that the corneae could be exposed. There was practically no secretion present. A thick grey false membrane could be observed under both upper lids. By this time phlegmonous swelling was present all about the neck and the glands could not be made out. On the sixth day on examining the corneae, which were normal, some of the membrane became detached from the one lid and I removed it nearly entire. It left a bleeding surface and in every way resembled membrane removed from the pharynx in a case of ordinary diphtheria. The child died on the following day.

Seven cases of conjunctival diphtheria have been reported this year in cases treated with antitoxin. Two of these were reported by W. H. Jossop, in a paper read before the Opthalmological Society of the United Kingdom in January, 1895.

My second case almost certainly developed nasal diphtheria as a complication of scarlatina, and from the nose the diphtheritic process spread to the conjunctiva,

The first case was not likely diphtheritic at all, but a pure scarlatinal opthalmia.

Cervical and Retropharyngeal Abscess.—I mention cervical abscess on account of its infrequency. Among my private patients I had only one case in a child which had been brought up in an institution, which it had left only a short time previous to development of the disease. Perhaps the treatment with cold compresses to the neck adopted by me has had something to do with this infrequency.

The following case has been of much interest to me. The patient had mild scarlatina in 1892, when two years of age. In November, 1893, one year later he developed the disease a second time and more severely than the first attack. The temperature, however, did not exceed 104°F when the eruption was at its height. The angina was only moderate. The eruption was of that variety described as "scarlatina pustulosa." The whole back from the neck to the nates was covered with large pustules. On other parts of the body the eruption assumed the usual form. He recovered quickly. The rule of keeping the child in bed for ten days after the temperature falls and in the room during the desquamation stage was not observed by the mother. He was running around on the twelfth day. During the following week he developed arthritis of both ankles, there being some swelling of the joints with erythema extending one-third way up the leg. The temperature registered 102°F. These rheumatic symptoms disappeared entirely in three days, but the fever gradually rose to 104°F and the child seemed profoundly sick with clean skin, no adenitis observable, normal urine and no definite complication to account for the symptoms. Child, however, soon began to complain of pain in the back and seemed very sore about the spine. Rigidity of the spine was soon very marked. He would turn around and rise himself in the bed without bending his neck. The case, however, defied lucidation for a few days. At the end of a week bulging could be made out a little to the left of the median line on the posterior wall of the pharynx. The abscess was opened early and the boy rapidly recovered.

The interesting points in this case are : A second attack of scarlatina of greater severity than the first ; the peculiar character of the eruption ; the arthritis and erythema (like purpura rheumatica) ; and the somewhat rare complication retro-pharyngeal abscess. Schmidt of Child's Hospital, St. Petersburg, did not observe this abscess once in 450 cases of scarlatina. Bokai, however, reported it as occurring seven times in 664 cases. Two of these died.

I am indebted to Drs. D. A. Campbell and M. Chisholm for aid in the early diagnosis of this important complication, to which the favourable result must be largely attributed.

I have had one case of glossitis complicating scarlet fever in an adult. The tongue was not so swollen that it protruded from the mouth. A free purge and ice caused rapid resolution. Scarletina is one of the common causes of this infrequent affection.

Stomatitis Ulcerosa.—A child of a year and ten months developed scarlatina May 26th, 1893. She had rotheln a week previously The attack (scarlatina), was of considerable severity, rash and angina being well developed and both tonsils covered with white exudate. The temperature was 103°F. when the rash was at its height. After the fourth day the rash faded in the usual way, but the temperature did not decline, and on the seventh day registered even more than when the rash was most marked. There was no adenitis.

A looseness of the teeth was noticed, but attributed to the action of the acid preparation of iron used in the treatment. On the tenth day of the disease, however, a molar tooth dropped out. Antiseptic spraying was now vigorously carried out, but despite this by the thirteenth day of the disease (or third day of complication), almost the whole alveolar process of the lower jaw on the right side was destroyed. Fresh and apparently healthy granulations then appeared, and hopes for her recovery were entertained, but on the fifteenth day a septic diarrhœa set in which resulted fatally two days later—on the seventh day of the ulcerative process.

At the commencement I considered the complication of this case to be true cancrum oris, but on close study I felt that it should be designated stomatitis ulcerosa. The process was destinctively ulcerative —a cellular death, and not destruction *en masse* as in gangrenous stomatitis. Moreover, the condition was confined to the mouth, the cheek escaping attack. Salivation, which is a usual symptom in this affection, was not present in this case.

I had another instance of stomatitis ulcerosa occurring in a syphilitic child in the Infants' Home. Under antisyphilitic treatment this child had been doing well until it developed a mild attack of scarlatina and shortly afterwards the stomatitis, which proved rapidly fatal. I fear that in this case the syphilitic element was over-estimated, and that if mercurials had been dropped in favour of a more tonic, general and more vigorous antiseptic local treatment, the result might have been different.

Exanthemata.—In one family I had four cases of scarlatina, all of which were complicated by varicella. The eruption of varicella had in each instance reached the first stage when the scarlatinal rash developed, and made no progress while the latter rash and fever was present. When

desquamation set in in three of the cases, the varicella at once advanced and went on to formation of pustules several times the usual size. In the fourth case the scarletina was of a severe type with phlegmonous swelling of neck with meningeal symptoms and caused the death of the child.

Pertussis et Morbilli.—A case which interested me very much was that of a child a year and a half old who had had whooping cough, complicated with general convulsions, during the summer of 1895. The paroxysms had been recovered from, but had left the child in a very debilitated condition, when on Sept. 17th last, she developed symptoms of scarlatina which were at first not very severe, but which included a typical rash. Three days later she became suddenly very much worse, severe cough and coryza setting in. The cough resumed its paroxysmal nature, and general convulsions again supervened. These were relieved by sedatives. On the following day the condition of the patient was very serious, although neither pharyngeal symptoms nor the eruption were severe. The next day a *rose eruption* appeared on the shoulders, chest and face, and the face became much swollen. Death occurred on this day. This was without doubt, a case of scarlatina complicated by measles and a recurrent whooping cough, and it is particularly to the whooping cough that I attribute the fatal result.

The following facts, I think justify this conclusion: An older sister had developed a severe attack of scarlatina a week before this patient, and in order if possible, to save our patient from the scarlatinal infection, she had been removed to another portion of the house, where, unfortunately, she came in close relation with a family who at that time were suffering from measles. Notwithstanding the precaution, however, she developed scarlet fever and was at once taken back to her own room, where her sick sister was also being treated. After ten days, this sister also developed measles.

Authorities differ as to the concurrence of the different acute diseases in the same patient, Mage and Hebra, indeed, taught that scarlet fever and measles never coexisted. Thos. L. Stedman writing for Buck's Handbook in 1888, said that concurrences are not as frequent as many writers believe. He gives instances, however, of the coexistence of about all the specific infections except scarlatina and rotheln. He states that when two exanthems appear simulaneously, their course is shortened; the second mitigates the first and becomes shortened itself. These observations are not in accordance with Caiger, who presented a most exhaustive study of the subject before the Epidemiological Society of

London in 1894, (Sajous Annual). This authority's experience satisfied him that such concurrence of infection was as frequent as mere probability would explain, and that as far as affording protection from other diseases, some certainly increased the susceptibility thereto. He had seen in four years 362 cases of two, and 17 of three diseases running some parts of their course together; in 200 of these the acute febrile stages of two or three coincided. The primary disease was scarlatina in the majority of instances; while in no fewer than 88 cases the primary disease was diphtheria. Bacteriology has settled in the affirmative the question of the coexistence of scarlatina and diphtheria. The conclusions arrived at by Caiger were that there is no such thing as antagonism between any, but rather the reverse, increased susceptibility being brought about generally or locally; that is, by the lessened power of resistance induced by a disease attended with grave constitutional disturbance, and by the local inflammations facilitating the development of the contagia of diseases known to affect the mucous membranes and tissues in question.

MEDICAL PROGRESS.

NOTES, ABSTRACTS, SELECTIONS.

Medicine.

REPORTERS—JAS. MCLEOD, M. D., Charlottetown,
W. H. HATTIE, M. D., Halifax.

Local Peritonitis.

In a communication to the *New York Medical Journal*, Jan. 25th, 1896, Byron Robinson of Chicago, discusses in some detail the subject of local peritonitis, and offers a new theory of its causation. His experience in autopsies impressed him with the singular frequency with which he found inflammatory adhesions about organs having relatively fixed peritoneal attachments, as compared with those parts in which the peritoneal supports are long and admit of free movement. He considers that the repeated contractions of the muscles have the effect of traumatizing parts which cannot readily escape from their mechanical action, and this is especially the case when the intestine contains hardened faeces or rough foreign bodies. Such traumatism in itself is insufficient to cause any serious inflammation, but when the bowel contains pathogenic bacteria, the trauma favors their transmission from the mucous to the serous surface of the intestinal wall, and in this way peritonitis is brought about. "The muscles concerned in this production of the local peritonitis are the psoæ, (and slightly the iliaci), and the crura diaphragmatica." The most frequent seats of a localized peritonitis are the two hypochondriac regions, (especially around the gall bladder and spleen), and the iliac fossæ (mesosigmoid and appendiculo-cæcal regions). Dr. Robinson's paper is long, and I regret that my abstract must miss many of its important statements.

Reference is made to peritonitis in the gastro-colic omentum. Adhesive omentitis occurs frequently at flexures of the colon (liver and spleen), and in the pelvis (ends of the tubes); less frequently on the vertical colons and at the cæcum and sigmoid. "In the omentum is the most typical place to observe that peritonitis is nature's method of repair, and that it is infection that kills. The omentum is like a moving sentinel, whose beat extends over the whole peritoneum to guard the

invasion of infectious foes. Its method of defence is to build forts of exudates, which not only act as barriers against the microbe hosts, but bury the slain of the battle, and starve the remaining ones within circumscribed prison walls."

In the cæco-appendicular region, the anatomical arrangement is such that, as a usual thing, either the ileum, cæcum or appendix is in direct contact with the psoas or iliacus muscles—the exact amount of bowel which is in relation with the muscles varying in different subjects. According to Dr. Robinson's reasoning: "When the gut contains virulent pathogenic germs the action of the psoas muscle on it acts like traumatism, and its vigorous motion induces pathogenic microbes to migrate through the bowel wall to the peritoneum, producing peritonitis. If the bowel contains no pathogenic microbes, then the range of action of the psoas muscle does not induce microbic invasion. . . I do not state that muscular action produces peritonitis; but muscular action, if it produces motion in a bowel filled with pathogenic microbes, may induce migration of these germs through the bowel wall to the serous membrane."

In several places in the paper insistence is made upon the necessity of pathogenic microbes having a place in the bowel, but no reference is made to the constant presence there of bacillus coli communis, which is known to have the power of setting up an inflammation of the peritoneum when brought into contact with that membrane.

In 150 autopsies, adhesions were found in the right iliac region in 108 subjects—or 72 p. c. of the cases. None of these autopsies were upon bodies dead of appendicitis, which is a point worth pondering over in these appendix-excising days. 123 of the subjects, *i. e.*, 82 p. c., shewed adhesions around the sigmoid flexure. The reason advanced for the greater prevalence of localized inflammation in the left iliac fossa is that here the bowel is in more constant contact with the muscle, and cannot escape its action, whereas on the right side the cæcum and appendix may occasionally be found outside the range of muscular action.

The pain resulting from peritonitic adhesions varies in intensity with the fixity of the organ involved. Many times the cæcum and liver (both relatively fixed organs) may be found *post mortem* almost buried in adhesions, although no complaint may have been made during life. On the other hand much pain may attend the process when it involves more moveable parts, as the bladder, transverse colon or fallopian tube. Dense adhesions may give rise to more or less deformation, such as stricture of intestine, or may cause the fixation of an organ in a mal-

position, and in this way bring about symptoms which give much trouble to both patient and diagnostician.

Acute Rheumatism.

The discussion upon this subject at the last meeting of the British Medical Association was participated in by many of the most eminent Englishmen of medicine. The reports, as published in the *British Medical Journal* of January 11th, 1896, is full of interest and well worthy of review.

In the opening paper, Dr. W. B. Cheadle takes the ground that acute rheumatism is not a mere special inflammation of the joints, but a disease in which arthritis is only one of many symptoms. Attention is directed to the frequent association of endocarditis, pericarditis, tonsillitis, erythema, purpura, chorea, and subcutaneous fibrous nodules, as well as certain minor expressions of rheumatism. Of endocarditis it is said:—"The claim of acute endocarditis to be regarded as a direct manifestation of rheumatism is unquestionable. * * * Acute endocarditis has indeed seldom any other source, if we exclude those rare cases in which it occurs in association with the specific fevers or pyæmia—and even of these, those associated with scarlet fever are almost certainly rheumatic."

Endocarditis in chronic cases is also considered to be undoubtedly of rheumatic origin—rheumatism being the common cause of both the cardiac affection and the chorea.

"The connection between chorea and acute rheumatism is close and frequent. * * * Rheumatism is the only general disease or fever with which chorea has any such association, with the single exception of scarlet fever, and that in infinitely less degree. Scarlet fever, moreover, significantly enough, is the one fever especially associated with acute rheumatism."—Chorea is frequently associated not only with joint inflammation, but with endocarditis, pericarditis, erythema, and the pathognomonic rheumatism symptom, subcutaneous nodules. It may occur for a time apart from any other rheumatic manifestation, but if not preceded or accompanied by some such feature, it will almost certainly be followed sooner or later by some symptom suggestive of its relations to rheumatism.

To the chorea of pregnancy, Dr. Cheadle also ascribes a rheumatic origin, as well as to that grimacing or face chorea without affection of the limbs, noticed in some children during the progress of the second dentition.

MacMunn has found hæmatoporphyrin in the urine of rheumatic patients. Garrod has made the same observation in the case of choreic patients, while in other nervous affections this substance is absent. Here then, it would appear, is another evidence in favor of a kinship between chorea and rheumatism.

Referring to the influence of age upon the character of the manifestations of rheumatism, it is noted that the fibrous tissues generally, which are so easily stirred to irritative proliferation in early life, grow less susceptible as time goes on, except those of the joints which, curiously enough, grow more so. "Thus subcutaneous nodules so significant in childhood almost disappear with the advent of puberty; endocarditis and pericarditis become less and less frequent. The nervous system, growing more stable, is less disturbed by the rheumatic irritant. Chorea, so common in connection with the rheumatism of childhood, almost disappear with maturity. The vasomotor and hemorrhagic phenomena, the erythemata and purpura, tend to decline also as puberty is passed.

"In the rheumatism of early life arthritis is at its minimum; endocarditis, pericarditis, subcutaneous nodules, chorea, at their maximum. As age advances the position is reversed; the joint affection becomes more prominent, constant and typical, and reaches its maximum, while all other phenomena tend to die out. The original conception of acute rheumatism was based upon observation of the disease as it is seen in adults in whom arthritis is the prominent and characteristic symptom. It is in the rheumatism of childhood when it appears under the simplest conditions in virgin tissues which respond to morbid stimuli which are inoperative later, that we obtain the most complete and comprehensive view of the disease in all its various aspects. If the standard picture of rheumatism had been drawn originally from the form in childhood, the articular affection could not have been taken as the representative symptom and the endocarditis and pericarditis regarded as complications. The most constant and prominent phenomena, that is endocarditis, or pericarditis, or possibly chorea, would have been regarded as the primary and essential features, and the articular affection as a symptom of secondary importance."

The etiology of rheumatism received considerable attention at Dr. Cheadle's hands, the most potent influences favoring the development of the disease being regarded as the external conditions of chill, fatigue and the prolonged heating and drying of the soil in hot dry seasons. Then there is the obscure personal factor—"constitutional proclivity." The mode of action of these causes is afforded due consideration, the

neuropathic and toxæmic theories being outlined, but neither looked upon as satisfactory. A more favorable view is taken of the infective theory, although it is admittedly not sufficiently developed to warrant its acceptance.

A lively discussion followed the reading of Dr. Cheadle's very excellent paper, and it is noteworthy that all the speakers devoted considerable time to the question of etiology. Sir Dyce Duckworth favored the infective theory, and was supported by Alfred Mantle, Arthur Newsholme, Stephen MacKenzie, and D. B. Lees. Alexander Haig, as would be expected, insisted upon the importance of uric acid in rheumatism, and made no reference to the possibility of bacteria playing a part in the causation of the disease. Neutral grounds was taken by Sir Grainger Stewart, Archibald Garrod, Henry Handford and A. T. Longhurst.

Alcoholic Cirrhosis of the Liver.

Dr. Arthur Foxwell, (*British Medical Journal*, Feb. 15, 1896,) in a brief but pointed article calls attention to the frequency with which alcoholic cirrhosis of the liver is characterized by an enlargement of the organ, rather than by a contraction. This enlargement, although increased by, is not solely due to hyperæmia, for it continues permanently long after alcohol has ceased being taken. After any special indulgence, however, a more acute inflammation may come on, in which the associated hyperæmia may be very intense and may cause a very marked increase in the size of the liver, its edge descending as much as two or three inches in the course of twenty-four hours. Abstinence from alcohol will soon be followed by almost complete subsidence of this swelling. As the case progresses the liver either permanently enlarges or grows smaller.

The 67 cases which Foxwell studied were divided into four classes.

The first class included those in which there was no ascites, and which were relieved by treatment. Twenty-eight cases came into this class, and of these, in 26 the liver reached below the costal arch to an average distance of 2¼ inches, in the nipple line.

In the second class were placed cases in which ascites had ensued, although treatment afforded relief. Out of the 18 cases here classed, enlargement was detected in 9—the average increase being 1⅜ inches in the nipple line.

Class third included 12 fatal cases in which autopsies were not permitted. In 9 of these cases the liver appeared to extend, on an average, 3 inches below the costal margin.

The fourth class included those cases which had resulted fatally and were studied *post mortem*. Nine names were included, but in one case the size of the liver is not noted. In each case the liver was felt below the costal margin during life. The *post mortem* records do not give measurements, but in the cases of 3 females the liver weighed 3½ ounces more than the average weight of the female liver (Reid's average), while in the 5 males, the average excess of weight was 11 ounces.

The totals show that in at least two-thirds of the cases there was enlargement of the liver. "If we lump the whole 67 together, and allow fully for those instances where diminution was noted, we find that the average extent of the cirrhotic liver below the costal margin in the right nipple line was 1⅘ inches."

Microscopic study of the organ in the fatal cases showed that the enlargement was not the result of fatty infiltration. "Fatty infiltration, of course, does occur, but in no larger proportion than in the small cirrhotic liver."

Analysis of the cases with reference to the form of alcohol used showed that in 26 instances beer was the beverage, and in these the average extent of the liver below the ribs was 1¼ inches. In those who indulged in both beer and spirits, the average increase was 1⅝ inches, while in 16 patients who confined themselves to spirits (nearly always whiskey) the liver reached on an average as much as 2¼ inches below the ribs. This is at variance with the ordinarily accepted view, which accords to the beer drinkers the biggest proportion of enlarged livers.

Dr. Foxwell could not find that jaundice, cerebral symptoms, etc., were more marked in the cases with large than in those with small livers, while ascites was as common in the large. In his cases, too, those with enlarged livers showed the greatest tendency to enlargement of the spleen.

The conclusion reached by Dr. Foxwell is that "in alcoholic cirrhosis the liver is generally enlarged at all stages of the disease, and that whether enlarged or contracted the clinical symptoms and course of the disease are much the same, and the pathology of both forms identical; and further, that there is no particular line of demarcation between the two, but that cirrhosis from alcoholic excess produces all shades of sizes from a liver of 100 ozs. to one weighing but 30." W. H. H.

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REPORTERS.—J. W. DANIEL, M. D., St. John.
G. CARLETON JONES, M. D., Halifax.

Early Diagnosis of Cancer of Uterus.

Dr. Griffiths, of St. Bartholomew's Hospital, in a paper on *The early diagnosis of cancer of uterus* says: In all classes of society an early diagnosis of cancer of uterus is an exceptional occurrence. After remarks on the varieties of cancer of cervix and body, he says: Epithelioma of cervix is occasionally recognised in a very early stage; it has the appearance very similar to those of the common innocent erosion, forming a well defined, livid, slightly raised, not necessarily indurated, patch, on one lip, more commonly the posterior, its tendency being to spread along the surface and involve the whole lip * * * The glandular form originating in the substance of cervix is totally different; it begins as a minute nodule in substance of cervix and spreads through it in all directions and from it to surrounding connective tissue. This form, even when considerably advanced is so frequently covered by a surface of healthy tissue, that unless it has begun close to the external orifice its existence may be easily overlooked, and its extent certainly not suspected, until the operation of extirpation is commenced and found to be impracticable. * * * * The symptoms of cancer of the uterus do not materially differ with the difference in kind or the site of the disease * * * * The essential early symptoms are haemorrhage, pain and a thin watery, often offensive discharge. The haemorrhage due to cancer has no connection with menstruation except in rare cases of cancer of the body. The first symptom of cancer is often a haemorrhage occurring without any assignable cause. The characteristic feature of the pain of cancer which should attract our attention and distinguish it from pelvic pain due to inflammation and other causes, is the fact that it is not only not relieved when the patient lies down, but it usually becomes worse or at least less bearable. It is also referred more frequently to the region of the trochanters than in pain due to other causes * * * * The great feature which distinguishes a malignant ulcer or nodule from simple erosion, is the nodular enlargement of the

cervix, the result of chronic cervicitis, is the ease with which the malignant disease bleeds when touched. In all doubtful cases of disease of cervix a piece of suspected part should be cut out, including margin of healthy and affected part and submitted to microscopical examination.—*Brit. Med. Jour.*

Results of Hysterectomy for Carcinoma of Uterus.

Russell (John Hopkins Hosp. Bulletin) has analyzed subsequent course in 47 cases of hysterectomy for malignant uterine disease Of these 40 were by the vaginal, 4 by the combined and 3 by abdominal method Of the patients 5 died from operation, and 16 or 34 per cent died with recurrence; 21 or 44 per cent were still living, and one died from heart lesion 18 months after operation. Four cases were not heard from. Of the 21 still living, 16 had passed the limit of two years ordinarily assigned for the duration of the untreated disease and were in good health. Russell finds that by far the greatest tendency to recurrence is during the first eighteen months after operation, but that the patient is not free from this danger even after four years: he also emphasizes the fact that the probability of recurrence is much higher with carcinoma of cervix than of the body. The results convince him that the operation is not only a valuable palliative measure, but is in a distinct proportion of cases a means of radical cure.

Castration for Fibro-myoma.

Hermes (Archiv für Gynakalagie) reports 78 cases of castration for fibro-myoma with a mortality of about 6 p. c. In only two instances were the ovaries healthy. The cases selected were those with interstitial tumor, not extending above umbilicus and causing hæmorrhage and pressure symptoms which could not otherwise be relieved. As regards results, the hæmorrhage ceased entirely in 40 cases, menstruation persisted irregularly in nine, and at regular intervals in two. In forty-five cases the tumor diminished in size, in two it was unchanged, and in one it continued to grow.—*Am. Jour. Med. Sc.*

Method of Dilating Cervical Canal.

Richard Bram describes following method of gradual dilatation of cervical canal which he has practiced successfully. After thorough disinfection of the vagina a piece of aseptic rubber tubing is stretched over a sound, and is thus passed through os internum. The sound is then slipped out and tube left in situ for twenty-four hours when it is

removed and one of larger size introduced. In two or three days considerable dilatation of neck is obtained without pain and without risk from retention of secretions. The flexible tube adapts itself to the shape of the canal, and a flexed uterus is not forcibly straightened. He regards his method as particularly useful in induction of premature labor and of incomplete abortion with rigid cervix.—*Am. Jour. Med. Sc.*

Best Method of Rendering Vagina Aseptic.

Piccali, after a series of experiments, decides that the best method of rendering the *vagina aseptic* is to swab the canal for from two to five minutes with sterilized salt solution (0.75 per cent), then for the same length of time with strong sublimate solution, a sinus speculum being used.—*Am. Jour. Med. Sc.*

Salipyrin in Menorrhagia.

Orthmann reports fifty cases of *menorrhagia* treated with *salipyrin*. Thirty-two patients were under observation from nine to fifteen months, of whom twenty were decidedly relieved. Menorrhagia due to subinvolution following labor and abortion was most favorably affected. When disease of adnexa was present the result was uncertain, salipyrin is administered in doses of fifteen grains thrice daily, beginning a day or two before the expected flow and continuing throughout the period.—(*Ibid.*)

Scurvy from Sterilized Milk.

Starck points out the danger of *scorbutus* from prolonged use of *sterile milk*. He calls attention to the fact that the presence of certain kinds of bacteria in the milk is not harmful, as even breast milk is not always free from bacteria. He would limit use of sterilized milk to seasons of very hot weather and to the dwellings of the poor.—(*Ibid.*)

Ichyol in anal Fissure.

V. A. Willigen (Centralblatt fur Gynakalogie) reports several cases of *anal fissure* treated with pure *ichthyol* applied with a brush twice daily and also after each defæcation. The cure was rapid in each instance. The same treatment is recommended in the case of fissures of the vulva and vagina.—(*Ibid.*)

Sterilization of Infected Hands.

Reiniski (*Ibid.*) after a series of elaborate bacteriological examinations arrives at following conclusions: Absolute *sterilization* of the *infected*

hands with the chemical solutions generally employed is practically impossible in the time usually allowed for that purpose. The most certain method consists in scrubbing the hands with soap and hot water for five minutes, then scrubbing them for the same length of time in 90 per cent alcohol, and finally immersing them in an antiseptic fluid. If rapid disinfection is desired, they may be scrubbed for five minutes in alcohol. (*Ibid.*)

Pueerperal Eclampsia.

At the Royal Academy of Medicine in Ireland in January last there was among other things a discussion on *eclampsia*, which was opened by Dr. Hastings Tweedy, who contended that it arose from retention products in the system, the normal resultants of waste tissue, which might be brought about either by diseased condition of kidneys, or else an increased formation of toxin. This latter factor was always present in pregnancy, was in large part attributable to growth of fœtus. He stated the proofs were convincing that convulsions did not owe their causation to the presence of toxins in the blood, but rather to the deposit of the poisonous substances in the nervous centres, and believed it was quite possible quickly to remove this substance by depleting the blood of its water and so causing a current to flow in its direction from the nervous centres. Purging, sweating or bloodletting would do this; but the kidneys alone were to be relied on to directly get rid of the harmful substance. The administration of fluids in any form would counteract any good effect from above treatment. Throughout seizure patient was on no account to lie on her back. Of all drugs morphine given hypodermically in large doses (up to 2½ grains in 24 hours) presented the greatest advantages. No greater danger could happen to eclamptic patient than the onset of labor, especially if induced artifically. Chloroform, chloral and pilocarpin all tended to kill in a manner similar to eclamptic poison. Nor should any fluid, not even croton oil be placed in mouth, the patient being unconscious.

In the discussion which followed most of the speakers approved of the opium and looked upon it as the recognized treatment, but did not agree to the other procedures, the president stating he had induced premature labor in two or three cases successfully.—*Br. Med. Jour.*, Feb. 22, 1896.

Treatment of Aortic Aneurisms.

Bristow (*Brooklyn Medical Journal*, October, 1895,) states that the medical treatment of aortic aneurisms may be considered under two head-

ings: first, the method by rest, diet, and medication, which is a modification of the method of treatment of Valsalva: second, the method of treatment by iodide of potassium, the patient being left to his ordinary vocation. The reduction of the number of heart beats to the minimum and the simultaneous reduction of their volume constitute the whole philosophy of the Valsalva treatment. Rest is one of the essential elements of cure. The patient should not be allowed to feed himself: should never be allowed to sit up in bed by his unaided effort; should not hold a book. If the pulse cannot be brought down to 60, the use of aconite seems to be desirable. Hydrocyanic acid has the reputation of alleviating pain as well as reducing the pulse. Dujardin-Beaumetz states that the more he has examined into cases in which amelioration or even cures are claimed by the iodide of potassium the more he is convinced that this medicine acts not on the sacculated aneurism with a pouch, but on such cases as are simply cases of aortitis with dilatation of the vesssel.

There is only one way in which we can expect to benefit aneurisms surgically; that is by inducing in some manner the formation of a hard, white clot, which alone can present an effective barrier to the hydrostatic pressure of the walls of the tumor. There have been reported some sixteen cases of the introduction of wire within the sac, with two cures. In the first successful case silver and copper wire were used. In Loreta's case six and a half feet was the amount; in Morse's four and a half feet. Both these cases recovered, and they were the only cases operated on by this method of which the same can be said. All the other operators used immense lengths of wire. So far there have been one hundred and fourteen cases reported of galvano-puncture for the purpose of producing the formation of a clot; sixty-nine were temporarily benefitted. There were two cases reported in which the thoracic aorta was ligatured, although in both cases the aorta ruptured in the posterior mediastinum. In England ten cases of aneurism of the abdominal aorta have been treated by compression of the aorta, the patient being anæsthetized; five were successful. All of the deaths have resulted from injury to the abdominal viscera due to the long-continued and great pressure employed. It is evident that it is possible to obstruct the blood-current through the aorta long enough to cure an aneurism and yet not injure the vessel at the point compressed so as to give rise to hemorrhage. Ligation of the abdominal aorta has been done ten times, always with a fatal result.

The author concludes that aneurisms of the thoracic aorta may be most safely attacked after medical treatment has failed by the intro-

duction of a small quantity of inelastic wire; abdominal aneurisms may be first explored through a cœliotomy, so as to determine their exact position, for the question of treatment may depend upon their situation. It may be impossible to use other means than that pointed out for the thoracic variety, or the other methods of temporary or permanent ligation may be resorted to, according to the conditions revealed by the exploration.—*Ther. Gazette.*

Infant Feeding.

Prof. Jacobi contributes in the first number of the new journal of *Pediatrics* an interesting review on infant feeding—that most vexed of problems. He refers first to the sterilization of milk, by asking, what it is that boiling can and will do? It expels air, destroys the germs of typhoid fever, asiatic cholera, diphtheria, tuberculosis, and also the oidium lactis, some varieties of proteus and most of the bacteriae coli. Thus it prevents many cases of infant diarrhœa and vomiting, not all of them. For the most dangerous of all bacteria are not influenced either by plain boiling or the common methods of sterilization. He refers to the researches of Cohn and Newman, who found germs in healthy breast milk even after the mamma and nipples had been sterilized. He says that pasteurization destroys the same germs that are killed by a more elevated temperature, without much change in flavour and taste.

He insists very strongly that no matter how beneficial boiling or sterilization, or pasteurization may be, they cannot transform cow's milk into woman's milk; and that it is a mistake to believe that the former by mere sterilization, is a full substitute for the latter. It is true that when we cannot have woman's milk, we cannot do without cow's milk. Babies may not succumb from using it, and may but seldom appear to suffer from it, indeed they will mostly appear to thrive on it, but it is a make shift after all, and requires modifications.

He then refers to Wroblewski's demonstrations as to the casein, when he says that woman's casein retains, during pepsin digestion, its nuclein (proteid rich in phosphorous) in solution, it is fully digested; in cow's casein the nuclein is not fully digested, a "para-nuclein" is deposited undissolved and undigested. Besides, woman's casein contains an additional albuminoid, which is not identical with either the known casein or albumin. "Ergo," he says: "Cow's milk is not woman's milk. It is not identical with it. Sterilization does not change its character. It merely obviates such dangers as result from the presence of pathogenic germs and from premature acidulation." He then makes

the statement that "the substitution of cow's milk for human milk as an *exclusive infant food* is a mistake. Experience teaches that digestive disorders such as rachitis are frequently produced by its persistent use, and it appears to be more than the occasional (at least co-operative) cause of scurvy."

He then refers to his life long work on that subject and to his advocacy for the use of cereals and the liberal supply of water to the artificially fed infant.

He somewhat draws issue with Dr. Rotch, while acknowledging the great work done by that eminent authority on infant feeding. Especially when he, Dr. Rotch, says: "The constituents of the nutriment which nature has provided for the offspring of all animals and human beings that suckle their young, is essentially animal and not vegetable. Human beings in the first 12 months are carnivora. An animal food entirely and always free from any vegetable constituents has been proved to be the nutriment on which the greatest number of human beings live and the least number die."

Jacobi says: "Saliva and pancreatic juice are good for something better than idle elimination, and "nature" prepared the animal young from the first moment for more than mere pepsin digestion. The proof Dr. Rotch refers to, can be experience only. Mine has taught me somewhat differently from the axiomatic positiveness of his assertion." He says that when children are on Rotch's laboratory milk, that the bones are slow in some cases, and that the teeth came a number of weeks or even months too late, and the cranial bones turned slightly soft in a few instances.

In reference to this subject I may quote from an article in the *Boston Medical and Surgical Journal*, by Worcester, who recently studied the Dresden methods of modifying milk. The superiority of the Dresden modification rests mainly on the recognition of an essential difference between casein and lact-albumin. He gives the late Prof. Lehman's analysis of breast milk and cow's milk, which shows that while cows milk is more than twice as rich in caseine, it is much poorer than human milk in lact-albumin.

	Cow's milk, per ct.	Human milk, per ct.
Casein	3.0	1.2
Albumin	0.3	0.5
Fat	3.5	3.8
Sugar	4.5	6.0
Ash	0.7	0.2
Water	88.0	88.5

Dilution of cow's milk, with sufficient water to reduce the casein of the mixture to the amount found in human milk, results in a mixture containing only one-third enough lact-albumin. If the milk be also sterilized still further loss occurs, as the coagulated albumin is wasted in the scum and by clinging to the sides of the bottle. He asks whether this may not account for some of the failures with sterilized milk. The following rule is given for imitating breast-milk: To 1 pint of cow's milk (of 9½ p. c. fat) add 1½ pints of an emulsion of one white of egg and 13 dr. of milk-sugar in water. To make the latter, use a fresh egg, which has been washed and rinsed in absolute alcohol. Drop the white only into a clean bowl and add clean or sterilized milk-sugar; rub together, avoid making foam and gradually pour in the water—filter and mix with sterilized milk.

* * * * * * * * * *

The following conclusions are based upon the examination by Schied of the appearance of bacteria in the intestines of newly born infants before food is given.

1. The contents of the rectum are sterile immediately after birth.

2. The first infection takes place independently of the administration of liquid.

3. The time for infection takes place about four hours after birth.

4. Entrance of the bacteria is effected through the mouth and anus.

5. The source of the bacteria is from the air and water used for bathing, rarely from the clothing or vagina of the mother.

6. In children as well as adults, infection is possible by means of the anus.

THE

Maritime Medical News.

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Communications on matters of general and local professional interest will be gladly received from our friends everywhere.

Manuscript for publication should be legibly written in ink on one side only of white paper.

All manuscript and literary correspondence to be addressed to

DR. D. A CAMPBELL,
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DR. G. M. CAMPBELL,
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Editorial.

IT'S hardly necessary in these days to show by argument that inter-provincial registration is a desirable measure, for although the number of physicians who emigrate from our province to another is small and perhaps will always be small, yet we all wish to feel that if for reasons of health, finance or of any other nature we should at any time contemplate a change of residence from one part of the Dominion to another, that no obstruction will stand in the way of our registering when we make the change. The diseases met with in one province are the diseases met with in all, and there are no peculiarities of treatment special to any of them. A physician qualified to practice in our province is qualified to practice in all, and it would seem as if he ought to be able to do so, and not find as he does at present a closed and impassable door at the threshold of every province outside of his own. Another important reason in its favor is that until it is accomplished, reciprocity with the mother country cannot take place; while upon its satisfactory

accomplishment a registered physician will be able to practise anywhere in Canada or the United Kingdom. Meanwhile the experience of these maritime provinces in which reciprocal registeration has been definitely arranged, shows favourable results without any disadvantages that we have heard of. The subject has for several years past occupied the attention of the Canada Medical Association, but year after year, the report of the various committees appointed to investigate the matter and present a suitable scheme, was a monotonous and helpless *non possumus* At the meeting before the last, this report was not received kindly, and it was stated plainly by various members, that if there was to be any earnestness shown in the matter, it was time it was apparent, that it had been played with too long, and that a definite result should be obtained, whether favorable or unfavorable. The consequence was the appointment of a strong committee who met last year at Kingston. This committee if they did nothing more, were successful in locating and bringing to light what all along has been the great stumbling block viz., the opposition of the province of Ontario to any scheme which would differ in any material manner from the course of study and length of time of study authorized in that province. The members outside of Ontario were told, and in rather a patronizing manner too, that inter-provincial registration was a very good thing indeed, but in order to obtain it they must insist on a five years course of study as Ontario does, and make the curriculum in all points equal to hers, if this desirable object was to be gained. But the Ontario representatives were promptly told that while it was true that province demanded a five years course, yet, as the course was only six months, their total number of months consumed in study was only thirty, while the McGill students, for instance, whose course only extended over four years, yet each course being of nine months, occupied in study thirty-six months, and thus had a longer curriculum than the Ontario men. So far, then, from the McGill men being asked to raise their standard to that of Ontario, the boot was on the other foot, and they were in a position to ask Ontario to raise its standard to theirs. Thus for the first time the complaisance of the Ontario representatives received a rude and unexpected shock, and when they were told that if they obstinately adhered to their Chinese wall, that that wall would be the means not only of keeping men out of their province, but that in the future it would be the means of confining their men within their province, in other words, that if Ontario shut ten Ontario men out, then, these gentlemen began to see that their position was not so impregnable as they imagined, and that it

would be wiser to take a wider and deeper view of the matter than they had hitherto taken. It will be seen that now at last the various parties are in a position to treat, and this is an advance that has not hitherto been made.

The committee appointed at the St. John meeting consisted of the following: Sir James Grant, Drs. Cameron and Pyne, from Ontario; Sir William Hingston, Drs. Marcil, Beausoliel, Chalatte, Parke and Roddick from Quebec; Drs. Daniel, Christie and White, from New Brunswick; Drs. Farrell and Muir from Nova Scotia, and Dr. Warburton, from P. E. Island. The result of the work of this committee is embodied in the following resolution, which was passed unanimously and after the matter had been thoroughly discussed:

"The committee appointed at the last meeting to look into the question of inter-provincial registration would beg to express their report, that by the system which at present obtains, a graduate in medicine entitled to practise in one province, is not free to exercise his functions in all the provinces of this large, but sparsely settled Dominion:

"That this condition of things prevents the names of medical practitioners in the Dominion being placed on the British register, becoming thereby British practitioners, which the Council of Medical Education of Great Britain has more than once signified its willingness to grant:

"That with this end in view it is, therefore, most desirable that there should be a uniform standard of matriculation, a uniform standard of medical education and a uniform method of examination for the whole Dominion.

"That to effect this purpose, the secretary be instructed to communicate with the various Provincial Councils before their next meeting, asking that each council discuss the question, and, if possible, appoint one or more delegates to a Dominion Committee for the purpose of adjusting a suitable curriculum and carrying out the suggestions herein contained, and that such committee be requested to forward their finding to each of the Provincial Councils and to the Secretary of this Association before the next annual meeting."

"It is to be hoped that each Provincial Council will thoroughly discuss this question, so that the delegates they appoint will receive full instructions and be in a position to cast their votes intelligently; in this way there is every probability of a definite scheme being obtained.

We are in a position to state that the Council of Physicians and Surgeons of New Brunswick discussed this matter at a meeting held last month, and appointed three delegates to this committee.

(To be Continued.)

Book Reviews.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Edited by CHARLES E. SAJOUS, M. D., and Seventy Associate Editors. Assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. In Five Large Octavo Volumes. Illustrated with Chromo-Lithographs, Engravings and Maps. [Philadelphia: The F. A. Davis Co. 1895. Price, $15.00.

It affords us great pleasure to again direct the attention of our readers to the latest issue of this splendid publication. This the eighth issue surpasses in many respects its predecessors. Great improvements have been effected without adding materially to the bulk of the volume. Many of the contributors are masterly and none dull. The article on disease of the brain by Prof. Gray of New York, that of Prof. Obersteiner of Vienna, on disease of the spinal cord and that of Prof. Rubino of Naples, on diseases of the digestive organs are of rare excellence.

The scope and magnitude of the Annual have been so freely referred to in past years, that we do not deem it necessary to advert to them again. The publisher's work has been well done. It is pleasing to note that the popularity of the work is steadily increasing.

SYPHILIS IN THE MIDDLE AGES AND IN MODERN TIMES. By DR. F. BURET. Translated from the French, with Notes, by A. H. OHMANN-DUMESNIL, A. M., M. D. Vol. II. and III. of Syphilis To-day and Among the Ancients. In one 12mo. volume, pp. 289. [Philadelphia: The F. A. Davis Co. 1895.

Medical history cannot be popular among English speaking physicians judged by the number of publications on the subject. They can be counted on the fingers of one hand and their circulation is extremely limited. We venture to state that not one physician in five hundred is aware of the fact that the ablest contribution to the history of medicine in this century was written by a Scotchman, Adam's of Banchory. That English speaking physicians are lamentably lacking in a knowledge of medical history, is admitted by all thoughtful observers. It is not our purpose to suggest remedial measures, but to call attention to the work that has been placed in our hands.

The main purpose of the writer seems to be to silence forever the upholders of the American theory of syphilis. He has adduced evidence

to prove that "this disease has no age neither has it a country: it is of the remotest antiquity and belongs to humanity in general." This book is of value to the historian and to the physician. The author has been fortunate in his translator who has given a full and yet exceedingly clear exposition of the matter at his command.

COLOR-VISION AND COLOR-BLINDNESS. A Practical Manual for Railroad Surgeons. By J. ELLIS JENNINGS, M. D. (Univ. Penna.). Illustrated with One Colored Full-Page Plate and Twety-One Photo-Engravings. Crown Octavo, 110 pages. Cloth, $1.00 net. PHILADELPHIA: THE F. A. DAVIS CO., PUBLISHERS, 1914 AND 1916 CHERRY STREET.

This little manual which does not claim to represent any original research on the subject of color-blindness, contains an excellent account of what is known respecting the subject. It will prove an excellent help to those especially engaged in determining the fitness or unfitness of those employed by railroad or steamship companies, as it is now very generally admitted that serious accidents may be caused by color-blindness. All the facts in connection with the subject are concisely stated in clear readable English, in short, no work so far as we know so thoroughly covers the same ground.

PRINCIPLES OF SURGERY. BY N. SENN, M. D., PH.D., LL.D., Second Edition. Thoroughly Revised. Illustrated with 178 Wood Engravings and Five (5) Colored Plates. Royal Octavo, Pages xvi., 656. Extra Cloth, $4.50 net; Sheep or Half-Russia, $5.50 net. Philadelphia: The F. A. DAVIS CO., Publishers, 1914 and 1916 Cherry Street.

The new edition of Prof. Senn's work on the Principles of Surgery will be heartily welcomed by the profession generally. The distinctive value of the first edition was the full account given of the influences of recent researches in pathology, more especially bacteriology upon surgical principles and methods. His familiarity with German literature enabled him to accomplish the task with ease, and his great reputation as a surgeon made it comparatively easy for the ordinary reader to accept the views which have revolutionized surgical practice in the last decades.

The present edition sustains the reputation acquired by the first, the author having kept himself fully abreast of the advances in the Science of Surgery during the past five years.

This has necessitated many changes in the text and in the illustrations. More than fifty new illustrations have been added.

The treatment of surgical affections receives a much greater consideration than in the first edition. The subject of tumors in not touched

upon, as the author has recently published a separate work devoted to the subject.

DIAGNOSIS AND TREATMENT OF TREATMENT OF DISEASES OF THE RECTUM, ANUS, AND CONTIGUOUS TEXTURES. Designed for Practitioners and Students. By S. G. GANT, M. D. With two chapters on "CANCER" and "COLOTOMY" by HERBERT WILLIAM ALLINGHAM, F. R. C. S. Eng., Royal Octavo, 400 pages. Illustrated with 16 Full-Page Chromo-Lithographic Plates and 115 Wood-Engravings in the Text. Extra Cloth, $3.50 net; Half-Russia, Gilt Top, $4.50 net. THE F. A. DAVIS CO., PUBLISHERS, 1914 AND 1916 CHERRY STREET, PHILADELPHIA; 117 W. FORTY-SECOND STREET, NEW YORK; 9 LAKESIDE BUILDING, CHICAGO

Concerning this book it may be truthfully said that no superfluous language is used.

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In short, it is the work *par-excellence* on "Diseases of the Rectum, Anus, and Contiguous Textures" for the general practitioner and student as well as the specialist, the contents of the work being comprehensive, complete, and practical in the best sense.

In point of excellence of press-work, paper, binding, and particularly the handsome chromo-lithographic plates it is unsurpassed among modern medical works, and its very moderate price renders it easily obtainable by every physician and student.

1896.

Maritime Medical Association.

SIXTH ANNUAL MEETING.

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

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Twenty-Eighth Session, 1896-97.

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