



# Western Canada Medical Journal

A MONTHLY JOURNAL OF MEDICINE  
SURGERY AND ALLIED SCIENCES

WINNIPEG, CANADA

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THE LATTER DAY PRACTICE  
OF NEUROLOGY

PRESIDENTIAL ADDRESS

EDITORIAL

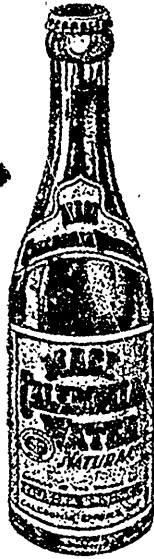
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# Western Canada Medical Journal

GEORGE OSBORNE HUGHES, M.D.  
*Editor.* L.R.C.P., M.R.C.S., Eng.

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## NOTICES

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## ORIGINAL COMMUNICATIONS

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### THE LATTER DAY PRACTICE OF NEUROLOGY

BY

C. EUGENE RIGGS, A.M., M.D.

ST. PAUL, MINN.

Professor of Nervous and Mental Diseases and Chief of Department Neurology and Psychiatry, University of Minnesota; Member of the American Neurological Association, American Medical-Psychological Association, American Medical Association, etc., President Minnesota Neurological Society.

A physician who recently spent a year in European medical centers was telling some friends a few weeks ago of the remarkable things he had seen and heard abroad; how exceedingly clever the diagnoses and how, as a rule, their accuracy was confirmed by necropsy. In the midst of his enthusiastic recital one of his listeners asked him what he learned with reference to treatment. After a few moment's hesitation he replied "Why, I don't believe they said much of any thing about that!" At the annual meeting of the American Neurological Association just held in New York the President, Dr. S. Weir Mitchell, emphasized the crying need for the neurologist to give more attention to therapeutics; not that he did not have the keenest sympathy with laboratory methods but that the apathy and indifference to the treatment of patients was a serious matter and much to be

deprecated. He suggested to the Association that a portion of the session be devoted to a discussion of the treatment of various forms of nervous disease.

*Indifference to things therapeutic is not a characteristic of the German mind alone nor of the neurologist, it is a universal fault. The vital thing to the patient is not the exact character of the clinical syndrome but rather what can be done for him. This feeling on the part of the neurologist has seemed to me not so much an indifference as a real pessimism concerning the results of treatment. This spirit of medical nihilism has no basis in fact and is at war with the scientific tendency of our age. Our profession is in danger in its attitude towards therapeutics, of making a great mistake, namely, overlooking absolutely the value of palliation when cure is impossible. It is just as truly our duty to alleviate, to make the incurable bearable, to in every way soften life's inevitable tragedies, as it is to direct to a successful issue the many curable diseases that claim our attention. Surely fealty to the Hippocratic oath demands the one as much as the other; it is our failure to do this that causes the patients of the inevitable to drift into the hands of that large and growing class of medical incompetents and ethical deviates,—the charlatan and the quack. Both patient and physician alike will find helpful the Goethian philosophy:*

*“Submit to what is unavoidable, banish the impossible from the mind and look around for some new interest in life.”*

The neurologist and alienist of our day is not a routinist, he is enthusiastically progressive. Conscious of the remarkable results of scientific research he is ever striving to bring his work in accord with its spirit. He has never sympathized with the radical and visionary theories of Nordau and his school which culminated in the barbaric proposal to eliminate by death the unfit, thus saving useless effort. He is no longer dominated by extreme views as to heredity, insanity, in his opinion is no more hereditary than other diseases. Mental aberration in its earliest manifestations belongs to internal medicine and comes properly under the care of the general practitioner. If immediately recognized and properly treated the evolution of the psychosis may in a large number of cases be prevented. To meet this situation he has for years



advocated separate wards in our general hospitals. Such a provision would be the exponent of a sane psychiatry and would afford a favorable environment for the early treatment, of such cases when treatment can do the most possible good, for as Dr. Adolph Meyer points out these disorders when once developed follow their own laws and are very difficult to influence. Paresis and senile dementia he regards as the prolonged death struggle of those who could have been treated many years before the onset of the psychotic symptoms in order to have brought efficient relief. In the establishment of the richly endowed psychiatric clinic at John Hopkins under the direction of this able and distinguished physician the Profession sees the realization of a long cherished ideal.

In the brief reference to certain mental states which follows I have only called attention to a few salient features of their therapy, as it is far from my purpose to discuss in detail the treatment of the psychoses.

#### *The Pubescent and Adolescent Periods:*

The Perils of the pubescent and adolescent periods are now more fully realized by all of us. It is a sober fact and not a flower of speech that children at these great physiological epochs too frequently live on their brain capital instead of their brain income. Thomas Huxley has well said "It is too often true of these unhappy children that they are conceited all the forenoon of their lives and stupid all the afternoon." The adolescent period especially may be regarded as the trysting place for all that is bad in nervous and mental conditions; it is the period *par excellence* for the evolution of the neuroses and the psychoses. Avoidance of stress and strain and the establishment of a careful regime until nervous poise is attained will do much to avert subsequent disaster.

#### *Late Recoveries in The Psychoses:*

We know that patients may recover from the psychoses after years of illness. In Petren's eight cases of late recoveries the duration of the psychosis varied from four and a half to twelve years. He contends from a study of 31 cases, eight of his own and twenty-three hitherto published, in which recovery was un-

doubtedly complete that the percentage is greatest in manic-depressive insanity; next in frequency comes the catatonic form of dementia precox; also in the paranoia-like psychoses characterized by delusional ideas of grandeur, of persecution, and not infrequently of a hypochondriacal nature (*déclire systematisée* of Magnan) complete recovery has occurred after illness of 10 or 12 years. Petren cautions against giving a verdict of incurability in manic-depressive insanity unless there are marked arteriosclerotic or senile complications.

#### *Dementia Precox:*

The conception of dementia precox previously dominating the professional mind has of late undergone material change. The prognosis is regarded as much more favorable; while some of its victims rapidly pass into a state of profound mental deterioration, others make a complete recovery, and a still larger number practically do so. There may be a slight mental defect and an inability to stand the same amount of mental strain as before their illness, yet they are able to resume the ordinary duties of life in their homes. One of Knapp's cases after recovery led an active professional life for many years without undergoing any mental change or deterioration. Dementia precox is not a disease simply of the evolutionary period, it may occur after the fiftieth year and it is not at all unusual to see it in the later forties. Neither are verbigeration, negativism, catatonia, mutism, and stereotypy pathognomonic since they all may occur in other psychoses, and in certain cases even perception and orientation are effected.

It is generally accepted that the disease is an auto-intoxication. Kraepelin thinks that the mental changes are due to alterations in the activity of the generative organs at the time of adolescence. Berkely advances the hypothesis that in catatonia there is an alteration in thyroid metabolism. The treatment of this symptom complex is purely symptomatic; where conditions will allow the patient should be employed out of doors as physical exercise in the open holds in check impulsivity and lessens the tendency to acute exacerbations.

According to Berkley again iodine intensifies the symptoms in the catatonic form of the disease; even one-two-hundred and fiftieth of a grain has been observed to do this, while thyro-lecthin if used early is in certain cases curative, and even in late stages it aids nutrition. He has had thyroidectomy performed in ten cases eight of which showed decided improvement. In the light of his investigation lobectomy is a radical but a justifiable procedure and in our present state of therapeutic helplessness should not be passed by.

*The Treatment of Idiocy:*

Craniotomy in microcephalic idiocy has long since passed into a condition of innocuous desuetude. There never was for it any basis in fact or reason; the microcephaly is a result and not a cause and lies much deeper than surgery can reach. The fault is initially nervous. We now know that this procedure was puerile, barbarous and unscientific. In thyroigenous idiocy, as is well known we have in thyroid extract an agent of remarkable efficiency. In Mongolian idiocy thyroid extract gives no results but Dr. Thomas of Boston told me very recently that extract of the thymus gland while not curative is often decidedly beneficial.

*Melancholia of Metabolic Origin.*

This is one of several states of mental depression falling into the manic-depressive category of Krapelin. "That most vile phrase" says Knapp of Boston "neither German nor English." Hereditary taint, depression, deficient excretion of urea, high arterial tension, rapid pulse, and the absence of hyperleucocytosis form the symptom complex of this psychosis. The chief characteristic of this as of all melancholias is depression, the other symptoms may be found in all varieties of acute toxæmia. Apart from this form of melancholia metabolic poisoning does not appear to have any causative influence in the development of the various mental disorders; it is fugitive in its manifestations, apparently innocuous in its effect and is probably the natural result of the disordered alimentary tract. By Metabolic toxæmia I mean the presence of metabolic toxins "probably the pre-urea bodies and to a lesser extent the etherial sulphates" which are retained in the system. These toxins give rise to certain nervous and

mental symptoms which increase or decrease, *pari passu* with the secretion of urine and urea; the amount of fluid ingested bears no relation, as it does in health, to that of the urine voided. Neither is it eliminated through the skin or lungs and Dr. Bruce\* believes that there is a breaking up of water in the system, which belief is further confirmed by the tissues being found abnormally dry after death. The metabolic type is much less frequent than any other form of melancholia. It occurs usually in the adult and involutional periods of life, seldom in adolescence. There is tendency to recurrence. Various other psychotic symptoms associated with melancholia of metabolic origin are mental confusion, disorientation, insomnia, senseless crying, restlessness, impulsiveness, propensity to suicide, slow and difficult speech and vivid hallucinations, especially of sight. The acute stage may last from one to three weeks and recovery occur by crisis; it may pass into a subacute stage with a gradual improvement or it may terminate in a chronic depression. The average duration of the disease is six months. It may appear in a mild form in which the symptoms are relatively slight. The treatment of all perverted metabolism, whether neurasthenic or psychotic, is the same and will be discussed under neurasthenia.

*Paresis as a Bacterial Disease.*

The theory that general paresis is due directly to syphilis is practically obsolete. That this disease plays an important role in its genesis is generally believed so that now the parasymphilitic theory of paresis is largely accepted. Its lesions are explained on the supposition of the occurrence of a general toxic condition not directly syphilitic but rather the result of some intermediate process, syphilis being a necessary antecedent but not sufficient in itself, as additional causes such as alcoholism, sexual excess, worry, traumatism, etc., are essential to set in motion the degenerative process. Paresis is believed by Ford Robertson to be the result of a general toxic condition of bacterial origin and due to a specific bacillus, and since it is a definite disease with a well recognized clinical syndrome this would appear reasonable. The idea syphilis, wine and women as a theory is both etiologically

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\*Studies in Clinical Psychiatry, Bruce.

and bacteriologically unfit; all are so many devitalizing influences and all are alike contributory, according to the bacterial theory, to the reducing of the resistance of the nervous system and rendering it a soil suitable for the growth of the bacillus. The irregular and intermittent temperature of paretics points to a bacterial toxæmia as does the leucoeytosis occurring in the early stages of the disease and gradually declining as it progresses. In 1902 Dr. Robertson isolated a bacillus from the nose and throat of general paralytics, diptheroid in nature but morphologically differing from the Klebs-Löffler bacillus, virulent to mice but not to guinea pigs and capable of producing in dogs and goats a disease accompanied by convulsions and closely simulating paresis. The gross pathology of these animals showed degenerative and inflammatory changes in the brain cortex. This bacillus he called the *bacillus paralyticans* and described two varieties, *longus* and *brevis*, the former being the more virulent. It gains access to the system by means of the respiratory tract, alimentary canal and lymphatic system. It has been found in the bronchial, alimentary and genito-urinary membranes; in the cerebro-spinal fluid, in the walls of the cerebral blood vessels, in the brain in pure culture, in the blood, the urine, etc., etc. As the polymorphonuclear leucocytes are inimicable to the life of this bacillus, Dr. Robertson believes that it is to them that we owe the remissions occurring in paresis. In this country both O'Brien and Langdon have isolated this bacillus, the former finding it in 70 per cent. of his cases. It is only fair to say that the Profession at large regards this bacillus as purely an invasion which is likely to occur in debilitated conditions, and not as the actual cause of the disease. It is well known that in the terminal stage of paresis there is a mixed infection. O'Brien of the States Hospital, Massillon, Ohio, has for the past four years been following the methods laid down by Robertson and has been treating paresis by means of a vaccine and an antitoxin serum obtained from immunized sheep. The results, he states in the last report of the Hospital (1908) are promising. Many patients thus treated have increased in weight, their sleep has improved, and the delusions of grandeur have gradually disappeared. After a prolonged treatment there has been apparent recovery.

*Blood Pressure; Its Significance.*

The value of the hæmomanometer in the practice of medicine is no longer a debatable question or a matter of simple academic interest. In the psychoses its worth has not as yet been fully determined. "The results thus far published" says Patton "are still open to criticism and all the observations must be accepted with caution." Craig believes that "altered blood pressure may in individuals induce mental aberration." The consensus of opinion is that in melancholia without agitation there is an increased arterial tension while in mania the reverse obtains. Arterial pressure is supposed to be proportionate to the mental anguish. Cramer thinks the high tension is the cause of the mental distress. Melancholia is but another term for manic-depressive insanity, with its varied forms that differ as to type, nature, etc. There are of course states of depression such as involuntional melancholia and the depression occurring in other psychoses, (dementia precox, paresis, etc.,) which do not fall in this category. High arterial tension is a cardinal symptom in metabolic melancholia, but my experience is wholly at variance with the common belief that this tension exists in melancholia generally. For the past two years I have been observing this in a great number of cases, in not one of which was there abnormal tension, a fact which I am at a loss to explain. Neither is it an invariable rule that there is low tension in mania. Not long ago I had a case of acute manical excitement in which there was a high arterial tension and in which the pressure lowered as the excitement decreased.

High pressure and mental distress are not cause and effect. Rather, there is a common cause, namely, impurities in the blood content, which gives rise to an abnormal vasomotor constriction of which both are results. Arterial tension is increased in stupor, unaltered in chronic delusional insanity, and it may or may not be affected in paresis. In doubtful cases of the latter a high blood pressure with a morning and evening temperature is an aid to diagnosis. In dementia precox the blood pressure may be low. Blood pressure is a matter of even greater importance in certain nervous conditions. It falls in tabes dorsalis during an attack of lightning pains, while just the reverse takes place in a gastric

crisis. \*1 Arterial hypertension in elderly people or those with degenerated vessels is of serious import and immediate relief is imperative lest grave complications ensue. A blood pressure of more than 300 mm. Hg. in a case of cerebral hæmorrhage denotes pressure on the medulla and imminent death \*2, while increase of the pressure symptoms with a falling manometer is an evidence of approaching dissolution. The paroxysms of pain in trigeminal neuralgia are accompanied by increased arterial hypertonus. Hypertension in insomnia shows that relief must come along the line of vaso-dilators not hypnotics.

In arterio-sclerosis, atheroma, and obliterating endarteritis the lumen of the vessels is contracted. The irritating influence of impurities in the blood stream is greater in diseased vessels than in healthy ones.

Russell \* believes that it is the toxins in the blood content that cause arterial hypertonus in either normal or diseased arteries; if these blood impurities are present in sclerosed vessels a contraction of their lumen follows which may give rise to thrombosis, softening or hæmorrhage. The so called premonitory symptoms of apoplexy are probably due to a brain anæmia resulting from a contraction of the cerebral vessels thus induced. If this is recognized and appropriately treated lasting injury to the brain tissues may be averted. What should be particularly emphasized is the significance and importance of immediate relief of high arterial tension in degenerative arterial states.

For the relief of blood pressure vaso-dilators are of the utmost importance. First among these is ergthrol tetranitrate, iodide of potash has a like influence and gives a much more lasting effect than vascular relaxants. Depletion during an attack of cerebral ischæmia would but intensify the condition. Hypertension in melancholia is relieved by the correction of the perverted metabolism to which should be joined the use of vaso-

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\*1. The Clinical study of Blood pressure, January.

\*2. Studies in Blood Pressure. Oliver.

\* Arterial Hypertonus, Sclerosis and Blood Pressure, Russell.

dilators. In serious cases the patient should be kept in bed. A purin free diet, or one approximately so, is to be advised, the use of tobacco should be absolutely forbidden.

The armamentarium of the neurologist and the alienist is meagre at the best, but the last few years have noticed a very marked advance in certain directions in neurology for which a heavy debt to the bacteriologist is due.

*Epidemic Cerebro-spinal Meningitis.*

This acute infectious disease has been largely shorn of its terrors because of the specific antitoxin serum prepared at the Rockefeller Institute under the direction of Dr. Flexner. Its mortality formerly varied according to the malignancy of the epidemic from 20 per cent. to 80 per cent. (Dana), while under the serum treatment it has been reduced to 25 per cent. The average duration is now eleven days, not from 24 hours to three months as formerly. Recovery is complete, the disease terminating by crisis in from 25 per cent. to 30 per cent. of the cases; neither are there the usual sequellæ. Since the meningococcus has been found in the naso-pharynx of the members of the patient's family in 10 per cent. of the cases the entire household should be isolated and a thorough postnasal disinfection made by an application of equal parts of resorcin and alcohol (Siebert.) In very doubtful cases lumbar puncture should be made. If the spinal fluid is cloudy, antitoxin serum should be used without waiting for bacteriological examination, since the earlier the serum is administered the better the chance of recovery. If the spinal fluid fails to flow after puncture as sometimes occurs, a small dose of the serum should be injected. As you know, the usual custom is to inject as much serum as the spinal fluid withdrawn, the injection varying from 30 cc. to 45 cc. the latter a maximum dose. At first it should be used daily for three or four days and thereafter according to the symptoms. In every case where the germ is present this serum ought to be tried but in chronic cases little benefit is to be expected. Subcutaneous injections are useless. \*

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\* Dunn and Churchill, Journal of the A.M.A., July 4th, 1908.



*The Serum Therapy of Tetanus.*

The best precaution in a case of possible infection from the tetanus germ is prompt surgical attention. A liberal excision of tissue should be made where possible, the wound curetted and thoroughly cauterized. If this is effectually done no further treatment is needed even if the excised tissue shows the tetanus bacillus to be present. Dr. C. A. Porter, of Boston, who has had perhaps more experience in this work than any other man in the United States, has such confidence in surgical treatment that he said to me if he were absolutely sure that the wound had been thoroughly freed of germs he would do nothing further. This opinion was not theoretical but based upon a practical observation of cases. The accepted theory is that the tetanus toxin reaches the motor ganglia in the cord by way of the nerve plates of the adjacent muscles, passing upward within the axis cylinder, and by lymphatic absorption, entering the blood current, where it is excreted, destroyed or carried to the muscles to be absorbed by their motor plates. Assuming this to be true, the futility of injections into the cerebro-spinal lymph sac is apparent. Tetanus antitoxin ascends the axis cylinder of nerves more slowly than tetanus toxin "and with the probability" says Dr. Porter "unless directly introduced into nerve tissues (whether given subcutaneously or intravenously) that it never reaches the ganglia at all, or else in insufficient amount to be of value." Rogers, of New York, has made injections into the spinal cord without untoward effect and with, as he thought, temporary benefit. \*1. The procedure is so heroic that few physicians would care to follow it. Porter believes that intraneural injections as near the cord as possible with or without local or general anæsthesia, are indicated. Also that the nerves of the brachial plexus or those in the axilla, the anterior crural, sciatic and the obturator should be isolated and filled with antitoxin to twice or three times their size at several points. If the wound has received the proper surgical attention, two or three injections should be sufficient. He suggests the injection of the serum into the higher peripheral

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\*1. Journal of the A.M.A., July 1st, 1905.

nerves, namely the hypoglossal and spinal accessory, since the tetanus toxin ascends within the axis cylinder; he advises nerve section rather than amputation with a secondary suture if the patient recovers. He also advises the use of Bier's passive hyperæmia method in the hope of diminishing toxin absorption. \* Obviously subcutaneous and intravenous injections of the serum should be made as soon as possible after the injury to neutralize the circulating toxins.

*Deep Injections of Alcohol in the Treatment of Facial Neuralgia.*

The unsatisfactory results obtained in the treatment of this form of neuralgia and the dangers and difficulties of gassereotomy all have made the Profession regard with favor the reports of marked alleviation that have attended the deep injections of 80 per cent. absolute alcohol by weight. The method consists in reaching the involved branches of the nerves as near their exits from the skull as possible and injecting directly into the nerve or around it two cc. of the alcohol. For this purpose a specially designed needle is required with a capacity of two cc. The injection of the ophthalmic division is most difficult and I have known some very unpleasant results to ensue so that in the light of our present experience the injection into this branch of the nerve is certainly counterindicated. A writer has spoken of this procedure as in reality constituting a chemic resection of the nerve. The injection into the superior and inferior maxillary nerves should be made slowly and with interruptions. Their frequency depends upon the re-appearance of the pain; Levy has reported as many as eight injections within three or four days. Schlessler states that this relief is not permanent but lasts for about a year; "The prognosis in the sense of complete palliation after one or several injections" says Patrick "is excellent. Recurrences may be expected in any where from six months to a year." \* One of my own patients who had suffered for fourteen

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\* Serum Treatment of Tetanus, C. C. Porter, M.D. Surgery, Gynecology and Obstetrics, August 1906.

\* The treatment of Trifacial Neuralgia by Deep Injections of Alcohol, Journal of A.M.A., Nov. 9, 1907. Patrick.

years from trifacial neuralgia and in which of late the pain became atrocious, was completely relieved after the sixth injection, and at the present time nine months after, there has been no recurrence. The method of deep injection of alcohol is suitable to other neuralgias, as well. In one case of intractable sciatica the result was in every way satisfactory. Deep injections with anæsthetic or catalytic agents for relief of pain are neither new nor novel; it is an old well recognized form of therapy. The distinguishing characteristics of this procedure are the point of injection, the technique and the agent employed. Enthusiastic operators are likely to overlook the fact that it is vastly easier to miss the nerve than to pierce it, also the possibility of infection, the danger of injuring the middle meningeal artery which passes through the foramen spinosum very close to the foramen ovale, the paralysis of the sixth nerve, that the injection of the intraorbital is hazardous because of the proximity of the motor nerves to the eye muscles, and that necrosis has followed these injections just as after osmic acid. Notwithstanding these possibilities, this method is a marked and one might say because of the immediateness and completeness of the relief afforded, a dramatic advance in the treatment of an intractable and atrociously painful disease.

#### *Cerebral Decompression.*

In 1894 I spent some time at the National Hospital, Queen's Square, London. Even then Horsley and the late Dr. Beevor advocated this palliative operation for optic neuritis. Horsley stated that he would not hesitate to operate for the relief of optic neuritis after a competent oculist had excluded albuminuria and failed in the treatment of the neuritis. He also thought that this operation might cause an arrest of the growth. Beevor said that had he such a condition himself he would certainly wish to be trephined if there was no sign of improvement in six weeks, since the results of the operation in a large number of cases (some in which the tumor had been removed, others in which there was simply the operation) have shown that the neuritis always decreases and that in a large proportion of cases it has ceased altogether. Gowers advises caution as the optic neuritis may reach a considerable intensity in a fortnight or may still be

moderate in degree at the end of three or four months. Spiller \* thinks this operation advisable in every case with pronounced symptoms of brain tumor and before optic neuritis has advanced far, provided there is no luetic history, or in case of there being such, that antisyphilitic treatment has been tried. He does not agree with Horsley that an operation has any effect in arresting the growth. Starr \*2. regards palliative operations as justifiable although he has seen cases in which they did not succeed. Sir Victor Horsley \*3. in his Address on Surgery 1906, says "It is now possible to dogmatize on this question and to say that in no case of optic neuritis (not of course of toxæmic or anæmic origin) should the process be allowed to continue after it has once been diagnosed, and if blindness results therefrom the responsibility is very heavy on any one who fails to advise such a simple proceeding as opening the dura mater." The disappearance of the choked disc takes place as rapidly when the dura is left intact as when it is incised (Frazier.) Mills believes that all brain tumors should be operated upon in which the diagnosis is reasonably certain. If the growth is localizable and operable it should always be removed, if this is not possible then the palliative operation should be performed. Headache alone may justify surgical interference. It may be so intense as to inhibit the heart's action. (Byron Bramwell.) Hoppe calls attention to the danger of decompressive operations in cerebellar tumors and suggests suboccipital decompression. The basal temporal region of the right side is regarded by Horsley as the most suitable point for a palliative operation. Frazier advises the making of but one opening; if this proves insufficient a similar opening can be made on the opposite side.

*The Parathyroid Treatment of Paralysis Agitans.*

Changes in the parathyroid gland have been found in autopsies of cases of paralysis agitans and it was doubtless these changes says Dr. Coriat of Boston which suggested the adminis-

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\*1. Journal of the A.M.A., September 1, 1906.

\*2. Journal of the A.M.A., September 22, 1906.

\*3. The British Medical Journal, August 23, 1906.

tration of the gland in this disease, probably on the theory that the symptoms were due to a lax of some secretion elaborated by the gland. In his experience however the results do not confirm the theory as he has had six cases of paralysis agitans under treatment for six months, the duration of the disease in the various instances having been from three to nine years, none of which has shown any improvement although none of them is any worse. The details of treatment are as follows: After the glands have been removed they are dried in a vacuum and then the capsules are filled, six glands to a capsule. The dose is two capsules a day, so that the patient takes 12 whole glands daily. The administration of the parathyroids must be continued for a long time as the action of the glands is supposed to be slow. Dr. Thomas tells me that his observations have confirmed in every respect those of Dr. Coriat. None of his patients, so far as he can see, has been benefitted although they insist that they are feeling better because of the treatment. This method is still in the laboratory stage and the prepared glands are not on the market.

*A Transitional Stage in the Neuroses.*

Our theories of hysteria, psychasthesia and neurasthenia have of late undergone great change. Little aside from the name is left of Beard's original description of neurasthenia. Dr. Geo. Walton, of Boston, in a paper read before the last session of the American Neurological Association remarks that in trying to differentiate between the psycho-neuroses we are attempting to distinguish between the undistinguishable. The radical modification of medical thought along these lines is indicated by Babinski's recent suggestive paper on "The Dismemberment of Traditional Hysteria (Pithiartism)," based on 12 years of clinical observation. With the discarding of our former conception and with our present opinions in a stage of flux we all must be in sympathy with Archbishop Whatley when he says "If my faith is wrong I am bound to change it, if it is right I am bound to propogate it." This lying aside of all prejudice is the true scientific attitude.

Much light has been thrown on this vexed question by Pierre Janet's lectures in Boston on the Psychology of Hysteria, the Psychological Treatment of Disease, etc. Investigations in abnormal psychology are doing much to clarify our views, and by this I mean the study of the subconscious mind, which Professor James describes as a split-off, limited and buried, but a fully active self; a condition better described by the phrase dissociation of consciousness. It is only in this way that we can satisfactorily explain hysteria, multiple personality, functional amnesias, etc.

The psychopathologist regards hysteria, psychasthenia and neurasthenia as psychic; this however is not in accord with the consensus of opinion of neurologists. It may be true so far as hysteria and psychasthenia are concerned but not so with reference to neurasthenia. There is beyond doubt a large psychic factor in the latter and in some instances it would appear to be the dominating one and probably causal but this is exceptional. Its somatic character cannot be ignored. Psychasthenia, a conglomeration of symptoms common to hysteria and neurasthenia, and due to a fundamental underlying psychopathic state, while believed to be of psychic origin, is yet strange to say, but little influenced by psychic treatment. This would seem to indicate that it should be classed as a psychosis, rather than among the neuroses.

*Pithiatism, the New Conception of Hysteria.*

The new view of hysteria presented by Babinski before the Neurological Society of Paris in 1901 was radical and revolutionary. Naturally it attracted much attention among his colleagues and two entire sessions of the Society were devoted to its consideration. For the past eight years European neurologists have made hysteria a subject of lively discussion and as a result the field of traditional hysteria has been much restricted and the manner of looking at it greatly altered. Babinski uses the terms hysteria and pithiatism interchangeably and by hysterical or pithiatic troubles he means a special group of phenomena that can be accurately produced by suggestion and cured by suggestion and persuasion. Hysterical stigmata he regards as the results of unconscious suggestion, usually medical in origin. He does not think

that the tendon, cutaneous or pupillary reflexes are influenced by it, or that the circulatory, trophic, and secretory functions (urine, perspiration, saliva) and temperature are ever affected by it.

Babinski's conception of hysteria while accepted by many well known neurologists is rejected and severely criticized by others equally prominent. American neurologists are largely at variance with his views. Dr. Knapp for instance, in a late paper, "The Reflexes in Hysteria," radically differs from Babinski's conclusion that hysteria has no influence on the reflexes. He asserts that there is often a difference in reflexes both skin and deep on the two sides in hysterical hemianesthesia and hysterical hemiplegia.

The contributions of this French neurologist to this subject are epoch making although his introduction of a new name for the old and established one of hysteria is much to be deprecated. Further investigations may or may not confirm the assertion that pithiatic phenomena comprise all there is in hysteria; one thing however is evident, that the old conception of this neurosis which was based on observations, erroneous, insufficient, and lacking in Modern scientific accuracy, has forever been destroyed. No longer will Lasague's criticism have force, that "Hysteria is a basket into which one throws all the papers one does not know how to classify."

Just here in this discussion I wish to call attention to a recent contribution by Cushing, of Baltimore, which is of very great importance. He has clearly demonstrated that the symptom supposed to be characteristic, indeed regarded by some as pathognomonic of hysteria, viz.: inversion and interlacing of the color fields, is very common in brain tumors, and he regards it as a sign of value in their early diagnosis. It is associated in some way with the increase of intercranial tension for when this is relieved by decompressive measures the normal relation of the color fields is often rapidly restored.

The suggestibility of an hysterical should always be in our minds lest by inadvertence some harmful suggestion be given that will greatly retard recovery. Equally of importance is a suitable psychic environment for the patient. If under such conditions

with modern psycho-therapeutic methods the patient does not recover we can feel very sure that the problem with which we have to deal is more than hysteria; without doubt there is an organic base.

### *Neurasthenia.*

Unquestionably autoxæmia, metabolic perversion, glandular and secretory disturbances are common causes of neurasthenia. Psychic analysis may elicit some occasion for mental unrest of months or years duration, carefully concealed by the patient, which may be the source of the nervous disturbance. This disease has become well known to the laity; its diagnosis is more frequent by the general practitioner but less so by the neurologist. In the Neurological Department of the Massachusetts General Hospital, there were only three cases during the past year, while in that of Internal Medicine there were 125 cases of this disease recorded during the same period. There is a distinct type of neurasthenia which may be called metabolic due to poisoning by metabolic toxins, a clinical form of much importance. Its chief if not only cause is renal insufficiency, if this expression be allowed. The symptoms bear a direct relation to the quantity of urine and urea excreted, the daily output of the latter being greatly diminished while that of the former is scant, sometimes alarmingly so. In exceptional cases the amount of urine is excessive with low specific gravity. The tongue is coated, bowels constipated, stools offensive, skin dry and harsh, usually a slight temperature, a low hæmoglobin, vertigo, nausea, loss of appetite, loss of weight, rapid pulse, insomnia, apprehensiveness and a decided emotionality. The stigmata of hysteria are frequently present.

Metabolic perversion is a factor which must be taken into consideration. In metabolic Melancholia and neurasthenia the correction of the metabolic fault is of first importance. Rest in bed is often imperative, the diet must be simple and easy of digestion; milk frequently and in small quantities, not less than three pints in 24 hours, best filling the requirement. Water is both a solvent and an eliminant and should be taken freely. Calomel in divided doses, normal saline enema, and castor oil are indicated. Sulfonal should not be used as a hypnotic because it



interferes with the elaboration of nitrogen into urea. Return to full diet must be carefully made or a relapse is inevitable. After the output of urea becomes normal, to the milk may be added white bread, rice, tapioca, lettuce and cauliflower all purin free foods; then eggs, potatoes, and finally fish and meat. But little difference exists between the purin bodies contained in white and red meats. (Hall.)

*The Neuroses, their Treatment.*

In psychasthenia the psychic effect of environment, says Babinski, has but slight influence. The condition of the patient is variable, sometimes better, sometimes worse, with intervals of mental peace. Suggestion is useless. The nervous tone should be conserved and by frank conversation, what Dubois calls "moral comforting," marshal to the aid of healthful thinking and living all the forces of the individual.

Anaemia is common alike to hysteria and neurasthenia; but occurs more frequently in the latter. Blaud's mass, bone marrow and arsenic are the most efficient drugs and in certain obstinate anaemias I have found the addition of inhalations of oxygen useful. Arsenic is especially indicated when the red cells are deficient in number or when they are normal in number but small and fragmented. In auto-toxaemia the persistent anaemia which sometimes occurs is without doubt due to the hemolytic action of the toxins, for with the correction of the toxaemia the anaemia disappears. In indicanuria so frequent in functional disorders and in which dietetic measures have failed to relieve, the high injection of from one to two ounces of a veal broth culture of lactic acid bacteria \* (*Bacillus Bulgaricus*) gives surprising results. Dr. Gordon \* believes that Bier's hyperaemic method has a scope much wider than its surgical application. He has used it in the occupational neuroses, acroparesthesia, etc., with encouraging results. I have now under my care a young man who has suffered for six months from a tremor of the right arm and hand, which

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\* 1. Made at the Lederle Laboratories, New York.

\* 2. Bier's Method in Treatment of Some Neuroses, Gordon. Therapeutic Gazette, May 15th, 1908.

although psychic in character closely resembles paralysis agitans. The first application of the bandage gave relief and within less than a week the tremor completely ceased. Whatever the rationale of its action, from a therapeutic standpoint it is psychically efficient.

The routine treatment of these conditions is comparatively simple, but we recognize the presence of a psychic problem in the solution of which lies the difficulty. Drugs are useless as a cure for obsessions, fixed ideas, faulty mental habits, fatigability, preconceived ideas in regard to sleep, etc., functional amnesias, anaesthesias and paralyses. Walton believes that the phobias, doubts and scruples are the cause rather than the result of the neurasthenic conditions. These patients know as well as Sir John Lubbock that "happiness and success in life do not depend on circumstances but ourselves," but they are powerless of themselves to make the necessary effort.

A rational psychotherapy is the only way in which to deal with this psychic factor. The Profession has too long ignored the great psychic laws of being, coeval with man's creation. They are not the discovery of the last 25 years as certain cults would have us believe; the marvelous results of their action have come down to us from earliest times. There has never been a period in the history of medicine when psychotherapy has not had a place in medical practice however it may have been misinterpreted and misunderstood. It is psychic treatment on scientific principles for which the psychopathologist is pleading, and when once appreciated and intelligently and conscientiously applied the medieval crudities and superstitions of Ecdyism, mental healing, faith cure, etc., will be forever done away with. The substitution of healthy mental states for abnormal ones is the aim of psychotherapeutics. Sometimes this is best accomplished by frank conversations with the patient, allowing him fully to describe his feelings, then candidly placing before him the actual facts in regard to himself, in this way substituting knowledge and hope for ignorance and fear. At other times the producing of a peculiar mental state thereby increasing the suggestibility of the patient as in mental abstraction or hypnosis is desirable, as suggestions under such circumstances are far more effectual than

when given in ordinary conversations. Then again, the best results may be obtained by a re-education of the patient, teaching him to think and act healthfully. Thus by therapeutic conversations, governed by a careful psycho-analysis of the case, by repeated explanations, by the use of mental abstraction or hypnosis, the mind is led to work in a normal way which in time will become automatic and natural.

Shakespeare never showed keener insight than when he said:

“Tis the mind that makes the body rich.”

PRESIDENTIAL ADDRESS TO THE WINNIPEG  
CLINICAL SOCIETY

BY

W. ROBSON NICHOLS, M.D. ; F.R.C.S. (Eng.)

WINNIPEG, MAN.

Medical Brethren,

In compliance with the usual custom, which requires an address from the retiring president, I shall attempt to make a few remarks on a subject or two which pertains to this Society. I regret Nature has not endowed me with a fluency of speech and capacity of mind to discuss adequately any one of these important subjects.

In the first place, I have to thank you for the honor you have done me, in electing me to preside over your deliberations and discussions—an office I have not filled to my own satisfaction, but supported by your kindly counsel and co-operation it has been a great pleasure to assist in the work which stands at the summit of human achievement—the understanding and curing of disease.

When this Society had its birth, two years ago, it was a memorable accouchment. More medical men were in consultation, I suppose, than had ever met here on such an auspicious event. An elder sister, not unnaturally, looked askance on the new-arrival, feeling, perhaps, that her dowry might be divided—and, as many another firstborn, she felt she had certain inalienable rights. Like many another, she wondered *why* such a little sister had crowded into the apparently limited household. In various quarters, suspicious as to its legitimacy, its prematurity or its spuriousness were entertained and grave doubts as to its survival expressed. Happily, gentlemen, through your honesty of purpose, devotion to duty, and love of Science, and your professional work, these suspicious and doubts have disappeared. Instead of this Society encroaching on the peculiar right of her sister it has added to her portion, increased usefulness and effi-

ciency by raising a high standard of excellence and the stimulation of healthy rivalry—with nothing of petty jealousy in it. I sincerely believe, Winnipeg has reason, if she only knew it, to be proud of and thankful for the flourishing and healthy condition of her two Medical Societies—for, to the public accrue the final benefits of these institutions. There was a time, and not so long remote, when citizens sought medical attention in other centres, but the records of the proceedings of this Society should convince the most skeptical that our work is second to none in Canada.

Two very important scientific associations have honored our city within a year by their meetings, emphasizing the importance of Winnipeg as a centre, and our responsibility as physicians in attaining an eminence which will command the respect of the world. If a satisfactory basis of amalgamation of the two Societies can be made in the proposed Academy of Medicine, the public may come to recognize more fully its medical uses.

As regards either, this Society stands for a high standard, not only among its members, but for all licensed men of whatever nationality, creed, language or color. It stands for a square deal to every man legally entitled to earn his bread in the arduous paths of practice. I hope in time to see its influence and power sufficient to form a discipline committee, not to censure, as much as to advise and guide members in ethical dilemmas—and if necessary admonish those who knowingly deviate from the paths of rectitude.

As regards the relations of the members of the Society to Dispensaries and Hospitals, some dangers confront us which have attained colossal proportions in older lands. I refer to the abuse of medical charity. In our zeal to become attached to institutions and do this work there is a grave danger of committing professional suicide. In no other walk of life is anyone *expected to do so much for nothing*. Many persons of good earning power in this country have an idea they can *choose* the public ward or out-patient claims and get the services of a medical man free. Now, I hold the public have no more right to expect the gratuitous services of a doctor than those of a shoemaker or tailor—and physicians are fools to be thus exploited. Too often has a physician dropped out of life after 30 or 40 years of arduous labor

by night and by day—with never a holiday—and left a family more needy than many so-called charity patients he has been called upon to treat.

As regards the relations of Medical Societies to the State I fear we are at times very remiss. There are occasions when we, as a deliberate body, should make ourselves felt for the moral welfare of the community. Too often some medical light-weight airs his ideas in the Press (I don't mean the Free Press!) and his views, unopposed, are taken by the public as representing the profession. This city has been struggling for some years with the question of prostitution—segregation or not?

I think every member of this Society has some very definite and healthy views on the subject. I believe I voice these views when I say that every youth in the world should be taught what every one in this world knows, that venereal infection and prostitution are inseparably bound together.

That venereal infection means misery and suffering, disease and death—not alone to the individual contracting it but to his innocent bride and the annihilation of his potential unborn generation. That such knowledge, irrespective of religion or ethics, is a sufficient deterrent to each individual here and would be to all "*if they only knew it.*" "If I had only known it" are words which have rung thousands of times in the ears of physicians, uttered by many an anguished and sorrowful man, who, years after infection, supposing himself free from virus, has infected her whom he swore to love and cherish—her the innocent and happy bride looking forward with pleasure to the gratification of physiological and God-given aspirations who had better been interred on that festive bridal day and slept peacefully on than occupy the tomb of shattered hopes rendering suffering and a blasted life.

Some day a Medical Society will arise with the courage of its convictions and hammer home in the heads and hearts of the people those great truths of human biology, physiology, and do more good to mankind than a thousand years of ignorance, effete theology and false sentiment.

My sympathies are with youth, its weaknesses and uncertainties. The Great Physician said "suffer the little children to

come unto me"—but his disciples have passed them by; they have cried for bread and been given a stone; their inquiring eyes have been seeking the light of knowledge and truth, but the lights that have been set before them are false and have lured them on to destruction. Let us proclaim to childhood the Golden Age. Let this Society, which has done so much good, in various directions, seize the opportunity of immortalizing itself by setting the torch to the beacons which will illumine the darkest recesses of earth and give childhood a pure and unerring light.

## EDITORIAL

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*Reasons for Special  
Hospitals for  
Children*

A great effort is being made in Winnipeg to raise funds for a well-equipped Children's Hospital. The need for such an institution has been proved by the work done already in the temporary hospital opened about eight months ago.

A suggestion has been made several times that the difficulty might be settled by adding another ward to the General Hospital. Those who make a special study of the welfare of the rising generation can easily specify the many disadvantages of such an arrangement. The dissimilarities between the physiology and pathology of children and adults are differences in degree and these differences are the effect of unfinished growth and development of all parts especially of the nervous system, heart and respiratory apparatus. The need for nurses specially trained and adapted for this work is of the greatest importance as in dealing with children it is the unexpected that most frequently happens in health, disease and treatment. Special training and watchfulness is needed on the part of nurses and doctors to recognize the easiness with which prostration and death may set in—the inability to maintain reaction—liability of disease to spread—to shift its site—change the time of manifestation. Dissimilarity between adults and children increase in inverse proportion to age. Then there is the great question of the very different dietary, so that from an economical sense nothing is gained. The dietary—the foundation of growth and development of the child—demands special knowledge and special care in preparation. In France, this has been particularly recognized of late hence the lowering of the infant mortality. Again, the importance of treating the mind of the young child makes it necessary that food and medicine be suited to each child's palate if it is to have a beneficial effect because any sensation produced by any



## ERRATA

The following line should start page 509 :

action on any sensory organ causes an impression on the cerebral

—EDITOR

—perience in general hospitals elicits the fact that in such institutions the children's ward is a minor consideration. One proof is the fact that the nurses spend from two to three months in the children's ward—and are placed there without special love for the work, and only for the sake of the few month's experience.—These are in charge of the dietary—and junior surgeons and physicians generally have charge. In fact, the least experienced are good enough. Years ago, the Education Department had the same opinion regarding the least experienced and least qualified teachers being good enough for the Infants. Now, they say with Froebel, give the child the first 8 or 9 years of life to the most scientific educators and to those who love children. It matters little about the rest. Lay the mental foundations thoroughly in the early years and all is likely to be well, so also is it true regarding the physical side. It is said that in general hospitals the adult patients receive first consideration as their wants are easier made known and their complaints more likely to be heard. Perhaps, greatest of all is the necessity for the nurses and doctors to really love such work. Every day we are more and more realizing the *healing* power of *loving* nursing and attention; if this is felt by the adult, how much more by the tiny beings who are only able to *feel* and not capable of expressing those feelings.

In all the countries of the old world, race culture is the absorbing topic. Eugenic societies, child culture societies and so forth are being formed on all sides. Let us in the West show that we are caring for the physical as well as the mental and moral welfare of our children by providing good children's hospitals.

cortex as well as on the lower centres concerned in vital processes. Note how soon mal-nutrition plays havoc with infants. The constant change going on in the bulk, endurance and capacity of children calls for special doctors, special nurses, special kitchens and special buildings if the generation is to be physically equipped for the strenuous life before them.

The questioning of nurses and doctors who have had experience in general hospitals elicits the fact that in such institutions the children's ward is a minor consideration. One proof is the fact that the nurses spend from two to three months in the children's ward—and are placed there without special love for the work, and only for the sake of the few month's experience.—These are in charge of the dietary—and junior surgeons and physicians generally have charge. In fact, the least experienced are good enough. Years ago, the Education Departments had the same opinion regarding the least experienced and least qualified teachers being good enough for the Infants. Now, they say with Froebel, give the child the first 8 or 9 years of life to the most scientific educators and to those who love children. It matters little about the rest. Lay the mental foundations thoroughly in the early years and all is likely to be well, so also is it true regarding the physical side. It is said that in general hospitals the adult patients receive first consideration as their wants are easier made known and their complaints more likely to be heard. Perhaps, greatest of all is the necessity for the nurses and doctors to really love such work. Every day we are more and more realizing the *healing* power of *loving* nursing and attention; if this is felt by the adult, how much more by the tiny beings who are only able to *feel* and not capable of expressing those feelings.

In all the countries of the old world, race culture is the absorbing topic. Eugenic societies, child culture societies and so forth are being formed on all sides. Let us in the West show that we are caring for the physical as well as the mental and moral welfare of our children by providing good children's hospitals.

## Motion of which Notice has been Given

"Dr. Patterson's motion, notice of which had been given at last meeting, was now brought up. *Dr. Patterson explained that since the notice was given, he, being a representative from Manitoba Medical College, had received instructions from the College to oppose this motion, he, therefore, was not in a position to move it, and he then retired from the meeting.* Dr. McFadden fathered the motion, but suggested \$115 instead of \$150. Dr. Hutchinson seconded the motion on condition that it be made \$125 on and after January 1st, 1910. This was agreed to, and on motion, carried, with but one dissenting vote.

## Annual Fee

Dr. Patterson now returned to the meeting. Considerable discussion now took place in regard to the annual fee, the general opinion being in favor of doing away with it in view of the fact that comparatively little revenue is obtained from it since so many members continue in arrears from year to year. Moved by Drs. Hutchinson and Patterson that the annual fee be abolished on and after January 1st, 1910, and that no person in arrears for annual fees up to 1st January, 1910, shall be eligible as a candidate for membership in the Council of the College of Physicians and Surgeons, nor shall his vote at an election for such be valid until all of such arrears have been paid. Carried."

The above is an extract from the Report of the College of Physicians and Surgeons of Manitoba and presents a position which has been humiliating to the profession of Manitoba for some time past. Practically the same cause has prevented the profession obtaining Western Federation sooner. Dr. Patterson from long experience as Treasurer and from his observation of the undignified action of the Ontario Medical Council in summoning members of the profession to court to collect their back dues brought this motion forward after much thought and consultation. No sooner had he done so than he was told by the Manitoba Medical College to withdraw and not give the motion his support. The Medical College is not a representative body of the profession but a private corporation. Are we to be ruled by it?

At the same meeting, *the fees of the poor student whose course the College was espousing were increased \$125.* Is this consistent? The time seems to have arrived when we should ask the Provincial Government to change the act so that the College of Physicians and Surgeons be made up of representatives of the profession and to ensure that *one third* of those attending an average meeting be not members elected by a private corporation.

## EXTRACT

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### Quacks in Japan.

Medical advertising is frowned upon by the profession in Europe and America generally. Beyond a modest sign bearing name and degree, or perhaps an equally simple card in a newspaper, it is usually held to indicate that he who indulges in it is a charlatan. In Japan, we are told by an editorial writer in *The Hospital* (London, September 11,) the Government has recently found it necessary to legislate against medical advertising. With the adoption of the Western therapeutics, in which the Japanese have gone far toward excelling their instructors, they have also been invaded, the writer tells us, by "less desirable products of Western therapeutic enterprise, including the advertising quack, the patent medicine, the cure-all nostrum, and other devices by which the ignorant and the credulous have so long been led by ingenious knaves in Europe and Great Britain." We read:

"It would appear that the dimensions of these evils have grown to such an extent that the Government of the Mikado, with a praiseworthy concern for the welfare of his subjects, has taken at least the preliminary steps toward the regulation of a part of the evil. We do not gather that so far anything is being undertaken on the lines of the excellent New Zealand legislation against quack advertisements and lying nostrum-vendors; but, according to an ordinance recently published by the Home Department, very stringent rules are to be enforced with regard to the conduct of the medical profession. It is further to be observed that in respect of what shall in the future, and what shall not, be conduct befitting a Japanese doctor, the model which the regulations follow is in the main that set by the General Medical Council of Great Britain. In future no licensed medical practitioner will be permitted to advertise in Japan details of methods of medical treatment, or the history or success of such methods. Doctors and dentists connected with hospitals or engaging in general

practice will not be allowed to advertise any information beyond that indicating their degrees and specialties. In this respect the ordinance approximates perhaps more to the American idea of what is legitimate; for it is quite common to find in transatlantic journals small rectangular spaces containing the name, address, and telephone number of some practitioner, with an indication of the branch or branches of work in which he claims to be especially adept and instructed.

"But, after all, in regulating the extent to which qualified men may bring to public notice the fact that the State recognizes their special claims to be regarded as trustworthy practitioners of medicine or surgery, the Home Department is dealing with the fringe only of a very large evil. It is something that a start should be made, but to command anything like complete success the much greater question of fraudulent cures and the immorality with which they are advertised in the lay press must be dealt with. To lay down rules for the guidance of the medical profession is much less essential than to protect the public from the unscrupulous and unqualified impostors who bolster the sales of their cure-alls by wanton lies. The Japanese Government is to be congratulated if it has decided to take steps toward the remedy of these evils; and it might well be recommended to study the penalties enacted in New Zealand not only against those who concoct quack nostrums and advertise them with false statements, but also against those who publish them without taking reasonable steps to assure themselves of the genuineness of the advertisements and the reputations of the advertisers."

*Literary Digest.*

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"It is to be feared few physicians are systematic in securing the detailed history of a patient entering their office for advice. The amanuensis is just as important as the general or special examinations which are undertaken to understand the present condition. The careful medical man will ascertain name, age, nationality, occupation, and residence, the family history, the previous personal history and the history of the present illness. The busiest men have the most leisure at their command for careful examinations, because of systematizing their methods.

“To the man who is ambitious to use his opportunities, a well selected library is essential.

In thickly populated districts a system of exchanges\* \* \* should cut in half the cost of more expensive journals. It should be the ambition of the men to have well equipped rooms\* \* \* Many libraries have deservedly fallen into disuse because men will not seek books or journals in uninviting rooms.

In towns with a tax for the up keep of a public library, a *grant should be made for the medical library*. No man is really happy or safe without one (hobby) and it makes little difference what.

One of the first questions I ask on visiting a new town is, Where is your Medical Library”?

By far the best work we can do is in the organization, preservation and extension of the smaller libraries already existing in the provincial cities and towns.

Our best work will be in stimulating an interest in these smaller libraries either in connection with the medical society or with the hospital and in helping to organize them and from everyone of them we hope to have in our society a representative.

If he is to develop his intelligence—that is, get an education—it must be by systematic post graduate study.

Post graduate study is a habit of mind only to be acquired as are other habits in the slow repetition of the practice of looking at everything with an inquiring spirit.

There are many factors in the training—note-taking, reading, the medical society, and the quinquennial brain-dusting at a hospital or post-graduate school and \* \* \* Books.

How can a busy man read \* \* \* He cannot \* \* \* unless he has got into the habit when he was not so busy. Then it comes easy enough.

Carefully studied a couple of journals are the basis of post graduate work. Buy books with *discrimination* and not too many.

*From Osler's Address.*

## CORRESPONDENCE

*We do not hold ourselves responsible for the opinions of our Correspondents—Editor.*

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*To the Editor of the Western Canada Medical Journal.*

Dear Sir,

The annual report of the College of Physicians and Surgeons of Manitoba is to hand, and in the opinion of the writer contains matter which should call forth the criticism if not decided disapproval of a large number of the licentiates of the Province.

The report states that there is the amount of \$4,000 outstanding as arrears of annual dues.

Who owe these dues? Why have they not been collected? We have always looked on the Annual Fee as a just tax that must be paid or our names were liable to be struck off the register. Now we are told the only penalty attached is that we cannot become candidates for the council or vote for such as are unless our fees are paid.

If delinquents in the past failed to pay up their arrears on this threat being made are they more likely to now?

If they fail to pay we suppose the council will write off the \$4,000 and the delinquents laugh at those who have been fools enough to keep their dues paid up.

As one who has paid up regularly for nearly a quarter of a century I consider it is up to the council to refund to those who have paid if they cannot legally collect the annual fee.

We note that the council has now decided to abolish the annual fee of Two Dollars and increase the License Fee from \$75.00 to \$125.00—dropping the Two Dollar Annual Fee is we consider a retrograde movement. Why not retain it, collect it, and put it to good legitimate uses in the interest of the profession? As to the increase in license fee we will leave that for others to criticise.

We feel that more could have been done by the council in the past to show value for what they were demanding.



Why have we not had an up-to-date Annual Announcement with list of Licentiates, their locations, the laws governing medical practice in the Province, catalogue of library and regulations referring to it, the constituencies into which the province is divided and names of representatives, and other matters, such as appear in the Announcements of other Provinces—compared with Saskatchewan and Alberta. Manitoba is certainly behind in this regard.

Thanking you in advance for insertion, I am yours in the interest of our profession.

LICENTIATE OF 1886.

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“It is no disgrace to be mistaken; it is a crime to be a hypocrite. That is the sin against light—the worst of all.—JOHN OLIVER HOBBS.

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In conversation with patients the tendency to indulge in small talk on indifferent subjects should be combated in nearly every instance. . . . True skill need not be aided by small talk.

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The method oft proclaims the man. When, for instance one observes that the patient is so placed that his back is to the light when talking to him, it argues lack of foresight literally, etc.”

*Lancet Clinic.*

## GENERAL MEDICAL NEWS

### SOCIETIES

#### Canadian Medical Association

The Canadian Medical Association.—The forty-third annual meeting of the Canadian Medical Association convenes in Toronto, under the presidency of Dr. Adam Wright, on June 1st, 2nd, 3rd and 4th, 1910. February 1st, 1910, has been set as the time limit for submitting papers for the annual meeting. Abstracts of all papers are to be in the hands of the General Secretary by April 1st, so as to provide for printing and posting same. The following compose the different committees: Committee of Arrangements, D. J. Gibb Wishart (Chairman), Allen Baines, J. F. W. Ross, R. W. Bruce Smith, Chas. J. Hastings; Transportation and Entertainment, Bruce L. Riordan (Chairman), J. F. W. Ross, George A. Bingham, W. P. Caven, J. M. Cotton, H. A. Bruce, T. B. Richardson, H. A. Beatty, Jas. Spence; Reception and Publicity, R. W. Bruce Smith (Chairman), A. A. Macdonald, Chas. J. Hastings, T. F. MacMahon, John A. Amyot, W. J. B. Aikins, W. A. Young, Fletcher McPhedran; Local Finance and Exhibits, Samuel Johnston (Chairman), J. O. Orr, H. J. Hamilton, J. A. Roberts, C. A. McNichol, W. B. Hendry; Programme, E. E. King (Chairman), A. H. Wright, D. J. Gibb Wishart, George Elliott, Helen MacMurchy; Credentials, A. Primrose (Chairman), R. J. Dwyer, C. P. Lusk, H. T. Machell, Price Brown; Surgery, F. N. G. Starr (Chairman), I. H. Cameron, Walter McKeown, C. L. Starr, A. H. Perfect, A. B. Wright; Medicine, H. B. Anderson (Chairman), A. McPhedran, John Ferguson, J. S. Hart, A. R. Gordon, B. O'Reilly; Obstetrics and Gynecology, S. M. Hay (Chairman), K. C. McIlwraith, Fred. Fenton, F. W. Marlow, H. E. Clutterbuck; Eye, Ear, Nose and Throat, G. R. McDonagh (Chairman), R. A. Reeve, J. M. MacCallum, Gilbert Royce; Pathology, J. J. Mackenzie (Chairman), O. R. Mabee; Pediatrics, Allen Baines (Chairman), Wm. Goldie, Jos. Graham.

## The Ontario Medical Council

The profession at large in the Province of Ontario will be glad to know that Doctor Spankie, ex-President of the Council, represented that body at the meeting of the four Western Provinces at Banff. It was, of course, unfortunate that the Council had not wakened up a little earlier, so that the Councils of the Western Provinces could have had representatives from Ontario meeting with them, on the understanding that there was to be a federation of five Provinces instead of four. The presence of Doctor Spankie at the conference, however, will have a very good effect, we are certain, in convincing the Councils of the Western Provinces that Ontario is prepared to join with them, and that as soon as that conference has reported to the respective Councils represented, there will be another meeting called, at which, we trust, Ontario will have full representation, and will be able to get into the federation. But we would like to point out to the Ontario Medical Council that it must be constantly on the watch for any move that may take place, and it might be well for it to consider, as we suggested last month, the re-opening of the discussion of federation among the Provinces, or of the Roddick Bill itself. The latter, we feel, is above all the thing to be desired.—  
*From the Canadian Journal of Medicine and Surgery.*

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The following officers were elected at the annual meeting of the Winnipeg Clinical Society:

Dr. R. Rorke, M.R.C.S. and L.R.C.P., *President*; Dr. R. G. Munro, *Vice-President*; Dr. J. H. R. Bond, *Secretary*; Dr. J. E. Lehmann, *Treasurer*. *Executive*:—Dr. J. Whyte, Dr. Richardson, Dr. Young.

VITAL STATISTICS

The synopsis of infectious disease in Edmonton for the past month is as follows:

	Contracted in City.	Contracted Outside.
Diphtheria .....	5	0
Typhoid fever .....	29	18
Measles .....	7	1
Tuberculosis .....	0	3
Scarlet fever .....	5	0
Erysipelas .....	1	2
Chickenpox .....	2	0
	—	—
	49	24

VANCOUVER

Vital statistics for the month, furnished by Registrar St. George Jellet, are as follows: Marriages 23, deaths 27, births 54.

MEDICAL NEWS

Dr. Brett's new Sanitarium was opened recently. The new building is one of the best arranged and most complete private hospital in Canada. It contains 88 rooms and will accommodate 60 patients. The grounds in front of the building promise to be one of the show places of Banff.

*The Canadian Engineer* says:—"Has the time not come when our Provincial Board of Health must adopt some such sanitary engineering department (as the Ohio State Board of Health's engineering department,) which can give useful service in the first instance to municipalities and form a check upon work designed, perhaps, by engineers who may never have seen a sewerage and water scheme before this class of work is coming more and more into prominence in Canada and it is somewhat remarkable that the Western Provinces are ahead of the Eastern in recognizing the necessity of governmental engineering advice."

For some time Dr. Seymour, the Chief Medical Officer of Saskatchewan, has been anxious to put in force the example of the American State Boards of Health and now an engineering department on sanitary matters has been formed.

Princeton is considering the question of precautionary measures for the prevention of contagious diseases. At the last meeting of the Board of Trade immediate steps towards securing a hospital were urged and a committee appointed to awaken public interest in the movement.

A new civic hospital for tuberculosis is to be constructed. It is estimated that the new hospital will cost \$150,000.

It is expected that the negotiation of the Macleod authorities with the R.N.W.M.P. Commissioners for the transfer of a portion of the Police Reserve to the municipality for a site for the new hospital, for grounds for the Agricultural Society and to perfect the title to the power house property, will be successful.

An appeal is being made to Lacombe and District by the Board of Directors of the new Lacombe General Hospital for \$1.00 subscriptions to make up the \$1,000 still lacking to complete the matter and pay everything up.

The Bazaar held to raise funds to pay for the land of the Winnipeg Children's Hospital was an immense success and realized over \$7,000.

Professor Murray, of the Saskatchewan University, has arranged a course of Extension University Lectures to be delivered weekly through the winter.

A suggestion has been made that the Calgary City authorities might, with good judgment, put signs along the rivers below the sewers as far as the typhoid germs will last warning the public against drinking the water. It is also suggested that the danger in the Elbow river caused by the Holy Cross sewer might be entirely removed if the City sewer system were connected up with the hospital.

An effort is being made to have a uniform system of Normal School training for teachers so that teachers may move with freedom from one Province to another. So the educational, as well as the medical authorities, see the wisdom of Western Federation.

The citizens of Wetaskiwin are taking up the matter of a civic hospital. A thorough canvas of the city is to be made and the city is to be asked to submit a by-law at the coming civic elections asking for \$30,000.

Dr. Barrow, Provincial Health Inspector of Alberta, states that the sewage problem will shortly be a very live and important issue in the big cities of the Province.

Vancouver is taking up the question of a Convalescent Home for those discharged from any hospital who are still feeble and weak and too poor to pay for private accommodation.

*Pellagra Commission.*—The Acting Secretary of the Treasury has announced the appointment of the following commission to study and report on official action necessary to arrest the progress of the disease pellagra now prevalent in the South: Passed Assistant Surgeon John S. Anderson, director of the hygienic laboratory, chairman; Surgeon M. J. Rosenau of the Marine Hospital Service, Dr. Reed Hunt, chief of the division of pharmacology, hygienic laboratory; Passed Assistant Surgeon Charles H. Lavinder, secretary of the commission; Dr. William A. White, superintendent of the Government Hospital for the Insane; Dr. Nicholas Arbuccaro, specialist in nervous pathology Government Hospital for the Insane, and Passed Assistant Surgeon J. D. Long.

*The American Association of Clinical Research* was organized at a meeting held in Boston on October 27, 1909. The association is composed of physicians and surgeons from both the regular and the homeopathic schools, and is organized to institute clinical research and to establish an American journal of clinical research, in which the work of members of the association and of others doing clinical research work in a scientific manner shall be published. The officers elected were: *President*, Dr. Charles H.

Bangs of Lynn, Mass.; *Vice-Presidents*, Dr. W. T. Hamilton of Montreal and Dr. Stillman Bailey of Chicago; *General Secretary*, Dr. James Krauss of Boston; *Corresponding Secretary*, Dr. Francis X. Cobb of Boston; *Treasurer*, Dr. Walter Wesselhoeft of Cambridge; *Registrar*, Dr. DeWitt G. Wilcox of Boston.

The President of the American Gynæcological Society has appointed a committee to report at the next annual meeting in Washington on the present status of Obstetrical Teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of Obstetrics in America. The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, John Hopkins University, Cornell University and the University of Chicago. Communications from anyone interested in the subject will be gladly received by the Chairman of the Committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

An X-ray apparatus is to be installed in the Royal Jubilee Hospital, Victoria, B.C., through the generosity of the country club of that city.

The governors of McGill University are considering the advisability of increasing the tuition dues. as there was a deficit last year, amounting to \$50,842.

Sir Clifford Allbutt opened a discussion at the Therapeutic Section of the Royal, on "Teaching in the Wards," by saying medical men must be pioneers; they could not afford to wait for the pharmacologist, but might advantageously watch them. Much of our knowledge was empirical, the knowledge of experience. He gave three examples of treatment originally derived from folklore, but which stood the test of modern research. They were digitalis, vaccination, which had wonderfully expanded in unanticipated directions and poultices which Bier had shown to be fundamentally reasonable after they have been for a long time neglected and even regarded contemptuously. The student ought to be taught that quite apart from pharmacological evidence there was a large amount of empirical knowledge of no little

service; he should be told of remedies proved to be useful by clinical experience whether they could be scientifically explained or not. He must also be told that he would have to do with living beings. He must be no skeptic or he would endanger his own resourcefulness; he should be given a clear idea of the *vis medicatrix* nature warned against the overuse of drugs, and shown how dependent therapeutics is on prognosis.—*Medical Record*, Nov. 13

Dr. Ernest Hall, who spent the past two or three months in Great Britain and Europe, returned to Victoria, traveling homeward through the United States. Mrs. Hall, who accompanied him abroad, will remain for the winter in Denver, Col.

The examination of candidates for registration as practitioners in British Columbia, which has been in progress since Monday of last week, came to an end yesterday, when after oral examinations, clinical work was taken up at St. Joseph's hospital. The successful candidates from among the thirty-eight writing are as named below:

Dr. (Mrs.) Grace Atkinson, Dr. J. D. Atkinson, Dr. E. H. Funk, Dr. G. W. Graham, Dr. G. A. Greaves, Dr. R. G. Gordon, Dr. W. T. Hamilton, Dr. R. E. Holbrook, Dr. L. F. Houghton, Dr. R. Ingram, Dr. W. D. Kennedy, Dr. B. Lang, Dr. F. W. Lees, Dr. F. S. Logie, Dr. L. A. Myers, Dr. A. J. MacLachlan, Dr. D. McCaffrey, Dr. S. C. McEwen, Dr. D. F. McIntyre, Dr. A. L. McQuarrie, Dr. M. D. Patten, Dr. F. N. Robertson, Dr. E. H. Saurders, Dr. B. S. Smith, Dr. J. J. Thompson, Dr. H. L. Turnbull, Dr. J. W. Welch.

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## PERSONALS

Dr. G. A. Kennedy, Macleod, Alta., leaves for Europe shortly.

Dr. and Mrs. Carder, of New Westminster, are visiting San Francisco.



Dr. J. A. L. McAlpine and Mrs. McAlpine have returned from a three month's tour of Europe.

Dr. J. H. King, M.L.A., of Cranbrook, has returned from his tour of Europe.

Dr. J. L. Turnbull, of Vancouver, has returned from a visit to the East.

Dr. and Mrs. Mason, and family, have returned to Calgary, after spending a few weeks on Vancouver Island.

Dr. R. W. and Mrs. Large have returned from their trip to Seattle and Victoria.

Dr. McFadden has been appointed to be Superintendent of Brandon Asylum.

Dr. Barrett, of Dawson, Y.T., spent a short time in Vancouver on his way East.

Dr. Tremayne and family, of Prince Rupert, have been visiting recently in Vancouver.

Dr. Anderson, of Fernie, has resigned his position of local health officer.

Dr. and Mrs. Calder, Vancouver, have returned after their honeymoon to California.

BORN

BURRIS—In Vancouver, Nov. 4, to Dr. and Mrs. Burris of Kamloops, a daughter.

GREEN—To Dr. and Mrs. F. W. Green, Cranbrook, B.C., Oct. 18th, a son.

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MARRIED

CARDER-FRASER—Dr. E. D. Carder, of New Westminster, to Miss Barbara Fraser, MacLennan.

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OBITUARY

BOURKE—At his late residence, Court House Block, corner of Robson and Howe Streets, November 2nd, 1909, Isadore McWilliam Bourke, M.A.; M.D.; C.M., aged 67 years.

## THE TREATMENT OF SCIATICA

[The prize offered by the *New York Medical Journal* for the best essay on this subject was awarded to Dr. E. S. McKee, of Cincinnati, and published in that journal for December 29. The article appears in full below.]

The first essential to the successful cure of sciatica, the hip gout of Pliny, is a thorough knowledge of the individual patient in hand. We should in the beginning institute a most exhaustive physical examination, not only of the sciatic nerve, but also of the entire nervous system, and the patient's whole body, family history, diseases, mode and place of living, business, habits of life, and diet. If the patient is a woman, especial attention should be given to a careful rectal and vaginal examination, for the disease in women is often due to pelvic tumors. One cannot know too much about his patient suffering from this obscure malady.

Treatment should commence with that best of all starters, a mercurial purge, followed by salines. Constitutional elimination and general therapeutical measures to relieve pain and promote sleep should be the treatment instituted as soon as the diagnosis is positively settled and the causative relations made clear. Morphine should be used with extreme caution, owing to the very great danger in these cases of forming the habit. Rheumatic cases are generally benefited by the salicylates, syphilitic cases by the iodides, and gouty cases by colchicum and the salines. One of the best combinations of drugs in the acute stage is the following, which should be preceded by the calomel and the salines.

Aspirini (acetyl salicylic acid),  $\text{dr. i}$ , or 4.00 grammes.

Phenacetini (acetphenetidini),  $\text{gr. l}$ , or 3.33 grommes.

Quininæ salicylatis,  $\text{gr. xx}$ , or 1.33 grommes.

Codeinæ sulphatis,  $\text{gr. iiss to v}$ , or 0.15 to 0.33 grammes.

M. Fiant capsulæ No. x. S. Take one every two or three hours.

Injection Treatment.—Hypodermics of very large doses of strychnine in the region of the painful parts have cured cases

which were rebellious to every other plan of treatment. Injection of the nerve of atropine sulphate, gr. 1-150, three times a day, also cocaine injections as near the nerve as possible, are frequently followed by success. Deep injections of alcohol, cocaine and alcohol, stovaine (amylene hydrochloride), 80 per cent. alcohol and the incorporation of 0.01 of cocaine or amylene hydrochloride. Relief is obtained in about 90 per cent in from two to four injections. Relapses, generally after the fourth or fifth month, occur in about one-third of the cases, but yield readily after one or two injections. Betaeucaine (benzoylvinyldiacetonealkamine), 6 per cent. solution in 0.8 per cent. salt solution, should be injected in the region of the sciatic notch. When a large wheal appears under the skin the needle is pushed down till a jerking shows that a nerve has been touched, then 70 to 100 c.c. are rapidly injected. Functional and complete relief is almost instantaneous. In a portion of cases only is a second injection necessary for complete cure. The hypodermic injection of sterilized air is sometimes quite beneficial, and should be conducted as follows: After sterilizing the region where the injection is to be made a sterilized hypodermic needle is inserted under the skin, and as soon as one is sure that no blood-vessel has been punctured, a rubber tube is joined on to the needle and air from a rubber bag is injected by simple compression. To be quite safe, it is well to place a glass tube containing a little cotton between the needle and the bag. The injection should be stopped when the patient no longer complains of pain. A slight amount of massage should be used every day till crepitation disappears.

The rest cure of Weir Mitchell is beneficial in some cases, and the fixation of the limb in plaster of Paris is good treatment, especially in those cases where the vocation necessitates violent exercise of the lower extremities. Change of occupation is often necessary to the active, or vice versa. The sedentary person should sit on a soft cushion to protect the nerve from pressure or injury.

Massage along the course of the nerve, even though painful, is often of benefit in relieving adhesions. In true neuritis massage is, as a rule, not beneficial. Massage, or better, mechanical vibration, is of value in the chronic stages where atrophy has

commenced.

Hydrotherapy, judiciously administered, should always be accorded consideration. It has many cures to its credit. The wet pack administered at night is a very excellent means of relieving pain, as well as for influencing, favorably, the neurotic process. For this purpose we may use the leg of a heavy pair of drawers dipped in water at 65 degrees F. and placed in position like a stocking. A roller bandage is then applied so that the leg may be kept in perspiration all night. This is removed in the morning and followed by a warm water ablution and massage. ten or twelve packs usually result in much improvement. The half combined bath in the subacute stage proves quite serviceable. Patient sits in a vapor bath, which comes up to the waist line only. This, while it does not exhaust the patient as much as the full vapor bath, allows a much higher temperature to be borne by the affected part; 110 degrees can be tolerated for from ten to fifteen minutes. At the end of this time the patient sits in a bath heated to a temperature of 95 degrees F. for eight minutes, and during the last three minutes a hot undrained douche at 102 degrees to 112 degrees F. is applied to the affected limb. The combined bath alternated with the natural swimming bath is of value. The internal bath by the ingestion of large quantities of water is advisable.

*Electricity.*—The galvanic current should be applied to the nerve from four to eight minutes, and should not exceed from three to five milliamperes. When the nerve substance has been involved gentle muscular stimulation with the uninterrupted galvanic current keeps the structures in good condition and prevents atrophy. The static spray (positive) locally is good. The apparent anodyne action of faradism in sciatica is due to its alterant action on the muscular tissue, and through the latter on the circulation. The blood supply is regenerated and the cry of the nerve for healthy blood is stilled. Painful applications of the faradic current are not proper.

*Surgical Treatment.*—In cases of long standing it is advisable to make an exploratory incision to expose the nerve trunk, incise its sheath, and free it from surrounding adhesions. Some good results of nerve stretching are reported and many bad.

It is an operation which has not gained much commendation from the general medical mind. Myelitis has in a few instances followed, and nerve stretching is contraindicated when neuritis is present. There is a substitute operation called bloodless nerve stretching in which, while the patient is under ether, the thigh is forcibly flexed upon the pelvis and the leg extended at the knee, and this position maintained for some minutes.

Cure is easier in the young than in the old, and in those of fair general health than those suffering from various serious chronic diseases. The more pronounced neurotic as the milder types, and one attack predisposes to another. The reason that some patients do not recover is that they are unable to pursue a persistent or systematic plan of treatment, and the physician, or more probably the physicians, who have had the case in hand have not had opportunity, owing to the frequent changes, to sufficiently study the case. Otherwise, the failure to cure must be due to the medical man not having studied his patient thoroughly enough, having overlooked some point. The thing to do is to commence at the beginning, go it all over again, and try to ascertain wherein he has failed, for he has failed somewhere. An exact diagnosis of the conditions is one of the first and last means of cure.

*Qui bene diagnoscit, bene curabit.*

19 W. Seventh St.

We have before us, at this writing, a copy of the new pharmaceutical journal, entitled "The Western Canadian Pharmacist," edited and published by Mr. C. W. Campbell, pharmacist, of this city.

The journal presents a very neat and attractive appearance, both as to printing and general style; the cuts are unusually good and altogether it is launched under very creditable auspices.

The aims and objects of the publication are very well expressed in the opening editorial, and, if the promoter receives the encouragement and support which the effort deserves, we predict a very bright future for the new journal.

On looking over what the editor terms as the objects to be sought we read, amongst other reasons, "that it is also launched with the object of having the columns thereof opened for suggestions from any source relative to the more closely welding together that feeling of good fellowship which we are glad to say already exists between our friends in the allied profession of medicine and ourselves, decriing, at all times, as unfair, dishonorable and unprofessional, any trade tactics, such as the exploitation of any or all nefarious preparations or lending our names in the advertising of such."

That this motive is a worthy one and one which the medical profession might well encourage is at once recognized, and anything that will tend to the dignity of the merchandising phase of medicine should have a good effect on the relationship that should exist naturally between our own profession and pharmacy.

We offer our congratulations to the new journal and bespeak for it an ever widening field of usefulness in the pharmaceutical arena.

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## Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of Dominion lands in Manitoba, Saskatchewan and Alberta, excepting 8 and 26, not reserved, may be homesteaded by any person who is the sole head of a family, or any male over 18 years of age, to the extent of one-quarter section of 160 acres more or less.

Application for entry must be made in person by the applicant at a Dominion Lands Agency or Sub-Agency for the district in which the land is situated. Entry by proxy, may, however, be made at an Agency on certain conditions by the father, mother, son, daughter, brother or sister of an intending homesteader.

### DUTIES:

(1) At least six months' residence upon and cultivation of the land in each year for three years.

(2) A homesteader may, if he so desires, perform the required residence duties by living on farming land owned solely by him, not less than eighty (80) acres in extent, in the vicinity of his homestead. Joint ownership in land will not meet this requirement.

(3) A homesteader intending to perform his residence duties in accordance with the above while living with parents or on farming land owned by himself must notify the Agent for the district of such intention.

Six months' notice in writing must be given to the Commissioner of Dominion Lands at Ottawa, of intention to apply for patent.

W. W. CORY,

Deputy of the Minister of the Interior.

N.B.—Unauthorized publication of this advertisement will not be paid for.

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