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THE

Maritime Medical News

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XVII. HALIFAX, NOVA SCOTIA, JULY, 1905. No. 7

PRINTED BY T. C. ALLEN & Co., 124 & 126 GRANVILLE STREET, HALIFAX, N. S.

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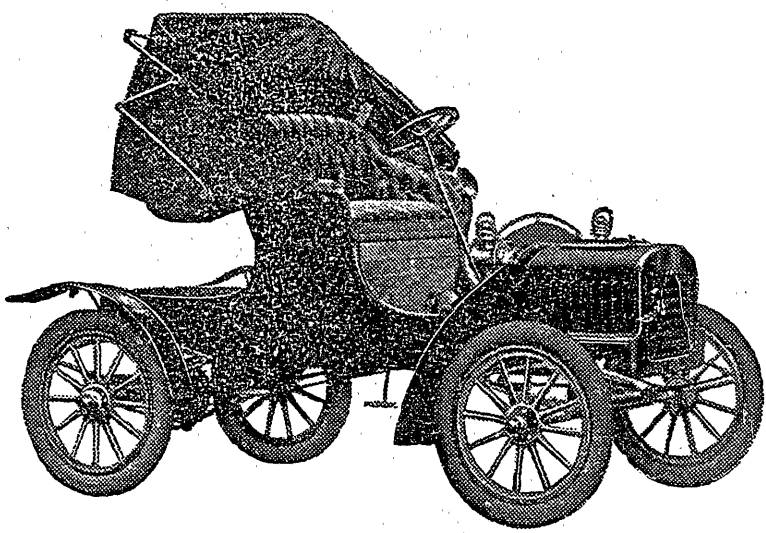

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CONTENTS FOR JULY, 1905.

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THE
MARITIME MEDICAL NEWS.
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., JULY, 1905. No. 7.

Orginal Communiations.

IRRITATION OF PROSTATE GLAND.*

By MAYES CASE, M. D., St. John, N. B.

Much importance attaches to the prostate gland, on account of its relation to the sexual and urinary functions, disturbances in which are always viewed with much concern by those subject. I have encountered quite a number of cases where I have found certain morbid phenomena—in respect to these activities—so acute and severe in their character as to require special and careful attention. It might be well to take a look at the prostate gland, its anatomy and relations, before entering upon a discourse of it's diseases, and I cannot do better than to quote from Gray's anatomy. The prostate gland is a firm pale glandular body which surrounds the neck of the bladder, and commencement of the urethra. It is placed in the pelvic cavity behind and below the symphysis pubis, posterior to the deep perineal fascia, and upon the rectum, through which it may be distinctly felt, especially when enlarged. In shape and size it resembles a chestnut. Its base is directed backward, towards the neck of the bladder.

The apex is directed forward to the deep perineal fascia which it touches.

It's under surface is smooth and rests upon the rectum, to which it is connected by dense areolar fibrous tissue.

* Read before St. John Medical Society.

Its upper surface is flattened, marked by a slight longitudinal groove and placed about three quarters of an inch below the pubic symphysis.

It measures about an inch and a half in its transverse diameter at the base, an inch in its antero-posterior diameter, and three quarters of an inch in depth, it's weight is about six drachms. It is held in position by the anterior ligaments of the bladder (pubo-prostatic) by the posterior layer of the deep perineal fascia, which invests the beginning of the membranous portion of the urethra and prostate gland, and by the anterior portion of the levator ani muscle, (levator prostatae) which passes down on each side from the symphysis pubis and anterior ligament of bladder to the sides of the prostate.

The prostate consists of two lateral lobes and a middle lobe, the two lateral lobes are of equal size, separated behind by a deep notch, and marked by a slight furrow upon their upper and lower surfaces. The third or middle lobe is a small transverse band, occasionally a rounded or triangular prominence placed between the two lateral lobes at the under and posterior part of the organ. It lies immediately beneath the neck of the bladder, behind the commencement of the urethra and above and between the ejaculatory ducts. Its existence is not constant, but it is occasionally found at an early period in life as well as in adults and old age. Now from its posture at the neck of the bladder, the prostate gland has much to do with the physiological function of that organ, and from it's construction containing among its constituent parts, the seat of the sexual proclivities—in the prostatic urethra—any perversion in the function of the gland is quite sure to be reflected to the urinary and generative organs from direct sympathetic nervous relation. Keeping these things in mind, we are often able to identify morbid processes, which otherwise might pass unnoticed, or could not be explained.

These cases, prostatic irritation, occur most commonly in young subjects, and follow usually upon an attack of gonorrhea. They are especially obstinate in these cases and require prolonged attention. The symptoms of the disease vary somewhat with the nature of the attack, a mucoid discharge—not infectious—a feeling of weight in the perinaeum, incontinence or retention of urine. These symptoms are aggravated by sexual indulgence. Upon examination—palpation

per rectum, the prostate gland will be found tender and and painful to pressure. This state is further shown by introducing a steel sound, which upon entering the prostatic urethra causes much pain and distress.

The treatment of the condition is rest, with physiological rest of the organ if there be much pain. An anodyne is called for—eight minims of deodorized Tr. Opii with five minims tr. belladonnae at a dose every six hours until relieved. Then, when the acute severe symptoms have gone, the most curative agent is the *steel sound, largest diameter possible, carefully sterilized* and lubricated with a bland oil, *cautiously introduced* at intervals of *four days.* I have gotten much satisfaction from the foregoing treatment and believe firmly in the *steel sound* skillfully employed. It will overcome irritation anywhere in the urethral canal, and nowhere has more effect than when the trouble is situated in the *prostatic urethra.*

Two other drugs are worthy of mention in these cases. The oil of sandalwood either by itself or the mixture prepared by P. D. & Co., the elix. saw palmetto cum santal co. Next to opium this drug has the most soothing effect in this disorder. Then there are the preparations of cannabis indica. I prefer the tincture made from the solid extract. This drug is very useful, particularly when the bladder is involved. They should not be used, or rather they have very little application during acute stages, and are most advantageously used during instrumentation or alternating with the sounds in sub-acute and chronic cases.

Retrospect Department.

MEDICINE AND THERAPEUTICS.

D. A. Campbell, M. D., Halifax.
W. H. Hattie, M. D., Halifax.

Bronchial Asthma.—It is important to remember that the term asthma is usually employed to indicate some form of spasmodic dyspnœa. Since this is so, it is obvious that there will be several causes of asthma, and consequently a number of clinical varieties, which may be distinguished as follows:—*Cardiac asthma*, due to cardiac disease, especially dilatation of the cavities. *Renal asthma*, which occurs in uremia, and is usually known as uremic dyspnœa. Attacks of this kind are generally nocturnal; the patient sits up in bed and gasps for breath, and is as much distressed as in true bronchial asthma. *Hay asthma*, which is associated with hay fever, and may indeed be accompanied with ordinary bronchial asthma. *Thymic asthma* is another name for laryngismus stridulus, and was so called because it was thought at one time that the laryngeal spasms were brought about by reflex irritation due to enlargement of the thymus gland. *Bronchial or spasmodic asthma* is a condition in which there is a marked neurotic element, and is due to sudden spasm of the unstriped muscles which exist in the walls of the bronchi and bronchioles, and which are innervated by the pneumogastric nerves. At the same time there is a swelling of the bronchial mucous membrane, which is often associated with an increased secretion from the mucous membrane of the smaller bronchioles. This condition has been called by Curschmann—*bronchiolitis exudativa*. In severe attacks of spasmodic asthma, the paroxysms usually occur at night. During the day the patient commonly suffers from cough, sometimes accompanied with considerable wheezing. In more chronic cases the disease is usually associated with chronic bronchitis and emphysema. The treatment of bronchial asthma may be conveniently described under two headings:—

(1) That to be resorted to during the acute attack;
(2) That to be adopted during the intervals of the attacks, in order, if possible, to prevent their recurrence.

During the asthmatic attack a little chloroform should be inhaled. This produces rapid relaxation of the bronchial muscles. Hypodermic injections of morphia with cocaine, or morphia ($\frac{1}{3}$ of a grain) and atropine ($\frac{1}{100}$ of a grain) will bring about the same effect, but this remedy should be reserved for severe paroxysms. Stramonium cigarettes may also be used. A drachm of a powder consisting of powdered Belladonna, Stramonium, and Hyoscyamus leaves with some potassium nitrate, burnt and the fumes inhaled will often bring about relief. Relief may also be obtained by the inhalation of three to five minims of nitrite of amyl from a crushed capsule. Between the attacks the following medicine may be given, the potassium iodide sometimes acting almost as a specific:—

℞ Potassi Iodidii - - - - - - gr. x.
Tincturæ Lobeliæ - - - - - ℥ ss.
Vini Ipecacuanhæ - - - - - m xii
Aquæ Chloroformi - - - - - ad oz. i.

Misce. Ft. Mist.

Two tablespoonfuls to be taken three times daily after food.

The following is a very good formula recommended by Dr. Burney Yeo:—

℞ Potassii Iodidi - - - - - gr. xii.
Extracti Stramonii - - - - gr. $\frac{1}{6}$.
Spiritus Chloroformi - - - - m xx.
Spiritus Ammonii Aromatici - - m xx.
Aquæ - - - - - ad. oz. ss.

Misce. Ft. haust.

The draught to be taken just before going to bed.

Two other considerations must be kept in mind. The *place of abode* must be chosen which is found to suit the patient best, some persons suffering from asthma prefer high dry altitudes, others the seaside, some find that they are better in towns, others in the country. The *diet* must be carefully regulated, and as a rule, heavy meals should not be taken in the evening. Dyspepsia is often the starting-point of an attack. Hot whisky with a few minims of spirits of chloroform will often cause relaxation of the bronchial muscles and so stop a commencing attack.—*Practitioner, May, 1905.*

OCEAN BATHING.

Philip Marvel, Atlantic City, N. J. (*Journal A. M. A.*, April 8), calls attention to the effects of ocean bathing. Sea water is really a mineral water containing large quantities of salts in solution. He calls attention also to the effects of temperature; to the depression of the system due to long exposure in cold water, showing itself by a drop of from one to two degrees of body temperature and in lessening of the pulse rate from fifteen to twenty beats. If after a bath there is a general glow of the surface succeeded by a pleasing warmth internally and accompanied by a sense of general invigoration the effect is salutary. If, on the other hand, there is chilliness, depression and languor, the reverse is the case. In his opinion, ocean bathing, as carried on in the Atlantic coast resorts, does more harm than good, and physicians should warn patients of the dangers of too long immersions and of exposure in wet clothes on the sand. The practice of promenading the beach in scanty and wet clothing after a long exposure in the surf is to be condemned. An important feature in sea bathing is the impact of the waves on the body, and to this may be added the thermic stimulation of the cold, the chemical irritation of the salt and the mechanical effect of the forced activity, all producing a combination of the stimulating influence of a brine bath at low temperature with the effect of a stimulating hydrotherapeutic procedure. These effects are admirable for stimulating functional activity in weakened conditions in which normal metabolism is inhibited or in which a condition of perverted nutrition exists, as in some functional disturbances of long standing. Sea bathing is contraindicated, however, wherever there is weakening or loss of elasticity of the arteries, organic heart disease, recent rheumatism, cholelithiasis, acute gastrointestinal or febrile disease or in any condition where the normal resistance is so reduced that it is necessary to guard the patient's forces.

PRESCRIPTION HINTS.

Treatment of Acute Coryza.—According to Weitlaner, acute coryza may be successfully aborted by the following combination:

℞—Sodii salicylat..... gr. xx
Pulv. Doveri..... " ii.

Give at first every three hours, later two or three times a day.

Warts.—

℞.—Acid. salicylici..... gr. xxx.
Resorcin..... " xxx.
Collodion flexil..... dr. iv.

Paint on the warts every night for a week.

Local treatment of Rheumatism and Pleurisy.—Good results in rheumatism and pleurisy have been obtained from local applications of guaiacol and salicyclic acid (10 per cent. each) dissolved in oil. The pains disappear rapidly, and any fluid present is soon absorbed.

Chronic Rheumatism.—

℞.—Potass. iodid.
Sodii salicylat.
Vin. colch. sem .....āā...dr. ii
Aq. ad.....oz. iv.

Sig.—One tablespoonful four times a day, diluted with waters.

Pruritus vulvæ.—The *Buffalo Medical Journal* recommends the following in the treatment of pruritus vulvæ:

℞.—Acid. borici..... gr. iii.
Acid. carbolici..... gr. iii.
Morph. hydrochlor..... gr. i.
Lanolin..... oz. ii.

M. Ft. ung. Sig.—Apply locally.

URIC ACID.

In the May 12 issue of *The Journal A. M. A.* is completed a series of special editorials critically summarizing what is known of the physiologic and pathologic action of uric acid in the human organism. It is surprising, *The Journal* remarks, what a small bulk of well-determined facts has been accumulated and how much time and labor have had to be spent to prove the erroneousness and harmfulness of most of the speculative views that have been advanced. It is worth much, however, to have learned the chemical and physical qualities and relationships of uric acid; to have distinguished the exogenous and endogenous uric acid of oxidative origin and between these and that of synthetic source; to be informed, even partially, as to the methods of its formation and destruction and the approximate localization of these processes in the body; and to have recognized that the substance probably circulates in the blood chiefly as mononatrium

urate or in combination with thymin acid. It is also of importance to have learned on the pathologic side that gout is probably the only disease for which disturbances of uric acid metabolism are directly and mainly responsible. The bearing of the facts so far ascertained on the rational treatment of gout is pointed out. In combating the primary disorder of metabolism we must protect against the influences that favor its development, and we may also attempt to prevent the deposit or excess of uric acid or urates in the body. The formation of exogenous uric acid can be largely controlled by diet, limiting the nucleins and purin derivatives in the food. There is no certain proof that drugs can diminish uric-acid formation, though china acid has been reckoned as one that does so. If it has such effect its mode of action is not known. To increase uric-acid excretion, the best means is to increase the secretion of urine, hence copious water drinking is advised. How to destroy uric acid in the body is not clear; there is no proof that there is any diminution of the oxidative processes in gout or any basis for the view that drugs hasten uric-acid destruction. The fallacies of the popular so-called "antilithic" and "uric-acid solvent" treatment is shown by the fact that it is impossible to produce in the blood and tissue juices exactly the soluble urate needed, and by the further fact that the solubility of any urate is decreased by the sodium salts in the blood. If uric acid is to be rendered more soluble in the blood it must be by the formation of some easily soluble combination with other organic compounds with production of substances which are not dissociable, *i. e.*, which are not salts. Uric acid combines with thymin acid in this way, and also with formaldehyd, forming a non-salt-like compound, but it is doubted whether such substances ever really exert any beneficial influence in gout. On the whole, the best that can be expected from drugs at the present in gout appears to be the relief of pain by the salicylates, colchicum, etc. The mainstay of the therapy in the disease consists in a well-regulated regimen, for the acute attacks, rest and local applications, and for the tophi in the joints local phagocytic activity may be excited by means of hot applications and massage.

SURGERY.

M. MacLaren, M. D., M. R. C. S., St. John.
John Stewart, M. B., Halifax.

THE DISCUSSION OF APPENDICITIS, at the Royal Medical and Chirugical Society, London.

A debate of "intensely interesting character" which occupied this Society in three successive sessions, is reported in the *Lancet* of March 4th, 11th and 18th, also in the *British Medical Journal* of same dates.

The debate followed the reading of a paper by Sir Frederick Treves, on "the prospects and vicissitudes of appendicitis after operation." This paper, containing one of the most valuable contributions to the statistical study of appendicitis, deals with the results of 1000 consecutive operations for appendicitis, at the London Hospital, and also refers to cases in private practice.

The distinguished reader of the address, who, it will be remembered, was the first to propose in 1887, the systematic removal of the appendix, during the quiescent stage, in relapsing cases, dealth in the first place with imperfect results following removal in the interval. He showed that these are in some cases due to imperfect removal of the appendix, and both he and other surgeons who took part in the debate, related cases in which they had operated for continuance of pain in persons who had already had the appendix removed, and found that the appendix had not been completely resected, but that a stump of from half an inch to one inch in length had been left. In a case where the opening of the appendix into the cœcum is constricted, it is evident the symptoms would still persist. There is no doubt the appendix should be removed close to the cœcum.

In females the persistence of pain after removal of the appendix, is sometimes due to morbid conditions of the ovary. Treves confesses that it is sometimes impossible to make a differential diagnosis between appendicitis and ovaritis. In the same issue of the *British Medical Journal* which contains Sir Frederick's address, (March 4th, 1905,) there is a paper by Heaton of Birmingham on "some peculiarities of appendicitis in the female sex", in which stress is laid on the

coexistence of inflammation in appendix and ovary, which coexistence is explained amatomically by the fact, pointed out by Clado, of a continuity between the sympathetics of the appendix and ovary, through the appendiculo-ovarian ligament. The obvious moral is that in operations for appendicitis the condition of the right ovary should be ascertained.

Another frequent cause of persisting pain after removal is the presence of colitis. The coexistence of various kinds of colitis with appendicitis has long been known. Sometimes the appendicitis is apparently the cause of the colitis.

Mr. Lockwood, whose work on appendicitis is so well and favourably known, and who took a most interesting part in this discussion has an article, (also in the *British Medical Journal* for March 4, 1905,) on the "relationships between colitis and appendicitis from a surgical point of view," which should be carefully studied.

In considering colitis as a possible cause of persistent pain after the appendix has been removed, it is well to bear in mind the curious association of colitis, especially of the membranous type, with neurotic and hysterical conditions. For undoubtedly some of the patients who complain of persistence of pain, and who vex the soul of the surgeon by clamouring for further operation, are hysterical—and some of these have colitis. Occasionally the pain may be due to gout—or to gall stones, or to some condition of kidney or ureter. Sir Wm. Bennett, in his remarks, insisted on the necessity of examining not only the right ovary but the ureter, as an impacted calculus has sometimes been the cause of persistent pain.

In a few of these troublesome cases a lump may be felt in the right iliac fossa. This may be due to inflammatory thickening about a ligature, in which case it gradually subsides, or to fæcal impaction, which is removed by enemata and laxatives. It may also be due to tubercle or carcinoma in the glands. In a certain proportion of appendix cases, examination of the appendix under the microscope reveals the presence of these serious diseases.

Further "attacks", after the removal of the appendix in the quiescent stage (interval operation) were complained of in 4½ per cent.

Inperfect results after the evacaution of the abscess, (without removal of appendix) were next dealt with. Among these are ventral hernia, more likely to follow the drainage of the abscess than the clean incision and separation of muscles practised in the "interval" operation. Slowly healing or persistent sinuses are a troublesome complication. This condition is due either to the diseased appendix still present, or to concretions. Frequently the latter are to blame, and when removed by forceps or scoop, the sinus closes. Fæcal fistulæ occured in 12 per cent. of the abscess cases. In Treves' experience, such fistulæ, unless caused by actual cutting or tearing of the bowel, have a tendency to close spontaneously.

It is interesting to note that Treves has somewhat modified his views as to the question of *fresh attacks of appendicitis after the abscess has healed.* He says: "I was at one time disposed to think " that the patient who had had a perityphlitic abscess was, *ipso facto*, " cured of his malady, and although he might have further trouble " with the abscess, he may fear no other attack of definite appendi- " citis. Longer experience has proved that this assumption is not " correct. I am of opinion, however, that the number of patients " who have definite attacks of appendicitis after a perityphytitic " abscess has been evacuated are very few."

The practical importance of this view is its bearing on the very vital question of removal of the appendix at the time the abscess is evacuated, or the advisability of removing it, as a routine procedure, in abscess cases, as soon as the abscess has healed and the patient is in good condition for operation. Treves argues against the establishment of such a rule. He points out that statistics show that, in cases of abscess formation, only about 17 per cent. have a further attack. Secondly, that the risk to life of subsequent attacks is small. He quotes the statistics of Mr. Bottle, who, on the other hand, advises removal of the appendix in these cases, to show that while the mortality of a first attack is 25 per cent., that of a second is only 7 per cent., and a third 2 per cent.

And he lays stress on the well known fact that in cases where an abscess has formed the removal of the appendix is sometimes exceedingly difficult and sometimes even impossible, and could only be done at the imminent risk of the patient's life. Mr. Pearce Gould agreed

with this view. He had found in his hospital cases, that "just 10 "per cent. of cases of abscess that recover after operation were liable "to have a return of the disease. Therefore it was better to wait "and see if mischief returned before deciding the question of a second "operation"

Sir Wm. Bennett also approved of this stand. He had only once to remove an appendix which had been left untouched after the evacuation of an abscess. He deprecated any prolonged search for the appendix, in pus cases, unless the patient were in good condition. "With regard to the routine removal of the appendix after the heal- "ing of an evacuated abscess, his experience led him to be strongly "opposed to it, unless, of course, signs of trouble developed."

Another well known and most successful surgeon, Harrison Cripps, held the same view. He said that "a few years ago he regarded it "as his duty, abscess or no abscess, to dissect out the appendix. But "with subsequent experience he had changed his views. He believed "now that if in acute abscess the surgeon satisfied himself by letting "matter out by a free incision a better result followed. He believed "the best treatment was to make an incision, not attempting to re- "move the appendix unless it was readily seen, evacuate the pus, "and put in a gauze drain." Mr. Lockwood on the other hand would decide each case on its merits, and after the abscess had been opened, but his bias was strongly in favour of removing the appendix "provided the general and local conditions did not forbid."

The last subject considered was the complications attending operation for appendicitis.

Among these is the phenomenon of thrombosis of the femoral vein, which very curiously affects the left femoral vein much more frequently than the right. (Eleven out of twelve cases in Treves' list of one thousand cases.) Charters Symonds' and Mayo Robson consider that the venous thrombosis is due to the enforced rest and absence of motion of the limb. Both these surgeons encourage their patients to move the limb and to turn on the side. No one, however, offered any explanation of the curious fact that the left vein is more commonly affected.

Acute intestinal obstruction appeared as a complication in ten of the one thousand cases, and six of these died. The obstruction was

in some cases due to adhesion of the inflamed appendix and bands, in others paralysis of the injured bowel.

Pulmonary complications occurred in forty-five of the one thousand cases. Seven of these were cases of empyema. There was one case of pulmonary embolism. The President of the Society, Sir Douglas Powell, considered this a remarkably low proportion, saying that the greatest number of cases of pulmonary embolism which he had seen were in cases operated on for appendicitis, He quoted the statistics of Oppenheimer, which gave a proportion of sixteen per cent.

From the physician's point of view, Dr. Samuel West pointed out the fact, gathered from statistics in hospitals, and from the general experiences of practitioners, that the great majority of cases of appendicitis (about seventy-five per cent.) get well without any operation. That some cases recover, and that these should be operated upon, That wherever suppuration was manifest, or probable, operation should be done. That opening the abdomen was not a trifling procedure, but introduced risks of its own. That each case must be judged on its own merits. And, lastly, that the success of operation largely depended upon the skill of the operator, so that a personal factor entered into the results.

The one thousand cases on which Sir Frederick Treves in part based his remarks occurred at the London Hospital between July 6, 1900, and August 15, 1904. Of these 364 were operated on during the quiescent period, with four deaths, or 1 in 91 cases, (1.1 per cent.) Thirty-nine operated on during an attack with local peritonitis, but no pus, gave a mortality of 5, or nearly 1 in 8, (12.8 per cent.) The abscess cases amounted to 431, and of these 35 died, or 1 in 12, (8.1 per cent.) Lastly, 166 patients were operated upon with general peritonitis present, and of these 127 died, or 76 per cent.

The opinion is widely held, and is supported by statistics, that appendicitis is an increasingly common affection. Various reasons are assigned for this, and many are the causes supposed to give rise to this dangerous disease. The important bearing of colitis was brought out in the course of the discussion which we have just reviewed. And there can be no doubt that disordered conditions of the colon, or, indeed of the alimentary tract in all its divisions, must affect the appendix. In this connection it is interesting to note the

results of experimental appendicitis as produced in animals. Zalenberg, in the *Annals of Surgery*, (March, 1905),) refers to his laboratory researches, and points out the prime importance of distension of the bowel as a factor, favouring the entrance of fæcal matter into the appendix, where it tends to form concretions, which in turn may act as a ball valve and prevent the escape of the secretions of the appendix, lead to congestion of its walls and distension of its cavity.

Clinical experience, no less than *a priori* reasoning, lead us to believe that faulty digestion, intestinal fermentation, and flatulent distension of the bowels are among the chief factors in producing appendicitis, and that a simple diet, careful mastication of foods, and leisureliness in eating are among the chief preventive measures.

Therapeutic Suggestions.

Vomiting in Pregnancy.

℞ Cocain. hydrochlor ..... gr. xv
Carbolic acid..... m. x
Cinnamon water .... ozs. ss
Ginger syrup, q. s .....ad.... ozs. j

M. Sig.: Ten drops gradually increased to twenty, in a little water every hour until relieved, then every 2 or 3 hours. (Potter.)

Earache.

℞ Chloral hydrate.....
Camphor.....
Carbolic acid.....aa..... gr. xx
Castor oil ..... oz. j

M. Sig.: Pour into ear (after warming) enough to fill it; cover with cotton wet with warm water, and a cloth wrung out of hot water.—Brodnax.

Warts.

℞ Sulphur ..... drs. x
Glycerin..... drs. xxv
Glacial acetic acid ..... drs. v.

M. Sig.: Shake. Apply to warts daily. This application is made with a splinter or camel's hair brush, The warts dwindle and dry gradually, and finally drop off.—Practical Druggist.

Selected Articles.

APPENDICITIS AND PREGNANCY.

By J. Clarence Webster, M. D., Chicago.

Professor Gynecology and Obstetrics Rush Medical College; Gynecologist and Obstetrician, Presbyterian Hospital; Consulting Gynecologist St. Anthony's and Passavant Memorial Hospitals.

Within recent years considerable attention has been given to this subject, Mundé, in 1893, being the first to refer to it in this country. In 1887 Abrahams collected only eleven cases reported by American authors and added four others observed by himself. Since that time a very considerable number of cases have been reported both in Europe and America. The disease is more common than is suspected, being undoubtedly often overlooked because the symptoms and signs in many cases are not sufficiently pronounced to lead to careful investigation or are classed among the various disturbances which are so frequent in the pregnant condition. The great majority of reported cases have been those in which the phenomena have been distinct or alarming. According to Donoghue eighty per cent. of these have occured during the first six months of gestation.

So far as is known, pregnancy does not favor the occurrence of primary appendicitis. In cases in which there has been previous inflammation in or around the appendix, pregnancy may increase the liability to an exacerbation. Increased vascular engorgement and constipation may be factors which exert a harmful influence. But the most important element may be mechanical, viz., pressure of the growing uterus on the appendix and cecum or the stretching of adhesions. The latter factor is likely to be most serious when the appendix is adherent to the broad ligament or pelvic viscera, which are considerably displaced upward by the pregnancy.

Several cases have been observed in which a woman has had definite attacks in successive pregnancies.

The seriousness of appendicitis is certainly increased by the complication of gestation, especially in suppurative cases, the risk being greater the more advanced the pregnancy. The mortality following perforation, whether operated immediately or not, is very

high. In cases in which the periappendical suppuration is localized, the danger is far more pronounced than in the non-pregnant state, because spontaneous emptying of the uterus tends to take place.

The alteration in the size and position of the uterus which is thereby produced is apt to lead to rupture of adhesions, bursting of the abscess cavity and general extension of infection. Even when such areas are opened and drained, there is still a much greater risk than in the cases of non-pregnant women.

The occurrence of appendicitis soon after labor is in some cases undoubtedly due to the mechanical changes in the uterus and adnexa. Under these circumstances an appendix may be stretched, twisted, or even ruptured, and a severe local or generalized infective process may be started, and the wall of the uterus may be invaded. Doubtless, such an attack is not infrequently diagnosed as "puerperal infection" in the absence of careful bacteriologic examination of the interior of the uterus, and because the symptoms of acute peritoneal infection of appendical origin may resemble so closely those following extension from the tube and uterus. Several cases have been reported in which the appendix was the source of infection, supposed to be "puerperal."

As regards the influence of appendicitis on the gestation, it is certain that there is no interference in slight cases or even, sometimes, in sharp attacks where there is no suppuration. But, generally, in severe disturbance, especially where an abscess or general peritonitis develops, there is a tendency to emptying of the uterus, and to fetal death. Infection may extend to the uterus and its contents, or the fetus may be affected by the high temperature and the circulating toxic matter. In some cases, however, in advanced gestation a living fetus is expelled, though it is not likely to survive if the patient has been septic for some time previous to delivery.

Diagnosis.—The diagnosis of appendicitis in pregnancy is sometimes easy, but is often uncertain. When the characteristic typical features of an acute attack occur, they are generally recognized, but in other circumstances it may be difficult to form an opinion. In slight cases the nausea which may be present is apt to be considered as due to old pelvic inflammation, or, in some cases, to threatening of miscarriage. Leucocytosis may be thought to be due to pregnancy.

Whenever fever occurs with pain in the right side and nausea, the possibility of appendicitis as a case should be kept in mind. An infective process in the ureter or pelvic organs, gall-bladder or right kidney, various gastro-intestinal disorders, and other conditions, may produce somewhat similar symptoms, and, thus, an error in diagnosis may easily arise. A severe sudden attack may simulate rupture of an ectopic gestation, but with the latter there is usually more or less evidence of loss of blood with fever.

When a local abcess forms the mass may be mistaken for a tumor. In one case observed in consultation by the author, the pus extended on one side deeply into the pelvis and displaced the pregnant uterus towards to opposite side, so that it was believed to be an ectopic gestation.

Treatment.—Every non-pregnant woman who is likely to become pregnant, in whom a definite attack of appendicitis has once occurred, should have her appendix removed before pregnancy is allowed to take place, as a prophylactic measure. When the condition is diagnosed for the first time during gestation, or when there is a recurrence of an old attack, it is advisable to operate as early as possible. The earlier in pregnancy the operation in performed the more satisfactory is the result and the stronger the abdominal wall if the patient goes to full time. There is always a risk of interrupting pregnancy by the operation, and this is probably increased if the latter be prolonged or the viscera be handled excessively. In suppurative cases this risk is very much greater. The most troublesome cases are those in which drainage must be employed, since during healing adhesions are apt to form on the right side of the uterus which may lead to distress or tenderness if pregnancy continues, and may interfere with the action of the uterus during labor. Moreover, the scar area may be weakened and herniation may occur. If premature emptying of the uterus takes place during drainage, there is a risk of infection of the genital tract by the discharge. When general peritonitis is present, the outlook is very serious. Free drainage is necessary, but is difficult to carry out satisfactorily if pregnancy be at all advanced.

In all acute cases in advanced pregnancy Marx advises *accouchement forcé* at first, followed by the abdominal operation. This suggestion is a good one because it enables the abdominal drainage, which may be necessary, to be more thoroughly carried out. I

would not be advisable to adopt this procedure is cases in which a localized abscess is present, because of the risk of rupturing the latter by the changes in size and position of the uterus which may form part of its wall.

When an attack of appendicitis occurs during labor, operative interference should be carried out very soon after delivery. An abdominal operation should also be performed when the disease develops in the puerperium.

The method of incision generally favored is McBurney's. The technic is that ordinarily employed in non-pregnant cases.—*Surgery, Gynecology and Obstetrics.*

A FREAK CASE OF APPENDICITIS.*

By Louis L. Nichols, M. D.

My patient is a newspaper man about 30 years of age, He inherited a nervous temperament, but has been in fair health with the exception of an attack of typhoid fever some six years ago. He recovered from this without complications. There was no history of indigestion or colicky pains preceding his acute attack of appendicitis, which came on gradually Sunday morning, Oct. 25, 1904. I saw him first about 7 o'clock the same evening. He had been vomiting all day and his pain was spasmodic in character and distributed over the whole abdomen. There was no distention and no especial point of tenderness. There had been three or four attempts to go to stool, but with little result. There was no irritation of the bladder. The pulse was 100 and the temperature 99°.

With these symptoms I was apprehensive of appendicitis, and warned the family as to what to expect. The patient was ordered 1-10 gr. doses of calomel half hourly, to be followed in the morning by magnesia sulphate.

When I saw him on the following morning there was slight local tenderness in the right iliac region, with some distention and rigidity of the right rectus muscle. Vomiting had ceased, but the bowels had not moved. The temperature was 99½° and the pulse 106, and of good character. An ice bag was ordered applied over the tender point and magnesia sulphate continued till free catharsis was established. My patient had passed a restless night with but little sleep, and he had a worried expression. A consultation was advised and held that afternoon with Dr. Walter Wood. During the interval which elapsed between my morning visit and the hour of the consultation, the patient's bowels had been freely evacuated and he appeared much better in many ways. The pain had practically subsided; there was very little tenderness or rigidity, the most tender point being well over against the crest of the ilium; there had been no re-

*Read before Leng Island Med. Soc., June 16, 1905.

turn of the vomiting during the day and the distention was gone; my patient had lost his worried expression, was hungry and wanted to sit up. In fact the improvement was so marked that I began to doubt the accuracy of my diagnosis. Dr. Wood confirmed the diagnosis, however, but it was believed at this time that we were dealing with one of those catarrhal cases of appendicitis which so often show improvement after the free use of salines, and that the case would gradually go on to recovery without surgical intervention.

How remote from the actual facts in the case our conclusions were, became evident from subsequent events. To be sure my patient, from this hour, went on to complete recovery but in a way quite different from what we anticipated. The more severe symptoms gradually abated, the temperature and pulse slowly returned to normal, but in the mean time a mass in the right iliac region became clearly defined. There was slight tenderness to pressure over this mass, and indisposition to move about in bed because of the board-like feeling over the region and pain caused by such motion. The patient's tongue did not clear nor the appetite improve as they should do with a case getting well. While I was speculating over the final outcome in a case presenting these unfavorable symptoms, and trying to decide upon the safest course to pursue, Nature solved the problem for me in a most novel and unexpected manner. One week from the beginning of the attack my patient passed a very restless night, complaining of discomfort and tenesmus in the bowels. In the morning there were several loose stools and in one of them something which attracted the nurse's attention. On examining it I found what appeared to be a very much attenuated appendix about $2\frac{1}{2}$ inches long, with a perforation at the distal end. I submitted the specimen to Dr. Wood and he was skeptical about its true character. I then sent it to Dr. Archibald Murray for examination and his report follows.

After his auto-operation my patient's recovery was rapid and without complication. The mass in the right iliac region gradually disappeared, and three weeks from the onset of this attack he was perfectly well, and has remained so to this day. Had not a very watchful nurse rescued this appendix from the bed pan we should still labor under delusion that my patient's anatomy remains intact as it was originally created and that he simply suffered from an attack of catarrhal appendicitis.

This case was rare, but there have been other similar cases recorded. How many unrecorded cases there may have been where a sloughing and unrecognized appendix has passed from the bowel into the sewer we shall never know.

My object in presenting a freak case of this sort was not because of any particular interest attaching to its novelty, but to draw out discussion on the following points:

1. Should we have operated upon my own case at the time of the consultation or subsequently; and can we formulate any safe rule to guide us in the management of similar cases?

2. Should every case of appendicitis be treated surgically and operated upon as soon as a diagnosis can be made, other conditions being favorable?

3. Or should we adopt the expectant plan and treat each case according to the symptoms as they arise?

By which plan can we effect the greatest number of cures?

Brooklyn, Oct. 9, 1904.

Dr. L. L. Nichols, Brooklyn, N. Y.

My Dear Doctor:—I have made sections from the tissue sent me, but it is absolutely necrotic and refuses to stain. Still, outlines of what were probably once glands, lymphoid elements and a muscular and fibrous coat can be made out, and I should not hesitate to call the specimen an appendix. I have put it aside for you.

Very truly,

ARCHIBALD MURRAY.

386 Stuyvesant Avenue, Brooklyn.

In his recent work on the "Vermiform Appendix" Dr. Howard Kelly has collected the history of four similiar cases.—*Brooklyn Medical Journal.*

Correspondence.

AN INTERESTING P. E. ISLAND PLANT OR SHRUB.

To the Editor of the News:

Sir,—A small shrub growing in Dunstaffnage and Brookfield, P. E. Island, is somewhat famous for medicinal virtues contained in the berries. I sent a few twigs of this plant to Prof. Fletcher, of the Experimental Farm at Ottawa, who says that the plant is doubtless "Daphne Mezereum," and sends me the following description from "Barton & Castles British Flora Medica, 1877."

DAPHNE MEZEREUM.

Every part of the plant is powerfully acrid and caustic. Two or three flowers, chewed, have merely an herbaceous flavour at first, but in a short time, the tip of the tongue is affected with an acrid burning taste, combined with a degree of numbness like that produced by aconite; this sensation soon extends to the throat and fauces. and continues for several hours, although not a particle of the substance be swallowed. Drs. Munro and Russel were the first to introduce the Mezereon bark into practice as a stimulant diaphoretic, useful in venereal nodes from thickening of the periosteum. Other writers have also recommended it in similar diseases, and a decoction has been frequently administered in rheumatic, scrofulous, and cutaneous affections.

Dr. Withering records having used the root successfully in a case of difficulty of swallowing occasioned by paralysis. After chewing a thin slice as often as could be borne, the patient in about a month recovered the power of swallowing, although the case was of three years standing.

An ointment made of berries is employed in the north of Europe against foul ulcers, chancres, and cancer. On the continent the bark is employed as a vesicant. As a topic it is also applied to the head, to relieve deafness, headache, toothache and some affections of the eyes; and has been recommended in coxalgia, chronic rheumatism, and various skin diseases. "In English medicine it is never now

given, except as an ingredient of the componnd decoction of sarsaparilla. An ethereal extract of the bark has been introduced (1867) as an ingredient of a powerful stimulating liniment."—*Pharmocographia*, p. 487.

Linnaeus compares the poisonous nature of the berries to that of nux vomica. He asserts that six of them will kill a wolf; and that he once saw a girl die of excessive vomiting and hemoptysis, in consequence of taking twelve of them to check an ague. The berries are reported to constitute the favorite food of various birds. This may be accounted for on the supposition that they eat only the pulpy part of the fruit, which is destitute of acridity and apparently innocous.

A crystallizable principle called *daphnia* has been found in the Mezereon.

Parties using it in this province report that they have been cured of very troublesome hemorrhoids by their use. A lady reports having taken three of the berries for a d[illegible]e with remarkable relief and arrest of the hemorrhage. The report above describing them shows that they are not without danger and that great caution should be exercised in the use thereof. The plant, was brought to this island 60 years ago from Scotland by Mr. Cairns father, of Dunstaffnage. Its flowers precede the leaf. I send you this report as further tests may prove its usefulness in similar cases.

Yours, &c.,

R. MACNEIL, M. D.

Charlottetown, P. E. I., 13th June, 1905.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XVII. HALIFAX, N. S., JULY, 1905. No. 7.

Editorial.

NUTRITION AND NERVOUS DISORDER.

The impetus which was given to the study of nutritional problems, in their relation to morbid conditions, by the publication of Bouchard's work on antointoxication, has brought out a vast amount of information upon an all-important subject, the full value of which will not be realized for many years. The numerous workers who have followed in the train of Bouchard, or who have undertaken lines of investigation which have been directly or indirectly suggested by the results which he reached, have not only contributed largely to our general knowledge, but have opened up many fruitful fields for research. Much of this knowledge has already been turned to practical account. Much is not yet sufficiently definite to be clinically useful, but it nevertheless helps to brighten the outlook for the future.

One result of the investigations so far conducted, is to persuade us that several of the so-called functional nervous diseases, and many of the mental disorders which do not depend upon developmental defect, are essentially the consequence of imperfect nutrition of nervous tissue. So broad a conception of the conditions underlying these disorders presupposes the conclusion that every stage of the functions of digestion, absorption, assimilation and distribution of pabulum, as well as of excretion of effete matters, must be studied and thoroughly understood before we can arrive at a satisfactory basis for treatment.

A recent paper by Dr. Robert Coleman Kemp refers to some studies he has made in the wards of the Manhattan State Hospital,

especially upon epileptics and paretics. He found that in a large majority of these cases there was dilatation of the stomach with or without gastroptosis, and that the chemistry of the stomach was faulty in nearly every instance. The correction of hyperchlorhydria or of hypochlorhydria, the administration of an antifermentative when indicated, and the support of prolapsed stomach when required, proved to be of great utility in treatment. For the treatment of gastroptosis, Dr. Kemp advocates the application of a simple belt, which may be readily made of adhesive plaster, originally designed by Dr. Achilles Rose. Dr. Kemp's paper bears the stamp of careful preparation, and his conclusions seem to be eminently practical and well worthy of consideration.

MEETING OF CANADIAN MEDICAL ASSOCIATION.

The annual meeting of the Canadian Medical Association to be held in Halifax, August 22nd to 25th, will be an important occurrence for the Province of Nova Scotia. It is nearly twenty-five years since this Association met here; during that comparatively short period of time not only has Canada made tremendous strides as a nation, but this province has taken an important place in the affairs of the Dominion, political, commercial, and industrial. The visiting members will be able to see Nova Scotia in all its beauty and also be able to witness evidence of its industrial activity.

No doubt a large number of the members will take advantage of the railway tickets, to Halifax taking them to Sydney, where they can see in all its details one of the greatest industrial centres in this Dominion. A centre of industry now stands, where stood twenty-five years ago a small village and a dismal swamp.

The beautiful Annapolis and Cornwallis Valleys—the garden of Nova Scotia—will offer attractions not to be surpassed in all Canada.

The Medical Society of Nova Scotia will be their hosts in all entertaining, and without a question of doubt they will do it well. Circumstances will particularly favour them; Halifax will be in the height of its summer season; the magnificent cruiser and squadron under H. S. H. Prince Louis of Battenburg will be in the harbour,—the largest and most powerful fleet that Great Britain has ever sent to these waters. The ocean yacht race, under the auspices of the

Royal Nova Scotia Yacht Squadron and the Eastern Yacht Club of Boston will finish at Halifax on the Thursday, and prove a strong attraction to many of the visitors who are yachtsmen. But while considerable time will be given to entertainment the scientific programme promises to be of a very high order.—One feature, very noticeable, is the number of papers to be presented and read by general practitioners; the aim of the committee being to secure papers that will be of the greatest interest to the greatest number; also the committee are determined that time for each paper will be short and no doubt this rule will be carefully enforced.

The building of the School for the Blind will be very suitable, offering one large hall and many rooms suitable for exhibits, offices, post-office, telegraph office, cloak room and smoking rooms. A formal opening will be held on the Tuesday afternoon, when addresses of welcome will be given by His Honor the Lieutenant-Governor, the Hon. Provincial Secretary, His Worship the Mayor and others.

It will be the endeavour of the committee to make this meeting an event of national importance, and it hopes that the visit of over five-hundred educated professional men to this city and province will be an occasion when all the medical profession of Nova Scotia will demonstrate their loyalty and devotion to their province and their Dominion as well as to their profession.

Members who will attend the meeting, are requested to communicate as soon as possible with C. Dickie Murray, M. B., chairman of the information and lodgings bureau, 66 Queen St., Halifax, with a view to securing hotel accommodation in advance. The hotel rates vary from $1.50 to $3.00 per day.

MEDICAL SOCIETY OF NOVA SCOTIA.

On another page will be found an account of the annual meeting of the Medical Society of Nova Scotia, held at Lunenburg on the evening of the 5th inst. Though small in numbers, the gathering was enthusiastic in its deliberations, as may be surmised from a perusal of the report referred to. The matter of life insurance exercised keen interest, and the question on both sides was argued in a fair and gentlemanly spirit. The resolution passed by the Society

cannot at present affect the fees already offered by Canadian insurance companies, but by interesting the profession throughout the Dominion, it is believed that the five dollar fee will soon be settled as a fair figure for a thorough examination.

The New Brunswick Medical Society has, we believe, likewise taken action on this matter, particulars of which will be published in next issue.

Due praise must be extended to the legislative committee for their labors on behalf of the profession in this province. The appreciation of the Society was manifested in the vote of thanks extended to them, and the unanimous re-election of each member of the committee to again safeguard matters pertaining to the welfare of the public.

The Provincial Health Officer, Dr. A. P. Reid, referred to reasons why the "Health Act" is not properly enforced, and we can only keep urging the Government to give the medical officer a freer hand in regulating sanitation of schools and likewise arranging for the instruction of teachers in the important subject of hygiene. Dr. Reid has given these questions a great amount of time and the least we can offer him is a helping hand.

Society Meetings.

MEDICAL SOCIETY OF NOVA SCOTIA.

The annual meeting of the Medical Society of Nova Scotia was held at Lunenburg on Wednesday, July 5th, 1905.

As had heen announced, it was purely a business meeting, a prolonged meeting being thought inadvisable on account of the approaching meeting of the Canadian Medical Association at Halifax. About twenty-five members were present.

The president took the chair at nine o'clock. The secretary, on request, read the minutes of the last annual meeting, and also of the special meeting on December 15th, 1904, when it was decided that the society should be the hosts of the Canadian Medical Association in August. The minutes being declared approved, a nominating committee was appointed, whose report was as follows:

President—H. A. March, Bridgewater.
1st Vice-President—G. W. T. Farish, Yarmouth.
2nd Vice-President—J. A. Sponagle, Middleton.
Secretary-Treasurer—W. Huntley Macdonald, Antigonish.
Committees:—Surgery—J. W. Mackay, McQueen, J. Stewart, J. Roy.
Medicine—D. A. Campbell, H. H. Mackay, James Sutherland, F. S. L. Ford, S. W. Williamson.
Obstetrics—C. P. Bissett, D. Stewart, M. A. Curry, H V. Kent, N. F. Cunningham.
Therapeutics—A. Birt, F. W. Goodwin, McDougall, A. M Hebb.
Sanitation—H. P. Clay, L. M. Murray, A. P. Reid, W. B. Moore, W. R. Morse.

Next meeting to be held at Lunenburg, July 4th, 1906.

This report was received and adopted on motion of Dr. Burrill.

The following members of the society were appointed members of the Provincial Medical Board, after election by ballot: Drs. Tobin, H. K. Macdonald, D. A. Campbell, M. E. Armstrong, John Stewart and Cowie.

Reports of committees were received.

Legislation committee, read by Dr. Cowie:—

REPORT,

To the President and Members of the Medical Society of Nova Scotia :—

Your committee whom you instructed "to obtain legislative action with regard to sanitation, vital statistics, fees in Courts of Law," etc., beg to report as follows :—

Your committee have taken no further action to obtain legislation in the matters of sanitation, or vital statistics, since reporting the passage by the Government last year of an amended Public Health Act and the appointment of a Provincial Health Officer.

Your committee in reviewing the first report of the Provincial Health Officer note that he finds his office clothed with "very general but rather indefinite powers" and, as far as can be judged by his report, your committee do not see that the creation of the new office is marked by any advance in sanitation, or prevention of disease.

In the matter of vital statistics, the Government last year refused to consider the question on account of expense probably involved, but the Provincial Health Officer recommends in his report that persistent agitation in this matter should be continued. This might take the form of a petition to the Government from the whole medical profession in the province, or the introduction of a Bill by this committee on the authorization of this society.

Your comittee find pleasure in reporting that the House, at the last session of the Legislature, passed a Bill fixing a fee for a post-mortem examination at five dollars, if the order for such is made by a majority of the jury.

Your committee also beg to report that the Bill allowing fees for expert medical testimony was re-introduced at the last session by Mr. Patterson, M. P. P., at the request of your committee. This Bill was referred to the Committee on Law Amendments and Mr. Mellish was retained by your committee to advocate the same. Members of your committee and other medical men also supported the Bill, with the result that it was reported on favourably and it passed its third reading by 24 to 5, and was sent up to the Legislative Council for concurrence. Your committee appeared before a committee of the Legislative Council on the Bill, who apparently were in favor of its passage with some unimportant changes. But, on its return to the House of Assembly, everyone was surprised to find, as the Attorney General remarked, that "the amendments made by the Legislative Council completely changed the character of the Bill, including the title, substituting as the title of the amended bill the words 'An Act to amend Chapter 196, R. S,, of fees payable by municipalities for the Administration of Justice,' and made the fee of $5.00 per day a charge upon the municipalities for criminal prosecutions." As a re-

sult of this change the Bill was rejected by the Lower House with consent of Dr. Bissett, who seconded the motion.

We would strongly advise that your committee be empowered to re-introduce the Bill at the next session of the Legislature.

All of which is respectfully submitted.

A. J. Cowie, *Chairman.*
M. A. B. Smith, *Secretary-Treasurer.*

Halifax, N. S., July 3rd, 1905.

Dr. A. P. Reid, Provincial Health Officer, explained that the reason why the "Health Act" is not working well is lack of education of the people along the lines of the Act. He referred especially to the bad sanitation of school houses, and would recommend monthly medical inspection of schools, and instruction of prospective teachers, at the Normal School, in practical methods of avoiding disease.

It transpired in discussion that, as matters now stand, the Provincial Health Officer has not power to enter a school house for purposes of inspection. The fault lies in the fact that the Act has never been published in the *Royal Gazette.*

The report of the Legislative Committee was adoptod, on motion, and a vote of thanks tendered the members by the Society. This committee was re-elected, *en bloc.*

Dr. M. A. B. Smith submitted an account against the Legislative Committee for printing, legal fees, etc. It was ordered to be paid, on certification by the President.

COMMITTEE ON LIFE INSURANCE.

The Secretary read a letter from the Luhenburg-Queens Society, re-affirming its former position with regard to fees for insurance examinations.

Dr. H. P. Clay being absent, the Secretary gave a synopsis of his report, which had been read at the special meeting in December, 1904, no action then being taken by the Society.

It appeared that there had been a verbal compromise offer of a uniform four dollar fee for life insurance examinations, made to Dr. Clay by the Life Officers' Association of Canada. This Association had representatives present to urge their views, but it was decided to complete all other business before hearing those gentlemen.

Dr. Stewart brought up the matter of financial responsibility of the Society in the entertainment of the Canadian Medical Association, at Halifax, August 22nd to 25th, which had been assumed at the special meeting on December 15th, 1904.

It was pointed out that the counties of Pictou, Colchester, Cumberland, and Lunenburg-Queens had already made provision for collecting funds.

It was decided that circular letters should be sent to the profession of the Province, asking for contributions of $5 or more for the above purpose, all details of collection, etc., being left to the Committee of Arrangements.

Dr. March spoke of the necessity which exists for a new constitution and by-laws for the Society. There is a committee at present appointed for this purpose.

It was now decided to hear the Life Insurance representtiaves who were present.

Mr. Hilliard, president of the Life Officers' Association, representing nearly all the British and Canadian companies doing business in Canada, addressed the meeting. He stated that some misunderstanding had arisen from lack of knowledge of the status of the medical men who went to Toronto to meet the Life Officers' Association, and that consequently little progress in settling the question had been made. His chief argument was that the insurance companies could not afford to increase the fee to five dollars all over Canada, which would have to be done if it were done in Nova Scotia.

Mr. Hilliard expressed his respect for and confidence in the medical profession, and thought that they would give both sides fair consideration before deciding this matter.

He read, by request, a circular issued by the Canadian Life Insurance Officers' Association, expressing the views of the insurance men with regard to fees in Nova Scotia.

Mr. Junkin, vice-president of the Life Officers' Association, followed. His remarks were along the same lines as those of the previous speaker. He said that there were no complaints from Ontario or the West concerning the present scale of fees. He considered the fee liberal, inasmuch as there were no bad debts in this class of business. He pointed out that the insurance companies for which he spoke were making only moderate profits, and that in seeking to keep down ex-

penses, he was merely conserving the interest of the policy holders. He asked that the matter be settled at once.

Dr. A. P. Reid considered that for the precise opinion required by the insurance companies, a five-dollar fee was proper. He said that in forty years' experience he had never made an insurance examination for less than five dollars, and that he would never do so in the future. He held that the amount of the policy should make no difference in the medical fee.

Dr. F. S. L. Ford pointed out that in British Columbia the regular fee is five dollars, and that therefore, by their own argument, the companies should pay the same amount to all physicians in Canada. He thought that there should be further remuneration when the applicant is examined at some distance from the doctor's office, as often happens in country practice.

Dr. Trenaman said that we should get a five-dollar fee, if possible, but that we should not overlook the fact that life insurance business is cash business, and he was therefore in favour of accepting the four-dollar compromise offer.

Dr. Burrill said that no new arguments had been brought up by the insurance men, and that in Queens-Lunenburg they regarded an insurance application as on a par with a consultation, and that therefore a five-dollar fee was called for. He thought that the premiums of the Canadian companies affected could stand a five-dollar medical fee as well as the equal or somewhat less premiums of several American companies, who regularly paid that sum. He considered that the dignity of the profession had been lowered, and their business commercialized, by this foisting upon them by the insurance companies of lowered fees without consulting them.

A resolution was here introduced :—"That, in the opinion of the Medical Society of Nova Scotia, the minimum fee for life insurance examinations throughout Canada should be five dollars; and that the Secretary be instructed to forward a copy of this resolution to the Secretary of the Canadian Medical Association."

Dr. W. Huntley Macdonald, speaking to the motion, said that as the companies had met us half way in this matter in making the compromise offer of four dollars, and as in any event there would be difficulty in controlling the five hundred or more practitioners of the Province, he had doubts of the advisability of refusing to accept the compromise.

Dr. Cowie thought that as a small meeting of the Society, summoned for formal business only, we were hardly justified in passing anything binding upon the profession at large.

Dr. Trenaman recommended leaving the matter as it stood until next year, when there would likely be a full meeting. He moved an amendment to this effect, which was not seconded.

After others had spoken, the motion was voted on and passed.

The meeting adjourned.

Personals.

Dr. Lindsay, has been confined to the house for some weeks with a "septic" finger.

The NEWS extends its congratulations to Dr. G. W. Whitman of Upper Musquodoboit, on his marriage to Miss Frances Holesworth, of Shubenacadie.

Book Reviews.

Surgery, Gynecology and Obstetrics.—Volume I., Number I. published by the Surgical Publishing Co., Chicago. Subscription $5 per annum in advance.

The following paragraphs are taken from its editorial pages to mark the high aims of the editors of this new exchange:

"The editorial staff of SURGERY, GYNECOLOGY AND OBSTETRICS feels deeply there is a future for this kind of publication, and not one of its members will be satisfied if the journal does not take immediately a prominent place in the world of medical journalism and ultimately a leading position. They each realize that there is no call for another ordinary surgical journal, and that if they do not succeed in making this a journal far beyond the ordinary, there is no reason for its existence.

With this small light on our motives, we herewith present our initial number, and hope that we may deserve the support of all readers interested in surgery, gynecology, or obstetrics."

On its editorial staff we see such well-known authorities as Drs. Nicholas Senn, John B. Murphy, J. Clarence Webster and E. C. Dudley, and among its collaborators, Drs. Wm. T. Bull and Carl Beck of New York, Maurice H. Richardson of Boston, John B. Deaver of Philadelphia and Howard A. Kelly of Baltimore which ought to be sufficient guarantee for a successful undertaking.

Over one hundred pages are devoted to reading matter and the articles will be found interesting, practical, and to the point, while the department devoted to Abstracts of Current Literature and Transaction of Societies enhance its sphere of usefulness.

The print is excellent, the illustrations of a high order, and we bespeak marked success to this high class journal.

The Delineator—Published by the Butterick Publishing Co., Ltd. New York.—In the August *Delineator* Dr, Grace Peckham Murray has some remarks of value to mothers or others who have to solve the serious problem of feeding the child. "Infant or child feeding," says Dr. Murray, "is a question that has been studied with the utmost care by the medical profession, especially in the phase relating to artificial feeding. It is the duty of every mother who possibly can do so to nurse her child. The best food for children who are unable to have the breast is cow's milk, Cow's milk differs from human milk in that it contains less sugar—a little more than half as much—it has three times as much proteids (curds) and salts and less fat, and it is more acid. It has been found that by changing the milk of the cow it can be made very nearly in character that of human milk. In large cities this 'modified milk,' as it is called, is prepared ready for the child at laboratories, but this can be done at home also. The milk of a single cow used to be considered best for children, but it has been discovered that mixed milk is more uniform in composition. A child should take about fifteen to twenty minutes for nursing. He should not take the milk too fast, nor should he be permitted to go to sleep until he has satisfied his hunger.

NEW BOOKS FOR THE COGSWELL LIBRARY.

The following new books have been added to the Cogswell Library :—

Physiological Economy in Nutrition, by Chittenden; The work of the Digestive Glands, by Pawlow; Diseases of the Blood, by Coles; Immune Sera, by Wasserman; Medical Jurisprudence, by Taylor; Treatise on Applied Anatomy, by Edward H. Taylor; Clinical Lectures, Abiotrophy and other Lectures, by Gowers; Gall Stone Disease, by Keho; Manual of Bacteriology, by Hewlett; An Epitome of the History of Medicine, by Park; Studies in Typhoid Fever, I., II., III., Johns Hopkins Hospital Reports; Diseases of the Liver, Gall Bladder and Bile Ducts, by Rolleston; Boas' History of Medicine, by Handerson; Suggestive Therapeutics, by Bernheim; Diseases of the Rectum and Anus, by Gaut; Text Book of Hygiene, by Rohe; Organic Nervous Diseases, by Starr; Diseases of the Nose, Throat and Ear, by Bishop; Practical Urinalysis and Urinary Diagnosis, by Purdy; Principles of Surgery, Senn; Manual of Bacteriology, by Muir & Ritchie. Diseases of the Lungs, by Fowler & Godbe; Diseases of the Anus, Rectum and Pelvic Colon, by Tuttle; Practical Obstetrics, by Grandin & Jarmen; Diseases of the Heart and Arterial System, by Babcock; Diseases of the Intestines, by Boas; Text Book of Practical Obstetrics, by Gillian.

These books may be obtained for a period of two weeks by any Registered Medical Practitioner in Nova Scotia.

Application for books may be made to the Librarian. The applicant is expected to pay all express charges.

L. M. MURRAY, M. D.,
Librarian.

Therapeutic Notes.

ENTERO-COLITIS AND CHOLERA INFANTUM.—Antiphlogistine produces results in cholera infantum that can not be obtained in any other way. Pain is reduced restlessness is soothed and the tossing, moaning patient falls into a quiet restful sleep. And why not? A moment's thought will convince you that, since the intestines and possibly the peritoneum are inflamed, an application which so rapidly reduces inflammation in other parts of the body must have a beneficial action here. Consider also that in this case, acting directly upon and reflexly through the solar and hypogastric plexuses, it relieves the shock which is so invariably a serious part of the symptom-complex.

Apply hot to the abdomen about $\frac{1}{8}$ inch thick and cover with absorbent cotton.

WORDS OF APPRECIATION—The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friends, The Antikamnia Chemical Company, and reads:

"*Gentlemen*—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South, and if my views should prove of value to you at any time, command me, and use them as you wish."—MARION T. DAVIS, M. D.,

(Univ. of Maryland School of Medicine.)

Atlanta, Ga., April 15, 1905.

SANMETTO IN PRE-SENILITY.—I had two cases which I thought required such a medicament as Sanmetto. I prescribed two bottles of Sanmetto and gave prescriptions for more when that quantity was used up One case was that of a man forty-two years of age, father of seven children—impotency and neurasthenia; within three days after taking Sanmetto he began to feel the beneficial results and finally regarded himself as cured. I advised him to consult me again if he should be bothered with sexual disturbance. He is a grocer, has long hours (sixteen a day) with business and family cares.

The other case was that of a young man twenty-eight years of age, premature decay, loss of vitality, atrophied sexual organs—prescribed Sanmetto, and the changes brought about since its use are something marvelous, according to the patient. He will continue under advisement.

This testimonial regarding the value of Sanmetto is given unsolicited.

Chicago, Ills. R. L. LARSEN, M. D.

A SUCCESSFUL TREATMENT OF LEG ULCERS.—To ascertain the cause in the treatment of leg ulcers is of the greatest importance. A tuberculous, diabetic or syphilitic ulcer will require much closer study as to the constitutional condition or the local treatment. Anything interfering with the venous flow, such as constipation, must be immediately corrected, and the patient's general nutrition looked out for. The leg should be rendered surgically clean by the generous use of sinol soap, followed by irrigation of Thiersch solution. No matter what the cause of the ulcer be, it is wise where possible, to confine the patient to bed with the foot elevated during the course of treatment; the limb should be firmly bandaged, extending from the toes to a point several inches above the ulcer. If possible excision of the veins of varicose ulcer should be performed. Ulcers covered with unhealthy granulating surface or sloughing edges, should be curetted, after which thoroughly irrigated with Thiersch solution and dressed every twenty-four or forty eight hours with a hot Thiersch pack. When the surface presents healthy granulations, applications of Bovinine pure should be made, changing them three times in twenty-four hours. The most careful toilet of the limb should be made at each dressing. As a rule, the basis of all chronic ulcers is made up of an unhealthy, granulating mass, and consequently, it is impossible to bring about a cure until this has been removed. It will be readily appreciated that an ulcer thus covered cannot absorb, and consequently the great nutritive properties contained in Bovinine cannot be effective. This mode of treatment may be applied successfuly to any form of ulcer no matter what its cause may be.—DR. J. RYLE, STANFORD, CONN.

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These Supporters are highly recommended by physicians for children who often suffer from *Flat-foot*, and are treated for weak ankles when such is not the case, but in reality they are suffering from *Flat-foot.*

IN ORDERING SEND SIZE OF SHOE, OR TRACING OF FOOT IS THE BEST GUIDE.

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The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

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NORTH-WEST TERRITORIES—J. D. Lafferty, Calgary; M. Seymour, Regina.

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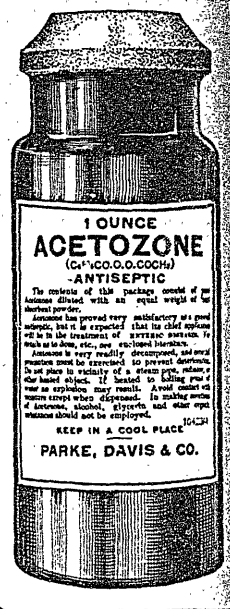

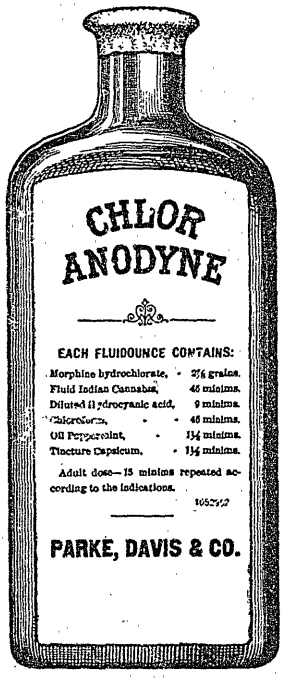

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