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# CANADA MEDICAL RECORD

MARCH, 1901

## Original Communications.

### NOTE ON A HITHERTO UNNOTICED CONDITION OF THE OMENTUM IN CANCER OF THE OVARIES.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., London.

Professor of Clinical Gynecology in Bishop's University; Surgeon-in-Chief of the Samaritan Hospital for Women; Gynecologist to the Montreal Dispensary; Surgeon to the Western Hospital, Montreal.

My attention was first called to this matter about ten years ago by the following case: I was sent for in a hurry to a woman about fifty years of age, whom I found sitting upright in a chair, gasping for breath, with a fluttering pulse and quite cyanosed. A hasty examination revealed the fact that her abdomen was tightly distended with fluid, free in the cavity, and that the first aid that should be given her was to draw off this fluid so that her heart might have room to beat. I returned in a few minutes with a small trocar, which I always employ, so as to avoid the danger of hemorrhage into the veins by the sudden removal of the supporting fluid surrounding them. After the first five minutes she felt immensely relieved, although it took more than an hour to withdraw four gallons. But long before this quantity had come away the cause of the ascites was apparent, for two large masses as large as a man's head made their appearance, lifting up the relaxed abdominal wall. Three days later I removed these tumors at my private hospital through a large incision about eleven inches long. Before closing it I tried to get a hold of the omentum to draw it down under the incision to prevent the intestines from becoming adherent to the latter, when to my surprise I found there was practi-

\* Martin's Gynecology, Cushing's translation, Second edition, page 499.

cally no omentum, but only a fringe about an inch wide, apparently attached to the border of the liver. These specimens were examined and found to be carcinoma of the ovaries. This patient lived very comfortably for three months, when she died of cancer of the liver.

A year later a patient was sent to me by Dr. Struthers, of Bedford, with a papilloma of the ovaries. She and her husband and the physician were very anxious to know the prognosis. The papillomatous mass was exceedingly vascular and bled profusely on the slightest touch, but the hemorrhage was quickly controlled by tying the ovarian artery, and every vestige of the papillary buds was picked off the surrounding peritoneum. Many of these papillomatous cysts are on the border-land of cancer, but in this case I based a favourable prognosis, first, on the absence of the cachexia; second, on the absence of ascites, which I have always found present in cancer of the ovaries; and third, on account of the healthy omentum which I had no difficulty in drawing down and which was smooth and long. This patient rapidly regained her health, and has been heard from within a year as being alive and well, although it is now more than eight years since the operation.

Another case was a Jewish woman, kindly referred to me by Dr. G. T. Ross. She had a papilloma of the ovary exactly identical in appearance with the preceding one, and bleeding profusely on the slightest touch, but there was this difference, that there was a good deal of ascitic fluid in the abdomen and the omentum was shrivelled up like the first case, feeling like burnt leather, and it could not be drawn down so as to be seen. I gave a very unfavourable prognosis in this case. Although her death, a few days later, from peritonitis was of no significance as to the cancerous nature of the papilloma, yet the examination of the specimen gave undoubted evidence of this condition being present. Another case was a woman this winter at the "Samaritan," who was sent in by Dr. Caisse for an abdominal tumor. A nodular mass could be felt in the pelvis firmly fixed, and the examination of the abdomen gave dulness in front like an ovarian cyst. On opening the abdomen it was found to be full of free fluid, but the intestines could not float on it so as to

give resonance in front as in ordinary ascites, because they were adherent and bound down to the back of the abdomen. I dried out the peritoneal cavity, and decided that the case was inoperable, but I took the precaution to examine the omentum and again found one of these burnt-leather-like fringes attached to the border of the liver.

The next case was one of an abdominal tumor as large as a foetal head, sent to me by Dr. Leprohon. Her appearance was exceedingly cachectic, and she was confined to her bed for several months by almost constant and exhausting hemorrhage. The possibility of the tumor being a carcinoma of the body of the uterus was quite strong, so, after removing the tumor, I examined the omentum and found that it was long and smooth and soft and easily drawn down. If I had found it short and crinkled, as in the other cases, I would have removed the cervix, but with such a healthy omentum I gave a very favourable prognosis and allowed the cervix to remain. This patient is doing very well two months after the operation, and is rapidly regaining her colour. These are the only cases which I can recall distinctly bearing upon this question, and I have brought it before you so that others of our members who are doing abdominal work may tell us if they have noticed this condition, and, if they have not, if they would kindly note every case in which they are unable to draw the omentum down under the abdominal incision with a view to tracing the subsequent history and reporting it if the patient dies of cancer. With regard to ascites or free fluid in the abdominal cavity and the presence of an ovarian tumor, I feel almost certain that it is conclusive evidence of malignancy. Two years ago I was present at an operation by my friend Segond, of Paris, who had diagnosed a nodular tumor in the pelvis. As soon as he had opened the abdomen a quantity of free straw coloured fluid escaped, and, as I was standing close to him, and the only visitor, I ventured to remark that it was probably a malignant papilloma. He asked me what made me think that, and I replied my experience of similar cases, and after removing and examining the mass he agreed in the diagnosis and prognosis.

I have examined ten of the most likely authors in my library without finding any mention of this point, except by

Martin, of Berlin, who says: "The development of carcinomatous foci in the ovary always irritates the peritoneum to a high degree, so that ascites and chronic peritonitis are hardly ever absent. With greater frequency than is represented by authors, I have observed the presence of nodules springing up widely separated from each other and apparently independent of each other, which developed further sometimes in the mesentery and sometimes in the group of retroperitoneal glands. In these cases I have observed with striking frequency affections of the omentum sometimes in the form of a thick callous mass pushing itself like a board between intestines and abdominal wall; sometimes rolled together to a single mass in such a manner that it resembled some peculiar atypical tumor.

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## Selected Articles.

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### ASTHMA AND ITS TREATMENT.

By A. E. MAY, M. D., New Haven, Conn.

(Reprinted from *Gaillard's Medical Journal*, Sept., 1900.)

It is doubtful if any other human affection has had more widely conflicting theories advanced in explanation of the real nature and causation of the symptoms manifested than has the disease known as "spasmodic" or bronchial asthma. Dr. James F. Whittaker pronounces it "a paroxysmal dyspnoea caused by a peculiar catarrh, with spasm of the bronchi." Dr. Sidney Martin (*Deutsche Medizinische Zeitung*, July, 272) says: "Spasmodic asthma is a nervous affection and occurs primarily as well as secondarily." Williams also advocated the neurotic theory. Traub wrote of hyperæmia, Clark of diffused hyperæmic swelling and Webber of vaso-motor turgescence.

More recently, however, owing to various lesions found by pathologists in the dead room and disclosures made by physical diagnosis, the causation of asthma has been directed to organs found affected—as the lungs, heart, brain and cord; until, finally, the very existence of the disease as an independent affection has been denied altogether, and it is to-day regarded as merely a symptom of some constitutional affection.

In the etiology of this troublesome malady, therefore, modern classification recognizes only the indirect or intermediate causes; e. g. (1) those operative through the nervous system (centric excitomotor), and (2) those operative through the blood, as in gout, syphilis, renal disease, etc. The diathetic nature of asthma is a fact now quite generally accepted, the theory of Haig being that the causative factor of the symptoms, in the majority of cases, is uric acid in the blood and the high arterial tension it produces,—a condition brought about by a disturbance of the equipoise between the functions of nutrition and excretion, i. e., a faulty metabolism.

After five years of the most terrible sufferings, the writer, having carefully studied the disease, is firmly convinced that asthma is due to an abnormal biochemia of the blood, which impairs its oxygenation; that the lungs and nerves take no active part in its etiology other than the performance of their physiological duty; that the blood dyscrasias which figure most prominently in the causation of asthma are the anæmic, lithæmic and leukæmic.

About six years ago I developed asthma, which soon assumed such proportions as to compel me to relinquish active practice altogether. Attacks became more and more frequent and increased in severity,—relief coming only when I had reached an extreme degree of exhaustion. One attack followed another, and in turn was treated by every remedy known to the regular as well as the advertising physician, with only temporary relief. After many months' suffering of this character, I observed a series of prodromal symptoms warning me of an approaching attack,—such as headache, occipital pain, stiffness of muscles of the neck, muscular pains, neuralgias, great mental depression, etc., these symptoms recurring and recurring until it seemed as though there was no place for me on Earth.

I finally learned that, when a severe attack of asthma came on, a full dose of calomel followed by a draught of Hunyadi water gave me quicker and more substantial relief than anything yet I had previously obtained, and it dawned upon me that my trouble was perhaps due to deficient elimination, that my asthma was produced by a condition of lithæmia, not sufficiently marked to be called "gout," but all sufficient to account for the symptoms heretofore mentioned.

It seemed to me, after every relief obtained from the diuretic and cholagogue action of the drug employed, that I must have been suffering from the effects of certain toxins absorbed into the circulation from some portion of the alimentary tract, or, perhaps, left in the system from inefficient action on the part of the excretory organs. In other words,

my condition appeared to be that of auto-intoxication brought about probably by a defective working power inherent in the organs primarily concerned in the processes of digestion and excretion—especially the liver and kidneys.

The object, then, of treatment in asthma, should be to encourage such a mode of life as will tend to procure and maintain a normal condition of the blood. No disease in the whole domain of medicine, unless it be rheumatism, is more benefited by a proper diet, or more aggravated by an improper one, than is asthma. Those foods should be selected which are most rapidly assimilated and readily oxygenated, and first upon the list is fresh, rare beef,—roasted or otherwise. I believe that rare beef not only generates a blood favourable to oxygenation, but one that is unfavourable to the osmotic outpourings of mucus so characteristic of the asthmatic.

Baths, light, altitude, etc., are also prominent factors in curing the asthmatic. Altitude may, in many cases, be advantageously substituted for drugs. In choosing a location for an asthmatic, however, the main object, other than altitude, is to avoid malarial districts, for there is no disease more destructive to the cellular constituents of the blood than is malaria. Some eight months ago my attention was called to thialion, a remedy much lauded as a solvent for, and to promote elimination of uric acid. I used the drug four weeks, taking each morning a large teaspoonful of the salt in a gobletful of hot water, and drinking, besides, during the day, three pints of Apollinari- water.

The above constituted the whole course of treatment, the results of which were simply astonishing. For five months I have had no asthmatic seizure, no pain, no headaches, and am able to walk rapidly about with no shortness of breath nor disturbance of any character. I have since used thialion in several cases of asthma, and results in all of these instances were uniformly good. The value of the remedy would seem to lie, not altogether in its virtue as a solvent of uric acid (for there are many other such solvents), but largely in its power to enhance cellular action of the liver—incidentally increasing the flow of bile and initiating intestinal peristalsis. In other words, it not only possesses the properties of certain other remedial agents, in removing from the system the uric acid already formed; but, in addition, owing to its peculiar cholagogue action, serves as a *prophylactic* agent in preventing the formation of any more,—for, that the liver is the principal uric acid factory in these lithæmic conditions, is a fact now quite generally accepted.

In this brief paper it has not been my intention to mystify, theorize, nor idly speculate, but rather to emphasize

the value of thialion is a remedy in uric acid toxæmias, and to deal, also, with a few well-established facts in such manner that some of my friends in the medical profession may be able to cope with the advertising physician in the treatment of asthma.

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY

IN CHARGE OF

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#### AKROMEGALY AND GIGANTISM.

Hutchinson (New York Medical Journal) makes the following summary with reference to gigantism: (1) The greater part of the overgrowth is found at or near the tips of the segment crescents, as in akromegaly, differing from the latter mainly in that it is not exclusively confined to the tip of the segment or last division of the limb. (2) The facial part of the skull is enlarged out of all proportion to the cranial, particularly in the regions of the lower jaw. (3) The condition, whether it be regarded as normal or morbid, is one that distinctly tends to shortness of life, and would appear to have an average duration of scarcely more than twenty years. (4) The mental and physical vigor of the giant is distinctly below par, and his death usually comes either from a steady progressive increase of this weakness or from trifling accident, or usually mild intercurrent disease. (5) The sexual powers appear in the majority of cases to be far below normal. (6) There is a decided preponderance of males among the victims of this condition, in all of which statements there is a decided parallelism with akromegaly. Last of all, and from the point of view of this essay of greatest interest, is the fact that the one morbid condition which is peculiar to both these disturbances of nutrition, the enlargement of the pituitary body, is found to be present in a large majority of cases of both. We may conclude, until some evidence to the contrary can be adduced, that akromegaly and gigantism are simply different expressions of one and the same morbid condition; in other words, that akromegaly is a general overgrowth tendency which does not, for some reason, begin to express itself until after adult stature has been reached, and which consequently

expends itself upon these points in the body at which growth last ceased—the extremities of the segment crescents and the distal extremities of the appendages. Second, that gigantism, in a large majority of cases, is this same condition manifesting itself in childhood or before complete stature has been reached, and the growth in consequence is more symmetrical and less strictly confined to the last segment of the arches and appendages. The author reviews the literature of the subject, and says that, out of fifty-four autopsies held in cases of akromegaly and gigantism, there were only five in which the pituitary body was not enlarged. Its hypertrophy in most all cases was very manifest.—*The Fort Wayne Medical Journal Magazine.*

### PREVENTION OF CONTRACTURES IN HEMIPLEGIA.

Geigel (*Die arztliche Praxis*, April 15, 1900) speaks of the small mortality from apoplectic stroke and the great frequency of palsy of the arm and leg of one side, and the facial and hypoglossal nerves of the opposite side. Within the first few months we note considerable improvement in the direction of restoration of function, particularly of the leg, which is rather spontaneous than due to the customary electricity and massage. The arm not only remains largely paralyzed, but after a while the unavoidable "secondary contracture" asserts itself in both arm and leg, naturally to a higher degree in the former. The knee is slightly flexed, foot in equinovarus position, upper arm abducted, forearm bent at elbow, etc. Such an arm and hand are worthless for the patient, and, further, the sweating within the contracted hand sets up a very trying eczema. The contracture of the leg naturally interferes with the gait.

The *rationale* of these contractures is found in the descending degeneration along the conducting paths—at least, this is the prevalent view. Munk, however, in an article published in 1894, which is unknown to most practitioners, may have overthrown this theory. Munk experimented with apes, and came to the simple conclusion that contracture is a mere result of disuse. Whenever motion of the limb was practiced, the contracture did not appear at the specified time. When the exercise is intermitted, rigidity of the limb appears, and resumption of the movements cannot, from that time on, restore the limb. Motion is therefore a prophylactic and not a cure. Not later than fourteen days after a hemiplegic stroke we must begin passive motion for five to ten minutes daily. The upper arm should be abducted as far as possible;

the forearm, hand and fingers should be extended, the fingers spread apart, thumb abducted, the leg extended, the foot and toes dorsally stretched, and the outer margin of the foot elevated. The motions should be persisted in for months, for any intermission will be fatal to ultimate success. The patient can execute some of these motions with the sound arm. Professor Geigel assures us that he has verified this treatment in his practice, and that he has prevented these contractures from taking place.—*Medical Review of Reviews.*

### THE EFFECT OF CODEINE.

The Medical Record, March 3, 1900, quotes the following from an article by Dr. G. J. Lochboehler in the Journal A. M. A., December 2, 1899: In epidemic bronchitis codeine is a valuable remedy for the relief of the harrassing pain of the cough, and when combined with one of the coaltar antipyretics the analgesic effects become more pronounced. It is a favorite drug in the cough of phthisis and chronic bronchitis and its sedative influence is highly satisfactory, clinical data having shown it to be the best succedaneum for opium. Another advantage of codeine over morphine derivatives and one of special value in bronchial affections is that the patients not only cough less, but also expectorate more easily than after taking any of the morphine derivatives. The cough-dispelling power of codeine is such as to make it indispensable in phthical patients, and a point of great importance in these cases is that it does not impair the appetite or digestion, never produces nausea, and can therefore be used uninterruptedly for months. For the many bronchial and laryngeal neuroses, the exhibition of codeine in combination with antikamnia (antikamnia and codeine tablets) meets with well-merited sanction.

### OLIVE OIL FOR GASTRIC CASES.

Personal experience with large doses of olive oil in cases of severe gastric distress noted. In the first case the young man had suffered from an injury in the gastric region, and it seemed probable that a traumatic ulcer had resulted. The pain on eating was so great as to make the patient avoid food. A wine glass of olive-oil taken before meals gave complete relief. The same remedy was then tried in other cases in which stomach discomfort was a prominent symptom. Even in cases of gastric cancer relief was afforded to many symptoms. In cases of pyloric stenosis most satisfactory results were secured as far as the alleviation of symptoms was concerned. Besides, the dilatation of the stomach

that existed began to diminish, and in some cases eventually disappeared completely. These were evidently cases of functional or spastic pyloric stenosis, and the result was most satisfactory. In some of the cases lavage had been tried for a long time without benefit, and in one or two cases with increase of the symptoms. Twelve cases of gastric catarrh were treated by this method with uniformly good results whenever the patients bore the oil well. A certain number of patients, about 1 in 20, cannot take the oil in the doses required; that is, up to about  $7\frac{1}{2}$  to  $9\frac{1}{2}$  ounces per day. In one or two cases this method of treatment was tried as an absolutely last resort before operation, and it proved successful. Patients who had lost so much in weight as to appear almost cachectic began immediately to gain in weight, and within a couple of months gained from 15 to 30 pounds.—Cohnheim (*Med. News*, Aug. 18, 1900).

### RECTAL ALIMENTATION.

For how long a period rectal alimentation should be administered depends upon the condition necessitating it. In ulcers and irritating affections of the stomach rectal alimentations will be administered alone without any additional nourishment through the mouth for a period varying from one to two weeks, when the natural mode of nutrition will be cautiously resumed. In cases in which there is an organic obstacle within the œsophagus or at the pylorus preventing the passage of food into the intestine, rectal feeding must be carried on as long as the impediment exists (in operative cases until a few days after the operation has been performed—in inoperable cases indefinitely). Here, whenever possible, besides the enemas, small quantities of liquid foods may be given also by way of the mouth.

Shortly after the operations on the œsophagus, stomach, and small intestines, rectal alimentation must be administered for a period varying from four days to a week or ten days.

Before administering the feeding enema, a cleansing injection, consisting of a quart of water and a teaspoonful of salt, should be given early in the morning, in order to thoroughly evacuate the bowel. One hour later the first rectal alimentation may be administered. The feeding enema is best injected by means of a fountain—or Davidson syringe, or a plain, hard-rubber piston-syringe and a soft-rubber rectal tube which is introduced into the anus five to seven inches. The injection should be administered slowly, without much force. After the withdrawal of the tube from the rectum the patient is told to lie quietly and to endeavor to retain the enema. The quantity of the feeding enema may be from 5

to 10 ounces. Three to five such enemas may be given daily.

The following substances may be used as feeding enemas:—

(a) The different kinds of peptones and propeptones in the market (Rudisch's or Kemmerich's peptone, somatose, sanose), of which about 2 or 3 ounces, dissolved in 6 to 8 ounces of water, are injected. The different beef-juices (Valentine's beef-juice, bovine, Mosquera's beef-jelly, etc.) may also be dissolved in water and injected in corresponding quantities.

(b) The milk-and-egg enemas: 6 to 7 ounces of milk, 1 or 2 raw eggs well beaten up in it, 1 teaspoonful of powdered sugar, and  $\frac{1}{3}$  of a teaspoonful of common table salt. Pancreatin (one tube of Fairchild's pancreatin) may be added to such an enema, which will facilitate its assimilation.

(c) Meat-pancreas enema: Leube employs enemas consisting of well chopped meat (5 ounces), fresh pancreas (2 ounces), 1 ounce of fat (butter); all these ingredients thoroughly mixed with about 6 ounces of water.

Instead of always using one and the same nourishing enema the above compositions may be alternately administered.

In conjunction with these food-enemas, injections of water into the bowel are made in order to increase the amount of fluid in the system. These injections of water for absorption are of great importance. Usually saline solutions are employed, in quantities varying from a pint to a quart, which may be given twice a day. Max Einhorn (*Post-Graduate*, July, 1900).

## THE TREATMENT OF RHEUMATISM IN CHILDREN.

The treatment of rheumatism in children is a subject deserving the serious attention of the clinical pediatricist, inasmuch as it is a relatively common disease of childhood, and, furthermore, is an important one, too, when we consider that eighty per cent. of the children who are the subjects of rheumatism become affected with endocarditis. For the adult we recognize the superior value of sodium salicylate in the treatment of rheumatism, and we also use it for the child when it is affected with this same disease. The serious objection to the use of sodium salicylate in children is the fact that it usually produced gastritis in these little patients, and so its prime value as a reliable medicament is greatly depreciated. The production of any form of gastro-intestinal

derangement by a drug which is to be used for children is *prima facie* evidence that it should not be used. Our constant endeavour should be to avoid "remedies which are worse than the disease." The use of antipyrin for the treatment of rheumatic diseases of children seems to offset the loss of sodium salicylate as an anti-rheumatic in children. The dosage of the drug is as follows: Make up a solution of antipyrin, 3 grammes to 100 parts of water; of this give a dessertspoonful three times daily. Aspirin is also a promising drug for infants and children affected with rheumatism. In addition to this drug treatment, children should be kept in bed at least eight days after the fever has disappeared.—*Interstate Med. Jour.*

### TRAUMATIC HYSTERIA.

One of the most pitiable conditions with which the neurologist has to deal is that form of hysteria which we recognize as "traumatic hysteria." It is nowadays common, quite common. We see it on every hand; we hear of it very often. The laity discuss it in tones of awe and commiseration. Most commonly they mistake it for a serious injury to the brain, a local disturbance, instead of a pronounced neurotic disorder. Traumatic hysteria is that form of hysteria which is seen in people who have been the victims of some one kind of accident or another wherein a great fright or fear has intruded. It is seldom, if ever, due to a real injury of nervous tissue by mechanical force. In every case we can trace the element of fear or anxiety which precedes, accompanies or follows the receipt of a traumatism as the etiology factor in the production of traumatic hysteria. We hear of a man who has been knocked on the head by a highwayman; he is probably stunned, probably has a scalp wound, but has no fracture, no concussion of serious import; in short, had he lived fifty or a hundred years ago and had been so maltreated, he would have thought nothing of it, but would have stayed out of bed and gone about his business the next day without a thought of the extent of his injury. But the man of to-day who receives this injury is frightened, and is demoralized through fear. He recovers from his scalp wound, but complains that he is not himself; that "there's something wrong in his head." He broods over it; he cannot sleep; his family are well-nigh beside themselves with compassion for his supposed "intra-cranial" derangement, and their compassion makes his condition worse. This is a true picture of the traumatic hysteric—the man who receives his neurosis through the kindly offices of the thug; the man who, in most cases, would possibly have been better served had he been

killed outright by the highwayman, instead of being allowed to live to be "sympathized with to death" by his relatives and friends.

We say that the condition is common. It would be well and proper to state that it is frightfully common. We may explain its frequency in several ways:— First, by reason of the fact that accidents of divers order are more common now than they ever were, and that the danger to life and limb through modern invention, modern machinery for the application of mechanical principles to heat, power, etc., are more in evidence than they ever were, and that, consequently, life is not half so valuable as it was, reasoning from the standpoint of avoidance of injuries. Secondly, we know that the present generation is extremely neurotic, that neuroses of all kinds are rife with us, and that they are difficult to lose. The strongest and the hardiest of our race may pride themselves on their physical strength, but they are the class who, when once the subject of a neurotic malady, as they often become; are the worst sufferers therefrom.

We can always trace the elements of fear or anxiety that accompanies these accidents as the active factor. Consequently, in the treatment of traumatic hysteria, it must be our constant aim to make our patients "forget." Until we can bring them to that state, therapeutic efforts amount to practically nothing. They must be treated as we treat all hysterics—by suggestion. And their medicaments must be given to them in the self-same way—*i. e.*, in a suggestive way—so that they may be led to believe that something is really being done for them. Such cases, under proper treatment and conditions, are promising ones. The greatest care, the greatest amount of tact, of skill, of patience, and of strict adherence to "hysterical" methods of treatment, however, must be enforced.—*Interstate Med. Jour.*

### PARALYSIS AGITANS.

The drugs that are in use for paralysis agitans, and from which some benefit in dissipating symptoms and fulfilling indications may be expected, are hyoscyamus and duboisine, Indian hemp, opium, hæmatogenous agents (such as arsenic and iron), and occasionally gelsemium and veratrum viride. Of these the most important by far are the first mentioned. Given hypodermatically, which is the preferable way when possible, or by the mouth, they promptly mitigate the severity of the tremor, and have a pronounced tendency to relax muscular rigidity. They are both powerful toxic agents, and must, therefore, be given with care.—Drs. Joseph Collins and L. J. J. Muskies in *New York Medical Journal*.

## THE ACTION OF SODIUM HYPOSULPHITE UPON THE MOVABLE OXYOGEN IN THE ORGANISM.

Movable oxygen is a term applied by Professor Novi to that portion of the oxygen in the blood which exists as oxyhæmoglobin and is liberated to supply energy to the tissues, a fixed portion always remaining in the cell. The exact manner in which the oxygen is combined, and the chemical process that underlies its liberation, are not as yet fully understood. The author has investigated the influence of sodium hyposulphite upon the oxygen of the blood, and also the effect of this substance when brought into direct contact with arterial blood *in vitro*, when introduced into the stomach, when injected hypodermatically and when injected intravenously, and his conclusions are as follows: When sodium hypophosphite is mixed with defibrinated blood, in the proportion of 0.65 per cent., there is a marked and constant diminution of the movable oxygen. The diminution is not in proportion to the amount of movable oxygen previously found in the blood, but, other things being equal, in proportion to the amount of sodium hypophosphite introduced. If injected subcutaneously, sodium hyposulphite produces a diminution in the amount of movable oxygen, and the same is true when this substance is introduced into the stomach. The effect of the sodium hyposulphite reaches its acme twenty-two hours after the injection. In the cases in which the salt was introduced directly into the circulation, the effects were more rapid, and a diminution of the movable oxygen in the blood was noted within an hour of the injection.—*N. Y. Med. Four.*

## REGIONAL ANESTHESIA WITH COCAINE.

In an exhaustive article on local and regional anesthesia with cocaine and other anæsthetic drugs, including the subarachnoid method as applied in general surgical practice, published in the *Philadelphia Medical Journal* of November 3, Dr. Rudolph Watas, of New Orleans, thus sums up the indications and the applications of spinal anesthesia:—

1. To adults, and to reasonable persons who have good self control, thereby excluding children, hysterical patients and the insane.
2. To patients in whom the methods of local or regional anesthesia are inapplicable.
3. To patients suffering from emphysema, advanced asthma, chronic bronchitis and other respiratory affections in whom a general inhalation anæsthetic is absolutely contraindicated; in advanced cardiac cases with degenerative lesions, I would fear the possible

depressing effects of the injection and excitement on the circulation. 4. In the majority of cases in which the painful part of the operation is not likely to be prolonged beyond one hour and a half, as I would be averse, in the present state of our knowledge, to repeat a second cocainization or to increase the total dose of the cocaine to more than .2 cgm., especially in exhausted subjects.

The danger of repeating the intradural injections to prolong the anesthesia is also one of the objections to the use of the method in ordinary labor. But its advantages in instrumental cases, as shown by the successful experiences of Dupaigne, of Louviciennes, France (who, according to Tuffier, first applied the subarachnoid method in labor, January, 1900), and of Bumm and Kreis, of Basle; of Doleris and Malartic of Paris; and Marz, of New York, cannot be doubted, especially in nephritic patients. — *The Columbus Medical Journal*.

#### A REPORT OF CASES OF PERNICIOUS ANÆMIA WITH SPECIAL REFERENCE TO THE BLOOD FINDINGS.

In twenty cases reported by the author the diagnosis was based upon the clinical history and the physical findings, but most of all upon the blood condition. Of twenty cases twelve were males and eight females. The average age was forty-four years, the youngest twenty-four, the oldest sixty-two. No exciting cause could be found in any case. There was no special relation to the use of alcohol, nervous shock, overwork or to previous disease, excepting, possibly, in the one case in which syphilitic gumma of the soft palate occurred. The symptoms were weakness, which was constant and present, in some degree, even when the patient was at the top of the wave of improvement, and dyspnoea and palpitation occurred at some time or other during the course of the disease in every patient. Gastro-intestinal disturbance of some kind usually fermentative dyspepsia with constipation or diarrhoea, was the rule. A few cases showed a constant tendency to diarrhoea.

The nervous symptoms were frequent, especially paraesthesia of the lower extremities and headache, with dizziness, was common. Sleeplessness and restlessness occurred in the late stages of the fatal cases. The lemon-yellow tint was present in every case. In the great majority of the cases there was preservation of the body weight. Cardio-vascular disturbance was an invariable feature. In every case there was either a murmur over the heart or in the neck, and the radial pulse was weak and compressible. There was splenic

enlargement in five cases. The liver was palpable and enlarged in three cases. In only three cases were the stomach contents examined after a test meal; free hydrochloric acid was absent in all. The temperature was elevated as a rule, but fever was never high, excepting a few days before death in some of the fatal cases. A slight albuminuria occurred in five cases. The stools were negative as to parasites in all but one. In this infusoria in large numbers were constantly present and associated with diarrhoea. Hemorrhages in the skin, either petechiae or ecchymoses, occurred in the majority of cases. Retinal hemorrhages, demonstrated by the ophthalmoscope, occurred in four cases.

The hemoglobin varied from 15 to 74 per cent. (Fleischl) and the red corpuscles from 156,000 to 4,000,000. The color index in fifty-three of sixty-six observations was above normal. The lowest was 0.66, the highest 8.9. (?) Four cases showed the color index either constantly or usually low. In eight cases the low color index occurred at some time during the disease. The fall in the color index during rapid improvement took place in five of six cases, the corpuscular richness often becoming less than normal. The specific gravity bore a more constant relation to the number of red corpuscles than the hemoglobin. During rapid improvement it was noticed that there was a tendency of the hemoglobin to lag behind the other solids of the blood in their upward course. The leucocytes, on the average, were below normal. The eosinophiles showed a disposition to increase with improvement and to diminish with the failing of health, but this behavior was too fickle to enable one to formulate a rule concerning them.

The myelocytes were most abundant, broadly speaking, when the patient was low, but they appeared to be of little diagnostic or prognostic importance. These cases seem to show that the nucleated red cells are an essential feature of the disease. They were present in every case, although they often disappeared when the patient made a decided gain in health. The actual number was sometimes very large, in one case 10,336 per cubic millimeter, but more often it was small. The average number present in a cubic millimeter, with the exception of the case in which the number was so large, was 71. With this small number it often required a prolonged search to discover them in the ordinary smear. The quality of the nucleated cells seems of greater significance than the number. The regenerative forms or normoblasts are of little consequence, but the degenerative forms or megaloblasts are very characteristic. In many cases they were present, and, in fact, the diagnosis could not well be made in their absence.

Poikilocytosis was present in all cases, and in no case did

it entirely disappear at any stage of the disease, even in the period of greatest improvement.

Polychromatophilia was present at some time in all of the cases, but was not a constant factor during the course of the disease, and especially during the stage of improvement.  
—*St. Paul Med. Journal.*

## SURGERY.

IN CHARGE OF

ROLLO CAMPBELL, M.D.,

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### A NEW MODIFICATION OF THE OPERATION FOR APPENDICITIS, DESIGNED TO ASSURE THE INTEGRITY OF THE ABDOMINAL WALL.

This is a modification of the intra-muscular method of McBurney, which gives only a narrow field of operation situated between the anterior superior spine and the border of the rectus muscle. The author of that method wisely limited its application to cases which could be operated between attacks. Nevertheless, some surgeons have tried the method in acute cases, and have either been embarrassed by the narrowness of the field or were forced to enlarge the opening in the abdominal wall. The writer has proposed that after opening the peritoneal cavity in the McBurney fashion, and it is necessary to make more room, the enlargement should be made by lifting the inner portion of the cut aponeurosis of the external oblique muscle, either with the fingers or the back of the scissors, as far as the median line. This uncovers the anterior sheath of the rectus muscle, which is incised transversely. Then the rectus muscle is pulled strongly toward the median line, which uncovers the posterior sheath. This, in turn, is cut transversely, which extends the primary opening into the peritoneum as far as the median line. Retractors increase the space and give an extensive field for easy operation. The operation having been terminated, the incised posterior sheath of the rectus muscle, as well as the peritoneum, is closed with a row of

sutures, interrupted or continuous. The retracted rectus muscle is let go and allowed to resume its former place. The anterior sheath is then sutured with strong catgut. After this the incised wound in the external oblique is approximated and sutured. Suture of the skin completes the operation. Weir has employed this proceeding in 62 cases, in 27 of which there were unexpected complications attending the removal of a quiescent appendix. The other thirty-five cases were acute appendicitis, save one, an ectopic gestation. In the greater part of the latter cases drainage was resorted to for two or three days, by means of narrow bands of caoutchouc (not gutta percha) folded upon themselves and permitting easy removal. A provisory suture of catgut, put in at the time of operation, can be tied when the drain is removed. Up to the present the operation has not been followed by hernia, but it is too early to speak positively upon this point. The method has been adopted by several other American surgeons, notably Fowler, of New York, who has published his observations.—*Dr. P. P. Weir, New York International Medical Congress.*

## THE TREATMENT OF SPRAINS AND OF SOME FRACTURES.

A. H. Tubby says that in a sprain numerous small vessels are ruptured at the moment of injury, and that there is an instantaneous out-pouring of a certain amount of blood and lymph, and that this effusion goes on for three or four hours. It is quite rational to apply cold during this period, and it is the best resource at our command. It constricts the vessels, lessens the amount of exudation, etc., so that the duration of symptoms is shortened and there is little liability of stiffness afterwards. Furthermore, the amount of effusion may also be lessened by application of pressure and the placing of the joint in such a position that its potential cavity is lessened. During the period of quiescence the same line of treatment should be adopted, for there is some quiet effusion still going on. But when the second attack of pain ensues, and it is becoming more severe, the application of cold is not of much value, since by this time the tissues are distended with blood and with lymph, and effusion has now ceased to be poured out. The right thing to do is to apply heat, as hot applications not only diminish the pain but exercise a permanent effect upon the duration and the amount of swelling in this way. When the vessels which have been injured have recovered their tone, the application of hot water or of heat in other forms promotes absorption, so that the effused blood and lymph are as rapidly as possible taken up into the blood vessels and lymph

channels. During this time the joint should be kept at rest, and pressure should be maintained on it by cotton-wool and a bandage, since well-directed pressure also assists absorption. When the amount of swelling is very considerable, hot applications and rest are not sufficient. The best thing is properly applied friction. In regard to fractures the writer lays down the following rule as to cases occurring about the elbow: "In all injuries about the elbow joint, except fracture of the olecranon, the forearm should be forcibly extended, then supinated, then acutely flexed—that is to say, the limb should be placed with the ball of the thumb of the affected limb resting against the neck on the opposite side. No splint is needed, and, indeed, is harmful, for the position can easily be secured by means of a sling passing round the neck and round the wrist." In separation of the lower epiphysis of the femur, the separated portion is usually dislocated forward and not backward, unlike the displacement which occurs in a transverse fracture of the lower end of the femur; the displacement is backward almost always in the latter case. Forward displacement of the lower epiphysis is accounted for by this circumstance—the epiphyseal line is directed from the front downward and backward so that the epiphysis more readily glides forward on to the shaft. In transverse fracture the line of fracture usually passes above the attachment of the gastrocnemius; hence the fragment is tilted backward. Reduction and retention in proper position can be accomplished by division of the tendo achillis and forcible extention, or the limb may be put up with the heel touching the buttock, or the joint may be opened and the epiphysis fixed with a steel nickle-plated screw.—*Lancet, N. Y. Med. Rec.*

## OBSERVATIONS ON THE SURGERY OF THE GALL TRACTS.

W. Jones, Portland, emphasizes the following points: (1) The diagnostic value of the point of maximum tenderness on pressure, which is over the gall-bladder at or near the costal margin of the ninth rib. This point in disease of the gall-tracts corresponds in importance with McBurney's point in disease of the appendix. (2) The diagnostic value of the presence of bile in the urine excreted during or immediately after a very brief obstruction of the common duct. (3) Disease of the gall-tracts is of very common occurrence, and is liable to be mistaken for other troubles which it closely imitates. Patients with long-standing disease of the gall-tracts are poor subjects for surgical operation, and surgical interference is attended with considerable risk. In such cases it is wiser to do, first, a cholecystotomy, the simplest operation and the one

attended by the least risk, leaving more radical treatment for another time, should it become necessary.—*N. Y. Med. Rec., St. Louis Med. Review.*

### FRACTURE OF THE SPINE.

Walter Lathrop, Hazleton, Pa., thus summarizes the indications: (1) In partial lesions we should operate. (2) Where the lumbar region is involved, the lesions of the cauda equina operation offers the best chance for recovery. (3) In fracture of the spinous process, lamina, or entire neural arch, operation is demanded. (4) Should immediate operation not be done, and we wait six to eight weeks, with the result that paralysis of the bladder and bowels continues, with cystitis and severe bed sores present, we may be sure that nature cannot relieve the case, and an operation is not only indicated, but demanded.—*St. Louis Med. Review.*

### STITCH ABSCESSSES.

Don't always blame your suture material whenever you get a so-called stitch abscess. The great majority of these are not at all due to the sutures, but to the fact that there has been an infection due to the existence of noxious organisms in the deeper cutaneous layers, which cannot always be removed by the most thorough and most conscientious scrubbing. Careful washing with green soap and alcohol, followed by a large wet dressing of bichloride, applied the day before an operation, will greatly diminish the number of these generally miscalled stitch abscesses.—Howard Lilienthal, *N. Y. Med. Rec.*

### TRAUMATIC JOINTS.

Homer Gage concludes his paper on this subject as follows: (1) All injuries to joints accompanied by loss of function are always attended by more or less laceration of the tissues in or about the joint. (2) The delays in the restoration of function are due, in most instances, not to any complicating diathesis, but to the changes incident to the repair of these lacerations and their effects. (3) Such delays are best avoided by an early resort to massage and active or passive motions, and are favored by too long a continuance of rest and fixation. (4) When such delays have occurred, they are best overcome by more vigorous and persistent manipulation; supplemented by the application of heat or such other agents as may best stimulate the local circulation and favor the elasticity of the tissues.—*N. Y. Med. Rec.*

## TREATMENT OF INJURIES OF THE URETER.

Dr. Davis, of Omaha, in a paper on this subject presented at a meeting of the American Medical Association, said that ureteral injuries had been much more frequent than was generally supposed, and cited cases to prove this fact. Before the possibility of anastomosing the cut ureter was shown to exist, there was open to the surgeon but one of three very unsatisfactory procedures: He was obliged either to perform nephrectomy, to stitch the ureter to the skin, or to ligate its proximal end. The result of the first was never an enviable one; the second left the patient in a pitiable plight, while the atrophy which was supposed to follow the third was by no means constant. So much advance had recently been made, however, that none of these procedures were justifiable. He then described a method of anastomosis which seemed to him better and simpler than Van Hook's. Implantation into the bladder, that viscus having been freed from its attachments to a sufficient extent—after Kelly's method—to reach the proximal end of the ureter without tension, or uretero-ureteral anastomosis, seemed to him to offer a happy solution of the problem. In support of this statement he said: 1. The normal channel was thus preserved. 2. There could be no fistulæ. 3. Stenosis was not probable. 4. There was no leakage. 5. Cicatricial contraction gave no trouble.—*Med. Rec., Pacific Med. Journ.*

## INGROWING TOE NAIL.

Remove all pressure from the nail by cutting away a piece of the shoe. Disinfect with hydrogen dioxide until no more "foam" appears. Apply a drop of strong solution of cocaine to the base of the ulcer. Apply a drop of Monsell's solution to the ulcer, then cover loosely with gauze. Repeat this process every second day until the edge of the nail is released by the retraction of the hypertrophied tissue.—Kinsman, *N. Y. Med. Rec.*

## WOUNDS OF VEINS

are of importance both on account of the immediate and the remote effects they produce. The immediate troubles which have to be dealt with are (a) dangerous hemorrhage and (b) entry of air into the vein. The remote troubles are chiefly thrombosis, embolism, pyæmia and œdema of the part corresponding to the distribution of the vein. The immediate troubles are more common in connection with operation wounds, the remote troubles in accidental wounds.—Cheyne and Burghard, *N. Y. Med. Rec.*

**INDICATIONS FOR OPERATION IN HERNIA**

Not every case of hernia requires operation. In reducible hernia, when the patient can wear a truss with comfort and without inconvenience to him, in the performance of his necessary duties, operation for hernia is superfluous. In irreducible hernia an operation is usually indicated. The fact that the hernia is almost sure to increase in size, the pain and dragging and weakness, associated with the presence of the hernia, diminish the patient's ability for work and become indications for operation. In obstructed and strangulated hernia operation is indicated, and should be performed as soon as the diagnosis has been made. In children under four years of age, unless the hernia is strangulated, incarcerated or irreducible, operation is to be avoided, for it has been found that a large proportion of these patients recover within the first three or four years by the application of a suitable truss.—Charles B. Parker, *N. Y. Med. Rec.*

**NOTE ON FITTING TRUSSES.**

The retention and, much more, the curability of hernia by the aid of trusses depend upon certain principles that require to be thoroughly understood and faithfully applied, in order to insure the best results.

The hernial canal, particularly when recently developed and not as yet much stretched, is, as a rule, oblique to the surface which it underlies, its outlet having the form of a more or less elongated slit, one lip of which commonly overlaps the other. This occurs in hernias of every type, and is a fact of prime importance in their treatment by trusses.

No matter what style of truss is employed, its pad requires to press on the hernial canal in such manner as to cause the overlapping lip at its outlet to be put on the stretch in the direction of the axis of the canal and outward from its lumen. When this is done the slit will be flattened and closed firmly and smoothly, and the entire canal will likewise be in the same condition as far as it is possible to bring about such a result by the aid of a truss. If, on the other hand, the pressure of the pad tends to force the tissues in any other direction than that just described toward the outlet of the canal, the margins of the slit will be found puckered and stretched apart, preventing adhesion. Thus, in an ordinary direct hernia the writer has seen a truss so adjusted as to shove the overlapping margin at the orifice of its canal entirely off from that underlying it. The hernia was retained it is true, but in an uncomfortable and at times painful way and without

the slightest tendency toward cure. In fact, the margins of the canal were plainly puckered and kept apart instead of being smoothed, the one upon the other and brought into accurate coaptation. A very little such pulling and pushing in the wrong direction prevents the formation of adhesions, facilitating retention, and in favourable cases bringing about absolute cure.

Thus, a particular type of truss may have a fine effect in one case and fail utterly in another, the direction of pressure required in the two cases being entirely different even in hernias of the same class. Thus, an ordinary direct hernia may open obliquely through the muscles and fascia outward or inward in reference to the median line of the body, and the pressure of the pad of the truss should be directed either toward or away from that line, according to the special requirements of the case.

Proper management of the pressure on the skin and the subcutaneous fat and other tissues that are movable, upon the firmer underlying muscles and fascia in which the hernial canal properly so-called is situated, is likewise requisite. The skin and the loose tissues underlying it can readily be put upon the stretch by pulling them in any direction desired, while under the pressure of the pad of the truss, which holds them quite firmly in whatever direction, they may have been thus stretched. In this way it becomes possible to cause the superficial tissues in question to assist in the closure of the hernial canal by exerting a constant pull upon the overlapping margin of its outlet, to which they are more or less firmly attached. This disposal of these tissues under the pad is much more comfortable also than allowing them to be pressed upon and shoved in any other direction. The amount of traction thus brought to bear should be just enough to insure perfect coaptation, any excess beyond this being useless and perhaps disagreeable.

Simple as these points may seem, they are of very serious importance. In almost any case if a truss is carefully adjusted in accordance with the principles that have been indicated, and if this is always done before assuming the upright position, so as never to allow the hernia to protrude for an instant, ease of retention will be greatly increased in all cases and the percentage of cures become very much larger. The length of time required varies according to the nature of each case, but improvement will continue for two or three years, even if a cure has not resulted in that interval of time.

From the point of view indicated it is necessary to study carefully the direction of pressure exerted by trusses of different types, so as to be able to select just what is needed for each particular case. It is needful also to have the patient

return repeatedly, so that it may be seen whether every detail is properly understood. Patients who have little mechanical skill, or who are careless, need to be drilled. Sometimes also it becomes necessary to adjust pads to make the counter pressure less uncomfortable and to modify the action of the truss slightly. Such pads for counter pressure may be made and adjusted by any harness maker, and a little ingenuity in their application is often of great service. In any event there can be no very decided success in the use of trusses if the points here stated are ignored.—*Dr. M. A. Veeder in Buffalo Med. Jour.*

### SUGGESTIONS ON THE MANNER OF USING PROTARGOL.

Having passed the experimental stage, it may now be safely asserted that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrhoeal affections, it has to a great extent displaced nitrate of silver in diseases of the eye, ear, nose and throat. To obtain uniformly good results, attention has been lately drawn to the importance of exercising proper care in making the solutions, a point which has been specially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter as well as the pestle should be slightly moistened with a few drops of glycerine. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only *cold* water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark colored yellow bottles. In acute gonorrhoea the average strength of the solutions ranges from 1 to 10 grains to the ounce; in chronic urethritis, up to 30 grains; in diseases of the eyes, ears, nose and throat, 10 to 60 grains; as an application to wounds and ulcers, 1 to 2 per cent. solutions and 5 per cent. ointments are in use. Unlike nitrate of silver, protargol does not stain the skin even in concentrated solution. The solutions commonly employed in gonorrhoea also do not produce stains of the clothing, or, if they do, only cause slight discoloration, which can be easily removed with warm soap water; stains by stronger solutions, if recent, can

be removed with soda and ammonia ; if old, by the action of peroxide of hydrogen in the presence of ammonia.—*Therapeutic Suggestions.*

### ETIOLOGY OF GALL STONES.

For the sake of brevity the author formulates his conclusions, which seem justified by a careful study of the literature on the subject.

1. A sterile foreign body does not lead to gall stone formation, though a sterilized gall stone may be penetrated by at least the colon-bacillus.

2. The contents of the hepatic and cystic ducts, and also of the gall bladder, are usually sterile.

3. The common duct not infrequently contains bacteria, a fact readily explicable by the relation of the duct to the intestines.

4. Gallstones have been produced experimentally by a number of observers with a number of organisms. Mignot failed with virulent cultures, while he succeeded with attenuated cultures, alone, or in connection with a foreign body.

5. The presence of bacteria has been demonstrated in connection with a considerable proportion of cases of gallstones.

6. The clumping of the typhoid-bacillus led Dr. M. W. Richardson to think this peculiarity might play an important role, and he produced gallstones in a rabbit by the introduction of a small amount of a clumped bouillon-culture into the gall bladder.

7. The colon-bacillus and the typhoid bacillus are the most common bacterial agents in gallstone formation.

He emphasizes the fact that stasis of the bile is a very important factor. This permits change in the reaction of the bile and favours precipitation of bilirubin calcium, increases cell-desquamation and affords a nidus for the growth of bacteria, possibly derived from the blood, or more usually from the common duct, of the intestine. His therapeutic deductions are to forestall all cases of stasis and annihilate typhoid fever.—Fred. C. Shattuck, M. D., *Philadelphia Med. Jour.*

Needles are best kept in a saturated solution of soda alcohol or absolute alcohol containing calcium chloride. Lysol is very good, but hurts the needles by its colour.

## THE TUBERCULOSIS CONFERENCE

*Held in Ottawa, Feb. 14th, 1901.*

This important gathering, made up of representative laymen as well as medical men coming from all parts of the Dominion, was opened at Ottawa on Thursday, February 14th, at ten in the morning, under the presidency of His Excellency the Governor-General, who addressed the meeting in the following words:—"When I first invited the leading members of the Medical Profession to meet me here to-day, I did not dare to anticipate anything approaching the influential gathering of distinguished men I now see before me. I am well aware that many of you have travelled great distances at much personal inconvenience, and I can only assure you of my deep appreciation of your support, and of my hope that the expert knowledge you can bring to bear on the subject you have come to discuss may not only assist to place before the public the immense national importance of the objects we have in view, but will encourage the public to unite in one common effort to defeat the evil which is so surely undermining the health of the people.

It was in September last, during the meeting of the Canadian Medical Association, held in this City, that an association for the prevention of tuberculosis was provisionally organized. The purpose for which I have asked you to assemble to-day is to establish that association on a permanent basis, also to discuss the measures best calculated to promote the object of this association.

The pith of those objects is, I think, expressed in the first resolution on the programme of to-day's meeting, and reads thus: "That it is the duty of every government, municipality and individual citizen to adopt organized methods for lessening the spread of a disease which is causing, directly or indirectly, probably one-fifth of the total deaths in this Dominion.

"How the association could best attain the aims it has in view is a matter for the experts present here to-day to consider, but whatever conclusion they may come to as to the best means of combatting the evil they have to face, the success of their efforts must to a large extent depend on the assistance and good will of the public itself. That that public should fully realize the danger which surrounds it will be one of the main objects of the association.

"The miseries of Consumption many of us know too well. The fading away of many a charming young life, the break-down of many a manly constitution; but I do not know that we have yet looked beyond our individual griefs or realize the ravages of a common enemy. Even now we

have not perhaps fully accurate data to go on, but we believe that the early settlers on this continent were a healthy race; we are proud of this health-giving Dominion of Canada, and yet we know that this terrible consumptive death rate is steadily increasing.

"I am told that ten years ago the annual deaths by consumption in Ontario were 2,400; in 1899 they were 3,405; from 1887 to 1898 they amounted to 31,699, and I believe that the annual estimate now of deaths from the same cause in the whole Dominion is between 7,000 and 8,000.

"One very suggestive and very encouraging piece of information given to me is that over the period I have just quoted to you, viz., from '87 to '98, when the consumptive death rate of Ontario amounted to 31,699, deaths from small-pox were only 21. I say encouraging, because we all know something of the now almost traditional horrors of small-pox, and can gratefully recognize what vaccination, quarantine and reasonable precautions have done for us.

"And now science comes to our aid again and tells us that, though the germs of this deadly consumption can be communicated from one person to another, or from animals to human beings, still it is without doubt a preventable disease; that with certain precautions, ascertained by modern discovery, its inroads can be arrested. These precautions the association will do its best to promulgate.

"You are fortunate in Canada in possessing an excellent system for the administration of matters of public health. You have both your provincial and Dominion machinery, the former thoroughly capable of dealing with detailed organization, whilst the latter can do everything to ward off the importation of the disease from outside, and can, so to speak, do very much to assist and direct the general policy of the campaign.

"I have no intention, gentlemen, of entering into any detailed consideration of the spread of consumption or the manner in which your future labors should be conducted. In the presence of so many experts it would, I feel, be out of place for me to do so. My personal object in asking you to meet me here to-day is to join with you, as the leading representatives of the medical profession, in pressing upon the people of Canada the urgent necessity of combatting the danger which besets them. The task before you is not an easy one, but I have no doubt you will determine that the battle must be won. Look back at the medical and surgical triumphs of the last century, and remember that we have now to a great extent passed the age of research, and stand where scientific knowledge gives us the power to act. I hope,

gentlemen, that, possessed as you are of that scientific knowledge, the work you have so patriotically undertaken may, as years go on, do much to contribute to the health and happiness of your fellow countrymen."

Sir James Grant, of Ottawa, then rose to address the meeting. In the course of his remarks he spoke in very glowing terms of the energy and devotion displayed by His Excellency, the Governor-General, in not only lending a helping hand, but in actively co operating in the work of this conference. He also pointed to the fact that the acceptance of all great scientific truths is proverbially slow, quoting as examples the facts that Antiseptic Surgery was fully twenty years leading to victory, while we are nearing the twentieth year of the discovery of the germ of tuberculosis by Professor Koch, and are only now beginning to realize the importance of this discovery with regard to its practical results. "This disease," he also said, "causing 150,000 deaths yearly in the neighbouring republic, annually robs us in this Dominion of about 8,000 individuals, and yet it is both a preventable and curable disease." He said "our ideas of this disease have changed from that of heredity and incurability to that of communicability and curability, thanks to the marked progress of scientific investigations."

Sir William Hingston, of Montreal, took a very strong stand against the idea that the disease was hereditary saying that, if such were the case, we simply had to fold our arms and lie down and die. He also pointed to the fact that tuberculosis was not confined to the lungs alone. It is a disease that may affect the liver, the kidneys, the bones, the joints, the glands, the skin, etc. He also pointed to the very strong resistance of the germs when in a dried state; the sputum of consumptives, when dried, remaining active and virulent for several months, especially when protected from the sun. He also said further that the sputum was scattered by ladies with long skirts, and that it was also to be found in much-handled bank bills, articles of food and clothing. In his concluding remarks he laid great stress upon the facts that the disease is not hereditary; it is preventable and it is curable in its early stages.

Dr. Fagan, of Victoria, B. C., representing the British Columbia Government as well as the Board of Health of that Province, next addressed the meeting. He drew attention to the fact that tuberculosis was responsible for the death of a greater number of people than all the other infectious and contagious diseases combined. Quoting his own words: "Such theatrical diseases as small-pox, plague, cholera,

diphtheria, scarlatina, etc., are so dreaded that the neglect to provide against their incursion would mean the downfall of any government. A meeting such as this will educate the people, and when they understand that tuberculosis is as nearly preventable as small-pox they will demand that action be taken, not only to prevent the dissemination of the disease, but also help in its eradication by the erection of Sanatoria for the cure of those affected."

The Hon. Dr. Guerin, representing the Quebec Government, urged upon the meeting the necessity of the different provincial governments co-operating in order to stay the spread of the disease, but he also pointed to the fact that the task was not to be left to the different provincial governments alone to deal with, but the help of large corporations, insurance companies as well as municipalities and philanthropic individuals should be solicited. Educational work also is necessary, and, unless the public are properly educated to state their wants, the government is practically helpless in this matter. He also wished not only those present, but the general public, to know the entire absence of danger to people living in close proximity to Hospitals and Sanatoria for the treatment of this disease.

Dr. Jas. Stewart, of Montreal, laid very great stress upon the power of the public press to aid in the education of the public regarding this disease. He said it was the greatest lever for banishing ignorance when used rightly, but the press must be a pure press. We don't want, for instance, an article in one part of a public newspaper pointing out the true nature and treatment of tuberculosis, while another part of the same sheet is given over to some quack advertisement pretending to cure the disease. He also asked the very pertinent question: "Are there any newspapers in Canada to-day that do not contain advertisements of alleged cures of tuberculosis"? Dr. Stewart, continuing in his remarks, emphatically made the following statement: "The most important measure for the prevention of tuberculosis is the establishment of Homes and Sanatoria for the needy; the Sanatoria to be used for cases of incipient disease and homes for advanced cases where a cure is improbable. This is a duty devolving upon the State." He concluded his remarks by calling attention to the dust nuisance in cities and towns, making the statement that dust inside and outside of a house was a most prolific source of dissemination of the disease, facetiously quoting the old proverb that "the broom is man's chief danger."

The next speaker, The Hon. Dr. Borden, urged upon the meeting the necessity of imparting to school teachers all

necessary information regarding this disease, and even to go so far as not to issue certificates to them unless they showed suitable proficiency in this special department of Hygiene.

The Hon. Sidney Fisher, Minister of Agriculture, in the course of his remarks said that it was necessary, first, to educate the public regarding the nature of tuberculosis, and this would in turn create a sentiment which would demand legislation at the hands of the proper bodies.

Dr. A. Laphorn Smith, of Montreal, dwelt upon the necessity of beginning the educational campaign in the schools by issuing cards or pamphlets dealing with the principal facts regarding the disease, with the request that these be read to the pupils at least once a month. They would never forget what they thus learned in childhood, and when, in a few years, they became the heads of families, they would put their knowledge to such good use that the disease would soon be stamped out.

Dr. T. G. Roddick, M.P., of Montreal, moved the second resolution on the programme, which called for legislation encouraging the notification of cases of tuberculosis and the prevention of the spread of the disease through expectoration. The inspection of meeting places and work houses, etc., as well as to aid in providing some scheme whereby governments and municipalities might assist in establishing Homes and Sanatoria. Dr. Roddick spoke very strongly regarding the carelessness shown in protecting the public from expectoration on asphalt pavements, in street-cars, railroad trains, places of amusement, etc. He favored also the establishment of a Dominion Health Bureau to deal with these matters.

Dr. L. Laberge, Health Officer, Montreal, spoke at some length urging that literature be distributed amongst patients suffering from the disease, particularly so if it were possible to encourage some method of notification which need not be compulsory.

Dr. A. P. Reid, Secretary of the Provincial Board of Health for Nova Scotia, said that he was in perfect sympathy with the present movement, and that the government of Nova Scotia had already had the subject under consideration with a view to the establishment of Sanatoria in that province. He also dwelt upon the necessity of urging the general use of the Tuberculine test, not only one for the bovine, but also for the human race.

Dr. W. F. Hamilton, of Montreal, declared himself very strongly in favor of compulsory notification. He strongly suggested that the co-operation of clergymen be obtained so as to have talks upon tuberculosis delivered from the

pulpit. He also referred to the necessity of securing the support of the daily press in order to educate the public. In his estimation the most important factors in order to deal successfully with this question were the press and legislative bodies. He also referred to the good influence and the educational importance of the Schools in the dissemination of knowledge regarding the spread of this disease.

Dr. Macdonald, of Brandon, Man., representing the Provincial Board of Health of Manitoba, thought that compulsory notification in cases of tuberculosis might be difficult to enforce, particularly if compulsory isolation were to follow. He drew the attention of the meeting to the necessity for providing means of disinfecting premises after the death of patients through tuberculosis. He also claimed that the aid of the Federal Government should be asked for the purposes of limiting the spread of tuberculosis by the entrance of diseased cattle into the country.

Col. McCrae, Chairman of the Board of Health for the Township of Guelph, dealt particularly with bovine tuberculosis, and made some very emphatic statements as to the possible losses that might accrue to cattle breeders were the Tuberculine test enforced, particularly among high bred cattle. He referred in a rather uncertain way to the reliability of the test, with an attempt to make some proof against it, which failed to impress the meeting.

Dr. Fraser, of Brandon, Man., who represented the Indian Department of that section of the country, spoke in the most sympathetic terms regarding the objects of the conference. He gave some graphic examples of the ravages of the disease among the Indians, stating that scarcely a single family was free from the disease.

The Rev. Canon Hannington, of Ottawa, gave some very startling instances from his long experience as a clergyman, showing the necessity for special Homes or Hospitals in order to treat consumptives separately. His antiquated ideas with regard to the communicability of the disease were simply overwhelmed by the statement made by Sir William Hingston regarding the non-hereditary nature of the disease. The germ, he said, may not be inherited, but the soil upon which it flourishes must be inherited he finally concluded. The Rev. Mr. Hannington also doubted, in fact, more than doubted, whether a really consumptive person had ever been cured.

Dr. R. W. Powell, of Ottawa, disputed a few of the statements made by the preceding speaker, and proceeded to

enlighten the meeting regarding the two points in connection with the disease with which the previous speaker seemed to be yet at sea.

The third resolution was then moved by Professor J. G. Adami, of Montreal: "Resolved, that it is the view of this conference that in a disease whose influence extends from questions of the inspection of immigrants to that of imported cattle, and affects the output of our farms and our factories, the federal government may greatly assist in the fight against tuberculosis by preventing the entrance into the country of tuberculized immigrants and tuberculized cattle, and should arrange for a system of federal health statistics, establish a sanatorium in each of the several typical Canadian climates, and make an annual grant for the distribution of literature regarding the means of prevention and cure of tuberculosis." In the course of his remarks he referred to the fact that tuberculosis is a disease menacing the whole nation and the eradication of which is a national concern. Continuing, he said: "He would be too provincial, too contemptible in his narrowness, who would raise his voice in opposition to any well-considered scheme whereby the federal government could lessen the incidence of the disease, could improve the condition of our people, could add to the years and productivity of the average Canadian, and could better our position as a race." He briefly referred to the good results obtained in the treatment of this disease in the Adirondack and Laurentian Mountains as well as in the Muskoka district, stating, however, that in the treatment of the disease a great many other resorts are yet available within the Dominion.

Dr. F. Montizambert, Director of Public Health for the Dominion of Canada, dwelt upon the difficulties that would arise were tubercular immigrants to be quarantined. The test would be difficult of application and doubtful as to results unless greater power of detention were available. He advised the examination of such patients at the port of exit, and thus save the country the additional cost of sending home the individuals unsuitable as immigrants to this country.

Dr. Duncan McEachran, Dean of the Faculty of Comparative Medicine, McGill College, dwelt very elaborately upon the decrease of tuberculosis among our Canadian cattle. His statements were supported by statistics which proved them most conclusively. The statement that only about 2 p.c. of the cattle in this Dominion is supposed to suffer from the disease is most encouraging and compares very favorably indeed with existing conditions in other civilized countries.

Dr. E. P. Lachapelle, chairman of the Board of Health for the province of Quebec, in his remarks stated that two points must be strongly considered in this struggle—the first, to diminish existing tuberculosis, the second, to render its recurrence almost impossible. He strongly urged the necessity of beginning the education at school, teaching the children in a simple and clear way the notions and salient features regarding the communicability and the spread of this disease.

The fourth resolution dealing with the desirability of the formation of an association was then brought forth by Dr. A. J. Richer, who, in the course of his remarks, referred to the appalling numbers annually claimed by tuberculosis alone in this country. The death rate in Canada, he said, was no less than 8,000 a year. He took the stand of an economist, and, following upon the lines of a certain number of observers who placed the value of each average life to the federal government at not less than \$1,000, claimed that \$8,000,000 now annually lost to the country might be easily saved. In his estimation an association such as was about to be formed would act very much in the capacity of an immigration agency, which, if treated in a fairly liberal way, would, in five years, have brought into the country seven thousand immigrants, and in ten years thirty-five thousand immigrants, from within our own fold, and thus have reduced the death rate from this disease, in five years, by half, and in ten years by 90 per cent., a saving to the country of \$35,000,000 in the course of the ten years at a probable cost of less than \$1,000,000.

Dr. Robert Wilson, of Montreal, supported the fourth resolution, referring to the fact that since confederation nothing has occurred in the history of this broad Dominion of ours of such transcendental importance to us as a nation as this conference on tuberculosis. He believed the public would strongly support this association, whose main object would be that of stamping out tuberculosis from our midst.

The meeting then adjourned till the evening, to meet for the purpose of forming an association for the prevention of tuberculosis.

In the evening the association was formally organized under the name of "The Canadian Association for the Prevention of Tuberculosis."

The following were elected officers :

*Honorary President.*—His Excellency the Right Hon. Earl of Minto, G.C.M.G., Governor-General.

*President.*—Sir James A. Grant, M.D., K.C.M.G.

*Vice-Presidents.*—The Right Hon. Sir Wilfrid Laurier, G.C.M.G., P.C.; the Right Hon. Lord Strathcona and Mount Royal; the Hon. Sir Charles Tupper, Bart., G.C.M.G., C.B.; the Hon. Sir Oliver Mowat, G.C.M.G., Lt.-Governor, Ontario; the Hon. Sir H. C. Joly de Lotbiniere, K.C.M.G., Lt.-Gov., British Columbia; the Hon. L. A. Jetté, Lt.-Gov., Quebec; the Hon. A. G. Jones, Lt.-Gov., Nova Scotia; the Hon. A. R. McClellan, Lt.-Gov., New Brunswick; the Hon. D. H. McMillan, Lt.-Gov. Manitoba; the Hon. P. A. McIntyre, Lt.-Gov., Prince Edward Island; the Hon. A. E. Forget, Lt.-Gov., North West Territories; the Commissioner of the Yukon.

*Executive Committee.*—Sir Jas. Grant, M.D., K.C.M.G.; Dr. E. J. Barrick, Dr. R. W. Powell, Hon. Sydney Fisher, Hon. R. R. Dobell, Mr. W. C. Edwards, M.P.; Dr. F. Montizambert, Prof. J. W. Robertson, Mr. Geo. H. Perley, Mr. C. B. Powell, M.P.P.; Mr. A. W. Fleck, Mr. R. L. Borden, M.P.; Dr. T. G. Roddick, M.P.; Dr. J. H. Neilson, Mr. J. M. Courtney, C.M.G.

*Sub Committees.*

*Finance.*—Hon. R. R. Dobell; Mr. W. C. Edwards, M.P. Mr. Geo. H. Perley; Mr. E. B. Eddy; Mr. J. M. Courtney, C.M.G.

*Publication.*—Dr. F. Montizambert, Prof. J. W. Robertson, Dr. E. J. Barrick, Dr. R. W. Powell, Dr. J. H. Neilson.

*Medical Counsel.*—Dr. A. J. Richer, Montreal.

*Secretary.*—Rev. C. S. Eby, D.D.

*Treasurer.*—Mr. J. M. Courtney, C.M.G.

## Therapeutic Notes.

### CRUSTS OF VARICELLA—CHICKEN-POX.

R̄	Acidi carbolicī.....	℥ xv
	Acidi boricī.....	ʒiss
	Glycerini.....	ʒiij
	Aquæ rosæ.....	ʒi
	Aquæ destil., q. s. ad.....	ʒiv
M. Sig.	Apply locality	
R̄	Acidi carbolicī.....	℥ v
	Icthyolicī.....	ʒiss
	Vaselinī.....	ʒj
M. Sig.	Apply with a soft cloth.	

## ACUTE DIARRHŒA.

℞ Sodium bicarbonate.....	ʒj
Aromatic spirit ammonia.....	fl. ʒiij
Comp. tinct. car lamem.....	fl ʒvj
Aq. cinnamon.....	fl. ʒvj

M. Sig.: Two tablespoonfuls every two or three hours.  
 --Yeo, *Medical Record*.

## ACUTE CYSTITIS.

℞ Fl. ext. buchu.....	fl. ʒj
Potassium citrate.....	ʒiij
Sweet spir. nitre.....	fl. ʒiv
Syr. lemon to make .....	fl. ʒiij

Teaspoonful every three hours in water.--*Canada Lancet*.

## RECTAL INJECTION OF IODIDS AND BROMIDS.

The *Therapeutic Gazette* contains an extract from an article of Kobner, published in the *Journal de Méd. de Paris* in which he recommends the following formula when iodids and bromids can not be taken by the mouth :

℞ Potassii iodidi .....	
Potassii bromidi.....	aa gr. xlv
Ext. belladonnæ.....	gr. iv
Aquæ destil.....	ʒvii

M. Sig.: Add two tablespoonfuls of this solution to three ounces of warm water and inject into the lower bowel once, and, if necessary, twice a day.

If a stronger solution is desired following prescription may be employed :

℞ Potassii iodidi.....	
Potassii bromidi .....	aa ʒii
Ext. belladonnæ.....	gr. vii
Aquæ destill.....	ʒx

M. Sig.: An ounce of the solution may be given in, three ounces of water twice a day by rectal injection.—*F. A. M. A.*

## MOUTH WASH AND GARGLE FOR SWEETENING THE BREATH.

℞ Acid salicyclici ; soda bicarb.,	aa gr. xv.
Spt. vini rect,	dr. i.
Spt. menth pip.,	gtt x.

M. S. Teaspoonful in a small cup full of hot water.—*Palmer*.

## SPASMODIC COUGH IN BRONCHITIS.

R̄	Codeinæ.....	gr. v
	Acidi hydrocyanici dil.....	m xl
	Acidi phosphorici dil.....	oz. i
	Syrupi tolutani.....	dr. ii
	Aquæ, q. s. ad.....	dr. iv

M. Sig. One teaspoonful every three or four hours.—

*J. A. M. A.*

## ACUTE NASAL CATARRH.

Carbolic Acid, 8 min.

Ichthyol, 1 dr.

Dil. Alcohol, 2½ dr.

Distilled water, to make 3 oz.

Use as a spray, by means of atomizer, two or three times a day.—*Four. Amer. Med. Association.*

## HEART FAILURE IN TYPHOID FEVER.

R̄	Spts. ammoniæ arom.....	ʒiv
	Tinct digitalis.....	ʒj
	Elixiris simplicis.....	ʒiv
	Aquæ destil, q. s. ad.....	ʒiij

M. Sig. Shake. One teaspoonful every three hours.

## HABITUAL CONSTIPATION.

R̄	Sulphuris loti.....	
	Potassii bitartratis.....	aa ʒj
	Pulv. sennæ (leaves).....	ʒiv
	Syrupi rhei.....	ʒ ij
	Syrupi rhamni purshianæ, q. s.....	ʒiij

M. Sig. One teaspoonful morning and evening.—

*J. A. M. A.*

## TO PROMOTE UTERINE CONTRACTIONS.

In cases of deficient contractions during labor, due to a lack of muscle tone, the following formula is recommended :

R̄	Quininæ sulphat.....	gr. 40
	Ac. sulphur, aromat., q. s. ft. sol...	
	Syr. zingiberis.....	ʒ i
	Aq. q. s. ad.....	ʒ 2

M. Sig.: Initial dose, one tablespoonful; afterward, two tablespoonfuls every four hours—Ringer, *Medical News*.

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## Editorial.

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### CANADIAN MEDICAL ASSOCIATION.

The first meeting in the new century will take place at Winnipeg on August 28th, 29th, 30th and 31st next, and from present prospects it will be a record breaker in that large numbers from the East are so arranging their holiday trip as to make Winnipeg the trytsing place in August, while the men from the West are a unit in their enthusiam to make the Western meeting the best the Association has held.

The address in Medicine will be delivered by Dr. J. R. Jones, of Winnipeg, and the one in Surgery by Mr. O. M. Jones, F.R.C.S., Eng., of Vancouver, B.C. An evening will be devoted to a discussion on tuberculosis and another evening to some surgical topic. An extensive pathological exhibit will be an interesting feature.

By way of entertainment an excursion to Fort Garry, and on Saturday, August 31, a trip to Brandon, with a luncheon, returning through southern Manitoba, will be arranged.

At present it is not possible to state what the railways will do in the way of reduced fares, but from negotiations now going on a rate so cheap can be safely promised that no one can afford to stay away. This in itself should insure a large and representative gathering.

## VICTORIAN ORDER OF NURSES.

The annual meeting of the Board of Governors of the Victorian Order of Nurses was held at Government House, Ottawa, on the 14th of March. The report presented was a very satisfactory one, shewing that the Order is doing good work, and steadily, if slowly, progressing. The work done at the various branches is given within small compass, and embraces reports from Montreal; Toronto, O.; Ottawa, O.; St. John, N.B.; Halifax, N.S.; Kingston, O.; Hamilton, O.; Truro, N.S.; Vernon, B.C.; Biddeck, C.B.; New Richmond, Q.; Buckingham, Q.; Regina, N.W.T.; Shoal Lake; Port Frances; Port Arthur, O.; Fort William, O.; Thessalon, Ont.; North Bay, O.; Bracebridge; Little Current; Manitoulin Island and Canso, N.S. During the year six new branches were opened and supplied with nurses. It gives the number employed as nurses in the Order on the 1st of January, 1900, as 23. Why this, as well, so far as we can judge, all other parts of the report are only brought down to this date, over fourteen months, anterior to the annual meeting on March 14 of the present year is not explained, and does not look business. In fact, the style of the entire report is not, in our opinion, at all satisfactory. The report of each branch varies in the information which it gives, while we think they should, statistically, be alike.

Other information desired to be given should be included under the head of "Remarks." The Board of Governors should at once prepare a form containing a schedule of the information desired from each branch. Until this is done, it is quite impossible to grasp the full value of the work comparing one station with another.

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## DRUG HABITS IN THE UNITED STATES.

The *London Lancet* of March 2, 1901, contains the following notice: "The New York School of Clinical Medicine has established a special department of neurology, of which Dr. T. D. Crothers, of Hartford, Conn., has been elected professor, viz., the study of the neuroses and psychoses of alcoholism and of drug habits. Dr. Crothers is announced to deliver immediately a course of clinical lectures on ine-

briety from alcohol, opium, chloral, cocaine and other narcotics. These lectures appear to be timely, for the diseases dependent upon or associated with the abuse of alcohol, opium, chloral, cocaine and other narcotic drugs are steadily increasing in the United States of America, and the demand for special treatment in institutions and retreats is becoming more pressing every year. The last number of the *Quarterly Journal of Inebriety* has the following words in a leading article: 'All the large public hospitals and asylums in the States have wards and rooms for alcoholics and drug takers, and the same demand for treatment is seen in private practice in the increasing number and urgency of such cases.' It is also important to notice that there is practically very little special literature dealing systematically and authoritatively with the nature and treatment of these neuroses. As a consequence this field is largely occupied by charlatans and irregulars, who, with innumerable specifics and secret drugs, claim the most marvelous results."

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#### TO OUR READERS.

Owing to a considerable increase in subscribers during the years of 1899 and 1900, the numbers for those years are completely exhausted. Any of our subscribers, who do not bind the RECORD, would confer a favor by mailing to our office any numbers they may have of those years.

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#### THE LATE DR. D. D. GAHERTY.

It is with very deep regret that we announce the death of Denis D. Gaherty, B.A., C.M., M.D. of Mont. real, which took place at the residence of his father at Carillon, Que., on the 24th of March, at the age of forty-three years. He was a B.A. of St. Mary's College, Baltimore, Md., U. S., and graduated from the Medical Faculty of Bishop's College (Montreal) in 1879, being awarded the "Wood Gold Medal" for the highest aggregate number of marks on all subjects of professional examination. He was the following year appointed a Demonstrator of Anatomy in his Alma Mater, and in 1883 took the Pro.

fessorship of Anatomy, which he held for two years, but on account of his health was obliged to abandon.

He began practice in Montreal and soon had around him a large *clientele*, to whom he ministered skilfully and affectionately, and was, as he deserved, loved by them and all who knew his warm and generous nature. But the strain of an extensive practice soon showed its effect on his constitution, and he was obliged to relinquish active work and rest in the country. At intervals he attempted to resume practice, but was repeatedly compelled to take rest. At last chronic Bright's disease showed itself, and complications ensued which made him for the last few years a confirmed invalid. Dr. Gaherty was a widower, but left no family.

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## PERSONAL.

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Dr. F. J. Shepherd, Professor of Anatomy, Faculty of Medicine, McGill University, Montreal, was elected a Vice-President of the Cuban Medical Congress, and President of the section of Pathology. The congress met in Havana in the early part of February.

Dr. Oscar F. Mercier, of 144 St. Denis Street, Montreal, has been appointed Surgeon to the Notre Dame Hospital, in place of the late Dr. Brosseau.

Sir James Grant, M.D., of Ottawa, has been elected President of the Canadian branch of the St. John's Ambulance Association, in place of the late Sir Alexander Kirkpatrick.

Surgeon Major C. W. Wilson, of the Second (Service) Battalion of the Royal Canadian Regiment, who has returned from service in South Africa, was entertained at Dinner on the 21st of December at the St. James Club by a large number of his professional brethren. The Chair was occupied by Dr. F. J. Shepherd, and the Vice-Chair by Dr. Roddick, M.P.

Surgeon Major Worthington, Royal Canadian Artillery of Sherbrooke, who recently returned from active service in South Africa, was, on his arrival home, received with a popular demonstration, and presented with an illuminated address. He is to be entertained, later, at a public banquet.

H. Lightstone, a medical student of Bishop's College,

who went to South Africa as a private in E Battery of the Royal Canadian Artillery, has returned, looking all the better for his active service against the Boers. He was promoted to be a bombardier. He was received with every demonstration of regard by his fellow students.

Dr. A. J. Richer (M.D., Bishop's, 1892), Professor of Hygiene, Faculty of Medicine, Bishop's University, has been named Medical Counsel, or Expert, to the Association formed recently at Ottawa to stamp out tuberculosis.

Dr. F. W. Campbell, the Editor of the RECORD, who has had a severe attack of pneumonia, being confined to the house for two months, is able to be out once more, though not as yet able to resume full work.

Dr. Grant Stewart, Professor of Physical Diagnosis, Faculty of Medicine, Bishop's University, has had a severe attack of grippe, but has recovered. He took a trip to Washington to recuperate.

Dr. F. J. Hackett (M.D., Bishop's, 1892), Professor of Anatomy, Faculty of Medicine, Bishop's University, has recovered from a very severe attack of typhoid fever.

Dr. Craik, Dean of the Faculty of Medicine of McGill University, has been very ill, but has recovered, and is able to be about once more.

Sir William Hingston and Dr. F. W. Campbell were at the last meeting of the Canadian Medical Association, and were elected its representatives on the Board of Governors of the Victorian Order of Nurses.

Dr. M. Goltman (M.D., Bishop's, 1892), who is located in Memphis, Tenn., gave an interesting lecture on Vivisection before the Nineteenth Century Club at Memphis on the 5th of March.

Dr. Casey A. Wood (M.D., Bishop's, 1877), of Chicago, who resided for many years in Montreal, and during that time was a member of the Faculty of Medicine of the College, has been elected President of the Chicago Ophthalmological Society, also Ophthalmic Surgeon to St. Luke's Hospital.

Dr. Adami, Professor of Pathology in the Faculty of Medicine of McGill University, has been appointed Vice-President of the Section on Pathology and Bacteriology of the International Congress on Tuberculosis, which meets in London in July. Dr. Adami has accepted and will be present.

Dr. Manchester (M.D., McGill), who served a term as House Surgeon at the Montreal General Hospital, and subsequently became assistant to Dr. Burgess at the Protestant

Hospital for the Insane at Verdun, near Montreal, has been appointed superintendent of the New Westminster, B.C., Insane Hospital.

Dr. Laphorn Smith, Professor of Clinical Gynecology in Bishop's University, who was recently appointed Professor of Gynecology in the University of Vermont, is at present in Burlington, delivering his first annual course of lectures at the Medical School at which there are 180 students enrolled this year, the faculty having been reorganized and the course extended to four years. He gives a surgical clinic at the Mary Fletcher Hospital every morning until the 30th March, when he will return to Montreal.

Dr. Fife Fowler, who has been connected with the Medical Faculty of Queen's College, Kingston, for fifty years, has resigned the Professorship of practice of Medicine, and has been succeeded by Dr. Third. Dr. Fowler retains the position of Dean of the Faculty.

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## Book Reviews.

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**A Text-Book of the Practice of Medicine.**—By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and Clinical Medicine in the Medico-Chirurgical College, Philadelphia. Illustrated. Fourth Edition thoroughly revised. W. B. Saunders & Co., Philadelphia and London, 1900. Cloth, \$5.50; sheep or half morocco, \$6.50. Canadian Agents: J. A. Carveth & Co., Toronto.

A fourth edition one year after the third bespeaks for a work appreciation on the part of its readers, and suggests a more than ordinary extensive circulation. Both of these desiderata have obtained in regard to Dr. Anders' *Text-Book of the Practice of Medicine*. It has been more than appreciated by students, owing to the concise and systematic arrangement of the various articles and the thorough treatment accorded. Each disease is considered in numerous paragraphs with headings in large type, so that all points bearing on any one aspect of the subject are found grouped together and thus more readily grasped by the student. Dr. Anders, while incorporating throughout the article his personal experience, has taken a comprehensive grasp of the most recent writings in Medicine, so that we have the latest views in regard to Pathology treatment, etc., and everything is eliminated which is not practical and recent. Many changes have been made and much new matter added to the edition, more especially in diseases of the digestive system. Among the subjects written anew are ileo-colitis and acute cholecystitis. The paging remains the same, and where new matter is added other parts have been condensed and portions excluded.

Numerous tables on differential diagnosis appear throughout

which will prove valuable in distinguishing between affections closely allied. Quite a number of very useful diagrams appear, which enhance the value of the book to the student and enable him to more clearly and readily comprehend the text. It is undoubtedly one of the best books on Medicine now published.

J. B. McC.

### **Laboratory Directions for beginners in Bacteriology.**

**An introduction to Practical Bacteriology for students and practitioners.** By Veranus A. Moore, B.S., M.D., Professor of Comparative Pathology and Bacteriology, New York State Veterinary College, and of Bacteriology, Cornell University, Ithaca, N.Y. Ginn & Company, Publishers Boston.

This work contains, within a small compass, sixty-four laboratory exercises for beginners in bacteriology.

The choice of subject-matter and the selection of methods for a short elementary laboratory course, is yearly becoming more difficult with the rapidly increasing progress in bacteriology. Dr. Moore has made a judicious choice of bacterial types for study, and his methods are of the best. The work is characterised by a thorough condensation of useful information, and by helpful directions which should enable students to carry out the various procedures without loss of time.

A. B.

### **Panama and Sierras, a Doctor's Wander Days.** By Dr. G. Frank Lydston, Chicago. The Riverton Press, 1900.

It is not often that the Medical Record has the pleasure of receiving a complimentary copy of any work not strictly medical. We are therefore pleased that Dr. Lydston has favored us with his volume, which bears the title copied above. He dedicates it to the "Stay at Homes, be they such from choice or necessity, with the tenderest sympathy of one who has left their ranks never to return, who has drank of the ambrosia of change and eaten of the Lotus of rest." The basis of the story is a trip by steamer from New York, calling at Panama and other way ports, and is written in short readable paragraphs, of from a page to several pages in length. The Doctor was born in California, his parents having gone thither in the early days of the gold fever, by the overland route, and in this excursion he revisits the place of his birth, and many incidents of his early life there are detailed with a vividness which marks him as an author of more than ordinary ability. His reason for taking the trip was a tedious convalescence after grippe, and the discovery by his surgical friend that he had appendicitis—and then persecution of him by day and nightly dreams to have his appendix removed. Recovering, however, without operation, he gave them the slip and started on his journey, only to find on his return his surgical friend laying in wait for him—and the result was his appendix was removed by a surgical friend who runs "a remove your appendix while you wait" clinic. The book is very readable and enjoyable, and we thank the author for the opportunity he has given us of reading it, which we have done without missing a page.

**Diseases of the Heart, their Diagnosis and Treatment.**—By Albert Abrams, A.M., M.D., San Francisco, Consulting Physician for Diseases of the Chest, Mt. Zion Hospital and the French Hospital. Illustrated. Pages, 172. Price, \$1.00 net.

In this book the author discusses the subject of diseases of the heart entirely from a practical aspect. His most noteworthy researches in methods of diagnosis are here recorded for the first time in collected form, and the latest and most practical methods of treatment given in detail.

It is just such a little work as one can take up and glance over when in a hurry, in quest of some information of a practical character, and which will not fail to give you what you seek.

F. W. C.

**Rudiments of Modern Medical Electricity.** Arranged in the form of answers and questions, prepared expressly for students of Medicine. By S. H. Monell, M.D., Professor of Static Electricity in the International Correspondence Schools, etc. Edward R. Pelton, Publisher, 19 East Sixteenth Street, New York.

This little volume is in marked contrast to the massive works which have issued from the pen of this author. It resembles a catechism in having the subject presented by way of questions and answers. Electricity is considered under the following headings:

What is Electricity? what is Medical Electricity? Electrotherapeutic prescribing, Electrophysics, Electrophysiology and Electrotherapeutics. Instruments are described and illustrated. The elements of knowledge required for a general comprehension of this subject are tersely stated here, and, where fuller knowledge is desired, the author's various other works are referred to.

J. B. McC.

**An American Text Book of Physiology.** Edited by William H. Howell, Ph. D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore. Second Edition, revised, Vols. I and II. Price, \$5. Philadelphia: W. B. Saunders & Co., Canadian Agents: J. A. Carveth & Co., Toronto, Ont.

The fact that it has been found necessary to publish a second edition of the American Text-Book of Physiology, three years after the appearance of the first edition, proves that the work has been well received by teachers and students of physiology. The size of the book, when issued in a single volume, was unwieldy and inconvenient. Half a stone weight of physiological material was more than the average medical student cared to handle. An attempt has therefore been made to render the Text-Book more serviceable to the student by issuing the present edition in two volumes. This certainly adds to its usefulness, for the work can be consulted in the lecture-room or the laboratory with greater ease.

The original scope of the work has not been materially changed. Since the appearance of the first edition, some progress

has been made in physiology, and a certain amount of revision is noticeable in this edition. The section dealing with the Central Nervous System has been recast in large part, and in its present form is more suitable to the actual needs of medical students.

The section upon physiological chemistry is characterised by a thorough condensation of all necessary information on this branch of physiology, expressed in a terse and clear style. We note that some space is devoted to the consideration of Kossel's work on protamins.

In the section upon the processes of diffusion and osmosis, their alleged importance in the nutritive exchanges of the body is set forth with some reservation. Physiologists are all agreed that the flow of proteid material between the blood and the tissues cannot be satisfactorily explained on purely physical grounds, for the proteids of the blood are practically indiffusible. Therefore, in the present state of our knowledge of the nature of the nutritive proteids, and their relations to the capillary walls, any attempt to explain the formation of lymph on a purely physical theory would be futile.

The work, in its present form, with its admirable illustrations, represents what is most modern in physiology, and we are glad to be able to express our appreciation of it.

A. B.

**Student's Edition, a Practical Treatise of Materia Medica and Therapeutics**, with special reference to the Clinical Application of Drugs. By John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Fifth Edition. Thoroughly revised.  $6\frac{1}{4} \times 9\frac{1}{2}$  inches. Pages vii-770. Extra Cloth, \$4.00, net; Sheep, \$4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

The task of writing a book which should be sufficiently condensed, concise and dogmatic to suit the medical student, and which would still go deeply enough into the physiological actions and therapeutic applications of drugs, and the varied therapeutic measures at the disposal of the physician, is one which has been faced with more or less success by every writer on the subject of materia medica and therapeutics. Shoemaker has cut the gordian knot by issuing his last revision in two editions, one for students, embracing only what is essential he should know, the other for physicians presumably wider in its scope and subjects embraced. In the present volume there has been left out all reference to therapeutic measures other than drugs; Electricity, Clymatology, Hydrotherapy, Hypnotism, Diet in disease, Massage, etc., etc. The wisdom of this course is open to question; in the present state of affairs too many medical faculties, pharmacology (in its modern sense) and

therapeutics are still taught by the same teacher at the same course of lectures, and the text book adopted will too often be the only one the new graduate will carry into his office for reference. Not every graduate (or sometime physician, for that matter) has a three volume system of Therapeutics to refer to, and the absence of the second half of the fourth (previous) edition will be sorely missed.

The title would much more appropriately be "a practical treatise on pharmacology (with especial reference to the clinical application of drugs) for students." Just what form the physician's edition will take I do not know, as I have not seen it yet. If it be an amplification of this, it will to a great extent replace it; if it be purely a volume on therapeutics, it will fill a place of its own and be a fitting companion to the present volume.

Of the book itself, nothing but praise can be said; it has been most thoroughly revised and brought up to date. I am pleased to note Gauthier's cacodylic acid treatment mentioned under "Arsenic," although I do not understand the daily dose being given as 1 milligramme (gr.  $\frac{1}{32}$ ) when Gauthier advises from 2 to 5 centigrammes ( $\frac{1}{8}$  to  $\frac{5}{8}$  grains), not to exceed 1 decigram ( $1\frac{1}{2}$  grains) a day. The saturation of the system being an important feature of the treatment, the dosage is rather odd—judging by the formula given, and I should say an error in dose per c.c. has been made. The wealth of prescriptions makes it especially valuable to the beginner. The type is clear and the paper dull enough to obviate the glare which is so tiresome and ruinous to the eyes—the binding is substantial and is the publishers' well-known style, while the absence of a host of book advertisements at the back is a notable exception for which the book makers deserve special notice. On the whole, this volume will be a welcome addition to the teacher's armamentarium.

R. W.

**Therapeutics, Principles and Practice.** By Horatio C. Wood, M.D., LL.D., 11th Edition. J. B. Lippincott Co., Philadelphia and London, 1900.

This new edition of Wood's well-known work on *Materia Medica and Therapeutics* is a welcome advance on the previous ones, not so much in the quality of the work, but in the new scheme of arrangement adopted; much of the heavy and detailed pharmacological laboratory work has been condensed and much omitted, to find its proper place (in a work of this kind) in a "reference list" at the end of the article. The adoption of three distinct sizes of type is also a welcome innovation. The essential matter is in one type, the supplementary and experimental matter in smaller type, while a careful summary in heavy type closes nearly every article.

The classification remains as before on a therapeutic basis, and, while perhaps not so strictly scientific as a classification based on the chemical composition of drugs as essayed by Schmiedberg and his pupils, it is probably more easily remembered and more accessible to the general practitioner.

I am glad to note that the type is very readable and printed on a dull-finished paper instead of the glassy surfaces that are so

fatiguing and destructive, to the eye. Wood's new work is sure to occupy a prominent place, not only in the college list, but on the desk of the progressive general practitioner.

R. W.

**Fischer—Infant Feeding in Health and Disease.** A Modern Book on all Methods of Feeding. For Students, Practitioners and Nurses. By Louis Fischer, M.D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostiy Original. 368 pages,  $5\frac{3}{4}$  x 8 inches. Neatly Bound in Extra Cloth. Price, \$1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia, Pa.

There are many intricate problems in infant feeding, which are being gradually elucidated by just such men as the author of this work. He has had a very large experience and he has kept his eyes open, and profited in consequence. While we find many an oft-told tale repeated—yet there are many new and valuable points made. The perusal of this little work must be very beneficial, especially to those who, to use a common expression, "have become rusty." F. W. C.

**Manual of the Diseases of the Eye.** for students and general practitioners, with 243 original illustrations, including 12 colored figures. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons, Medical Department, Columbia University, New York. New York, William Wood and Company, MDCCCC.

This book is well adapted to supply the needs of the student who is beginning the study of Ophthalmology, for it gives him the fundamental principles of the ophthalmic art and the generally accepted theories of the causation of the various diseases of the eye with a full description of the common diseases of that organ.

The rarer forms of ocular diseases are briefly mentioned, and the vague theories and wondering speculations of the continental school are very properly entirely omitted. The illustrations are numerous and good, and the type clear. We can heartily recommend Dr. May's Manual to the classes for whom it was written—the medical student and the general practitioner.

G. H. M.

# PUBLISHERS DEPARTMENT.

## LITERARY NOTES.

*An Exposition Booklet.* Here comes another of the beautiful booklets from the Bureau of Publicity of the Pan-American Exposition, Buffalo, N. Y. It consists of 16 pages and a cover in light green. The unique feature of it is the miniature reproduction of the famous poster, "The Spirit of Niagara," which has had a most remarkable demand. The envelope in which the poster booklet is mailed also bears a reproduction of this artistic work. The booklet is a popular picture book, the first page having an engraving of the magnificent Electric Tower, which is 391 feet high, and which will form the glorious center-piece of the great Exposition. On the same page is a miniature of one of the torch bearers which will adorn the wings of the Electric Tower, and beside it a picture of Niagara Falls. The center of the booklet shows a bird's-eye view of the Exposition, and gives one some idea of the great extent of the enterprise upon which about \$10,000,000 is being expended. The grounds contain 350 acres, being half a mile wide and a mile and a quarter long. The last page shows a ground plan of the Exposition, whereon the location of different buildings is indicated. The railroads will make low rates from all parts of the country during the Exposition, which opens May 1, and continues six months, and the people of Buffalo are preparing to entertain comfortably the millions who will attend. Anyone desiring a copy of this booklet may have it free by addressing Pan American Bureau of Publicity.

### SANMETTO AS A GENERAL TONIC.

Dr. J. W. Russell, of Clyde, Ohio, writing, says: "I have used Sanmetto extensively in genito-urinary irritations, and in atony of the generative system, with splendid results. I am also pleased with its action as a general tonic in cases debilitated as a result of *la grippe*."

### THE SUPERIOR QUALITIES OF SANMETTO IN CYSTITIS, PROSTATITIS AND GONORRHEA.

I have used Sanmetto quite extensively in cystitis, prostatitis and gonorrhoea, and find it far superior to any proprietary preparation or any prescription I have ever used. It controls admirably those cases of prostatitis where there is excessive desire to urinate frequently, but an inability to do so.

Fremont, O.

R. B. MEEK, M.D.

Member N. W. Ohio Med. Soc.

Member Sandusky Co. Med. Soc.

### SANMETTO IN DEBILITY AND IRRITABILITY OF GENITO- URINARY ORGANS FOLLOWING LA GRIPPE.

Have been using Sanmetto for past three years with very satisfactory results in different forms of debility and irritability of genito urinary organs. Am now using it on case of old lady, the sequelæ of *la grippe*, that is giving gratifying results. Was attacked after *la grippe* with hæmaturia, irritable stomach and a general debility. After trying various remedies without success, placed her on Sanmetto, which she retained, and at once a marked improvement began. She is now on second bottle, and improvement in general strength is marked. Hæmaturia is stopped. In cases of chronic urethritis I consider Sanmetto a specific. Will continue to keep Sanmetto within reach.

Fremont, O.

FRANK MCCORMICK, M.D.

Member Sandusky Co. Med. Soc.