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WESTERN CANADA MEDICAL JOURNAL

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ORIGINAL COMMUNICATIONS.

"ROME AS A WINTER RESORT" (WELSFORD)

INTRODUCTION

BY

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It is indeed most desirable that an authoritative statement of the true facts regarding modern Rome from these points of view should be laid afresh before the Anglo-American public in such an accessible form as this small book affords. Hitherto such facts have been mostly buried in a mass of ordinary guide book information, or in works which, from their size and high price, have not been widely read, or which are now out of date and no longer give their readers a reliable picture of the present state of the city. So much has of late years been accomplished in Rome in the matter of hygiene, and such important changes in the health and comfort of its inhabitants and visitors have resulted therefrom, that a trustworthy account of this bettered condition of things cannot fail to be useful to, and welcomed by, the travelling public. Current ideas on the subject are too often derived from antiquated guide books or popular novels, in which the same old story of the supposed unhealthiness of

Rome is regularly repeated, with a complete disregard of all that has been done to remedy it. It is strange how constantly the fact is forgotten that the insanitary conditions undoubtedly prevailing in the past have long since given place to a state of things which warrants us in assigning to Rome one of the foremost places for salubrity amongst the capitals and other large cities of Europe.

The statistics adduced by Dr. Welsford will come as a surprise to those who still think of Rome as a hotbed of typhoid and malaria. Were it possible to estimate the incidence of the former disease amongst the Anglo-American Colony only, in the course of a winter, I am convinced that the number of cases would turn out to be remarkably small and the death rate the merest fraction. As a matter of fact it is quite rare nowadays to encounter enteric fever among visitors at the hotels, and if travellers would avoid the eating of oysters and of uncooked vegetables (in salads), which are notoriously liable to sewage contamination, it is probable that we should never meet with a case.

As for malaria or so-called Roman Fever there is nothing now left of it to associate it with the city of Rome, except the name. Even in the past I much doubt whether it was ever so prevalent as is commonly supposed. Before the parasitic cause of malaria was discovered, there was no certain means of distinguishing it from some other diseases which clinically it may closely resemble, and doubtless in those days many cases of what was really typhoid, or pneumonia, or other acute malady, were diagnosed, when not running a typical course, as malarial. But whatever "Roman Fever" may have been in former times, it may certainly at the present day be regarded as a quantité négligeable and little more than an interesting tradition. True, it is not uncommon for a patient suffering from some other and perhaps trifling ailment to imagine that he is a victim of this much dreaded malady, and many more will be found who assert (with a certain pride) that they have had it while in Rome on some previous visit. However ill-founded such beliefs may be, they readily gain acceptance, and, passing from one person to another, come eventually to be regarded as estab-

lished facts. And so it happens that many otherwise well informed people, and indeed not a few medical men in both England and America, still look upon "Roman Fever" as something to be greatly dreaded by the traveller, who, should he dare to visit Rome at all, must be prepared to fall its victim unless he adopt extraordinary precautions.

To those of us who are acquainted with the actual facts nothing could be more fantastic than such an idea, but traditions and superstitions of this kind die hard and this particular one appears to be endowed with a veritable hydra-like vitality. Speaking of this question from my own personal experience of medical practice in Rome, an experience now extending over twelve years, during which time I have made careful seach in the blood for the malarial parasite in all doubtful cases whenever possible, I am still able to say that I have never yet encountered a single instance of the disease which was contracted in the city. And my experience in this respect is not singular, for all the medical practitioners of Rome can bear similar testimony to the almost total immunity of the city from malarial fever.

Another unfortunate prejudice which still clings to Rome is a fear of the night air, in consequence of which visitors nearly all close the windows of their sleeping apartments at night even when their rooms, as is not uncommonly the case, are of very small dimensions. Considering what a deleterious effect such a custom might be expected to have on the general health of the individual in provoking headache and want of appetite and in rendering him susceptible to colds, sore throats, etc., it is surprising that so little illness in Rome is attributed to this cause. Its evil influence is perhaps counterbalanced by the fresh air and sunshine which the inhabitants are privileged to enjoy in such abundance during the day. Whether it be actually injurious to health or no, this Roman custom is at any rate exceedingly disagreeable to most English and American visitors who are used to the open window and greatly dislike the idea of having to sleep in rooms which are not thoroughly well ventilated. To such it may be a solace to be assured that in Rome the windows may be opened with as much safety as in Lon-

don, and indeed with much more comfort and benefit than in the cold and foggy atmosphere of the English metropolis. The windows of Roman houses are moreover furnished with outside shutters of the Venetian pattern by means of which the amount of light and air admitted may be regulated at will. If, indeed, the city were infested by mosquitoes, like so many other Italian towns, there might be some excuse for this exclusion of the night air as being the lesser of the two evils, but Rome stands almost alone amongst the cities of Southern Europe in being practically free from this insect pest. A mosquito is in fact a rarity, and the use of mosquito curtains unknown within its walls. That this tends to the comfort of every visitor, and especially of the patient who suffers from insomnia, need only be mentioned to be realized. The desirability of Rome as a winter residence is undoubtedly much enhanced by this fortunate immunity.

In the natural desire to correct the misapprehensions and ill-informed statements current in regard to the climate and hygiene of Rome, we have no wish to rush to the opposite extreme and to picture our city as a place where visitors are proof against the ordinary ills of humanity, and where risks may be incurred with impunity which elsewhere would be attended with serious consequences to health. Dr. Welsford, in his advocacy of Rome as a health resort, has rightly been careful to warn the too enthusiastic sightseer of the dangers of acting on such a rash presumption. Personally I have for this very reason been chary of recommending Rome as a winter residence for the very delicate and highly nervous, finding in practice that human nature is as a rule too weak to resist the temptations to exposure and over-exertion which the many fascinations of the Eternal City present. But if such patients will only be careful not to "mistake sunshine for summer," but to wrap up well when the tramontana (or north wind) is blowing, not to walk much during the scirocco (or southeast wind), not to enter cold churches and galleries without putting on an extra wrap or an overcoat, and never to do so when over-heated; and, generally, to exercise an ordinary degree of prudence and patience in their sight-seeing, there is no reason why they should not benefit by the

climate of Rome and at the same time enjoy the inestimable advantage of having at command its unrivalled wealth of archaeological, artistic and literary treasures.

While Rome, like every other locality, has its own peculiar meteorological characteristics which the reader will here find set forth in the chapter on its climate, it is erroneous to suppose, as many people do, that the diseases met with in the city or the causes producing them have anything special or peculiar in their nature. There is in fact no particular malady which prevails more in Rome than in other cities, much less one which is exclusively confined to it; neither do those diseases which occur tend to run a course in any way dissimilar to what they do elsewhere. Only in one respect can they be said to differ, namely in so far that, owing to the comparative mildness of the climate and the large amount of sunshine, certain of them are apt to be less severe and of shorter duration than is the rule in less favored localities.

It must, however, be borne in mind in visiting Rome, or for that matter any part of Italy, during the colder months of the year that one cannot with impunity disregard certain precautions rendered necessary by the marked difference between sun and shade temperatures which is common to the whole of Southern Europe. Of these precautions the selection of appropriate clothing is one which is not sufficiently attended to, and in regard to which the simplest and wisest rule is to provide oneself with the same warm garments for use in Rome as one would wear at home during the English or American winter. These are the more necessary inasmuch as in many of the hotels the rooms are heated with hot water pipes to a degree which greatly increases the contrast between indoor and outdoor temperatures and renders it unsafe to venture out of doors without adequate protection against the sudden change. Similarly the wary visitor, when driving in open carriages in cold weather, should put on a wrap or overcoat and not be lured by the brilliant but deceptive sunshine into exposing himself without such protection to the risk of contracting a severe chill. Again, as already remarked, in entering churches and galleries a like precaution is advisable, for these places are often damp and chilly, and are

a fruitful source of colds and catarrhs to those who, particularly when over-tired or over-heated, visit them without adopting such a safeguard.

It will be noticed that in discussing the climate of Rome much stress is laid on the influence of the two prevailing winds, the tramontana and the scirocco. This influence is undoubtedly very great, not only as shown by their physical characters, but in the way they react upon the comfort and health of the inhabitants. A very short experience suffices to convince the visitor of the difference which they present to one another in the first respect, but their effects on health are not so obvious, and even old residents are by no means agreed as to which wind is the preferable one from this point of view. The cause of this difference of opinion is not far to seek; it is chiefly a question of individual peculiarity and which can only be determined by personal experience. To most people in robust health the keen dry north wind with its accompaniment of brilliant cloudless sky is delightfully stimulating and bracing, whilst the southerly wind, moist and balmy but usually bearing rain and cloud in its train, proves enervating and depressing. But there are not a few who find the tramontana irritating and trying to the nerves, whereas the scirocco gives the same persons a soothing sense of comfort and well-being. As to the respective influences of the winds on the general health of the community, my own impression is contrary to the popular opinion, which condemns the scirocco as unwholesome and deleterious. It may have been so under the less hygienic conditions which formerly existed in Rome, when its warmth and moisture may well have favored the development of typhoid and gastro-intestinal affections, as well as of malaria, which disease is now known to be inoculated by the heat and moisture loving anopheles, or spotted-winged mosquito. But under the present perfected sewerage system, and in the absence of those fever-carrying insects, the scirocco has lost whatever power it may have once possessed for evil, and, although it still retains its enervating character, exercises by virtue of its mildness a salutary effect upon the health of the inhabitants, especially in the case of those who suffer from rheumatism,

from catarrhal affections of the mucus membranes, or from nervous irritability. To such the advent of the scirocco, after a long spell of tramontana, is most welcome, often bringing great relief to their symptoms, and fully compensating them in this way for its objectionable features. The tramontana on the contrary is to be regarded as a treacherous wind of which anyone with the tendencies just mentioned must beware, especially when, as sometimes happens in the colder months, it sweeps down from the snow-covered Appenines and strikes the city with a cold blast rendered all the more unpleasant by contrast with the usual genial Roman breeze. Such outbreaks on the part of the tramontana are popularly supposed to last three days, and fortunately this limit is not often exceeded. But at other times, and much more frequently, it blows so gently as to be almost imperceptible, and only the crispness of the air and the brilliancy of the cloudless sky tell us that it is "tramontana weather." This, which is locally spoken of as "Roman weather," par excellence, may be said to be the rule during Spring and Autumn, and it is difficult to imagine anything more delicious or more exhilarating.

However divided opinions may be regarding the qualities of the winds in Rome, no one questions the beneficial effects of the sunshine, a conviction of the hygienic powers which is deeply rooted in the minds of all and is well expressed in the oft-quoted Italian proverb "Dove entra il sole, non entra il medico."—The first thought of the visitor in choosing a room or flat should be to find a sunny one. Houses in Italian cities are nearly all ill-supplied with fire-places, and excepting the hotels still fewer are furnished with "central heating"; but even when apartments can be artificially warmed it is always advisable to select those with sun. To procure the advantage of additional warmth and cheerfulness it is well worth to pay the higher price always demanded for a "south room," and as this turn is apt to be interpreted in too elastic a manner by a landlord one ought to make sure that the windows really face somewhere between southeast and southwest and that they are not shut out from a view of the sky by high buildings opposite. It may seem superfluous to insist upon a matter so simple and so well understood by every experienced sojourner in Italy as those I have mentioned, but it is remarkable how often the newcomer fails to realize its importance and how constantly he disregards precautions which are essential to his comfort and welfare.

THE FACILITIES FOR THE STUDY OF OTO-RHINO —LARYNGOLOGY IN ROME

BY

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When in the Ancient City of Rome in the month of March, last, I had the great pleasure of following the work of Professor G Ferreri, Director of the Oto-Rhino-Laryngological Clinic of the Polyclinico Umberto I., every forenoon for a week.

The Polyclinic is situated outside the city walls, to the light of the Porto Pia, and close to the ancient Castra Praetoria, where it covers a large area of ground. It was designed by Podesti, and built in 1896, but not opened for some years later, and may be considered to represent the very latest in Hospital Accommodation, upon the pavalion plan. Each building is connected with its neighbors by means of broad galleries, with abundant spacings for light and air, and all these buildings are of a uniform height and design externally. The gardens which surround the pavilions are neat and cheerful, and contribute by their beauty to render the whole place most attractive.

An entire pavilion is devoted to the Oto-Rhino-Laryngological Clinic, and is placed in the front row, immediately to the left of the central or Administration Pavilion, and next to one of those devoted to Surgery. The ground floor contains in front, the Extern consultation room, waiting, electrical and Inhalation rooms, and at the back commodious Laboratories. The second floor contains a male and female ward, each accommodating ten patients, an amphi-theatre for operations where students are present, two smaller wards, each containing two beds for special cases, two small operating-rooms, offices for the Director, Instrument rooms, Kitchen, and rooms for the attendants. The basement is utilized for storage, and for anatomical examinations.

The building is connected with the central furnace department, and is abundantly supplied with heating pipes, live steam for the autoclaves, sterilizers, etc., and for the kitchen. Ventilation is effected by electric turbines installed in underground wells, with intakes in the gardens.

The ceilings are high, and each chamber is spacious, with large windows, walls of plaster covered in some to the height of seven feet, and in others completely, with a washable varnish, the angles are rounded to prevent the collection of dust, and the floors throughout are composed of brilliant cement, and are washed daily or oftener.

The kitchen, pharmaceutical, and linen departments are centralized, but admirable arrangements exist whereby each pavilion is rapidly served.

The out-patient examination room, about 45 feet long by 35 feet broad, and walls 16 feet in height, is equipped for six workers, each supplied with a table of enamelled iron, having an electric laryngoscope attachment, two glass shelves, the upper carrying two enamelled pans for sterilized and unsterilized instruments, etc. All instruments are sterilized by the attendant as each patient departs, and also before the commencement of the clinic which is held on Tuesday, Thursday and Saturday of each week. A wall cabinet placed close to each examiner contains the more usual medicaments, etc., required. New patients are examined by one of two Chief Assistants, and afterwards placed in the charge of one of the other workers for examination, treatment, etc. The notes of each case are dictated to a stenographer who sits behind and between the tables of these chiefs.

The Inhalation Chamber is provided with a marble table divided into six compartments, each supplied with a Bullings Inhaler.

The Electrical Room, which is also a dark room for transilluminations, is furnished with a Rossi apparatus for ear massage, an apparatus for Finsen Phototherapie and one for galvanic, faradic, and sinusoidal currents, but Radiography and Photography are provided for in a central laboratory, accessible to all the Departments, and under the charge of a highly experienced and trained specialist.

The laboratories are supplied with all facilities for histological, bacteriological and chemical examinations, and are in charge of an Assistant of the Oto-Rhino-Laryngological Clinic, who is specially trained for the work, and devotes his time thereto.

The operating amphitheatre is constructed entirely of brilliant cement, and is supplied with powerful streams (three) of water for complete lavage before and after operations, which are conducted usually on the alternate days from those of the out-patient clinic. There is in connection with this room a complete outfit of electrical transformers, motors, etc., so that electricity can be and is used in all possible ways in conducting operations.

The wards are exceedingly well ventilated, each bed is supplied with an electric bell, and the patients appeared to realize that their lot was cast in a goodly land.

In addition to all the above facilities, there is a Library, and a private Laboratory for the Director, and a trained attendant, who obligingly supplied me with a complete set of the Professor's reprints.

The outfitting of the Clinic, which was done largely at the expense of the Government, is so complete that de Carli, in a pamphlet which I have before me, contributed to the Archives Internationales de Laryngologie of Paris, is able to assert that it is supplied "with everything which is useful in the diagnosis and treatment of diseases of the Throat, Nose and Ear."

The staff consists of the Director Professor Ferreri, his Chief Assistant Dr. de Carli, and a number of Assistants and Deputy Assistants, who were present daily except Sunday, for the whole of each afternoon at least, and as was to be expected in consonance with the provisions, the technique of diagnosis and treatment, operative and otherwise, was thorough, up-to-date, and conducted with an earnest resolve to advance the science of these specialties with which it was concerned.

The Department is the creation of Professor Ferreri, who, in addition to his own experience, made himself acquainted at first hand with the Oto-Rhino-Laryngological

Clinics in the leading centres, both Continental and American.

It is to be feared that we on this side of the ocean are not as well acquainted as we should be with the excellent and advanced work in our departments that is being done in Italy, for while I found in Rome, assistants who had come from Brazil, Russia, and other distant points, I found none from North America, and yet every member of the staff spared no time or trouble to explain the details of the cases and the why and wherefore of the line of treatment adopted.

To the student in these branches of the healing art, who will take the trouble to acquire Italian or French, the Italian Clinics offer great advantages and he will be certain of polite and courteous treatment everywhere.

It is a revelation to one to study the new Italy, of which Garibaldi laid the foundation stones. Her government is progressive, her people believe in themselves, and are sparing no effort to take their place again in the world, of which in olden times they were the masters. The Emigration Laws of Italy are something to be proud of, and compared with them Britain may be said to have none worthy of the name, in the care that is taken of every son of Italy, but of these I have not time to write just now.

The Clinic is attended daily by an average of 200 patients, and about 4000 new cases appear in each year, and there is no slurring of the work in connection with any one of them, a characteristic that is not so apparent in the clinics of either Vienna or London.

*CASES ILLUSTRATING THE USE OF THE GIANT MAGNET

BY

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During the past few years a great deal has been written on the subject of the use of the Giant Magnet and other magnets in the extraction of certain metallic foreign bodies from the interior of the eye-ball. I make use of the Giant Magnet in nearly all cases, with occasional use of a small hand magnet in certain selected cases.

During my visit to Europe last year, I had the good fortune to visit Prof. Haab's Clinic in Zurich, the home of the Originator of the Giant Magnet. The use of the magnet varied very little in all of the large centres that I visited.

In the older model the magnet rests on a stand and the patient is placed in the sitting position with the eye held as close as possible to its point. The newer instrument and the one that I use is so arranged that its long arm can be swung over the patient in the recumbent position and can be moved about into several positions through its many movable joints. The recumbent position is to be preferred, as one has the patient under better control. An assistant to hold a light as near as possible, and another to attend to the switch and current controller.

The use of the X-Rays is also a very valuable aid in cases where the media have become opaque, and besides, it tends to confirm the diagnosis of the presence or absence of a foreign body within the eye-ball. Medicolegally, it is of great value in determining the presence or absence of a foreign body within the eye-ball or orbit.

Of the numerous methods used for localizing a foreign body, that of McKenzie Davidson is one of the best.

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*Read before the Vancouver Medical Association, 1906

Sweet's is another useful method. There are a number of other devices.

In almost all cases of injury to the eye, when the presence of a foreign body is suspected, two or more X-Ray skiagraphs, with the use of a localizer, should be taken.

In many cases the use of a sideroscope is useful. Many workers, while they condemn the use of the Giant Magnet as a sideroscope, frequently do make use of it in that way.

Of the many varieties of metal found, those of magnetic properties are fortunately the most frequent. Of these there is a difference in the magnetic properties, according to the special variety of the metal.

In the investigations of Hopkinson, and quoted by Sweet (Ophthalmic Record, Vol. XIV, p. 265), he found, with the exception of Manganese steel, the magnetic induction of steel was only slightly affected by the addition of the steel-hardening metals.

One can make use of the magnet only in cases where the foreign body possesses magnetic properties. In the case of metals that are non-magnetic, Sachs, of Vienna, makes use of a special electric lamp that he devised for the purpose. It consists of a 24-candle power electric lamp, silvered at the back and enclosed within a black metal hood. At a point the hood is prolonged in a cone-shaped projector, within which is placed a piece of glass, similar in shape and silvered around the circumference.

In a very dark room, the eye under the influence of cocaine and the pupil under atropine, the point of the cone may be placed against the cocainized eye, and, as it illuminates the interior of the eye-ball, the foreign body can in a number of cases be easily localized, and, with very good assistance, through a scleral opening a foreign body can be extracted by this excellent trans-illuminator.

In addition to other methods, I make frequent use of this lamp for examination of all damaged eyes through injury and other conditions, e. g., in locating and defining intraocular tumors, and found it of great value. Sachs's lamp is a very powerful trans-illuminator and occupies a field of its own.

Wurdemann's trans-illuminator is a smaller instrument.

Case I. One and a half hours after eye received injury, this man presented himself. A small piece of steel could be seen embedded in the lens and iris and projecting through a corneal wound at its centre. The magnet promptly extracted the foreign body, and after a curette extraction of opaque lens substance atropine was instilled and iced compresses applied. The recumbent position was maintained; atropine and the compresses continued for several days. Six months after above date, L. V. c+10.50=6|4c+13.00 J. 1 at 25 cm.

Case II. Left eye was struck by a piece of steel from a wedge, two weeks since; L. V.=light perception. A pin-hole wound in the iris was seen, with corresponding scar of the cornea in front. Anterior chamber was restored, lens opaque and deep-seated pericorneal congestion present. With the Giant Magnet, a piece of steel was extracted quite easily through the original wound, after incising cornea at that point. Later on I did a further needling of the lens and curette extraction of the same. The eye became quiet and was normal apart from the aphakia.

Case III. The left eye was injured by a piece of steel from a wedge, one day since; L. V.=light perception. This was a very bad injury; the steel measured 10 mm.×6 mm.×.10. It was a thin, silver-like piece and entered the eye at the lower corneo-scleral junction, and although it was quite easily extracted by the Giant Magnet, the eye never became quiet; the eye-ball gradually became soft, tender on pressure and sightless, so I did an enucleation of the eye-ball soon after.

Case IV. Seven days after accident I saw this young Jap. The right eye had been struck by a chipping from a steel wedge and did a great deal of damage. It produced a large gaping wound of the sclera near the junction with the cornea. The eye-ball was intensely reddened, tender on pressure and sightless. I did enucleation the next day and found the piece of steel, which measured 30 mm.×11 mm.×3 mm.

Case V. This case gave a history of the right eye being struck by a piece of chipping from a steel wedge, nine days since. R. V.=6|36 J. 7. The foreign body was driven through the sclera about 6 mm. external to Corneal margin. It could

be seen with the Ophthalmoscope, and was easily extracted with the Giant Magnet from the vitreous chamber through the original wound. Then a couple of conjunctival sutures were put in. A crescentic rupture of the choroid was noticed about 1½ cm. above the disc. The eye was struck by a stick when a child and vision had always been worse than that of the fellow eye. All went well, the eye became quiet, up to five months after the accident, when he returned with the history of failing vision, right eye, the cause of which was opacities in the lens. I have this case still under observation.

Case VI. This case was of three days' standing. My friend who referred him to me thought it was one of a dislocated lens into the anterior chamber. In the lower angle of the anterior chamber, a shining body could be seen, and higher up a vertical scar in the cornea about 2 mm. in length was also seen. V.=6|18. With the pupil contracted under eserine and the axis of the magnet pointing downwards, with a little difficulty I was able to dislodge the piece of metal and pull it upward and away from the centre of the pupil. The piece of metal was then lying on the iris. I next enlarged the original wound in the cornea, and with the magnet did an easy extraction of the foreign body through the wound, and with it came a piece of iris; this I excised widely and no injury of the lens resulted. Under atropine and iced compresses his vision gradually improved, and a month later it was 6|6 and J. 1, at 25 cm.

Case VII. This case was an Italian, who gave a history of the right eye being struck in the outer corneo-scleral margin; a wound about 4 mm. was seen, with prolapsed iris and vitreous. So much damage was done to this eye, I did not extract the steel, but advised removal of the eye, and the next day I did a Mules's evisceration by Buller's method.

Case VIII. Three days after accident I saw this case. When using a cold chisel, a piece was driven into the eye; it measured 14 mm.×7 mm.×.10 mm. and weighed 11 grains. A V-shaped tear was noticed at the upper corneo-scleral margin and through this wound opaque lens substance, vitreous and prolapsed iris were seen. The steel came out promptly with the Giant Magnet; the prolapsed vitreous and

iris I excised. Irido-cyclitis followed, and altogether a dangerous eye, so I did a Mules's evisceration by Buller's method soon after.

Case IX. This case was seen three hours after the accident. When opening a box with a hatchet, a piece of steel was driven into the right eye. In upper right quadrant of the cornea a wound could be seen, and beneath it a round hole in the iris was also seen. With the Ophthalmoscope, the piece of steel could be plainly seen lying in the vitreous chamber as a shining speck of metal. With the giant Magnet, it was drawn up under the iris and caused it to bulge. At this point I at once did an iridectomy; a small amount of bleeding occurred. With the magnet, brought the foreign body up to the wound in the cornea again. In removing magnet, I failed to find the piece of metal. It was a very small piece, and after the haemorrhage cleared up, the pupil dilated under atropine, I could not find it with the Ophthalmoscope. Trans-illumination also failed. Reaction with the magnet then was negative. The eye became quiet under atropine and iced compresses, and to-day—three years after the accident—is quite normal in every way, apart from the iridectomy.

Case X. The right eye was struck by a piece of machine steel a few hours before I saw this case. The wound was at the centre of the cornea, extending through 2 mm. of iris. The Giant Magnet brought the foreign body up through the wound, when it suddenly disappeared. The result after with magnet was negative. Ophthalmoscopic examination, X-Ray picture and Sachs's lamp all gave negative results. The only possible explanation is, I think, that these foreign bodies, being very small, were in each case extracted, but could not be found on the magnet after the operation. The result was good in each case.

Case XI. This man gave a history of the right eye being struck by a piece of metal, seven or eight days since. With Sachs's trans-illuminator, the foreign body (a very small piece of metal) was seen embedded in the iris and no wound in the cornea could be found. With the Giant Magnet, the foreign body was dislodged and drawn towards the angle of

anterior chamber. I next opened the chamber with a keratome, and with clot forceps grasped the foreign body and removed it, and then did an iridectomy. A slight reaction followed, but soon the eye became quiet under the usual local treatment and the man went to work at the end of three weeks.

Case XII. The eye was struck with a piece of tool steel three hours before this case presented himself. About 4 mm. from the inner corneal margin a wound in the sclera 1 mm. in length could be seen. With the Ophthalmoscope, the foreign body could be plainly seen lying in the vitreous chamber, and, with the Giant Magnet axis pointing upward, the piece of steel was readily extracted through the original wound. One or two sutures closed the conjunctival opening, and after rest in bed, iced compresses and atropine, the eye soon became quiet. One-and-a-half months after operation, R. V.=6|4 J. 1, the same as the other eye, and the patient then returned to work. Six months after the injury, vision same as above.

As a magnet, Haab's Giant Magnet of the special design with the many joints, has proven of great value in my experience. The use of the X-Rays and a localizer when the foreign body could not be found by the Ophthalmoscope or Sachs's lamp. Cases that gave me the best results were those in which the foreign body entered the eye through the cornea, or sclerotic coat. Cases in which the foreign body entered in the region of the ciliary body proved fatal to the eye in nearly all cases. The after-treatment in all cases is most important. It requires prolonged rest in the recumbent position, with the use of special local measures, as atropine, iced compresses, etc., according to the indications.

MASTOIDITIS

BY

R. G. MONTGOMERY, M.D.

WINNIPEG

Etiology: The most common cause of inflammation of the mastoid is extension from the purulent process in the tympanum, acute or chronic. In fact, so frequently does this occur, that in nearly all cases of pus discharge from the ear it is well to bear in mind that the mastoid may be also involved.

Primary mastoiditis is rare. It may result from infection through the blood, influenza, tuberculosis, syphilis or from traumatism.

Pathology: In the acute inflammation of the mastoid process of the temporal bone, the membrane lining the cells is thickened. Also, its vascularity becomes increased by the formation of new blood vessels. A purulent fluid is found not only in the antrum but in the cells below it in the extreme tip of the mastoid, posteriorly more than an inch, and above the antrum the cells of the root of the zygoma are often extensively involved in the purulent inflammation.

Later, in chronic cases, the mastoid cells may become obliterated by deposits of new bone, sclerosis. These are the cases in which the mastoid is found at operation of ivory-like hardness, the antrum small and difficult to expose.

In a second group of chronic cases, necrosis occurs with an irregular destruction of bone, the appearance of sinuses which may open behind the ear, in the digastric fossa (Bezold's Mastoiditis) with pus invading the muscles of the neck, or the sinuses may extend inwards infecting the middle or posterior cranial fossae. Necrosis is followed in some cases by the formation of bony sequestrae, sometimes of considerable size.

In a third group, a cholesteatomatous mass, epithelial collections, forms in the mastoid antrum and may cause ab-

sorption of the adjacent bone; and, the absorption of the bone may be extensive, the posterior wall of the external auditory canal destroyed or the bony framework of the internal ear may be absorbed.

Symptomatology: Pain over the mastoid is a prominent symptom. It is severe and worse at night, preventing sleep. The character of the pain is dull, deep-seated and constant. In acute cases pain may be the first or principal symptom experienced. In the chronic it usually marks a serious change in the progress of the case with involvement of important structures. Its presence is marked in young children.

Tenderness over the mastoid is a symptom of importance and should always be sought. It may be elicited by deep pressure over the region of the antrum or at the tip of the masoid; caution, avoid pressure against the soft parts of the external ear as inflammation of the external auditory canal may be present with tenderness and without mastoiditis.

Temperature is not a very important symptom. It is not higher than one or two degrees in uncomplicated cases and is more often absent.

Of great importance is the fact that serious cases of mastoiditis occur without pain, tenderness or temperature; and, in many the subjective symptoms are slight even after portions of bone over the dura have been destroyed by necrosis.

A valuable symptom is the sudden cessation of an aural discharge in acute or chronic purulent otitis with the appearance of symptoms referable to the mastoid. Young children who are restless, especially at night, and, who have had purulent inflammation of the ear or where a recent discharge has suddenly ceased, may have mastoditis.

Redness or swelling over the mastoid occurs very rarely. Fluctuation is even less common.

A symptom only second in importance to local tenderness is a well marked sagging or swelling of the posterior superior wall of the external auditory canal close to the drum membrane. It is not a frequent symptom; but its presence is almost pathognomotic.

The symptoms of the more frequent complications:

In sinus thrombosis the characteristic symptom is an elevation of considerable temperature, 104 or 105 degrees, which continues for a short time only, an hour or two, when the fever suddenly subsides, the temperature falling to normal or below. The temperature may rise and fall in this way a number of times during the day or night. If the patients do not have their temperature taken frequently, this symptom may be missed. In a short time symptoms of general sepsis may appear with the ashy colored skin, feeble pulse, clouded mentality and great prostration. Emboli may be carried by the blood and lodged in various parts of the body. Septic pneumonia is a frequent cause of death. Often tenderness and swelling can be observed along the course of the internal jugular vein in the side of the neck.

Meningitis from mastoiditis occurs usually at the base of the brain. The temperature continues high without the remissions of sinus thromosis. The pulse is rapid and not slow as occurs in some other brain lesions. Intense headache, nausea and vomiting are early symptoms with rigidity of the muscles of the neck. The eye muscles may be paralyzed.

Extradural abscess does not usually produce marked symptoms. Localized headache may be present or absent with slight fever.

An abscess within the cerebral substance may produce no symptoms. It may complicate sinus thrombosis and aggravate the prostration from this disease. The diagnosis has to be made in most cases by exclusion. If a patient has been relieved of the pus in the mastoid or elsewhere and the general condition does not improve as it should, a brain abscess should be considered. If general headache is considerable or the mental condition declines, one or more abscesses of the brain are probable.

Treatment: A number of acute cases have been relieved by rest in bed, light fluid diet and the judicious use of laxatives. The local use of ice or the ice coil has been followed in a few days by subsidence of the symptoms in a large number of cases. Dench has reported in streptococcus infection 14% aborted by the ice coil; in pneumococcus infection the number relieved was increased to more than 90%. The

ice coil must not be used longer than 48 hours. It masks the symptoms in some cases,—sinuses have opened externally with the ice coil in use while the pain and other symptoms were relieved. It should not be employed at all after pus has penetrated the cortex and appeared under the skin or beneath the muscles of the neck. When complications occur, the ice coil is not indicated.

The local use of heat also is beneficial in many cases of mastoiditis with acute symptoms of pain. Recent cases have been aborted by its use. Like the ice coil, local heat has limitations and should only be employed for a short time. If the symptoms of pus in the mastoid continue, no time should be lost by local measures. Early operation is followed by the best results.

The dangers of a mastoid operation are practically nothing. Not only is the mastoid inflammation cured by operation, but also one may expect other benefits to follow: cure of the discharge of pus in acute otitis with preservation of the hearing, while in chronic disease of the ear material benefit to the purulent discharge may be expected with improved hearing. In chronic purulent otitis the discharge of pus from the ear is seldom permanetnly relieved until after a mastoid operation.

Operation: The external auditory canal should be cleansed and made as aseptic as possible. The mastoid process and neighborhood requires also thorough cleansing. It is well to shave the hair for several inches behind and above the ear. A towel wet with bichloride solution wrapped around the head to protect the wound from infection from the hair.

The incision is made within ¼ inch of the insertion of the auricle to the bone. It begins above close to the roots of the hair and ends below ½ inch or more below the tip of the mastoid. It should penetrate the periosteum. All bleeding points are to be secured.

The periosteum and overlying structures are elevated from the bone as far forward as the posterior superior wall of the canal, behind to the posterior margin of the process and below until the tip of the mastoid is thoroughly exposed, incising the insertion of the sterno-cleido-mastoid muscle.

The surface of the bone should now be examined. If sinuses are found they should be curetted, enlarged and followed down to the antrum. Sinuses are rare. Usually, to remove the bone over the antrum, the mallet, chisel, rongeur and curette are employed. To avoid entering the middle cranial fossa, the bone should not be chiselled above the level of the superior wall of the canal. To avoid the lateral sinus one keeps close to the posterior wall as the sinus has been found rarely within ¼ inch of the posterior wall. It is well to direct the chisel toward the canal. By chiselling the posterior superior wall of the canal until the antrum is opened, one avoids injury to the mid cranial fossa and to the lateral sinus. The antrum is located more than ½ inch deep in the bone. It is recognized with the aid of a bent probe or small strabismus hook which enters the tympanum after careful manipulation. The bone external to the antrum and air spaces should be removed; the bent probe renders efficient aid in locating blind pouches and other cavities in which pus may lodge. In most cases the cancellated bone at the root of the zygoma and the tip of the mastoid needs to be removed. In fact the bone is often removed down to the inner table. When the inner table is found necrosed, the dead bone should be removed and the dura exposed. No complications have been reported and the procedure is considered to be without danger. When the operation is finished the cavity has smooth walls sloping inwards.

In chronic otitis it is usually necessary to enter the tympanum and remove necrotic tissue in order to cure the purulent process in this region. In addition to the removal of the mastoid cells the posterior superior wall of the external auditory canal is removed with the aid of the chisel, rongeur or other instruments. The inner wall of the tympanum and facial nerve may be protected from injury by the use of a guard: a bent probe larger than usual, ¼ inch thick which is introduced into the canal connecting the tympanum and antrum during this part of the operation. The external wall of the attic is removed with the drum membrane, ossicles and contents of the tympanum, necrosed bone is curetted or otherwise removed with care not to injure the semicircular

canals or internal ear. However, if a sinus has penetrated the internal ear one should not hesitate to take away the necrotic bone, the hearing is usually lost in these cases. After the operation is completed the mastoid antrum, canal and tympanum are converted into one cavity with smooth walls. This is the radical operation first published by Stacke and Schwartze about fifteen years ago which is now almost universally practiced.

In the simple mastoid operation in which the antrum alone is opened an open dressing is applied. The external wound may be partly closed by sutures and then lightly packed with gauze, the parts protected by cotton held in place by bandage. The subsequent dressings are made as in other open wounds.

In the radical operation, on account of the large surface of bone exposed, it is well in many cases to make provision to cover the raw bone with skin flaps from the lining of the canal, from the skin near the external wound or from both. Thiersch grafts are often employed either at the time of the operation or more frequently a week later. The grafts are held in place by packing. The wound behind the ear is nearly always closed with sutures of fine silk.

Should complications occur, the mastoid wound should be opened promptly and appropriate measures carried out. The gravity of the patient's condition is rarely a good reason for delay as many apparently hopeless cases with a bad pulse or other grave symptoms have recovered. Intravenous injection of salt solution has kept the pulse going in some desperate cases and made it possible to cure some individuals otherwise hopeless. When the sinus is involved it should be exposed by the removal of bone over a large area and then opened by a free incision. The thrombus is removed and the sinus curetted until blood flows freely from the distal end; pack sufficiently to stop the hemmorhage. The proximal end is then curetted until the hemorrhage becomes copious and then packed. It is often advisable to ligate the internal jugular above and below and remove the portion between the ligatures. This operation lessens the danger of systemic infection still further.

An extradural abscess after evacuation and light packing usually heals without trouble.

Abscesses of the cerebrum are difficult to locate. They more frequently occur in the temporal bone above the meatus. Occasionally a sinus may be found leading from the mastoid to the cerebral abscess. Abscesses of the cerebellum are even more difficult to find. One method is to chisel a pathway posteriorly from the antrum removing about ½ inch wide of the occipital bone searching the bone for a sinus which, if found, may assist in locating the abscess.

WESTERN CANADA MEDICAL JOURNAL

GEORGE OSBORNE HUGHES, M.D. *Editor*

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EDITORIAL NOTES

B.C. Annual Meeting August 20 and 21

The B. C. Medical Society holds its Annual Meeting on the 20th and 21st of August. There is an exceedingly interesting list of papers and preparation seems to have been made to ensure a successful gathering. It is hoped that all who can will show their appreciation of the work done by attandance, if possible, at the meeting.

Delegates from One Western Society to Another

The Alberta Medical Society held its Annual Meeting the 10th and 11th of August, the proceedings of which will be given fully in our September number. This Society officially invited delegates from other Western Societies. This is the kind of act that leads to unity and tends to progress. Hitherto it has been known that members of other Societies were welcome but the fact of officially inviting delegates to attend meetings is a

professional interchange of courtesy showing the recognition of the other's existence and acknowledgement of their common work for the good of the profession. It would seem now that at all special gatherings delegates should be invited to express the opinions of their respective Societies on matters vital to the whole profession in the West. Isolated Societies, however, earnestly they work, will do nothing of importance till they have an organization which can at any moment call together the leaders of Societies and Councils to consider some serious matter before taking it up to the Dominion. That everything is leading to this Union of Western Societies is easily seen. Most cities of any size have their local Societies—the Provinces, with the exception of Manitoba, have a Provincial Society, and in that immense Province of B. C. there is the Interior Medical Society. All these Societies are actively attending to their peculiar local needs, but every now and again questions crop up that are agitating not one, but all. That is when the benefit of a United House in the West would be apparent—quicker despatch of the questions because of many minds thinking them out and less energy needed to accomplish the end desired.

Every Member of Profession Should Join Society

Now when all the Annual Meetings Councils, those who have not yet joined the work of the various Societies and are being held and attention drawn to are probably considering the advisability of doing so—and asking "what's in it for them." At the meeting of the B.M.A., Sir Victor Horsley, the President, gave several very good reasons for each member to join his Association. His reasons apply in the West just as well. Perhaps those hesitating will give them their consideration.

Reasons for Membership

1. Every member of the profession should of necessity be a member of the Association, not for individual reasons of personal benefit, but for the national purpose of taking a share in and helping forward the public work of the profession.
2. The object of helping each other.
3. The collectivist principle of "one for all" must be

carried out to the full if the position of the Medical Profession in the State is to be that which its work deserves.

4. The Association has before it at this present time certain important subjects which greatly affect the interest of the large majority of those in general practice besides special interests of a few consultants—as the Hospital question and Inspection of School Children.

5. That the members be so helped in their work and supported in their relations with the public and the State that they should be enabled to practice in what legal documents call "peaceful enjoyments." This millennium can only be arrived at by all uniting together for mutual assistance.

6. It is evident that in this most serious matter of hospital administration the members of our profession, whether in general or consulting practice, can only achieve a satisfactory influence by working through and by means of the Association.

7. Only through the combined action of the Divisions (districts) will justice in the making of staff appointments and in the prevention of hospital abuse by out-patients be secured.

8. The profession have a duty towards their neighbours and their Nation to perform which can only be accomplished by Organization and the Association is the only organization for the purpose."

Reasons for Amalgamation of Western Socleties

All the above reasons are unanswerable. And the only way to get this powerful organization in the West is by amalgammating all the Western Societies into one Western Canada Association. People in Manitoba are begining to realize that property and other laws are in many ways different to those of Ontario and the East—so in many other matters. The East is the East in Canada and the West, the West—a very distinct part of the Dominion with its peculiar needs and conditions. The business men are recognizing this. Recently representative men form all parts of the West met in Winnipeg to discuss the question of a Western Union. They had only to meet and thresh the question out in good discussion to decide

such Union was needed. These men realize what is a fact that the East is inclined to look upon the West as a preserve, we look upon it as our Land where we Westerners have the opportunity of building up a fine nation physically and morally. In such a work surely it is the Medical Profession who should take the lead by helping to formulate laws to achieve this grand result and joining to enforce their observance. It is well to note,one of our men—Dr. McIntyre— was instrumental in preventing the printing of the part of Professor Robertson's report which would have done immense harm to the welfare of the West and was erroneous. A strong Western Medical Society would have great force in many ways. We all know "Union is strength," but seem apt to forget when the necessity for it lies at our doors. The more Societies throughout the West, the better—because it is thus possible to give office to a greater number and of allowing the active and earnest members to work. The more set working, the better for progress. Let every member wake up and exercise his right to select workers on the various councils and executives—workers, not drones. When election time comes, look to the work of the councillor, and unless there is something to their credit, appoint those who mean business. When voting look to the number of meetings called and then note the number attended—and if any business was done.

Six years ago a new constitution was devised for the B.M.A. Sir Victor Horsley said: "The new constitution was devised in order to cut down this upas tree of the profession and to substitute for the utterances and acts of individuals and small cliques, the work and decisions of representatives chosen locally by the members of Divisions of constitutionally selected committees." Many questions are before the West. (1) The hospital question; (2) Medical Inspection of Schools; (3) Sanatarium; (4) Contract Practice; (5) The Medical School and University Question. Just as the Sanatarium question needs much discussion and expert opinion so do all the others.

The Medical School of the West is indeed of vital interest to the profession because on its standard will greatly be the standard of the profession in the eyes of the world. This is

indeed a problem to be most seriously studied by the whole profession of the West. Progress is to be hoped for only from the most careful study of this question. This is the age of Education. See that the right men do the educating. The department of education and Legislature have many incorrect views of the purposes of our medical laws—let them be taught by those who know. At present, owing to being the only possessor of a medical school in the West, Manitoba has the air of resting on her oars—a dangerous proceeding with a rapidly moving tide. The medical school of the West of the future needs to be considered not from the standpoint of Manitoba, B. C. or any other Province, but from that of the West as a whole and what is best decided. The time certainly has arrived when the medical profession as much as any other calling here must assert its power. After all what a grand opportunity is ours. Other countries have had to go through the trials of experience. All we need to do is "look and learn" and step into the procession taking the progress already discovered. The two ways to attain this are by Education and Legislature.

Prompt Action of Alberta Council

The benefit of membership in a Society was shown the other day when a member of the Alberta Society, on finding that the man he had paid to act as his locum, had, during his absence, employed his time in undermining his employer and even gone further—written a letter to the miners offering his services. On being communicated with, Dr. Kennedy, the President, promptly called a council meeting to investigate, and it is probable the transgressor will lose his license. One cannot fail to admire the prompt action of the president. So much is lost in effectiveness by delay. The sooner such conduct is rooted out of what is called "the noblest profession"—the better. The time was when a member who tried to undermine his colleagues skill was quickly "sent to coventry" by all decent members, but it is regrettable that now it is heard of rather often. A few cases dealt with might show the offenders they are treading on dangerous ground. Some think there is a noticeable decay in the observance of medical etiquette. A

proper observance of it would have prevented this man falling. But why this decay? Till the members among thesmelves carefully observe all rules—they certainly cannot wield their proper influence on an observing public.

The sooner all Societies go into this question of contract work, the better. There is only a very thin line between it and underselling. One hope on this point is that the public are really awakening to its evils.

Meeting of International Health Association

The International Health Association meets at Winnipeg. It is to be hoped that all papers will be public. This would be a great means of enlightening the citizens as to their needs and possibilities of carrying them out. What is wanted is the creation of a Health Conscience. This can be done by public lectures and the press. On the health of the community depends "its efficiency, its social force, its morality and its power of further evolution." What the profession needs to enable it to use its knowledge for ameliorating the health of the people is a moral force in society to compel the practical application of that knowledge. Among the citizens the duty in regard to health is being felt more and more. People need only to realize to what an unhygienic education can lead, to at once rise and insist on the proper enactment and enforcement of Health Laws.

Laxity in Return of Vital Statistics

The public are not all to blame. our profession. There is absolutely no statistics in the West is a disgrace to The poor reliability on the return of good excuse for any failing to send in full returns. How otherwise is the health bill to be checked from month to month.

"We are responsible not only for doing, but also for leaving undone; else the servant who hid his lord's talent in the earth would have escaped condemnation."—Whateley.

AMERICAN PROCTOLOGICAL SOCIETY
ANNUAL MEETING

The President's Address

The president, Dr. A. Bennett Cooke, of Nashville. Tenn.

After briefly reviewing the organization and early history of the Society, stated that there has probably never been a medical organization composed of a membership drawn from such widely separated localities and so restricted as to number, which can show a similar steady and unbroken record of growth, enthusiasm and interest, increasing with each succeeding meeting. The fidelity and devotion of the individual members was in the beginning and has remained the Society's distinctive characteristic.

He then proceeded to trace some of the results which had been accomplished in the ten years of the Society's existence, chief among which was emphasized the assured position as to a legitimate dignified and important specialty which is now universally accorded to proctology. "Ten years ago special instruction in this branch, with a few exceptions, was only to be had in the post-graduate institutions of the larger centres. To-day the curriculum of any medical college which does not include a course of proctology is rightly considered to that extent defective and behind the times. The benefit of this new order of things to the public cannot be estimated. At the present time the average patient requires something more of the man who is to be entrusted with his case than the title of "M.D.", and as a direct consequence instances of incorrect diagnosis and misdirected treatment have become notably fewer."

The objects of the Society as defined in its constitution are the acquiring and dissemination of knowledge relating to this special field. The speaker inquired if the Society was living up to the full measure of its possibilities in regard to the second object, i. e., the dissemination of knowledge, arguing that such was not the case. As the means of correcting this defect, he suggested:—

1st. That an official organ be adopted or established and a full report of the scientific proceedings of each meeting published.

2nd. That the possibility and advisability of becoming a section of the A.M.A. be seriously considered. The advantages and disadvantages of the latter suggestion were fully discussed, the opinion being expressed that what the Society would lose in independence and individuality would be more than gained in the wider sphere of influence and usefulness opened up by this more liberal policy.

The real question is not what we as individuals prefer, but what course would most certainly conduce to the advancement of the highest purposes of our organization? For after all we must remember that we are physicians before we are specialists, and that our most imperative duty has reference to the interests of our profession as a whole and to the welfare of humanity for which alone it exists.

The treatment of choice of Stricture of Rectune

was the title of a paper by Wm. M. Beach, A.M., M.D., of Pittsburg, Pa., who stated that in his early Proctologic experience he became an enthusiast on this or that method of treatment only to be disappointed by a recurrence of the ailment. All the classical recommendations were tried, namely gradual dilatation, proctotomy, internal and external excision and a few other technical schemes, ideal but not practical. Each promised favorable results for a time but experience taught him that instead of cure the condition uniformly became worse.

In order to answer the query, what is the choice of treatment, it is important to consider first the history of Syphilitic Stricture and second, the location and form of stricture to determine the degree of obstipation, third, the effect of a rectal stricture is to induce obstipation and extreme dilatation of the colon. Moreover, immediately above the various constrictions are found the active ulcerations, the source of profuse discharges of pus, blood and mucous. Among other symptoms may be found colicky pains in abdomen, distension of abdomen, backache, aching down the legs, loss of flesh, and withall a general anxiety and neurasthenia.

Regarding the treatment it is apparent that if the disease is so insidious in onset and development by virtue of the fact that the trouble is usually located in painless area, and that nothing short of obstipation drives the patient to seek advice, it is obvious that palliative treatment only increases the irritation and produces a greater degree of stricture. For this reason the injections of fluids is needed only for cleansing purposes and such procedures as gradual dilatation by the passage of bougies, forcible divulsion, proctotomy, and even excision are only temporary.

For these reasons the author concludes that a permanent colostomy is the preferable plan as this procedure admits of direct irrigation of the rectal cavity. The administration of Strontium iodide in ascending doses for interrupted periods the writer believes is of extreme value, but he states that he has never been able to destroy the syphiloma with its use.

Irrigation should be used daily for the first month and less frequently thereafter. For this purpose normal solutions should be used of salines alternating with solutions of one to one thousand permanganate of potash, or nitrate of silver twenty grains to the quart, or of ichthyol a drachm to the quart. Boracic acid solutions are often beneficial.

Defecation through a properly constructed inguinal anus is complete, painless and under reasonable control. The patient soon becomes reconciliated to his condition and rapidly improves in health.

The author from his experience concludes his paper with the following remarks:—

1. Syphilitic stricture of the rectum is believed to be the result of badly treated cases of syphilis in the early stages.

2. It is more frequently found in the female, for the reason that the primary lesion are more apt to be overlooked.

3. Direct surgical attack of rectal syphiloma does not insure permanent relief, but rather aggravates the condition.

4. Specific constitutional treatment should be instituted, with the hope of making a favorable impression upon the diseased tissue.

5. Permanent colostomy is the treatment of choice for the purpose of irrigation and restoration of bowel functions.

Galvanic Electricity in the Treatment of Hemorrhoids Fissure Prolapse Ulceration and Non-Malignant stricture of the Rectum, by Dr. W. L. M. Dickenson, Saginaw Mich.

Who stated that he did not claim that this is par excellence the treatment for each and every case of hemorrhoids, fissure, prolapse, ulceration and non-malignant stricture of the rectum, but that in suitable cases, and also where from fear, physical conditions, or other reasons, the patient refuses to submit to surgical measures, the method had proven its utility.

In the use of galvanism, sight should not be lost of the different properties of the two poles, remembering that we always have physical and therapeutical properties peculiar to each pole, and exactly opposite in effect. The positive pole produces oxigen, is acid, hemostatic, sedative, contracts and hardens tissue, is an acid caustic, and produces hard, firm cicatrices, is also a vaso-constrictor. While the negative pole produces hydrogen, is alkaline, dilates blood vessels, thus increases bleeding, causes hypersensitiveness, liquifies and disintigates tissues; being an alkaline caustic, the resulting cicatrices are soft and yielding; it is also a vaso-dilator.

Internal hemorrhoids are successfully treated with the electric needle as follows Cocanize the hemorrhoid, then introduce a platnum or common cambric needle into it, attached to the positive pole, while the negative pole is connected with a large abdominal pad. Use a current strength of fifteen mille-amperes for fifteen or twenty minutes, or until the hemorrhoid is rendered hard and unyielding. Best to treat one hemorrhoid at a time.

Anal fisure should be cocanized, then a copper probe attached to the positive pole should be applied until a pronounced deposit of oxychloride of copper salt is obtained. There will be considerable soreness for a few days, but the patient is always greatly benefited by the first treatment if not cured by it, and is always cured by five or six treatments.

Where the edges of a fissure are greatly hypertrophied the negative pole should be applied to cause liquifaction of the dense tissues.

In cases of a prolapse where the redundancy of the rectal wall is of moderate degree, galvanism is of marked benefit, an electrode attached to the positive pole should be introduced into the rectum and a current of fifteen to twenty-five mille-apmeres used daily for ten or fifteen minutes. Stricture of the rectum is successfully treated by the same method as urethral strictures, viz.: pass an olive pointed electrode, one or two sizes larger than the calibre of the stricture down to and gently pressing against the stricture, this electrode should be connected with the negative pole, and a current of ten to twenty mille-amperes used, until the tissue is softened and relaxing allowing the instrument to pass. Treatment should be given every five or six days, using a larger bougie each time.

When there are several small ulcers in the rectum, the rectal pouch should be filled with normal saline solution, then introduce a long copper electrode, attached to the positive pole, using a current of twenty to twenty-five mille-amperes, continuing the treatment until the effect of the oxychloride of copper is obtained.

Where the ulcers are large and deep, the better method is to treat each one individually with the zinc-mercuric cataphoresis, using olive pointed electrodes, and a current of twenty to thirty mille-amperes.

Dysentary by Dr. J. M. Mathers, Louisvile, Kentucky

Who reported a case of Amoebic dysentery in a man, 45 years of age, who had never been farther south than Louisville, Ky. He had been treated for ten years for a diarrhoea which entirely disappeared at times, but in the course of a few months it would reappear. A proctoscopic examination was made and an ulcerated condition of the entire rectum and lower half of sigmoid was observed. A number of ulcers were curetted and a microscopic examination made. No Amoeba were present. Ulcers were all healed and patient well in three and a half months. In about ten months patient returned to the office and was found to be in about the same condition as before. Another scraping was done and a microscopic examination made. Numerous Amoeba were present.

Patient being a wholesale fruit dealer, had handled and eaten raw and tropical fruits for more than twenty years. There is no doubt about his infection occurring in this way.

Report of second case.—A boy, ten years of age, with a good family history. He had so-called dysentery for two years. Had, of course, been treated for the same during this time. He was thin and anaemic, had temperature every afternoon from 99 to 101. Pulse rate correspondingly increased. Had from five to fifteen actions every day. He was placed in the Hanes (Inverted position) and examined with the sigmoidscope. There seemed to be an abrasion of the superficial protective epithelial cells along the lower extremity of the sigmoid and rectum. When a pledget of cotton was rubbed over the mucous surface it would be very slightly stained with blood. No other pathology could be made out.

Patient was put in bed and was not allowed to get up except on the commode. He was given concentrated liquid and semi-solid food. The bowel irrigated every morning with normal saline solution and in the afternoon a local application of argyrol or ichthyol was made.

He remained in the Infirmary four weeks and, at the expiration of which time, he was entirely free from diarrhoea, with an increase in weight of twelve pounds. One month later he had gained eight pounds.

While such as these are referred to as cases of dysentery, they are types of diarrhoea due to more or less fermentation in the upper bowel, and also, the sensitive condition of the mucous membrane, above referred to, in the lower bowel.

Report of third case.—A man 42 years of age, who had an intense diarrhoea for three years. It came on in the month of July after a day of hard manual labor. Weather was very warm and he had eaten quite freely of fresh vegetables. Attack was sudden and the diarrhoea was preceded and accompanied by much pain. Actions from ten to fifteen each day. During his two years' illness he would improve under the influence of diet and rest but did not feel at all well at any time.

When he first came to the office he showed every external evidence of being in the latter stages of malignant disease. We had him assume the inverted posture and the examination

at once revealed a dozen or more small ulcers along the upper rectum and lower sigmoid.

He was put in bed and given rich concentrated food. Irrigation and local applications were made to the ulcers every day. He was sent home in five weeks and had gained fifteen pounds and was well.

In this case, as in the case just previously reported, there was no specific cause that could be made out. The disease in both cases yielded easily to treatment. In the first case it was proven to be Amoebic dysentery, in the second and third cases they were types of diarrhoea, or, so-called dysentery of a non-specific origin, so far as we are now able to determine. I doubt not that in the future many of the more simple forms of intestinal disturbances will be proven to have their specific causes.

Position for Examination, Treatment, Etc.—About three years ago, Dr. Mathew's partner, Dr. G. S. Hanes, in treating a difficult case, discovered a position that has been employed ever since where the proctoscope is used. The patient is placed in an absolute inverted position, hanging over the edge of a table or chair on the thighs, with one shoulder supported on a chair of sufficient height. The opposite hand is supported upon the floor, or two chairs can be used, one for each shoulder, the head passing down between them.

A special table for this position is in course of construction.

When the patient is in this position the entire weight of the abdominal viscera falls upon the diaphragm which pulls upon the sigmoid and rectum and brings them more nearly in the direction of a straight line. Atmospheric pressure completely distends the rectum and lower portion of sigmoid in most cases. A complete view of these parts can be had by the use of a reflected light. The discomfort to the patient of distending the bowel by forcing air into it is never necessary except in high examinations. The surgeon, is in a comfortable position, standing by the patient, and looking down into the bowel. An enema can be given easily in this position and you know the solution passes up into the sigmoid and colon. It affords many advantages over other positions.

GENERAL MEDICAL NEWS

MEDICAL SOCIETIES

The Winnipeg Clinical Society met at the Medical Library, Winnipeg, at 8.30 p. m., July 14th, 1908.

Dr. Milroy (in the Chair) declared Doctors Lansdown and Brown duly elected members of the Society.

Dr. Rorke presented case, female, age 31, who had valvular lesion—had had the usual diseases of childhood, never had rheumatism, but typhoid fever, married; two children. Family history fairly good—father died suddenly—said to be heart disease; mother still alive; rest of family alive and well.

Dr. Rorke- This appears a clear case of Mitral Stenosis. Having carefully examined it, find apparently no systolic, but always a presystolic murmur. It is not an advanced stage. The tension of the pulse is not as high as is the case sometimes in Mitral Stenosis. No sore throat of a very serious nature. There does not seem any loss of compensation.

Dr. Munro—What do you say as to the condition of the left ventricle and apex beat?

Dr. Rorke—Not much to be found. There is not as much enlargement of the right ventrical as might be expected, but the displacement of her left may be accounted for by her right ventricle being enlarged.

Dr. Young—At first the murmur seemed to me to consist of two parts; I made this decision on account of not being able to hear the sound very plainly, but on second examination I think I absolutely agree with Dr. Rorke's diagnosis. The other points I thought very definite; the pinkish complexion and the small pulse are two points which often attract attention, in contrast with the duskiness which accompanies the presystolic murmur. The flow of blood seems to be full and free. I do not think stenosis is very marked in this case.

Dr. Montgomery—I disagree with the previous speakers on this presystolic murmur. I find no palpitation and very little displacement.

Dr. White—My idea was much the same as Dr. Montgomery's.

Dr. Munro—I examined the case very carefully; I disagree with Drs. Rorke and Young most emphatically. I believe there was a regurgitant murmur, not very distinct, but a certain muffling of the heart, and some hypertrophy of the left ventricle, but I do not think these symptoms should go with this case. There was a backward pressure given from the ventricle to the right side of the heart. Of course, in most cases there would be a preceding mitral regurgitation, and you have a double murmur, I think it was moderately large. A small pulse is a symptom of mitral stenosis. Probably an examination under better conditions would lead me to agree with Dr. Young.

Dr. Dorman—I quite agree with Dr. Rorke, only I think there was a presystolic murmur, and there was quite a thrill over the apical region.

Dr. Nichols—I think there was a presystolic murmur, but I could not say about the systolic.

Dr. Hughes presented a case of a male, age 42, with a lichenoid patch on the surface just below the patella of the left leg which he considered was related to a fracture of the lower third of the femur at about Hunter's Canal, the union being very poor and the Callus impeding the returned circulation He wished to know if an operation of lengthening the leg and removing the Callus could be performed with good results.

Dr. Galloway—In the case of the second patient, I would say that the fracture of the femur which occurred five years ago, has left the patient with about 13-8 inches of shortening. It is quite evident that the fracture was oblique and that there is considerable overlapping of the fragments. Until about three years ago I would have considered such a case as practically beyond hope of benefit. About that time, however, I saw an article by Prof. Codivilla, of Bologna, Italy, describing a method lengthening the femur in these old cases of overlapping fractures. I have tried the method in two cases with results that were gratifying beyond my expectations. Briefly, Codivilla's method consists in first performing an oblique

osteotomy at the seat of fracture and then by powerful screw traction applied directly to the skeleton instead of through the intervening soft tissues, to overcome the shortening. For a time he pursued the plan of first performing the oblique osteotomy, dressing the limb in plaster-of-Paris from the perineum to the toes, and then at intervals of several days cutting the plaster circularly at the site of fracture, applying screw traction, and filling in the gap created between two portions of plaster dressing by applying a bridge of plaster. By this method the deformity could be overcome or greatly diminished, but the pressure of the plaster dressing on the dorsum of the foot frequently caused disastrous sloughing of the soft tissues, even involving the tendons. He then conceived the idea of applying his traction force directly to the skeleton by driving a large nail transversely through the os calcis, and by means of slotted bars of iron incorporated in the plaster dressing, and fitted with a thumb screw attachment, was able to apply his traction force directly to the skeleton. Counter-traction, without injury to the soft tissues, can be secured by proper padding of the perineum. One would naturely suppose that the nail through the os calcis might create intolerable discomfort, but I can bear testimony to the truthfulness of Codivilla's statement that such is not the case. I have used the method twice and have been surprised to find that the patient was scarcely concious of the presence of the nail. In one of my cases the patient was a young man who had suffered a fracture of the femur about six months before I saw him. There was a large elbow at the junction of the middle and upper third and 2¾ inches of shortening. By the use of this method I reduced the shortening to about ⅝ of one inch, and I think I never had a more grateful patient. In the case of the patient present to-night, I think that a gain in length of at least one inch could be achieved.

It was decided to hold the next meeting in September.

The Saskatchewan Medical Society held its annual meeting at Regina July 21st and 22nd. The officers elected for the ensuing year are: Dr. Munroe, of Saskatoon, President; Dr.

W. A. Thompson, of Regina, Hon. President; Dr. C. Henry, of Yorkton, 1st Vice-President; Dr. Davidson, of Regina, 2nd Vice-President; Dr. Charlton, of Regina, Secretary-Treasurer. Executive Council: Dr. O. Stephens (Regina); Dr. J. R. Matheson (Prince Albert); Dr. O. R. Peterson (Saskatoon).

The Interior Medical Association held its annual meeting at Rossland, B. C., July 30th. Several interesting papers were read, one of which by Dr. Sutherland (Revelstoke, B. C.) on "Beri-Beri," the result of observations on 150 cases will be published shortly.

The officers for the ensuing year are:—President, Dr. Sutherland (Revelstoke, B.C.); Vice-President, Dr. C. M. Kingston (Grand Forks, B. C.); Secretary-Treasurer, Dr. E. C. Arthur (Nelson, B. C.). Executive Council: Dr. Green (Cranbrook; rD. Higgins (Fernie); Dr. Morris (Vernon); Dr. Archibald (Kamloops); Dr. Knox (Kelowna); Dr. Kerning (Rossland). The place and time of next meeting was left to the executive. The principal subject to be discussed at the next meeting was "Contract Practice"—a question of great interest to many physicians in the Interior of B. C.

VITAL STATISTICS

Winnipeg, July: Births, 146; 75 males, 71 females; Deaths, 139; 73 males, 66 females; Marriages, 128.

Diseases	Cases	Deaths
Typhoid	39	3
Scarlet Fever	11	1
Puerperal	1	1
Diphtheria	15	1
Measles	1	—
Erysipelas	2	—
Whooping Cough	1	—
Chicken Pox	4	—

19 Typhoid cases are said to have come from outside points.

Edmonton: Births, 46; Marriages, 34; Deaths, 23; (1 tuberculosis, 2 accidents).

MEDICAL NEWS

The Council of the College of Physicians and Surgeons of Manitoba met in the Medical Library, July 11th—Dr. Rogers in the chair. Present: Drs. Paterson, Gray, O'Brien, Milrov, Moody, Hutchinson, Rogers, Thornton, MacFadden, McCharles, Harrington, Ross, Cunningham.

The routine business was done and the only new business was a resolution to recompense city members $5.00 for each meeting. The Winnipeg General Hospital asked for suggestions from the Council. It was resolved not to take any action. Dr. Milroy brought up the question of the relation of the University and the College, but it was decided to leave the matter over till he presented his report from the University Commission.

At the annual meeting of the Maritime Association the following resolution was carried: "Resolved that in future the Committee of Arrangements so govern papers dealing with matters of public interest that they may be read at a large public gathering to be convened for the purpose. The object being to give greater publicity to matters concerning which the public are lamentably ignorant."

In the "Lancet," June 27th, attention is drawn to the fact that in pamphlets giving descriptions of holiday resorts and their accommodation, etc., information is given on every point but the one of greatest moment—that of the sanitary condition of the place and the fitness and adequacy of the water supply for drinking purposes.

The names of 189 physicians have been struck off the Ontario Registers for non-payment of the annual dues of $2.00. The Registrar is required to give notice before striking off any names, so if any Western man has not received due notice he can ask for re-instatement by paying his due.

The States are pushing forward Interstate Reciprocity. The number that have such privileges is increasing daily. Virginia, for example, has reciprocity with 14 States. It is good to note the Ontario Medical Association brought the question at their Annual meeting.

Dr. Caldwell Smith, of London, in his report draws attention to the fact that Inspectors under the Food and Drugs Act employ deputies to purchase most of his samples,

but in the case of milk it is best to obtain them himself, as if the vendor of adulterated milk suspected it was wanted for analysis the can is apt to be "accidentally" upset. If a deputy has been obtaining the sample, no proceedings for refusal to serve can be instituted, whereas if such occurred if the Inspector himself demanded a sample the contrary would be the case.

Editorial in "St. Pauls" (July) dealing with question of Modern Education says where it fails is in teaching principles of personal and domestic hygiene; the science of prevention of contagious diseases; the understanding of sexual physiology; prevention, and danger of venereal disease.

A new Commission will shortly proceed to South Africa to investigate sleeping sickness, organized by the Royal Society and in charge of Sir David Bruce. The Commission is to investigate the natural history of Glossina palpalis and also Dr. Koch's theory that crocodiles provide food for the fly. Dr. Bruce has just been knighted for his researches in connection with Malta Fever. Malta is now one of the healthiest garrisons.

The National League for Physical Education was formed in England last year by Sir Lander Brunton. This Committee has now formed a Joint Committee with the National Health Society, the Infants' Health Society, the Liverpool Life Preservation Committee (with Treves as Chairman).

The Government has purchased 800 acres, two miles from Ponoka. The site for the Alberta Asylum is to be the S. W. quarter.

The result of the poll of members of the Royal College of Surgeons, England, regarding the admission of women was 415 against.

In order to lessen the infant mortality in the East End of London, it is proposed to found an Infants' Hospital, in the out-patients departments of which the mothers can be taught how to look after their babies. This will be done by the physicians and nurses.

It seems the Medical profession is to be the only one soon in which the unqualified man (quack) is to be allowed. The opticians of the West recently met and were strongly in favor of organization to get rid of what is known as the travelling "famous doctor"—(fakir optician).

In the Senate, on the second reading of the Bill in respect

to Patent Medicines, Senator Ross gave notice of an Amendment declaring that no patent medicines containing opium or any of its derivatives should be sold. More children are killed by patent medicines loaded with opium or morphine than by disease. The taste for drugs can be also acquired in this way. Samples of drugs left from door to door whereby some children have been killed is also being looked into.

At the suggestion of Dr. McQuown,, of Marion, Md., an ordnance has been passed prohibiting transient medicine vendors from operating in the city. It is strictly a prohibitive one and requires a license fee of $25 per day from all persons who desire to sell medicines in Marion. This includes all persons known as street corner "Medicine Fakirs," transient doctors who sell from house to house and specialists who establish an office in local hotels for a day only. Each violation of the ordnance is punishable by a fine of not less than $25 and not more than $100.—("Lancet Clinic," July).

Dr. Brown, the Sanatarium expert from Saranac, N. Y., has recommended the site at Brokenhead River as the most suitable for the Manitoba Sanatarium.

At the Ontario Medical Meeting, July, a lively discussion took place on Dr. Starr's motion:—"The attention of the Council having recently been called to the prevalence of crime against the unborn that when the detective becomes aware of such a case he be instructed to lay the matter before the prosecutions committee who will after careful inquiry pass the evidence when deemed advisable on to the Discipline Committee for action."

At a meeting of the National Health League for Physical Education, Sir Lander Brunton said attention was now being drawn to the training in hygiene in the schools and the plan of a doll's class was suggested whereby the small girls could be taught lessons in personal hygiene.

Toronto is to have a pasteurizing plant at which modified and certified milk is to be dispensed to those who desire it. 15,000 children are said to die every year in Canada owing to poisoned milk.

There is a movement in Brandon for strict milk ordinance.

Dr. McIntyre, M.P. for Strathcona, at the meeting of the Select Standing Committee, July 16th, moved that before the adoption of the final report they reconsider the printing of Pro-

fessor Robertson's address which would be detrimental to the permanent progress of the West and which was not justifiable. This was carried and the report is to go out with the strictures on the West eliminated.

The American Public Health Association meets in Winnipeg August 25th to 28th. A large gathering is expected. All meetings are to be held in the Royal Alexandra Hotel, Winnipeg.

The new hospital building at Prince Rupert is now completed. Dr. Ewing is the Medical Superintendent. Accommodation for 75 patients.

Mr. William O'Dell has been awarded the contract for the erection of the large Sanitarium for Consumptives at Tranquille. The contract is $65,000. Construction is to be started immediately. The complete building is expected to cost about $100,000. The total amount given by the government is $50,000—$10,000 of which is conditional upon the erection of a separate building for the treatment of patients in an advanced stage. Dr. Stevens has resigned from the executive owing to ill health.

It is said that a Commission of Physicians is to be formed in Toronto in the Fall which will make arrangements for a supply of certified milk so that patients can know where such can be obtained. This Commission is to be independent of either Civic or Provincial authorities. The milk will be chemically and bacteriologically tested once a month. A veterinary inspector will inspect the stables and the cows. The milk will be delivered in bottles on the top of which will be stamped the date and the official certificate of the Commission.

PERSONALS

Dr. L. E. Borden has located in Nelson, B. C.

Dr. D. LaBau, who practiced in Nelson for 16 years, has removed to Spokane, Wash.

Dr. Wm. J. Lea, of Toronto, has settled in Vancouver.

Dr. and Miss More, of Brandon, have been visiting Vancouver.

Dr. Faggan, Provincial Health Officer, Victoria, met with a very serious injury lately through an accident while driving home in his auto.

The Hon. Dr. Young and Mrs. Young have been visiting Vancouver.

Dr. J. R. Alexander, Professor at Western University, has been appointed to the University of Alberta.

Dr. H. E. Tremayne, who has been with the G.T.R. for the last two years, will now practice in Prince Rupert.

Dr. R. Kenny, Winnipeg, has been on a visit to Ottawa and Vancouver.

Dr. D. S. Mackay has deturned from attending the Tercentenary celebrations.

Dr. Blanchard has gone on a visit to the Old Country.

Dr. M. O'Brien, of Dominion City, visited Winnipeg at Exhibition time and carried off several prizes for his wolf hounds.

Dr. Livingstone, Winnipegosis, is visiting Calgary.

BORN

BIGELOW—Wife of Dr. Bigelow, of Brandon, of a son, July 28th.

OBITUARY

MEWBURN—At his residence in Toronto, July 30th—Frances C. Mewburn, M.D., in his 92nd year—father of Dr. Mewburn, Lethbridge.

BOOK REVIEWS

"INTERNATIONAL CLINICS"—A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Othology, Rhinology, Laryngology Hygiene, and other Topics of Interest to Students and Practitioners. Edited by W. T. LONGCOPE, M.D., Philadelphia. Vol. II. Eighteenth Series. J. G. Lippincott Company, London and Philadelphia' 1908. Price, $2.25 cloth.

The second volume of the International Clinics is made up, first, of treatment specially referring to Scarlet Fever; Vaccine treatment ;and treatment of Dysentery by Serum; also a Review of the uses of Atoxyl in treatment of Syphilis, Dr. Hallopeau's view apparently being that it is a substitute for Mercury when a rest is required.

The Second part consists of Medicine, Surgery and Gynaecology, and Pediatrics in which there is a very interesting view of inherited Syphilis. The Dermatological Section is devoted to a Review of Rhino, Scleroma with special reference to Treatment by X-Rays. In Medicine there is a discussion on the X-Ray picture of the relations of the Heart Diaphragm and Stomach. These volumes are exceedingly instructive and give one a good idea of the progress in the various branches.

GOLDEN RULESS OF DIETETICS.—By A. L. BENEDICT, M. D. Attending Physician, Mercy Hospital; Consulting Physician, City and Riverside Hospitals, Buffalo, N.Y. Small Octavo: 407 pages. Golden Rules Series. St. Louis: MOSBY MEDICAL BOOK CO., 1908.

The above is a concise outline of diet which should prove helpful to the practitioner not only in his treatment of his patients but the chapter on the general hygiene of eating should be of great use to the physician himself in the preservation of his own health

The various systemic diseases are treated from a dietetic point and the important question of Infant feeding is well discussed. It would be well if Dr. Benedict would expand this very useful volume.

The Bulletin of the University and College of Medicine, Richmond, Va., for July, contains:

(1) Rapid Clinical method for Determination of Ammonia Co-efficient in Urines.

(2) Autopsy and Microscopice Technique for Rapid Diagnosis of Rabies.

(3) Opsonins and some practical results of Therapeutic Inoculation with Bacterial Vaccines, etc.

Each contribution in this bulletin is of interest and appears in no other publication, the first being specially interesting to the profession just now.

We have received from Health Department of Edmonton, the By-Laws regarding Licensing inspecting and regulating of Dairies and Vendors of milk. They are very detailed and stringent and apparently all that is needed is the enforcing of the laws. Let us hope that the good work of the Health Authorities is not blocked by unthinking Legislators.

The pamphlet just issued on "the law and Regulations of Canada respecting immigration and immigrants seems to need nothing but the proper carrying out of them by the various officials.

CORRESPONDENCE

Editor W. C. M. J.

Dear Sir,—I think the history of the following case of Formalin Poisoning might be of interest, as these cases are likely to become more frequent owing to the popularity of Formalin as a germicide for smut in wheat.

The case occurred miles from a physician and as the woman did not receive medical attention, it is her own account.

She swallowed the Formalin before breakfast in mistake for a quinine iron and wine mixture. Putting the bottle to her lips she swallowed some and thought it tasted peculiar, but being in a hurry did not take time to consider and hastily swallowed more—about a tablespoonful.

She immediately felt violently ill, did not vomit, but had a burning sensation in the mouth and the stomach, with numbness of the back and tingling of the extremities and surface of the body.

Her husband and father were milking in the stable, 40 yards away. She rushed to them but could not speak. Seeing a pail of milk, she drank copiously with immediate relief. Her husband then gave her an emetic of mustard and hot water till vomiting commenced. In less than an hour she says she felt better and the disagreeable symptoms disappeared with no after bad effects.

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8-08

Synopsis of Canadian North-West Homestead Regulations

Any even numbered section of D minion lands in Manitoba, Saskatc wan and Alberta, excepting S and nct reserved, may be homesteaded - any person who is the sole head of family, or any male over 18 years age, to the extent of one-quarter s tion of 160 acres more or less.

Application for entry must be m in person by the applicant at a Dom ion Lands Agency or Sub-Agency the district in which the land is uate. Entry by proxy, may, howev be made at an Agency on certain c ditions by the father, mother, s daughter, brother or sister of an tending homesteader.

DUTIES:

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

(2) A homesteader may, if he desires, perform the required reside duties by living on farming land o ed solely by him, not less than eig (80) acres in extent, in the vicinit his homestead. Joint ownership in will not meet this requirement.

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

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

W. W. CORY,

Deputy of the Minister of the terior.

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

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Solution Adrenalin Chloride
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Ounce bottles. Used as a spray (diluted with physiological salt solution), application being to the nares and pharynx.

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Ounce bottles. Used as a spray, undiluted.

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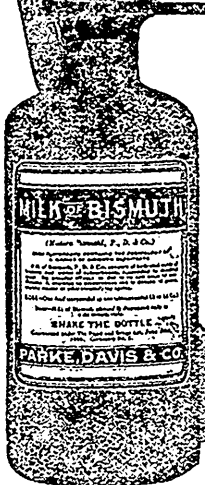

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4. It agrees with the most sensitive stomachs.

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