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# The Maritime Medical News,

(HALIFAX, NOVA SCOTIA.)

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VOL. VI.—No. 12.

DECEMBER, 1894.

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ACADEMY OF MEDICINE  
TORONTO.

1894

## SEASONABLE SUGGESTIONS.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections, reports of a recurrence of the La Grippe epidemic which for the past six or seven years has afflicted the country.

This fact makes particularly pertinent a recalling of the salient points of Dr. V. W. GAYLE'S paper first published in the *Medical World* in the midst of La Grippe's most malignant visit. It will be well to note closely his recommendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease by proper treatment of an attack can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications, even in mild cases the tendency is towards prostration, and often the nervous shock is such as to materially debilitate the patient. Where there is much angina with acute bronchial irritation, the following is indicated:

R Ammon Chloridi .....	℥ ij
Potassii Chloras .....	℥ j
Tinct Ferri Chloridi .....	℥ ij
Syr. Simplex .....	℥ ij
Aquæ .....	q. s. ft. ℥ iv

M Sig.—Teaspoonful in sweetened water every four hours, also apply to the throat with probang every three hours.

Quinine is the best germ destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia and quinine in combination; also with antikamnia and salol. The relief obtained by the administration of antikamnia alone, where the cephalalgia was severe, as in the majority of my cases, was wonderful. When the pain seemed almost intolerable I have seen a ten grain dose banish it.

Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one part of the former to two of the latter, applied directly to the chest, answered admirably as a mild counter-irritant.

Expectorants are often needed, and antikamnia should be administered with them thus:

R Antikammi (Genuine) .....	℥ j
Syr. Senega .....	℥ j
Vini Ipecac .....	℥ ij
Syr. Tolutan .....	℥ iv

Mix and let stand until effervescence ceases.

Sig.—Teaspoonful every two hours.

The mild chloride of mercury in minimum doses often repeated will be beneficial. The following prescription is a favorite of mine:

R Hydrarg. Chlo. Mit .....	gr. j
Sodii Bicarb .....	℥ j
Lactopeptine (Genuine) .....	℥ ss
M. ft. Chart No. X.	

Sig.—One every hour until all are taken, followed by a full dose of hunyadi janos water."

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Gayle concludes his paper as follows: "What is mostly needed is an antithermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ destroyer quinine is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed in the onset of the disease. Sprays of carbolic acid, turpentine or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant."

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The Collegiate Courses of this School are a Winter Session, extending from the 1st of October to the end of March, and a Summer Session from the end of the first week in April to the end of the first week in July to be taken after the third Winter Session.

The sixty-first session will commence on the 3rd of October, and will be continued until the end of the following March; this will be followed by a Summer Session, commencing about the middle of April and ending the first week in July.

Founded in 1824, and organized as a Faculty of McGill University in 1829, this School has enjoyed, in an unusual degree, the confidence of the profession throughout Canada and the neighbouring States.

One of the distinctive features in the teaching of this School, and the one to which its prosperity is largely due, is the prominence given to Clinical Instruction. Based on the Edinburgh model, it is chiefly Bed-side, and the student personally investigates the cases under the supervision of special Professors of Clinical Medicine and Surgery.

The Primary subjects are now all taught practically as well as theoretically. For the department of Anatomy, besides a commodious and well-lighted dissecting room, there is a special anatomical museum and a bone-room. The other branches are also provided with large laboratories for practical courses. There is a Physiological Laboratory, well-stocked with modern apparatus; a Histological Laboratory, supplied with thirty-five microscopes; a Pharmacological Laboratory; a large Chemical Laboratory, capable of accommodating 76 students at work at a time.

Besides these, there is a Pathological Laboratory, well adapted for its special work. It is a separate building of three stories, the upper one being one large laboratory for students 48 by 40 feet. The first flat contains the research laboratory, lecture-room, and the Professor's private laboratory; the ground floor being used for the Curator and for keeping animals.

Recently extensive additions were made to the building and the old one remodelled, so that besides the Laboratories, there are two large lecture-rooms capable of seating 300 students each, also a demonstrating room for a smaller number. There is also a Library of over 15,000 volumes, a museum, as well as reading-rooms for the students.

In the recent improvements that were made, the comfort of the students was also kept in view.

**MATRICULATION.**—Students from Ontario and Quebec are advised to pass the Matriculation Examination of the Medical Councils of their respective Provinces before entering upon their studies. Students from the United States and Maritime Provinces, unless they can produce a certificate of having passed a recognized Matriculation Examination, must present themselves for the Examination of the University on the first Friday of October or the last Friday of March.

**HOSPITALS.**—The Montreal General Hospital has an average number of 150 patients in the wards, the majority of whom are affected with diseases of an acute character. The shipping and the large manufacturing concerns contribute a great many examples of accidents and surgical cases. In the Out-door Department there is a daily attendance of between 75 and 100 patients, which affords excellent instruction in minor surgery, routine medical practice, venereal diseases, and the diseases of children. Clinical clerkships and dresserships can be obtained on application to the members of the Hospital staff. The Royal Victoria Hospital, with 250 beds, will be opened in September, 1893, and students will have free entrance into its wards.

**REQUIREMENTS FOR DEGREE.**—Every candidate must be 21 years of age, having studied medicine during four six months Winter Sessions, and one three months' Summer Session, one Session being at this School, and must pass the necessary examination.

For further information, or Annual Announcement, apply to **R. F. RUTTAN, M. D., Registrar,** Medical Faculty, McGill College.

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## Original Communications.

### SOME FACTS AND FANCIES CONCERNING INFLUENZA.

By G. D. TURNBELL, M. D., Musquodoboit.

Read before Nova Scotia Medical Society,  
July, 1894.

Among the acute infectious diseases Influenza or La Grippe claims a prominent place. Its history extends back into the remotest periods of which any records of epidemic diseases exist: while as to distribution, probably no country on the globe can claim total exemption. That its early history is shrouded in uncertainty we are well aware: still from the meagre descriptions of maladies which occurred as epidemics we have every reason to suppose that to the ancients it was not entirely unknown.

Probably the earliest recorded outbreak of what we presume was La

Grippe occurred in 415 B. C., where according to the record of Siculus, nearly the whole Athenian army was prostrated by a coughing sickness. Then as age after age passed away, vague descriptions of a disease characterized by cough and fever have been from time to time recorded. In 827 A. D. a cough affection spread over Europe followed some fifty years later by a similar epidemic, which, starting in Italy is said to have spread rapidly over the neighboring European States. Again a coughing illness affected the people of France and Germany in 976, while the whole of Europe suffered from a similar complaint in 1173.

Parkes describes traditions of six epidemics resembling our Grippe, during the fourteenth, and seven during the fifteenth centuries. In one of the latter, commerce was partially paralyzed, due to its severity and high mortality.

It is not however till the sixteenth century that records become very re-

liable. In 1510 a disease visited Great Britain, characterized by "a greivous pain in the head, heaviness, difficult breathing, loss of strength, restlessness, hoarseness, etc. The first day it was without spitting, but about the 7th or 8th day much viscid plegm was spat up. others, (though fewer) spat up only water and froth. When they began to spit, the cough and shortness of breath became easier."

This account was by a chronographer living at the time and quoted in the work of Thompson, *Annals of Influenza*, 1852. In the same work is an account by Thomas Short, of an epidemic of terrible severity which swept over Europe in 1557, and is said to have also reached as far as America, while others claim that the first American epidemic occurred in 1627, when it broke out in Massachusetts and Connecticut, thence spreading southward to the West Indies, and into South America as far as Chili. Probably, however, the earliest recorded outbreak occurred in 1617 as described by Webster, in "a Brief History of epidemic and pestilential diseases."

The outbreak of 1557, occurred in England during September, after an unusually wet season. The following is the description given: "Presently after many catarrhs occurred, followed quickly by a more severe cough, pain of the side, difficulty of breathing and a fever. The pain was neither violent nor pricking, but mild. The third day they expectorated freely. The sixth, seventh or at farthest the eighth, all who had that pain of the side died, but such as were blooded on the first or second day recovered on the fourth or fifth; but bleeding on the last two days did no good. All were worse at night than by day, such as recovered were long valetudinary and had a weak stomach."

This epidemic was without doubt malignant Grippe. Its mortality was frightful, probably owing to the un-

sanitary condition of the age. According to Wilson in Pepper's system of Medicine in a small town near Madrid two thousand people died. The treatment was purging and bleeding, and of the fatal cases all had been bled. In Delft it carried off five thousand of the poor inhabitants, while it is said that all through Europe thousands were affected simultaneously and that the populace of entire cities fell ill in a day.

From the sixteenth century onward epidemics of greater or lesser severity have affected more or less the civilized world. Some of the most widely spread occurred in 1627, 1732-33, 1767, 1781-82, 1830-32, 1850-51, 1857-58, 1874-75, 1889-present time.

The details of these while interesting from an historical point of view are of little value to us as general practitioners, and hence entirely beyond the scope of this paper. Before however proceeding to consider the etiology, etc., of Influenza it will be well to direct attention to a peculiarity of our latest visitor. Occuring first in the winter of 1889 the epidemic was widely spread and markedly severe. Since then it has recurred regularly year after year. The outbreak usually takes place in the late winter, or early spring and continues more or less for several months. As far as I can learn all previous epidemics ran their course in a few months and then disappeared not to occur again for several years. It seems almost as if it were becoming endemic with us rather than epidemic. That our trans-atlantic brethren are similarly afflicted seems evident from the numerous articles on the ruinous phases of Grippe in their current medical literature.

I think at the present time all are agreed that Influenza is a zymotic or germ disease, whether or no the true germ has been isolated is still sub-judice. Dr. Kanthack before the Harveian Society of London, in March 1894, demonstrated cultivation and

microscopical specimens of the Influenza Bacillus, but could state nothing more positive concerning them than that that they were the probable cause, being always found in the bronchial excretions of that affection but never in others. Experiments in animals so far have given negative results, while none have ever been made on man. Dr. Klein, however, possibly became infected while working for the Influenza commission. He suffered from an attack at that time and found the Baccillus in both his blood and expectoration.

The earliest etiological factor I have ever seen hinted at, is that of a Dr. Willis, who says: "About the end of April, 1558, suddenly a distemper arose as if sent by some blast of the stars." Perhaps the above gave origin to the idea recently advanced by a Chicago physician that Influenza was due to a *striped microbe* contained in star dust.

Among various theories advanced from time to time, certain atmospheric conditions, electrical changes and magnetic currents occupy prominent places, but none long satisfied the enquiring mind. Writing in 1837, Watson after discussing the above as causative factors ends by saying: "Another hypothesis more fanciful perhaps at first sight than these, yet more easily accommodated to the known phenomenon of the distemper attributes it to the presence of innumerable minute substances endowed with vegetable or animal life and developed in unusual abundance under specific conditions of the atmosphere in which they float and in which they are carried hither and thither. All this is sheer hypothesis but it is the only hypothesis that I am able to give you, and you must be content to conceive of it as being the possibly true one, till a better shall be proposed." Such then was the standing of the present germ theory 57 years ago, at least as far as Influenza was concerned.

Next in importance to the actual causative factor comes the question of

personal contagion, observers of high standing differ right here, some holding it to be highly contagious, others slightly so, and still others contending that it cannot be transmitted from person to person. As in many other things so in this the truth lies probably in the "golden mean." That direct contagion occurred in the following cases taken from my case book seems highly probable:

D. A. was taken ill Feb. 22nd 1894, with La Grippe—nervous phenomena predominating. On the 24th his daughter Miss A. came to nurse him, and on the 26th I found her suffering severely from a sudden onset of nervous Influenza. As soon as she felt ill she had at once returned home when a few days later a brother was taken ill with a similar attack. In both cases it seems highly probable that direct contagion was the cause. On the other hand we frequently find a whole household stricken down almost simultaneously, thus excluding personal contagion unless the incubation period is an inappreciably short one. In such a case the cause is apparently due to some common source of infection.

As all are familiar with the usual symptoms of Influenza I shall only direct attention to some of the more important ones or such as may have some particular interest in themselves, passing in the mean while rapidly over there with which we most commonly meet.

Modern writers usually describe four varieties or types of the disease, viz: the catarrhal, nervous, febrile and gastro-intestinal, according to the predominance of one of the several groups of symptoms. Such a division is very convenient though necessarily artificial as in every case all the symptoms are present to a greater or lesser extent. In other words such a classification is one of degree rather than one of kind. To the popular mind only one type exists—the catarrhal and frequently on

making a diagnosis of Grippe, nervous or gastro-intestinal, the patient or friends have expressed surprise even doubt. To them no catarrh means no grippe.

As a rule the onset of Influenza is quite sudden, often there is no premonition whatever—the patient being attacked while in perfect health. Chills or chilly sensations are usually present whilst a distinct rigor is rare. Accompanying the chill there is a severe headache with suffusion of the eyes and a burning pain behind the eyeball. Sometimes the initial pain is in the small of the back, while again it may assume the form of a severe intestinal colic, more rarely and especially in hysterical women the attack may be ushered in by collapse. The patient turns faint, becomes giddy and perhaps falls. Convulsions have been known in such cases. Another and unusual mode of onset is the occurrence of sudden drowsiness amounting even to coma. The patient lies in a sort of stupor from which he may be easily roused but into which he again quickly relapses. Such a case I have never seen and must necessarily present no inconsiderable difficulty in diagnosis.

The pain of Influenza is twofold in character viz: aching and neuralgic. The former is severe and general though the back of neck, small of back, and limbs suffer most. The latter affects chiefly the head but is by no means confined to that region. The head pain is throbbing, crushing or lancinating. Every movement means an increase of pain while to lie long quiet in one position renders the aching intolerable. Angina like pains have been markedly present in some epidemics but none have come under my observation. To fully appreciate Grippe pain personal experience is necessary when the full significance of the term becomes apparent.

The temperature of uncomplicated grippe is not high, varying from 99½ to

103. It remains at nearly the same height for several days then drops often below normal and remains so for some time, a depression not seen in any other fever of so short duration.

In no other acute disease is there such marked muscular and nervous depression. It comes on all at once at the beginning of the attack, continues during the febrile stage, when it may almost as suddenly cease although as a rule it wears away gradually. The patient feels fit for nothing, has not even strength enough to be irritable. He is listless and gloomy, perhaps unusually drowsy. In fact drowsiness has been so marked a factor of the depression in many epidemics that it has been styled the "sleepy sickness." The eye lids seem too heavy to keep open nor has the patient energy enough to make the attempt. The eyes themselves present peculiar perhaps diagnostic appearances. Dr. John Crerar, in the *Lancet* of Feb. 6, 1894, describes what he terms a morbiomorphic expression of countenance which he defines as a mixture of the peculiar look which is found in measles, and that which is noticeable in a person under the influence of morphia. As Dr. Crerar is somewhat autocratic in his views I leave it to the imagination just what his morbilomorphic expression of countenance may mean, and simply state a few observations made in a series of about ten successive cases. In each I found a considerably contracted pupil not reacting to light and only very slightly to distances. This state of pupil was noticed soon after the onset and continued during the febrile stage. I trust some present may tell us something more of the phenomenon and then perhaps we may the better understand Dr. Crerar's statements.

The heart's action is described by some as usually slow and the sounds feeble, but as a rule I think it will be found a little quickened, the pulse of low tension and in the aged or feeble

generally intermittent. This depression of pulse is not unfrequently accompanied by attacks of collapse. One patient of mine not long since suffered from several such attacks. They came on suddenly and in seeing her in the first one the pulse was almost imperceptible, the skin covered with a cold, clammy sweat and respiration slow. Brandy was given hypodermically and the attack soon passed off.

The tongue is usually moist and slightly furred, there is almost complete loss of appetite while perversion or loss of taste is a common and remarkable symptom. As loss of taste is very uncommon in other acute diseases it may be regarded as of diagnostic value. The bowels are usually confined or irregular, while at times there may be considerable intestinal colic which should probably rather be considered as visceral neuralgia.

Severe sweating with an attack of sudden fever is said by one recent writer to be almost diagnostic of Influenza, if acute rheumatism be excluded. My limited experience has been quite to the contrary as I have usually found the skin hot and dry. The face is generally flushed and the conjunctiva more or less inflamed. Of the various rashes concerning which so much has been lately written I can say no more than that with perhaps one exception none have appeared in my practice, occurring but seldom they are of practical importance only when simulating those of the exanthematous diseases.

At the onset quite frequently the patient passes a larger quantity than usual of pale limpid urine, especially have I found this true in cases where the nervous phenomena predominated, but during the febrile stage the urine becomes scarcely, high colored and deposits abundance of water, while albumen and blood are said sometimes to be present.

Among the complications pneumonia undoubtedly occupies first place. Oc-

ccurring as Broncho-pneumonia in elderly people it has proved a most fatal one in my experience—three patients succumbing to it within a few days of each other in spite of my utmost efforts. In neither case was the temperature very high. In two the pulse was decidedly intermittent throughout. There was mild delirium. The expectoration at first was quite free and rusty colored. In all the respiration was rapid, while patches of dullness and bronchial respiration appeared here and there over both lungs. The strength rapidly failed, the powers of expectoration became deficient and the patient died.

As to sequellæ, every disease whatever occurring within a few months after grippe, has been put down as due to it, and it alone. True, the depression, both muscular and nervous, predisposes to attacks of illness which the patient might otherwise have escaped; but the same can be said of any exhausting disease. Few maladies occur frequently enough to warrant their being regarded as true sequellæ or of such a nature as to impress upon us the necessity of watching out for them as we do for nephritis following scarlet-fever. Among the most reputed sequellæ, affections of the eye and ear are most frequent, of the former, otitis media claims chief place. During the prevalence of grippe in Musquodoboit, a short while since several cases came under my notice, but in only one was I certain of its having followed the disease. The others gave histories of having had cold, etc., but were not ill enough to seek medical advice. In the one case mentioned, the patient came to me some three weeks after beginning convalescence from influenza, complaining of deafness. I found the external ear full of a mixture of pus, sweet oil and cerumen; after the cleaning out of which, he gradually recovered his hearing. Dr. Buller writing in the *Canadian Practitioner* says: "The ear is a very tempting and convenient hole to

fill; so it is filled accordingly." and I presume all present can bear out the truth of the statement.

The eye is said to be during or following grippe, in one of two ways, either there is much oedema or inflammation of conjunctiva which lasts a few days and then subsides, or inflammation may occur around and behind the eye-ball, suppuration takes place causing intense pain, and requiring the use of the knife for its alleviation.

Certain nervous sequelae have been described, but for the most part they are rare and accidental.

The relation of influenza to malignant disease, is an important question and worthy of serious consideration. A number of cases have been reported where middle aged persons after grippe have never recovered their health. They lost flesh and strength and finally died of carcinoma. Whether or not here was any connection between the two is hard to say, but the clinical facts seem to point in that direction.

Another question of relationship though of little importance, clinically, arose last winter and spring, when a number of cases of catarrhal jaundice occurred in Halifax Co., about the time grippe made its appearance, and to which attention was directed in the MARITIME MEDICAL NEWS. Several cases came under my observation. In one family two brothers were attacked simultaneously. Soon after several cases of grippe occurred in the neighborhood, which both the brothers escaped, while another brother, somewhat later suffered from quite a severe attack. Whether the jaundice was in any way due to the grippe germ as has been suggested, is hard to say.

The diagnosis of la grippe as a rule presents little difficulty. The absence of rigors, the marked prostration, the early loss or perversion of taste, the severe general aching and perhaps the condition of the eye will usually be sufficient to exclude the other acute diseases. Cases ushered in by coma

must present no inconsiderable difficulties, but speaking of generalities not curiosities, little trouble will be experienced. To the laity no difficulty at all exists. Every old lady in the province can settle the question should any chance doubt exist in the practitioner's mind.

To the patient the most important thing is treatment. Can you give me any relief? And although we can boast of no specifics, still relief can be given, and that quite promptly. I have frequently seen, after a hot foot bath and mild diaphoretic, 5 grs. of antipyrine or 8 grs. of phenacetin change the patients condition from one of misery to one of comparative comfort in half an hour. To which agent the credit was due, I am unable to state positively, but attribute it chiefly to the coal tar product.

If seen early and the skin is hot and dry, I usually give 8 or 10 grs of pulv. ipecac. co. accompanied by a hot foot bath and a hot drink, cover the patient up warm in bed and give antipyrine or phenacetin, often enough to keep the pain, aching and restlessness in subjection. After which a mild diuretic and diaphoretic mixture something as follows: Citrate of Potash  $\overline{3i}$ . Sp. eth nitrosi  $\overline{3i}$ . Syrup and water ad  $\overline{3i\frac{1}{2}}$ .  $\overline{3i}$  every two hours is administered. If the pulse be rapid, one or two drops of tr. aconite is added to each dose as long as required. For the marked depression strychnine is probably the most useful drug. It may be given in quite large doses, say  $\frac{1}{16}$  grs. in 24 hours. In the aged with irregular or intermittent pulse, alcohol is indicated, beginning with small doses and gradually increasing, providing the skin remains moist and the pulse be not quickened. Complications or any marked symptoms must be treated as they occur on general principles.

Although having previously stated that we have no specific, I must again refer to the writings of Dr. John Crerar



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who claims, if not a specific for the disease itself, at least one for its sequelæ. In the *Medical Annual* 1893 he is quoted as follows: "Having regard to the essential state of a severe attack of influenza, I conceived I would get the most effective antagonism to greatly increased alkalinity—and the bicarbonate of potash, was the first agent I thought of \* \* \* I give liberal doses 30 grains in half a tea cup of milk, every two or three hours. I add a few drops of tincture of capsicum, but this is not essential." In the *Lancet*, Feb. 3, 1894, he says that this treatment used early will prevent debility and obviate sequelæ, and further states, that under such treatment the acute symptoms and fever disappear in from 4 to 6 hours. He does not mention what he considers the essential state of influenza, evidently regarding other people as equally clever with himself, and disposes of those who have not had the same happy results with "his treatment" as himself, by saying that they have not given it as directed. I have had no personal experience in the matter, but have about the same confidence in soda bicarb. for influenza, as in mint water for acute rheumatism.

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### THE IMPORTANCE OF EARLY OPERATION FOR CANCER.

EDWARD FARRELL, M. D.

(Read before Nova Scotia Branch, British Medical Association.)

I will not trespass on your time to any extent in the few thoughts I will submit on this subject. I will make a very short paper and deal only with its subject-matter, from a practical standpoint.

Malignant growths are common in Nova Scotia. So far as our death rate is recorded it will be found that Cancerous Diseases stand high in the list of "Causes of Death."

Let us ask ourselves then what pro-

gress have we made of late years towards a more hopeful prognosis in this most fatal of diseases? Is there any gleam of hope to the cancer patient in the rapid onward march of surgical science that we have observed with such pride of late years? I can safely answer yes, to these questions. We have made some progress; very little it is true, but a little gain is a great one in so formidable and fatal a disease. The smallest hope is a great gain over "no hope." Recurrence after removal is almost as certain as anything in surgery, says Paget, in the great majority of cases. This means hopelessness in almost every case.

The result of the recent study of the etiology and pathology of cancers makes it almost certain that cancer begins as a local infection, and there is little doubt that it belongs to the germ diseases. It is believed that the source of infection is a micro-organism of a different order from those which produce fevers and other infective diseases, and that its attack on the system in the beginning is limited to the first point of infection and from that point the general infection is produced. In other words, it is a local disease at the outset and a distinct period of time elapses before the general system is brought under its influence a period of time, longer or shorter according to circumstances, we do not yet understand, probably such as the variety of the infection, as well as the different resisting power of various systems and various tissues to the invasion of the micro-organism. If this be true; how instructive it is! What a lesson it teaches us! How important is it that the general practitioner should learn the tremendous value to the patient of that *period of time*, the time between the first indication of cancerous growth, and that when the whole system is brought under its influence. *That period of time is a patient's only hope.* Once it has passed by death is inevitable. The

disease will run on to a fatal issue in one or two years as a rule. There is not the faintest chance of cure.

What care then can we take in our daily practise to take advantage of recent additions to our knowledge of cancer

Our first care should be to make an *early diagnosis*. This is of the greatest importance. Every case of small ulcer which shows no tendency to heal, especially if there is some infiltration of the tissues at its base, should be looked upon with suspicion. Every persistent abrasion or fissure about the mucous inlets or outlets of the body that remain open for a time, make a slight effort to heal and then open again usually mean the onset of epithelioma after a time.

Every nodule no matter how small that gives us three characteristics—pain; an increase in growth; and a tendency to acquire adhesions or infiltrate into neighboring tissues should challenge our closest attention.

Let us as early as possible after we see the case ask ourselves the question, is it malignant? and endeavor to answer the question definitely yes! or no! It may be said that we cannot always do so; that is true, but we should always aim to make a definite diagnosis as early as possible. On that depends in almost every case, the safety of the patient. Is there a member of this society who cannot call to mind cases that have gone on to a fatal result on account of a careless and slovenly diagnosis in their earlier stages?

How often do we find cases such as I have mentioned treated with ointments, washes, mild caustics and other applications of various kinds until many drift along towards the hopeless stage of general infection.

Our next care should be, if malignancy is diagnosticated, to advise an early and radical operation for the removal of the disease. Almost every text-book and every teacher of surgery

for the past quarter of a century has strongly urged the necessity of early operation. There has been a consensus of opinion among the authorities in medicine and surgery that removal in the early stage offers the only faint hope of safety for the cancer patient: still we must acknowledge that that view while it is held and taught does not seem to mould the opinion of the profession even to-day.

Recent advances in our knowledge teach us that this view is more certain, I would say: *most certain*, for in the past our sad experience had taught us that even the so called were not cured.

I believe the most favorable cases will give us better results in the future than they have in the past, but it will depend upon what we would call "a most favorable case." A most favorable case is one in which an early diagnosis is made, removal of the disease undertaken at its very inception; at the time its malignancy is decided on, and when the operation is full and complete that is, when every tissue that is likely to be infected is removed.

Why is an early operation often neglected? It is sometimes the fault of the practitioner, and sometimes the fault of the patient. It is too often the fault of the medical adviser, who, even though he is almost certain the case is malignant, waits and temporizes, he hesitates to decide positively in regard to medical treatment. It is a fatal error, and one that we should learn to avoid.

It is very often again the fault of the patient. In many cases the patient hides from the world the fact that cancer exists, so that it often goes beyond hope before it is seen by a medical man. There is also such a dread of a surgical operation in the minds of some, that they are willing too often to try plans of treatment of their own or the suggestions of friends. Patent medicines and advertised "cures" are given a trial, but all have but one result. They bring about the only real

danger in the surgery of cancer, delay! The radical operation is sought for them when it is often too late to do good. We can do much to remove this dislike and fear of a surgical operation. In the first place, we should impress patients with the fact, that any reasonable operation can be done, and we expect it to be done without pain or suffering of any kind, without fever, inflammation or any complications likely to involve either danger or distress. There is one other way in which we can calm the sensitive heart of those who shrink from an operation. By being able to point to a number of favorable cases. There is much to excuse the patient who resorts to quackery for the cure of cancer. He is able to say that the regular profession can offer little hope of cure even with the knife. The record of unfavorable cases is unfortunately too well known both to surgeon and patient. The bad record of surgery in cancer, can be improved also by avoiding the too common practice of operating on cases in which the system has already been infected. Cases in which the involvement of glands and infiltrations of surrounding tissues, make it apparent an operation is wholly useless. There may be cases that yet appear to be only on the border line of general cancerous infection, in which an operation may be done, but it should never be strongly advised, and only should be recommended by the surgeon, even under circumstances which justify him; with the fullest understanding with the patient and patient's friends that there is little hope of ultimate cure. But we should lay it down as an absolute rule, that any case which the best judgment of the surgeon declares a notoriously hopeless one should not be operated on.

One of the most instructive lessons of the past few years of study of malignant disease has taught us that cancerous infection spreads rapidly in the organ that is first attacked, *and that*

*the outlines of the growth do not represent the extent of the disease, that the infective elements of cancers permeate the apparently healthy tissue around the growth and invade neighboring lymphatic glands even before they give any evidence of infection. This belief is having a marked effect on recent operations for cancer. It is now believed, that in an operation for the removal of cancer, to be effective or hopeful of cure, the surgeon must cut wide of the growth and include a considerable portion of apparently healthy tissue around the tumor and that the neighboring lymphatic glands should be removed. I fully believe we will soon be able to point to better results in the operative surgery of cancer. When we observe more closely the two cardinal rules,—an early operation and a full and complete removal of the growth.*

---

PETER BRADLEY }  
 VS.  
 FRANK ROSSIN. }

I HAVE now to dispose of the merits.

In the first place, it was proved from the evidence for the prosecution and admitted by the defendant's attorney that defendant was not a person licensed or registered under the present act to practice medicine, surgery or midwifery.

Now the question comes, did he practice medicine, surgery or midwifery? and if so, was it for hire, gain or hope of reward? Let us see. Mrs. — swears, "that she was ill, that defendant called to see her and visited her more than a dozen of times. She told him her symptoms and he told her what was the matter with her. He prescribed medicine for her and gave her medicine, two or three bottles, and gave directions how to use it. Each time he came she told him how she was feeling and consulted with him about her symptoms, and she swears he also

used instruments upon her. He told her the medicine would do her good.

Mr. — —, another witness, swears defendant treated his wife, and that he is treating her still, gave her medicine, several bottles, administered the doses himself, purchased plasters and applied them on Mrs. — —, says his wife has been pretty sick.

Mrs. — — says, "she had not been well, and she consulted defendant, who visited her several times—gave her medicine.

Mr. — — also swears, he went to defendant and consulted him, told him he was suffering from dysentery or diarrhoea; he gave him medicine, says he didn't tell defendant what sort of medicine to get: Saw him three times.

— — also swears that defendant attended her, was at her house a number of times, she being ill at the time, prescribed for her, gave her medicine, told him her symptoms, he told her what was the matter with her. She says he was attending her for a pain and dizziness in the head.

— — also swears the defendant treated his wife, gave her medicine;—thinks his wife had inflammation of the bowels.

— — testimony also shews that defendant was treating his wife, visited her, told her what was the matter with her, a trouble peculiar to women, gave her medicine, his wife went to New Glasgow at request of defendant, to be treated by him there.

In Regina v. Hall, 8 Ont. Reports, 407, the evidence there shewed that the defendant undertook to cure a Miss Podger of cancer. His treatment consisted of friction and irritation of the surface of the body, and application of a certain oil by rubbing it on the parts of the body previously subjected to the friction. For this he received \$3.00 a visit. He stated that this was for the medicine being its exact cost and that he did what he did without gain or

reward or hope thereof. His language was, "I practise entirely from charity to suffering humanity, I do not expect to get a cent for what I do."

In the case of Regina v. Stewart, 17 Ont. Rep. p. 4, which was a case almost identical with this brought against defendant for an offence against the provisions of Sec. 45 of the Medical Act, R. S. O. ch. 148., the information there charged, that the defendant not being a person registered under the Ontario Medical Act, did unlawfully practise medicine for hire, gain or hope of reward; the question as to what was practising medicine came up, and Judge McMahon in giving his judgment says as follows, "In the Imperial Dictionary," "Medicine" is defined as "Any substance, liquid or solid, that has the property of curing or mitigating disease, or that is used for that purpose." To practise medicine must therefore be to prescribe or administer any substance which has or is supposed to have the property of curing or mitigating disease.

Now, looking at the evidence given in this suit, I cannot but come to the conclusion that the advising and prescribing for the several persons above referred to was practising medicine within the meaning of the Medical Act of 1892.

Now was it done for hire, gain or hope of reward?

From the evidence of Eliza Rollins, and from other of the witnesses for the prosecution, it appears that they each paid the defendant certain amounts of money which defendant says was for medicine alone. I cannot think that the defendant, who seems to have no other calling or occupation, treated these different people for a mere charitable purpose or with a purely philanthropic object, and without hope of any recompense whatever, —whether by horse hire or by payment for medicine.

The manner in which the amounts were paid, the fact of his never accounting to his patients for the monies received by him as to how they were expended, nor their desire that he should do so, his frequent borrowings, all go to convince me that the practising medicine was not done gratuitously, and I believe the same was done for hire, gain or hope of reward, and consequently an offence under the meaning of the Act was proved. I find therefore, that the defendant, Frank Rossin, being a person not registered or licensed under the Medical Act, 1892, and not having been engaged in the practice of medicine, surgery or midwifery in this province for five years immediately before the passing of the said Act, did for hire, gain or hope of reward, between the twentyfifth day of April A. D. 1894 and the twentyfifth day of October A. D. 1894, at New Glasgow in Queens County, practise medicine by prescribing medicines for E. R. for the curing of a certain bodily ailment or illness, that is to say a pain and dizziness in her head from time to time during the continuance of such ailment, and by administering medicines to the said E. R. for the curing of the said ailment, and by advising the said E. R. as to the treatment to be followed for the curing of the said ailment or illness, the said medicine having been so prescribed and administered otherwise than in the practice of dentistry or treating cancer by external application, and for such offense I do order that the said defendant Frank Rossin pay a penalty of twenty-five dollars, and shall also pay the costs of this prosecution which amount to the sum of twenty-six dollars and thirty cents:—and unless the said penalty and costs are paid forthwith, I do order that the said Frank Rossin shall be imprisoned in the Common Jail of Queens County for the space of one month unless the penalty and costs are sooner paid.

*Dated 23 November A. D. 1894.*

(Signed) H. JAMES PALMER,

*Stipendiary Magistrate for Queens County.*

THE LAST LEAF.—The following poem by Oliver Wendell Holmes, will doubtless be remembered by many of our readers. To us it recalls pleasant memories of a country schoolhouse, where its singularly melodious rhyme, as it was read, singly and in concert, by the members of the reading class, and its pathetic sweetness, left an indelible impression on the youthful mind and memory.

THE LAST LEAF.

I saw him once before,  
As he passed by the door,  
And again  
The pavement stones resound,  
As he totters o'er the ground  
With his cane.

They say that in his prime,  
Ere the pruning-knife of Time  
Cut him down,  
Not a better man was found  
By the Crier on his round  
Through the town.

But now he walks the streets,  
And he looks at all he meets  
Sad and wan,  
And he shakes his feeble head,  
That it seems as he said,  
" They are gone."

The mossy marbles rest  
On the lips that he has prest  
In their bloom,  
And the names he loved to hear  
Have been carved for many a year  
On the tomb.

My grandamma has said—  
Poor old lady, she is dead  
Long ago—  
That he had a Roman nose,  
And his cheek was like a rose  
In the snow.

But now his nose is  
And it rests upon his chin.  
Like a staff,  
And a crook is in his back,  
And a melancholy crack  
In his laugh.

I know it is a sin  
For me to sit and grin  
At him here:  
But the old three-cornered hat,  
And the breeches, and all that,  
Are so queer!

And if I should live to be  
The last leaf upon the tree  
In the spring,  
Let them smile, as I do now,  
At the old forsaken bough  
Where I cling.

# Maritime Medical News.

DECEMBER, 1894.

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*We have to thank many of our subscribers for a prompt remittance. There are still some to hear from.*

WHENCE comes Phthisis? It is a curious thing that in the case of the most widely spread and destructive disease which affects our race there should still be so much to learn of its causation.

Laennec, who did so much to help us in the diagnosis of Phthisis believed it to be a specific disease. His great contemporary, Broussais held on the other hand that it was an inflammatory process, and this view was supported and ably maintained by the illustrious Niemeyer, and many others.

The famous experiments of Villemin, in which he produced tuberculosis by inoculating animals with tubercular matter, and those of Tappeiner, in which pulmonary phthisis was produced by inhalation of tuberculous matter in the form of spray

threw a strong light on the mode of dissemination of the disease.

Further experiments however, by Burdon-Sanderson and others seemed to militate against the doctrine of a specific virus, for it appeared that tuberculosis could be induced by the inoculation of indifferent material, or even as a consequence of a simple wound. This was however, before the principles of Lister were generally understood, and it was not long until Watson Cheyne, carrying the plans of antiseptic surgery into the laboratory, was able to prove that the discrepant results of experimental pathology were due to faulty methods, and that in cases where tuberculosis had apparently followed inoculation with indifferent material, as glass beads, setons, and so forth, the active cause of disease had been accidentally introduced.

Cohnheim also, whose earlier experiments gave results in opposition to the theory of specific infection, came to the same conclusion, and after further research avowed his firm conviction in the infectious nature of tuberculosis notwithstanding no specific virus had yet been directly demonstrated.

This was in 1881, but even while he wrote, the patient labour of Koch had found the key of this long-vexed problem.

The hereditary transmission of phthisis cannot, with our present knowledge, be entirely denied, but instead of holding a high place in causal relationship, it is now difficult to see in heredity anything more than a predisposing cause, an inherent weakness of tissue, an absence of that vigour of resistance to inimical agencies which pertains to health. In his work on Bacillary Tuberculosis See has shown how the supposed existence of a germinal and inherited taint may be explained by infection from without.

And how much more cheering an outlook this is for the physician in his struggle against disease. Prevention is better than cure, and it is a more hopeful task to ward off attacks from without than to eradicate a vice grown up within.

Now, what do we know about the infection of tubercle? We suppose that next to the belief in the inheritance of phthisis still deeply rooted in the popular mind, the general answer to the question, How does Consumption gain access to the system? would be, through inhalation, we "breathe in tainted air": the dust of the streets, of halls, churches, theatres, railway carriages is full of bacilli, and these gain access to the lungs. And no doubt this is a frequent cause, perhaps the most frequent cause of the disease. But the tubercle bacillus may gain access to the tissues in other ways. Direct inoculation into the skin of material containing tubercle bacilli may cause the disease; this has been amply proved in the laboratory, and well authenticated cases have come under clinical observation. But this is comparatively rare. There is another path of infection, and one that has not yet received that attention from the public which it deserves, and that is, infection through the alimentary canal.

As far back as 1868 Chauveau produced tuberculosis in animals by feeding them on tuberculous substances, and more recently it has been shown that rabbits and guinea-pigs can be infected readily through feeding with the milk of tubercular cows.

In the *Lancet* of Oct. 27, there is a very interesting address by Dr. Woodhead, Director of the Laboratories of the Colleges of Physicians and Surgeons in London, on the Channels of Infection in Tuberculosis. He lays great stress on this aspect of the etiology of tuberculosis, considering that invasion through the respiratory tract is already well recognised while

the evident risk of infection through the alimentary canal has not received sufficient attention.

Dr. Woodhead dwells at some length on the real nature of the processes by which, on the one hand, the system resists the inroads of the disease, or, on the other, the bacillus overcomes the resistance of the tissues. He draws attention to the presence of lymphoid tissue in the throat, on the base of the tongue, in the tonsils, and round the orifices of the pharynx generally. In this lymphoid tissue exist those wandering cells, now generally known as "phagocytes," whose function appears to be to attack and destroy the various bacteria which may gain access to the body. These motile cells, in the manner of the amoeba, surround and engulf in their own substance minute particles of all kinds, dust, colouring matter, spores and bacteria, and apparently feed upon them. Now in the healthy state, and provided the number of bacilli be not too great, this function of the phagocytes is sufficient to protect the tissues from invasion. But if the bacilli are present in disproportionate numbers, or if the vigour of the phagocytes is impaired, as we can imagine it may be by a surfeit of bacilli, then the presence of the lymphoid tissue is a source of danger rather than a protection. For the phagocytes, having taken bacilli into their interior, and then retired into the deeper layers of the lymphoid patch, find themselves unequal to the task of digesting the bacilli, which now carry the war into the enemies' country and having gained access to the deeper tissues may there increase and spreading along the lymphatics gradually infect the whole system. In this way it has been shown that the bacillus finding an entrance through the tonsil, passes by lymphatic channels to the glands of the neck. Here further progress may be arrested, for the glandular tissue is

largely composed of phagocytes, but if not stopped here the infective process travels on through lacunar spaces and lymphatic vessels, and reaches the glands of the mediastinum, and not of the lung. Similarly, in the intestine, if the bacilli overcome the resistance of the tissues and penetrate to the subepithelial spaces, they soon reach the mesenteric glands, and have been traced from these through the diaphragm and into the lung.

The tubercular intestinal affections of the adult are generally secondary to pulmonary disease, and probably due to the swallowing of sputum containing bacilli, but this is not the case in the child. Clinical observation would seem to indicate that in the adult the respiratory tract is the usual path of invasion, and in the child, the alimentary passages. The tubercular affections of the intestine and peritoneum are, in the child, usually primary, and it is certainly not imagining too much to suppose that the infection is conveyed by milk.

In recent years attention has been drawn to the great prevalence of tuberculosis in domestic animals, especially to bovine tuberculosis, and the identity of this with the same disease in the human subject is fully demonstrated.

If tuberculosis can be produced in dogs, which are as a rule refractory to this disease, by feeding them upon tuberculous milk or meat, is it not at least probable that the same process may occur in man?

The danger is one recognised in several European States, and a very thorough system of meat infection is enforced.

A curious fact bearing on this has been observed in the Faroe islands. In this isolated community phthisis is almost unknown, but of late years cases of tubercular disease have been cropping up, and are there attributed to the use of tuberculous meat imported from Britain. The lungs are,

however, rarely affected. In the milk of tuberculous cows the bacillus is easily found; it is even found in the milk of animals in whom the disease is latent, that is, of animals in good condition, and having the appearance of health. Here then is a very real source of danger, and then we consider the large part which cow's milk plays in the dietary of children we feel the urgent necessity which exists for legislation, or we should rather say, for popular education on this subject, for legislation will make but slow progress unless the people are ready for it.

The practical conclusion for us in the meantime is to advocate careful selection of and attention to our friend and ally, the cow, and hygienic management of the dairy, and to insist on the use of sterilised milk for all hand-fed infants.

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WHAT constitutes practice for hire, gain or hope of reward! A trial and conviction was held and obtained on this matter, under the V. G. I. Medical Act 1892. The plea set up by the defendant's council was that monies received were for medicine only. The defendant is an illiterate fellow calling himself "Dr. Rossin." As the charge was merely for practising in contravention of the Act "for hire, gain or hope of reward" his antecedents, character and competence could not be made a subject of enquiry. He testified on oath that his father or mother owned the "Rossin House," Toronto, but refused to state where he had been educated, and on being asked whether he could read or write, swore he could. As this question of practice versus sale of medicine is one of interest to our readers, we publish elsewhere the decision of the Stipendiary Magistrate.

# FELLOWS' HYPOPHOSPHITES!

(SYR: HYPOPHOS: COMP: FELLOWS.)

## To the Medical Profession of Canada:

In submitting to you my Canadian combination, Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

- 1st. The statements contributed are founded upon experience, and I believe them true.
- 2nd. This compound differs from all hitherto produced, in composition, mode of preparation, and in general effects, and is offered in its original form.
- 3rd. The demand for Hypophosphite and other Phosphorus preparations at the present day is largely owing to the good effects and success following the introduction of this article.
- 4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

### PECULIAR MERITS.

- FIRST.—*Unique harmony of ingredients suitable to the requirements of diseased blood.*  
 SECOND.—*Slightly Alkaline re-action, rendering it acceptable to almost every stomach.*  
 THIRD.—*Its agreeable flavour and convenient form as a syrup.*  
 FOURTH.—*Its harmlessness under prolonged use.*  
 FIFTH.—*Its prompt remedial efficacy in organic and functional disturbances caused by loss of nervous power and muscular relaxation.*

### GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion, promotes assimilation and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspnoea is so salutary that they sleep for hours after the first few doses.

## NOTICE—CAUTION.

The success of Fellows Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, in the property of retaining the STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles: the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined and the genuineness—or otherwise—of the contents thereby proved.

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# THE MEDICINAL USES OF STRONTIUM SALTS.

Disorders of Digestion, with or without dilatation of the stomach, associated with cardiac and renal affections are promptly ameliorated by the exhibition of strontium bromide. According to M. Germain See (*P. Medicine Modern*, October 29, 1891,) this salt seems to enact the role of a carminative, preventing acid fermentations—acetic and lactic.

*Albuminuria*—MM. Constantin Paul and Germain See, have both reported that strontium bromide and lactate have been employed in Rheumatism and Bright's disease with good results. Dujardin-Beaumetz reports the employment of strontium lactate in a number of cases of Albuminuria due to various causes, in all of which the proportion of albumin was reduced fifty per cent. in from one to four days. His remarks upon this matter conclude thus: "In lactate of strontium we possess an invaluable agent whose action is at the same time certain and inoffensive."

The dose of strontium bromide will vary from ten to twenty grains, for the relief of Atonic Dyspepsia, Nervous Disorders, Rheumatism and Bright's Disease. In Epilepsy, double the quantity mentioned above.

Strontium being liable to contain other substances, such as barium, which seriously interferes with its therapeutic effects, we have made a special point to obtain the chemically pure salts from the well known laboratory of Merck, of Darmstadt, and physicians specifying our products may depend upon securing for their patients a perfectly reliable preparation.

**WYETH'S ELIXIR STRONTIUM BROMIDE.** Each fluid ounce contains forty grains of the pure crystalline salt.

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PRICES.	Strontium Bromide.	Strontium Lactate.
Per dozen bottles of 16 fluid ounces .....	\$19.00	\$25.00
Per Winchester " 80 " .....	7.00	8.00
Per Demijohn " 128 " .....	10.00	11.50

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### WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents White Pine Bark 30 grs., Wild Cherry Bark 30 grs., Spikenard 4 grs., Balm Gilead Buds 4 grs., Blood Root 3 grs., Sassafras Bark 2 grs., Morp. Sulph. 3-16 gr., Chloroform 4 mins.  
Per doz. 16 oz. bot., \$9.00.  
Per. Winch. 80 oz., \$35.00.

### Wyeth's Glycerole Chloride of Iron.

(NON ALCOHOLIC.)

THIS preparation while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substitute to insured the results desired, is absolutely free from the objections hitherto urged against that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.  
Per doz. 16 oz. bot. \$9.00.  
Per. Winch. 80 oz., 3.50.

NOTE—We will be pleased to mail literature relating to any of Wyeth's preparations, particularly of the new remedies.

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## SOCIETY PROCEEDINGS.

### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION. STATED MEETING OCT. 25th, 1894.

After disposal of ordinary business, clinical reports of cases were received.

Dr. John Black.—In the first place I would like to show part of the contents of a small cyst, which I removed to-day at the Hospital from an old woman's hand, aged 59. She had had rheumatism for two or three years. This swelling was in the palm of the hand. It was a cyst occupying the palm of the hand and running up the fore finger. It was evidently a cyst containing fluid. I decided to open it, and drain it with the expectation of getting a cure. The interesting thing about it is the character of the contents. The cyst contained numbers of melon seed bodies—of the size of split peas, and of firm texture. I had never met anything of the kind before. They have not been submitted to microscopical examination.

I used in the operation a new preparation for producing local anaesthesia, ethyl chloride. It is on the same principle as freezing with Ether, but more convenient. I have also used it in taking a needle out of a foot. It is very convenient and effective.

Dr. Black also presented the cervical vertebrae of a moose which he had killed. Two shots were fired. The first entered on the left side of head between the eye and nose—the second on left side of neck down close to the shoulder. The moose fell with the first shot, and death was evidently instantaneous. The bullet passed thro' lower jaw, upwards, breaking transverse process of third vertebra and lodging in body of fourth vertebra, producing a fracture inwards upon the spinal cord. It was easy to understand how an injury of this kind could produce immediate paralysis, but not so easy to explain why death should

be instantaneous. There was no opportunity to observe the condition of the cord.

Dr. Farrell.—The first case I have to describe is one of Goitre, treated by thyroid extract. The case is that of Mrs. G., a healthy woman, aged 38 she had always been healthy and subject to no diseases of any moment. She is married and has a number of healthy children. She first consulted me about the month of June 1893, the thyroid gland was then very large stretching across the neck covering the carotid arteries. Examination showed it to be the ordinary Bronchocele. I first administered potassium iodide, which she took increasing the dose from 5 to 15 grains, three times a day. At the same time iodine ointment was rubbed in thoroughly and faithfully but without any effect whatever. I have used the same treatment in other cases with good effect, however this case did not yield at all, and the tumor remained the same size and gave trouble in breathing.

Early in the case I commenced the use of the dessicated thyroid extract. I first gave her powders of from 5 to 6 grains each, one three times a day. She took 12 of these powders and then objected to the taste. I found in giving the remedy in any form, that that was the greatest objection which could be urged against it. And I may say that this objection to the taste of the dessicated thyroid made her take the medicine very irregularly. She took no more medicine until the 4th March, nearly three months, when I made a mixture of 80 grains of thyroid extract, with glycerine and water, each teaspoonful containing 5 grains of the extract. She took that pretty regularly for about 4 or 5 weeks. She got a bottle on the 4th March and again on the 30th April, which had a very marked effect upon the swelling, showing that if she had persisted with the remedy it would have proved successful. She

was satisfied with the amount of benefit she received from the medicine. She did not take any at all between April and September. She took another bottle on the 10th of September and repeated it on the 16th of October—so that altogether she has only taken 320 grains of the thyroid extract from March until now, a period of about six or seven months. The result is most satisfactory—the tumor is not now one quarter the size it was when she began to take the medicine. When she takes a bottle of the medicine she gets so disgusted with the taste that she refuses to take any more. I am certainly of the opinion that in this case if she persisted with the remedy for a short time until it had the full effect there would be an entire disappearance of the tumor. This is the first case in which I have used the thyroid extract, and I am glad to report so satisfactory a result from it.

Dr. Campbell.—If the dose administered, six grains of the powder, represent a gland, she would take the equivalent of three glands in a day. This would be too much. Very few patients can bear more than one gland a day. I have found the same experience as Dr. Farrell has, namely the objectionable taste to the powder. In one case this was easily overcome. I told the patient she could take it in any way she pleased, and she discovered that she could take it quite readily by mixing it with molasses. I do not think it is desirable to prescribe the powder in a mixture, that is certainly in a large mixture. I have been using Parke, Davis & Co's extract of thyroid. It may be enclosed in capsules and can also be obtained in the form of tablets. I have been using the preparation in cases of psoriasis, and so far I have prescribed it in three cases. I will present the results at a later date. I may say it had a very satisfactory result in one case. The biniodide of mercury is warmly recommended by

many authorities. The late Dr. Muir, of Truro, used<sup>m</sup> to rub the ointment over the swelling and have the patient sit in the sun until a smarting sensation was produced.

Dr. Farrell.—I will next report a case of prostatectomy. (A full report will appear in a later issue).

Dr. Campbell then reported a case of enlargement of the liver, this case which had been shown at a meeting of the branch last year, had been thought to be one of malignant disease of the liver. The patient had remained in the hospital, and was put on large doses of iodide of potassium, although no specific history could be elicited. Within the last few weeks, he (Dr. Campbell) had received word that the patient was practically well. He thought that this condition was syphilitic, although the patient strenuously denied ever even having been exposed to contagion.

Dr. Black, said he remembered a case where enlargement of the liver had been diagnosed as malignant by several New York doctors. The patient was, however, put on large doses of iodide. He recovered and is alive to-day.

Dr. Campbell said he wished to direct the attention of the branch to a recent issue of the *Lancet* which contained a report of some cases of diphtheria treated by antitoxin. Considerable discussion followed. Finally a committee consisting of Drs. Black, Campbell and Farrell was appointed to investigate and see if the antitoxin at present in the city be genuine and further where it could be obtained and at what price, and to report at next meeting. Meeting then adjourned.

STATED MEETING Nov. 8th. 1894.

After routine business—Dr. Black stated that the committee on antitoxin had not met, but that he had a sample of antitoxin with him which he would exhibit. He read extracts from an article in *B. M. J.* Oct 27th. as to

the present state of the treatment and also, how it might be procured. He stated that the material shown was Aronson's obtained from Schering, and was all there was in the city, about 5 grms. costing \$4.00.

Surgeon Col. Archer stated that he had written to the home authorities for supplies for the Military Hospital, which he hoped would soon arrive.

Surgeon Capt. Barefoot said that he had recently seen the Provincial Secretary, who had stated that he would do all in his power to obtain a sufficient supply for the province.

Dr. Farrell as a member of the committee, asked the branch to accept the report made by Dr. Black as at report from the committee, and also that the committee be continued, and that they would interview the Provincial Board of Health and try and have sufficient material imported.

It was decided that the committee be continued to report at the next meeting.

Dr. Farrell showed a specimen of osteo-sarcoma for which the leg had been amputated that day. A boy aged 11, family history good, general condition fair, last winter he fell from a cart striking his leg against a piece of spiling, it was badly bruised and some time afterwards a swelling appeared, had been poulticed and opened twice, a yellow fluid at first and afterwards pus came away. There was a large fungoid swelling on anterior surface of tibia, just below the knee. It implicated the whole bone. no microscopical examination had been made, but he thought that it was a case of giant celled sarcoma of the tibia. He would report on it the next meeting.

Dr. Black thought it might be a case of osteo-myelitis, both from the character of the swelling and the history etc. He referred to another case in V. G. Hospital, which was undoubtedly osteo-sarcoma, but at present the patient refused to have anything done.

Dr. Campbell leaned to the view expressed by Dr. Black, with the evidence that we have at hand.

Dr. Farrell thought Dr. Black's view a very reasonable one, but there were the general symptoms of malignancy, the large fungous mass, and the soft breaking down character might be accounted for by the age of the patient. He thought any operation for scraping and cleaning out the cavity would have been a most formidable one, and mentioned a case for which it had been done, the growth recurring higher up the limb.

Surgeon Capt. Barefoot asked leave to move a resolution: that the sum of two guineas be furnished from the branch to the "Anderson Appeal Fund." Carried.

The President then called upon Dr. Farrell to open the discussion on "Cancer." He took "Early operation in Cancer" as his subject. (His paper appears elsewhere).

Surg. Col. Archer cordially supported the views expressed by Dr. Farrell. He had long been familiar with the views of Banks of Liverpool and was an early convert to the doctrine of early and wide removal of the disease. He cited many instances of complete cure.

Dr. D. A. Campbell then took up the etiology of cancer. He said he would confine his remarks to the most practical aspect of the subject. Is the beginning of cancer a local change or is it a manifestation of a morbid substance in the blood which finds in certain localities conditions fit for its deposition, growth and development? Dr. Farrell in advising early operation, adopts the local theory, and is no doubt prepared to advocate the proposition that where cancer is met with in favorable situations it can be completely eradicated by surgical operations, and when they fail the inference is, that they had not been undertaken early enough or executed with sufficient boldness.

Paget, the ablest exponent of the constitutional origin of cancer contends that surgical operations, even when done at an early stage, never eradicate the disease. In speaking of cancer of the breast he says: "In deciding for or against the removal of a cancerous breast in any single case, we may, I think, dismiss all hope that the operation will be a final remedy for the disease, I will not say that such a thing is impossible, but it is so highly improbable, that a hope of its occurring in any single case cannot be reasonably entertained."

The main facts which supports Paget's theory are hereditary transmission and recurrence. In respect to hereditary transmission which is observed too frequently to be regarded as a coincidence. It admits, however, of other interpretations. Paget justly considered surgical operations as so many experiments for determining the part played by local or constitutional influences, in the production of cancer.

He quoted Paget as saying that in 500 thorough operations for cancer, recurrence may be sure in 499 and said that no one at that date could attempt to controvert such a sweeping statement. If true it must be admitted that it forms the strongest possible basis for regarding cancer as a constitutional disease.

Dr. Campbell went on to say that histological studies have clearly shown that the experiments referred to by Paget were imperfect, as what the older surgeons called complete excisions must have been incomplete.

He described the histological character of the smallest cancer nodule and its relation to the lymphatic spaces vessels and glands.

He said that within the past 20 years and more especially the past 10 years the methods of dealing with this disease have been modified to conform with the teachings of histology. A wide removal of infected tissue and

lymphatic areas, such as the older surgeons would not have thought of is now necessary for success, and early diagnosis is of great importance.

He urged the necessity of not waiting for palpable enlargement of the lymphatic glands as a diagnostic sign. He then gave some statistics of cancer by Wm F. Bull, in N. Y. Medical Record, August 25th, 1894. Between 1880-94 removed breast 118 times, a complete operation in 108 cases, diagnosis confirmed in all cases but one, 3 cases lost sight of, 4 fatalities from sepsis; 30 cases done since 1891. Leaving 75 cases for studying the question of cure. Fixed upon the three year limit.

Total number operated on 118; incomplete operation 10; complete operation 108; cases lost sight of 3; available for study 75; died from operation 3; recurrence died 50; still living with recurrence 2; died from other diseases after 3 years 4; alive and in good health 16; a percentage of 26.6%.

If a four year limit be chosen there would still be 20% of recoveries. It is interesting to note that in the 10 incomplete operations all died of cancer at the end of an average period of 34½ months, 3 having undergone several secondary operations.

Bull thinks that in at least one-half the cases of cancer of the breast without palpable enlargement of the axillary glands, the complete method of operation may be expected to effect a cure.

Curtis in the N. Y. Record, Feb. 24th 1894, gives an abstract of operations done in large European clinics. Proportion of cures of cancer of larynx, 6.6%, tongue, 5.8%, four year limit, breast, 20.7%, three year limit, uterus, 35.8%.

Halsteads, results recently published in the Johns Hopkins Hospital reports are of interest on account of the very complete operation which he performs. In 50 cases of cancer of the breast operated upon between 1889-94 only two

cases were lost sight of. The axillary glands were invariably cancerous though not always palpable, and in over one-half of them the prognosis was considered hopeless or unfavourable at the time of operation.

Local recurrences were prevented in all but three cases, while in only eight cases did metastases take place up to the date of writing.

Dr. Campbell said that the statistics quoted do not prove in a striking manner that early operation and even free removal is a sovereign remedy for the disease.

Five per cent of cures is however sufficiently large to destroy whatever value there is in recurrence as an argument for the constitutional origin of cancer.

He classed cancer with infective diseases such as syphilis, leprosy, tuberculosis, actino-mycosis, in most of which a specific microparasite has been demonstrated.

1st. Tumor formations are common to all, differing by each having a definite and diagnostic method of growing.

2nd. In cancer as in all these diseases, the morbid growths are prone to special modes of degeneration, of partial decay and of death, and they all tend to ulceration, each with a characteristic method shown in the shape of the ulcer, the structure of its boundaries and its mode of affecting the parts on which it encroaches.

3rd. All these diseases are at times infective; some by inoculation, all by invasion of adjacent parts or by the transmission of materials through the lymph spaces, lymphatics or blood vessels to parts far off. The fact that the micro-parasite has not yet been found is not sufficient to prove that it does not exist. He concluded by saying "the part played in the production of cancer by such well known factors as heredity, long continued local irritation and depressing mental emotions

are best expressed in terms of tissue resistance."

Dr. G. M. Campbell then took up the histology of cancers.

Dr. Black, said that by the surgery of cancer he supposed was meant the surgical treatment the tumor being removed either by the knife or some destructive agent. The latter means, he thought had been neglected by surgeons and had fallen into the hands of quacks. We ought to study more thoroughly the use of caustics. He agreed with Dr. Farrell in urging the importance of early and complete removal. He had seen Bull's and Halstead's work. The latter had shown him his statistics. Halstead does the operation more completely and fully than anyone that he (Dr. Black) had seen. The difficulty he thought as to early operation, was the difficulty of diagnosis, we have no means of saying that the growth is cancerous in the early stages, till the characteristic signs have developed, then it is impossible to perform the operation thoroughly, small particles of tissue must be left behind. It seemed to him that the treatment was in a very unsatisfactory state. He was not so sanguine as to the local origin as Dr. Farrell. He thought that there was something more than the local origin.

Dr. Goodwin in discussing therapeutics of cancer referred to the treatment by galvanic current. Iodoform acted well in epithelial ulcers. Pyoktannin had been spoken highly of lately. It was introduced by Sternberg as a deep penetrating antiseptic of use in epithelial growths.

Chloral douches were often very beneficial in uterine cancers. Paget's arsenical paste, resorcin and chian turpentine were spoken of.

Dr. Snow is impressed with the influence of worry and neurasthenia on the growth, and therefore thinks that morphia will often inhibit the growth of a cancer.

Surgeon Capt. Barefoot, said that he had been surprised at the statistics given by Dr. Campbell. He had thought that the results were much better, and as these cases were no doubt hospital ones, and therefore not seen early in the disease, the results might be somewhat misleading.

Dr. Chisholm thought that on account of the vast number of incurable cases, it would be very interesting to go into the question of sedatives. He referred to one case where opium gave no relief, when combined with sodium salicyl, it acted like a charm. It would therefore be interesting to know the combinations of sedatives that act well.

After some further discussion the meeting adjourned.

### Books and Pamphlets Received.

Persistent Albuminuria and Glycosuria with frequent Hyaline Casts, in Functional Nervous Diseases. By Landon Carter Gray, M. D., New York.

Travaux d'Electrotherapie gynecologique, Fondees et publiees par Le Dr. G. Apostoli. Vol. I. Paris.

A Synopsis of Practice of Medicine. By William B. Stewart, A. M., M. D. E. B. Treat Publisher, New York.

Practical Urinalysis and Urinary Diagnosis. By Charles W. Purdy, M. D. F. A. Davis Co., Publishers, Phila.

### Book Reviews.

A Manual of Human Physiology, By Joseph H. Raymond, A. M., M. D. Published by W. B. Saunders, Phila.

Saunders series of question-compend for students are well known. The volume before us is one of the new aid series and treats of physiology. The whole subject is presented in the space of some 366

pages. Only the main facts and principles of the subject are elucidated. There is usually only time for the student to acquire the known and well established facts of physiology in his college course. Even if he does this he is doing well. Usually the time spent on the more recondite and abstruse parts of the subject is profitless and confusing to the student. The author has had twenty years practical experience as a teacher of physiology, and has made good use of this long experience in the very clear presentation of the main facts of physiology.

Practical Urinalysis and Urinary Diagnosis. A Manual for the use of Physicians, Surgeons, and Students. By Charles W. Purdy, Queens University, Kingston. With numerous illustrations including Photo-Engravings and Colored Plates. The F. A. Davis Co. Publishers, Philadelphia. In one Crown Octavo volume p.p. 366 in Extra Cloth \$2.50.

The author in his preface says: "Our present knowledge of the urine and of diseases of the urinary organs, may be said to be altogether abreast with other departments of scientific and practical medicine. At present, however, this knowledge is only accessible to the student through somewhat extended search through general works on medicine, surgery, pathology, physiological chemistry, microscopy, etc., in addition to the various works devoted to this special subject. \* \* \* It has been the aim of the author in this work, to furnish the student, physician, and surgeon, in one moderate-sized volume, the essential features of our knowledge of the urine and urinary diagnosis, thoroughly up to date, and in the most systematic, practical and concise form."

The book is an excellent one—well written and thoroughly up to date. Every page testifies that the writer is conversant with the best literature of the subject, and has had an extensive personal experience.

The sections devoted to urinary diagnosis and the examination of urine for life insurance are new features, and add much to the value of the book. The illustrations are numerous and well executed.

The type, paper and binding, are excellent. We predict a large sale of the book.

A Synopsis of the Practice of Medicine. By William Blair Stewart, A. M., M. D. 8 vo. pp 433, New York. E. B. Treat, 1894. Price \$2.75.

While not favorable to the publication of compends, we recognize that they find favour with many students and busy practitioners. Dr. Stewart's work is by no means the worst of its class, and has many merits. Special attention is given to diagnosis and treatment, the main indications for the latter being clearly and concisely stated.

Essentials of Diseases of the Ear. By E. B. Gleason, M. D. Published by W. B. Saunders, Phila.

This volume is one of the many quiz-compendes that W. B. Saunders publishes. The present one promises to be handy and useful not only to the student, but even the busy practitioner. It is arranged in the form of questions and answers. The answers are terse and concise. The book is well printed and reflects credit on the publishers.

Syllabus of Lectures on Human Embryology: An introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological terms.

The publishers have done their work well in the volume before us. The outline drawings and photo-engravings of which there are seventy, are well executed. The work is interleaved throughout so that notes and illustrations may be added according to the reading done on any particular point. Only an outline of the princi-

pal facts of embryology is presented. It may be used by the professor as a skeleton for a course of lectures, or by the student who may make use of the blank pages for note-taking. The descriptions are short and pertinent. All in all this little book reflects credit on the author.

We have received the first number of the *Colorado Climatologist*. It is published at Denver, Colorado. It is devoted especially to the study of the relations to disease of climate, altitude mineral springs and occupation. It will also keep a record of current events of interest to the Medical Profession of Colorado, Wyoming and New Mexico. We wish it success.

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### PERSONALS.

Dr. H. V. Kent and Dr. S. I. Walker of Truro, have both within a short time taken unto themselves life partners. We extend to both the hearty congratulations of the NEWS.

Dr. John Stewart has opened an office at 37 South Street. He will confine his attention to surgery. The NEWS is glad to have Dr. Stewart so close at hand.

Case No. 2 reported by Dr. Dodge in our last issue, made a complete recovery of her sight.

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### Selections.

DOCTORS AS COMPANIONS.—The following passage from Mr. James Payn's "Gleams of Memory," now appearing in the *Cornhill Magazine*, will be interesting to members of the medical profession: "Upon the whole, and for a 'scratch' companion, I prefer a doctor to a man of any other calling. He may not be very good as a conversationalist, but he is rarely very bad, like a cheroot. He has had a genuine experience of life, and has seen down to the depths of it; a sick man does not attempt to

deceive his doctor, or put the best face on his character, as he does with a priest. Moreover, what is very unusual, your doctor knows more about you, professionally at all events, than you know about yourself. He does not tell you about it, it is true: not a word of that aneurism you carry about with you, and which will some day kill you in half a minute, but your consciousness that he may possess such knowledge makes him interesting. The best suggestions I have had made to me for plots for my novels have come to me from doctors, to whom I have also had cause to be grateful for many things."

—*N. Y. Med. Record.*

ADVICE TO PHYSICIANS.—The following advice, under the head of "How to Succeed," in the November number of the *Woman's Medical Journal* is quite as applicable to male as it is to female physicians, for whom it was intended:

"Various letters come to us asking methods of establishing one's self in practice. How to begin is the very pertinent question of young women in the profession who are standing, diploma in hand, at the door of their professional life. The question of location is usually decided by many outside influences, but if everything else is equal it is wise to go where there are other women practicing successfully. They have educated and familiarized the community with women as physicians, and this is a long step gained. A growing town, in a growing part of it, with an office fully equipped and with it a business like appearance, will do much toward declaring your intentions to the community. Having done this, call on your brother and sister practitioners, after due length of time join your local medical society and attend the meetings regularly. This is a point which is frequently overlooked and 'pity 'tis, 'tis true.' Go to as many meetings as you can: they serve to

keep you in touch with the best fellowship of the day; they inspire a healthful rivalry and a spirit of emulation that will augur well for you in the present and future. Whenever you are invited to read a paper, prepare it from your own experience, so far as possible citing the most approved authorities in support of your position. And, having taken a position and being convinced that it is tenable, hold to it until it is demonstrated fallible.

"People with opinions are always respected. Whether we agree with them or not, it is the physician who writes who makes his reputation, and it is reputation which brings success. I do not mean those who compile from others' work, but I mean those who, in the love of their fellow-men, set down that which they have found to be practicable and good for others to know, who have crystallized their thoughts into writing."—*N. Y. Med. Jour.*

EFFECTS OF THE SUN ON BACTERIA.—The recent study of micro-organisms has explained facts that we know to exist, but for which no intelligent reason could be given. The power of the sun's rays in destroying or modifying the action of many of the innumerable varieties of micro-organisms has been demonstrated in a marked degree, especially by the experiments of Dr. Palermo, of Naples. It was found that Koch's cholera bacilli, now almost universally credited with producing cholera in man, and which are fatal to guinea-pigs in about eighteen hours, if exposed to the sun's rays from three and a half to four hours, were perfectly harmless.—*Medical Times.*

BONE MARROW IN THE TREATMENT OF PERNICIOUS ANÆMIA.—The usefulness of this substance in pernicious anæmia was shown by Prof. Thomas R. Fraser in a valuable paper read before the International Medical Congress at Rome. He gave a very complete clinical history of a case in which no benefit occurred during the prolonged administration of both medium and large doses of iron and arsenic, but that rapid improvement resulted from the administration of ox bone marrow, both with and without iron and arsenic. The bone marrow was given by the mouth, uncooked, and in a quantity of three ounces daily.—*Canada Pract.*

# Treatment of Cholera.

Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of **Horstford's Acid Phosphate**. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The **Acid Phosphate**, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids.

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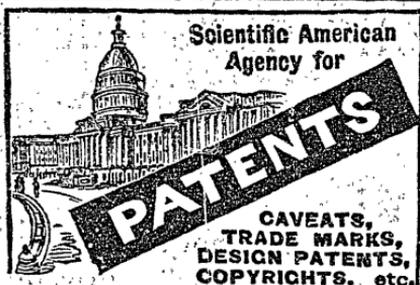
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