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# The Maritime Medical News.

(HALIFAX, NOVA SCOTIA.)

A MONTHLY JOURNAL OF  
MEDICINE and SURGERY.

VOL. VIII.—No. 3.

MARCH, 1896.

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#### The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Hervey Bell, 251 East 32d Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence; and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as honyadi water or effervescent citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

R Antikamnia Tablets (5 gr. each), No. xxx.

Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

R Antikamnia & Quinine Tablets No. xxx.

Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases the following combination is preferred to antikamnia alone:

R Antikamnia & Salol Tablets No. xxx.

Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

R Antikamnia & Codeine Tablets, No. xxx.

Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

THE  
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Original Communications.

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THE THERAPEUTICS OF THE CIRCULATORY SYSTEM.

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BY M. CHISHOLM, M. D.

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Read before the Maritime Medical Association.

The pathological changes common to the circulatory system are various in their origin and situation, but in their general systemic effects they may for convenience of treatment, be grouped under two conditions: 1st, venous plethora from arterial anæmia: 2nd, venous anæmia from arterial plethora and spasm. The word anæmia in each case is taken to denote diminished quantity and flow of blood. Of these two conditions—conditions which are often obvious at a glance—the first is nearly always found where the heart is primarily affected, the second where the circulatory system is affected secondarily. Venous plethora with arterial anæmia is to be expected in any disease of the cardiac valves or arterial tree which hinders the onward flow of blood. We will consider it first of all in mitral regurgitation. Here there is no impediment at the aortic valves to prevent the arterial system from getting its normal share of blood. The arterial anæmia is caused by the fact that the blood is partially diverted from the arteries, into the veous system through the left auricle. The pulmonary veins are first engorged. The capillaries of the lungs are over distended, the



pulmonary artery and right ventricle are over filled, the auriculo-ventricular valves give way, and the contractions of the heart send the blood thumping back into the venæ cavæ and through them into the jugulars and hepatic veins. All that is left to finish the clinical picture is the supervention of ascites and anasarca and various visceral engorgements from excessive backward pressure upon the capillaries.

In this condition digitalis is the remedy par excellence and along with it but not its equal is strophanthus, squills, convallaria, caffeine and broom. Taking digitalis as a type of its class we find that its physiologic effect is to compact the arterioles. Dr. Broadbent says that in cases of poisoning by digitalis the arterioles become impervious cords. This observation should be written with an indelible pen on the minds of all who prescribe it. It would save many a catastrophe from the use of a remedy which is like a two edged sword; (2) it increases the force of the heart's systole; (3) it follows that as a result of these two properties the larger arteries which are more elastic than contractile will dilate and hold more blood as is seen in a common syringe. This overfilling of the arteries will therefore relieve the veins by displacement; (4) as a further result of overfilling the arteries the coronary arteries opening just above the aortic valves receive the blood under greater and longer pressure, and thus the nutrition of the heart is sustained; (5) digitalis prolongs the diastole during which the blood flows from the veins through the auricles into the ventricles, thus further helping to empty the veins. How then does digitalis help in mitral diseases? Plainly not from any effect upon the left ventricle for any additional strength given to its contractions would only send so much additional blood backward into the venous circulation, especially since now from its contracting effects upon the arterioles the blood pressure in the aorta is raised. Any good which we can have must be obtained by hindering regurgitation into the left auricle, and digitalis effects this not by any narrowing effect upon the auriculo-ventricular opening but by raising the blood pressure in the left auricle. Now this can only be produced by increasing the strength and vigor of the right ventricle. So that we have a want in the left side of the heart made up for by increased action of the right side. Here the good action of digitalis begins to be exerted. Again since digitalis prolongs the diastole of the heart there is more time given to the pulmonary veins and left auricle to empty themselves into the left ventricle, and when the heart does contract the backward flow into these is retarded as before stated, so that the right heart is enabled to free itself. It will be readily seen

that when the right auriculo-ventricular valves give way the pressure in the left auricle requisite to force a due share of blood through the aortic valves cannot be maintained by any drug. In this condition any remedy which raises the blood pressure in front, must increase regurgitation behind. Rationally therefore we should expect more good from the nitrites—remedies which dilate the arterioles, lower the pressure in front and lessen regurgitation behind. Under their influence, with prolonged rest in bed and iron with strichnine, we may hope to have compensation established in many cases hereto looked upon as hopeless.

Coming to mitral stenosis we ought to have here also a condition of arterial anæmia for the left ventricle obtains less than its due share of blood, and of course it cannot give to the arteries what it does not receive. But Dr. Broadbent calls attention to the arterial fullness in this disease as evidenced by the impression made upon the finger, not by the pulse which is weak, but by the vessel itself which is full. But if there be fulness it must be by the damming up of blood from the over distended veins. And as far as the tissues are concerned they suffer from a want of the requisite supply of arterial blood.

The clinical picture presented by mitral stenosis is not that of the cyanosis and dropsy and lingering death of mitral regurgitation; nor the aged aspect, the drawn up cachectic countenance, the giddiness and sudden death of aortic disease, but rather the blanched appearance of young females, or it may be the florid cheek of health, with urgent dyspnoea on exertion, heaving epigastrium and the sudden appearance and disappearance of subcrepitant rales over the lungs. Three years ago a young married female walked into my office, well nourished and beautiful to look at. She was suffering from intense dyspnoea, which came on after leaving her boarding house  $\frac{1}{2}$  of a mile away. Subcrepitant rales were plainly audible all over the chest. The heart impulse was well marked. The apex beat up to the nipple line. After much search a presystolic murmur was heard, not in the usual place inside of the apex and towards the sternum, but above the apex and to the right. The pulse was regular but weak. Next day under small doses of aconite the patient walked into my office with no dyspnoea and with very few rales—but this day she took her time in walking. Not wishing to convey to her my unfavorable prognosis, I sent her to Dr. Parker who confirmed my diagnosis. We sent her home with a bottle of solution of nitroglycerine so labelled. She fell into the hands of a quack by the name of Scott who scouted our diagnosis, and assured her, but that for the poison we administered, he would cure her in a short time.

She died that fall however about 5 months after she walked into my office the picture of health but for the temporary dyspnoea.

What are the indications for treatment in mitral stenosis? This will depend upon its effects upon the heart itself. Clinically these effects according to Broadbent are divisible into three stages. The first is recognized by accentuation or reduplication of the second sound and its easy transmission to the apex in addition to the ordinary presystolic thrill and murmur. The second stage is characterized by the absence of feebleness of the 2nd sound at the apex. Not that it is weaker under the stethoscope at the base, but that the hypertrophied right heart has pushed the left apex away from the chest wall and we do not hear the aortic 2nd sounds at the apex in consequence. Then also in this stage we may have a diastolic murmur added to the presystolic. We have a short sharp valvular first sound from the sudden contraction of a partially filled left ventricle, and accentuated 2nd sound from pressure in the pulmonary artery and reduplication from the same cause. In this stage the right auriculo-ventricular valves are strained to their utmost, but they have not yet given way. In the third stage these have yielded. All mitral murmurs may disappear, since the blood pressure is lowered by tricuspid regurgitation. A tricuspid murmur is heard near the sternum, there is jugular and hepatic pulsation, there is no accentuation or reduplication of the second sound because the blood is diverted from the pulmonary artery. This is the stage in which a false diagnosis is easy, since the presystolic murmur is often absent. But the general symptoms the hypertrophy, the absence of the second sound at the apex and the valvular character of the first sound with the signs of regurgitation into the venous system will lead us aright. The indication for this third stage when happily recognized is to prepare for death. For the second stage to put the house in order, for any little extra effort, a bronchitis, will precipitate the third stage and worse. Digitalis here does harm. The right heart is already sufficiently powerful being greatly hypertrophied and the energetic contractions produced by the drug may instead of overcoming the resistance of the narrowed mitral, produce rupture of the tricuspids, and all the doleful symptoms of the dreaded third stage. Rest and remedies to lower the blood pressure are the only adjuvants left us—nitroglycerin, nitrite of amyl, aconite, the lancet, etc. Even in the first stage digitalis is to be used with caution. It may do service in preserving the nutrition of the heart. It will help to fill the left ventricle by the forced contraction and prolonged diastole, giving more time for the blood to flow into the ventricle. It will thus for a while make our patients think they are being helped.

Coming to diseases of the aortic valves we find arterial pressure lowest in that condition of the valves in which there is both stenosis and regurgitation, next lowest in stenosis alone, and most irregular in regurgitation without stenosis.

In all these affections of the aortic valves, the heart itself is the first to complain, giving pain and palpitation on exertion. The brain is next to complain after the heart, giddiness, headache, flashes of light and faintings on rising. A patient with these symptoms comes to us. We find well marked cardiac hypertrophy with aortic murmurs, direct or indirect or both. His pulse is regular. What shall we do for him? Prescribe digitalis, by no means. It does harm in any case of compensatory aortic regurgitation. 1st. By contracting the capillaries and raising the blood pressure, it calls for more vigorous action and forcible contraction of an already hypertrophied heart. It thus increases the irregularity of the blood pressure—the very thing we want to avoid. 2nd. The increased blood pressure but forces more blood back into the ventricle when the heart is in diastole. 3rd. Besides increasing the peripheral resistance it prolongs the diastole, and thus affords a double chance for over distending the left ventricle, so giving rise to precordial pain, favouring dilatation, endangering the tricuspid valves, and possibly paralysis from sudden dilatation. 4th. By the vigorous contraction necessary to unload an overfilled ventricle the aorta is subjected to great strain, and thumping, which induces atheroma of its walls and all the evils resulting therefrom. Plainly therefore, digitalis is capable of doing much mischief in the early stages of aortic regurgitation. Nor is it any better in the urgent symptoms of acute incompetency as evidenced by galop rhythm, urgent dyspnoea and lividity.

The remedy above all others for any very urgent distress from over-distention of any of the chambers of the heart as the climax of venous hyperaemia, is blood letting. And as sudden death is more to be feared in these cases where we have aortic regurgitation no time should be lost in opening a vein. The indication for doing so is not to be sought for in the arteries. They may be pulseless, yet if the countenance be cyanotic, if the jugulars be pulsating, if the epigastrium be throbbing, if there be anasarca or dropsy or oedema of the lungs from stasis of the venous capillaries, we have the requisit indications for blood letting, and we will often save lives which now are sacrificed by over-confidence in digitalis. After we have relieved the distended chambers digitalis may do good, by ministering to the nutrition of the heart, steadying it and overcoming dilatation. Its good effects ought to be much enhanced by

preventing its contracting effects upon the capillaries, which can easily be done with any of the nitrites. The spirits nitrous ether nitrite of sodium, nitro-glycerine and nitrite of amyl, of these for instantaneous effect we use nitrite of amyl by inhalation, and for prolonged but steady action, nitrite of sodium in doses of 2 to 4 grains every 4 hours.

The older authors speak highly of senega with or without ammonia for the general symptoms of aortic disease. Here they give it the same place but one of minor energy, that they give to digitalis in mitral regurgitation. When senega or convallaria digitalis and squills with calomel or any combination of these, with strichnine or ammonia fails to give relief in the anasarca and dropsy of advanced valvular diseases, mitre or aortic or both, we can sometimes accomplish much by diuretin. A double salicylate of theobromine and sodium. Its action on the heart is said to resemble that of digitalis. A case of aortic regurgitation and mitral insufficiency under my care in the V. G. Hospital, had his urine in spite of all the usual remedies, diminished to 8 oz. per day. I gave fifteen grains of diuretin every six hours. His urine increased in quantity to 120 oz. The supply of diuretin gave out. The quantity of urine again went down to 12 oz. The reexhibition of diuretin was followed by the same happy results as before. Not all, however, thus respond to the drug. In that case we may get the kidneys to act if they be relieved of pressure by tapping, or general anasarca be relieved by incisions, etc., and cardiac tonics then administered.

We see arterial anæmia and venous plethora more pronounced and fatal in diseases of the walls, than in diseases of the valves of the heart. We can get along fairly well with the Davidson syringe where the valves are faulty, but we fail hopelessly when the bulb having lost its elasticity refuses to expand. We too often overlook the aspiratory force by which the heart draws blood from the veins. The loss of this power as well as the loss of contractility makes dilatation and fatty degeneration of the heart walls so much more dangerous than diseases of its valves. One instance of this kind passed under my observation last winter.

Mrs. C——— supposed to be suffering from phthisis came into the hospital in an alarming condition, from weakness and dyspnoea. She had been told that the latter was owing to advanced phthisis. There was marked dullness over the left apex, but there was some bulging of the precordial space and some intercostal pulsations with dullness on percussion over an area corresponding to a distended pericardium, a diagnosis of hydropericardium was made and under treatment she rallied for a while. I had strong hopes of her recovery. But soon she

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In the majority of cases, along with failure of strength, and indeed as one cause of that failure, there is an inability to digest nourishing food. Hence it is very desirable to furnish nourishment in a form acceptable to the stomach, at the same time to excite this organ to do its duty. On the other hand, again, wine stimulus, although needed, is ill borne if given by itself, producing headache, excitement and other symptoms which may be avoided by the addition of nutritious substance, such as the Essence of Beef. Iron, also, can be taken in this way by the most delicate or sensitive woman or child, to whom it may be inadmissible as usually given.

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WYETH'S BEEF, IRON AND WINE.

**To give strength after illness.**—For many cases in which there is pallor, weakness, palpitation of the heart, with much nervous disturbance, as, for example, where there has been much loss of blood, or during the recovery from wasting fevers, this article will be found especially adapted. Its peculiar feature is that it combines Nutriment with Stimulus.

**To those who suffer from weakness** it is a Nutritive Tonic, indicated in the treatment of Impaired Appetite, Impoverishment of the Blood and in all the various forms of General Debility. Prompt results will follow its use in cases of Sudden Exhaustion, arising either from acute or chronic diseases.

**To Growing Children**—Especially those who are sickly, get great benefit from this preparation. It builds up by giving just the nourishment needed, and in a very palatable form.

**To people who are getting old**, who find their strength is not what it used to be, they experience a decidedly tonic effect from its use as occasion requires.

**To clergymen, teachers** and members of other professions, who suffer from weakness, WYETH'S BEEF, IRON AND WINE is very effectual in restoring strength and tone to the system after the exhaustion produced by over mental exercise.

**For Overwork**—Many men and women know that the continuous fatigued feeling they labor under is due to overwork, still they find it impossible just yet to take complete rest. WYETH'S BEEF, IRON AND WINE gives renewed vigor, is stimulating, and at the same time is particularly nourishing.

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*Manufacturing Chemists, Philadelphia.*

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began to fail and death occurred in about a week afterwards. At the autopsy an enormously dilated heart was found with very little pericardial effusion.

The next most common condition met with in heart disease is that of arterial plethora, or arterial high tension. But it generally stands in the relation of cause and effect. Most frequently in the relation of cause, for it is seldom that heart disease per se produces high arterial tension. It is as rare to find heart disease causing high arterial tension as it is common to find it producing venous hyperæmia. Heart disease from high arterial tension is a third step of which the first is a defect in the quality of the blood. It may also be only a second step, for diseased blood is often a direct cause of heart disease. Since therefore heart disease is produced as well as perpetuated by abnormal conditions of the blood. The physician must be fully alive to the importance of these conditions and their causes.

He must take cognizance of such diseases as gout, rheumatism, acute and chronic Bright's disease, asthma, emphysema, lead poisoning and syphilis, etc. The field is therefore a wide one, much wider in fact than appears at first sight, especially if the prophylaxis of heart disease be given its due importance. To give a case in point:—A member of parliament became subject to nightly attacks of asthma, some time after entering upon his legislative duties. He lived high in one of our leading hotels, and the change from home life to legislative life was a great one. I had exhausted all my therapeutic armamentarium for the treatment of asthma. Belladonna, lobelia, hydriodic acid, euphorbia pilulera, grindelia robusta, etc., etc. Other physicians had their hand in to no good effect. A trip to the West Indies in one of our steamers was tried and failed. Coming to the end of my resources I recollected that urate of soda is sometimes the cause of irritation of the bronchi as well as of inflammation of the toes and skin, and valves of the heart. Here was a man in whom in all probability, owing to high living and want of exercise, the change from peptones back into leucine, tyrosine, creatin, creatinine, uric acid and urea, stopped short at uric acid. This as urate of soda poisoned his nerve centres, if not his bronchi and I shaped my treatment differently. I cut off his meat, and put him on fish and low diet instead, thus relieving his liver from the extra work thrown upon it for years. Then I gave him a solvent of urate of soda in the shape of carbonate of lithia in  $v$  gr. doses, with vichy water which itself contains a trace of lithia. I thus freed his system from the supposed



poison. He wrote me three months after for more of the powders stating that he had not enjoyed such good health for years.

How many men more unfortunate than this one receive no premonition of the insidious poison resulting from throwing too much work upon their livers, until their arteries become atheromatous their valves insufficient, their kidneys scirrhotic, and their lives a flickering flame ready to go out on the slightest excitement.

One such case I may mention. For 7 years off and on he had had attack after attack of gout: a brother and sister had died of it, still he was allowed by his family physician the whole run of diet, meat and cheese. Suddenly after midnight he was seized with severe dyspnoea. They sent for me in the emergency. I found an hypertrophied heart, hard tense arteries, and nodular joints. I recognized that his dyspnoea was owing to spasm of the arterioles, and prescribed nitro glycerine with magical relief. His urine was loaded with albumin, and on a milk diet with abstinence from meat and cheese he so far recovered as to be all but accepted by an insurance society. The examiner detected a mere trace of albumin. In this condition he lived ten years and this winter died suddenly after the exposure of a bath in a chilly room—from an attack of dyspnoea, which only lasted 10 minutes. If this man had been intelligently treated at the commencement of his gouty attacks 7 years ago, he would have escaped the injury to his kidneys and arterial system which ultimately caused his death.

A word in conclusion as to the therapeutic indications in acute inflammatory affections of the heart. Here two things are to be remembered. 1st. The cause. 2nd. The condition. The cause in most cases is rheumatism, and rheumatism itself is but the expression of a profound constitutional dyscrasia. The system is overloaded with some poisonous product or products. Now when all the emunctories are labouring to excrete these products how important it must be to withhold foods loaded with such products. We know that beef tea and urine are alike in constitution, both being made up of salts and hystolytic elements as creatin, creatinin and urea. Hence we should expect bad results from the exhibition of beef tea to rheumatic patients, and in practice we observe this. We also observe relapse after relapse from a too early administration of meats, and this because most of the meat we use is not elaborated into tissue food, but is burnt up in the liver and finally changed into the hystolytic elements of uric acid and urea, with

which substances the system is already surcharged in rheumatism. All this also applies to valvular inflammation from scarlet fever, etc. Coming to the condition of inflammation, rest is the first requisite to successful treatment. But many physicians who prescribe rest in bed, impose work by food and medicine. Everything which raises the blood pressure imposes more work on the valves. They flap together with greater force, and we know that in this way even hard exercises may excite inflammation along their line of contact. Increased blood pressure will send more blood through the coronary arteries and into the inflamed area, the very thing we wish to avoid.

Hence the rule, never give any food or drug in inflammation of the heart that is known to raise blood pressure. The concomitants of urea are heart known to raise the blood pressure as evidenced by the hard pulse of uræmic patients. Now there can be but little difference between retaining these in the blood by kidney default, and pouring them into the mouth by medical default. The same applies to meats. It is most important to remember this also in all cases of cerebral hæmorrhage in progress or threatened. The food in inflammation of the heart should be milk and the carbo-hydrates.

As to medicine I have only time (for this paper is already too long) to warn against the too common exhibition of digitalis. True it prolongs the diastole and thus rests the heart, but this good is counter-balanced by the high arterial pressure which it induces and the consequent straining of valves already weakened by inflammation. We must select our remedies from the list of cardiac depressants. Among these I give priority to aconite, veratrum viride and chloral. In practice I use aconite in doses of one to three drops every four hours combined with ten to twenty grains of citrate or acetate of potash, with continuous counterirritation and poultices to the præcordium. Veratrum viride I have not used, but reasoning from its unparalleled power of lowering blood pressure and reducing the pulse rate, it ought to be even better than aconite, were it not for its tendency to produce vomiting especially in children. But in adults this could be easily watched, and the doses reduced on the supervention of the least signs of nausea. It should be given in doses of one or two drops every hour as recommended by Hare, and not in the doses of five to ten or fifteen drops given in the B. P. Chloral fills these indications. It lessens the fibrinity of the blood (Barthlow) though Wood throws doubt on this. It reduces blood

pressure and pulse rate. Its administration along with antirheumatics, like potash, should be followed by good results in acute endocarditis. Its use in practice may not come up to what on rational grounds we might expect from it. I rather mention it by way of contrast for the purpose of combatting an irrational faith that would prescribe digitalis in every case of heart disease.

## CATARACT OPERATIONS.

BY E. A. KIRKPATRICK, M. D.

*Editor Maritime Medical News:*

SIR,—During the past five years I have reported a considerable number of cataract operations and now wish to add a brief report of eleven consecutive cases operated upon between the dates April 29th and Sept. 10th, 1895. The most concise method of reporting such cases is by table, consequently I have adopted this method. The method of operating in all cases was that of simple extraction without iridectomy.

Cases 1, 2, 3 and 5 were presented at the meeting of the Maritime Medical Association which was held in Halifax last July. At that time it was thought that secondary operations would be required in two cases in order to clear the pupil; but this operation has not been needed in either case. I wish to draw special attention to cases 6, 8, 10 and 11:

CASE 6.—Mr. F., aged 39, teacher at the School for the Blind, Halifax, has been blind from infancy. About a year ago he consulted me because of discomfort in his eyes and excessive lachrymation. The examination revealed the presence of calcareous cataracts and an irritable state in both eyes. I endeavored by various lotions to bring about a comfortable condition but as the weeks and months passed I noticed that certain changes were taking place whereby the cataracts were enlarging and pressing forward so as to occupy the greater part of the anterior chambers of the eyes. Finally they had so enlarged that they were in contact with the cornea and the discomfort had increased until the patient was never free from pain. Previous to this period I had advised the removal of the cataracts but for various reasons the operations had been postponed.

On May 30th, local anaesthesia was produced in both eyes by cocaine hydrochlorate and the operations performed. These operations proved to be exceedingly difficult as many synechiae had formed. The cataracts had to be removed in pieces by means of forceps, the time occupied in their extraction being over a half hour. Notwithstanding, perfect healing took place and no pain followed the operations. In two weeks the patient was able to return to his work and has not had any

discomfort in his eyes since the operations. Previous to the operations it was evident that degenerative changes had taken place in the fundi and therefore a restoration of vision was not expected but the object for which the procedure was undertaken having been accomplished I look upon it as entirely satisfactory. The patient claims however, a perception of light now which he had not before.

CASE 8.—Mr. S., aged 51, St. George's Bay, Newfoundland, consulted me on Sept. 1st, because of blindness in both eyes. He stated that the left eye became blind (29) twenty-nine years ago and that the vision in the right eye, owing to repeated attacks of inflammation, became useless (17) seventeen years ago. In 1878 he came to Halifax and entered the Victoria General Hospital where he had an iridectomy performed on the left eye which gave him sufficient vision in that eye to permit him to follow his occupation that of a farmer. During the last two years however the inflammation returned in his left eye and resulted in almost total blindness again. I found that, through repeated ulcerations the whole cornea was one large leucomata, consequently I advised the removal of the cataract from the right eye which had been blind for the long period of twenty-nine years. After making the usual section and opening the capsule the contents escaped like so much milk and as a consequence the operation was rendered easy. The operation resulted in excellent vision and the patient returned to his home at the end of four weeks.

CASE 10.—Considerable cortical matter remained in the eye and completely blocked the pupil in this case. A secondary operation was performed on the 30th, but I fear that the resulting vision in this eye will be very little and the operation must be reported as a failure.

CASE 11.—Master K., aged 12, Lunenburg, consulted me last spring because of blindness. Five years ago the right eye became blind and a few months later was followed by blindness of the left. I found cataracts present in both eyes but as there was no perception of light in the right eye, proving degeneration of some kind in the fundus, I did not look upon the case as a favorable one. However, as there was perception of light still in the left eye I decided to remove the cataract from this eye. After opening the capsule I found very little lens matter to be removed but a dense capsule was present which was displaced to one side. Healing took place without any pain and a perfectly clear pupil resulted. After having removed all obstacles to vision I was disappointed for two or three weeks after the operation to find that the patient had no more vision than previous to the operation. Vision, however, came gradually and has increased every week.

since. The patient is now able to walk about with ease and eventually may be able to read. - The retina having got into a state of torpor from lack of exercise is gradually being awakened into its physiological activity. - This case was presented before the Halifax Branch of the British Medical Association on Friday evening, January 17th, a reference to which will appear in the report of the proceedings of that society. My thanks are due to Doctors Slayter, Jones, Trenaman, Farrell, Curry and Cameron for valuable assistance rendered in the performance of these operations.

I may state that two needling operations for cataracts in children aged two and three years respectively, were performed on May 30th, and July 2nd, but as these belong to a separate class entirely I have refrained from reporting them in this group.

## CATARACT

No.	Name and Residence.	General Health.	Age.	Date of Operation.	Quality and Duration of Ca. reat.
1	Mrs. C., Lawrencetown.	Fair .....	55	April 29 .....	Senile, hard—15 years.....
2	Mr. D., Halifax.....	Good .....	74	May 6 .....	Senile, soft—2 years.....
3	Mrs. P., Halifax .....	Good .....	70	May 16 .....	Senile, hard—3 years.....
4	Mrs. W., Hammonds Plains ..	Good .....	61	May 22 .....	Senile, soft—1 year.....
5	Mrs. S., Halifax .....	Fair .....	60	May 28 .....	Senile, hard—4 years.....
6	Mr. F., Colchester.....	Good .....	39	May 30 .....	Congenital .....
7	Miss C., Halifax .....	Good .....	26	July 1 .....	Traumatic hard—9 years.
8	Mr. S., St. George's Bay, Nfld.	Good .....	51	September 2.....	29 years duration .....
9	Miss N., Halifax.....	Good .....	61	September 4.....	Senile, hard—3 years.....
10	Mr. P., Sydney Forks...	Good .....	51	September 5.....	Senile, soft—6 months.....
11	Master K., Lunenburg..	Good .....	12	September 10 ....	5 years duration .....

# OPERATIONS.

<i>Healing Process, Remarks etc.</i>	<i>Reduction of Iris.</i>	<i>Secondary Operation.</i>	<i>Vision.</i>
No accident ; smooth recovery : some opaque membrane.	Spontaneous.	None.	20 — 40
No accident ; good recovery.	Spontaneous.	None.	20 — 70
Very rapid recovery.	Spontaneous.	None.	20 — 20
No accident ; rapid recovery.	Spontaneous.	None.	20 — 50
Some cortical matter left but recovery was rapid.	By Spatula.	None.	20 — 50
Perfect healing took place—see notes.	By Spatula.	None.	—
Perfect healing : tongue and opaque capsule ; synechia present.	Spontaneous.	None.	20 — 160
Very rapid recovery.	Spontaneous.	None.	20 — 30
Good recovery.	Spontaneous.	None.	20 — 50
Considerable cortical matter left in pupil ; no pain ; healing good.	Spontaneous.	Keratonyxis on 30th day.	Nil
Cataract shrunken—see notes.	Spontaneous.	None.	15 — 200



## THE NEW PHOTOGRAPHY.

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It is some time since a scientific discovery of real importance has excited so much interest and popular attention as Roentgen's recent work on certain hitherto unknown rays of light has done. Nor is the reason of the popular interest difficult to find, for the application of the discovery to the photography of hidden structures is a feat sensational enough and likely to stimulate even the uneducated imagination.

To facilitate a more accurate conception of what these rays possibly are, it may be useful to give a brief outline of our knowledge as it stands at present. As is well known, besides the ordinary rays of light constituting the visible spectrum, there are certain others which are not perceptible to our ordinary senses, which have their place at either end of the visible scale, and which are characterized by certain very definite physical properties; such rays are known as the infra-red and ultra-violet rays. These rays, although invisible to our unaided vision, still conform in their general properties to our usual conceptions of light, that is, they are refrangible and, in varying degree, obey the usual canons of opacity. They differ, however, from their more familiar brothers in their wave length and chemical and physical effects. With the new rays of Professor Roentgen—the  $x$  rays, as he has provisionally named them—the case is very different, for their properties are altogether unlike anything that has been known before, with the exception, possibly, of certain rays discovered by Professor Zeuger and others, to which allusion will be made later.

The observation that led to their discovery can be repeated by anyone possessing the necessary apparatus, and is as follows: A discharge from a large induction coil is passed through a Crookes's tube; the tube is surrounded by a close-fitting shield of black paper. If some paper covered on one side with barium platino-cyanide is now held in the vicinity of the tube, it is possible to see in a completely darkened room that the paper lights up with a brilliant fluorescence. Rays are present then which are capable of passing through black paper—a substance which is, of course, quite opaque to ordinary rays—their passage being shown by their causing the barium salt to fluoresce. This property of being able to pass through substances which are opaque to ordinary light is, of course, the property which is of so much importance in the

new photography," as it has been called. Although in this way able to pass through many substances usually called opaque, they yet have a peculiar standard of their own as to what they will and will not pass through: thus, whilst thick metal sheets appear to be entirely opaque to the rays, aluminium appears to be relatively transparent. Ebonite, vulcanised fibre, carbon, wood, cardboard, leather, and slate are all very transparent, while, curiously enough, glass is exceedingly opaque. Thus it is evident that we are in command of certain peculiar rays which have a standard of opacity of their own, the medical interest of which lies in the fact that bone is opaque and flesh very transparent to them.

The application of all this to photography is obvious. It is only necessary to place some object of varying opacity to these rays between an excited Crookes's tube and an ordinary photographic plate to obtain in the latter, after development, a shadow of the objects which impeded their passage most. In this way the bones of a living hand have been successfully photographed.

Useful as these rays must prove, there is one disadvantage from which they suffer as compared with ordinary light rays. As yet no substance has been found capable of refracting them to any great extent; the use of lenses in connection with them is therefore as yet out of the question, and it is only possible to obtain profile views or silhouettes, no distance or detail being visible in the negatives. Still, their application to medical science cannot but be followed by important results, and as an aid to diagnosis of obscure fractures and internal lesions generally they will prove valuable.

It is, of course, in diseases of the bony system that their use will be likely to be most marked, for, although the soft parts seem to have a certain selective power as to their transmission, it is not sufficient to obtain a sharp image of any of their constituent parts. It remains to be seen what can be done in this direction by regulating the exposure and by sensitising plates especially for use in their connection. Already a beginning has been made in this direction, and Professor Mosetig, of Vienna, has taken photographs which showed with the greatest clearness and precision the injuries caused by a revolver shot in the left hand of a man, and the position of the small projectile. In another case the same observer detected the position and nature of a malformation in the left foot of a girl with entire success.

Professor Lannelongue, of Paris, has also been successful in photographing some of his cases in his ward at the Trousseau Hospital, and assisted by MM. Oudin and Barthelemy, who have made the first

researches in France on the Roentgen discovery, has submitted to the Academy of Sciences several negatives of human limbs. One of these represents a diseased thighbone. The destroyed central portions have been penetrated by the light, forming white blotches on the plate.

The second photograph is that of a tuberculous affection of the bone in a child's hand. The disease has been diagnosed, but photography brings complete confirmation to the diagnosis. The first phalanx has become thicker than the corresponding phalanx of the fingers. The thickening of the periosteum comes out distinctly. The second phalanx, more transparent than the corresponding bones of the other fingers, is probably the seat of incipient decay.

The third negative is less satisfactory—whether from insufficient exposure or because the part was preserved in alcohol for several years. It is a hand showing tuberculosis disease of the wrist. Still, the diseased part is distinctly shown in the white spot. Professor Lannelongue remarked, in conclusion, that these results, defective as they were, owing no doubt to his imperfect appliances, showed that the new photography would probably render great services in surgery. Before long we may reasonably expect further results in the same direction.

Like most discoveries it has not, however, been allowed to pass without claims of priority from other workers. But such claims only serve to direct attention to previous work of a similar nature, and do not in any way discount the novelty of the discovery.

It is well known to physicists that Hertz and Lenard have previously done much to develop the same field of research, and the latter observer when he found that the rays from the negative pole of a vacuum tube fitted with an aluminum window would act upon a sensitive plate, came very near to anticipating the secret: but, according to those best able to judge, Roentgen's rays are not identical with those of Lenard. They differ in showing no deflection when subjected to the influence of a magnet. The fact that Professor Roentgen's rays, as already stated, cannot be caused to deviate by a prism or lens, has led him to advance a theory for their explanation which harmonises very well with what physicists from other and more theoretical considerations have long been led to believe possible. Professor Roentgen argues that his  $x$  rays being non-refrangible, they may possibly move with equal velocity in all media, and in some all-pervading medium therefore, such as the hypothetical ether, irrespective of the grosser matter occupying the same space. He assumes, too, that they are waves of longitudinal vibration. In opposition to this theory we have that advanced by Professor Arthur

Schuster, who assumes that they are transverse vibrations as are those of light, as we ordinarily understand the term, but that they are of such small amplitude that they can penetrate all bodies with the same velocity. As to the point whether these rays should be placed in the infra-red or ultra-violet end of the spectrum, we have the testimony of Captain Abney, who has been photographing the longer infra-red rays, even to the extent, it is said, of photographing a kettle radiating heat in a dark room. Such is the present state of our knowledge, and for further developments we can only wait patiently till the physicists have gained more knowledge concerning one of the most interesting discoveries of late years, and one, too, that for medicine and surgery is full of promise as a help to diagnosis, and as a guide to deep operations.—*Editorial Brit. Med. Journal.*

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**Editorial.**

WHAT advice are we to give our patients who consult us in reference to hernia? We do not speak of strangulated hernia; the indications there are among the clearest in surgery and it is, fortunately, not a very common occurrence. But hernia in some one of its forms is a very common affection, causes more or less annoyance and disability and leads many, otherwise healthy, to seek our advice. What shall it be? Some form of truss is, and has been for centuries, the routine treatment for hernia, but the time has come when we may question its claim to this position.

It is now just a quarter of a century since Lister published two cases in which he had operated for the radical cure of hernia. This was the beginning of a revolution in the treatment of this disease. No doubt surgical operations had been done before, with the view of curing hernia, in ancient and mediæval times, but the great mortality of these operations and their futility as a curative measure led to their abandonment.

It was in the proof that such operations might be done with safety, with at least as much safety as any ordinary operation, that Lister opened the way for us.

The operation was at first performed only in the most troublesome and intractable cases, often in very large herniæ, and although the mortality was not disproportionate to the magnitude of the operation the ultimate success was disappointing, indeed recurrence was almost the rule. And so the high hopes at first formed of the operation gave place to a reactionary disappointment. But here and there surgeons devoted themselves to the study of the subject, the study of their own failures, the pathology of the disease, the improvement of details in operating, and now, and one may almost say, within the last five or six years an irresistible argument has accumulated in favor of the operation, and it has been established on a firm basis as not only one of the safest, but one of the most successful and useful surgical cures.

This is becoming pretty generally known and we are frequently consulted by people who wish to know if their ruptures cannot be cured by an operation.

One of the first things to consider in recommending an operation is its safety. The patient naturally wishes to know what the risks are. We are not here concerned with the various difficulties which may be encountered in the performance of the operation, but with the mortality as gathered from the statistics of various operators. This appears to be a fractional percentage. We do not happen to have Macewen's later statistics at hand but in his epoch-making paper, published nearly ten years ago he gives 80 cases without a death. But statistics of the last three or four years are still more remarkable. Coley, of New York, reports 200 cases, with one death, from pneumonia; Bassini, of Padua, 250, with one death, also from pneumonia. Lucas-Championniere, of Paris, 376 cases with two deaths, and Kocher, of Berne, has operated 220 times without a death. These statistics include all descriptions of hernia in patients of all ages.

Then what are the ultimate results? This is doubtless a difficult estimate. The great majority of the cases are hospital patients and it is notoriously difficult to keep track of these.

The great majority of relapses occur within the first two years after operation. Relapses after two years occur in scarcely

two per cent of the cases. In the majority of tables of statistics as to permanency of cure, the cases cited have been under observation for more than a year. Schede, of Hamburg, estimates his relapses at 10 per cent., Kocher, at 7 per cent., Bassini at  $2\frac{1}{2}$  per cent., Coley at 2 per cent., while of Macewen's cases referred to above, only one relapsed. But a safer argument than the statistical is found in the general attitude of hospital surgeons toward the operation, as seen, for instance, in the discussion on hernia at the last meeting of the British Medical Association, and in the changed opinions of individual operators. For example, DeGarmo, of New York, in a paper read at the New York Academy of Medicine a year ago refers to his position in 1887, when he deprecated operation except in special cases, as "obsolete." These figures, and this gradual but decided change of opinion justify Mr. Golding-Bird, of Guy's Hospital, in the assertion that "unless the state of the patients' health were such as to preclude any surgical operative treatment at all, or unless his age were such as not to make it worth his while to be relieved of his truss, there is no reason that radical cure should not be adopted as a routine treatment as much as the truss has been in the past." And while we must bear in mind that these conclusions are drawn from the practice of men who have had exceptional opportunities, men who have made a special study of the subject and who have developed and established the operation, we are justified in stating that the operation for the radical cure of hernia is one of slight risk and with good prospects of permanent cure.

It does not however follow that every case of hernia is a case for operation. For the great majority of people with hernia are quite content with their truss, it is comfortable and they have become accustomed to it. The risks of complications, such as strangulation, arising, are not great. Probably less than five per cent. of those who are ruptured ever suffer from serious complications.

Inguinal hernia is the commonest of all forms, and a large proportion of these are congenital. We know that a spontaneous tendency to cure exists in these cases, and the process is facilitated by the application of a properly fitting truss. It is only in cases of very large and troublesome hernia in which a truss cannot be worn, that operation is to be advised in infants. The tendency to

spontaneous cure rapidly lessens however, and it is probably correct to advise operation in all cases of children over two years in whom a truss has failed to cure, or in whom there is any difficulty in the application of a truss. Such are cases in which there is adherent omentum in the hernial ring, or an undescended testis, or attacks of threatened strangulation, or in which a reducible hydrocele coexists. The complications of hernia are rare in childhood, strangulation being excessively rare. Out of 139,000 operations performed upon children in nine large European hospitals, during a period of four years, not one was required for strangulated hernia. Nussbaum, of Munich, in an experience of twenty-five years, in which he had 54,000 children as patients, met with only two cases. But on the other hand, the results of the operation are, as might be expected, better in childhood than in adult life, especially as regards permanency.

Then, as regards adults, each case must, no doubt, be judged on its own merits, but generally speaking, in cases where a truss fails to retain the hernia, or causes pain, especially in cases where there have been attacks of inflammation or strangulation an operation is indicated. This indication is perhaps even clearer in cases of femoral hernia, for the risk of strangulation is much greater, and the prospect of benefit from a truss much less.

Umbilical and epigastric herniæ are subject to the same rules. They are frequently congenital and generally curable by some form of truss, but if this fails, operation may be undertaken with a good prospect of complete cure and this especially in the epigastric form, which although usually the smaller is the most troublesome to the patient.



# MEDICAL PROGRESS.

NOTES, ABSTRACTS, SELECTIONS.

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## Surgery.

REPORTERS—J. STEWART, M. B., Halifax,

MURRAY MACLAREN, M. B., St. John.

### **The Use of Hot Water in Surgery.**

This is the subject of a lecture recently delivered by Dr. Paul Reclus, of Paris, in which he refers particularly to the use of hot water in sprains, prostatitis, inflammation of the internal feale genital organs and extensive injuries.

Dr. Reclus' method of treating sprains is as follows:—A rubber band, hot water and massage are the three measures employed. The rubber band is applied as soon as possible after the accident and must not be drawn too tight for comfort.

The band is continued until recovery is obtained and is the principal thing in the treatment. Each morning and evening the bandage is removed and the joint is subjected to the hot water treatment. It is plunged into a bath, the temperature of which is gradually raised from 118° F. to 126° F. Under the influence of heat the pain ceases very materially and the circulation and nutritive changes become more active. Ten or twelve minutes of this treatment renders the joint more supple and moveable. In addition to the application of hot water, massage is also made use of to aid in producing absorption of the diffusion. Unless the sprain is exceptionally severe recovery is said to be obtained within a fortnight.

Dr. Reclus considers hot water particularly efficacious in acute prostatitis.

The treatment is carried out in this way:—A canula of an irrigatory filled with water at a temperature of 130° F. to 140° F. is introduced slowly and carefully into the anus, the cap is then opened a little so as to permit the liquid to gradually escape and bathe the prostate. This treatment is repeated twice a day until

complete recovery is obtained. There is said to be almost immediate improvement.

As regards the treatment of pelvic troubles, hot water is largely made use of by Dr. Reclus, but instead of vaginal, rectal irrigations are employed. Of course vaginal injections are used for cleansing purposes (with curettage if necessary, etc.,) but this is all the benefit, he claims, derived from such injections as he considers they produce little if any effect on the congestion of the uterus and appendages. An enema must be employed, which results in the accumulation of hot water in the ampulla of the rectum, into which the internal genital organs project. Its use is recommended in the morning about half an hour before rising, the temperature of the water should be at least  $130^{\circ}$  F., the tap is slowly opened so that only a small quantity of the fluid passes into the bowel, the slowness of the process prevents the muscular contraction of the rectum; in this manner as well, a larger quantity of water can be introduced. The enema, if possible should be retained for half an hour and is repeated each morning during the treatment. The value of hot water is also alluded to as being a more efficient sterilizer in washing the skin before operations and antiseptics gain in potency by being added to hot water. The method of treating extensive injuries of limbs in a conservative manner is to relieve collapse, disinfect the part injured and then to irrigate with hot water at a temperature of  $140^{\circ}$  F.

The advantages derived from using hot water at this temperature are antiseptic, haemostatic and the restoration of heat to the injured part and system. The injured part is then wrapped up or "embalmed" in antiseptic dressings and the necrosed parts allowed to separate. Again, the use of hot water is recommended as a gargle in sore throat and tonsillitis, gargling every hour, the temperature being  $130^{\circ}$  F. The writer can testify to its marked efficiency in such cases.

In some cases of inflamed hæmorrhoids hot water is also recommended.

### **The Treatment of Vesical Calculus in Young Children.**

A communication in the *Therapeutic Gazette* by Francis Patterson, M. D., of Philadelphia, advocates the operation of litholapaxy rather than either of the cutting operations. It is possible to

obtain lithotrites and evacuators of small calibre yet of sufficient strength.

The urethral canal will undergo considerable dilatation without danger. The walls of the urethra however are thin so that care is required in the introduction of instruments. Dr. Otis is quoted as having shown that the urethra bears a relation of 1 to 3-5 of the penis and that the urethra may be easily dilated and capable of accommodating an instrument of much larger size than was at one time believed possible—the urethral orifice may require incision.

To determine the calibre of the urethra in any case, measure the circumference of the penis and then bearing in mind the ratio, determine the size of the urethra.

According to Mr. Fegan the urethra of a child from 3 to 6 years of age will usually accommodate a number 7 or 8 (English) lithotrite while a number 10 or 11 or even 14 can usually be passed in a child 8 or 10 years of age.

### **Lumbar Puncture.**

Spinal puncture was recommended by Quinke between four and five years ago and is highly interesting, as it may prove of value in the diagnosis and treatment of diseases of the brain. This procedure is based to some extent upon the fact of there being a communication between the subarachnoid space and the ventricles of the brain. A fine aspirating needle or a large hypodermic needle is pushed into the spinal canal in the lumbar region between the second and fifth lumbar vertebrae and some of the fluid withdrawn.

Fürbringer considers the puncture of especial value for diagnostic purposes. According to him, tubercular meningitis can be differentiated from serous and purulent meningitis—as tumours, when the amount is lessened. Fürbringer suggests that in the case of cerebral haemorrhage when the puncture shows blood, that it may be assumed that there is considerable destruction of brain tissue with effusion into the ventricle, while with only a tinge of blood in the spinal fluid there may be a subdural haemorrhage and a condition admissible for operation. As regards the value of lumbar puncture as a therapeutic agent, there are reports of cases of cerebral tumour by Fürbringer and

Fraenkel, where relief of headache and other symptoms were relieved, and in tubercular meningitis, Heubner has found that lumbar puncture relieves convulsions, vomiting and headache. The diagnosis in tubercular meningitis in 80 per cent. of the 37 cases observed by him was confirmed by finding the tubercle bacillus in the fluid withdrawn from the subarachnoid space by lumbar puncture.

Lichthesin holds that pus will be found in the fluid in case of purulent meningitis, and therefore where the question of operation for cerebral abscess or sinus thrombosis arises, some information as regards its extension to purulent meningitis might be gained.

Heubner states that according to the amount of albumen present in the fluid, some indication is given whether the disease is inflammatory (when the albumen is increased in amount) or non-inflammatory. Out of 86 cases of spinal puncture recorded by Fürbringer, 4 died unexpectedly within two days and 2 within two hours after spinal puncture. Later on a case is mentioned where spinal puncture was used to relieve violent headache. Fifty c. c. m. of clear fluid were drawn off, but the pain in the head only increased, the patient then became apathetic and six hours later died of respiratory paralysis. A post mortem revealed the presence of a large cerebellar tumour, the cerebral ventricles were dilated and contained a large quantity of clear fluid—there was very little fluid in the spinal subdural space.

In three cases of intracranial tumour and two of uraemia, death occurred within forty hours after spinal puncture.

Fürbringer warns, on the whole, against puncture in cerebellar tumours, as although the withdrawal of a small amount of fluid occasionally may be harmless, still no lasting good can be expected.

Spinal puncture seems chiefly of value in acute serous and seropurulent meningitis.

## Therapeutics.

REPORTERS—DR. D. A. CAMPBELL, Halifax.

DR. W. S. MUIR, TRURO.

### **Abortive Treatment of Quinsy.**

P. Hingston Fox, (*Lancet*) speaks favourably of the local application of a strong solution of cocaine as a means of aborting quinsy. He has obtained success in many cases.

### **Nitro-Glycerine in Gall Stone Colic.**

G. Lindsay Turnbull, (*Lancet*) reports a case of biliary colic repeatedly relieved by the use of nitro-glycerine. A tablet of (100) a grain gave speedy relief. He was induced to use the drug from its known power of relaxing unstriated muscular tissue. When there is intolerance for morphia it would be well to try nitro-glycerine.

### **Ten Rules Governing the Administration of Ether.**

1. Place on a table near at hand a glass of water and one of brandy. A hypodermic syringe charged with nitrate of strychnia  $\frac{1}{10}$  grain. A small bottle of aromatic spirits of ammonia, a tenaculum and a mouth gag, and one pound of Squibb's ether.

2. The stomach should be empty: clothes loose and light; a starched napkin, made into a cone, and a pledget of cotton or a handkerchief placed in the cone to receive the ether.

3. Allow no talking in the room. Administer slowly for the first few minutes and then push the ether.

4. Watch carefully the pulse, respiration, and reflex of the eye, and if there are any signs of syncope, lower the head and stimulate the heart's action.

5. If any tendency to strangulation by the tongue falling against the larynx, fasten the tenaculum upon the tongue and pull it forward, allowing the tenaculum to remain on the tongue during the operation.

6. When the patient is thoroughly under the influence of the anesthetic remove the cone, and administer the ether from time to time, as sensibility returns.

7. Remove any kind of mucus about the mouth with the dressing forceps and a pledget of cotton. If any facial cyanosis occurs, remove the cone and induce artificial respiration.

# FELLOWS' HYPHOSPHITES!

## Specific Effects and Instructions for Use.

TO STIMULATE THE APPETITE.—Take half the Tonic Dose as directed, in very cold (not iced) water, fifteen minutes before eating.

TO STIMULATE DIGESTION AND ASSIMILATION.—Take the remaining half of the Tonic Dose, during meal-time, in water.

TO INCREASE RAPIDLY IN WEIGHT.—Take the Tonic Dose, as directed, and adopt the free use of new milk in addition to the regular food.

TO SUSTAIN MENTAL EXERTION.—Mix two teaspoonfuls in a tumblerful of cold water, and drink small quantities occasionally during the hours of intellectual work.

TO GIVE POWER TO THE VOCAL CHORDS.—Take the Tonic Dose fifteen minutes before singing or lecturing.

Where *mucous expectoration* is difficult, the Tonic Dose repeated every two hours will effect its removal with very little effort.

TO PREVENT RECURRENCE OF NIGHT SWEATS.—Take the Tonic Dose at each meal and at bed-time. The contractile power is imparted to the nerves, which are connected with the sweat-glands.

TO PREVENT SWEATING HANDS AND FEET.—Take the Tonic Dose as directed, avoid undue excitement, and occupy the mind with pleasant unwearying pursuits.

FOR CONVALESCENCE from Typhoid and other low Fevers, and Debility from residence in hot or malarial localities, employ the Tonic Dose.

TO STRENGTHEN AND DEVELOP NURSING INFANTS.—Let the mother take the Tonic Dose as directed with the food.

TO PROMOTE SLEEP.—Take the Tonic Dose before eating. This applies particularly to sufferers from shortness of breath.

## DOSES.

TONIC.—One teaspoonful at each meal in a wineglassful of water (cold). For CHILDREN, the dose should be regulated according to age, viz.: from 9 to 12, one-half. From 5 to 9, one-third. From 1 to 5, one-quarter.

To secure the full remedial effect, ALWAYS dilute largely with cold water.

Employ the TONIC DOSE for sleeplessness, loss of memory, loss of voice, lack of energy, timidity, despondency, night sweats, dyspepsia, hysteria, hypochondria, palpitation, and interrupted action of the heart, weak respiration, and congenital incapacity.

## 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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# RHEUMATIC CONDITIONS.

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Salicylic Acid, Bicarb. Soda, Black Cohosh, Gelsemium, Iodide Potassium

This combination has been suggested for the purpose of presenting a permanent and compatible mixture of such remedies as would naturally be presented to the mind of the prescriber, diagnosing conditions of Rheumatism, Gout, Lumbago, and other pains of the muscles. It does not supercede the extemporaneous prescription in such cases, but constitutes a useful adjunct especially when there is an accompaniment of febrile excitement. Its use would seem to be well indicated in the direction of Tonic and Alterative properties, and for the purpose of relieving those dull, vague, fugitive aches, which are as much the precursors of a Rheumatic attack as they are the sequences. Many patients who do not require an active treatment, describe such symptoms to a medical adviser. Anodynes and depressants are inadmissible in such cases, but if a specific tonic action can be successfully maintained, relief and cure seem reasonably assured. The formula is herewith given, and the component parts of each dose in quantitative proportion. The action of the Soda Bi-Carbonate, or the Saturating Salt, modifies, the sharpness and asperity of the Acid, and promotes an easy toleration of that remedy. The formula is deserving of an attentive consideration, and under the intelligent guidance of the prescriber will prove its value and usefulness.

Each fluid drachm contains  $3\frac{1}{2}$  grains Salicylic Acid, 1 grain Black Cohosh, 1 grain Gelsemium, 1 grain Iodide Potassium and Soda Bicarb., q. s.

Teaspoonful doses as condition and circumstances demand, may be taken as the maximum in ordinary cases.

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GENERAL AGENTS.

8. If respiration becomes too rapid stertorous or irregular, or the pulse very rapid and feeble, discontinue the ether at once.

9. If vomiting occurs, turn the patient upon one side so that the ejected matter may pass out without producing strangulation. So soon as the vomiting is over push the ether.

10. If any indication of heart failure, with pallor of the face, or weakening of all the forces, administer, at once, two or three syringefuls of dilute brandy or aromatic spirits of ammonia, alternating with nitrate of strychnia  $\frac{1}{16}$  grain.

These are simple rules, but important to observe: and the cautious surgeon will not disregard them.—(W. B. CONWAY, *Atlanta Medical and Surgical Journal*, Dec., 1895.)

### Local Anesthesia by Schleich's Method.

By this method the anesthetic property of cocaine is reinforced by the addition of morphine, sodium chloride, and carbolic acid to the solution. Schleich uses three different solutions, called respectively strong, medium, and weak. These are:

R Cocaine hydrochlorate .....	3 grains.
Morphine hydrochlorate.....	$\frac{1}{4}$ grain.
Sodium chlorid .....	3 grains.
Distilled water.....	3 ounces.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops.

Label.—Anesthetic solution No. 1.—Strong.

R Cocaine hydrochlorate.....	$1\frac{1}{2}$ grains.
Morphine hydrochlorate .....	$\frac{1}{2}$ grain.
Sodium chlorid .....	3 grains.
Distilled water.....	3 ounces.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops.

Label.—Anesthetic solution No. 2.—Medium.

R Cocaine hydrochlorate.....	$\frac{1}{4}$ grain.
Morphine hydrochlorate.....	$\frac{1}{2}$ grain.
Sodium chlorid .....	3 grains.
Distilled water.....	3 ounces.

Mix. Sterilize and add of a 5 per cent. solution of carbolic acid, 2 drops.

Label.—Anesthetic solution No. 3.—Weak.

The solution is injected *into* the skin, not beneath it. The local anesthesia lasts from two to twenty minutes. The small quantity of cocaine contained in these solutions makes it impossible to use a poisonous dose. This method is said to be decidedly superior to the usual way of using cocaine hypodermically.—*Atlanta Med. and Surg. Journal*.

### Tannigen.

Dr. De Buck (*American Pract. and News*, Nov. 30th, '95) gives the results of his experience with tannigen the new intestinal astringent:—



In general tannigen is readily taken by all patients, even infants, on account of its freedom from taste and odor. The powder can be administered stirred in milk. Tannigen is well tolerated by the stomach without the slightest discomfort. From the above observations it appears that tannigen exerts a more rapid curative influence than all other remedies employed in acute catarrhal inflammations of the intestinal canal. It need not be emphasized that the diet is likewise of great importance in these affections, since it diminishes the action of those products which irritate the intestinal mucous membrane. The less abundant the contents of the intestine the more energetical will be the influence of tannigen upon the latter. The cases of chronic catarrh observed by me have been influenced by tannigen to a less extent, especially those in which a specific alteration could be suspected. Here the influence of tannigen was favorable but not curative. In these cases a more energetic and profounder modifying effect upon the mucous membrane is necessary than that of tannigen. As far as I know, however, we do not as yet possess such a drug acting upon the intestinal mucosa, it is probable that among the tannin ethers this precious medicament will be found some day. Nervous diarrhœa was not influenced by tannigen in any manner.

General conclusion: Our observations show that tannigen is a prompt curative remedy for acute inflammatory conditions of the intestine, exerts a less beneficial effect upon chronic catarrhs, even those of specific character.

### **Treatment of Pruritus.**

McCall Anderson (*Brit. Med. Journal, Nov. 30, 1895*) remarks:—It is unnecessary to dwell upon the local treatment, for, although temporary relief may be afforded by the use of the many well-known antipruritic—especially spirituous—lotions and ointments and sedative applications, they have too often little permanent influence upon the disorder, except of course in those cases which are dependent upon some local cause—such as hæmorrhoids, ascarides, stricture of the urethra etc.—and which must be got rid of.

In some cases, especially if there is any suspicion of nervous or nutritive debility, nerve tonics—such as phosphorus, arsenic, or strychnine, alone or in combination—may be tried, the last two preferably by subcutaneous injection. Dr. Bulkley, of New York, speaks highly of tincture of gelsemium in doses of 10 minims, repeated in the same, or in a larger dose, every half hour, or until a drachm is taken within two hours; and of tincture of cannabis, in doses of 10 to 30 minims thrice

daily after food, and well diluted; while Hebra recommended the internal administration of carbolic acid, to the extent of 10 to 16 grains daily.

For my own part, the best results have been obtained by the administration of atropine, or one of the coal tar derivatives, and by the use of electricity. Atropine is best given subcutaneously, beginning with  $\frac{1}{10}$  grain at night, the dose being cautiously increased so long as the physiological effects of the drug are not pronounced, and so long as the pruritus is not completely subdued. Of the coal tar derivatives, antipyrin and phenacetin are specially to be recommended, particularly the former, the initial dose being 10 grains. But here, again, the dose must be steadily increased, and it is surprising what large doses may be not only tolerated, but taken with advantage, as I have shown with regard to antipyrin in connection with a somewhat allied disorder—chorea.

One of these remedies may be often combined with great advantage with electricity, or the latter may be used alone. It may be employed in various ways, either in the shape of the electric bath or by the application of the continuous current of electricity of moderate strength for ten minutes night and morning, and when the itching is troublesome, one sponge (the positive pole) being applied to the top, and the other to the bottom, of the spine.

Treatment carried out upon the lines which have been indicated is calculated to yield excellent results in a large proportion of the cases; at all events, in my own experience, it has usually proved successful.

### **Acute Gonorrhœal Rheumatism.**

Dr. Howard Lilienthal has a preference for oil of wintergreen and sodium bicarbonate, with considerable attention to the alkalies, in the treatment of this disease. The diseased joint should at once be put at rest upon a splint of such proportions that as much comfort as possible may be obtained. Gentle compression over a dressing of ichthyol ointment twenty to fifty per cent., or over mercurial ointment, or over an ordinary wet dressing, should be applied by bandage. If the disease seems to be manageable, gentle massage is valuable during convalescence; but if ankylosis is inevitable, it should be assisted by perfect fixation in plaster-of-Paris. The indication is for forced feeding: meat, eggs, milk and its preparations, besides other simple and easily digested food, should be forced upon the patient every two hours or oftener, and accurate record should be kept of all nourishment taken.—*Boston Medical and Surgical Journal*, 1895, vol. cxxxii, p. 75.

## Society Proceedings.

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At a meeting of the St. John Medical Society, held Jan. 5th, 1896, Dr. W. W. White read the following report of a case of leukaemia:—

Patient A. D., aet. 34 years, labourer, admitted to the G. P. H. Dec. 30th, 1895, complaining of a lump in the stomach, weakness and shortness of breath on exertion. Always enjoyed good health until summer before last, when he began to be troubled with symptoms of indigestion, pain in the epigastrium, vomiting after meals and constipation. At this time he weighed 160 lbs., but soon began to lose flesh. The following Dec., 1894, he noticed for the first time what he describes as a lump in his stomach. When first observed it was situated in the left hypochondrium and as large as an orange. At one time the tumour reached, he says, to within an inch of the pubis and extended far over to the right; this was accompanied with a marked exacerbation of the gastric symptoms and palpitation of the heart.

In April he suffered from a right-sided empyaema, which was opened and drained during a period of three weeks—recovered. He has never resided outside the State of Maine until now. Family history negative. Father killed by an accident. Mother aet. 64 and in good health. Two sisters living and well. Seven brothers well, with exception of one aet. 23, suffering from an obscure cerebral condition. The patient is rather an anaemic man, fairly well nourished. Weighs 125 lbs. He has lost 35 lbs. in the last 15 months. No swelling over the ribs or other flat bones and no tenderness over other bones. Visible pulsation in the neck vessels. Apex beat in the fourth interspace inside nipple line. Heart sounds somewhat distant and feeble. Dullness normal. At the pulmonary cartilage a moderately loud systolic murmur is heard, audible, though less distinctly, at the apex. Other sounds pure. Pulse: full, soft, regular, 83. Resp. 17. Temp. 100° F. On examination of abdomen, spleen is felt greatly enlarged, reaching from the fourth interspace to an inch below the umbilicus and as far to the right as the median line. Liver slightly enlarged upwards. No enlarged lymphatic glands. During the past few days he has suffered from intestinal hemorrhages, amounting to as many as 12 in 24 hours: small in amount.

Intelligence good. Sleeps well; no jaundice, anasarca or ascites. At one time in his illness suffered from dizziness of vision. Optic discs not examined.

Exam. of blood.—The white corpuscular elements are very markedly increased, and the myelocytes pathognomonic of the disease occur in considerable numbers.

J. H. SCAMMELL.

*Secretary.*

At a meeting of the St. John Medical Society, held Jan. 22nd. 1896, Dr. March read a paper entitled "Consciousness."

He described consciousness as the bond which unifies the senses, a complex phenomenon, not a simple state, and made up of elements or factors which become consciousness in their union, but are not unconscious in their isolation. Consciousness only arises under certain physiological conditions. 1. The circulation of the blood. 2. Respiration. 3. Nutrition. 4. Temperature. 5. Age. 6. Sleep; and when there is sufficient disturbance or variation of any of these, consciousness is lost. The integrity of the cerebral organ itself is essential for normal consciousness. The lowest form of protozoon known to us is the amoeba and this simple protoplasmic cell exhibits the following traits: 1. The perception of the external object. 2. The choice made between a number of objects. 3. The perception of their position in space. 4. Movements calculated either to approach the body and seize it or to flee from it, so that we find psychic phenomena associated in unicellular beings as the very basis of organic life. From the unicellular, he traced the psychic phenomena up through the metazoa to the complex mechanism in the nervous system of man. Ribot enumerates three types of what he calls the dissolution of the personality or the disruption of the unity of consciousness.

1. Alienation, in which the consciousness of the body is completely changed.

2. The attenuation of two personalities or double consciousness.

3. The substitution of one personality for another.

In conclusion, it seems evident: 1. That either a miracle is wrought with every first sensation, breaking the sequence of causation that connects child with parent, or the promise and potency of a human "spirit" were centred in the embryonic organism.

2. That while psychic elements are manifested directly to us, only through consciousness they exist as its preconditions, and

3. They are therefore not to be denied existence beyond the sphere of consciousness.

4. That unconscious antenatal elements were the fountain from whose secret springs personality emerged with its rational powers and ancestral similitude.

5. That consciousness does indeed come and go with our food and breath, and so far as our senses are concerned, ceases when we sleep and when we die, but the psychic elements that consciousness unifies in our waking hours do not cease to be, even in our sleep, and if that is so, who shall say that they shall cease to be, even in that last sleep whose morning never dawns on earthly hills.

J. H. SCAMMELL,

*Secretary.*

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THE Sixth Annual Meeting of the Maritime Medical Association takes place in Charlottetown, P. E. I., July 8th and 9th. All those who purpose reading papers will kindly send titles as early as possible to Geo. M. Campbell, Hon. Secretary, Halifax. It is to be hoped that many from New Brunswick and Nova Scotia will take part in this meeting.

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In calling the attention of the profession to the institution, the Faculty beg to say that there are more major operations performed in the Hospital connected with the school, than in any other institution of the kind in this country. Not a day passes but that an important operation in surgery and gynecology and ophthalmology is witnessed by the members of the class. In addition to the clinics at the school published on the schedule, matriculates in surgery and gynecology, can witness two or three operations every day in these branches in our own Hospital. An out-door midwifery department has been established, which will afford ample opportunity to those desiring special instruction in bedside obstetrics.

Every important Hospital and Dispensary in the city is open to the matriculates, through the Instructors and Professors of our schools who are attached to these Institutions.

### FACULTY.

*Diseases of the Eye and Ear.*—D. B. St. John Roosa, M. D., LL.D.: Professor Emeritus, W. Oliver Moore, M. D., Peter A. Callan, M. D., J. B. Emerson, M. D., Francis Valk, M. D., Frank N. Lewis, M. D.

*Diseases of the Nose and Throat.*—Clarence C. Rice, M. D., O. B. Douglas, M. D., Charles H. Knight, M. D.

*Diseases of the Mind and Nervous System.*—Professor Charles L. Dana, M. D., Graeme M. Hammond, M. D.

*Pathology, Physical Diagnosis, Clinical Medicine, Therapeutics, and Medical Chemistry.*—Andrew H. Smith, M. D., Professor Emeritus, Wm. H. Porter, M. D., Stephen S. Burt, M. D., George B. Fowler, M. D., Farquhar Ferguson, M. D., Reynolds W. Wilcox, M. D., LL.D.

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*Diseases of Women.*—Professors Bache McEvers Emmet, M. D., Horace T. Hanks, M. D., J. R. Nilson, M. D., H. J. Boldt, M. D., A. Palmer Dudley, M. D., George M. Edebohls, M. D., Francis Foerster, M. D.

*Obstetrics.*—C. A. von Ramdohr, M. D.

*Diseases of Children.*—Henry D. Chapin, M. D., Augustus Caillé, M. D.

*Hygiene.*—Edward Kershner, M. D., U. S. N., Professor Emeritus.

*Pharmacology.*—Frederick Bagoë, Ph. B.

*Electro-Therapeutics and Diseases of the Mind and Nervous System.*—Wm. J. Morton, M. D.

*Diseases of the Skin.*—George T. Elliott, M. D.

For further information please call at the school, or address **CHARLES B. KELSEY, M. D.**, Secretary of the Faculty

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The special indication of this combination is Phosphate in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a *physiological restorative* in Sexual Debility, and all used-up conditions of the Nervous system should receive the careful attention of the rapentite.

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