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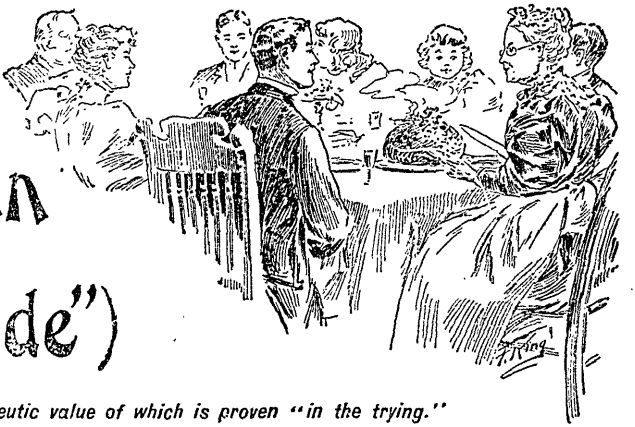

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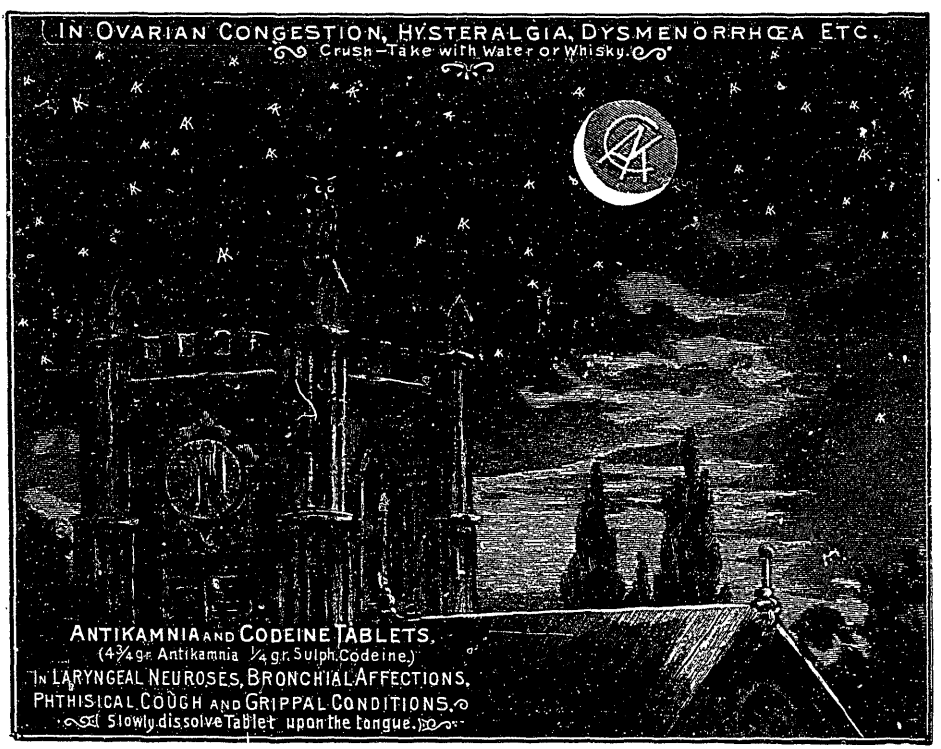

THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. X. HALIFAX, N. S., DECEMBER, 1898. No. 12.

Original Communications.

HIGHER MEDICAL EDUCATION IN CANADA.

By R. MACNEILL, M. D., Stanley Bridge, P. E. I., President of the Maritime Medical Association.

At the last meeting of the Canada Medical Association held at Quebec a basis of agreement was adopted with a view of federating all matters pertaining to medicine and surgery under one common head. At that meeting, Dr. Roddick of Montreal, was authorized to lead forth in this matter and see what could be done through the Federal Parliament of Canada. Dr. Roddick has been doing something, aided by the Crown law officers of Canada, and it appears to be settled upon that it is within the purview of Parliament to create a corporation composed of representatives of all the Councils of the various provinces. Dr. Roddick is the Cæsar to lead the profession across the provincial Rubicon, to a central haven where one state qualification forms the door that leads to the practice of medicine in Canada. Now what shall it be? "The University of Canada?" or "The College of Physicians and Surgeons of Canada?" Either of these names would be euphonious enough to command the respect of the whole world. This head should be supported and created by the Government of Canada. It does nothing for the medical profession. It expends large sums of money upon the militia of Canada for the science of killing our enemies,—why not spend some money upon the science of curing the sick of our

own country? It is surely good economy from a national stand-point to preserve the lives of the people,—that medical science should be encouraged and fostered and not left entirely to private enterprise. That nothing should be done by the Federal or Provincial Parliaments for the cure of the diseased, and for the proper and thorough education of men in the curative art, is a standing wonder, if not a constant reflection on the wisdom of our legislatures. Although long overlooked and neglected, here is now an opportunity whereby the Government can aid and assist the profession in creating a qualification for Canada, either by a University after the model of the University of London, or by "The College of Physicians and Surgeons of Canada" on the same principle. In 1876 the Government of Nova Scotia created a Provincial University for all Nova Scotia, the charter of which still exists—but ceased operations, owing to the withdrawal of the Goverment grants in 1880 or 1881. The medical schools of the Austro-Hungarian Empire are supported by Government, also Sweden, Belgium, Denmark, Italy, Portugal, Brazil, &c. Is it too much to ask the Government of Canada to aid the profession in this matter? I think not, and I think the voice of the profession should now rally around Dr. Roddick as our leader, presenting our case before Parliament at the coming session. A monster petition should be circulated and every Doctor's name from the Atlantic to the Pacific should as one united phalanx present our claims and call for the requisite aid required to complete the movement now in operation. United we stand—*divided we fail*, is true in this as in other matters, and I trust the medical men of the Maritime Provinces at least, will give their countenance and support by petition or otherwise.

The local laws in the three Maritime Provinces need a levelling up, and efforts should be made by joint applications to the different legislatures to secure the necessary modifications required in our laws, so that whatever the issue may be, we shall be ready when the scheme is completed to give in our adhesion. This is not a political question but one that will I hope receive the support of every member of Parliament, as it would reflect great credit upon the country at large to have such a federation accomplished. If nothing can be done at the approaching session of Parliament—the profession in the meantime can prepare themselves to fully discuss the matter at the next meeting of the Maritime Medical Association in Charlottetown, when I hope Dr. Roddick and other eminent men will be present also.

FIBROMA MOLLUSCUM.*

By MURRAY MACLAREN, M. D, M. R. C. S. (Eng.), St. John, N. B.

The following case is of such sufficient rarity and unusual character that a report of the condition may be found interesting:

Mary H., aged twenty-five years, spinster, was admitted into the General Public Hospital, St. John, on the 29th March, 1898, complaining of the difficulty she had in moving about, owing to the presence of a large tumor of the side. She is a native of New Brunswick, and of French descent. Her father is living and well. There are, however, numerous nodules scattered over his body. Neither her mother, who died after confinement, nor her two brothers and one sister, who are healthy, have had any skin disease.

The patient has been told that she was born free of blemish and she was about ten years of age when various changes began to be noticed in her skin, some of which had gradually increased up to the time of her admission into hospital. She was otherwise in good health. Her height is five feet two inches, her complexion dark, and intelligence is of a good order.

A tumor attached to and hanging from the left side of the abdominal wall was the most striking feature on inspection, in length 21 inches, and in circumference 36 inches. Its attachments extended from the costal margins above to the inferior spinous process of ilium below, and from near the middle line in front to the mesial line in the lumbar and upper sacral regions posteriorally. There was no pedunculation, the base of the tumor, on the contrary, spread outwards. The mass could be raised and lowered and felt lumpy and rather firm.

Over a large part of the tumor the papillæ of the skin were much hypertrophied, which gave a vegetative or keloid appearance with deep pigmentation. There were, also, areas of ulceration from pressure. Over the upper part of the tumor, as well as the lower half of the trunk and upper half of the left thigh, there was also brown pigmentation, lighter in color than that just mentioned. The upper part of the trunk and the arms were abundantly freckled, while there were also small scattered patches of pigmentation.

The face showed numerous small nodules, while the chest and arms were similarly, although less, involved. These nodules vary, some are

*Read at meeting of Maritime Medical Association, Halifax, July, 1898.

firm and slightly raised, others are soft and pedunculated. The lower limbs are free of cutaneous growths.

Under the skin are very numerous firm oval tumors, bean-shaped, varying in size from a split pea to a pigeon egg. The larger ones are noticeable without feeling for them, as they raise the skin, while the skin is moveable over them.

These tumors are frequently distributed in beaded lines or in chains and feel somewhat like enlarged lymphatic glands. They are very numerous on both sides of the neck, the arms, and face and body, while on the legs a few only can be felt on the thighs. Some of the tumors can be moved more freely across than in the lines of their distribution.

The large tumor was removed by me on the 31st March, with the kind assistance of Drs. T. D. Walker and W. W. White. The incision extended nearly half round the trunk. The skin over the greater part of the growth was much thickened and incorporated with and formed a portion of the tumor. There was no capsule and the growth was ill-defined, the attachments being to the fasciæ and muscular aponeuroses.

During removal there was considerable hæmorrhage and numerous large venous trunks were noticeable. There was tension in the flaps, followed later by some retraction, but the patient on the whole, with the exception of an attack of erysipelas, progressed satisfactorily, and at present there is a small granulating area remaining to heal. This tumor resembled one pictured in Erichsen's Surgery fairly closely, although in the latter case there is a well-marked pedicle.

The tumor weighed 26 lbs. Crocker quotes Kosinski as having one which weighed 35 pounds. The main part of the after treatment was carried on by my colleagues whose terms of service followed.

Microscopic examination of the tumor by Dr. G. A. B. Addy, the hospital pathologist, showed a fibro-cellular structure, while a small subcutaneous nodule was mainly white fibrous tissue with fewer cells. Very distinct nerve fibres were found on the capsule of the nodule (constituting fibro-neuroma). Some of the photographs and the sketch of the tumor were done by the house surgeon, Dr. W. L. Ellis, others by Dr. T. D. Walker.

The condition seems evidently to be that of fibroma molluscum, a disease which presents varying grades of character—nodules, nodules with pendulous folds, and the pendulous folds without the general distribution of nodules. Sometimes the deformity is so marked that the person so afflicted is exhibited under the title of "elephant man," or some

such name. The pigmentation and freckling which are characteristic of the disease were, in the present case, very pronounced. Hebra's cases were stunted in growth and of defective mental capacity. This, however, is far from being constant. In this case the height is 5 feet 2 inches, but the figure is proportionate, while her intelligence is excellent, and she has shown marked courage and resolution.

Fibroma molluscum is rare among diseases of the skin; Crocker gives the figures 9 in 16,863 American cases, and 1 in 10,000 Crocker's and McCall Anderson's cases. This authority, however, thinks these figures should be somewhat modified.

I can recall at least two other cases that I have seen in the General Public Hospital in the past six or seven years, one occurring in a condition closely resembling acromegaly.

The etiology and pathology are obscure. Heredity apparently has its influence. The condition which affects the father of Mary H. is, judging from her description, fibroma molluscum.

Crocker says that the presumption is in favor of fibroma molluscum being mainly due to obstruction of the superficial lymphatics, at least in the diffuse cases, but that we are entirely ignorant as to how the obstruction arises. This theory and many points in its anatomy bring it into pathological relationship with elephantiasis Arabum. Crocker also states that fibro-neuromata coexist in some cases with fibroma molluscum. They are regarded by others as a part of the disease, and are a well marked feature in the present case.

Fibro-neuromata might naturally be supposed to be characterised by pain. This seems rarely to be the case.

The New Sydenham Society has recently re-issued a "Treatise on Neuroma," by Dr. Robert W. Smith, written over fifty years ago, and the preface states that the observations are of as great value as at the time of original publication. It is here stated in reference to idiopathic neuroma: "The pain accompanying neuroma has always been considered as one of the most important characteristics of the disease. When the tumors exist in great numbers they are, in the majority of cases, the source of little or no uneasiness to the patient; but the solitary neuroma is in general the seat of agonizing pain, the pain darting along the trunk and branches of the nerve with all the suddenness of an electric shock."

Erichsen states that fibromata of nerves are almost invariably painless. The present case bears out the rule fully.

"Virchow and V. Reckling Lausen (to quote Dennis) have directed attention to the fact that fibroma molluscum may grow from the fibrous sheaths of the nerves and from sweat ducts and hair follicles. From these facts pathologists regard these growths as fibro-neuromata." "The absence of filaria in the blood flowing from the tumor indicates that the affection is not elephantiasis."

It still remains for some one to point out the true nature of fibroma molluscum and possibly establish it among the parasitic or germ diseases.

Clinical Reports.

INTRA-UTERINE HÆMORRHAGE SIMULATING RUPTURE OF AN ECTOPIC SAC.

By MURDOCH CHISHOLM, M. D., C. M., L. R. C. P. (Lond.), Professor of Surgery and Clinical Surgery, Halifax Medical College.

Mrs. McK., æt. 30, came under my care July 19th, 1897, complaining of severe dysmenorrhœa and more or less constant pain in the pelvis.

Previous History.—Born in Halifax. Was always healthy. Menstruated at 14, without pain. Married at 21. Two years afterwards began to suffer with dysmenorrhœa, which became worse every year. No pain till flow appeared, then became very severe and so continued for two days; third day considerably easier and flow over by fourth day. Flow at first was scanty, never clotted and quite free after second day. No history of leucorrhœa, etc.

Two years after was treated for dysmenorrhœa by tampons, with no relief, and by dilatation three years ago with no better result. Her back became much worse after this.

Family History.—Mother died of peritonitis after a short illness. Father living and well. Brothers and sisters living and well.

Present Condition.—Patient well developed, bright and cheerful, and, but for the condition complained of, was in excellent health.

On examination, the uterus was found in the normal condition of anteflexion, the cervix bent forwards in the axis of the vagina forming a rather acute angle with the body, ovaries not felt but there was some tenderness in the left fornix; os apparently healthy. The sound passes with difficulty through a tortuous canal notwithstanding previous dilatation, and gives very severe pain. Size of uterus very little beyond normal.

Examination under an anæsthetic reveals nothing abnormal in tubes or ovaries. A deep sulcus was noticed at the angle of union between the cervix and body of uterus. A distinct globular mass can be detected in front of the body of the uterus, which appears to be subperitoneal, moving somewhat on pressure.

Uterus was forcibly dilated by Goodell's dilator, curetted and packed with iodoform gauze and Skene's operation for anteflexion of the cervix performed. Recovery uneventful. First period after this operation was rather more painful than ever. The sound passes now with no greater ease than before; the canal still tortuous. Now, Sept 13th,

three days after period, incised the canal with a metrotome. Inserted a glass intra-uterine stem, which was left in situ two weeks till forced out by flow at next period, Sept. 19th. Next period due Oct. 19th, missed. Morning vomiting Oct. 15th, pain in the breasts and certain dislikes with abdominal pain caused her to call me in again. Pregnancy was suspected and orders given to remain very quiet. As the abdominal pains radiating down the legs persisted, with the other signs of pregnancy, I made a vaginal examination. I found the uterus enlarged and I thought I detected some fullness in the right fornix extending down by the side of the uterus. But I referred this mostly to inflammatory thickening. The pelvic pain continued and gave me no small anxiety in the light of her previous sterility; and from the thickening to the right of the uterus, I feared ectopic gestation.

She went on in this way till December 4th, some seven weeks after missing her period. She was then taken with severe pain in the pit of the stomach, which moved down to the right inguinal region, with urinary tenesmus and slight hæmorrhage from the vagina. The pain was accompanied by tenderness, and next day with a temperature of one hundred, and some abdominal distension. This yielded in four days, after which the patient kept her bed mostly.

On December 15th, eleven days after her first attack of pain, she was seized with another attack, with a constant desire to pass water. On getting up to relieve this distress she fainted and was carried into bed, and there fainted thrice, each time on attempting to raise her head. In a short time she passed a clot from the vagina, and immediately after got perfect relief from the violent pain. I arrived there shortly after she was relieved. I anxiously looked for signs of hæmorrhage, but there were none. The pulse was fairly strong and the lips quite florid. Still I attributed the trouble to a small internal hæmorrhage, into the broad ligament from a gravid tube. This would account for the pain and fainting. On examination no tumor could be detected, but notwithstanding I adhered to this supposition, I watched closely two days longer. Symptoms of peritonitis developed, pain, tenderness and distension. I made known my fears and asked for a consultation. Dr. Black was the patient's choice, and I met him the next day in consultation. The symptoms of peritonitis were now so marked that an examination was deemed unadvisable and it was decided to wait a few days till the tenderness subsided. She did fairly well for two days longer and then she was seized with excruciating pain as before.

The pain was referred to the symphysis and a little above it. Thinking it might be owing to an overdistended bladder, I passed a catheter, but very little urine passed. The patient, though possessed of great fortitude, was now continually yelling, her face began to turn white, her pulse became weak and *infrequent*, and she was on the point of fainting. A quarter of a grain of morphia seemed to give no relief. Hot applications were applied before I came. They increased her suffering and were discontinued. I ordered ice and telephoned for assistance. Dr. Black was out, and Dr. Stewart was then called upon. Relating the history of the case to him on the way, he remarked that it was exactly the history of an extra-uterine pregnancy. The patient was now in less pain; the ice had relieved her, and a slight vaginal flow appeared. The os was found soft and dilating. The symptoms now pointed to an abortion. There were no symptoms pointing to internal hæmorrhage, and it was decided to wait. The pains became paroxysmal. Three hours after this I examined and found the vagina filled with a tense sac about the size of a goose egg, perhaps smaller. It was attached to something presenting at the os. I left it till next morning, in hopes that it would all come away. It did not, and I was under the necessity of rupturing it to get at the decidua in the cervix. The sac was found filled with blood clot and red liquid. The clot was arranged concentrically around the sac wall, to which it was fixed firmly. It was harder, darker and more resistant at its circumference, softer and getting more red looking towards the centre, where there was a cavity filled with liquid blood, or serum or amniotic fluid stained red. I saw no embryo. The decidual membrane presented nothing abnormal to the naked eye. There was no microscopical examination.

The woman made a fairly good recovery, but the pelvic pain which radiated down the thighs persisted. I was therefore uneasy lest the pregnancy might have been complicated with ectopic gestation. But under choloroform neither Dr. Stewart nor myself could discern anything abnormal, save the globular mass before referred to, and even that had considerably diminished in size.

The case is interesting as an illustration of the difficulties of diagnosis between recurring intra-uterine hæmorrhage and rupture or abortion of the sac in a gravid tube. The symptoms of ectopic gestation with rupture and abortion, which were absent in her case, were those of severe hæmorrhage and a tumor or marked thickening of the tube. But the latter may be hard to detect, especially if the ovum be fixed in or near the fimbriated extremity, or if the tube be so thin walled as to permit of an early rupture. Then if the sac rupture into the broad ligament, the amount of hæmorrhage may exceptionally be very small.

I can offer no explanation of peritonitis accompanying or following intra-uterine hæmorrhage. I think the hæmorrhage must have been the result of degenerative changes in the decidua. The placenta is not formed before the third month, and the condition therefore was not what is known as apoplexy of the placenta. The sac surrounding the clot must have been a distended portion of the amnion.

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GLIOMA OF THE RETINA.*

By E. A. KIRKPATRICK, M. D., Surgeon to Eye and Ear Department, Victoria General Hospital, Halifax, N. S.

This disease is an exceedingly rare one. Of 252,347 patients attending Moorfields, Dublin, Manchester and Birmingham eye hospitals during five years, ninety-five (95) were cases of glioma of the retina. It is found only in children and occurs in nearly all the cases before the fifth year.

Hirschberg believes that this disease is congenital and that the growth takes on a rapid development at different times after birth. Of twenty-five cases treated by Horner, three were congenital, six occurred in the first year, five in the second, three in the the third, two in the fourth and one in the fifth, seventh and eighth years.

Cases have been reported where the glioma was intra-uterine.

The prognosis of the disease is extremely bad and the only chance of saving the life of the patient is in early enucleation of the eye-ball before the third stage, the growth being still confined to the eye-ball.

This disease being so rare, I have presumed that a brief report of a case occurring in my practice would be of interest to this society and worthy of a place in our records kept by the secretary.

A. T.—age two years and one month, was brought to my office July 24th, 1896.

The parents stated they had not detected any loss of vision in the child until a short time before this date, but I found the vision little better than perception of light.

There was not the slightest sign of irritation about the eyes, tension was normal and media clear.

An examination of the fundus of each eye revealed a degenerate condition of the retinæ. These coats appeared white but were not bulging at the time.

I did not make a diagnosis of the exact nature of the disease at the time of this examination and yet gave a very hopeless prognosis as far as vision was concerned.

*Read at N. S. Branch, British Medical Association, November 23rd, 1898.

I did not see the child for six weeks (Sept. 5th.) when the eyes becoming painful, parents sought advice again.

At a glance in the pupil of the right eye the pinkish white neoplasm was seen occupying a large part of the posterior chamber, and in the left eye a similar growth was to be seen though not so far advanced.

The disease was in its second stage with increased tension and the eyes irritated and painful.

A consultation with the family physician Dr. Black and Dr. Tobin was held on Sept. 8th, and all agreed on the diagnosis.

As the disease was confined to the eyeball we urged enucleation of both eyes. This proposition was not received with favour and shortly after the child was taken to Boston where an eminent oculist was consulted. Our diagnosis, prognosis, and treatment were confirmed.

The third and fourth stages rapidly followed and the child died in the following March.

Fuchs of Vienna University states "The course of the disease from its very outset to its fatal termination usually extends over several years," also "glioma as a rule only attacks one eye."

In the case reported the course was very rapid and both eyes were affected.

The case therefore with both eyes simultaneously attacked and running so rapid a course is an uncommon one of an exceedingly rare affection.

ANTITOXIN IN OPHTHALMIC PRACTICE.

By GEO. H. POWERS, M. D., Professor of Ophthalmology, Otology, Rhinology and Laryngology, Medical Department, University of California.

March 18, 1898, I was consulted by a patient from the country who had extensive granular conjunctivitis, vascular keratitis and corneal ulcers in both eyes. She was anæmic and debilitated. Commencing with the usual treatment, local and general, I employed Knapp's forceps in expressing the contents of the granulations on the 22nd; improvement in general condition continued till the 29th, when the upper lid of the left eye was markedly swollen, a thick pus exuded from the lids, and on everting the upper lid it was found stiff and covered with a diphtheritic looking membrane; on the 30th, the right eye was similarly affected and the left one worse; on the 31st, both corneæ showed signs of softening, and the situation was very alarming. As no such case had occurred in my practice for several years, I had not at first thought of the use of antitoxin, but as soon as the idea occurred to my mind, I immediately obtained and injected in the thigh nearly 500 c. c. of Parke, Davis & Co.'s anti-diphtheritic serum, about 3 p. m. of the 31st of March. On the next morning the membrane and also the purulent secretion had disappeared and did not return, a happy result which I am sure can be safely credited to the antitoxin.

Unfortunately, the corneæ were so greatly affected already that a central leucoma resulted in each, and a small anterior synechia in the left eye. The trachoma was nearly cured (by the antitoxin or by the purulent inflammation ?) and the opacities have gradually cleared away to a considerable degree. The patient was not conscious of exposure to diphtheria at any time or place, and had no constitutional symptoms.

I greatly regret that I had no bacteriological examination of the membrane which formed on the conjunctiva, but its appearance was very characteristic. I should offer apologies to the chairman of the Committee of the State Medical Society to whom I had reported having had no use for antitoxin in my practice, except that this case occurred so long after I had made answer.

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HERNIAL PREDISPOSITION.

In an interesting paper, apparently suggested by the embarrassments of the employers liability law, at present in force in Switzerland, Kocher discusses the predisposing causes of hernia. Some hold that hernia only occurs in those in whom there is already a hernial sac, or at least a pouching of peritoneum, and this is generally considered a congenital condition.

Others hold that an undue pliability of the abdominal wall, a lessening of resistance of fascia and muscles, is the primary defect, so that repeated internal pressure, as in straining or lifting heavy weights, causes a temporary bulging of the peritoneum, without actual formation of a sac. This condition of the structures of the abdominal wall may be congenital, or it may be acquired by undue and too frequently repeated exertion.

A third view is maintained by some, viz., "that hernia is a disease, not an accident," in other words, that the subject of a hernia has had his hernia from birth, but that his attention has only been attracted to it when, as a consequence of unusual effort, or sudden strain, it has so increased as to cause annoyance or pain.

Kocher combats this view. He points out that the term "hernia" implies a displacement of viscera, and that many persons possess the predisposing elements of hernia protrusion, who never acquire a true hernia. He would admit that these predisposing factors are pathological conditions, but denies to them the name "disease." "It contradicts the "conception of a disease, to denote as a disease an alteration which "never causes the slightest disturbance of the functions of the body "throughout the whole life."

As a result of his experience in operating for hernia and in examining the hernial regions he regards the second of the above mentioned views as the most tenable. He has convinced himself that the hernial predisposition "in no wise consists, as is too often still believed and "stated, in a congenital hernial sac, present in greater or less perfection, "as a sac-shaped bulging of the parietal peritoneum along the spermatic "cord, but that often, without the formation of a stalked sac, the peri-"toneum, through the strain of abdominal pressure, is protruded above "Poupart's ligament, in the form of a globular, oval, or conical projection, "simply and solely because the thin transversalis fascia and its auxiliary "fibres have given way at the posterior inguinal ring, and the deep "abdominal muscles have been pressed apart. * * * * * * * * "But if the peritoneum can be thus protruded in so marked a manner "through the posterior inguinal ring, the anterior wall of the inguinal "canal, i. e., the external oblique fascia, must have suffered damage in "resistance. And in fact we find in this commencement stage of hernia, "as a rule, that the pillars of the inguinal ring have been more or less "separated."

In this way the connecting fibres (fibræ inter-columnares) are overstretched and can no longer offer sufficient resistance to pressure. "During coughing the anterior wall of the inguinal canal is then driven "strongly forward, and, with the cessation of pressure, at once falls back. " * * * * A stalked hernial sac is absent in such cases; the peri-"toneal area lying outward from the inferior epigastric vessels is driven "forwards against the weak spot in the external fascia in the form of a "conical or spherical tumour with a broad base."

Kocher thinks this form of origin, while almost the only one present in direct hernia, is also the most frequent in oblique or indirect hernia. This form of hernia, to which he would restrict the term "pointe de hernie" employed by French surgeons, is recognized clinically by the sudden pressing forward, during coughing or straining of a circumscribed rounded or oval swelling, which sinks back at once on relaxation of the abdominal pressure, "without its being necessary to replace protruded intestine."

As to the influence of exertion or injury on the development of hernia, Kocher quotes the statistics of Berger, collected from cases which had presented themselves for treatment "without any design for indemnification." Berger estimated from a total of 4,621 hernias, a percentage of 30.8 as hernia produced by violent or accidental strain. Kocher goes

on to make some observations on the "interstitial" hernia, which he defines as "a complete hernia, with hernial sac and contained viscus "which remains embedded outside the abdominal cavity in a bulging of "the peritoneum," but which "does not pass beyond the margin of the "anterior abdominal ring."

The rare "properitoneal hernia" of Kronlein, which Treves classes as a form of interstitial hernia, is considered by Kocher a distinct variety, which has not even passed through the inguinal canal, but is insinuated between the parietal peritoneum and the posterior layer of the abdominal wall.

The diagnosis of the interstitial form is of the more importance, as it is much more likely to require operation and must be considered as a dangerous ailment, whose removal by a radical operation appears distinctly indicated.

Kocher shows very clearly how the law, already referred to, while "prompted by the most humane motives," works an injustice both to employer and employed. On the one hand employers are held liable for hernia occurring in the persons of their labourers, and on the other, labourers who have no hernia, but merely predisposition thereto, are refused employment, and even those who have submitted to operation, are refused, through a fear that the cure may not be permanent. To this suspicion Kocher replies very positively. He says: "Statistics "prove unanswerably that for a hernia, not too large and not too old, "an otherwise healthy individual may obtain permanent healing by "operation."

He therefore advises operation in all cases, not only of actual hernia, but of simple predisposition to hernia, whether in the form of congenital sacs, adipoceles, or the "conical hernial sac," due to weakness of the abdominal walls.

For fully developed hernia, he considers his own method as the simplest, easiest and as to final results, most certain, while for the "pointe de hernie" or broad based conical hernia, he recommends the operation of Bassini.—*Correspondence—Blatt fur Schweiz: Acrztc, 15th June. '98.*

INOPERABLE CANCER OF THE UTERUS.

Dr. Pearse of Kansas City, describes a new method of treatment for such cases of uterine cancer as are too advanced for removal. In such cases, where the cervix and the cavity of the uterus are represented by a friable mass of sloughing and fœtid tissue, the patient suffers as much or more from absorption of the products of decomposition as from the growth of the tumour. The value of curettage and application of such chemicals as pure carbolic acid or chloride of zinc has long been known. Dr. Pearse describes excellent results following the local application of carbide of calcium, the substance from which acetylene gas is now prepared for illuminating purposes. "This has a remarkable affinity "for water and when brought in contact with diseased tissue, robs it of "its moisture, thereby generating acetylene gas and depositing in the "tissues powdered lime and charcoal * * * * when liberated slowly as "it is in the treatment of cancer it forms a very efficient germicide." It is comparatively painless, but the first application is made under chloroform as follows: "The diseased growth is scraped away, as far "as softening has progressed, with a sharp curette; bleeding is stopped "by a cautery. A lump of calcic carbide as large as a walnut is deposited "in the cavity and loosely packed with gauze to prevent the rapid "escape of the slowly formed gas. After forty-eight hours the gas is "withdrawn and for two or three days the cavity is irrigated until all "the carbide deposit is washed away. This leaves a smooth granulating "surface. After three or four days of rest a second piece is introduced "without anæsthesia, and loosely packed with gauze, and this procedure "is repeated. Under its influence the fœtid discharge lessens and the "wound contracts and shows a marked tendency to heal." Dr. Pearse ventures to hope that by this treatment a cure may even be brought about, but we fear few can share this enthusiasm.—*Kansas City Medical Index, October, 1898.*

HÆMATURIA AS A SYMPTOM.

Newman reviews the differential diagnosis of hæmaturia and gives some valuable hints derived from his large experience. There are many sources of hæmaturia: (1) injuries or disease of the kidney or its pelvis, (2) of the ureters, (3) of the bladder, (4) of the prostate, (5) of the urethra, and (6) of the testicle.

Newman gives details of a series of cases of hæmaturia due to lesions of the kidneys, and classifies the affections of the kidney usually associated with hæmaturia under four heads, viz: (1) Traumatic lesions, including injury from calculus. (2) Passive hyperæmia, as from pressure on renal veins, torsion of renal veins, and reflex spasm of arterioles. (3) Inflammatory hyperæmia, as in nephritis, tuberculous disease and cystic degeneration. (4) Tumours.

To determine the source of the blood voided with the urine, a careful physical examination of the urine is necessary, as also a consideration of the circumstances connected with the presence of blood in the urine. The naked-eye appearance of the blood may guide us. A bright red colour, especially if clots are present, points to a vesical source, while an altered tint of the blood, so that the fluid is smoky or resembles porter, is more likely to be found in renal hæmorrhage. This rule is, however, not absolute, for in cases of very free loss of blood from the kidney, the evacuation may consist almost entirely of blood and there may be ureteral clots, while, in cases of enlarged prostate with residual urine, or when the urine is alkaline and septic, blood derived from the bladder walls may be so altered in tint as to give a smoky rather than a red colour to the urine. With reference to the statement of Von Jaksch that when blood corpuscles are present in such numbers as to stain the urine deeply, but do not form a sediment after many hours standing, it may be inferred that the blood has come from the kidney or its pelvis, or from the ureters, Newman holds that no dependence can be placed on this phenomenon. He has carefully observed cases presenting these appearances and found the conditions vary from day to day, while the hæmorrhage was finally proved not to be renal.

The examination of the clots may prove useful. These are sometimes casts of the ureters, even of the pelvis and calyces. Sometimes

a clot plugs the ureter, so that there is a temporary cessation of the hæmaturia, until the pressure of the renal secretion and distension of the ureter cause the expulsion of the clot, and with this a return of the hæmaturia. This phenomenon is conclusive proof of a renal source.

The clots sometimes intangle cells and even fragments of tissue, which may yield to microscopic examination evidence of their source and blood casts of the uriniferous tubules are valuable data.

When there is much mucus present with bloody urine, it generally indicates the bladder as the source of the hæmorrhage. In such cases the blood corpucles generally sink to the bottom of the urine-glass, and the mucus forms a glairy layer above them. In the case of pus, the blood is more intimately mixed with it, and "in some cases of renal "pyuria, the pus may carry down almost all the blood corpuscles so as "to leave an almost quite clear supernatant fluid."

The time at which the blood appears in the stream is important, When the first of the stream is blood stained and the remainder clear the urethra or prostate is the source. When bleeding is most profuse at the close of micturition, vesical calculus or tumour is indicated.

The persistent or the intermittent character of the hæmaturia affords useful information. The intermittency caused by clotting in the ureter has been already referred to. "The same sudden appearance and disap-"pearance of blood has been observed in cases of moveable kidney with "torsion of the renal veins, also in cases of renal calculus. * * * In "cases of tumour of the bladder the presence of blood is generally very "persistent, without intervals, and of long duration, so that the patient "may become very anæmic from loss of blood."

The results of rest in the recumbent position are of value in diagnosis, hæmaturia due to calculus in kidney, bladder or prostate being usually relieved, as is also the case when due to moveable kidney, or to passive congestion from pressure on the renal veins. But if rest in bed has no beneficial action in reducing the hæmorrhage, we may look for malignant or tuberculous ulceration.

Finally, Newman indicates the great value of the information acquired by the use of the cystoscope and the ureteral catheter, by which we can generally learn whether the blood comes from the kidney, and if so, from which kidney, and may even, as Kelly has repeatedly proved, diagnose the presence of a calculus in the pelvis of the kidney.—*Lancet, July 2, 1898.* J. S.

THE
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Editorial.

GASTRECTOMY.

The most remarkable surgical achievement of recent years has been the successful removal of the entire stomach for the relief of malignant disease of that organ. This has been accomplished once in Europe and twice in America, all the patients rallying well from the operation and improving to a considerable extent afterwards.

The possibility of a human being living after the total removal of such an important organ as the stomach, was partially demonstrated by the results of partial resections and by experiments on some of the lower animals. Many years ago Czerny and his pupils removed the entire stomach in a number of dogs. One of them operated upon in 1876 lived for six years in perfect health. This animal took all kinds of food and had normal stools. Ludwig and his pupils performed experiments of another kind but practically of the same nature. They fed animals exclusively through a duodenal fistula, shutting off the stomach juices, and clearly established the fact, that the functions of the stomach when suspended in this could be compensated by an increased activity of the intestinal juices.

In 1896, Schuchardt, of Stettin, removed the entire stomach, except a very small portion of the cardiac end, and the patient lived a life of comfort and activity for two and a half years after the operation.

These results paved the way for the brilliant operation performed by Carl Schlatter, of Zurich, in September, 1897. He removed the entire stomach from a woman aged 56 for malignant disease and united the œsophagus to the upper portion of the jejunum. The patient recovered

well from the operation, and afterwards improved in many respects. The patient is still living and enjoys fair health. She has increased in weight, digests all kinds of food without much inconvenience and has perfectly formed stools. (*Medical Record*, Dec. 25th, 1897. *Lancet*, Jan 15th and Nov. 19th, 1898.)

The notable success obtained by Schlatter could not fail to arouse a spirit of emulation, and similar results have been already secured in at least two cases.

On Feb. 24th, 1898, Dr. Chas. Brooks Brigham, of San Francisco, (*Boston Medical and Surgical Journal*, May 5th, 1898,) removed the entire stomach from a woman aged 66 for carcinoma, with extremely gratifying results. He was successful in uniting the œsophagus to the duodenum by the Murphy button. Her general condition seven weeks after the operation was satisfactory in every respect. She was able to eat anything she wished in considerable amount without any discomfort and had normal stools. The patient also gained considerably in weight.

On May 18th, 1898, Dr. Maurice Howe Richardson, of Boston, performed a similar operation on a woman aged 53 for cancer. (*Boston Medical and Surgical Journal*, Oct. 20th, 1898.) The œsophagus was united to the duodenum after considerable trouble with interrupted Lembert sutures. The loss of blood was inconsiderable, the shock slight, the time of operation one hour. A note added to the report and dated Oct. 18th, five months after the operation, states as follows: "The most troublesome symptom is distress after eating. At times she finds it hard to swallow food. Her diet consists of broth, eggs, milk, bread and butter, black bean soup, small pieces of meat, string beans and shelled beans. She has gained a great deal in strength and though she has not gained in weight, she looks well. The bowels move without laxatives and the movements are formed."

These cases are of the highest surgical and physiological importance. They prove conclusively that the entire stomach can be removed in human beings without unusual risks, and that such individuals can not only survive such an operation but can even live very comfortably for months or possibly years. The cases in which total resection of the stomach is justifiable, are very few in number.

The disease must be in a large measure limited to the organ, as the existence of secondary deposits in other organs, which is generally the case, would forbid interference.

The operation calls for the possession of a high degree of surgical courage and skill, and a thorough acquaintance with modern methods of technique.

That so formidable an operation can be performed within the short space of an hour is a striking testimony to the perfection of modern surgical technique.

These operations are physiological experiments of very great interest, and it is perhaps too soon to estimate their importance.

This much seems clear, that the functions of the stomach can be carried on by the remaining portion of the alimentary canal. The conversion of the nitrogenous elements of the food in albumoses and peptones, an important part of stomach digestion, appears to be fully compensated by the intestine. The patients, afterwards, took all kinds of food, increased in weight, and had normal evacuations. This fact must in future modify to some extent our conceptions of the treatment of gastric disorders.

In Schlatter's case, owing to indiscretions in eating, vomiting occasionally occurred, thus proving as Majendie taught years ago, that in man vomiting can occur independently of the stomach.

Since writing this article it has been reported in the lay press, that Dr. Geo. E. Armstrong of Montreal has successfully removed the stomach from a man for malignant disease.

Dr. Armstrong, as most of our readers will remember, was present at the last meeting of the Maritime Medical Association, and impressed everyone with his surgical abilities. On behalf of that body we heartily congratulate him for the important contribution he has made to Canadian surgery.

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contains all the nutritive virtues of the best malt liquors in a much higher degree than any other product with which it can be compared, and the least amount of alcohol (3 per cent.) of any like preparation which avoids the distressing consequences experienced from the use of spirituous liquors, or malt extracts containing a large amount of alcohol.

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is agreeable to take, and is a valuable nutrient, tonic and digestive agent, containing a large amount of extractive matter. Those of the medical profession who have given the subject of malt extracts careful study are unanimous in endorsing all the claims that are made for it.

WYETH'S MALT EXTRACT

is especially adapted to nursing mothers and children, to those suffering from nervous exhaustion, chilliness, and to those unable to digest starchy food. It also acts as a roborant in all cases of debility, and is a most valuable addition to the treatment required in convalescence.

WYETH'S MALT EXTRACT

is practically a liquid bread that is partly digested. It has for its prime object the production of nutriment, and the entire process of manufacture is devised for the purpose of attaining that end.

WYETH'S MALT EXTRACT

is a purely pharmaceutical preparation, and we would caution physicians when ordering to specify "Wyeth's," as it is well known that there are a great many so-called malt extracts in the drug stores which contain such an amount of alcohol that it is not safe to leave the choice to the discretion of the patient, who might be prevailed upon to purchase an inferior article on account of its being a little cheaper.

Free sample bottles of Wyeth's Liquid Malt Extract will be sent to any practicing physician in Canada upon application.

PRICE, $3.50 PER DOZEN BOTTLES.

DAVIS & LAWRENCE CO. LIMITED,

SOLE AGENTS FOR CANADA, **MONTREAL**

PROVINCIAL BACTERIOLOGICAL LABORATORY FOR NEW BRUNSWICK.

A movement is on foot to bring about the establishment of a provincial bacteriological laboratory, under the care of a competent bacteriologist, for the province of New Brunswick. The Provincial Board of Health has had the matter under consideration for some time, and has urged the Local Government to make provision for the salary of the bacteriologist in charge.

It is proposed that every physician in the province shall command, *without charge*, the services of the bacteriologist, for the early diagnosis of diphtheria and typhoid fever. What a boon this will be to the profession and to the public can only be fully realized by those who understand the dangers of delay.

Should the laboratory be established, it is expected that a small fee will be charged for sputum examinations and for tumor cuttings. Few physicians can spare the time to do microscope work. This is especially true of the practitioners in the rural districts, who are constantly placing themselves under obligations to their professional brethren who possess good microscopes, and who can devote an occasional spare hour to such work. With a properly equipped laboratory, centrally located, in charge of a competent specialist who would be at all times prepared to promptly examine all specimens submitted, sending a report either by mail or telegraph, every physician in the province would feel sure of a correct and speedy diagnosis in cases which would otherwise entail comparatively long periods of doubt and anxiety.

As a means of conserving the public health, no expenditure of public money is calculated to produce such tangible results. Early and prompt diagnosis means early and prompt isolation, which in a single case of diphtheria may mean the arrest of what would otherwise become a general epidemic.

We hope that the entire profession in New Brunswick will unite in support of the Provincial Board of Health in its effort to secure the establishment of such an important and necessary adjunct to the practice of medicine, and such a valuable means of preserving the public health.

Society Meetings.

SAINT JOHN MEDICAL SOCIETY.

President Dr. G. A. B. Addy, in the chair.

Oct. 12, 1898.—The committee on the new British Pharmacopœia made their report. It contained the recommendation that the new British Pharmacopœia be brought into use in St. John on the 1st of January, 1899. This recommendation was adopted.

A paper entitled, "Some Minor Points in Obstetrics" was read by Dr. Olding. In the diagnosis of early pregnancy the following points may be noticed: (*a*) the elongation of the vagina with increased anteflexion of the uterus, while the corpus becomes more spheroidal in shape; (*b*) the corpus uteri on bimanual palpation gives a feeling of semi-fluctuation; (*c*) the deepening of the umbilicus during the first two months of pregnancy.

As regards the treatment of vomiting, these suggestions were made: (*a*) blistering over the 4th and 5th dorsal vertebræ; (*b*) massage of stomach and duodenum; (*c*) oxygen water.

The hypodermic injection of tincture of belladonna in a few drops of brandy may be tried in the case of still-born children when other measures are ineffective.

Oct. 19th.—Pathological specimen.—Dr. James Christie exhibited an ovarian cyst which had contained about twenty-seven pints of fluid.

"Alopecia."—A paper on this subject was read by Dr. Melvin. The causes were referred to as (1) local or (2) constitutional. The latter embrace: (*a*) senility, (*b*) syphilis, (*c*) long continued high temperature, (*d*) profound shock, and (*e*) idiopathic causes. Among local causes were enumerated traumatism, ringworm fungus, favus, alopecia areata and seborrhœa. The early diagnosis and effective treatment in the case of seborrhœa is of great importance, for four-fifths of the middle life alopecia in this country is due to seborrhœa.

Oct. 26th.—Dr. Scammell, Vice-President in the chair.

A paper on "Rickets" was read by Dr. Mott. The condition was defined to be a constitutional disease of childhood caused by malnutrition. The disease appears usually between the ages of two months and

one and one half years, the chief cause being dietetic. The food is deficient in fats and proteids, while there is an excess of carbohydrates. The child of an ill-nourished mother is disposed to become rickety. The pathology and signs of rickets were described and the treatment discussed. Hygiene is more necessary than medicine: Good diet is important, while cod liver oil and syrup of the iodide of iron are frequently useful. Attention must be paid to the prevention of bony deformities.

Nov. 2nd.—Dr. G. A. B. Addy, President, in the chair.

Pathological specimens.—Dr. J. H. Morrison exhibited two eyes, one showing ossified choroid, the other an ossified lens.

A diphtheritic culture was shown by the President, also microscopic slides of gonococci and diphtheritic bacilli.

Bacteriological Laboratory.—The propriety and necessity of instituting a provincial bacteriological laboratory was again brought up for discussion and the movement was heartily endorsed. It was finally decided that the views of the practitioners of the province be obtained in reference to the matter, and further procedure in the matter was referred to a committee composed of Drs. J. H. Morrison, Scammell and Skinner.

A case af malignant lymphoma was reported by Dr. MacFarlane. The subject was a woman aged 50.

Nov. 9th.—An account of recent work observed in some American hospitals was given by Dr. T. D. Walker. Reference was made more especially to the trephining of the ilium in sacro-iliac caries, and double infection of malaria in which the plasmodium was demonstrated in the blood corpuscles.

Nov. 16th.—This meeting was held at the Provincial Insane Asylum on the invitation of the Superintendent, Dr. Hetherington.

Four clinical cases were first shown, one of which a hæmatoma auris had been cured by aspiration and internal administration of iron.

The subject of the evening, "Paranoia" was introduced by Dr. Hetherington. A patient who was a typical example of this form of disease, related his various difficulties and troubles and then the discussion was taken up. Dr. Hetherington referred to the various characteristics of paranoia, such as its incurability. while life might not necessarily be shortened. A dangerous form and schemes were liable to be concocted even for the destruction of a supposed enemy or persecutor.

The subject was adjourned for future discussion, and before parting the members of the society were admirably entertained by the Superintendent.

Nov. 23rd.—A paper was read by a guest of the society, J. H. Frink, V. S., on "Tuberculosis." This valuable paper, it is hoped, will appear in the NEWS in an early issue. Dr. Frink also exhibited tuberculous liver, lung and glands from an animal which had been put on the market for consumption.

Nov. 30th.—A discussion "Is Disease Hereditary," was opened by Dr. J. H. Morrison.

The influence of heredity was pointed out, as in form, colour, temperament, stature. Maternal impressions were responsible for the ill development of certain organs.

The hereditary influence of syphilis, tubercle, gout, tonsillitis, cancer, leprosy, insanity, etc., were duly referred to and discussed by other members of the society.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

Nov. 23, 1898.—Dr. Murdoch Chisholm, President, in the chair.

Dr. G. M. Campbell gave the following account of an interesting case: A woman aged 43 years, mother of four children, labors natural. First two days of periods have always been associated with more or less pain in the groins and region of umbilicus. The last five or six years there has been considerable pain with puffing out of the umbilicus. During the menstrual period when he saw her a bloody discharge took place from the umbilicus. Examination of navel was difficult, it being drawn in. It, however, appeared bluish, as though veins were near the surface. Patient had had eczema of the legs but no purpura.

Dr. Chisholm said that hydatids of the liver have appeared at the umbilicus, and that blood might appear there also in a congested state of the liver.

Dr. D. A. Campbell referred to the fact that capillary aneurisms sometimes form and scales may cover bleeding points. These bleeding spots may need considerable pressure to stop.

Dr. E. A. Kirkpatrick then read report of a case of "Glioma of the Retina." (Published on page 405 of this issue of the NEWS.)

Dr. Kirkpatrick, in concluding his paper, stated that one Dr Bevin, who keeps a sanatarium for eye diseases, had had his case of glioma

in the institution for a short time, and told the parents there was no glioma, or that he did not know of such a thing, but that the trouble was probably cataract. The parents soon found out his methods and took the child away.

In such cases a differential diagnosis had to be made between sarcoma of the choroid and glioma of the retina. In sarcoma the retina is pushed forward, but normal—the colour is different. A non-pigmented sarcoma might give rise to doubt. Sarcoma comes later in life. Only 2 per cent. are under ten years of age. Death takes place within a year.

Dr. Farrell was surprised that it was stated by authorities that glioma usually lasted for years. In his experience malignant growths were usually rapid in their progress. Operation in an early stage is important.

Dr. D. A. Campbell said that a glioma of the brain killed more by its presence than by its malignancy.

Dr. F. W. Goodwin then read "Notes from London Hospitals," and we reproduce some of the most interesting.

Dr. Robert Cory of St. Thomas's, maintained that vaccination should be done in five or six places to insure the greatest immunity. Morson's statistics of London small-pox hospital — 6000 cases — were cited. Death rate where there was no vaccination 35%, one scar only, 21%, two scars 7%, three scars 4%, more than three scars ¾%.

Mr. Robinson of the same hospital in operating on adenoids uses Gottstein's currette. Chloroform administered by Yonker's inhaler. Self retaining gag. Patient has head projecting over end of table so that blood does not run down larynx. Not sufficiently under chloroform to destroy reflex so that the patient coughs immediately, the head being turned to one side.

Dr. Murrell's treatment of lead poisoning was given.

Prophylactic.—Sulphuric acid and treacle. Wash hands before eating. Change clothing on coming home.

When suffering, a prescription of sulphate of magnesia, sulphate of soda, tincture of belladonna, dilute sulphuric acid, tincture of capsicum and chloroform water was given, also another containing iodide of potash.

In a post-mortem on a case of exophthalmic goitre held by Dr. Hector MacKenzie, the thymus was found persistent, weighing 1¾ oz., while the thyroid weighed 7 ounces. On the mitral valves was found an infiltration and deposition of fat. A loud systolic murmur over

mitral area had been heard during life. The orbits were packed with fat. This according to some authorities accounts for the exophthalmos. He (Dr. McK.) had administered thymus gland in twenty cases for this affection, but found it did no good.

Dr. Sharkey of St. Thomas hospital in discussing simple anæmia, said that optic neuritis was often present. Hæmic murmurs are heard over aortic and pulmonary valves from reduction of the amount of blood, while the vessels from lack of tone do not contract upon it.

In mitral area we also hear a murmur probably due to regurgitation brought about by dilatation, or because the valves lacking tone are not brought promptly in place. There is dilatation of the heart because in the relaxed condition of the organ the patient gets about and too much work is thus put upon the heart.

Rest, therefore, is an important element in the treatment of severe simple anæmia.

Another case of Dr. Sharkey's was a woman complaining of cramps over the right side of the abdomen with obstinate constipation. Dr. Sharkey argued that probably adhesions were present binding the bowel down and preventing its action. He proposed an operation which was done. The cæcum was found adherent to the upper part of the colon. After operation a small dose of medicine moved the bowels that before had no effect. Dr. Sharkey thought there were probably many such cases.

A case of aortic disease under care of Dr. Barlow of University College Hospital was referred to. Patient had been a soldier, then a railway porter. Had to stop work on account of dizziness, precordial pain, etc. Had had syphilis. Powerful heaving impulse of heart, "locomotor arteries," water hammer pulse and the usual murmurs. "Capillary pulsation" was shown by briskly rubbing the forehead which produced a flushed area. This area increased with each systole and receded with each diastole. The same thing was shown by pressing a microscopic slide over lower lip, thus causing a blanched area which receded with each systole but recovered its size with each diastole. The heart was enormously hypertrophied.

A clinic by Dr. Thos. Green of Charing Cross Hospital was reported as follows:—

Here you see a young woman looking very well. You would scarcely think she was ill. About a month ago she had a cold in the head. Ten days ago she complained of slight pain in the chest and

dyspnœa. She now has little discomfort and yet one side of the chest is full of fluid.

These insidious cases are frequently tuberculous in their origin. For a long time it has been known that consumption succeeded pleurisy, but it was thought this was due to physical damage done the lung, to its being weakened by collapse and prevented from acting by thickening of the pleura and adhesions. But it has been found that tubercle may produce pleurisy primarily. This is a very practical point and in such cases we must endeavour to prevent the onset of phthisis afterwards.

The patient, you see, has absence of cardiac impulse in the usual place, but it is to be felt to the right of the sternum. There is complete loss of vocal fremitus on the left side. On percussion there is absolute dullness extending one-half inch to right of sternum. Breath sounds and vocal resonance are lost in same region. She lies on back or on diseased side to give the other side a chance. In these cases with large effusion it is not wise to set the patient up as it may bring on dangerous syncope.

Now the question of paracentesis comes in. A moderate effusion is a conservative process. It diminished inflammatory action and prevents pain by keeping the pleural surfaces apart.

Do not operate in the first week except for definite reasons.

(1) If there is an increase of intra-thoracic pressure (and of this you can be sure if the fluid extends above second intercostal space), absorption is prevented and you can do nothing by medicines.

(2) If fluid is interfering with heart or respiration to a dangerous degree it should be removed. Now we will get a sample of the fluid by hypodermic needle. The amount of albumen in the fluid is a measure of the acuteness of the disease. Sixty ounces of fluid were withdrawn by the aspirator, the puncture being made in the midaxillary line. Difficulty was experienced in getting needle between ribs until patient was directed to take a long breath. Cough and the appearance of a slight amount of blood were the signals for stopping the operation. Strapping was put upon the lower part of the chest and 10 grs. of Dover's powder given. Syrup of iodide of iron was ordered to tone up the vessels and aid absorption.

The fluid returned and a mixture of citrate of potash and ammonia was given. This did not seem to have much effect and finally grey powder was given with good results.

Dr. Ewart's method (St. George's Hospital) of treating severe heart disease by the production of artifical œdema was next described. The signs he laid stress upon in pericardial effusion were dullness in fourth and fifth intercostal spaces on right side, and also dullness over tenth and twelfth dorsal vertebræ and a small space adjoining on each side.

To distinguish pericardial effusion from dilatation of right ventricle, in latter, dull area bounded by a curved line, while in effusion by an angle towards the right.

The use of urotropine as a solvent for uric acid was referred to.

A short discussion followed Dr. Goodwin's paper.

The President said that a vein being emptied by the finger pressed over it one could tell amount of regurgitation by the rapidity of its filling up.

Dr. Jones in referring to vaccination, stated that when using calf lymph, sometimes reaction was delayed for two or three weeks.

Dr. Trenaman had experienced the same thing.

Dr. Murray said that in forty cases vaccinated by him with human lymph, no case ran more than eight days before reaction.

Dr. Farrell spoke of his practice of giving, before withdrawing a pleuritic effusion, three grains of calomel and half a dram of jalap four hours before the operation. He does not aim at getting out all the fluid by the aspirator. Bowels move soon after he has withdrawn the fluid. He packs patient's legs around with hot bottles, keeps the room warm and allows no fluid for 24 hours. With such treatment he finds fluid does not tend to return.

Dr. Murray referred to the practice of giving repeated doses of calomel with a little opium, followed by salts.

Dr. Jones thought calomel cleared the bowels, thus removing pressure from diaphragm which improved breathing.

Dr. Walsh told how a stone-mason walked into his office with his left side full of fluid. The patient did not suffer much inconvenience. He aspirated and fluid did not return, though he did not give a purgative.

Dr. Chisholm said that mercury was good locally or generally. In rebellious cases he applied emplast, ammoniaci cum hydrargyro to the side and he generally got good results.

Dr. Ross referred to the uses of urotropine and stated that he had used it in a case of simple ulcer of the bladder with cystitis, but did not seem to get much benefit from it. The drug is said to break up in the urine

ABBEY'S EFFERVESCENT SALT.

A pleasant effervescing aperient, taking the place of nauseating mineral waters.

Recognized and prescribed by eminent members of the profession in Great Britain, Europe and Canada.

into formaldehyde. He has used formalin for washing out the bladder, about the strength of 1 to 500, with some benefit. In the case alluded to, however, instillations of bichloride of mercury with Guyon's syringe, 1 to 10,000 to 1 to 5,000 gave a splendid result.

Dr. Farrell thought a strong solution of permanganate of potash as good as anything in such cases.

Dr. G. M. Campbell related a case of a pensioner who had tubercle of the bladder cured by an infusion of snake-berries after many physicians had failed to produce any benefit.

* *

TREATMENT OF TUBERCULOSIS.—Treatment of tuberculosis, especially tuberculosis of glands and bone, with sapo viridis. (*Corresp. Blatt. f. schweiz, Aerzte.*, 1897, p. 621.) At the out clinic at Basle 115 cases of external tuberculosis were treated by the application of green soap. Of these 28.9% wer cured, 39.1% improved and in 32.2% there was no improvement. Those cases which were cured were treated 102 days; those which improved, ninety-two days, while those which were not improved, 51 days. Tuberculosis of the bone yielded more quickly (eighty-four days) than tuberculosis of soft parts (120.) Each day the particular area was rubbed with a piece of soap the size of a chestnut, the soap being first moistened with a little water.—*Dominion Medical Monthly.*

CHLOROFORM FOR TAPEWORMS.—Use of chloroform for tænia. (*Giorn. med.*, 1897, Nos. 8 and 9.) Carratu has used chloroform in many cases as an anthelmintic; he recommends it for its prompt action and its almost entire freedom from untoward action. He uses it as follows:—

Chloroform . . . . . 3—4
Syrup 35

One teaspoonful every two hours, beginning early in the morning, and one hour after the last dose, 25—30 gm. castor oil is given, the patient being on a bland diet. He claims to have cured thus cases which had resisted the action of felix mas, kosoo, etc.—*Dominion Medical Monthly.*

Matters Personal and Impersonal.

Dr. Daniel Murray was recently elected mayor of the town of Campbellton, N. B., where he has practiced for a number of years. He had served on the school board and had also been chairman of the board of health, while the admirable school system of Campbellton, we believe, was inaugurated by him. Dr. Murray is a Pictou county boy and his old friends will be pleased to hear of his success.

Drs. E. MacDonald and G. G. Gandier of last year's graduating class at the Halifax Medical College, are soon to leave for London to take up post-graduate work there.

Dr. M. E. Armstrong, of Freeport, intends leaving for New York in a few days to take up work at the Post-Graduate Medical School.

The is the season of calendars and we may be permitted at this time to refer to one or two which are deserving of some notice.

Messrs. Buckley Bros., druggists, of this city, in their calendar for 1899, show a pretty rustic scene in which will be observed Esmeralda and her friend the goat as depicted in one of Victor Hugo's interesting novels.

The Antikamnia Chemical Company are again to the front with a new series of Skeleton Sketches for 1899. Although that able medical caricturist, Dr. Cruzius, of St. Louis, died nearly a year ago, he had painted several additional series, which will be used in the form of the annual Antikamnia Calendar. Any physician whose name may have been inadvertently omitted from the mailing list, may receive a copy of the present interesting series upon request and enclosing his professional card or other evidence of his medical standing to the Antikamnia Chemical Company.

The fourteenth edition of the well-known Columbia Calendar is now being distributed. The one for 1899 is fully up to the standard of its predecessors, and in the form of a pad is of distinctive value to the physician for jotting down engagements day by day. The bright sayings and fitting testimonials, which are printed at the top of the pages, are largely contributions from the Pope Company's own customers. The Calendar will be mailed to any address on receipt of five two cent stamps at the Calendar Department of the Pope Manufacturing Co., Hartford, Conn.

A handbook of Hæmatherapy or Auxiliary Blood Supply in Medicine and Surgery has just been received. It is a book of some 250 pages and is compiled from numerous medical journals and correspondents and also includes the entire records of Sound View Hospital, Stamford, Conn., in which institution the Blood Treatment of Disease is carried out, the substance of which is the transmission of blood from one animated organism to another for the purpose of supplying a defect in the latter; and how to do this, in different cases, is described in the pages of the book. Bovine blood is taken direct from the arteries of the bullock, unaltered by any process or ingredient and can be procured at any drug store by the name of "Bovinine," which has long been favorably known among the profession as a valuable nutrient in many diseases. The book referred to may be obtained for ten cents from The Bovinine Company, 75 West Houston St., New York.

Dr. A. Morton, formerly of the indoor staff of the Victoria General Hospital, and lately surgeon on the S. S. "Gulnare," has started practice in Bedford.

Dr. F. J. A. Cochran recently left Bedford to resume practice in Brooklyn, Hants Co.

Obituary.

DR. W. B. DEMILLE.—Once more the shadows of death have fallen in our midst and we are this month called upon to mourn the demise of Dr. William Budd DeMille of Eureka, Pictou Co., at the early age of thirty-eight years. Dr. DeMille graduated from the Halifax Medical College in 1882 and afterwards took post-graduate work in Great Britain. Afterwards he received an appointment with the Allan Line and spent several years as surgeon on different steamers belonging to that Company. Some four years ago he settled at Eureka where he soon became very popular. Unfortunately his health became undermined and a few weeks ago came to this city, where he died at his mother's residence, 72 South Park St., on the 11th inst. The late Professor DeMille, of Dalhousie University, was his father, and Professor DeMille, of Kings College, is a brother of the deceased.

Book Reviews.

ACROMEGALY.—An Essay to which was awarded the Boylston Prize of Harvard University for the year 1898. By Guy Hinsdale, A. M., M. D., Fellow of the College of Physicians of Philadelphia and of the American Academy of Medicine, Member of the American Neurological Association, etc. Published by William M. Warren, Detroit, Mich. Price, $1.50.

In this monograph the rare and interesting disease acromegaly is exhaustively described. Some idea of the throughness of the study may be formed when we know that some one hundred and thirty reported cases have been analysed by the author and more than three hundred references are given to articles at various times contributed by different writers upon the subject.

The symptology is most minutely given, nearly every system in the body being made to contribute its quota of possible information.

The writer apparently regards the pituitary gland as the organ most at fault and by making it practically an internal gland with a secretion producing an effect upon the economy, elevates it beyond the position of a mere furnisher of the pituita[illegible] mucus of the nose.

Changes in its form or structure have so uniformly existed in those cases of acromegaly in which autopsies have been made, that it is quite legitimate to conclude that the gland in health exerts probably some inhibitory influence upon the growth of the bodily tissues.

The diagnosis of the condition lies principally in its differentiation from myxœdema. When it is remembered that the latter affection has overgrowth of the soft tissues only, whereas the former shows general hypertrophy of the whole body including the bony skeleton, we have the crucial diagnostic test.

The treatment of the disease by means of preparations of the pituitary gland seems the most successful and is perhaps another reason why defect in this organ's functioning may account for the changes in the body present in acromegaly which changes can be to some extent held in check by supplying artificially the need.

THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION.—By Aurelio Bianchi, with special articles by Felix Regnault, M. D. and M. Anastasiades, M. D. Translated by A. Geo. Baker, A. M., M. D. Published by Geo. P. Pilling & Son, Philadelphia.

The first three chapters of this little book are composed of translations from lectures delivered by Prof. Aurelio Bianchi. After a brief

resumé of the history of auscultation from the introduction of the stethoscope, by Laennee, down to the invention of the more elaborate phonendoscope, there follows a very excellent account of the practical application of this latter instrument. Theoretically there seems no limit to the uses which may be made of this instrument. It is of equal value to both physician and surgeon. Very full directions are given in regards to outlining the various organs by means of the phonendoscope, and the claim is made that a much more accurrate mapping out may be made with this instrument than by the older method of percussion. In addition to the translations from Bianchi, there is another from Felix Regnault, M. D., on "The Phonendoscope and the Digestive Fluids" and another from Dr. M. Anastasiades, on "The Application of the Phonendoscope in the Course of Pregnancy." These articles, of course, deal with the more specialized use of the instrument.

PAMPHLETS RECEIVED.

TRANSILLUMINATION OF THE STOMACH WITH DEMONSTRATION ON THE PERSON.—By Charles D. Aaron, M. D., Detroit. Reprinted from the *Medical Age.*

CHRONIC CATARRH OF THE STOMACH.—By Charles D. Aaron, M. D., Detroit. Reprinted from the *Pharmacologist.*

STOMACH DISTURBANCES CAUSED BY HERNIA OF THE LINEA ALBA IN THE EPIGASTRIUM.— By Charles D. Aaron, M. D., Detroit. Reprinted from the *Medical Record.*

INTESTINAL ANTO-INTOXICATION.— By Charles D. Aaron, M. D., Detroit. Read before the Detroit Medical and Library Association.

SOME OBSERVATIONS OF GENERAL INTEREST REGARDING THE COURSE AND MANAGEMENT OF CATARACT.—By J. H. Woodward, B. S., M. D., New York. Read before N. Y. State Medical Association.

BOOKS OF THE MONTH.

A TEXT BOOK OF OBSTETRICS.—By Barton Cooke Hirst, M. D., Professor of Obstetrics in the University of Pennsylvania. With 653 illustrations. Cloth, $5.00 net. Sheep or half morrocco, $6.00 net. Published by W. B. Saunders, 925 Walnut St., Philadelphia.

THE SEXUAL INSTINCT, ITS USE AND DANGERS AS AFFECTING HEREDITY AND MORALS.—By James Foster Scott, B. A., M. D., C. M. Price $2.00. Published by E. B. Treat & Co., 241–243 West 23rd St., New York.

Therapeutic Suggestions.

IODINE TREATMENT OF SYPHILIS.—New propositions for the iodine treatment of syphilis (*Arch. f. derm. u. syph. Festch. gewid. F. J. Pick*, 1898, p. 421.) The current view has been that after the administration of organic or inorganic iodine preparations, iodine is split off in the body and then combines with albumens forming loose combinations. Blum has, however, shown that the halogens by acting upon albumen can form firm substitution products with elimination of hydriotic acid, and that this action can be proven in the thyroid after the administration of alkaline iodides, as here a storing up of these bodies occurs, while according to Zuelzer, proporionately little is found outside of the thyroid and as in a short time outside of the thyroid no iodine is found and as it is only eliminated in inorganic combination, therefore this organic compound must again be decomposed. Zuelzer studied the behavior of an iodine albumen compound in the organism, using iodalbacid, a preparation which contains 8% iodine. This, unlike potassium iodide, is only oxidized in the test tube by the strongest oxidizing agents, as sulphuric acid and potassium bichromate, yet the body oxidizes it, for after its administration alkaline iodides are found in the urine. It never causes iodism as does the potassium iodide which the author believes due to the easy oxidizability of the latter. It is slowly absorbed and slowly eliminates, for while the potassium iodide may be eliminated in from three to four days owing to its slow elimination of the same amount of iodine in organic combination, it, through the kidneys is only completely eliminated in four or five. In cases where the iodine salts could not be borne, the iodalbacid was taken with good results and gastro-intestinal irritation, which is so common after the long use of the ordinary iodides, was entirely absent. In syphilis there has been a great variability in the use of the iodides; some use from 0.5—2 gm. *pro die* while others run from 5.20 times the daily dose, and good results have been obtained with iodothyrin which contains only a few milligrammes of iodine; at present one uses from 1—3 gm. and even this causes an oversaturation. The therapeutic value of this iodalbacid in syphilis is due to its slow, protracted action. In the second stage it is valuable. He proposes in the treatment of syphilis that during the first three or four years each mercury treatment (Herscheimer's method) should be followed by a three weeks' treatment with iodalbacid 3—4 gr. *pro die*, and if slight secondaries appear in the intervening period, iodalbacid should be given. During the tertiaries he recommeds potassium iodide followed by a six weeks treatment of iodalbacid.—*Dominion Medical Monthly.*

PAINLESS TREATMENT OF CARBUNCLES.—Dr. Sol. W. Rosenbaum describes *(N. Y. Med. Jour.)* various methods adopted for the treatment of carbuncles. Stimson, Parker, Beck, Cross, etc., regard incision as the only radical cure. A simple, painless method of treatment, introduced by Dr. George H. Swinburne, "I have followed at the Good Samaritan Dispensary, in over 200 cases, with uniformly good results—never having septicemia or pyemic sequelae"—consists in injecting the following solution as an abortive in those cases which are soft and soggy :—

Glycerin	1 oz.
Salicylic acid	5 scr.
Borax.	
Boracic acid	aa 2½ scr.

M.

Fold a piece of aseptic gauze until it forms a thickness of six to eight layers, the surface area to be somewhat larger than the carbuncle to be covered. The gauze is at first thoroughly saturated with Thiersch's solution, then covered with a layer of 10 per cent. ointment of ichthyol, and then applied to the carbuncle. A piece of rubber protective large enough to overlap the gauze is now placed on the same to keep in the moisture. A layer of cotton is placed on the protective, and then the bandage is applied and allowed to stay on for two days. When the patient returns to be re-bandaged, and to have the dressings renewed, the cores are found to have separated from their respective walls, and at the next re-dressing, which is again in two days, they are found entirely separated, and can be easily and painlessly removed. At the next visit, granulation has passed the primary stage, and healing quickly results, leaving an almost invisible scar. The only constitutional treatment I found necessary is to give cathartics, like fluid extract of cascara sagrada or castor oil, and, in anæmic or cachetic cases, compound syrup of the hypophosphites.

With this simple but very effective treatment I have summarized the following advantages :—

1. Painlessness. (A great factor with many patients.)
2. Quickness of healing, more so than with other methods.
3. No scar or cicatrix remaining—important when carbuncles are in visible parts.

I have treated a patient at our dispensary who had a carbuncle situated on the median line of the back between the scapulæ, measuring in diameter four inches and seven-eighths; including the zone of inflammation, complete measurement reached up to seven inches. The patient was cured in five visits, coming every second day. Hardly any pain was suffered during the treatment, and no cicatrix remains.

ORTHOFORM FOR SORE NIPPLES.—According to *Medical Press and Circular*, November 23rd, 1898, Dr. Maygrier, of the Paris Maternity Hospital, applies the powder of orthoform to fissured nipples with the greatest relief of the patient. In all the 29 cases treated, the cure was complete at the end of five days, while in no case was the mother obliged to renounce nursing. As orthoform possesses no toxic properties, it is both harmless to mother and child, and its advantages in treatment are obvious. The only disadvantage is that the drug is as yet expensive. The dressing is applied twice a day.—*Virginia Med. Semi-Monthly.*

SANMETTO IN HYPERTROPHY OF THE PROSTATE—ALSO IN CYSTITIS.—I have used sanmetto myself for hypertrophy of the prostate, from which I have suffered for fifteen years. My age is eighty-three years. I have found out the value of sanmetto, and am persuaded that this remedy will cure me entirely. I prescribed it for two of my patients who suffered with cystitis, one forty years of age was perfectly cured from the use of two bottles. The other, sixty years of age, thinks he will never stop it. I think so much of sanmetto that I, for the first time in my life, feel induced to recommend it to any physician.

Chicago, Ill. ISAAC SAALFELDT, M. D.

IN LARYNGEAL OR WINTER COUGHS.—Dr. Walter M. Fleming *(Journal of Nervous and Mental Disease)* says, that in acute attacks of laryngeal or winter cough, tickling and irritability of larynx, antikamnia and codeine tablets are exceedingly trustworthy. If the irritation or spasm prevails at night the patient should take a five grain tablet, containing $4\frac{3}{4}$ gr. antikamnia and $\frac{1}{4}$ gr. sulphate codeine, an hour before retiring and repeat it hourly until the irritation is allayed. Allow the tablet to dissolve slowly in the mouth swallowing the saliva. After taking the second or third tablet the cough is usually under control, at least for that paroxysm and for the night. Should the irritation prevail in the morning or at midday, the same course of administration should be observed until subdued. In neuralgia, in short, for the multitude of nervous ailments, he doubts if there is another remedial agent so reliable, serviceable and satisfactory, and this, without establishing an exaction, requirement, or habit in the system, as morphine does.—*New York Medical Journal.*

THE well known preparation Abbey's Effervescent Salt, has fulfilled all its claims. Its refreshing effect, sure action as an aperient, as well as its tonic properties, render it of great service in many ailments. As a valuable aid to other therapeutic measures it will be found of considerable benefit.

ACUTE CYSTITIS.—

℞.—Potass bromide ..... ℥iv.
Ext. gelsemii fl. ..... gtt. x.
Ext. hyoscyam. fl. ..... ℥ii.
Lithiated hydrangea (Lambert) q. s. ad.. ℥iv.

Sig.—℥ii. every four hours. Milk and flax seed tea as drinks.—*Kansas Medical Index.*

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Thirtieth Session, 1898-99.

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