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THE

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A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

Vol. XI. HALIFAX, NOVA SCOTIA, APRIL, 1899. No. 4.

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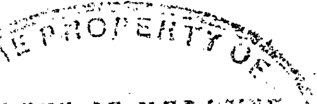
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Try it in ***Consumption,*** with the same tests from week to week.

Try it in ***Dyspepsia*** or Malnutrition of young or old, and watch the recuperation of the paralysed alimentary powers.

Try it in ***Intestinal*** or gastric irritation, inflammation, or ulceration, that inhibits food itself, and witness the nourishing, supporting and healing work done entirely by absorption, without the slightest functional labor or irritation; even in the most delicate and critical conditions, such as Typhoid Fever and other dangerous gastro-intestinal diseases, Cholera Infantum, Marasmus, Diarrhœa, Dysentery, etc.

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Systematic laboratory instruction will be given from 9 to 10.30 every morning in Microscopical Methods, Clinical Microscopy and Clinical Bacteriology, including the history of blood in disease, and serum diagnosis. These courses will be conducted by Profs. Adami & Wyatt Johnston, assisted by Drs. C. F. Martin, N. D. Gunn, Nichols, Anderson and Yates. A course of operative surgery on the cadaver will be given by Prof. Armstrong from 5 to 6 p. m. during the second, third and fourth weeks of the course.

(*b*) **LABORATORY AND SPECIAL DEMONSTRATIONS.**

These demonstrations will be given daily from 10.30 to midday and will consist of one or more, as required, of the following:—Modern treatment of Diphtheria, Prof. Finley; Operative Midwifery, Prof. J. C. Cameron; Mental Diseases, Dr. Burgess; Medico Legal Autopsy Methods, Prof. Wyatt Johnson; Clinical use of Rontgen Rays, Prof. Girdwood; Illustrations of the Graphic Method as applied to Physiology and Clinical Medicine, Prof. W. Mills: Anatomical demonstrations on the Cadaver, Dr. McCarthy; Surgical Anatomy, Dr. Elder: Clinical Chemistry & Urinalysis, Prof. Ruttan; Morbid Anatomy of certain diseases, Prof. Adami; Infant Feeding (Modified milk etc.,) Dr. Evans.

(*c*) **MEDICAL AND SURGICAL CLINICS.**

For four days each week, during the first two hours of the afternoon, there will be clinics on groups of cases in the wards of the Montreal General and Royal Victoria Hospitals. Those given in the **Medical Wards** of the Montreal General Hospital will be given by Profs. Blackader and Lafleur; in the **Surgical Wards** by Prof. Shepherd and Dr. Elder; in the; **Royal Victoria Hospital Medical Wards** by Prof. James Stewart and Dr. C. F. Martin: in the **Surgical Wards** by Prof. Bell and Dr. Garrow.

(*d*) **CLINICS IN SPECIAL DEPARTMENTS OF MEDICINE AND SURGERY.**

One or more of these clinics will be given in the hospitals each afternoon, after the regular medical or surgical clinic and during the entire afternoon on Wednesday and Saturday of each week.

The following special clinics will be given:—

Ophthalmology in the Royal Victoria Hospital by Prof. Buller: in the Montreal General Hospital by Dr. J. Gardner; Dermatology, Prof. Shepherd; Genito-Urinary Surgery, Prof. Bell; Orthopedics, Dr. C. W. Wilson; Laryngology, Prof. Birkett and Dr. Hamilton; Gynæcology, Prof. Wm. Gardner and Dr. Webster in the Royal Victoria Hospital, and Dr. Lockhart in the Montreal General Hospital; Aseptic Midwifery (at the Montreal Maternity Hospital) Prof. J. C. Cameron; Diseases of Children, Prof. Blackader and Dr. G. G. Campbell.

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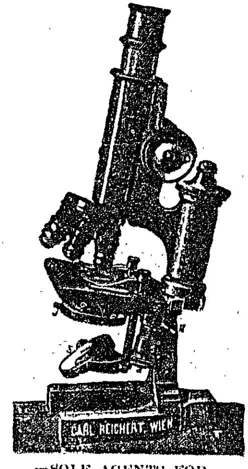

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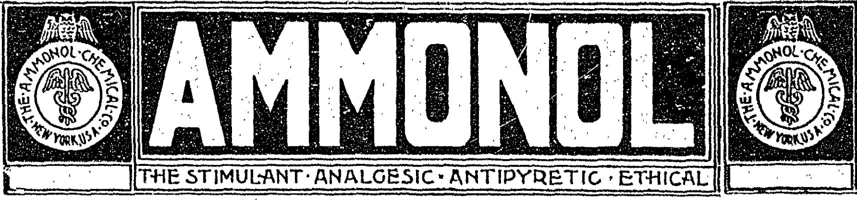

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1899.

Maritime Medical Association.

NINTH ANNUAL MEETING.

The Annual Meeting will be held in Charlottetown, P. E. I., on Wednesday and Thursday, July 12th and 13th.

Extract from Constitution.

"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

All who intend to read papers at this meeting will kindly notify the Secretary as soon as possible.

R. McNEILL,	**GEO. M. CAMPBELL, M. D.**
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MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

EDITORS.

D. A. CAMPBELL, M.D. ....Halifax, N.S.
J. W. DANIEL, M.D., M.R.C.S. ......St. John, N.B.
MURRAY MACLAREN, M.D., M.R.C.S..St. John, N.B.
JAMES MACLEOD, M.D. ....Charlottetown, P.E.I
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CONTENTS FOR APRIL, 1899.

ORIGINAL COMMUNICATIONS.

Report of a Case of Probable Thrombosis of the Left Middle Cerebral Artery—*J. A. McKenzie* 109
Patent and Secret Nostrums—*R. MacNeill* 118
Leucocytosis—*W. L. Ellis* 120

CLINICAL NOTES.

Pregnancy Complicated by Hydatidiform Mole— Epileptic Convulsions during Labor—*A. Halliday* 123

EDITORIAL.

The County Care of the Insane 125
Interprovincial Registration 127
Memorial to Dr. Joseph O'Dwyer 128
A Stitch in Time may Save Nine 129

CORRESPONDENCE 130

SOCIETY MEETINGS.

St John Medical Society 131
Westmorland, Kent and Albert Association 134
Nova Scotia Branch British Medical Association 134

MATTERS PERSONAL AND IMPERSONAL .. 137

BOOK REVIEWS 137

MATTERS MEDICAL.

The Pathologic Impulse to Drink—Steps Towards Insanity — Novel Treatment of Wounds and Speedy Obliteration of Wound Cavities—Prevention and Cure of Ventral Hernia—A Curious Pocket Piece .. 139

THERAPEUTIC SUGGESTIONS.

An Ointment for Sciatica—The Injection Treatment of Hæmorrhoids—Asthma—Calomel in Hæmorrhoids—Lutaud's Pills in Amenorrhœa .. 143

NOTES 144

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Reliable Medical Suggestions

How to Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternite Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alone we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What shall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

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THE

MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XI. HALIFAX, N. S., APRIL, 1899. No. 4.

Original Communications.

REPORT OF A CASE OF PROBABLE THROMBOSIS OF THE LEFT MIDDLE CEREBRAL ARTERY.*

By J. A. McKENZIE, M. D.. Assistant Medical Superintendent, Nova Scotia Hospital for the Insane.

Mrs. A—, aged 42, a housewife of ordinary education, was admitted to the Nova Scotia Hospital for the Insane in December of 1896, suffering from symptoms of acute mania.

Previously she was admitted to the Victoria General Hospital, suffering from indolent ulcers, which existed on each leg, and had resisted all the methods adopted by her regular physician. While there she developed marked mental symptoms; though her husband admits that previous to her admission there, he had observed slight mental changes, such as that of being moody and irritable, in contrast to her former affability, but nevertheless attached no importance to the matter, rather ascribing it to the unsatisfactory results of her medical care. It was only a few days after her admission to the Victoria General Hospital that she developed well marked mental symptoms, became delusional, incoherent, irrational, restless, noisy and violent. Part of her delusions were visceral in type, as she believed her bowels, though operating regularly, were obstinately constipated. Another prominent delusion was that she was dead and could not speak. Identity seemed much impaired—could not tell who she was or whence she came. She would

* Read at meeting of Staff Medical Society, Nova Scotia Hospital for the Insane, Mar. 22, 1899.

leave no form of dressing on her legs or clothes on her bed. Finally she became so uncontrollable that she had to be removed from the hospital general ward to the cottage, and there placed in a padded room, where she destroyed everything within reach. Her stay at the Victoria General Hospital extended over ten days, immediately followed by being admitted here.

On admission here she was found to be a woman of medium height and weighing about 100 lbs. Aside from a superficial scar on the left cheek, the result of a slight scald when young, there seemed to be no marked physical peculiarities—no signs of degeneracy. She was fairly well nourished ; consciousness impaired ; incoherent and irrational ; attention could not be gained ; restless and delusional. For the first three days she continued about as on admission—refused food, sleepless, noisy both day and night, obstinate and profane, normal temperature, pulse about 60, respirations not taken. She was continually chatting and talking, changing rapidly from one subject to the other with no apparent connection. Her persistent refusal of food compelled feeding with the stomach tube but only required its use on two occasions, being followed by her taking food voluntarily. Notwithstanding that she would not permit dressings to remain on her legs, the ulcers were improving very well. Examination of urine exhibited a large percentage of albumin and casts.

A week after admission the motor excitement seemed to have increased—both hands and legs in constant motion, but no coordination in the movements. Had a dazed expression, indicative of some active cerebral disturbance, whether toxic or otherwise. Delusions still continued to change rapidly, with the exception of when she considered herself dead. When this delusion prevailed for any length of time she would insist on changing black stockings, then on her feet, for white ones, indicative of the great change through which she considered she had passed. This delusion, when dominant, was sometimes attended by an apparently assumed inability to open the eye-lids or to speak. This condition seemed like a reaction or resting spell after the motor excitement, and at times would last for two or three days. Occasionally she became very emotional.

Five weeks after admission she showed signs of improvement—becoming more coherent and rational ; memory returning. Attention could be gained and maintained and she appeared to be making rapid progress towards recovery. A visit from her husband at this time was followed by a return to almost the same mental condition as on admission. This

relapse, however, only lasted two weeks when she was found to be again improving.

On March 15th she was considered almost completely recovered. Her memory for both recent and remote events, however, was very defective; could not recall names; at times even forgot her own name. There was marked œdema of the lower extremities, though the percentage of albumin was very much diminished. She complained of "rheumatic pains" in the legs, which were probably due to the œdema or an alcoholic neuritis. After a week in bed the œdema and pain subsided and she increased in flesh, now weighing 126 lbs.

May 6th.—She was considered to be sufficiently recovered to be permitted to leave the institution. On that day, however, she was noticed to be somewhat stupid; not as bright or cheerful; stated herself she did not feel well, but could not define any particular illness. She remained so during the night with no marked change, till 7 a. m., when she was noticed by the nurse to be vomiting and apparently unconscious. The vomited matter consisted of a greenish substance resembling bile, with an admixture of mucus; pulse 48, slow but full; respirations normal; temperature normal; urine contained only a slight trace of albumin with no casts. A few hours later she regained consciousness to a certain extent. She was, however, apparently unable to fix her eyes on an object; pupils equal. She was unable to give any account of what had transpired, and, as she did not speak, it was at first supposed that she had again relapsed and developed her former delusions, with the addition that now she would not speak. (In her former attacks, though claiming she could not speak, she yet answered questions promptly.) On the following day she appeared brighter, and seemed to understand what was said to her, but would not talk. Occasionally she would indicate a knowledge of what was said to her by answering in pantomime. A slight paresis of right arm and leg could be detected, but no appreciable anæsthesia. The left side seemed normal. The tongue was well protruded and in the middle line. Reflexes about the same on each side and apparently normal. In a few days she returned to much the same condition as before the last attack, eating and sleeping well, conscious of her surroundings, but unable to talk. For upwards of a month she continued in this condition with a slight increase in the paresis of the arm, the leg recovering. Her power of articulation returned, at first in syllables and finally in words and sentences, but memory was still much impaired. Sometimes when endeavouring to

express herself and being unsuccessful she became very emotional. Urine examined, but no albumin or casts found.

August 9th.—Her condition had not materially changed except that the arm and leg seemed to have regained their former power, but some incoordination of movement remained. Speech very much impaired: memory still impaired; she was fairly rational; and all the organs were apparently performing their functions satisfactorily.

On the afternoon of November 11th, she was again noticed not to be as bright as usual; rather drowsy and heavy; somewhat ataxic in gait. On the following morning while attempting to walk in the hall, she was observed to stagger and fall. When raised she appeared unconscious: made attempts at vomiting but was unsuccessful; when placed in bed the condition looked like an attack of syncope. After an hour or more she seemed to have partially regained consciousness, but was apparently again speechless. Tonic spasms of the muscles of the right side of the face, followed by a clonic spasm which seemed to involve more particularly the *levator labii superioris alæque nasi*, were now observable. The clonic spasm immediately followed the tonic, the whole action continuing from one to three minutes, with intervals between each spasm of the same length of time. When no spasm existed and the face was in repose, there was a marked lowering of the right angle of the mouth with a decided lack of expression on that side of the face. Occasionally during the clonic contractions of the face, a slight clonic contraction of the right arm was noticeable, followed by a slight paresis of the same arm. During these spasms she was quite conscious, for when a spasm was in progress she would endeavour to conceal it, by covering her face with a handkerchief or whatever she might have in her left hand, and resisted any attempt at removal, and if removed, would, when the condition passed off, become very emotional. When spoken to at this time she would endeavour to answer but would fail to articulate correctly, of which she seemed conscious. Occasionally she would say "yes" or "no," but was as often incorrect as otherwise. Sometimes she would indicate a knowledge of her incorrect answer by attempts to correct herself, but only with the result of repeating the word already said. The tongue protruded well in the centre; the paresis of the arm became more marked. During two weeks after this attack she only passed from eight to twenty-five ounces of urine per day, but no trace of albumin or casts could be determined. There was no appreciable œdema. She took an ordinary quantity of liquids, and did not perspire freely. Once or twice

when she had the muscular spasms of the face she had difficulty in swallowing, but this was very temporary, recovering on each occasion in a few hours.

November 29th.—It was noticed that occasionally she still had spasms of the right facial muscles, but seldom averaging over one an hour on any day, while on the following day she might have none. She was unable to raise the right arm now without the aid of the left hand. The muscles of the right hand also seemed very much weakened, both flexors and extensors. No defect of power could be observed on the left side. From that date on for some time portions of her defects seemed improving slightly; articulate speech seemed the most fixed; the paresis of the hand was slowly improving and what little paresis of the right leg observed appeared also to be passing away. She preferred to use the left hand for any exact coordination of movement, while before her illness she was right handed. She had to be fed by the nurse, as the muscular sense of the right arm was so imperfect, while the left hand had not yet become sufficiently dextrous to enable her to feed herself.

Her condition on March 21st. is as follows:—Weight about 150 lbs.; excretions apparently normal; temperature, pulse and respiration normal; superficial and deep reflexes slightly exaggerated on the right side; no appreciable anæsthesia; urine contains no albumin but an excess of urates; she is unable to write, either spontaneously, from copy or from dictation; neither can she read, though a paper given her wrong side up is immediately reversed and correctly held. She evidently sees the reading matter but it conveys no idea of its meaning. A pen or pencil given her she holds correctly except for a slight weakness in the adjusting of the fingers, and she applies it correctly to the paper but is unable to indicate anything in the shape of a letter. She understands what is said to her, and will perform acts, when told, requiring a limited amount of memory. She is able to distinguish colors: for when asked to select a certain color from several different ones will invariably do so correctly. Knows the use of articles, for when told to use a key will put it in a key hole and try to turn the lock. I have not been able to test the visual field definitely, though she appears to discern small objects at ordinary distances or positions in her visual field. The paresis of the right arm and hand has recovered to a considerable extent; she can raise it without any assistance, though the muscular sense seems very imperfect. At present there is a marked paresis of the right leg which has rapidly increased during the last three days, and is so paralysed now

that she is unable to stand unsupported. Her power of speech is also becoming more defective, and she is inclined to laugh or cry on the least provocation.

From the foregoing symptoms it would seem that she has motor aphasia, motor and sensory agraphia, word-blindness, and probably amnesia, or the inability to recall names, for she exhibits a recognition of the name when spoken; also a right arm and leg paresis. At present no paresis of the facial muscles can be noticed, no difficulty in swallowing, and tongue is well protruded in the middle line. All the above conditions appear now to be stationary with the exception of the paresis of the right leg which appears to be increasing quite rapidly. The other varieties of aphasia such as apraxia, paraphasia and word-deafness are not to be detected, and the motor and sensory condition of the left extremities are unimpaired.

It is generally accepted as a fact that certain regions in the brain cortex preside over certain functions of the body and mind, and that lesions involving those areas, or the nervous tracts leading to or from them, produce certain disturbances of function in the regions innervated by these cortical areas. Or, in other words, the several parts within each bodily region are represented throughout the whole of the corresponding brain region. This however does not prevent each part from having its *focus* at one spot within the brain-region. The various brain-regions merge into each other in the same mixed way, or, as Mr. Horsley says: " There are border centres, and the area of presentation of the face merges into that for the presentation of the upper limb. If there was a facial lesion at that point you would have the movements of these parts starting together."

From recent investigations on brain cortical localization it is learned that a brain lesion resulting in motor aphasia is situated in the posterior part of the inferior or third frontal convolution, (or Broca's convolution, as it is sometimes called), and perhaps in the contiguous region of the anterior central convolution. Lesions in the motor conducting paths below this region of the cortex also produce motor aphasia. The lesion producing word-blindness involves the angular gyrus and the supra-marginal convolution. The situation of the lesion resulting in motor and sensory agraphia, has not yet been definitely determined, but recent investigations lead to the belief that it is found in the motor centres for the fingers, in the posterior central convolution. A lesion resulting in paresis of the right hand is found, in righted handed persons, in the

middle third of the left anterior and posterior central convolutions. The upper third of the same convolutions preside over the functions of the right leg.

From the foregoing, to produce the symptoms at present manifest in the case under discussion, there is likely a lesion involving the brain cortex for each of these functions or the conducting fibres from these centres.

There are three frequent locations for disturbances in articulate speech, namely: cortical, subcortical and the anterior two-thirds of the internal capsule. The motor aphasia, from the first, being the most persistent symptom, is chosen as the one by which, if possible, to distinguish the location, not that at all times any one symptom can be chosen to the exclusion of others present and a positive diagnosis determined.

Gowers maintains that a motor aphasia, the result of a lesion in the anterior two thirds of the internal capsule, is only transient, and is soon recovered from, and is generally a motor aphasia with no other aphasic symptoms. This has not been the experience in our case, as the history shows. The speech recovery, he considers, is due to the fibres from the left speech centre to the corpus callosum being intact; the speech process arranged on the left side finds expression through the corresponding centre on the right side, and thence through the right internal capsule.

If the lesion is immediately beneath the cortex the callosal fibres are interrupted, as well as those to the internal capsule, and the loss is as permanent as if the centre was destroyed. But if, in this case, there was a subcortical lesion producing each abnormal symptom present, both motor and sensory, there would be such an involvement of brain substance that few if any brain functions would be intact, as well as more marked mental symptoms. So it would appear that the lesion must be seated in the cortex.

There are other minor points that could be elicited in favor of the view of the lesion being cortical but time will scarcely permit a further consideration.

The middle cerebral artery divides, opposite the island of Reil, into four branches. These lie in the sulci of the insula and then pass on to the surface of the hemisphere, having the following distributions, viz:—one to the third inferior frontal convolution, one to the lower two thirds of the ascending frontal and the root of the middle frontal, one to the whole of the ascending parietal, superior parietal and adjacent parts of the inferior parietal and often to a small part of the ascending frontal.

The fourth branch is distributed to the posterior limb of the fissure of Sylvius, viz: part to the inferior parietal lobule (supramarginal and angular gyrus), posterior extremity of the superior parietal lobule and the hinder part of the first two temporal convolutions. Sometimes the last mentioned branch has two large branches arising near its origin and distributed to the anterior part of the first and the greater part of the second temporal convolutions. Occasionally the blood supply to the two last mentioned convolutions, instead of being a branch or branches of the fourth division of the middle cerebral, is a distinct branch of its own and divides separately from the other four branches. This is probably the condition in this case. The four first named branches supply all the cortical regions considered diseased in this case, but there is no involvement of the auditory centre, or the tempero-sphenoidal convolutions, which, as stated, are likely suppli d by a fifth division of the left middle cerebral artery.

From the foregoing conditions and symptoms I conclude that there is likely an obstruction to the blood supply of the brain cortex in these diseased regions, due either to embolism, thrombosis, or hæmorrhage from rupture of the wall.

That the three likely conditions producing such disturbance in circulation often resemble each other in point of symptoms, renders a diagnosis doubtful. Embolism and hæmorrhage are sometimes identical in symptoms, the cause producing one often also pro lucing the other. In such cases a provisional diagnosis can only be made from attendant circumstances.

Embolism is usually associated with cardiac valvular disease, thrombosis of the heart or aneurism of the arch of the aorta, none of which can be determined in this case. At the same time the presence of these conditions does not preclude the occurrence of cerebral hæmorrhage. Again, embolism is comparatively more frequent before the age of 40, while renal disease is more frequently found in cases of hæmorrhage. The paralysis in embolism is oftener of the right side than of the left, which is the opposite in hæmorrhage. Moreover, the paralysis from embolism, if it does not disappear in three days after the seizure, does not gradually fade away, as it so frequently does, to a great extent, in hæmorrhage. In this case, determined by the early history, there is probably disease of the vessel walls. She was an alcoholic with almost an unquestionable history of syphilis (though never admitted) and, on admission, albuminuria. She likely has an endarteritis as a result of

degeneration of the vessel walls due to the above mentioned diseases. As a result of this endarteritis the calibre of the vessel is diminished and the blood is primarily obstructed in its course, even before the beginning of the formation of a clot. In addition, the internal coat of the artery is roughened and the fibrin of the blood is readily caught and deposited upon it. Little by little the layer becomes thicker from fresh accretions, until finally the vessel is entirely occluded. The onset of the symptoms, the occasional exacerbation of symptoms following each attack, together with the gradual tendency to extension of the disease, with eventual complete cessation of function in the portions at first only slightly affected, point towards thrombosis as a cause.

In hæmorrhage, generally between the attacks there is almost complete if not complete restoration of function, while in thrombosis the contrary is the case. Also, in hæmorrhage it is not the rule to have very marked mental symptoms, while in thrombosis the mental symptoms are well marked and there is a tendency towards dementia which looks like the probable mental termination in this case. The mental symptoms of acute mania manifest in the earlier stages of the disease were probably due to the incomplete supply of blood to the parts supplied by the branches of the left middle cerebral artery; the mental symptoms being much like those found in such cases. The irritation of the facial muscles following the last exacerbation was probably due to lack of nutrition of the cortical area innervating those muscles, and the absence of a following paralysis may be explained by a collateral circulation being established. At the time of the facial muscle spasms there were occasionally associated twitchings of the right arm, which indicated some irritation in the lower third of the anterior and posterior central convolutions. Worthy of notice, too, is the fact that it was following this attack the motor and sensory agraphia became observable. From a comparison of past and present symptoms there is probably a process of softening going on in the diseased brain centres, due to a lack of nutrition, and indicated at present by an extension and involvement of the upper third of the central convolutions or leg area, as the paresis in the right leg is becoming well marked.

PATENT AND SECRET NOSTRUMS.

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

Medical men in all ages have been the bravest and stoutest defenders of the public health. When sanitary questions or quarantine were uppermost, our profession were foremost with their advice and counsel, regardless of their personal comfort or pecuniary gain. Strange to say the public still look upon us with distrust and favor the charlatan and patent nostrum vendor with favor and friendship. Proprietary and patent medicines are now worse than the "green goods" swindler, with boldness advertising and pushing their sales in every corner of the civilized world. Our legislatures appear not to have the wisdom or ability to cope with this matter and enact laws to protect the public from such wholesale and retail slaughter. If medical men would adhere strictly to the British Pharmacopœia and its preparations, the public and also the druggists would be protected from the floodgates of patent and proprietary preparations. The drug business, from the apothecary standpoint, would be worth following, and, as was originally intended, be the hand-maid of the medical profession. How is this evil to be remedied? By united action on the part of the profession. The legislatures should be appealed to, as they have undoubtedly police powers as part of their prerogatives. An act should be passed requiring the formula of every secret nostrum and patent preparation to be printed on the label and a sworn declaration fyled, open for the inspection of the public, with the provincial or colonial secretary of each province. Our provincial legislatures have perfect right to require this, and not only that, but, as these preparations make our people pay a professional fee to a foreign concern or a foreign doctor, it is high time to protect our people by requiring these preparations to pay a tax in support of our governments. In no instance should an article under an assumed or proprietary name be offered for sale, unless the formula is printed on the label or circular. The public can never be protected from imposition and fraud till this is done, and, as public benefactors, our profession must wake up and appeal to our legislators to pass the required laws. This question might very well be considered at the next meeting of the Maritime Medical Association, and the

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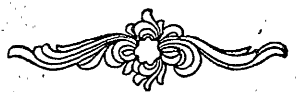
legislatures of the Maritime Provinces be appealed to as soon as possible. The druggists of the various provinces and the pharmaceutical associations should be invited to send delegates to our meeting in Charlottetown next July, to discuss and elaborate a plan of action.

I trust this subject will receive attention, and that the temperance and moral elements in every community will sustain us. Rum shops in disguise by irresponsible and unprincipled druggists would not then find a resting place, as there would be no necessity for druggists to be tempted to sell liquor as a way of supporting themselves, aside from their legitimate trade and business. Pharmacy and the medical profession are injured by this open system of quackery, but not one fraction of the extent of injury that is inflicted upon the public by the sale of these secret nostrums. Let us have an opinion from the various members of the profession, as well as druggists, on this matter. In the multitude of counsellors truth is established, and it is hoped that abler pens will further enlarge upon this subject.



LEUCOCYTOSIS.*

By W. L. Ellis, M. D., St. John, N. B.

Leucocytosis broadly defined is an increase in the number of leucocytes in the blood, and this increase may be relative or absolute; when relative the whole number of white cells is increased, and when absolute the leucocytes alone are involved. It was for a time considered that leucocytosis consisted in an aggregation of these cells in the peripheral circulation, without any increase in the whole number in the blood, and some observers still hold to this view, but recent investigators claim that the blood throughout the body shows an absolute increase in polymorphonuclear neutrophiles.

The importance of a thorough examination of the blood in all clinical investigations is now recognized, and its importance from a diagnostic or prognostic point of view varies with the nature of the case. Dr. White has, at a previous meeting of this society, discussed the changes in the primary anæmias, and I propose to review some of the ground covered by him in describing the characteristics and origin of the white blood cells. The white corpuscles of the blood are of two distinct varieties, the hyaline and granular; to the former belongs the lymphocytes—small and large lymphocytes and transitional forms—which have their origin in the lymphoid tissue, lymphatic glands, and Malpighian corpuscles of the spleen from spherical cells with large nuclei and a small amount of hyaline protoplasm. The granular variety includes the polymorphonuclear neutrophile or ordinary leucocyte, the eosinophile and also the two pathological cells, the myelocyte and the eosinophilic myelocyte.

Polymorphonuclear neutrophiles have been recently shown to arise in the bone marrow by mytotic division, from large mononuclear cells with spherical or oval nuclei and finely granular protoplasm, showing neutrophilic reaction; eosinophiles also arise from similar cells with coarsely granular protoplasm. This explodes the theory that the white cells all have their origin from the small lymphocyte of the blood, which was supposed to increase in size, producing the large lymphocyte, the nucleus of which became indented, forming the transitional form, and, its nucleus assuming granules, the polymorphonuclear neutrophile and eosinophile resulted.

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*Read before St. John Medical Society, January 11th, 1899.

The following classification groups the white cells, normal and pathological, according to the character of their protoplasm, and shows also the approximate percentage in health and the condition produced by a pathological increase :—

Physiological.	Hyaline.	Small Lymphocyte, Large Lymphocyte,	28 %	Lymphatic Leukæmia.
		Transitional Form,	2 %	
	Granular	Polymorphonuclear Neutrophile,	68 %.	Leucocytosis.
		Eosinophile,	2 %.	Eosinophilia.
Pathological.		Myelocyte,		Splenomyelogenous Leukæmia.
		Eosinophilic Myelocyte,		

An increase in lymphocytes and the presence of myelocytes is found in conditions other than above, but not to such a marked degree.

In conditions where leucocytosis exists, the following changes are noted in the bone marrow :—

1.—General absortion of fat of the bone marrow.

2.—Hyperplasia of large cells with oval nuclei and fine granules which are the source of the leucocytes, and the number of mytotic figures present shows that the cells are undergoing rapid multiplication. The cells derived from this multiplication are finely granular amœboid cells which enter the blood and become the leucocytes.

In normal blood the number of leucocytes varies between five and ten thousand per cubic millimeter, but in disease this number may rise to one hundred thousand or more.

The causes which give rise to leucocytosis are either physiological or pathological.

Physiological—of new born, during digestion, during pregnancy and parturition, following exercise, cold bathing, massage, etc.

In the above, the leucocytosis is always relative, i. e., there is always a general increase in all the white cell elements of the blood. This physiological change does not concern us much at present, but the fact that such a change does take place, must always be kept in mind when estimating the number of cells for clinical purposes, and the examination timed, so that no natural cause of a rise in leucocytes may be mistaken for or complicate a pathological change.

Pathological leucocytosis—following hæmorrhage : of infection and inflammation ; toxic leucocytosis ; of malignant disease.

Here the increase in the leucocytes seems to be an effort on the part of the organism to protect itself against the invasion of disease, or, the disease ensuing, to resist its advance, and the leucocytosis varies to some extent according to the severity of the disease and the resisting power of the patient;

Thus in mild infection with good resisting power, leucocytosis is small;
" " severe " " " " " is marked;
" " severe " poor " " " is absent;
and in these latter cases the termination is almost invariably fatal.

In leucocytosis after hæmorrhage the degree depends on patient's power of recuperation rather than amount of blood lost, and as the anæmia subsides the number of leucocytes falls. So in leucocytosis of infection the degree of increase in white cells bears little or no relation to the amount of product of the inflammation present. Thus a small localized abscess may show as marked an increase as a general septic infection.

Toxic leucocytosis is seen following etherization, uric acid diathesis, poisoning by illuminating gas, ingestion of salicylates, injection of tuberculin, and other toxins.

Malignant disease, in disseminated and rapidly growing forms, shows an increase in leucocytes, as a rule more marked in sarcomata.

The following are some of the most important prognostic and diagnostic points to be gained from the presence or absence of leucocytosis in disease :—

In malignant disease a steadily rising count foretells a fatal termination.

Uncomplicated typhoid fever, measles, and all forms of simple tubercular infection except meningitis do not show any leucocytosis.

In pneumonia the leucocytosis may appear before the physical signs, as in central pneumonia. Absence in any but a mild case is a bad prognostic sign, the termination almost invariably proving fatal. Thus in 408 cases 29 showed no signs of leucocytosis and 28 died. The count in pneumonia begins to fall before the temperature but reaches normal after it, and it does not fall in a pseudo-crisis, and in cases of non-resolution and consolidation after drop of temperature the leucocyte count continues high.

In typhoid fever the appearance of a leucocytosis would point to perforation, otitis, phlebitis or some other complication, rather than a relapse.

In diagnosis between scarlet fever and measles leucocytosis favors the former.

In diagnosis of appendicitis, presence of leucocytosis would exclude typhoid fever, simple obstruction of bowel, uncomplicated biliary or renal colic, impaction of fæces, ovarian neuralgia, floating kidney and many other non-inflammatory conditions referrable to the abdominal organs.

There are many other diseases, medical and surgical, in which a knowledge of the leucocyte count is of great value but the above will suffice to illustrate what an important factor this symptom is both in diagnosis and prognosis.

Clinical Notes.

PREGNANCY COMPLICATED BY HYDATIDIFORM MOLE. —EPILEPTIC CONVULSIONS DURING LABOR.

By A. HALLIDAY, M. B., C. M., Shubenacadie, N. S., Lecturer on Biology at Dalhousie University.

The following case is of interest more from a diagnostic standpoint than from a pathological one.

Mrs. J. G., multipara, had several children born at full time but aborted in summer of 1896 when she was attended by Dr. Murray, of Stewiacke, whose case this really was, but as I saw her with him several times and was present at the termination, I take the liberty of reporting it.

Early last winter Dr. Murray was called to see patient, (who was, according to her account, about 5½ months pregnant) for uterine hæmorrhage. This was easily enough controlled at first but she continued to bleed every little while and Dr. Murray asked me to see her with him. On examination one could feel the fœtus through the uterine wall but it seemed as if a thick padding were interposed between it and the finger. We concluded that it was a case of placenta previa and left instructions that the one or other of us should be called immediately if hæmorrhage of any account should show itself. A week or so afterwards Dr. Murray was called and I happened to be in the vicinity. I went there shortly after him.

When I got there the hæmorrhage had ceased but the patient was having fairly strong uterine contractions. She was now about 6½ or 7 months advanced. The os dilated sufficient to allow the introduction of first one finger and then two. We then found that by deflecting the fingers we could get around the edge of something, which to the touch had exactly the physical characters of the placenta. Further, we could get hold of the cord, a loop of which was hanging down and we imagined we could trace this into the mass. (In this we subsequently found we were wrong.) Here then we considered we had a placenta presenting, but where was the hæmorrhage?

My hand being smaller than Dr. Murray's I could reach higher, so I continued to work it up till I could get two fingers beyond it. By

* Read at N. S. Branch British Medical Association, Feb. 8th, 1899.

using a little traction I felt that it would move, so with Dr. Murray's concurrence I decided to go ahead and remove w atever was there, placenta or no placenta.

This I did, and gradually managed to get it loose and bring into the vagina the whole mass. It proved to be a hydatidiform mole. It was composed of numerous vesicles held together by a connective tissue. In form and size it was exactly like a placenta at full term. The remainder of the labor was quite easy and normal and in a short time a premature child was born and everything terminated normally.

I have attended a good many confinements since I commenced practice, but I certainly never met with anything which was more confusing diagnostically than this was.

Was the hydatid the development of returned placental tissue from the previous abortion or the result of a twin pregnancy?

Patient in this case was a miners' wife in the north of England, and as it was one of the first cases I had attended alone it gave me some anxiety.

Mrs. A. was a multipara, having had four children previously. After her last confinement she had fits and had been an epileptic all her life.

I was called about 11 o'clock in the forenoon and found the os only very slightly dilated. I went away and was again sent for about 5.30, being told that the pains were coming pretty regularly. I, however, found the os only very little more dilated, but pains continued. About 6.30 she began to take epileptic seizures and the convulsions, which were of the genuine epileptic character, would alternate with the pains. I at once had the urine examined and found no trace of albumin. I gave some potassium bromide but might as well have given cold water, and she strongly objected to chloroform. The pains continued and the convulsions continued, till I managed to get the os dilated sufficiently to allow me to use the forceps.

It turned out however that twins were present but there was no more trouble after the first child was born.

The patient must have had in all between twenty and thirty convulsions —some pretty severe and others light. She, however, made a very good recovery, and as far as I am aware, did not have any more "fits" for two years, although previous to this she had often had genuine epileptic convulsions.

THE
MARITIME MEDICAL NEWS.

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Editorial.

THE COUNTY CARE OF THE INSANE.

In our last issue attention was drawn in a general way to the reports of some of our charitable institutions. At this time we wish to refer to some topics contained in the Report on Public Charities that ought to appeal to each member of the profession throughout the province. To some facts, especially in Dr. Page's farewell report, we wish to draw attention.

In our Hospital for the Insane, at Mount Hope, we have unquestionably a very fine institution, well officered, well managed, and showing results in the cure of mental disease which compare favourably with any similar institution. But for years it has been crowded and it is evident that the time has come when further delay in providing accommodation verges on culpable neglect.

We have only to read Dr. Page's report on the County Asylums to see that many unfortunate patients are confined in these who should certainly have quarters in the Hospital at Mount Hope. It is unjust to the unfortunate lunatic that he should be deprived of the prospect of cure or amelioration, which residence in a proper hospital and the attention of skilled specialists in mental disease might offer. And it is unfair to the other inmates of these asylums or poor houses, and to those in charge of them, that violent and filthy lunatics should be associated with them. It was our impression that none but the "harmless insane" were to be kept in these county asylums. But a perusal of Dr. Pages's interesting and frank report shows that at least *forty* violently insane persons are lodged in our county asylums for "harmless insane." We have only to think of the ceaseless anxiety which the care of such persons

must cause to the keepers, or of the daily and nightly terror which their presence must inspire in their fellow-inmates, to see that it is imperative that such cases should find quarters in the proper place, and that is at Mount Hope. The tragedy at the County Asylum of Annapolis is still fresh in our minds. We have further good reason for believing that occasionally cases of acute insanity are sent to these asylums, instead of being sent to Mount Hope, and thus it may be the very time at which treatment is most likely to be useful is lost.

It is also evident that these asylums are frequently undermanned. Take for instance the Inverness County Asylum, with 99 inmates, 97 of whom are insane, *ten of these "violent"* and ten "filthy," and only the keeper, matron, and five assistants to attend to all duties. No wonder the walls and ceilings are blackened, the windows dirty, and the plaster "broken in several places." Then, at Bridgetown, in the Annapolis County Asylum, the keeper and matron have only two assistants, and there are 37 insane patients, *four of these "violent,"* and seven "filthy." There are considerably over 300 insane patients in our county asylums, many of these violent and filthy.

This plan of establishing county asylums may have been well intended; it is evidently grossly abused. It was probably adopted for economical reasons—a most false economy! For the sake of a paltry saving in taxation an injustice is done to the poor and afflicted. But it is very doubtful if any real saving is effected. In our opinion all the insane poor of the province should be under one common management. The acute cases would form one department and the incurable chronic cases another. The violent and dangerous would be under complete control, and there should also be a department for convalescents. It is not a question of expense, it is one of humanity and justice.

There are several points remaining to be noted in Dr. Page's report. We are grieved to read of insanitary conditions, bad ventilation, overcrowding (in the building at Sydney 40 men now occupy the space intended for 25,) and unsuitable beds. And we are struck by the frequent inefficiency of fire protection. Proper fire escapes should be *imperative.*

We trust the report will be carefully studied by all our readers. Dr. Page, in retiring, has laid his hand on many of the weak points in our present system. Dr. Sinclair now takes his place, and those who have watched his career and who know what his earnestness and devotion have done for the Hospital at Mount Hope, can have no doubt as to his line of action.

INTERPROVINCIAL REGISTRATION.

This all important subject is the one engaging the attention of the profession throughout Canada at the present time. Heretofore there have been some reasons which have prevented this matter coming to a decisive understanding. At the last session of our legislature "An Act to Amend and Consolidate the Acts relating to Medical Practitioners and the Practice of Medicine," was passed with one or two amendments added by the Legislative Council. This Act was introduced by a representative portion of the profession to show that Nova Scotia was willing to follow in the footsteps of some of the other provinces. It is a question, however, if the new Act can be considered better than the one at present in force, but it was felt that by passing such an Act the goal of interprovincial registration and ultimately reciprocal registration with Great Britain could the sooner be attained. The new Act simply means that all candidates for registration must undergo an examination in the usual subjects unless already duly registered by the General Medical Council of Great Britain. The examiners shall consist of two for each subject and only one of the two can be attached to the teaching staff of any medical school. As the Act will effect only those who are about starting the study of medicine, we trust that before the necessary four years have elapsed, interprovincial registration will be an accomplished fact.

Our registrar, Dr. Lindsay, who deserves due credit for the keen interest he manifests in interprovincial registration, lately received a letter from Dr. Roddick, who is by all recognized the leader of the movement. Dr. Roddick recently addressed very representative meetings of the profession in Toronto, Ottawa and Montreal on the subject and also arranged for a meeting of the medical men in the Dominion Parliament. His address we expect to receive shortly and hope to refer to it in our next issue. The esteemed president of the Maritime Medical Association, Dr. MacNeill, is also an enthusiastic worker in this important matter, and it is fortunate that we will have him as our guide at the meeting of the Association this summer.

A very concise scheme in reference to carrying out this object is referred to in a letter by Dr. A. Lapthorn Smith of Montreal on page 130 of this issue, and is worth careful perusal by our readers.

MEMORIAL TO DR. JOSEPH O'DWYER.

A committee of over forty physicians, representing sixteen different medical societies of the city of New York and including representatives of both schools of medicine, has been formed for the purpose of doing honor to the memory of Dr. Joseph O'Dwyer.

The first meeting was held at the N. Y. Academy of Medicine, November 22nd, 1898, under the chairmanship of Dr. J. D. Bryant, and was mainly devoted to organization. Dr. Geo. F. Shrady was elected permanent chairman, and Dr. Alfred Meyer permanent secretary, and the following committee on scope and plan was appointed: Dr. Dillon Brown, chairman, and Drs. Robert Abbe, R. G. Freeman, L. Emmet Holt, and Louis Fischer. At the second meeting held at the Academy of Medicine, March 13th, 1899, the report of the committee on scope and plan was adopted and now only awaits final action of a meeting of the full committee.

The memorial to Dr. O'Dwyer will probably take an educational form, for by the plan now outlined it is proposed to raise a fund of $30,000, the interest of which shall support two O'Dwyer Fellowships in Pædiatrics, open to competition by physicians who graduate in the United States and to be held by the successful competitors for a period of two years. During this period they must furnish satisfactory proof of their engagement in original research work to a committee of five, one of whom shall be appointed by the President of Harvard University, one by the Dean of the Johns Hopkins Medical School, one by the Provost of the University of Pennsylvania, one by the President of the University of Chicago, and one by the President of the New York Academy of Medicine.

Many details of this general plan are still to be arranged, which it shall be the agreeable duty of the secretary to furnish to the medical press of the country so soon as they are finally decided. This preliminary notice has for its object merely to acquaint the profession with the fact that a movement of this nature is on foot, and that an effort will be made to give it the international character so fitting as a memorial to an investigator of international reputation.

A STITCH IN TIME MAY SAVE NINE.

The prevalence of small-pox in many widely separated parts of the Dominion and of the United States is a matter which demands our attention. In these days of rapid transit and easy travel, more than in any past time, is it true that eternal vigilance is the price of freedom, and it cannot be too strongly urged that when small-pox exists so near to us as Ontario and Maine, we are in definite danger of its appearance in our midst. A watchful eye should therefore be maintained by every medical man, and the greatest care taken that no case is allowed to pass unnoticed, nor to escape that strict supervision and hygienic control which our knowledge indicates. Neither should it be forgotten that prevention is better than cure, and all physicians should insist upon the propriety of vaccination at this juncture. We are fortunate to-day in having access to much more reliable vaccine than could be procured in the past. In glycerinated vaccine we have an ideal preparation, to which objection cannot be taken even by the most rabid anti-vaccinationist. Of course to secure the best results, a thoroughly reliable virus must be used, and the undoubted superiority of the glycerinated vaccine over the older preparations should bespeak for it universal use. The reputation of the New England Vaccine Co's virus has always been excellent, and of late the well known firm of Parke, Davis & Co., have placed a vaccine on the market, for the reliability of which the name of the firm is a guarantee. The NEWS can conscientiously recommend the product of either of these firms.

Correspondence.

INTERPROVINCIAL REGISTRATION.

Editor Maritime Medical News:

DEAR SIR,—The present time is a most favorable one for the movement which is being so ably furthered by Dr. Roddick, our popular and influential representative in the House of Commons. Not only have we Sir William Hingston to support him in the Senate, but at the present time the Provincial Legislatures are all in accord with the Federal Parliament, and will do almost anything which the latter may ask of them. The colonial secretary, Mr. Jos. Chamberlain, is most favorably disposed towards Canada, and with his immense influence could obtain for us any legislation we might require. With the whole profession in Canada in favor of it, and the Provincial Medical Boards and Legislatures raising no objection to it I think that there would be no insurmountable difficulty in getting a short act passed by the parliament of Canada and even if necessary by that of Great Britain.

I would, however, like to point out a much simpler method of obtaining what they desire; namely by changing the name from Dominion Board to University of Canada. There is nothing in the British North American Act to prevent the Parliament of Canada from granting a charter to a University of Canada with power to grant degrees in medicine, the holders of which would be entitled to practise in all parts of Canada. The act granting this charter could if necessary be ratified by the British House.

As the University of Canada would be an examining body, and not a teaching one, it would in no way interfere with the rights of the Provincial Boards or Medical Schools which would continue to carry on their work precisely as they are doing at present, for those who were satisfied to practise in their own province only. Those who wished to practise all over the Dominion must pass through a uniform portal, the barriers of which should be at least as high as those of any provincial board; and that portal would be a matriculation and final examinations of the University of Canada. Even when armed with this degree its holder must obey the same regulations and pay the same fees annually as the other practitioners of the province in which they

desire to practise. By calling it the University of Canada it would become a national institution and an object of national pride, so that the Government of Canada would come to its aid financially during the first few years, after which it would be self-supporting. I do not see any difficulty either in the matriculation or final examination. Some man of high standing would be appointed in each provincial capital or chief city to hold the entrance examination simultaneously. Sealed examination papers would be sent to him some days before, but would only be opened by him after all the candidates had entered and the doors were locked; this would be taking place at the same hour and minute in the seven distant cities from Vancouver to Halifax. When the allotted time was up, the papers would be signed and sealed by the examiner and forwarded to the central committee, who without knowing the writers name would apportion the merited marks, and forward certificates. On presentation of these certificates and proof of five years study of medicine these candidates could come on a fixed date every year before the examiners of the University, who would be chosen from the present provincial examiners or other eminent teachers. As to the clinical examination, the committee on clinice together with all the candidates could take a two hour and a half ride down to Montreal and hold the examinations at the big hospitals, and return to Ottawa the same or the following day. As soon as the results of these examinations had been added to the others the convocation could be held and the degrees be signed and given by the Governor General. The examination might be more severe on practical subjects for those who had been over ten years in practice and more severe in theoretical subjects for those who had just left the medical school. The fees should not exceed fifty dollars which with a government grant of ten thousand dollars a year for ten years would be ample to defray oll expenses, as examinations would be held only once a year in the month of June.

Trusting that you will lend the great weight of your personal and editorial influence towards the remeding of this anomaly, I remain

Yours sincerely,

Montreal. A. LAPTHORN SMITH.

Society Meetings.

ST. JOHN MEDICAL SOCIETY.

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

Feb. 1st.—Dr. Crawford read a paper on "Antisepsis and Asepsis in Eye Surgery." The pathogenic germs formed in the conjunctival and lachrymal sacs were referred to. It was stated that the most useful solution to wash out the eyes previous to operation was three-fifths of one per cent salt solution used daily for one week. The best methods for sterilizing eye instruments was also described.

Dr. McIntosh considered the dread of germs was to be chiefly held in those cases where they had made inroads before coming under observation. All individuals do not bear equally well the application of antiseptics to the cornea. Negroes are more susceptible than the white race in this respect.

Feb. 8.—An interesting paper was read by Dr. W. W. White on "Darwin's Theory of Evolution."

Feb. 15.—Pathological specimens.

Microscopic sections of the tape-worm were exhibited by Dr. Ellis.

The President showed (*a*) malignant disease of head of pancreas, duodenum and pylorus, (*b*) gall stones.

Dr. Murray MacLaren reported a case of round-celled sarcoma of ovary in a woman aged 30, with numerous secondary growths of the peritoneum and showed (*a*) urine in a case of renal calculus and (*b*) dermoid tumour of ovary. This was removed from a woman aged 60. It was large and contained sebaceous matter, hair and teeth.

Feb. 22.—Dr. Scammell reported a case of puerperal mania. Several similar cases were reported by other members.

March 1.—Dr. Scammell, Vice-President, in the chair.

Dr. J. W. Daniel opened a discussion on "The Present Epidemic of Influenza." The onset is sometimes gradual, sometimes sudden, and the types are respiratory, gastro-intestinal and cerebral. Pneumonia, lobar or an insidious form was a frequent complication, while meningitis and pericarditis have been occasionally observed.

In the discussion which followed, six members gave their personal experiences, having been sufferers from the epidemic. No medicinal remedy was found to act as a specific. Rest in bed was the most effective treatment.

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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.

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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.

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Each dessertspoonful contains: Pepsin 1 gr., Pancreatin 2 grs., Cascara Sagrada 1 gr., Ipecac 1-5 gr., Strychnine 1-60 gr., with the active constituents of 30 minims Antiseptic Solution.

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March 8.—A demonstration of the macroscopic anatomy of the brain was given by Dr. Ellis.

Dr. Roberts read a paper on "The Foundations of Rational Treatment and their Application Generally to Pathological Conditions of the Liver." Rational and empirical methods of treatment were discussed and then the various indications of hepatic disorder were pointed out and appropriate therapeutics suggested. Diet and chologogues were thoroughly considered.

March 15.—"Spina Bifida." Dr. Emery presented a female infant aged 14 months, showing this condition. There was a pedunculated tumour, about the size of a pigeon's egg. situated at the top of the spine. It was compressible and varied in size—crying caused a marked increase. The child was otherwise healthy and there were no disturbances arising from the condition. The sac was slowly enlarging. The treatment adopted in such cases is either injection of Morton's fluid into the sac —mortality thirty per cent, or excision—mortality twenty-five per cent. When left alone 75 to 80 per cent died before or about the first month.

Dr. T. D. Walker referred to a case of meningocele of the occuput causing difficulty in labour, and another case in which the site was the sacro-lumbar region. In the latter, the sac was excised and progress was satisfactory up to the tenth day, when the child, aged three months, weakened and died.

The members generally favoured excision as the method of treatment.

March 22.—Dr. G. A. B. Addy, President, in the chair.

Clinical cases.—Dr. T. D. Walker exhibited (*a*) tic douleureux in a male aged 24. The remedies found to be most serviceable were chloride of ammonia and antipyrin. The neuralgia had improved considerably. (*b*) Exophthalmic goitre, in a young man, (*c*) diabetes mellitus—codeia and diet was the treatment employed.

Dr. Wheeler referred to phosphate of soda as a valuable remedy in exophthalmic goitre.

"Pityriasis Rosea."—Dr. Melvin showed a case of this disease and described the disease and discussed the diagnosis and treatment.

March 29.—A note on "Bradycardia in Measles" was read by Dr. Murray MacLaren and a case reported. The subject was a boy aged 14 and the slow pulse continued one week.

Dr. MacLaren also read a paper on the "Value of Arsenic as a remedy especially in Pernicious Amæmia and in Hodgkin's Disease." Two cases were reported which had shown marked improvement under the continuous administration of arsenic in large doses.

ANNUAL MEETING OF THE WESTMORLAND, KENT AND ALBERT ASSOCIATION.

The annual meeting of the Westmorland, Kent and Albert Medical Association was held in the city council chamber, Moncton. There was a good representation of the leading medical men of the three counties present. The meeting was called to order by Vice-President Dr. Geo. Fleming of Petitcodiac. After some routine business the society elected the following officers for the ensuing year:

Dr. B. A. Marvin, Hillsboro, President.

Dr. Geo. Fleming, Petitcodiac, first Vice-President.

Dr. A. H. Chandler, Kent county, second Vice-President.

Dr. G. T. Smith, Moncton, Treasurer.

Dr. R. L. Botsford, Moncton, re-elected Secretary

Dr. A. H. Chandler, who nominated Dr. Botsford for the office of Secretary paid a high compliment to that official for the manner in which he had attended to the duties of the office.

The following papers were read :—

"Some Practical Observations in the Treatment of Pneumonia," also Reports of Two Cases of Skin Disease, by Dr. A. H. Chandler "Unregistered Practitioners," by Dr. B. A. Marvin ; "The Treatment of Hydrocele," by Dr. W. A. Ferguson ; "Pneumonia," by Dr. L. Chapman. After the meeting the members of the Association adjourned to Connors restaurant where a very tempting spread was prepared in Mr. Connors' best style.

It was decided to hold the next annual meeting at Moncton in June.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION

March 8. Dr. Murdoch Chisholm, President, in the chair.

Dr. Murphy showed a specimen of a tubercular testicle which he had removed from a young man aged 35. There were no other evidences of tubercle in the genito-urinary tract or any other part of the body. The patient had been suffering six weeks. The patient was up on the fifth day after the operation. He made an uneventful recovery. A microscopical examination of the testicle was made by Dr. Wallace. In sections made from the edge of the external lesions a few tubercle bacilli were found but none in the pus. Those found were most numerous in the tunica vasculosa. The vessels of the lobules showed

very marked endarteritis. The investing membrane of the tubuli seminiferi was much thickened and in places infiltrated with multinuclear leucocytes and epithelial cells. Many of the tubes showed fatty and granular appearances in the protoplasm of the parenchymatous cells. Sections from the epididymis showed merely small isolated areas—multinuclear leucocytes and epithelial cells. The cord, beyond slight congestion, was healthy. The universal and marked endarteritis probably indicates the avenue of invasion.

The President said he had seen tubercular inflammation of the testicle acute from the beginning.

Dr. Sinclair then read a paper on "Climateric Insanity." Two interesting cases were given in detail. There is general gloom found in nearly all cases of depression but having perhaps more in evidence the religious element under the inspiration of which suicide is attempted. The delusions have respect to the moral well-being of the individual. Aural hallucinations are more common than visual and we must remember these voices are very real to the patient, and to endeavor to obey their orders becomes a duty. Religious despondency is also a marked feature in this form of insanity. In making a prognosis, heredity, the duration of the disease and the use of alcohol must be considered. Complete recoveries in Dr. Sinclair's experience are rare in any form. Nearly every case that he has seen has either had a neurotic temperament or been a free user of alcoholic drinks. In no other form of insanity is the early removal from home surroundings more necessary in order to secure the best results in treatment. Authorities claim that pure uncomplicated cases furnish fifty per cent of recoveries.

The sexual feeling remains acute for a long time and they often show by their actions a marked vulgarity.

These cases are benefitted by an entire change of scene, preferably to an institution. Gentle exercise in the open air is helpful. For the constipation usually present, proper food must be ordered and cascara used. For insomnia it may be necessary to use some hypnotic. Chloral sometimes acts well—so will trional or a combination of it and sulfonal. Authorities recommend steady use of bromides but Dr. Sinclair has not got any special good results. Diet should be liberal and easily digested and alcoholic stimulants should not be ordered. Strychnine and quinine answer the purpose of a "pick-me-up." When great motor excitement is present the patient must be walked about, and it may be necessary in addition to give an injection of hydrobromate of hyoscine, one

hundreth of a grain, or a full dose of sulfonal at bedtime. If anæmia is present give iron, and as a tonic and restorative after the acute stage is over, phosphates with strychnine are very beneficial. Constant watching only can be relied on to thwart suicidal tendencies.

Dr. Farrell referred to the importance of recognizing these cases early so that insanity may be prevented.

Dr. Reid said such cases were common. There is not much hope for them. The peculiarity of the individual must be taken into account.

Dr. Sinclair referred to question of development. The generative apparatus comes from the epiblast. Some explanation of these cases might be obtained from embryology. The ovary produces an internal secretion. Some toxic agent accumulates after menopause. Prognosis is good in cases coming on at puberty.

Dr. A. P. Reid then exhibited his model of a sanatorium which we referred to in our February issue. Letters from superintendents of such institutions were read commending his ideas. A resolution was passed thanking Dr. Reid for his exhibition and elucidation of the model and wishing him every success in his laudable undertaking.

A circular from the Colonial Secretary to Lieut-Governor Daly was passed around by Dr. Reid. It had reference to the establishment of a School of Tropical Medicine in London and asked for pathological specimens, etc., that might be useful for such a purpose.

Matters Personal and Impersonal.

Dr. G. L. Sinclair intended leaving on the 20th inst for New York, Baltimore and Philadelphia. He will be absent about two months attending special hospitals in these large medical centres.

Dr. M. E. Armstrong, formerly practising at Freeport, Digby Co., spent the winter at the New York Post Graduate Medical School. Dr. Armstrong recently returned and is now settled at Bridgetown.

Dr. Daniel Johnson of Tatamagouche, lately left for New York to do post-graduate work.

The marriage of Dr. Stewart S. Skinner of St. John, to Florence M., daughter of John McMillan, publisher, was solemnized early this month by Rev. Dean Partridge. The NEWS extends congratulations.

The Antikamnia Chemical Co., with their customary enterprise, have issued a handy "Fœtation and Parturition Chart" which has been sent to every English speaking physician in the world. The chart is a useful one and the illustrations excellent, well-merited praise being due the author, the late Dr. Louis Crusius.

Messrs. Simson Bros. & Co., have done a commendable act in offering a prize of twenty-five dollars to the students of the Halifax Medical College, for a special examination in therapeutics. The paper which has been arranged by Dr. M. A. B. Smith, lecturer on that subject, is a very practical one.

Book Reviews.

INTERNATIONAL MEDICAL ANNUAL FOR 1899.—A work of reference for Medical Practitioners. Price $3.00 net, post paid. Published by E. B. Treat & Co., 241-243 West 23rd Street, New York.

As a ready reference hand-book for progressive physicians the Medical Annual becomes a necessity. We can safely say this year's volume is superior in excellence to any of its predecessors, not only on account of the increased number of pages, but also on account of the beautiful illustrations—fifteen full page colored plates, twelve full page half-tone plates and numerous ordinary drawings in the text. The "Review of Therapeutic Progress" is again under the care of

that widely known authority, Prof. Wm. Murrell, of Westminister Hospital, London. The use of iodine in ulcer of the stomach is strongly recommended as the best plan of curing this disorder. Orthoform is referred to, and the many different painful states in which it has proved useful, clearly pointed out. Next follows a "Summary of the Principal Alterations in the New Pharmacopœia, this occupying over five pages. "Practical X Ray Work" is fully dealt with by R. Norris Wolfenden, other valuable chapters being "Electro-Therapeutics," by A. D. Rockwell, and "Climatic and Open-Air Treatment of Phthisis," by F. De Haviland Hall. "New Treatment," as usual, takes up the greater part of the volume. In the treatment of burns, the use of piric acid is again alluded to. We are under the impression that this remedy is not used so extensively as its merits warrant. Inoperable cancer by the operation of oophorectomy is also referred to and the results carefully noted. We can not speak too highly of the colored plates, particularly those showing the bacteria pathogenic in the human subject. The publishsrs are to be congratulated in the excellent make-up of the Annual for 1899. A physician who fails to procure the present volume is only standing in his own light.

RECORD OF URINARY EXAMINATIONS.—A convenient, practical method for keeping records of urinary examinations for future reference in hospital or general practice. Arranged by Harry Morell, M. D., C. M., Trinity University, Toronto; Fellow Royal Microscopical Society. Published by J. B. Burr & Co., Hartford, Conn.

This volume consists of duplicate sheets, one of which is detachable the other being retained for carbon impressions of each urinary analysis taken. The use of such a method of keeping records would increase the carefulness of the physician and render him much more systematic in his urinary examinations. The progress in a particular case can be carefully noted at a glance, sueh as the increase or decrease of some important abnormal constituent as albumin or sugar. These records will be found very serviceable and of great convenience.

BOOKS OF THE MONTH.

SEXUAL IMPOTENCE.—By Dr. Victor G. Vecki. A beautiful demy-octavo volume of 291 pages. Price, $2.00 net. Published by W. B. Saunders, 925 Walnut St., Philadelphia.

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Matters Medical.

THE PATHOLOGIC IMPULSE TO DRINK.—Dipsomania is a symptom of defective inhibition. It is most common among those living at a high nervous pressure—physicians, litterateurs, and business men. Exhibition of nervous energy always lessens inhibition. The cells of the cortex become exhausted by long continued expenditure of energy; the individual resorts to alcohol to relieve his restlessness, the result of this cell exhaustion, and which prevents him from attending to his ever pressing duties. It is then that the defective inhibition is shown, and the uncontrollable impulse breaks the bounds of reason. The pathologic condition of the cells is probably analogous to the hypothetic pathology of hysteria. The protoplasm of the cortical cells becomes used up by continued work without the rest necessary for recuperation and while in this state a small amount of alcohol rapidly cuts the higher centres off from the lower, causing a loss of inhibitory power. A continuance of these conditions results in such changes that each attack leaves the connection between the higher and the lower centres less active with a lessened amount of functional force in the cortical sells.

Some cases of dipsomania can be directly traced to the absence of early education, in not correcting uncontrollable impulses in childhood, but here we will find the child has inherited a richly neurotic soil. There is another class of dipsomaniacs, whose history shows early disturbance of cortical cells during their development periods. These are the cases which in infancy have been given alcohol in some form. Among other causes may be mentioned auto-intoxication. In considering prophylaxis and cure it is important to bear in mind the somatic cycles by which many of our unconscious actions are governed. The long rhythms are habits of organic activity. The long rhythms in heat and nutrition regulations of the body are factors in augmenting the periodicity of dipsomania. Under pathologic conditions, such as hypothetically exist in this psychic explosion, its intervals appear to be governed by the organic cycles, including the monthly rhythm of the female, and which in this sex, at this time is often marked by slight attacks of dipsomania. Suggestion with or without hypnosis is of considerable value. Everything possible must be done to prevent the exhaustion of nerve force, and efforts made to store reserve material. The physiologic rhythms must be watched, and when we see the

approach of the ebb of these rhythms the patient must be carefully guarded.—W. L. Howard, M. D., in *Medicine.*

STEPS TOWARDS INSANITY.—Recent studies of the neuron seem to indicate that the biological doctrine that activity determines structure, and thus in turn determines function, may be applied to the causation of insanity. The rule seems to be that exhaustion of the brain cells comes first, then acute intoxication, and finally structural changes as the result of these conditions. The major premise of every study of the causation of every study of insanity may be assumed to be this, viz.: every pathopsychical manifestation in the individual is evidence of neuronic structural defect, and until otherwise proved, every neuronic structural defect should be regarded as evidence more or less conclusive of remote untoward influence primarily on the part of ancestry. The neuronic defect itself, according to Van Geeson, may always be regarded as a true parenchymatous degeneration, involving not only the cells proper, but primarily their ultimate protoplasmic expansions and "contact granules."

With reference to the steps by which vesania is initiated, we must look to ancestry for the first ones.

Marriage of unmarriageable parties results in certain tensions and stresses which lead to arrests and perversions of development on the part of children. These, not generally presenting evidences of vesania themselves, carry over to succeeding generations, their own hereditary defects of structure and function, and in the latter they become intensified and eventually break out in pathopsychical manifestations. Probably one third of all marriages are of a character which necessitates a bad prognosis as regards progeny. Again, overstrain, worry, nutritional perversions and toxemia resulting from these during the child bearing period, are other sources of vesanic predisposition. The same should be said of the inadequate training to which so many children are subjected.

Accidents, diseases and emergencies serve as exciting causes chiefly where birth, nurture and education, singly or combined, have been deficient. All this suggests a prophylactic pedagogics founded upon neurologic conclusions.—Smith Baker in *Journal of Mental and Nervous Disease.*

A NOVEL ANTISEPTIC TREATMENT OF WOUNDS AND THE SPEEDY OBLITERATION OF BONE CAVITIES.—By DR. PAUL COUDRAY. (Communication to the Medical Society of Paris, February 11th, 1899.)

I. The author indicates the good results he has obtained by this mode of treatment for the antisepsis of wounds and particularly of deep

ones, of cavities, of anfractuous trajectories. The operation recommended by Mr. Guilmette—inventor of the coryl and coryleus, popularized since by Mr. Joubert—consists in employing chloride of ethyl in the pure state (ipsil) as a vehicle for conveying the antiseptic agent. That liquid boils at 10° ; by heightening its temperature to 20 to 25°, it leaves the apparatus in the gaseous state (gas ipsilene), endowed with a certain *pressure.* The atomized spray thus obtained drives from the wound, by an impetuous rush akin to sweeping, the pus and the inorganic exudations and products of necrosis, in a word all the diverse agents of infection, spreading besides on the bottom of the most tortuous trajectories as well as on superficial lesions a thin stream of *iodoform* (this being the agent most frequently made use of by Mr. Coudray), which stratum remains adherent.

The transitory reduction of temperature produced thereby acts as a stimulant upon the wound, enhancing considerably its granulation ; the secretions very rapidly diminish and soon they cease.

By dissolving the fatty substances, the chloride of ethyl acts moreover a chemical part which is in itself not unimportant for the purposes of antisepsis.

II. A second advantage, *thoroughly novel,* results likewise from the same proceeding. Having to treat a large cavity deep down in the nether extremity of the femur, Mr. Coudray, availing himself again of chloride of ethyl as a vehicle, projected into the interior of said cavity a substance approaching the composition of the normal bone—viz., phosphate and carbonate of lime. That cavity rendered previously aseptic, preserved its " bone ipsilene " and appeared to be completely filled up after four of these spraying operations that had required one month. The author being of opinion that the product acts not only mechanically, but also, nay perhaps chiefly, in stimulating the osteogenetic power of the healthy bone, intends to verify this view of his by a series of experiments on animals.—*France Médicale.*

THE PREVENTION AND CURE OF VENTRAL HERNIA.—(Abstract of paper read before the British Gynæcological Society, 15th, April 1899,) by A. Lapthorn Smith, B. A. M. D. M. R. C. S., Montreal.

Hernia following abdominal section is a frequent complication and sometimes causes more suffering than the disease for which the laparotomy was performed. Moreover it discourages other women who need a cœliotomy from having it done because they dread a second operation more than they do the first. This accident is quite preventable. (*a*) By leaving in the stitches a month if the woman is thin

enough to allow us to use through and through sutures or (*b*) by using non-absorbable buried sutures when the woman is fat enough to require two layers of ligatures. The writer prepares his silkworm gut by placing it in glass tubes and boiling it. A cut with a file is made in the middle and just when it is required for use the tube is snapped across. (*c*) By discarding the abdominal drainage-tube and when drainage is necessary which it rarely is, draining by the vagina. (*d*) By securing accurate coaptation of the cut edges by marking the places where the stitches are to go before the incision is made. (*e*) By taking care that no peritoneum is curved up so as to come between the muscle and fascia of opposite sides.

Hernia is easily cured in small cases with a single buried silkworm gut purse-string suture; and in larger cases by splitting the edges of the ring until the recti muscles are exposed from top to bottom and suturing them with buried silkworm gut.

Patients with buried silkworm gut stitches do not need to stay in bed more than two weeks and in some cases less; and they do not need to wear an abdominal belt.

Patients with through and through silkworm gut stitches left in for a month, can in cases of necessity go home in twelve or fifteen days and return at the end of four weeks to have their stitches removed. They do not need to wear any support until the stitches are removed, and even then it is much less necessary than in patients whose stitches have been removed early.

A CURIOUS POCKET PIECE.—In the *New York Medical Journal* of February 4th, 1899, Dr William S. Gottheil describes a case in which a woman carried a piece of her own skull in her pocket for years "for good luck." She applied for treatment for a different affection, and it was discovered incidentally that a syphilitic periostitis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring 2½ x 2 inches, and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle shewing beautifully. Its upper convex surface showed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue; but all along the middle line, at the suture, the inner table was present, shewing that at that place the entire thickness of the skull had been lost.

Apart from its curiosity, the case is of interest as shewing the very extensive destruction of important organs that can take place in syphilis without systemic reaction or much personal inconvenience. The entire thickness of the skull had been destroyed, and the meninges necessarily exposed; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.

Therapeutic Suggestions.

An Ointment for Sciatica.—The *Reforma Medica* gives the following formula

℞	Oil of turpentine - - - - - - -	5 parts.
	Oil of gelsemium - - - - - - -	5 "
	White wax - - - - - - - - - -	2 "
	Simple ointment - - - - - - -	40 "

M. To be applied to the painful part.—*N. Y. Medical Journal.*

The Injection Treatment of Hæmorrhoids.—In the cases of internal hæmorrhoids that are thought suited to cure by the "injection method," Tuttle, of New York, uses the following formula for making his fluid for injection:

℞	Acid carbolic (Calvert's No. 4), - - - -	ℨiss.
	Acid salicylic - - - - - - - - - - - -	ℨss.
	Soda biborati - - - - - - - - - - - -	ℨi.
	Glycerine (sterilized), q. s., ad - - - -	℥i.

M. ft. liquor. Sig.: Injection for hæmorrhoids.

Of this fluid from two to four minims are injected into the base of the hæmorrhoid. If other injections are to be made, they are made in from three to five days.—*Kansas City Med. Index.*

Asthma.—

℞	Pulv. stramonii fol.	
	Pulv. belladonnæ fol. aa - - - - - -	ℨj.
	Pulv. potass. nit. - - - - - - - -	ℨiss.
	Pulv. opii, - - - - - - - - - - - -	gr. xv—M.

Sig.: Burn a little and inhale the fumes.

℞	Potass. iodid, - - - - - - - - - -	ℨviiss.
	Tr. lobeliæ, - - - - - - - - - - -	fℨviiss.
	Aq. destillat, - - - - - - - - - -	fℨxvss.—M.

Sig.: From a tea to a tablespoonful in a glass of beer before meals.—*Dujardin-Beaumetz.*

Calomel in Hæmorrhoids.—For a number of years Dr. J. B. James has treated hæmorrhoids by the simple process of applying calomel to them with the finger, and claims to have done so with marked success in every case, particularly when the hæmorrhoidal mass was inflamed, which is characterised by mucus discharge and hæmorrhage,

accompanied with a painful sensation of weight in the region of the rectum. All these symptoms, it is alleged, were speedily relieved by the simple application of the calomel, which had the still more important subsequent advantage of restoring the patient to perfect ease, enabling him to pursue his usual occupations in happy immunity from all distressing or annoying symptoms.—*Health.*

LUTAUD'S PILLS FOR AMENORRHŒA.—The *Reforma Medica* gives the formula as follows:

℞	Iron and potassium tartrate, - - - -	45 grains.
	Extract of artemisia, - - - - - - -	30 "
	Extract of absinthium, - - - - - -	30 "
	Socotrine aloes, - - - - - - - - - -	15 "
	Oil of anise, - - - - - - -	enough to aromatize.

M. Divide into thirty pills. One to be taken before every meal.—*N. Y. Medical Journal.*

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SANMETTO AND IMITATIONS.—I have used sanmetto extensively for the last five or six years in both old and young, male and female, in all forms of irritation of the urinary organs, from nocturnal enuresis in the young to cystitis in the aged, and have been disappointed in but few cases in obtaining good results. Have tried imitations (owing to their cheapness.) The results were unsatisfactory. Have returned to the use of sanmetto as a sheet anchor in both acute and chronic conditions of the urinary tract. I obtain speedier and more satisfactory results when given four times a day in drachm doses in hot water.

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BETTER STILL.—The influenza has been quite prevalent in a number of cities during the past month. In Richmond, there have been many cases, though no deaths distinctly attributed to it. It is affecting mostly those who have had the disease almost annually during the past few years. Although the attacks of this year are relatively mild, they are severe enough to keep business men away from their places of business. Phenacetin, or better still, antikamnia, with salol or quinia, and a little powdered digitalis added, has proved a satisfactory plan of treatment, presupposing, of course, that the bowels are kept open, the secretions of internal organs are attended to, and that the patient is kept in-doors, especially at night or in bad weather.—*The Virginia Medical Semi-Monthly.*

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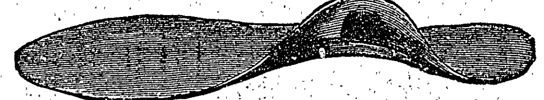

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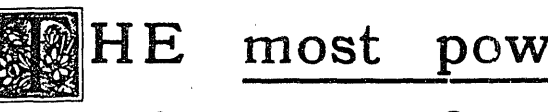

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