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Vol. IX.

HALIFAX, NOVA SCOTIA, NOVEMBER, 1897.

No. 11.

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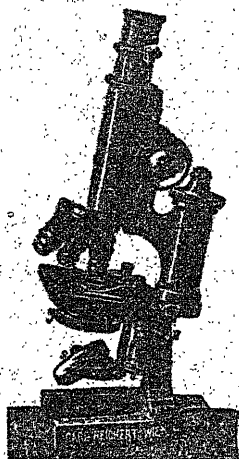
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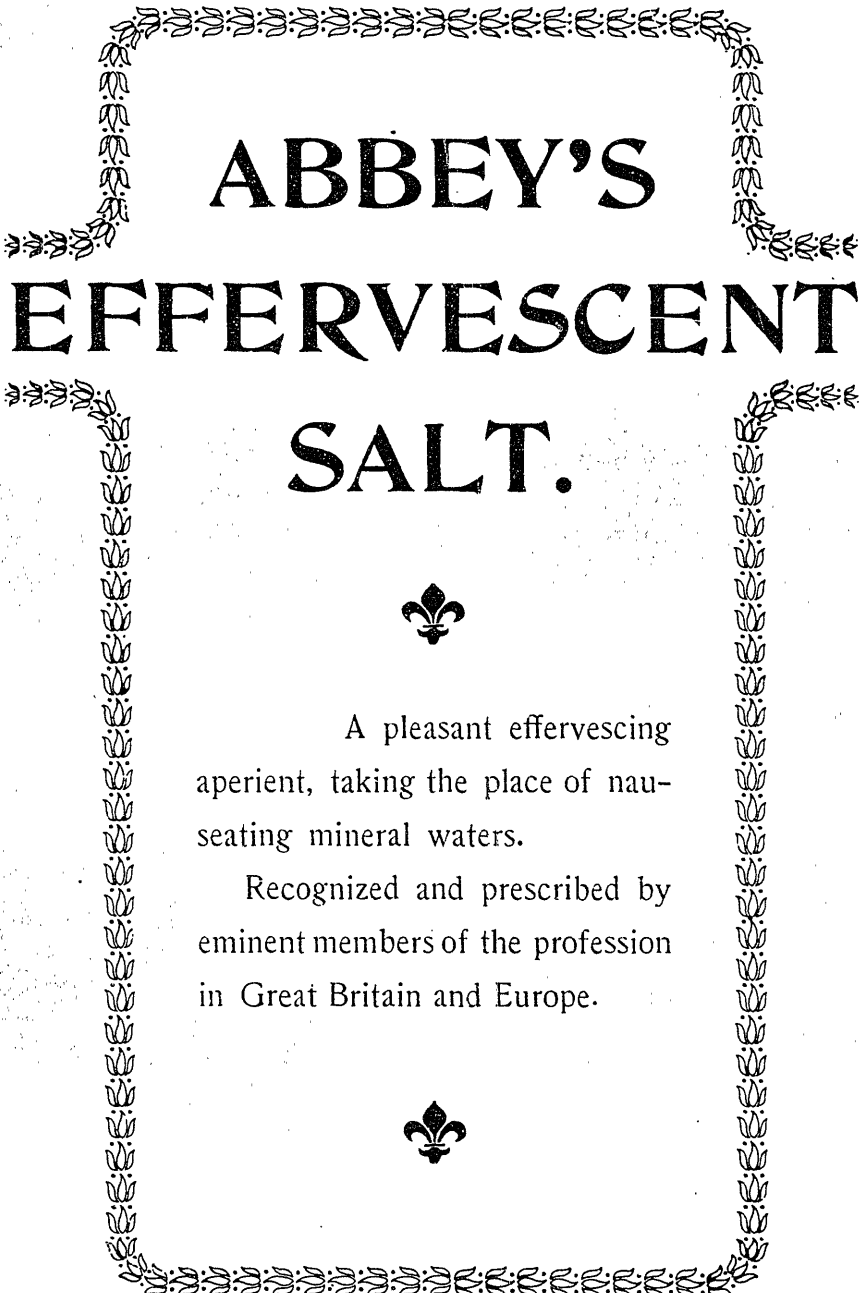
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### A Remedy in Nervous Disorders when Characterized by Melancholia.

—Mode of Exhibition.—

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

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—Notes *New Pharm. Products*.

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Vol. IX.

HALIFAX, N. S., NOVEMBER, 1897.

No. 11.

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Original Communications.

THE EFFECTS OF AGE ON THE VASCULAR SYSTEM.\*

By STEWART SKINNER, B. A., M. B., C. M., St. John, N. B.

One cannot attempt in a short paper to go very exhaustively into this subject. Special attention will be given to the heart. It is from failure of the cardiac organ that the patient's attention is first drawn to his condition, and in it lies our best chance of successful treatment.

More thorough knowledge is yet required of the causes which bring on these senile changes. Many a life might be prolonged for years if we could only recognize early the condition which proceeds so slowly and treacherously. In our certificates of death old age is too often entered as the cause. The last weekly returns for this city describe two out of thirteen death as due to old age. The so-called natural death is caused by some process of arterio-sclerosis. Anything favouring it hastens the changes of age. We are too much inclined to stand by and watch many a life gradually, it may be for years, ebbing away. It is impossible for us to prevent the final result, but we may in many cases ward it off for a long time.

Longevity is said to depend more upon the structure of the heart than any other single factor. BENNEKE believes that those individuals have the best chances to reach advanced life who are naturally endowed with a strong heart. Heredity is a more important cause of chronic heart trouble than is generally supposed. There is, we know, great differences in the power of endurance of the cardiac organ.

---

\*Read at meeting of Maritime Medical Association, July, 1897.

The vascular system has a greater tendency to senile changes than any of the other systems, and age is the great cause in bringing them on. We know that cerebral diseases are common in the aged, but they are nearly all produced by degenerative changes in the blood vessels.

There is no fixed period at which physiological senility begins, some are older at fifty than others at seventy. "A man is as old as his arteries," is a pithy and true saying. CLOUSTON believes that in some cases neurotic heredity assumes the special form of early senility, that is of early wear out or poor organic staying power.

Imperfect assimilation and faulty metabolism are probably the most important causes of decay. The failure of assimilation is due largely to the withering of the capillaries which takes place in the old. Degenerative changes in the smaller vessels interfere with the process of osmosis. The metabolic activity of the body which at first was not only sufficient to cover the daily wastes but to add new material, later on is only able to meet the daily wants, and at last is too imperfect even to sustain in its entirety the existing frame.

The arteries may be said to regulate the supply of blood, the capillaries as distributing the blood, bringing it within reach of the elements of the tissues, and the veins and lymphatics as carrying it off.

Arterio-sclerosis is a very great factor in the process of senile involution. This disease is distinctly hereditary.

In the development of the vascular system the capillaries are first formed; then we get the smaller vessels, next the larger, and finally the heart. As development proceeds, the time comes when senile involution sets in, and it is generally the vascular system that first shews signs of decay. The change is a gradual one, and owing to it the arteries become less elastic, they thicken and are changed into more or less rigid tubes. Increased thickening can be seen in the larger vessels, but is present more extensively in the smaller ones.

The blood vessels should assist the heart in circulating the blood, but these changes in small arteries impair the elasticity, and the blood vessels now, instead of being a help to the heart, by their resistance present more or less of a hindrance. In addition, many of the capillaries become obliterated in old age, causing the outflow through the arteries to be impeded. In consequence the blood pressure rises, and to overcome the increased resistance, the heart, if sufficiently nourished, hypertrophies, otherwise there is dilatation. This is the natural result, and follows when any increased work is thrown upon the heart. The

hypertrophy is compensatory, is the usual outcome of old age, and is mainly confined to the left ventricle. If the heart is able to overcome the increased resistance, no trouble is experienced; if it fails, then the attention is soon drawn to it.

Chronic myocarditis is due in most cases to arterio-sclerosis, and any disease such as gout, Bright's, syphilis, alcoholism, which precipitates this process, develops disease of the heart. Again, acute or chronic diseases may have weakened it. We know that dyspepsia is a frequent cause of cardiac trouble, and an important factor is high living and over-indulgence in food. "Inhibition of the heart's action by violent emotion is well-known" says BALFOUR, but "rare in comparison to the way in which life is every day shortened by the petty troubles, anxieties and worries which are of daily occurrence. The less intense but more persistent emotion keeps up a continual inhibition of the heart's action in a lesser degree." It is worry, not over work as a rule, that kills people. It keeps the brain excited and taxes the heart. Mental trouble is a most important cause of Bright's disease.

In these senile vascular changes it is the heart that gives rise to trouble. The myocardium becomes weakened, and along with this there is usually dilatation.

The earliest symptom is a vague feeling of emptiness, uneasiness or anxiety over the cardiac region. The weakness shows itself by feelings of discomfort and distress. There may be palpitation and disturbed action. Breathlessness after exertion sets in sooner or later.

On examination we usually find that the apex impulse is feeble or absent, and the heart sounds muffled and remote. The aortic second may be accentuated, an indication usually of dilatation of the aorta. These signs indicate that the heart is irritable and weak. Increased exertion or excitement brings on tachycardia and sometimes tremor cordis. Reflex causes, especially from the stomach, often sets up irregularity. This is due to reflex inhibition of the vagus. This nerve regulates the rhythm of the heart. The alimentary system seems in closer touch with the cardio-inhibitory centre than other parts of the body, but reflex stimuli, if sufficiently powerful, have the same effect from other parts, as seen in fainting from emotion and pain. Intermission of the heart's action after middle life is usually serious, especially if persistent, as it adds another factor to the natural causes which tend to the dilatation of the heart. It should always be looked upon as important, and if we find that the heart intermits after slight exertion it is almost always serious. In

adults dyspepsia is often the cause; then it is very liable to come on after lying down. The importance in the old is the effect on the heart.

Angina pectoris, about the most serious cardiac trouble, is due to senile vascular changes. There is an association of arterio-sclerosis with coronary atheroma. Arterio-sclerosis and atheroma are often associated. The latter is also a frequent senile change.

In the diagnosis we must put more dependence on the objective signs. On examination of the pulse when arterio-sclerosis is present, we find that it is generally of high tension, hard, wiry and incompressible. There is often rigidity and tortuosity of the radial, which rolls under the finger like a tendon or quill. The heart is found to be enlarged. If with the increase of size there are signs of less force, there is then dilatation. On the other hand if with the enlargement there is increase of force, hypertrophy is mainly present. When the heart is merely hypertrophied it gives rise to few symptoms but it will break down sooner than a sound one.

The treatment appropriate to these cases will depend upon how far the disease has advanced. We must attempt to diminish all tendency to cardio-vascular degeneration. Medicines are undoubtedly of great value, especially when there are signs of heart failure; but do not forget the importance of looking into the daily doings of our patients. It is from the repetition of what might be called trivial things that often starts and spurs on a serious complaint. The neglect of attending to these is not infrequently the cause of our failure in successfully combating with disease.

The earlier the condition is recognized, the more hope we have in our treatment, and it is often within our power to avert the gradual sclerosing changes. By the right remedies, coupled with sound advice, we can, if not cure, at least prolong life.

The general condition must be attended to. Try and prevent all overwork and as far as possible get patients to lay aside all sources of worry and annoyance. Make their life as easy as circumstances will allow. Remember that pleasure acts as a tonic and that anxiety enfeebles and wastes strength.

Inculcate self-denial and self-control.

Exercise is of great value even when the heart is showing signs of failure. It may be at first passive; then active. When there is an acute dilatation we must insist upon rest in bed. Exercise tones up the heart as it does all muscular tissue. It acts as a preventive to many diseases

while degeneration is favoured by too sedentary a life. At first we may be limited to Swedish movements and massage, and if we find that exercise is causing dyspnoea or fatigue it is doing harm.

The Schott system of medicinal baths and systematic exercise can be used to great advantage in many cases of dilatation.

"Temperance," says BALFOUR, "moderation in all things is the true secret of preserving a mens sana in corpore sano, and if it be not a certain passport to longevity it at least enables us to live healthily for as long as we may." He further states, "that there is nothing ages a man or woman so rapidly, there is nothing that shortens life so certainly, and there is nothing that embitters the latter days of life so much as over indulgence in food. To those who can afford thus to transgress, to the well-to-do, excess in food is a more serious menace to health and life than excess in drink, and it is specially so in respect of senile affections of the heart, some of which have been distinctly recognized to owe their origin to over-indulgence, while all are distinctly aggravated by it."

Dieting is of the greatest importance. A weak heart causes a feeble digestion. The functional activity in the digestive organs partakes in the general decline. The food should be lessened in amount and as dry as possible. The pulse is quickened and the blood pressure directly increased after taking any kind of fluid, especially so when beer and whiskey are the beverages. Strong tea, coffee and tobacco, keep the heart in a condition of excitation. Take great care as to the quality and quantity of the food.

Heart tonics have their greatest value when the heart is failing. We cannot cure arterio-sclerosis when present, but we can check or alleviate many of the symptoms it gives rise to. If there is compensatory hypertrophy do not interfere, but if there are signs of degeneration with dilatation and failure of compensation, we must rely on cardiac tonics. The profession is almost one in putting digitalis at the head of the list. It is wonderful what this drug along with rest in bed will do in extreme cases of heart failure. It produces quicker and more lasting effects in myocarditis than in valvular lesions. We may have to start with large doses, but our object here is to gradually tone up the heart, and as soon as possible we get down to small doses, those which will have no cumulative effect and can be continued for a lengthy period. To overcome the increased resistance in the arteries it is better to combine the digitalis with the iodides or nitrites. They act by dilating the arterioles, and so lower the blood pressure. Potassium iodide is about the best. Some pre-



fer sodium iodide, others rely more on nitroglycerine in small doses. Three to five grains twice daily is sufficient of potassium iodide. It acts slowly but its effects are lasting. Lately it has been advocated to use a combination of digitalin, strychnin and nitroglycerine hypodermically, omitting the digitalin at intervals. Strychnin is a very valuable cardiac tonic, and for a steady support of the heart nothing equals it. It acts especially by its general tonic influence on the nervous centres and system generally. In failure of compensation it is not nearly so valuable as digitalis, but can be combined with the latter with good effect. Some prefer to give nux vomica ten minims thrice daily. Remember the value of iron in the anæmic, and colchicum in the gouty. Frequent mercurial aperients should be taken in order to promote the action of the liver. They are valuable in assisting to lower the blood pressure. Arsenic is a good heart tonic and can be combined with digitalis and strychnin.

In conclusion—we should not put too much dependence on any one remedy. No two cases are alike and a neglect of a thorough systematic examination will often bring failure instead of success. The treatment must be long continued and the effects carefully watched. Get the cooperation of the patient as much as possible and make him understand fully the value of attending to the instructions.



## PULMONARY TUBERCULOSIS.\*

By W. H. HATTIE, M. D., C. M., Lecturer on Pathology at the Halifax Medical College.

The most important feature in the treatment of pulmonary tuberculosis, or, for that matter, of any form of tubercular disease, is an early start. When the tissues and organs of the body are still in good condition and capable of response to medication, when the infection is still a primary infection and the tubercle bacillus alone has to be fought—then it is that properly directed treatment offers a reasonably certain prospect for cure.

This being the case, it appears to me that the most profitable discussion which we could have to-day would deal mainly with the possibilities of an earlier recognition of the disease than is usual, and with the always practical question of treatment.

I suppose that it may be taken for granted that all present accord to the tubercle bacillus a specific connection with the disease, and that it is unnecessary to argue that point. The search of sputum for this bacillus should, therefore, become a routine in all cases where there is the least reason to suppose the possibility of tubercular disease. Of course, it is not always found, even when well-marked physical signs point unmistakably to consumption, but this does not annul the fact that the discovery of this organism is frequently made before any other definite signs can be made out, and most important information is thus given at a time when it is of the greatest use. VAUGHAN urges that whenever there is any sputum, no matter what the case may appear to be, that sputum should be search repeatedly for the tubercle bacillus. Many times the search could only be fruitless, but the reward for faithful, persistent attention to this suggestion would be the frequent discovery of tubercular disease at a very early stage. Moreover, the public are already beginning to appreciate the significance of the finding of the bacillus in sputum, and many a time a hint to a patient that the bacillus has been found in his expectoration will prove more effectual in securing his cordial co-operation in treatment than would a dozen grave

\*Paper opening discussion in Medicine at meeting of the Medical Society of Nova Scotia, Pictou, July, 1897.

headshakes and vague warnings, after an ordinary examination of the chest.

For the development of tuberculosis, however, more than the tubercle bacillus is needed. According to the dreadfully over-worked simile, a soil is required in addition to the seed. It is our duty to be on the lookout, and whenever we have to deal with a patient whose appearance suggests a predisposition to tubercular disease, to do all in our power to render the soil unsuitable to the development of the tubercle bacillus.

Then there are a number of symptoms, suggestive of beginning tuberculous trouble, which we should always bear in mind. For example, chilly sensations followed by slight fever, coming on especially towards the end of the afternoon and occurring without any obvious cause, should put us on our guard. Morning nausea, when not attributable to pregnancy or to alcoholic indulgences, want of appetite for the morning meal, capriciousness of appetite, distaste for fatty foods, etc., are digestive symptoms which merit due attention. Loss of weight is another symptom of great import. MOORE, of Dublin, from whom I quote a number of these early symptoms, attaches considerable weight to myotactic irritability of the pectoral and platysma muscles, and to tenderness on pressure over the apex of the lung. Our own PARKER believes irritability of the intercostal muscles to be a valuable sign. The so-called tubercular red line on the gum, the clubbing of the fingertips, etc., are signs of occasional value, although by no means characteristic. In physical signs, the interrupted inspiratory sound should not be overlooked, although it is often found in chlorotic and in nervous patients who are not consumptive. More dependable signs are: lessened expansion, abnormally clear percussion note, deficient vesicular breathing, prolongation of the expiratory sound, relative or absolute intensity of cardiac sounds over the affected apex, relative or absolute intensity of the pulmonary second sound. A modern aid to diagnosis is the use of tuberculin, but this does not meet with universal commendation.

The frequency with which an acute tuberculosis can be traced only to a focus in the tracheal or bronchial lymphatic glands, has led me to wonder if the primary infection does not obtain in these glands oftener than we suspect. Are the bacilli really inhaled directly into the lungs, or do they find a way in through the lymphatic vessels? The experiments of ST. CLAIR THOMPSON and HEWLETT upon the bacteriology of the nasal cavity have shewn that air breathed through the nose is practically sterile after it has passed the vestibule. And it is also established

that the tonsils are normally covered with phagocytes, apparently prepared to resist bacterial invasion from that quarter. WOODHEAD inclines to the belief that infection from food not infrequently occurs through the tonsils. Why not infection from air also? The ciliated epithelium should prove a pretty effectual means of filtering air before it has passed far down the respiratory tract. Some imperfection in the upper respiratory tract, some weakness on the part of the phagocytes guarding the portals, might readily permit the ingress of the tubercle bacillus at a point anterior to that of complete filtration.

This point I hope to have opportunity to investigate. If, in the earliest stages of consumption, the disease-process is really extra-pulmonary, it is highly important that we should know that fact. And if such be the case, a revision of our methods of diagnosis will be necessary—some such means as the tuberculin method will become almost imperative.

For the development of tubercular disease there is required, in addition to the seed, a suitable soil—certain local conditions favourable to the development of the parasite. The question here arises, do not these local conditions depend upon a general condition? And if so, what is that general condition? Is there anything in the habitus of those who fall victims to consumption which especially characterizes them from those who do not? Perhaps another question would be better. There is a class of people which one would without much hesitation pronounce to be of a tubercular tendency. Now is there any class which we would definitely pronounce to be unlikely to develop tubercle? And if such be the case, would not our main indication in treatment be to endeavour to bring about artificially that state of system which naturally immunizes, as it were, against tuberculosis?

In thinking the matter over, it appeared to me that if there is any one class of people who appear to possess an immunity from tubercular affections, it is those who are more or less of a gouty tendency. This suggested the query—is it possible that that uric acid to which we attribute so many ills may have anything to do with the apparent immunity of gouty people to phthisis? So accustomed have we become to regard the uric acid tendency as something always to be deplored, that it may be rather startling to suggest a possible extenuating feature about it. But I would like to draw to your attention to a few points which seem to shew that the uric acid might really have something to

do with the antagonism which exists between the uratic diathesis and tuberculous disease.

From very early days has been clearly recognized that one of the most valuable points in treatment is the abundant supply of nitrogenous food-stuffs and fats,—just the diet which we think bears a causal relation to gout. To-day we accentuate this question of diet and put more dependence upon a generous ingestion of nitrogenous foods, and upon fresh air and sunshine, than upon the whole long list of drugs.

The source of uric acid in the organism has been a subject for much disagreement among physiologists, but the weight of evidence has appeared to favor the view that the kidney performs the double function of completing the chemical formation of this agent and also of eliminating it from the body. It is when the eliminative power of the kidney is depressed that gout is developed. In gout, the amount of uric acid eliminated is below the normal. In phthisis, the elimination is in excess of the normal, and, in a few cases which I studied with reference to this elimination, (too few to allow of a positive conclusion being drawn) it was greater in advanced than in more recent cases of the disease. Is it that the maintenance of health requires the retention within the system of a certain amount of uric acid, and that with fluctuation from the norm there is associated, on the one hand, gout, and on the other hand, proneness to infection?

That the kidney is not the only source of uric acid is generally conceded, and HORBACZEWSKI'S discovery that the disintegration of the white blood cells yield a plentiful supply of this substance has been abundantly confirmed. Now phthisis is a disease in which leucocytosis does not usually come about, unless induced artificially, or as an indication (according to DANE) of secondary pyogenic infection. So that in phthisis there is not only an excessive elimination of uric acid, but there is a deficiency in a common and fruitful source of uric acid. Observe, in this connection, that an action common to many of the recently advocated methods of treatment, is to induce a marked increase in the proportion of leucocytes over the normal. WALDSTEIN advocated pilocarpine, with the object of inducing leucocytosis, and pilocarpine is included in EDSON'S aseptolin for the same purpose. LIEBRICH used the cantharidinate of potash with a like object in view, and LANDERER'S treatment with cinnamic acid, VAUGHAN'S treatment with nuclein, etc., all have the effect of increasing the number of white cells in the blood. Now it cannot be gainsaid that all these various methods of treatment

do at times yield good results. Can it be that the gain afforded is the result of restoration of the normal proportion of uric acid, at first lessened by the excessive elimination, but regained through the increased supply of white cells, which, as we have seen, HORBACZEWSKI determined to yield uric acid as they disintegrate?

VAUGHAN and MCCLINTOCK teach that the germicidal substance in blood serum is a nuclein, which is probably mainly derived from the polynuclear leucocytes. Now, there is a class of chemical compounds known as the nuclein bases, or xanthin bases, which are derivatives of nucleinic acid, and which are very closely allied in chemical composition to uric acid. Thus xanthin itself differs from uric acid only in containing an atom less of oxygen in each molecule, while hypoxanthin contains two atoms less of oxygen. Uric acid and the xanthin bases are classed together by WURTZ as products of dissimilation.

HORBACZEWSKI found that not only is the administration of nuclein followed by an increase in the number of leucocytes, but this in turn is followed by an increase in the production of xanthin bases and uric acid. And he further "succeeded in demonstrating that uric acid is, indeed, under certain conditions, the product of nuclein decomposition."

VAUGHAN and LUFF are in accord with the view that the administration of nuclein leads to increased uric acid formation.

These things appear to me to indicate that in some way uric acid, or some near relative of uric acid, plays a not unimportant part in the process of immunity against tuberculosis, and in the process of recovery when recovery obtains. In a manner corroborative of this view is an observation of NEUSSER's, that a peculiar granulation of some of the white corpuscles occurs in uratic patients. These granules he believes to be of the nature of a nucleo-albumin, and he thinks that they are in some way associated with an increased formation of uric acid in the system, and are somewhat characteristic of the gouty tendency. This granulation occurs occasionally, though, in tubercular cases, but in such cases NEUSSER believes them to be of definite prognostic value, claiming that such cases run a more favorable course and shew a greater tendency to undergo fibroid change than cases in which the granules are absent.\*

Now, I have no wish to push the point too far, but cannot refrain from noting that among the list of drugs which, according to HAIG,

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\*It is only fair to state that FUTCHER, in a recent communication to the *Johns Ho Hospital Bulletin*, takes exception to the view that this granulation is peculiar to the uratic diathesis.

have the property of hindering the elimination of uric acid, we find many of those which clinical experience has proved to be of value in the treatment of tuberculosis—acids, iron, lead, mercury, silver, manganese, chloride of calcium and other salts of calcium, some hyposulphites and other compounds of sulphur, strychnine, etc. Is there nothing more than coincidence in all this?

Whether it be the uric acid, or some nearly allied substance, is a question that we cannot easily determine. We can hardly compare the the chemical processes which take place in the body with those to be observed in the test-tube. It is not likely that the processes of decomposition and conversion come about with anything like the rapidity in the body which we are accustomed to see in the test-tube. More probably the processes advance steadily, constant transformation going on, until the ultimate is reached. Any interruption in the processes means an imperfect result—mid-products, which differ from the perfect product in degree varying according to the stage of reaction reached at the time of arrest. So, in our estimation of the chemistry of nutrition, we must take into account other factors than simple chemical change.

The "Black Forest" treatment of consumption is now being lauded as being particularly successful. This treatment consists of an out-of-door life at all times and seasons, over-feeding with raw meat, butter and milk, a little fruit, and a generous allowance of vegetables. It can scarcely be questioned that the measures utilized in the "Black-Forest" are those most generally adaptable to phthisical cases. If it should prove to be the case that the tubercular diathesis is associated with, or dependent upon, a lessened proportion of uric acid in the system, we have at once a philosophy for the prescription of super-alimentation with nitrogenous food-stuffs. A further indication in treatment would be the use of drugs which tend to lessen the excretion of uric acid. LUFF tells us that uric acid in itself does not cause gout, but that some disorganization of the secreting structure of the kidneys is necessary. So, that as long as the the kidneys functionate properly, no bad effect will follow an excess of uric acid in the system.

The selection of the ideal drug, though, will be no easy task. Our therapeutic results are illustrations of very fine chemical reactions quite beyond our comprehension. Why, for example, a drug will influence particularly one of those little nervous territories called centres, situated in the floor of the fourth ventricle, without involving to any considerable extent its very intimate neighbors, is something which we are far

from understanding. Yet it is in the elucidation of these very intricate problems that our hope lies. We feel our incompetency, and shrink from so great an undertaking, but, until we have made the venture and ferreted out these deep secrets, we must remain open to the charge of empiracy.

And then we must remember that the treatment of consumption can be specific in but few cases. That is to say, we have usually to wage war against other bacteria besides the tubercle bacillus. Of these other bacteria we know, as yet, practically nothing. Except for the pus organisms, we assign them no function of importance. I fear that this is a serious oversight. We have learned that an organism which ordinarily is not virulent, will often take on virulent qualities when a very slight change is made in the condition of its existence. Thus rats and rabbits normally are uninfluenced by the staphylococcus aureus, but when this organism is inoculated simultaneously with a solution of sugar, abscess results. In the same way LEO, by inducing a phloridzin diabetes and thus saturating the tissues with sugar, overcame the resistance which normal white mice give to the glanders bacillus. ROGER, experimenting with the micrococcus prodigiosus, and another benign organism, found that in combination they were able to set up disease in animals which were unaffected by either organism separately.—Then there is the converse to this in experiments of EMMERICH, who saved animals infected with the anthrax bacillus by innoculating them with the streptococcus pyogenes, the bacillus pyocyaneus, the micrococcus prodigiosus, etc. So we cannot get away from the possibility that the various organisms found in association with the tubercle bacillus in tuberculous disease, may, by combination and inter-action, profoundly influence the course of the disease.

Among the drugs of comparatively recent introduction, perhaps the most important is creosote, or its derivative guaiacol. There is little difference of opinion as to the usefulness of this drug, although all do not agree as to the manner in which it benefits. Few now hold to the belief that it exerts any germicidal influence upon the tubercle bacillus, although FYFFE thinks that it lessens the virulence of the organism without killing it. DAVIS believes that creosote does good by lessening suppuration, while others think that its principal effect is to improve the condition of the digestive canal. Most authorities recommend its prescription in doses at first small, but rapidly increased to whatever extent the stomach will endure. DAVIS doubts the wisdom of this, as



he considers that large doses have the effect of destroying the red blood cells and lessening the oxygen-carrying power of the hæmoglobin.—When there is much objection to the taste of creosote, guaiacol carbonate may be substituted, or an agent of still more recent production, guaiacolate of piperadin. The hypodermatic use of guaiacol, sometimes combined with menthol, has of late been strongly advocated by COGHILL, BEZLY THORNE, and others. A preparation known as morrhuol-creosote is said to combine the essential parts of cod liver oil and creosote, and is put up in pill form, so that it is not unpalatable.

With the hope of reaching the very seat of the trouble, various inhalations have been suggested, all the drugs advocated being germicides. Any good results obtained are probably attributable to an effect upon bacteria on the surface of the mucous membrane, and it is doubtful if any inhalant could reach the tubercle bacillus at its point of action. The most satisfactory inhalants appear to be acetic acid and oil of cinnamon. Formaldehyde has lately been suggested, and its wonderful penetrating powers would recommend it, were it not so irritating to the mucosa. Another method aiming at direct treatment of the diseased parts is to compel the patient to breathe an atmosphere charged with finely nebulized medicaments, such as creosote, carbolic acid, menthol, emulsion of iodoform, etc. And then there is the treatment by intratracheal injections which is praised by some, including COLIN CAMPBELL and J. O. BROOKHOUSE, who introduce once daily a drachm dose of a 12 per cent. solution of menthol in olive oil, by means of a specially constructed syringe.

But drug treatment falls very far short of the humblest ideal. Nothing is of avail, unless our patients can be made to live in the fresh, open air, and under a general hygienic regime. The subject is so wide that I dare not venture upon it, and I must trust to those who are to follow me to supplement my prefatory from their more perfect knowledge and more varied experience.



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## Clinical Report.

### A CASE OF BI-LATERAL PNEUMONIA WITH RECURRENT EFFUSION INTO BOTH PLEURAL CAVITIES, AND PERICARDITIS WITH RECURRENT EFFUSION.\*

By GEO. E. DREW, M. D., New Westminster, B. C.

Toward evening, December 27th, 1895, I was called to R. J. T., at Glenwood, B. C., about 25 miles from New Westminster. Happily, the night was fine, and upon the Glenwood road-bed of mud and slush the moon's pale rays fell very softly, being veiled by the foliage of mighty fir and cedar, towering toward the heavens as they do on the Pacific Coast alone. The locality is reached by a typical British Columbia road, the last four miles (little better than a trail) being over giddy bridges, spanning deep ravines, up steep ascents, then down to mire and mud holes, into which the horses plunge knee-deep; over roots and stumps, which have the effect of causing great agitation to everything in the heavy farm waggon; and then, by way of variety, across a stretch of floating corduroy. Throughout the drive the dodging of snow-weighted undergrowth which hung over the road, so-called, spasmodically elevated the mentality from the dampness beneath, until at last, near midnight, the destination was reached. This introduction is given to show professional brethren the difficulties under which the case was attended, feeling confident that it will assure charitable criticism for seeming lack of assiduous attention.

The patient, a most intelligent young man, school-teacher, aged 22; height 5 ft. 10 in.; weight before illness, 150 lbs.; had then been sick about 12 days; pulse 110; temp. 103°; resp. 28. He had been expectorating characteristic pneumonic sputum, and had pain in left side about a week previously. This had become much less, but again appeared, with pain in right side, when it was decided to call medical advice. The vessel used to receive the expectorated matter then contained a quantity of rusty pneumonic sputum. The inferior lobe of right lung then seemed to be resolving, though dulness was much more marked over inferior area of the left lung, which also presented the typical "rale

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\* Read before the New Westminster Medical Society, April 23rd, 1897.

redux," and, judging from the patient's relation of his symptoms and with the evidence gained by physical examination, I had no hesitation in regarding the case one of lobar pneumonia involving the inferior lobes of both lungs, with slight effusion into left pleural cavity. I shall not weary you with the details of medical treatment.

Saw him again Jan. 2nd, 1896. Pulse 124; temp. 102.6°; resp. 30. Had expectorated freely, but was now raising much less. Effusion in left side had rapidly increased, and there was evidence of a similar accumulation in right side. Having no aspirator at hand, and by reason of the distance, I was compelled to leave without evacuating the rapidly increasing fluid.

*Jan. 4th.*—P., 140; T., 102.5°; R., 48. Intense dyspnoea; could not lay down; had perspired freely. By aspiration, fluid to the amount of 124 ounces was removed from the left pleural sac, with great relief to patient.

*Jan. 7th.*—Symptoms much relieved. Aspirated right pleura, withdrawing 34 ounces, some fluid remaining. Thinking it well to look after the left side, I took from it 14 ounces, which emptied it.

*Jan. 11th.*—Left side, respiratory murmur and percussion note more distinct and clear over previously dull area. Right side, dull. From this side 32 ounces of fluid was taken, with considerable remaining, but the dyspnoea increasing, with cough, the needle was withdrawn.

*Jan. 20th.*—Left side, very little fluid, though much pleural thickening. Withdrew 40 ounces from right side. His general condition was much improved; could lay upon the bed now.

Did not see him again until April 3rd, when he had moved nearer to town, within reach by boat and rail. He had been much improved since January, so he thought, but of late had become very "short-breathed." Pulse scarcely perceptible at wrist and very rapid. Temp. 98.6°; resp. 40. Left pleura much thickened and dull, but no fluid. Pericardial dulness increased. Distinct evidence of pericardial effusion with effusion in right pleura. Withdrew 52 ounces from right side. Ordered complete rest in bed and concentrated nourishment; prescribed syr. ferri iod. with potass iod., and maltine with cod liver oil.

Saw him on the 7th, 11th, 16th and 21st of April, and, as right pleural cavity continued to refill, I drew off from it, on each respective date, 38 ounces, 23 ounces, 48 ounces, and 38 ounces, and also upon 21st, 26 ounces from left pleural cavity. I was fully aware of the presence of fluid in pericardium but hoped that rest with relief of pressure from

pleural accumulation, assisted by supposed influence of full doses of the iodide mixture, might allow of its absorption.

Within the next week his symptoms became greatly intensified and when I saw him on the 28th of April, there were alarming dyspnoea, cyanosis, general oedema; pulse scarcely perceptible and irregular; apex beat obliterated; increased area of cardiac dullness and distressing cough. He was completely waterlogged, especially so in feet and scrotum. Urine very scanty. After an exploratory puncture, the needle of aspirator was inserted through fifth intercostal space,  $2\frac{1}{4}$  in. to left of middle line of sternum, and 72 ounces of clear fluid withdrawn from pericardium, which emptied the sac. He bore the operation well, sitting nearly erect in bed, and felt so comfortable that I also took 32 ounces from right pleural cavity. More remained in the cavity, but dyspnoea becoming marked, with slight tickling cough, the needle was withdrawn. Within 48 hours he passed about 24 pints of urine and oedema rapidly disappeared. Weighed 169 lbs. the day before and 144 lbs. two days after this aspiration.

*May 5th.*—32 ounces was taken from right side.

*May 12th.*—Oedema returning, and symptoms of rapid re-accumulation in pericardial sac presenting, 52 ounces was removed from it and 51 ounces from right pleura. Having to leave hurriedly to catch train, I missed the opportunity of observing a complication spoken of in literature as "the albuminoid expectoration," supposed to be caused by sudden serous oedema of the lung. About half an hour after operation he was seized with greater difficulty of breathing than at any previous tapping, and incessant cough, with profuse, thin, frothy expectoration sometimes with blood, the liquid portion being of much the same color as aspirated fluid, of which he raised about a pint during the following nine hours.

Fluid continued to re-accumulate in right pleural sac and pericardium. Upon May 19th, May 26th and June 6th, 35 ounces, 32 ounces and 50 ounces were withdrawn, with also 30 ounces from pericardium on latter date.

June 25th he came to town and entered hospital, when Dr. WALKER saw him with me, and, after evacuating 72 ounces clear fluid from right pleural sac, 16 ounces of a solution of tr. iodine (1—80 of sterilized water) was injected, and after being allowed to remain three minutes, was drawn off, completely decolorized. Considerable reaction followed,

temperature rising to 102.5°, which subsided after a few days. The pericardium still being distended, 26 ounces was drawn from it on June 27th.

*July 3rd.*—Seeming re-accumulation in right pleura presenting, the needle was again passed. Only 6 ounces was obtained, but the marked thickening of the pleural membrane was distinctly evidenced by sensation as the needle penetrated. This injection stopped the pernicious habit, if so we may speak, with the pleural cavity, but the serous membranes seemed determined to misbehave and the peritoneum now commenced to leak.

*Aug. 3rd.*—The pericardium still keeping up its old habit, was again punctured and 26 ounces removed. Kidneys were inactive, but at each tapping of pericardium they renewed their function. Having gained a victory over the pleural membrane, we decided to administer a similar application to the pericardial sac.

*Aug. 29th.*—Dr. FAGGAN saw him with me, Dr. WALKER being away, and after removing 41 ounces of clear fluid from pericardium, we introduced 18 ounces of solution similar to that previously used in pleural cavity, allowing it to remain about four minutes, when it was withdrawn, decolorized as before. Considerable reaction followed, but subsided after a few days.

*Sept. 29th.*—The area of cardiac dulness having seemingly increased, and fluid still being present in peritoneal cavity, I again, with Dr. FAGGAN in consultation, attempted to evacuate the pericardial sac, using the precaution, as formerly, of exploring with a needle nearly two inches long, attached to hypodermic syringe. I passed the needle at a point slightly removed from the old site of puncture, but failed to get any fluid. Similar sensation of needle passing through solid tissue as was obtained when puncturing right pleura upon July 3rd clearly demonstrated the vast amount of thickening in the membrane caused by the iodine injected. Still, supposing that adhesions might have formed at site of these frequent punctures, and the area of dulness being as great as when the sac contained much fluid, I inserted the needle about 4 in. to left of median line in fifth interspace, and meeting less resistance, withdrew the syringe full of pure blood. No further punctures were made. He experienced a sickening sensation when the needle entered the heart, as it undoubtedly did, but no harm followed.

Recovery from this time continued slowly, but uninterruptedly, and has eliminated the idea of a possible tubercular element, which was at one time suspected. Fluid in peritoneal cavity became absorbed. Examined him Jan. 23rd, 1897, 13 months after commencement of illness. There is still evidence of thickening and adhesions. Chest measurement, forced expiration 37 in., forced inspiration 38 in. Pulse 76, Resp. 16. Present height 5 ft. 11 in. Weight 172 lbs. General health good; no discomfort except upon exertion. Fearing the relation of the case in detail has been tedious, though within less space an intelligent idea could not be given, I will merely endeavor to mention a few points of practical import to be drawn from it.

With the symptoms, diagnosis and treatment of all forms of effusive pleurisy we are all familiar, yet the treatment of recurrent effusion will bear further investigation. As to diagnosis, I would venture to state that when pericarditis with effusion complicates a case, confusion not only of symptoms but of accurate diagnosis is liable to occur, especially during the juvenile period of professional life. I frankly admit having misinterpreted similar symptoms in a case in early practice, which suddenly proved fatal. As sensitive and careful practitioners, we profit more by our blunders than by unmerited success, and one rarely stumbles into the same pit twice.

Possibly the withdrawal of as large an amount at one time as 124 ounces from left pleura and 72 ounces from pericardium is open to criticism, yet, in the case of the left sac, you will observe that it soon ceased leaking. Here it had been rapidly poured out, hence the beneficial effect of a copious evacuation.

The operation of "paracentesis pericardii" was first performed by ROMERO, of Barcelona, (1819). The question of the injection of fluids into the pericardium is very scantily treated in medical works. One standard authority, PEPPER, says "the strength of the fluid to be injected, as well as its utility, will have to be determined by future observation;" also "the fluid ought probably to be concentrated." ARAN used fifteen grammes of tr. iodi. (French), one gram potass. iod. and fifty grammes of distilled water, and his patient recovered. In the case before us, a much weaker solution served the purpose. The accompanying tabulation of the various aspirations will show at a glance the quantities removed.



## Fluid removed by Aspiration from R. J. T.

1896.	Right Pleural Cavity.	Left Pleural Cavity.	Pericardium.
Jan. 4th	.....	.....124 Ounces	.....
“ 7th	.....34 Ounces	.....14 “	.....
“ 11th	.....32 “	.....	.....
“ 20th	.....40 “	.....	.....
April 3rd	.....52 “	.....	.....
“ 7th	.....38 “	.....	.....
“ 11th	.....23 “	.....	.....
“ 16th	.....48 “	.....	.....
“ 21st	.....38 “	.....26 “	.....
“ 28th	.....52 “	.....	.....72 Ounces.
May 5th	.....32 “	.....	.....
“ 12th	.....51 “	.....	.....52 “
“ 19th	.....35 “	.....	.....
“ 26th	.....32 “	.....	.....
June 6th	.....50 “	.....	.....30 “
“ 25th	.....72 “	.....	.....
“ 27th	.....	.....	.....24½ “
July 3rd	.....6 “	.....	.....
Aug. 3rd	.....	.....	.....26 “
“ 29th	.....	.....	.....41 “
Total	.....635 “	.....164 “	.....245½ “
	From both Pleural Cavities....	799 “	
	Total fluid removed.....	1044½ “	=32 qts. 20½ ounces.



THE  
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Editorial.

THE SURGERY OF THE BRAIN.

THE announcement of the successful removal of a brain tumour by BENNETT and GODLEE in 1895, created a wide-spread degree of interest and marked an epoch in the progress of visceral surgery. Since that date a large number of operations have been performed for brain tumours, and the results have been, on the whole, satisfactory.

At the recent meeting of the British Medical Association in Montreal, M. ALLEN STARR, of New York, read a paper on brain tumours and their removal, based on a record of eighty cases and fifteen operations, which presents many points of interest among which we note the following :

An examination of hospital autopsies to determine the frequency of brain tumours disclosed the fact that a brain tumour is found in about one of every hundred subjects. In practice he had seen 80 cases among 16,361 patients.

The diagnosis of a brain tumour "as a rule is easy." "The simultaneous existence of headache, severe and persistent, of vertigo and tinnitus aurium, of vomiting, of optic neuritis or atrophy, and of general convulsions point directly to a brain tumour." "When that tumour is located in the well-known motor or sensory or speech areas of the cortex, or in the course of their tracts, there are clear indications of its position."

"The chief localising signs of brain disease are spasm and paralysis, disturbance of speech and of sight."

Definite local signs may be expected in brain tumours in about two-thirds of those situated in the accessible region of the cerebral cortex, and in a small portion of those in the cerebellum.

A very important feature is "that the parts of the brain in which tumours cause marked local symptoms are the very parts which are open to the surgeon for exploration." The functions of the different parts of the cerebral cortex are now so well understood that in most instances even a general practitioner can define the region of a morbid growth with a fair degree of certainty.

The percentage of morbid growths in the brain with decided localising signs in regions accessible to the surgeon is not very large.

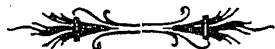
In eighty cases studied by STARR, operation could be recommended in but eighteen.

Of these eighteen cases, fifteen were operated upon. In nine the tumour was found where it had been diagnosed, in six the tumour was not found, five of the six being tumours of the cerebellum.

The results of operative measures are, on the whole, encouraging. STARR has examined the records of 220 operations for brain tumour.

In 140 cases a tumour was found and removed, 92 of the 140 recovered from the effects of the operation, and 48 died—a mortality of nearly 30 per cent. The ultimate result in many instances has been satisfactory.

Dr. STARR'S paper teems with practical suggestions and will give an impetus to the progress of brain surgery.



## Society Meetings.

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### NOVA SCOTIA BRANCH, BRITISH MEDICAL ASSOCIATION.

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The annual meeting of the Nova Scotia Branch of the British Medical Association was held Friday evening, October 29th, at the Halifax Hotel and was attended by a large number of members from the city and country. The following officers were elected for the session:

President—J. F. Black, M. D.

Vice-President—E. A. Kirkpatrick, M. D., C. M.

Treasurer—M. A. B. Smith, M. D., (re-elected).

Secretary—Carleton Jones, M. D., M. R. C. S., (re-elected).

Council—Surgeon-Col. McWatters, P. M. O., Drs. Tobin, Farrell, Milsom, Kirkpatrick, Curry and Murray.

Representative on General Council—Surgeon-Major-General O'Dwyer, Aldershot, England.



### ST. JOHN MEDICAL SOCIETY.

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Dr. W. W. WHITE, President in the chair.

The Society resumed its meetings on the first of September, after the summer adjournment. A special meeting was held on the eighth of September, at which those members who had attended the meetings of the Canadian and British Medical Associations gave their impressions of the meeting and observations on the work of the various sections.

SEPT. 15.—A paper on Medical Ethics was read by Dr. J. H. SCAMMELL. Various matters were considered, and among them the general tendency for the injured to be sent to hospital, irrespective of the necessity from the injury or of the financial capability of the patient. A discussion followed, in which the prescribing by druggists was stated to be unfortunately too common and general and constituted a very serious abuse.

SEPT. 22.—Dr. G. A. B. ADDY read a paper on Tuberculosis of the Hip-joint, which dealt largely with the pathology of the disease. In-

jury was considered to be frequently the starting point, the bacilli previously stored up in other parts, e. g., the bronchial glands, then obtaining a suitable soil where the power of resistance had been diminished by trauma.

SEPT. 29.—A vermiform appendix was shown by Dr. G. A. B. ADDY. It had been removed from a young man for recurrent appendicitis by Dr. T. D. WALKER. The lumen of the appendix displayed distinctly a constriction. A discussion on appendicitis followed.

OCT. 6. — A paper on Pyo-salpinx was read by Dr. T. D. WALKER. In acute cases, palliative treatment is most suitable, hot douches acting particularly well. The operative treatment was fully described, and four cases were reported, all successful. Both tubes should be removed, where there were signs of disease in both structures. Otherwise there was considerable danger that a further operation would be required. The abdominal route was easier than the vaginal, and gave several important advantages. Should, however, the abscess be large and present towards the vagina, then, of course, it could readily be incised from that direction.

The PRESIDENT referred to the continuance of painful symptoms after operation in a considerable number, and to the large proportion of cases which do not return to perfect health even after operation.

Dr. MURRAY MACLAREN mentioned a method which may be pursued in certain operative cases. First, an abdominal incision, then should the tube or abscess be found irremovable, or removable with considerable difficulty and danger, one hand is to be placed in the pelvic cavity as a guide, while the other hand is enabled to incise the pus cavity through the vagina with a considerable degree of safety.

After the discussion, Dr. BLAKE, of Boston, described the system of administration in the Boston City Hospital, the method (a most admirable one) of obtaining asepsis, and finally three ways of treating acute purulent peritonitis.

OCT. 13.—The evening was devoted to the consideration of (1) A scheme for the supply of certified milk. This matter was finally referred to committee.

(2) The Victorian Order of Nurses; a subject which was left open for future discussion.

## Book Reviews.

AN EPITOME OF THE HISTORY OF MEDICINE.—By ROSWELL PARK, A. M., M. D., Professor of Surgery in the Medical Department of the University of Buffalo, etc. Illustrated with Portraits and other Engravings. One Volume, Royal Octavo, pages xiv-348. Extra Cloth, Beveled Edges, \$2.00 net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

The effort has been made by the author in this work to popularize the subject of his lectures on the history of medicine given at the University of Buffalo. That he has succeeded is evident to those who have already perused its pages.

The earliest records of probable authenticity of the history of medicine, Dr. PARK states, are perhaps met with in the Scriptures where Joseph commanded his servants and physicians to embalm him, this being about 1700 B. C., showing that Egypt possessed a class of men who practised the healing art and that they also embalmed the dead, both of which must have required a crude idea of general anatomy. The mythical being whom the Egyptians called THOTH and the Greeks named HERMES, passed among the Egyptians as the inventor of all sciences and arts. Six of the forty-two volumes comprising the encyclopædia, with which HERMES is credited, refer to medicine and are well arranged. PLINY assures us that the kings of Egypt permitted the opening of corpses for the purpose of discovering the causes of disease, but this was only permitted by the Ptolemics, under whose reign anatomy was carried to a very high degree of cultivation.

The knowledge of medicine among the Indian races, and their ideas of human anatomy are briefly alluded to. They held the human body to consist of 100,000 parts, of which 17,000 were vessels, each one of which was composed of seven tubes, giving passage to ten species of gases, which by their conflicts engendered a number of diseases. They placed the origin of the pulse in a reservoir located behind the umbilicus. With all their absurdities, however, the Indians appear to have done some things that we scarcely do to-day; they are said to have had an ointment that caused the cicatrices of variola to disappear, and they

cured the bites of venomous serpents with remedies whose composition has been lost.

ÆSCULAPIUS and his followers are given considerable attention, and they down to the time of HIPPOCRATES, rendered some genuine services to science, especially by inculcating habits of observation, in which HIPPOCRATES excelled them all. Later, however, down to the time of the Christian Era, medicine declined and became, in fact, a system based upon the grossest jugglery.

A systematic classification of events in the history of medicine is given, and certain distinct epochs, as they have occurred. The last chapters of this work are of as much interest to the readers as those which tell of the early days of medicine. The illustrations are numerous and exceedingly clear, good portraits being given of such men as JOHN and WILLIAM HUNTER, JENNER, HAHNEMANN, VIRCHOW, COOPER, FLINT, GROSS, SIMS and LISTER, while old methods of surgical operations and instruments are pictured. The concluding chapters are:—the history of medicine in America, history of anæsthesia, history of antiseptics and the history of dentistry. As the history of medicine has been sadly neglected, we can strongly commend Dr. PARK'S concise and interesting book, written as it is, in such a clear and popular style, to all—the laity as well as the medical profession.

ABOUT CHILDREN.—Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896. By SAMUEL W. KELLY, M. D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); Pediatricist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor *Cleveland Medical Gazette*. 180 pages. Price, in buckram, postpaid, \$1.25 net. Cleveland: The Medical Gazette Publishing Company, 1897.

Dr. KELLY'S book is not a large one, but it contains a large amount of useful information. The author has had an extensive clinical experience with the medical and surgical diseases of children and his clear and vigorous style is well known to many physicians, who, as students, sat under his instruction, as well as to readers who have perused his editorials and essays during the past dozen years. The arrangement of the subjects in these lectures at first glance seems strange. It is unusual, but upon examination it is seen that this plan allows the introduction of the greatest number of topics without unnecessary repetition.

By referring to the index, every statement bearing upon a given subject can be found and read connectedly.

While the lectures were originally delivered to nurses in a training school, and were prepared especially for those who were fitting themselves for the nursing profession, there is nevertheless a great deal of information in them of value to medical men and to intelligent laymen. Technical terms appear so frequently, though, that the majority of the "uninitiated" will find difficulty in following all that the author says. The book is, however, a safe one to put into the hands of parents, as it discourages amateur doctoring and is free from prescriptions or directions for medical treatment. The book is well printed on heavy paper and is tastily bound in buckram. We trust that it may meet with a large sale.

INTERNATIONAL CLINICS.—Volumes I and II, 1897. Edited by JUDSON DALAND, M. D., Philadelphia; J. MITCHELL BRUCE, M. D., F. R. C. P., London; and DAVID W. FINLAY, M. D., F. R. C. P., Aberdeen. Published by J. B. Lippincott Co., Philadelphia; Canadian Representative, Charles Roberts, Cadieux Street, Montreal.

These volumes, which are issued quarterly, have become a necessity to a large number of the medical profession. A physician is often compelled to look through several different works in order to learn the treatment mostly advocated for a certain medical or surgical affection and when his task is over, finds himself only in a confused state of mind. Now this to a considerable extent is obviated by consulting the International Clinics, as not only are reports of interesting cases given, but the most advanced treatment of every day affections is presented in a concise style and in the light of present day experience. Take for example the article on Psoriasis, by CANTRELL, where the different remedies used in this affection are referred to and a good idea in which particular case this or that special remedy would produce the better result. Such articles as Rules Governing the Treatment of Appendicitis, by WHITE; the Hypodermic Treatment of Syphilis, by FOURNIER; Less Common Forms and Modes of Treatment of Syphilitic Affections, by MCCALL ANDERSON; Treatment of Acute and Chronic Catarrh of the Middle Ear, by BURNETT; give an idea as to the merits of the first volume. The Treatment of severe cases of Cholera, by LLOYD; Chronic Brights Disease, by WHITTAKER; Infant Feeding in Health and Disease by HOLLOPETER; Ulcer of the Stomach in Children, by SOLTAU FENWICK; Rodent Ulcer, by NORMAN WALKER; Practical Application of Hydrotherapy, by BARUCH; Surgical Diseases of the Kidney, by HENRY



MORRIS; are among the excellent chapters in the second volume. No mistake can be made in purchasing these Clinics, which on the whole seem even superior to those of former years.

COMMON SENSE HOMŒOPATHY; addressed to non-medical readers. By JOHN MURRAY MOORE, M. D., M. R. C. S., etc., etc. Published by the author, 51 Canning Street, Liverpool. Price 1s. net.

The book with this impossible title contains a hundred small pages. We wondered why it was written until we discovered, on page 84, this paragraph—carefully marked for us by the author: "Homœopathy, skillfully applied, enables the physician to treat patients at a distance, by correspondence.\* \* \* After a personal interview with the homœopath, a corresponding patient should write about once a fortnight or once a month \* \*." Comment is not necessary.

### BOOKS OF THE MONTH.

CLINICAL DIAGNOSIS.—By CHARLES E. SIMON, M. D. Second Edition. Published by Lea Brothers & Co., Philadelphia and New York. Cloth \$3.50

PRACTICAL DIAGNOSIS.—By HOBART AMORY HARE, M. D., B. Sc. Second Edition. Published by Lea Brothers & Co., Philadelphia and New York. Cloth \$4.75.

TEXT BOOK OF PRACTICAL THERAPEUTICS.—By HOBART AMORY HARE, M. D., B. Sc. Sixth Edition. Published by Lea Brothers & Co., Philadelphia and New York. Cloth \$3.75; leather \$4.75.

MANUAL OF MEDICAL JURISPRUDENCE.—By ALFRED SWAINE TAYLOR, M. D., F. R. S. Revised and edited by THOMAS STEVENSON, M. D. Twelfth American Edition, edited by CLARK BELL, LL. D. Published by Lea Brothers & Co., Philadelphia and New York. Cloth \$4.50; leather \$5.50.

TEXT BOOK OF THE PRACTICE OF MEDICINE.—By JAMES M. ANDERS, M. D., PH. D., LL. D. Published by W. B. Saunders, Philadelphia. Cloth \$5.50; sheep \$6.50; half-morocco \$6.50.

PATHOLOGICAL TECHNIQUE.—By FRANK BURR MALLORY, A. M., M. D., and JAMES HOMER WRIGHT, A. M., M. D. Published by W. B. Saunders, Philadelphia. Cloth \$2.50 net.

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**Its Action is Prompt;** it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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

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

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These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely, producing a pleasant, sparkling draught, and we believe where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of Acute and **Chronic Rheumatism, Rheumatic Gout** and kindred ailments, and are invaluable remedies in all **febrile affections** inducing headache, **pain in the limbs**, muscles and tissues; also are particularly indicated in **Lumbago, Pleurisy, Pericarditis** and all muscular inflammatory conditions.

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For the treatment of subacute and chronic rheumatism, rheumatic gout, uric acid diathesis, renal calculi composed of uric acid, and irritable bladder from excess of acid in the urine.

Our Lithia Tablets embrace advantages not possessed by any other form of administration: economy, absolute accuracy of dose and purity of ingredients; portability and permanence; convenience, ready solubility and assimilation. An agreeable, refreshing, effervescing draught.

The natural Lithia Waters contain Lithia in too small quantities, one to two and one-half grains to the gallon, and often in unfavorable combinations, so that the Artificial Lithia Water prepared with the Tablets is now almost universally employed, and has, moreover, the approval of the first physicians of the time. One or more of the Compressed Tablets dissolved in any quantity of water desired—a tumblerful, pint, quart or gallon—affords at once a Water and a method by which the indicated doses can be easily, quickly and accurately taken.

These Tablets are put up as follows: The three-grain in bottles of forty each, and the five-grain in bottles of fifty each. **Write for Sample.**

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## Matters Medical.

LESIONS OF THE SPINAL CORD IN CASES OF AMPUTATION OF THE FINGERS.—The necropsy of a recent case has strikingly confirmed the modern assertion that the section of a nerve determines lesions at a distance, in the nerve's originating centre. In this case, described and illustrated in the *Press Med.*, the lesions in the spinal cord corresponded in every particular and almost exclusively to the innervation of the parts amputated. An interesting feature of the case was that the amputation was congenital. The woman was sixty, and a cancer was located in the cervix uteri.—*Jour. Am. Med. Ass.*

A STUDY OF CHLOROSIS.—Dr. SIMON (*Amer. Jour. Med. Sciences*), concludes: 1. An anatomical basis of chlorosis has not been satisfactorily determined. 2. A preservation of the appetite—excessive consumption of starches and sugars—is a common symptom of chlorosis. 3. The development of chlorosis is due to an insufficient consumption of animal proteids. 4. Chlorosis is far more common than is generally supposed, and occurs in both sexes and at almost all ages. 5. The diagnosis of chlorosis should be based altogether upon an examination of the blood. 6. The term chlorosis should be discarded, and "simple anæmia" substituted. 7. Iron is not a specific in the treatment of chlorosis. 8. In treatment of the disease attention should primarily be directed to the diet. 9. In cases in which iron fails satisfactory results may be obtained, without medication, from a suitable diet, in which animal proteids, bone marrow, and dark beer are the principal factors. 10. The beneficial effects of bone marrow are not due to the amount of iron which it contains.

AN EXTRAORDINARY LETTER COUNTER.—M. GINESTOUS lately presented to the Anatomical and Physiological Society of Bordeaux, one of his college friends, aged 27 years, who since the age of 10 has counted and is obliged to count the letters contained in the sentences which he thinks, speaks, writes or hears. He practices this habit from the moment he wakes to the time when he goes to sleep, and without experiencing any difficulty. This automatic and continuous work does not in the slightest degree interfere with his other occupations, holding a conversation, reading a book, or following an argument. By what process has he arrived at this result?

According to M. REGIS he belongs to the class of visuals, and has before his eyes, in printed characters, the letters of the words which he counts. The man has another peculiarity. The months of the year and the days of the week have for him a more or less luminous color. The first months of the year and the first days of the week are white; the last are black; those in the middle have an intermediate tint. Again certain figures have the power of producing in him agreeable or disagreeable emotions. Number 32 pleases him, number 13 makes him tired.

He had an attack of meningitis at the age of  $2\frac{1}{2}$  years. His father is a man of peculiar character.—*Le Bulletin Medical*.

PATHOGNOMONIC SIGNS OF CONGENITAL SYPHILIS.—P. SILEX (*Berliner klinische Wochenschr.*, 1896, xxxiii, 139). The following is taken from an address delivered before the *Berlin Med. Gessellschaft*:

The author recognizes three characteristic signs of congenital syphilis. The first relates to the eyes, the second to the teeth, and the third to the skin. As the only real pathognomonic symptom relating to the eyes, he mentions choroidea areolaris, in which he found, scattered over the fundus particularly in the neighborhood of the macula, black points and patches, which present here and there white spots of different sizes, and larger areas with a black border. These represent atrophic colonies in the choroidea, and pigment patches derived from the pigment of the stroma and pigment epithelium. The retina also being involved, vision in these cases is always very much impaired. Mercurial inunctions and exhibition of potassium iodide effected no change. In a few cases, the process, which is rare, remained unilateral. Of the numerous deformities of the teeth usually mentioned, S. only considers that one form pathognomonic where the permanent upper incisors present a central excavation, denuded of enamel, beginning on the surface for mastication and continuing upward in the shape of a crescent. As a sign which is only found in congenital syphilis, he considers the well-known scars radiating outward in straight lines, which do not confine themselves to the corners of the mouth or to the lips, but radiate rather to cheek and chin. The histological examination of a case which was particularly marked, proved that these lines are not scars in the anatomical sense, as papillæ, glands, and vessels were well preserved in the tissue under consideration. Very likely the peculiar furrow-like appearances, which are called pseudo-scars by S., are due to a muscular tension of the skin. These three kinds of conditions which were demonstrated by the author both on the subject and through illustrations, are considered by him absolutely pathognomonic. So that the presence of even one of them will lead to a positive diagnosis of congenital syphilis.—*Pædiatrics*.

APHASIA.—KARL BOK (*Festschr. des Stuttgarter. aerztl. Verein.*, 1897.) mentions that the prognosis depends on the site and nature of the lesion. Incurable lesions may preclude improvement even in the slighter cases of aphasia. Extensive progressive lesions are, of course worse than circumscribed ones. Hæmorrhage, embolism, thrombosis, include the majority of cases of aphasia. If death does not occur, even the worst disturbances of speech may be recovered from; while, on the other hand, even slight affections of speech may persist throughout the remainder of life. Age is an important factor. Children may learn to speak again even after extensive damage to the speech centers, whereas small lesions in old people may produce a lasting aphasia. The individual power of learning undoubtedly plays a part in the result. The longer the aphasia has lasted without any tendency to improvement, the worse the prognosis, and this is also the case where the intelligence steadily fails. In the didactic treatment of aphasia it must be taken into account whether the lesion is capable of recovery, whether it has progressed slowly or quickly, and whether the intelligence is involved. It is well to let some time elapse before commencing the treatment, if it is to be ascertained whether the result is due to the treatment. The kind of aphasia, whether motor, sensory, or amnesic, must also be taken into account. The object of treatment is to restore the conduction of impulses along the usual paths or to open up new paths. The treatment of amnesic aphasia lies in a strengthening of the defective recollection of words. The words must be learned by heart, and then short reading exercises adopted. The exercises should be performed in front of a mirror, in order to recall the recollection of the necessary movements. In motor aphasia other parts of the brain may take on function. Single sounds, then syllables, and lastly words, are taught. Writing exercises with the left hand should be performed along with the articulation exercises. The patient should be taught to form words from printed letters. The treatment of sensory aphasia is more difficult. The first attempts are made by means of written language. Lip reading should be developed, and reading, writing, and other exercises combined with it. The case may be much complicated by a combination of different forms of aphasia. Much patience is needed. The results so far encourage further efforts. In the absence of complete recovery, a considerable improvement may be obtained.—*Brit. Med. Jour.*

THE MORBID HISTOLOGY OF EPILEPTIC IDIOCY AND EPILEPTIC IMBECILITY.—As a result of histologic studies, ANDRIEZEN (*Brit. Med. Jour.*) has found in cases of epileptic idiocy and epileptic imbecility, a diffuse sclerosis or overgrowth of the neuroglia fiber cells in the brain substance and a co-extensive change in the nerve cells. The latter was of two kinds. 1. Defective development (fewness or slenderness) of protoplasmic processes. 2. Increase in amount and diffusion of pigment throughout the cell body, especially its basal part, and a displacement of the nucleus toward the apex of the cell. Later changes were a gradual destruction and atrophy of the nerve-cell processes, consequent on or co-extensive with the further overgrowth of the glia (sclerosis), until whole groups or islands of cells might be so destroyed. There is thus a common pathogenic basis for epileptic idiocy and epileptic imbecility, and for focal epilepsy occurring in the child, namely, anomalies of growth and nutrition impressed upon the growing nerve cell as well as upon the neuroglia cell, and affecting predominantly this or that area of the brain, frequently in territories corresponding to a particular vascular distribution. In cases of epilepsy supervening in adult life, after the brain cells had attained complete development, the changes found were, as regards the nerve cells, only of the second kind. But, in addition, these very frequently exhibited intranuclear vacuolation of the cortical cells also. The significance of the changes especially associated with the epileptic neurosis (more particularly when occurring congenitally or in early life, and therefore entailing also a more or less obvious degree of mental impairment) is still more striking when it is remembered that in the brains of non-epileptic idiots and imbeciles similar lesions are generally absent, and the convolutionary forms may be, and often are, plump and well formed, though inclined to simplicity of arrangement. These are to be looked on as general arrests of development, not complicated of course with the epileptic neurosis. In the brains of non-epileptic imbeciles sclerosis and microgyria are both conspicuous by their absence. When the epileptic neurosis is present, however, this process also is present, and the other changes detailed are also present in varying degrees. It is in the combination of these two classes of pathologic changes that lesions are to be found, the surest indication, the seal as it were, of epileptic idiocy or epileptic imbecility in the brain.—*Jour. Am. Med. Ass.*

## Therapeutic Suggestions.

THE CELLULOID BANDAGE CASTS are proposed as a substitute for plaster casts, made by dissolving scraps of celluloid in acetone and spreading it on mull, are highly recommended by MAASS, of Berlin, who has applied more than a hundred during the last ten months, and is convinced of their superiority to the usual cast. They are extremely light, elastic, clean, and imperishable, not affected by heat, perspiration or pus, so solid that no steel supports are required, while they can be made with celluloid hinges when desired for articulations. The technique is very simple; any physician can make them without the assistance of an expert, and the danger from fire is slight; it is impossible for the cast to explode. The only disadvantages are that they take longer to harden, eight to twelve hours (usually having to be made over a cast,) and are a little more expensive on account of the acetone.—*Deutsche Med. Woch.*

NITROGLYCERIN IN WHOOPING COUGH.—There are few diseases coming under the practitioners' care the treatment of which proves more unsatisfactory than pertussis. The great relaxation consequent upon the prolonged paroxysms and the absolute necessity for what Professor PENROSE was wont to term "un-prebreathed air," render the little subjects particularly liable to contract colds with attendant increase of the bronchial irritation and spasms, especially during the inclement season, while the frequent rejection of ingested food tends still further to reduce the strength. Inhalation of the vapors and neutralized liquids which seem to benefit a certain proportion of cases requires not a little trouble and the exercise of a degree of judgment, of which every mother is not possessed, and some of the best drugs used internally in this affection are more or less objectionable when pushed to the point at which they become most efficacious, and so imperfect are the results usually attained that suggestions are never inopportune.

We have of late found nitroglycerin of great benefit in this most obstinate of diseases, proving far more satisfactory and more generally applicable than any other drug we have previously used. The 1-600 of a grain exhibited at intervals of 2 or 3 hours in our experience has never been too large a dose for an infant in arms. After a short time the paroxysms become lessened in severity and in numbers as well, the difference being as a rule more marked by night than by day. Apart from the favorable influence exerted upon the diseased condition, the remedy has the advantages of being tasteless, odorless and devoid of unpleasant after effects.—*Daily Lancet.*

DRUGS DURING PREGNANCY.—According to M. BOISSARD, in *Jour. des Practiciens*, there are no abortive drugs in the strict sense of the



word, but there are drugs which, given in toxic doses, may cause at the same time both abortion and the death of the woman; these drugs are therefore useless and inefficacious, and there is danger of poisoning to the woman.

With regard to the ecbotic and oxytocic drugs, they belong to another class, and have the property of arousing and aiding the progress of uterine contractility, or of strengthening the intensity of the uterine contractions after they have been aroused; the action of the latter is certain, that of the former doubtful.

The abortive or ecbotic action of quinine sulphate, says the author, has been discussed by many writers whose investigations and experiments show that this drug should not be considered as an abortive agent; in several cases in which there was contraction of the pelvis and it was necessary to interrupt the pregnancy, this drug was given every day in large doses without producing the least symptom of labor, yet it was given in amounts that, if not toxic, were at least sufficient to cause quinine intoxication.

M. BOISSARD thinks there should be no hesitation in employing quinine sulphate during pregnancy whenever symptoms of malarial infection manifest themselves, and these cases are rather frequent, pregnancy serving to arouse in some way the previously dormant infection. It is the same with sodium salicylate; only ergot, because of its oxytocic properties, should be rejected, even in cases of hæmorrhages during pregnancy, in order not to cause tetanization of the uterine fibers.

Narcotic, analgetic, or anæsthetic drugs may be administered without fear when their employment is justified, and may be of great benefit to the parturient woman. The different preparations of belladonna and of stramonium may be employed, also antipyrine, opium, chloral, and chloroform or ether. In case of threatening abortion, laudanum is admirably borne, and as much as a hundred drops, in enemata of boiled water, may be given during the twenty-four hours, twenty-five drops at a time being the amount used. It is the same also of chloral in vomiting, and of chloroform, which is employed during pregnancy to clear up the diagnosis and ascertain the exact configuration of the pelvic cavity, in order to reduce retroversion of the gravid uterus and to facilitate version by external means.

The different mercurial preparations, continues M. BOISSARD, are administered, not only in cases of acknowledged syphilis, but also in doubtful and unacknowledged cases when the physician finds himself in the presence of a series of abortions or premature births of macerated infants.

Concerning the administration of purgatives, M. BOISSARD says that, under the pretext that in the beginning of pregnancy it is dangerous to use purgatives, some women reach an extraordinary condition of constipation which is much graver than the possibility of the danger they fear. In a general way it is of great advantage to keep the functions of

the intestines in a good and regular condition by the use of castor oil, cascara, senna, and enemata of boiled water.

**NEURASTHENIC INSOMNIA.**—In a practical article on the treatment of insomnia Dr. O. DORNBLUTH (*Aerst. Centr. Anz.*) has recently called attention to the fact that the disorders of sleep, which apparently occur as independent affections, usually allied with or comprising the chief symptom of neurasthenia or the nervous diathesis, are especially difficult to cope with. While normal sleep can frequently be brought about by general treatment, more often it is necessary to treat the insomnia itself. A distinction should always be made between acute and chronic cases. If the insomnia be due to exhaustion, over-exertion, emotional causes, etc., no matter what other nervous troubles coexist—the indication for medicinal soporifics presents itself. For this purpose the author has found trional the best remedy. It is his custom to prescribe it in tablet form, 1.5 grammes on the first evening, one hour before retiring, in a wineglassful of milk. If satisfactory sleep is obtained the first night, it is sufficient to administer 1.0 gramme the following evening; on the other hand, if sleep is unsatisfactory, the initial dose should be repeated, or even increased to 2.0 grammes. Should the remedy be given continually for a number of days, it is advisable to let the patient drink one or two bottlefuls of some carbonated alkaline mineral water daily. In cases of insomnia of long duration, however, further measures are indispensable. Care should be taken that the bed-room is well ventilated, thoroughly darkened, and slightly warmer in winter; the bed should be comfortable and the coverings not too warm; the pillows should be so arranged that the patient's head is neither too high or low. Supper should be taken at least three hours before bed-time, tea, coffee, etc., being avoided. Sometimes, however, a glass of lemonade or milk taken when the patient is in bed, is of service. Gymnastic exercise and walking should be indulged in before the evening meal.

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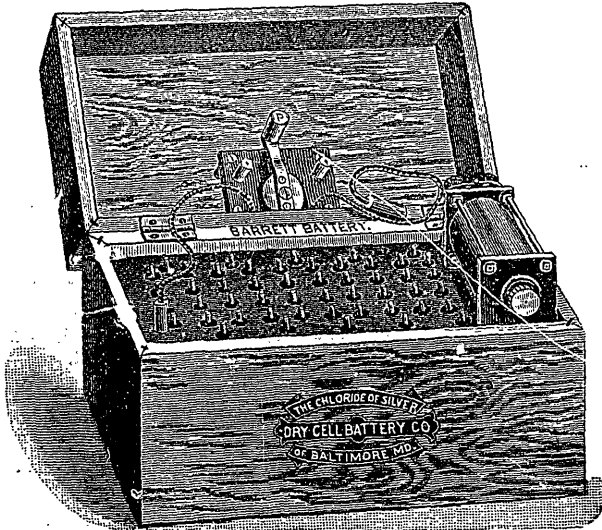
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x x x

Number of cases of typhoid fever treated to date (August 10) by the Woodbridge Method,	-	8,639
Number of deaths,	" - - - - -	161
Death-rate (per cent.)	" - - - - -	1.85
Average duration of illness in 5,511 cases,	-	12.9 days

The formulæ, constituting Dr. Woodbridge's treatment, are marketed by us in a strictly ethical manner, without secrecy, patent, trade-mark or protection of any description. The labels state explicitly the name and proportion of each ingredient.

Copious literature will be sent free to any medical applicant.

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**Parke, Davis & Company,**

WALKERVILLE, ONTARIO.