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1895.

MARITIME MEDICAL ASSOCIATION.

FIFTH ANNUAL MEETING.

The Annulal Meeting will be held in Masonic Hall, Salter Street, Halifax on Wednesday and Thursday, July 3rd and 4th, commencing at 10 a. m., on Wednesday.

Extract from Constitution:

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

Railway fares at at reduced rates. Get Certificates at starting point.

E. FARREL, M. D., *President.*

GEO. M. CAMPBELL, M. D. *Hon. Secretary.*

The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII. HALIFAX, N. S., JULY, 1895. No. 7.

Original Communications.

BELLADONNA IN SOME SKIN AFFECTIONS.

Read before the St. John Medical Society, 15th May 1895, by Dr. G. P. Dougherty.

The few remarks I am about to make this evening scarcely rise to the dignity of a paper, and I trust that you will deal leniently with this my first effort before your society. My attention was called to the use of belladonna in skin affections by an article published in the October number of the *Therapeutic Gazette* from the pen of Dr. Danbar of Zurich. It was a paper read before the section of Dermatology held at Bristol, Eng., 1894. This communication was based on 35 cases of which 30 or about 85 per cent were relieved or cured. The detailed account given of some of the more striking cases indicates that relief seems to have come very soon after the exhibition of the medicine.

Dr. Dunbar made use of the remedy in such cases as exhibited irritation of the skin as eczema, prurigo, puritus and urticaria. Considering the amount of failure I had heretofore experienced while attempting to carry out the best authorized plans of treatment laid down in the text books on skin disease, I thought it advisable to give the belladonna treatment a trial. I first prescribed belladonna in a case of acute eczema of the face and hands, with subacute eczema of the lower extremities scrotum and penis. The patient, a laborer 45 years of age, consulted me first on the 6th of October 1894. There was at that time eczema of the thighs, legs, scrotum and penis. There was exfoliation leaving a reddened and thickened surface which was intensely itchy. The patient complained of loss of appetite and a furred tongue pointed to disordered digestion; I prescribed a grain pill of calomel to be taken for 3 consecutive nights and a Seidlitz powder the following mornings. A stomachic tonic was also ordered. Locally, I had the parts bathed with a solution containing 3 drachms of carbolic acid and an ounce of glycerine to the pint of warm water, after which a little oxide of zinc was to be dusted on. The treatment seemed to modify all the symptoms, but after a fortnight very little seemed to have been accomplished towards a cure. However, I ordered a continuance of the treatment and did not see the patient until the 2nd of November. On that occasion he was suffering from an acute attack of eczema of the face and hands. There was considerable swelling, particularly of the face. There was also an aggravation of the former affection of the lower extremities. I prescribed belladonna tincture in 15

min. doses, to be repeated every 4 hours during the day, telling the patient to extend the interval between doses to 6 or 8 hours directly any dryness and tightness of the tongue, roof of mouth and throat was felt.

The medicine was well borne and there was no necessity to prolong the interval between doses until the 3rd day. In the meantime a rapid amelioration of all the symptoms was manifested, which amelioration continued uninterruptedly until a cure was effected.

After the 3rd day the patient continued to take 45 min. in the 24 hours until about the 10th of December. He was then cured and has not had a recurrence. I have since employed belladonna in 5 cases, 4 of which I had occasion to observe the effects. And I may say that the results are highly satisfactory and gratifying. Of the 4 that were under observation two were cases of infantile eczema of the face or as it is sometimes called, porrigo larvialis. The children, one year and eighteen months old respectively, had received several weeks local treatment without much benefit, but responded very rapidly to the exhibition of belladonna. After 4 weeks treatment in the younger and 5 weeks in the other the medicine was discontinued. A simple oxide of zinc ointment was all that was used in addition to the belladonna after it had been prescribed. Of the other two cases mentioned above one was a moist eczema of both legs in a boy 10 years old. The other was a case of urticaria in a little girl aged seven. Both of these cases seemed to be benefitted by belladonna and are now after a few weeks completely cured. When we discover that belladonna is useful in complaints so common and I may add often so difficult to treat satisfactorily as eczema, etc., the question often arises: How is it that a drug so long in use was not known to possess the qualities lately ascribed to it by Dr. Dunbar? It is one of the strange things—granting it to be as I believe highly beneficial—that it has not its place among the prominent drugs recommended by good authority. There are instances, however, of newly discovered properties in old and long used remedies. As for instance, calomel as a diuretic in heart disease. "Belladonna was used" by the ancients to discuss scirrhus and heal cancerous and other ill conditioned ulcers. And much evidence of its usefulness in these affections is on record and even Dr. Cullen spoke in its favor. Dr. Ringer mentions a case of local sweating of the loins over a surface a little larger than the hand, perspiration exciting a copious eruption of eczema. Belladonna checked the perspiration and likewise cured the eczema.

A SYNOPSIS OF THE CLINICAL SURGERY OF THE WINTER OF 1894-95.

At the Victoria General Hospital and Halifax Infirmary, during the service of Dr. Farrell.

The cases demanding operation which came under my care during the past winter at the Hospital and Infirmary present some points of interest and may serve to indicate to your readers the Progress of Surgery in our own Province. I will endeavour to give a short account of each case relating only the prominent and interesting points.

I may say in general that in all clean operations the most strict asepsis was carried out and I will not weary your readers with all the details of the antiseptic plan which is now so well known and forms part of the procedure of all intelligent practitioners.

Happily the day has passed by when

it is necessary to urge the importance and necessity of Surgical Cleanliness. The mighty revolution that has taken place in surgical practise, and the brilliant results that are following in its track have simply swept surgical opinion all over the world, into one stream of thought and antiseptic surgery is no longer a subject for discussion.

There are still some details of the best method of reaching complete asepsis on which there are differences of opinion. On the question of the use of drainage tubes various views are held and the best and safest material for ligatures and sutures is still under discussion.

In many of the operations sterilized silk was used exclusively and in most cases it acted well and remained sterile, but a sufficient number of suppurating ligatures occurred to make one fear the use of this material. My choice for internal ligatures and sutures is sterilized cat-gut boiled in alcohol previous to the operation. In most cases drainage tubes were used, but in abdominal operations and some others they were dispensed with.

In the abdominal operations the wall was sutured in three layers; first, the peritoneum, then the muscles and fascia and lastly the skin. The sub cutaneous suture is a great improvement in closing the superficial wound.

The operations included 12 cases of Abdominal Section, 6 cases of Vaginal Hysterectomy, 5 cases of Amputation of Breast, 1 case of Median Lithotomy, 1 case of Osteotomy for advanced Club-foot, 3 Arthrectomies, 1 Radical cure of Hernia, 2 Amputations, 4 cases of Trachelorraphy and Perinorraphy. In all the cases but one I was assisted by Dr. Black, and the Staff of the Infirmary, and the House Staff of the Hospital.

The histories of the Hospital cases were prepared by Dr. Cogswell, the House Surgeon and those of the Infirmary by Dr. W. D. Finn.

CASE I. *Large Dermoid Ovarian Cyst Coeliotomy; Recovery.*—*J. C.*, school girl, aged 11, admitted to surgical ward Oct. 26th, 1894. Family history good. Complained of an enlarged abdomen, 6 months standing. Developed slowly at first and without pain. Abdomen was aspirated four times while in medical ward, 150 oz, 170 oz, 185 oz and 240 oz respectively being withdrawn. Fluid straw colored, sp. gr. about 1008. It was not until the last aspiration that a tumor was positively diagnosed. Circumference of abdomen at the umbilicus 37½ inches.

Oct. 29th. Was operated on. A large cyst was found adherent in some places to peritoneum and omentum. These adhesions were broken down and pedicle which was attached to right ovary ligatured and cut. Silk used for ligatures and sutures. Sterilized water for solution. Cyst was multilocular and contained a large amount of fluid. It was also partly dermoid, containing a great number of teeth as well as hair, skin and a well formed nipple. Left ovary normal. Patient made a good recovery. Temp. did not rise above 100° F. Discharged from hospital Dec. 8th, recovered.

This case was one of great interest not only on account of the age of the patient (11 years), the immense size of the tumor and its dermoid contents but the diagnosis was very difficult, for after each tapping a large hard mass remained floating about in what appeared to be the empty peritoneal cavity. The weight of opinion before the operation favored the diagnosis of ascitic fluid with a solid peritoneal or retro-peritoneal mass. On opening the abdomen it was found to be a very large, watery cyst attached to a hard mass of cyst growth.

CASE II. *Ovarian Cyst; Coeliotomy: Recovery.*—Mrs. J. M., age 38, admitted to hospital Feb. 20th, 1895. Is mother of 5 children, youngest 3 years old. Had a mis-carriage 5 years ago. Menstruation regular up to date. Family history good. Patient says abdomen began to swell 3 years ago, Increased in size very slowly at first, more rapidly lately. No pain. Ovarian tumor diagnosticated. Operated on March 2nd. A simple tumor, no adhesions. Pedicle tied and cut. Silk used. Wound in abdominal wall healed by first intention. Not a bad symptom after operation. Discharged April 2nd, recovered.

CASE III. *Retroversion of Uterus; Hysterorrhaphy; Recovery.*—Mrs. C., admitted to hospital Feb. 25th, 1895. Complained of all the symptoms of a retroflexion with incontinence of urine. Uterus was stitched to abdominal wall by three silk worm gut sutures. Sutures removed 3 days after operation. Symptoms relieved. Incontinence is much better,

CASE IV. *Large Uterine Fibroid; Abdominal Hysterectomy; Recovery.*—Mrs. C., age 28, admitted to hospital Nov. 14th, 1894. Complaining of metrorrhagia. Menstruation was regular until a year ago. Married at 22 years of age. Is mother of 3 children, youngest 2 years old. Had an abortion a year ago. Has had "floodings" during the past year, at times she has pains, simulating labor pains. On examination a large fibroid tumor was detected. Patient very anaemic from loss of blood. After all other methods had failed, an abdominal hysterectomy was done on Jan. 29th, 1895. On 31st abdomen become distended, and she had a good deal of pain. Bowels would not move, although several enemata were given. 3 days after operation bowels were got to move freely. On 4th day temp. rose to 103°. Wound dressed on 5th day. A little suppuration around stitches. Patient made a good recovery, was discharged Mar. 14th, 1895.

This patient was the first case we had of complete removal of the uterus through the abdomen. There was no cervical stump left, the cervix being separated completely from its vaginal attachments. The operation was a difficult one, especially in its later steps after the separation of the broad ligaments; on account of the tumor masses involving the cervix in their growth. For many days after the operation her symptoms gave us much anxiety. During her convalescence she had two or three onsets of fever with some tenderness in the lower part of abdomen. The cause was found to be some local sepsis as a number of pieces of silk were subsequently passed *pervaginam.*

CASE V. *Ovarian Cyst with Peritonitis; Coeliotomy; Death.*—E. B., aged 32, female, admitted to hospital Feb. 6th. 1895. Complaining of enlargement of abdomen. Genera health never very good. Menstruation was regular until a year ago. Has not menstruated since. Swelling in abdomen began 7 months ago. Increased very rapidly. No pain. Before coming to hospital she was aspirated seven times, each time a large quantity of straw colored fluid was withdrawn. Patient poorly nourished, appetite poor. Abdomen greatly distended. No tympanitic note in flanks. Temperature ranged from 100°.2 to 102°. since her admission.

Feb. 16th. Patient operated on. A large quantity of fluid was found in the abdominal cavity as well as a large cyst attached to right ovary. The cyst was very adherent to peritoneum on right side. These adhesions were very thick and pulpy and with difficulty were broken down and cyst removed. The cyst was filled with a large quantity o sebaceous material. The abdominal cavity contained very many masses of organized fibrin, and a large quantity of a thick creamy like fluid. As much as possible of this was removed and the wound closed. Patient was very weak. She did not rally after operation. On 17th temp. 104°, pulse 160. No pain. 18th, temp. 104°, pulse 100. Died.

At post mortem, considerable bloody fluid was found in abdomen, also some curdy like masses. The peritoneum on right side was covered with a dark colored exudate. Numerous cysts were found around the spleen and liver.

CASE VI. *Ovarian Cyst; Coeliotomy; Recovery.*—Miss H. aged 50 admitted to Infirmary, Sept. 30, 1894, suffering from an ovarian cystoma. No history of tumors or phthisis in family. She was always healthy until two years ago, when she noticed a swelling in her abdomen, this did not increase until two weeks before her admission. She never has had any disturbance with menstruation—diagnosis, an ovarian cystoma. Operation Oct. 12, 1894. Found a simple ovarian cyst of right ovary, having no adhesions, and containing a very dark colored fluid. The walls of the cyst were very thick and the pedicle markedly short making it very hard to tie off. Silk was used. The right ovarian artery was ligated as a preventive measure against hemorrhage. Normal salt solution was used all through the operation. She had no bad symptoms at any time, sutures were removed on the tenth day. Got up and around on sixteenth day, went home well on Nov. 15, 1894.

CASE VII. *Double Salpingitis; Coeliotomy; Recovery.*—Mrs. McL. married—admitted to Infirmary Jan. 16, 1895.

No history of cancer in family, but some cases of tuberculosis. About three years ago she began to be irregular at her menstrual periods, sometimes three or four months would elapse between. Had pain at these times, frequent micturition. No leucorrhœa. Was constipated—appetite fairly good. Has suffered from piles and diminished secretion of urine. Has been a uterine invalid for long time and has had of late constant pelvic pain sometimes very severe. All these symptoms have become more marked since Nov. 1894 at this time something broke and discharged by the vagina, yellowish in color. She has been subject to eczema of the face and hands for a long time.

Vaginal examination revealed a normal uterus, and on bimanual examination a hard mass was felt low down on right side of the pelvis—the ovaries could not be made out on account of adhesions. It was decided to open the abdominal cavity, operation Jany. 30, 1894. The omentum was found adherent to the anterior abdominal wall in its whole extent and to the top of bladder. It was so difficult to separate the omentum, that an incision into it was made so as to get into the pelvic cavity. So great were the adhesions that the bladder was the only organ that could be made out. Across the top of the pelvis was a fold of membrane uniting several layers of intestine, shutting off the pelvic cavity, except on the right side where the finger could be passed down into Douglas' cul-de-sac. Here it was found that the intestines were matted together and bound down by adhesions to ⅓ of the posterior uterine wall. The ovaries could not be made out on account of the extent and density of the adhesions. A small cyst protruded on the left side, this was removed some bleeding followed and it was decided to go no further. The abdominal wound was closed, peritoneum sutured with fine silk, muscles with chromic acid gut and integument with a subcutaneous continuous silk suture. She made a good recovery.

CASE VIII. *Dysmenorrhœa; Oophorectomy; Recovery.*—S. B., Oct. 29th, admitted to Infirmary Nov. 3rd, 1894. Family history good. She has always been of a very nervous temperament, has suffered very much from dysmenorrhœa. Appetite poor, sleep broken. Has no cough or expectoration. Her distress at the menstrual period made her miserable, and in fact she has never felt well. She had had all kinds of medical treatment without benefit, and it was decided to perform an oophorectomy. Operation Nov. 9th. The ovaries were found slightly enlarged, otherwise everything was normal, ovaries removed; ligated with silk. Skin sutures removed on the 12th day. She got up and around feeling much better at end of 3½ weeks, then some small stitch abcesses occurred when silk, which was used for deep sutures came away, at present she is at home and has recovered her former good health.

CASE IX. Miss C., age 43, single, admitted to Infirmary Oct. 1st, 1894, suffering from scirrhus of right mammary gland.

Grandmother on maternal side died from cancer and other members of family had tumors—there is a marked malignant history in family. She has always been in good health. About two years ago, in June 1892, she noticed a lump in her right breast, the hardness of it attracted her attention, it gradually became larger and a little painful, but did not affect her health or prevent her working. On examination found a tumor of the right breast, very hard and stoney and some retraction of the nipple. On Oct. 1st, 1894, the breast was excised and the axilla cleared of glands—the ordinary antiseptic dressings were applied—the case did very well. A small ulcerating surface was present for a time in the line of the wound, but under action of nitrate of silver, locally every second day, it healed nicely. She went home well on Nov. 5th, 1895.

CASE X. *Scirrhus of Breast; Amputation; Recovery.*—M. W., admitted to hospital Oct. 6th. 1894. Family history doubtful. Had a tumor in her breast a considerable time which caused her much pain and suffering. She was ill-nourished and her general health poor.

Cancer of breast in a very advanced stage presented itself on examination. The breast tissue was wholly replaced by the cancer growth, with a dry cancerous ulcer on its surface. The axillary glands were very much involved. Operation, Oct. 11th, 1894. The whole breast and tissue surrounding it were freely removed and that part of the pectoralis major muscle upon which the tumor rested was taken away and the cellular tissue and lymphatics along the edge of that muscle. The axilla was then cleared of all its fat, cellular tissue and glands. Very little could be done to close the wound which was left to granulate. She remained in hospital all winter, improving in health week by week and the wound slowly healing. She left the hospital on April 10th, 1895, having been six months an inmate. She was then strong, fat and well. The wound completely cicatrized.

CASE XI. Mrs. R. married, age 35, admitted to Infirmary Dec. 10th, 1894, suffering from tumor in right breast.

There is a history of malignancy in family. Mother died from retro-peritoneal sarcoma. This patient was generally healthy, she occasionally suffered from asthma, has been married 12 years, has had 3 children. In July, 1894, she noticed a small lump in right breast, it gave her no pain until Sept. 1894, her general health was fairly good all the time. On examination of the breast, found a small hard tumor about half the size of a hen's egg. No retraction of the nipple—no apparent enlargement of axillary glands.

On Dec. 12th 1894. Excised breast, cleared the axillary of any glands, a few of which showed signs of infiltration. The tumor in breast was seated deep down upon the pectoral muscle, and the muscular tissue upon which it rested was also cut away. The wound was dressed antiseptically—a continuous subutaneous silk suture introduced, also a small drain at lower and outer part of wound, the latter was removed on 2nd day. Primary union resulted—removed sutures on 7th day and she went home on Dec. 24th, 1894, very well.

CASE XII. *Scirrhus of Breast; Amputation; Recovery.*—Mrs. R., age 62, admitted to hospital Feb. 15th 1895, complaining of an ulcerated sore on right breast with enlargement of axillary glands.

Previous history good. No history of malignancy in family. 7 years ago first noticed a small lump the size of a pea in right mammary region. This grew slowly for about 6 years, at times giving her slight pain. A year ago an ulcer formed, which has been discharging some ever since. Discharge has lately had an offensive odor. 3 months ago axillary glands began to enlarge. Operation on Feb. 19th 1895. The "complete" operation was done and wound left to granulate. Patient remained in hospital until April 24th. Wound was nearly all healed when patient was discharged. General health good. No sign of return.

CASE XIII. Miss. O. R., single, age 37, admitted to Infirmary April 9th, 1895, suffering from tumors in breast.

There is no history of tumors, phthisis, or Cancers in family. Her health has always been good—she has suffered from piles at times. About 15 years ago she

noticed a small lump in right breast, near the nipple. It did not pain until the winter of 1895. It was about the size of a pea, but has increased of late. There is no retraction of the nipple. During the past year she has noticed a small lump in left breast, about same size as the other one. Her general health is good at present time. The breasts were incised over the seat of the tumors and they were extirpated. It was very hard to get under the growths as their deep attachment was very dense. They proved to be adenomata. Primary union resulted and she went home well.

CASE XIV. *Cancer of Cervix; Vaginal Hysterectomy; Recovery.*—Mrs. M. age 32. Admitted to Hospital Dec. 7th, complaining of an offensive discharge from vagina. Menstruation regular until present trouble. Is mother of 7 children, 4 living, youngest 10 months old. No history of malignancy in family. 4 months ago first had a great deal of pain in back, 3 months ago had quite a severe "flooding." Has had "floodings" off and on ever since, between which she has a clay colored discharge which during past 2 months has had a very offensive odor. Examined and found the cervix to be enlarged, hardened and nodular. Os eaten away by deep ulceration. Given douches of Condy's Fluid. December 18th operation. Cervix was first curetted, irrigated and a plug of iodoform gauze packed in. External os was then closed by sutures which were left long in order to make traction on cervix. Parts irrigated thoroughly with 1 in 1000 bichloride solution. Uterus was then pulled down and first incision made in Douglas' cul-de-sac and an iodoform gauze plug inserted. An incision was then made in front of uterus, some difficulty being experienced getting the uterus separated from posterior wall of bladder.

The broad ligaments were separated step by step from the uterus, the uterine and ovarian arteries secured and with some difficulty the whole organ with the ovaries was removed. The ligatures were left protruding from vagina. Parts irrigated with 1 to 2000 bichloride sol. and three iodoform tampons inserted in vaginal wound. Gauze and sterilized cotton pad externally with T bandage. For some time after operation complained of a good deal of pain relieved by morphia sulph. She had some tympanites and tenderness in lower part of abdomen with rise of temperature. For three days symptoms looked threatening but passed off. On the second day the outer tampon was removed. Dressings were soaked with a sanious discharge. On 4th day all tampons were removed and she was given a careful washing with Condy's fluid. On 4th day bowels were moved with an enema and subsequently there were no bad symptoms. Was troubled with incontinence of urine for some time following operation but fully recovered from this before she left the hospital. Discharged Feb. 6th recovered.

Returned to hospital about a month later and was examined. No appearance of return of growth. Sections were made of the cervix and uterus and the microscope showed the cancer cells.

CASE XV. *Cancer of Cervix; Vaginal Hysterectomy; Recovery.*—Mrs. J. H., age 53, admitted to hospital Jan. 8th, 1895, complaining of an offensive vaginal discharge. Menstruation always normal up to the menopause two years ago. Is mother of twelve children; youngest nine years old. A paternal aunt died of tumor. Vaginal discharge began about a year ago, tinged with blood, then became greenish in color and very offensive. Complains of sharp shooting pains in pelvic region.

On examination a cancerous mass was found involving the os and cervix. There was considerable hardness on the right side as if the growth had extended into the broad ligament; uterus, moveable, but not freely so.

Operation Jan 13th, 1895. The first steps of the operation were as described in the last case. There was great difficulty in drawing the uterus down but after some manipulation the left side was completely separated. The right ligament was so involved in the disease that in drawing upon it, it tore away its attachments. A profuse bleeding then occurred from this ovarian artery. The hemorrhage was alarming and it was decided at once to open the abdomen which was done very quickly and the bleeding point secured. The patient was very weak and collapsed. The operation was rapidly completed and cardiac stimulants given hypodermically. It was some time before reaction occurred but after the first twelve hours she made a complete and uninterrupted recovery. Discharged March 4th.

CASE XVI. *Cancer of Cervix; Vaginal Hysterectomy; Death.*—Mrs. L., age 37, admitted to hospital Jan. 24th, 1895, complaining of pain in pelvic region, and hemorrhage from uterus. Previous history good. No history of malignancy in family. For past 6 months has been troubled considerably with "floodings." Is somewhat anæmic, has lost considerable flesh lately. On vaginal examination a cauliflower like growth was found involving cervix, bleeds easily. Carcinoma of cervix diagnosed.

Operation, Feb. 5th. With all the steps as in the previous operations, the uterus was removed and with much less difficulty and in less time than in either of the other operations. The only complication was a considerable protrusion of omentum. On account of this two or three sutures were drawn across vaginal roof. She rallied well after the operation but vomiting persisted. On the second day the abdomen became distended. Tympanites and tenderness increased. Though the temperature did not rise high the pulse was weak and frequent, She grew weaker and died on the 6th day. Post-mortem examination showed omentum adherent in wound and pus in peritoneal cavity.

CASE XVII. *Cancer of Uterus; Vaginal Hysterectomy; Recovery.*—Mrs. C., married, age 68, admitted to Infirmary on Feb. 28th 1895, suffering from cancer of uterus.

No malignant history in family. Has had 8 children, youngest 27 years old. Menopause occurred at 47 years of age. Since then has enjoyed good health, except a little dyspeptic at times. As this was her only symptom she paid little attention to it, until 1894, when she consulted a physician. He told her that she had an ulcer, was treated for it. In Nov. 1894, she went to Boston had special treatment for it, operation of removal of womb was advised, but her health failing she returned home. Her native air has improved her health very much. She has had a vaginal discharge of a semi-bloody nature.

Examination of vagina, surface soft and natural. Cervix is large, hard and presents a dense mass of neoplasm and an ill looking cancerous ulceration of os. The uterus is moveable. There is no evidence of disease outside of uterus except a little suspicious induration in each broad ligament. Uterus measures 3½ inches.

Operation, March 4th. Uterus and appendages tied off with strong silk. Found the organ much more ulcerated and destroyed than was suspected, so much so, that the cervix tore away from the body of uterus in drawing it down to place the ligatures. This caused some delay. Operation completed without further complication. she did well until her recovery. The ligatures were all away on the 18th day.

CASE XVIII. *Procidentia Uteri; Vaginal Hysterectomy; Recovery.*—Mrs. S., married, age 57, admitted to Infirmary April 4th, 1895, suffering from procidentia uteri.

Family history good. She has always had good health, has had 12 children, all living, had one miscarriage 8 years ago. Menopause occurred 7 years ago. She has suffered for years from prolapse of uterus, it gave her great pain in walking or sitting down. She ascribes it to a perineal rupture 35 years ago. There is complete prolapse, the whole organ falling outside the vagina, with cystocele and rectocele—the uterus is normal in size and length.

On April 9th, 1895—performed vaginal hysterectomy; tied off uterine appendages with strong silk, the tissues were in normal condition—no adhesions. The operation was attended by no difficulty. Removed some sutures on 14th day, but two did not come away until May 6th 1895. She recovered and left for home on May 10th.

CASE XIX. *Epithelioma of Cervix; Vaginal Hysterectomy; Recovery.*—Mrs. Ellen F, age 58 years, admitted to Infirmary May 15th, 1895, suffering from cancer of cervix.

No history of cancer or tumors in family. She was always healthy until last summer when she noticed some sanguineous flow from vagina, at times this was very bright. Menopause occurred about ten years ago. There is some odor from the vaginal discharge. She has lost flesh of late—bowels regular, appetite not very good.

Vaginal examination reveals, uterus the seat of a cancerous mass in and around the cervix and os—the uterus appears moveable.

Operation, May 30th, 1895. There was much difficulty in getting uterus down. Difficult also to apply ligatures. There was considerable hemorrhage. Three clamps were used where ligatures could not be applied and left on. These with the tampons were removed on the 4th day. Considerable shock for first twelve hours, when this passed off she steadily improved day by day. The last of the ligatures were removed on the 13th day. She is now sitting up and will return home in about a week.

CASE XX. *Ovarian Cyst; Coeliotomy; Recovery.*—Mrs. W. J. T., age 43, admitted Sept. 1894.

Family history good. She has been married 13 years, has had 5 children—menses always regular—health good. In Nov. 1893 she noticed a lump in left side of abdomen and since that it has increased in size very rapidly. After examination ovarian tumor diagnosticated.

Operation, Sept. 29th, 1894. Found a large, tense, multilocular cystoma, found the omentum adherent to the cyst at upper part, (she had had an attack of peritonitis some time previous to the operation). The pedicle was very long, arising from left side and was twisted twice upon itself and was placed markedly to the left. Used salt solution. Transfixed the pedicle with strong silk and tied it off. Silk was used in closing abdominal wound, all the tissues were included in the sutures. This patient had no bad symptoms, removed abdominal sutures on 10th day. At the 15th day she was sitting up, and went home well.

CASE XXI. *Anteflexion and Neurasthenia; Oophorectomy with ventral fixation; Improved.*—Mrs. H. H., age 39, admitted to Infirmary Oct. 22nd, 1894. One sister died of phthisis. No history of cancer or tumors in family.

She was always healthy up to 10 years ago, when she had pneumonia—has been married 15 years, has had 2 children—no miscarriages. About four years ago began to feel indisposed and for 14 years has had trouble with her urine—vesical tenesmus. She was examined by a physician who told her she had uterine displacement, that the uterus was pressing on the bladder, had treatment with pessaries, and got some relief, wore the pessary for 6 months. About two years ago took a burning sensation in vagina, had piles, bearing down sensations. Menstrua-

tion regular as a rule, but sometimes diminished, at other times increased. Before her last period the flow was very slight and had considerable pain, bowels constipated as a rule. Was operated on for piles two years ago. Vaginal examination showed marked anteflexion of uterus but nothing else abdominal.

Operation, Nov. 3rd, 1894. Performed an oophorectomy—pedicles transfixed with silk, and abdominal wound with the same material. Used salt solution. The uterus was also lifted off the bladder brought up to anterior abdominal wall and fixed there by sutures. This patient made a good recovery, removed sutures holding uterus on Nov. 12th and those in abdominal wall on Nov. 15th.

This patient made a fair recovery, she was soon well from the operation and for a time her general health improved, especially after she was able to be up and about. The pelvic and and vesical irritation were also much better for a time, but about the time that she was quite well and ready to go home she began to complain again and is still suffering from time to time.

CASE XXII. *Retroversion of Uterus: Hysterorraphy; Recovery.*—Mrs. A., admitted to Infirmary May, 1895. She has been married seven years and has had no children, was never pregnant. Menstruation regular, has pain sometimes. For ten or twelve years has had pain in back, and bearing down sensations and never feels well about the back and lower part of abdomen. Bowels loose at times.

Vaginal examination shows the fundus tilted back and to the left, and resting on rectum, uterus tender on pressure but freely moveable; cervix and os normal.

Operation June 7th, abdominal cavity opened and the uterus brought up to the opening in abdominal wall, its surface vivified and silk worm gut sutures passed through it and the abdominal wall. Sutures were placed in the posterior wall so as to tilt it somewhat forward. These were tightened up and abdominal wall closed—peritoneum and muscles with cat-gut and integument with silk. She did well until the fourth day when symptoms of intestinal obstruction showed themselves, it was thought that a small knuckle of gut had worked in between anterior wall of uterus and anterior abdominal wall. Injections were given and a mild laxative. A long intestinal tube was passed per rectum, but with no effect. At last the patient was put in the Trendelenburg position and the body strongly shaken. The result of this was that some flatus passed per rectum and the nausea and vomiting disappeared. At no time was there any abnormal pulse or temperature. The uterine sutures were removed on the 14th day and her progress towards recovery was uneventful.

CASE XXIII. *Coeliotomy for Myoma of Uterus with Oophorectomy: Recovery.*—C. F., age 28, admitted to Hospital Nov. 2nd, 1895. Complaining of indefinite pains in back and sides. Menstruation regular, but attended with a great deal of pain. Has had a leucorrhoeal discharge during the past four years. On examination cervix was found to be somewhat elongated, and uterus anteflexed. In Douglas' cul de sac, a hard tumor was felt.

On Dec. 1st, a laparatomy was done. Both ovaries which were the seat of small cystic tumors, were removed. A myomatous tumor was found growing from the fundus of the uterus by a broad pedicle, this was removed and the uterine wound closed with silk. Wound suppurated some, but patient was doing fairly well until she contracted Scarlet Fever, and was removed to Infectious Hospital. Wound gaped

some when patient was moved. Returned to Hospital Feb. 22nd, wound still unhealed, but granulating nicely.

Was discharged from Hospital, April 17th, 1895, abdominal wound completely healed, and her former symptoms relieved.

CASE XXIV. *Dermoid Cyst: Coeliotomy: Recovery.*—Mrs. M., age 43, admitted to Infirmary May 29th, 1895. Family history good. She has been married 21 years, has had 6 children, youngest 12 years of age. Her menstruation was regular up to Feb. 1895, from this time on had a flow every two weeks, and for the past fortnight the flow has been small but constant. Bowels not regular. In August 1894, she felt a small lump in the right hypochondrium, and since that has been growing larger. Abdominal examination showed a tumor irregularly oval in shape, and apparently lying with its long diameter across the abdominal cavity.—Fluid at each end of the oval and a solid mass in the middle. Vaginal examination, found uterus in normal position, the cervix seat of old cicatrices; 3½ inches in length and apparently closely connected with the tumor—the sound in the uterus moving with every movement of the tumor. Uterine examination was followed by some flow.

Operation, June 4th. Abdominal cavity opened, and a multilocular cystoma of right ovary found. There were no adhesions—the cyst had a good pedicle, this was transfixed and tied off with strong silk. The left ovary was found degenerated (cystic) and was excised. The wound in abdominal wall closed—peritoneum and muscles and fascia were separately sutured with catgut, and integument with a continuous silk suture. She has made a good recovery without a bad symptom.

The tumor was found to be a dermoid cyst.

The point of interest in this case was the difficulty of diagnosis. Many of the symptoms on physical examination were those of a uterine fibro-cyst. The tendency to metrorrhagia and the apparent connection between tumor and uterus, made the diagnosis doubtful, but when the abdomen was opened we were presented with a very simple case.

CASE XXV. *Ruptured Perineum and Lacerated Cervix: Operation; Recovery.*—Mrs C., age 28, admitted to Hospital Dec. 17th, 1894. Complaining of pain in back and leucorrhœal discharge. On examination a double laceration of cervix and a rupture of perineum found to exist.

Operation, Dec. 27th. Cervix and perineum repaired. Patient made a good recovery, and was discharged Feb. 1st, 1895.

CASE XXVI. *Ruptured Perineum; Operation: Recovery.*—Mrs. S., age 31, admitted to Hospital Dec. 2nd, 1895. Perineum completely ruptured and there was a slit in posterior vaginal wall into the rectum.

Operation, Dec. 11th. Edges of tear in posterior vaginal wall first bared and sutured; then a modified Tait's operation was done. Stitches removed Dec. 20th. Parts nicely healed. Discharged Dec. 29th all symptoms relieved.

CASE XXVII. *Ruptured Perineum and Lacerated Cervix; Operation; Recovery.*— Mrs. H., age 23, admitted to Hospital Dec. 18th, 1895. Complaining of pain in back and leucorrhœal discharge. On examination a double laceration of cervix with endometritis and a complete rupture of perineum found to exist. Dec. 27th, uterus curetted and cervix stitched. Jan. 18th, perineum repaired, Tait's operation. Feb. 19th, discharged from Hospital recovered.

CASE XXVIII. *Ruptured Perineum and Lacerated Cervix: Operation; Recovery.* — Mrs. B., age 45, admitted to Hospital Oct. 25th, 1895. Complaining of "dragging down pains." On examination, perineum was found ruptured and cervix lacerated. Nov. 8th. The double operation was done. Perineum done by Tait's method. Dec. 18th, discharged recovered.

CASE XXIX. *Talipes Equino-varus: Osteotomy; Recovery.*—R. B., age 10, school girl, admitted to Hospital Oct. 1st, 1894. She had Talipes equino-varus of left foot.

On Oct. 6th, the tendo-achilles and plantar fascia were cut and foot straightened as much as possible. A plaster splint was applied. Had considerable pain. After operation wound healed nicely, but foot was not perfectly straight.

The advanced stage of distortion of bones made this procedure almost useless. It had no effect on the shape of the foot, and it was determined to do the more severe operation.

Operation, Nov. 24th 1894. A T-incision was made on the outer aspect of foot, and the tissues above and below including tendon nerves and vessels were lifted up and held aside. A wedge shaped piece of bone, without giving attention to joints, was taken across the tarsus and the foot brought forcibly into position. All with the most strict asepsis Put up in splint and plaster. Some febrile reaction for two days. Made a good recovery, and the result was most excellent. In two months she was able to walk aided by a crutch with the sole of the foot flat on the floor. Discharged Jan. 31st, able to walk naturally with a stick.

CASE XXX. *Osteo-Sarcoma of tibia: Amputation; Recovery.*—C. B., age 11, admitted to Hospital Nov. 2nd, 1894. Complaining of a tumor on anterior aspect of tibia. Family history negative. Six months ago patient fell and struck his leg at seat of present tumor. A short time after this a swelling appeared. This was poulticed and afterwards lanced twice. A small quantity of serous fluid was discharged each time. Patient was thin and pale when admitted. Leg somewhat wasted. Upper part of tibia enlarged and a bleeding fungus mass protruding. An osteo-sarcoma was diagnosed, and on Nov. 8th the leg was amputated above knee. Patient made a good recovery and was discharged from Hospital Nov. 30th.

CASE XXXI. *Tubercular Arthritis; Amputation: Recovery.*—C. C., age 18, admitted to Hospital March 1st, 1895. Complaining of sinuses in right knee. Patient had an arthrectomy performed for a tuberculous arthritis about a year ago. Wound healed nicely, but afterwards sinuses formed, which have been discharging off and on ever since. Sinuses have been curetted several times, but as they showed no tendency to heal and patient's general health was bad, it was decided to amputate above knee. Amputation was done March 20th. Wound healed, general health has improved very much. Discharged April 26th, recovered.

CASE XXXII. *Tubercular Arthritis of knee; Arthrectomy; Death.*—F. C, age 28, admitted to Hospital Nov. 24th, 1895. Complaining of sore knee. Had been troubling him for some time. The cervical glands were also enlarged and his general health was not good. The knee joint presented the ordinary appearance of chronic tubercular arthritis. No sinuses.

Operation, Dec. 16th. The joint was freely opened and all ligaments divided. It was found in much worse condition than was suspected. Joint filled with curdy pus. When this was cleaned out and tubercular foci in bone removed, deep abscesses were discovered running under the rectus above and on the tibia below. These were fully scraped and irrigated. Towards the end of this extensive oper-

ation patient showed marked symptoms of shock. Everything quickly completed, and the usual restoratives vigorously applied, but he never rallied. He died about three hours afterwards.

CASE XXXIII. *Tubercular Arthritis of knee; Arthrectomy.*—R. W., age 18, male, admitted to Hospital Oct 11th, 1894. Complaining of swollen and painful knee. Previous history good. Family history negative. Patient dates his trouble to an injury received while skating three years ago. He fell and struck his knee. Did not hurt him much at time, but about six months afterwards it began to swell and hurt him to walk. Has been troubling him ever since. Has a spot of tenderness over inner aspect of knee. Movement of knee very limited. After having tried various local and constitutional remedies, patient was operated on Feb. 26th, 1895. An arthrectomy was performed. Wound healed at first, but a sinus formed on inner and outer aspect which has been discharging ever since.

CASE XXXIV. *Tubercular Arthritis; Arthrectomy.*—A. M., age 18, male, admitted to Hospital Feb 22nd, 1895. Complaining of swollen knee. Family history good. A history of an injury to knee four years ago. Has been troubling him more or less ever since. Tenderness on inner aspect of knee. On March 5th an arthrectomy was performed. Wound healed nicely, but sinuses have since formed and patient is still in Hospital.

CASE XXXV. *Inguinal Hernia: Radical Cure: Recovery; Complete Cure.*—T. R. age 28, male, admitted to Hospital Oct. 4th. 1893, complaining of an inguinal hernia. Had been troubled with it since three years of age. Had used trusses until he was tired of them. Oct. 16th operated on. A long incision was made parallel with poupart's ligament over the hernia. The cord was dissected away from sac and sac dissected out. and upper end ligatured with catgut. The cord was drawn out of the canal and canal closed, its edges above and below being drawn together with silk sutures. A new course was then made for the cord according to Halsted of Baltimore. Wound healed by first intention, but patient was afterwards troubled some with stitch abscesses. Was discharged from Hospital Jan. 2nd, 1895, recovered, and with complete cure of the hernia.

CASE XXXVI. *Right Inguinal Hernia: Operation: Recovery: Complete Cure.*—A. M., age 3 years. Child has been afflicted with hernia since birth. Trusses used but no beneficial effect. Operation June 1894, for radical cure. In this case, the spermatic cord was taken from its ordinary position and placed in upper end of opening, as in previous operation. The child did well, and at present date June, 1895, no return of hernia has occurred.

CASE XXXVII. *Vesical Calculus: Operation: Lithotomy: Recovery.*—T. W. B. age 40, admitted to Infirmary, Jan. 31st, 1895. History of phthisis in family. Been healthy up to eight years ago, since then, has had vesical irritation. Slow micturition with occasional stoppage of the urine. Never had any pain until three weeks before admission—then he passed some blood. Consulted a physician and was relieved. Had another attack of pain and haematuria, was examined for stone and one was detected in bladder. At time of admission to Infirmary, calculus was impacted in membranous portion of urethra and bladder fully distended. On introducing catheter to relieve bladder the stone was pushed back into that organ. Decided to crush it next day, but on sounding, it could not be detected. Supposed it had been voided per urethram during the night. The next night, Feb. 5th, it again lodged in the urethral canal. Feb. 6th performed median lithotomy—found stone about the size of a hazel nut and very hard, composed of uric acid. Passed catheter for three days—wound healed well and he made a good recovery. Was discharged on Feb. 14th, 1895.

Maritime Medical News.

JULY, 1895.

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EDITORIAL.

THE outlook for the meeting of the Maritime Medical Association is good. The attendance promises to be large. The programme with the additions to be made to it, is one that interests the busy physician and surgeon, and should bring out much valuable discussion. No one can afford to be absent who can possibly attend. The Profession of Dartmouth and Halifax will carry out the social part of the programme to the best of their ability. If possible there will be an excursion to the Quarantine Station, Lawlor's Island, on Thursday afternoon. The Quarantine Station is well equipped, and will be well worthy of inspection. It is under the charge of Dr. W. N. Wickwire, the port physician.

WE have the following report from the P. E. I. Hospital:—Number of patients admitted for the year ending May 31st, 1895, 141. Out-door patients treated, 54, to whom 125 prescriptions were dispensed. Of the 141 patients admitted, 61 were medical and 80 surgical. 60 operations were performed, of which 19 were major ones, including one Hysterectomy, one double Salpingo-Oophorectomy, one Herniotomy, one Supra-pubic Cystotomy, Amputations, etc. Of the 5 deaths which occurred during the year, two are credited to the surgical wards, but it is only fair to add that one of these followed a merely tentative abdominal section for exploration of a cystic tumor of kidney, which operation did not in any way contribute to the death. Of the medical cases also, two, namely, one of pneumonia, and one of typhoid fever were brought into the hospital in a hopeless condition, thus showing on the whole a remarkably low death-rate. Financially also the Institution is in a very healthy condition.

THE warm admiration of the French general who witnessed the charge of the Six Hundred was blended with criticism. *C'est magnifique, mais ce n'est pas la guerre!*

When Lister read his paper on the treatment of fractured patella to the Medical Society of London, there was a surgeon present who paraphrased the criticism of Balaclava, and declared of the principle on which Lister worked, that it was *magnifique, mais ce n'est pas la chirurgie.* This was Owen of St. Mary's Hospital, a very clever and original surgeon, and, if we mistake not, a Nova Scotian.

And this was the general feeling of the audience. There was polite admiration of the results, and in some cases warm tributes to the genius and skill of the apostle of the New Surgery, but for the most part the atmosphere was one of doubt, and more than doubt. The recognised leaders of London surgery had not yet had their eyes opened: a few only of the younger men had some vision of what was coming.

It is a very interesting study to read the reports of some of the London Societies of ten to twenty years ago, in the discussions on antiseptic surgery, and then to read the later contributions of the same men. In no field of science has a greater revolution taken place. And with regard to the central figure in this action, how great a change! Less than twenty years ago a young Edinburgh surgeon applying for a position in a London hospital thought he was playing a strong card when he handed in a testimonial from his teacher Professor Lister. "Who is this Lister," was the remark of the chairman, and this in London, his native city. Where is the hospital now in which his name is not known and honoured?

A dozen years ago Lister's earnest plea for the application of the germ theory in the surgeon's work was met too often with clever ridicule and cynical smiles, and even his exhibition of brilliant cases, phenomena of healing never seen before, provoked hostile criticism. It was "gravely feared" that the publication of his paper on fracture of the patella would lead to the "sacrifice of many lives," and a very prominent surgeon of the time went so far as to say publicly, on hearing of Lister's first operation on this condition that it was a fair case in which to bring an action for *malpraxis*. But,

"If envy scout, if ignorance deny
"His faultless patience, his unyielding will,
"Beautiful gentleness, and splendid skill,
"Innumerable gratitudes reply."

Tempora mutantur. It is not long since an eminent Parisian surgeon declared that Lister, by the revolution he has wrought in surgery, has been the means of saving more lives than the wars of the 19th century have destroyed.

A few weeks ago the annual oration of the Medical Society of London, was delivered by Mr. Pearce Gould, one of the ablest of the very brilliant band who represent London surgery to-day. He took for his subject the "Recent Evolution of Surgery." The address is able and philosophical, as well as interesting and he concludes with one of the frankest and warmest recognitions of the value of Lister's work which we have ever seen. He says: "Were I to close this poor attempt to "indicate the main course of the re- "cent evolution of surgery and the "chief forces that have led to it, with- "out any reference to that master "mind to which we owe the greatest "impulse that surgery has ever felt, I "should be doing violence to my own "feelings and to yours also. Although "science knows nothing of nationality, "and we here to-night rejoice in ad- "dition to our knowledge and to our "powers of combating disease and "death, whether it comes to us from a

"French Pasteur, from a Teuton "Koch, from our Western cousins on "the other side of the broad Atlantic, "or from a son of that Eastern Em- "pire now just rising above the hori- "zon, we cannot help feeling a special "pride in the fact that the name that "shines with an unrivalled splendour "on the page of surgical history is that "of the Englishman, Joseph Lister * "* * * Anticipating the future, "we may be sure that it will forever "remain one of the proudest traditions "of this society, that it was here to "us, that Joseph Lister made more "frequent and more important com- "munications than to any other kind- "red society in London. * * * * "But nature is not lavish of her "choicest gifts; they often come to us "at what we call long intervals, as if "to enable us to judge of them with a "true perspective. In the seventeenth "century she gave us the immortal "William Harvey to lay the founda- "tion of our physiological knowledge; "in the eighteenth century she gave "us John Hunter, that great biologist "and profound anatomist, the founder "of scientific surgery; and in the nine- "teenth century she enriched the race "with Joseph Lister, a man worthy to "rank with Harvey and Hunter, not "only for his genius, his powers of "observation and reflection, his pati- "ence in research, and his scientific "method, but even more for the mag- "nitude and beneficence of the results "that have followed from his efforts. "It is a great thing to have and to "hold in reverence our mighty dead; it "is a better and a greater thing still "to have and to honor our mighty "living."

The *Lancet*, and we can remember when the *Lancet* made merry over the early efforts in antiseptic surgery, the *Lancet* in reviewing Mr. Pearce Gould's address says: "the praise is just, and "it is not premature. * * * * "Nor is the praise less just because it "comes from British lips. It will be "echoed from every civilised country. "But it was well spoken here. Foreign- "ers will not think the less of us or of "him for doing justice to Sir Joseph "Lister, to whom more than to any "other man we owe the elevation and "the advance of surgery."

And to those very walls which rang with applause when antiseptic surgery was cavalierly set down as a transcendental idea, a very fine thing, *but not surgery*, now ring again as the foremost men in medicine and surgery give Lister his proper place as the Father and Maker of Modern Surgery, the man who has given a wider extension and a greater power for good to surgery than it ever knew before him.

Correspondence.

Editor Maritime Medical News:

Although commendation from me might be poor compliment to the excellent paper of Dr. Geo. L. Sinclair, published in your June issue, yet I wish to express my pleasure in its perusal and my hope that it will receive the careful consideration of the entire profession in these Maritime Provinces. It seems to me, however, a matter of regret that the modern methods and aims in caring for the Insane should not be placed in some systematic

manner before the general public and our legislative bodies. And just here there is a good opening for the general practitioner. Not only is it the duty of the medical profession to do everything possible for the insane after their commitment to a public or private institution, from a purely scientific standpoint, but there is a work of public education to be accomplished. That some more active means should be taken is evident if we have 600 insane scattered here and there over Nova Scotia, outside of any official Hospital or Poor House. Many of these diseased ones are "farmed out" by *generous open-hearted* district Commissioners of the Poor. Some lie under lock and key in our common jails. But the large majority depend for their care upon relations or guardians who often consider them worthless disgusting burdens and treat them accordingly. Nor can the care accorded the 400 in the County Poor Houses be very scientific or satisfactory, when the superintendent is only considered capable when he keeps the cost per week at the lowest possible figure. Let the appeal from Dr. Sinclair for more science, aye, for more humanity, in our care of the Insane be heeded and then surely the more scientific methods will shortly follow.

The public require to be educated to look upon Insanity as a disease, not a disgrace and crime, and Mt. Hope should be regarded as a hospital for its treatment, not an asylum for its victims. Often times we find it difficult to keep our general patient from going to the hospital, and had we the pavilion or cottage extension plan suggested by Dr. Sinclair, there would be an equal readiness on the part of the public if properly instructed by the profession, to take advantage of this hospital for our 1400 insane.

Remedial legislation could be obtained by bringing definite pressure to bear upon our Provincial Governments officially, or better, individually. Let each and every practitioner endeavor to secure the co-operation of the members of his county, in favor of the scheme, and let the Provincial Medical Board frame a suitable bill.

Briefly my points are :—

1st. Our present care of the insane (apart from those at Mt. Hope, where, however, Dr. Sinclair thinks a similar condition exists) is both unscientific and lacking in the philanthropy one would expect from the profession in Nova Scotia.

2nd. The Medical Profession should be public educators as to the nature of insanity and the desirability of early and constant hospital treatment.

3rd. To individually labor to procure *remedial* legislation along the lines suggested by Dr. Sinclair.

SMITH L. WALKER, M.D.

Truro N. S., June 12, 1895.

MONTREAL BOARD OF HEALTH.

The report of the Montreal Board of Health in favor of the establishment of a bacteriological department in connection with the Board has given rise to much discussion as to the practical value to the city of such an institution.

Dr. Laberge, the City Medical Health officer, has prepared a report on this feature of the case and submitted to the Board. Dr. Laberge, in his report, says :

Among the considerations which should invite your Board to favor the establishment of a civic bacteriological laboratory, the following may be specially mentioned :

1. It is admitted by all modern clinicians that bacteriological cultures present the only means of establishing a positive differential diagnosis between diphtheria and diseases of the throat, such as, angina, laryngitis, croup, etc.

2. The promptitude and certainty with which diagnoses could be made out, in cases in which bacteriological

cultures can be employed, would enable the Sanitary authorities to be more exacting with respect to the notifying the Health Department of the existence of infectious cases of disease.

3. The promptness and certainty in diagnosis thus obtainable would enable the authorities to discriminate, in time, between persons who should be isolated and those who should not.

4. In the case of diphtheria, this promptitude in diagnosis would ensure for the patients the advantages of inoculation with anti-toxin remedy the more efficacious the shorter the time that elapses between the onset of the disease and the employment of the remedy.

NOTE.—Tubes specially destined to receive the germs for culture to be distributed gratuitously to the members of the medical profession, by means of the pharmacies, could be prepared in the laboratory.

5. In cases of infectious disease, before the Department proceeds to disinfect the houses, the determining whether the disease has really died out and whether the patient is entirely free from the germs of contagion.

6. The testing of the quality of disinfectants, and the effectiveness of disinfecting apparatuses, particularly those worked under steam pressure.

7. The ascertaining of the quality and value of the anti-toxine serum tuberculin and vaccine.

8. The distinguishing of Asiatic cholera from other species of cholera.

9. The testing of ice and drinking water which may be suspected of being contaminated by typhoid or cholera germs, or suspected of being their vehicle.

10. The testing of milk suspected of being contaminated by tuberculosis, typhoid fever or diphtheria by the identification of their specific germs, and in the case of contamination by other infectious diseases by discovering the presence of an excess of micro-organisms.

11. In the case of butchers' meat to ascertain whether it is affected with tuberculosis. (Trichinosis.)

12. The examination of canned articles of food either contaminated or suspected of being so.

13. The preparation of tuberculin to be used in discovering the presence of tuberculosis in cattle, suspected of being affected with the disease.

14. The diagnosis of glanders, farcy and tetanus, incurable and fatal diseases occuring in horses and communicable to man.

15. The testing of the dust in factories, workshops, etc., suspected of being the cause of the frequent or periodical prevalence of disease. The expense of equipment would not exceed $1000, and the annual cost of maintenance, including water, lighting, materials for use in the laboratory work, etc., would probably reach another $1000.

I would strongly urge the establishment of the above mentioned, laboratory, and recommend your Board to ask the necessary appropriation from the Council, in order to put that needed adjunct to the Health Department in operation as soon as possible.

Star.

ADDITIONAL papers received for Maritime Medical Association Meeting:—

Case of Anterior Abdominal Nephrectomy; James McLeod, Ch'town.

Case of Combined Ovariotomy and Hysterectomy; P. Conroy, Ch'town.

Two Cases of Hysterectomy; G. R. Jenkins. Ch'town.

Two Cases in Obstetric Practise; C. A. Foster, Bridgewater.

Case of Gall Stones; N. E. McKay Halifax,

AMERICAN MEDICAL PUBLISHERS.

This Association held its second annual meeting at the Eutaw House on the 6th and 7th of May, with the following in attendance:

Dr. J. C, Culbertson, Cincinnati, Ohio; Miss Dora Jones, St. Louis, Mo.; Dr. John C. Le Grand, Anniston, Alabama; Dr. C. F. Taylor, William B. Saunders, Philadelphia, Pa.; Miss Hackedorn, Toledo, Ohio; Dr. F. E. Stewart, Detroit, Mich.; J. MacDonald Jr., Irving J. Benjamin, Dr. Ferdinand King, Dr. H. P. Fairchild, New York City; Dr. R. W. Lowe, Bridgeport, Conn.; Dr. W. C. Wile, Danbury, Conn.; Dr. H. M. Simmons, Dr. Wm. B. Canfield, Baltimore, Md.; H. A. Mathie, Dr. A. H. Ohman-Dumesnil, Dr. I. N. Love, St. Louis, Mo.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Hudson, Austin, Texas; Dr. Wm. F. Bartlett, Philadelphia; Dr. T. D. Crothers, Hartford, Conn.; Dr. Gilbert I. Cullen, Cincinatti, Ohio.; Dr. Henry S. Upson, Cleveland, Ohio.; Dr. E. E. Holt, Portland, Maine; J. M. Grosvenor, Jr., Boston; Charles Wood Fassett, St. Joseph, Mo.

Nineteen new members were admitted and questions of the day affecting medical publishers were profitably discussed.

Beginning with July 1st, a monthly bulletin will be issued for the benefit of members of the Association. It is to be edited by Drs, P. H. Fairchild, J. MacDonald, Jr., and Ferdinand King, New York City; Dr. J. C. Le-Grand, of Anniston, Alabama; and Charles Wood Fassett, of St. Joseph, Mo.

The Secretary was authorized to issue in pocket form, a revised list of medical advertisers.

Upon invitation, the Association banqueted with the Medical Editors, on Monday evening.

The Officers re-elected were as follows: President, Dr. Landon B. Edwards, of Richmond, Va.; Vice-President, Dr. H. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City; Secretary, Charles Wood Fassett, St. Joseph, Mo.; Dr. J. C. LeGrand and Irving J. Benjamin were elected on the Executive Board.

BOOKS AND PAMPHLETS RECEIVED.

Report of One Hundred and Eighteen Cataract extractions; with remarks. By David Webster, M. D., New York.

Webster very much prefers the simple extraction without iridectomy, in all ordinary cases of senile cataract. Only five of the one hundred and eighteen cases being performed with an iridectomy preceding the expulsion of the lens.

A detailed statement is made of each case in this report, and we find that there were

104 successes or 88%
8 partial successes or 6%
6 failures or 5%

We congratulate Dr. Webber upon the high percentage of successes.

Transactions of the New York Academy of Medicine. Second Series, Vol. x., 1893.

Suprapubic Cystotomy for Calculus of the Bladder; By A. H. Meisenbach, M. D, St. Louis. (Reprint from Journal of the American Medical Association.)

ACNE.—
℞ Sublimed sulphur, 7 parts.
Beta-naphthol, 2 parts.
Styrax ointment, 2 parts.
Fresh lard, 50 parts.

Rub in every night for a week. Omit a week, and repeat.—*Exchange.*

Selections.

THE TREATMENT OF THE DISEASES OF THE HEART.

In the May number of the *Edinburgh Medical Journal* there is an interesting article on this subject by Dr. Byrom Bramwell in which he sums up his personal experience as to the value of individual remedies which he has found most useful in the treatment of cardiac cases.

In many forms of cardiac disease, he says, rest is the most important means of treatment at our command. It is indicated in the following affections: Acute endocarditis; myocardial degenerations of all forms (fatty and fibroid); all cases in which there is reason to suspect myocarditis, whether acute, subacute, or chronic; pulmonary lesions with an engorged condition of the right heart; valvular lesions with decided breakdown of compensation; cases of angina pectoris in which there is reason to suspect organic disease; aneurisms of the thoracic aorta and large blood-vessels; and all severe cases of senile degeneration of the heart. Exercise is a very valuable means of treatment in many cardiac conditions, more particularly in neurotic affections, fatty infiltration, many gouty conditions in which there are no marked degenerative changes and arterial lesions, many valvular lesions, so long as the myocardium is fairly healthy, some dilated conditions of the heart in which the dilatation is associated with fatty infiltration or the result of such conditions as excessive beer drinking, and in which it is not associated with any marked degree of myocardial degeneration. In many cases of aortic and mitral disease, in the less severe forms of senile heart, and in the slighter forms of myocardial degeneration, judiciously regulated and moderate walking is invaluable, so long as the compensation is well maintained. By muscular exercise, says the author, we are enabled to promote the condition of the general health and of the cardiac health, to hasten the circulation through the peripheral organs and through the heart itself, and to prevent stasis and engorgement with all their disastrous results. So long as exercise, says the author, does not produce any untoward symptoms, it should be allowed and encouraged. Oertel's plan of treatment is chiefly used, he thinks, in cases of fatty infiltration, fatty and gouty conditions not associated with atheroma and without any marked degree of high pressure in the peripheral system of vessels. The author has had no direct personal experience with Schott's method, but from what he has learned from the experience of some patients he is disposed to think that it is chiefly valuable in the same group of cases and in cases of valvular legions in which the cardiac muscle is reasonably sound. Dr. Bramwell says that he attaches the greatest importance to sustaining the mental tone of the patient. In many cases of cardiac diseases there is, he says, no tonic which is more efficacious than a favorable opinion confidently expressed. It is especially valuable in neurotic cases and in all forms of functional disease, and in the less severe forms of valvular lesion in which the valvular defects are well compensated for or in which the organic changes in the heart are associated with a nervous and irritable condition.

With regard to the employment of drugs, Dr. Bramwell recommends the following: 1. Iron is an invaluable remedy in those forms of cardiac disease in which there is a deficiency of hæmoglobin. The most efficacious form is Robertson's Blaud's capsules. 2.

Arsenic is a valuable remedy. It is especially useful in cases of myocardial degeneration and in neurotic cases; it is also useful in many cases of angina pectoris. In many cases of valvular disease in which there has been any decided breakdown of compensation, particularly in cases of aortic regurgitation, it is a most valuable tonic. 3. Strychnine is one of the most valuable cardiac remedies which we possess for the purpose of producing both a sustained tonic effect and more active stimulation. Dr. Bramwell has found it very valuable in cases of valvular disease before there has been a decided breakdown of compensation, and during a temporary breakdown in which there are bronchial or other pulmonary complications, especially when given subcutaneously in frequently repeated doses, with or without inhalations of oxygen. 4. Digitalis is a cardiac tonic which the author uses when symptoms indicating failing compensation are developed, for the purpose of producing immediate and temporary effects, tiding the patient over acute complications, also with the object of permanently sustaining the cardiac power and preventing further breakdowns of compensation. It is most useful in mitral lesions, especially in mitral regurgitation with dropsy, irregular pulse, scanty urine, etc. It should be given more cautiously and for shorter periods of time in cases of aortic regurgitation, and in such cases it can not be expected to produce such satisfactory results as in cases of mitral regurgitation. Dr. Bramwell thinks that in some cases the employment of digitalis is attended with risk in fatty conditions of the cardiac muscle. He has seen one case of fatty degeneration in which rupture occurred during a course of digitalis, and he was inclined to think that the rupture was the result of the administration of this drug. He rarely gives it in chlorotic cases or where there is fatty degeneration due to disease of the coronary arteries; but he has found it of great use in cases where the grave cardial symptoms seemed to be the result of a degenerated condition of the myocardium and in which the degeneration was the result of chronic myocarditis or fibroid degeneration. Where the pulse tension is high the author usually prescribes strophanthus in preference to digitalis. Under such circumstances, if digitalis is given, it should be combined with potassium iodide, sodium salicylate, or some remedy, such as nitroglycerin, which reduces the blood pressure. Dr. Bramwell always gives digitalis in the form of tincture or infusion. He never uses digitaline granules; he has seen, he says, decided poisonous symptoms produced as a result of the administration of Nativelle's granules. 5. Strophanthus is of great value in those cases in which it is desirable to produce a rapid tonic and stimulating effect. In such cases the author often combines it with subcutaneous injections of strychnine, and, in many cases in which there are grave pulmonary and bronchial complications, with inhalations of oxygen. Strophanthus is useful also in some cases in which digitalis, owing, perhaps, to some idiosyncrasy of the patient, disagrees. It is preferable also in cases where the peripheral arterial pressure is increased. 6. Alcoholic, ammoniacal, and ethereal stimulants are of great use for the purpose of relieving urgent symptoms and warding off asystole. Where there is vomiting, brandy and champagne are the most useful.

Many persons, says Dr. Bramwell, who are suffering from chronic cardiac disease, who have all their lives been accustomed to the use of alcohol, are, in his experience, the better for a strictly moderate amount of alcoholic stimulant; in many cases of this kind it seems to help digestion; as a rule he gives whisky, well diluted, with meals. In functional and neurotic cases burgundy is often a useful form

of wine. 7. Oxygen inhalations are of the greatest use in many very urgent conditions, especially where there is bronchitis, pneumonia, or pulmonary apoplexy. 8, Potassium iodide is an invaluable remedy in aneurism and in many cases of angina pectoris. In combination with digitalis it is a most important remedy in some of the so-called cases of senile heart. It has also appeared to be useful where there is chronic myocarditis or fibroid degeneration. In some cases in which cardiac lesions or symptoms were associated with symptoms of tertiary syphilis, potassium iodide has seemed to exert a beneficial effect upon the cardiac condition. 9. Sodium salicylate is another remedy for which the author has seen the greatest benefit result in gouty cases associated with cardiac symptoms. 10. Nitro-glycerin and nitrite of amyl are the remedies which he uses for the purpose of producing a rapid lowering of the blood pressure. He thinks they are more reliable and safer drugs than nitrite of sodium. 11. Menthol, given in combination with aromatic spirit of ammonia and spirit of chloroform, is a most useful remedy in many cases of flatulent distention of the stomach—a condition which is often the the cause of cardiac embarrassment and sometimes of sudden, alarming, and even fatal nocturnal dyspnœa, with or without angina pectoris. A sixth or a quarter of a grain of solid menthol dissolved in half a drachm of spirit of ammonia and half a drachm of spirit of chloroform is the usual dose. 12. Purgatives are useful in many cardiac affections, especially in mitral cases attended with dropsy, and in cases in which the right side of the heart is overdistended and embarrassed, and the organs and tissues are engaged and water-logged.

In the mechanical removal of dropsical effusions, says Dr. Bramwell, beneficial effects may be obtained by frequently repeated tappings in some cases of ascites due to organic cardiac disease, resulting hepatic cirrhosis, and portal engorgement. In cases of hydrothorax the results have, as a rule, been merely temporary and often unsatisfactery. He rarely resorts to puncturing the legs or the scrotum until other measures have failed to remove or lessen the œdema; consequently, in his experience, draining the subcutaneous tissues has rarely been attended with any marked or lasting benefit. Massage, he thinks, is a more useful remedy than tapping in many cases of subcutaneous dropsy; it aids the venous and lymphatic return, and quickens the circulation in the muscular and peripheral tissues of the body. It is also of great use in many cases in which, owing to the nature of the lesion, ordinary muscular exercise is contraindicated. Venesection is undoubtedly, he says, valuable in many cases in which the heart is greatly distended and engorged, and it is particularly useful where the engorgement depends upon temporary lung complications superadded to mitral disease. Dry cupping is very useful for the relief of congestion of the lungs and other pulmonary and kidney complications.

With regard to the soporifics, says Dr. Bramwell, the most useful are chloralamide, paraldehyde, and morphine. In cardiac cases sulphonal is much less certain in its action than chloralamide, and in grave cardiac affections he has almost entirely given up the use of chloral hydrate, on account of the marked depression which it is apt to produce. Paraldehyde is especially useful in those cases where there is bronchitis, and in which morphine is contraindicted. After the breakdown of compensation and in the ultimate restlessness in cardiac cases, small and frequently repeated doses of morphine are often invaluable. The author has seen a marked benefit, even in cases where there was albumin in the urine, result from the administration of the drug. and he thinks that, on the whole, it is the most reliable sedative and soporific.—*Ex.*

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will be held at Masonic Hall, Halifax, **Wednesday, July 3rd,** at 9. a. m. sharp, for transaction of official business only. All papers will be read at the sessions of the Maritime Medical Association, which meets on the same day. Those intending to read papers should at once notify George M. Campbell, M. D., Halifax, N. S.

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