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## Original Articles.

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### CROUP.

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The essential feature of croup is a spasm of the muscles of the larynx, causing complete closure of the glottis, followed by a gradual opening.

While the glottis is closed respiration is stopped; while the glottis is in a partially opened state the respiration is noisy. The most important factor is closure of the glottis; but the most obvious, though least important, is the noisy respiration. The disease, croup, has thus been named from its most obvious symptom, and the remark that croup is a symptom and not a disease is just.

We shall not weary you with repetition of the symptom complex of croup, but treat it only under two headings:

1. Causes.
2. Treatment.

To understand the causes of croup we must understand some of the mechanism of respiration so far as it concerns the larynx.

The muscles of inspiration are stronger than the muscles of expiration and if the muscles of respiration, both inspiratory and expiratory, be stimulated at the same time the result is an inspiratory act, the expiratory muscles being overpowered.

The muscles of the larynx consist of two sets—those opening and those closing the glottis. Those closing the glottis are stronger than those opening it. If all the muscles of the larynx be stimu-

lated at the same time the result is closure of the glottis, the muscles that open the glottis being overpowered.

The result of stimulating all the muscles of respiration, and all the muscles of the larynx simultaneously, would be the closure of the glottis, the muscles at the same time straining to perform inspiration. This is the condition present during the spasm in croup. The same condition may be produced by stimulating both parts of the respiratory centre.

The respiratory centre is situated in the medulla, close to the roots of origin of the glosso-pharyngeal, pneumogastric and spinal accessory nerves. It has a complex function over two groups of muscles: the muscles opening the glottis and of inspiration, on the one hand: on the other hand, the muscles closing the glottis and of expiration.

Now the centre is automatic, but partly controlled by higher centres in the brain. It is also reflexly affected by any nerves of the body (all having some remote connection with it), but more especially by the glosso-pharyngeal, pneumogastric and medullary part of the spinal accessory.

Thus we have to consider the centre itself, the higher centres controlling it, and the nerves affecting it; and any disease of either of these may unbalance the respiration and produce croup among a great number of other symptoms.

Of the respiratory centre we may have hemorrhage or degenerations producing croup. These must be exceedingly rare, except in the miliary hemorrhages of hydrophobia. In locomotor ataxia the laryngeal crisis may be attributed possibly to derangement of this part of respiratory centre.

Diseases of higher respiratory centres may produce croup. Thus we have the epileptic cry produced by spasm of the glottis, or the croup of hysteria, or the barking cough of boys at puberty, generally brought on by masturbation, or the neurosis of the larynx, equivalent to writer's cramp, and brought on by talking; a common form is that associated with malnutrition of rickets. This is seen in children up to two years of age and is so common that it has been given a special name, laryngismus stridulus. In this disease there is associated contraction of many other muscles and may end in general convulsions. If a person be strangled from any cause, he suffers at the last from general convulsions and it is doubtful if the convulsions of laryngismus stridulus differ from those of strangulation. Laryngismus stridulus is primarily a neurosis, and is classified with hysteria and epilepsy.

Nerves directly affecting the respiratory centre are the glosso-pharyngeal, pneumogastric and medullary portion of the spinal accessory.

Irritation of these nerves in any part of their course, or distribution, may produce croup. They may be irritated close to the

brain, by tumors of the membranes, aneurism of the vertebral artery and by disease of the bones forming the jugular foramen ; in their course in the neck or chest by trauma, tumors or enlarged glands. The sensory branches (the only ones with which we are at present concerned, as they are the ones which can affect the centre) are distributed as follows : the glosso-pharyngeal to the mucous membrane of the back of the tongue, the soft palate, tonsils, eustachian tube, middle ear and upper part of the pharynx. The pneumogastric, with the medullar part of the spinal accessory to the mucous membrane of external auditory meatus, the lower part of pharynx, the larynx, esophagus and stomach. Any disease of these mucous membranes may produce croup, but by far the most common source of the irritation is in the larynx. This is what might be expected, as the larynx is the most sensitive of mucous membranes. By this I mean that a slight irritation will produce more reflex action than in any other part of the body. The normal reflex action is cough, which effects the removal of the irritant. Croup is not the product of a normal reflex action, since it does not tend toward the preservation of the organism. It would appear then, that in croup, there is a lack of control of the higher centres over the respiratory centre

Treatment may be directed to any part of the nervous system involved in the reflex action, *i.e.*, mucous membrane, afferent nerve centre, higher centre, efferent nerve or muscle.

Speaking generally, we may say that it is the mucous membrane and the higher nervous centres that are at fault, and treatment will be most often directed to them—in the mucous membrane to removing the irritant, as foreign body in the ear, adenoids of pharynx, enlarged tonsils, or to laryngeal catarrh by means of sprays, etc., or the immediate application of hot or cold compresses, or to the stomach by giving emetics, or to the intestines by giving laxatives.

When the higher centres are at fault, treatment will be directed to the toning of the body in general, by the use of tonics, and particularly of the quality and quantity of the food.

The nerve trunks may be treated by removal of tumors or enlarged glands, and exceptionally by galvanism.

The muscles, by drugs which depress muscle, such as ipecac, or by the application of heat or cold.

As there are usually two elements in croup, the neurotic and the inflammatory, we may place it in a list of diseases bearing some indefinite relation to each other—with the purely neurotic at one end and the purely inflammatory at the other. These are epilepsy, hysteria, migraine, erythema, purpura, rheumatism, tonsillitis, croup, asthma, whooping cough, laryngitis, bronchitis, and pneumonia. To understand the relation of these diseases to each other would be to understand medicine.

## THE STATUS OF SUPRARENAL THERAPY.\*

BY SAMUEL FLOERSHEIM, M.D., NEW YORK CITY.

So much has been written and spoken of in relation to the uses of the suprarenal that one knows not where to begin. The history of suprarenal therapy has been amply covered by different observers, and it is needless for me to waste any more time than to simply mention the fact. As my time is limited I hope you will abide with me when I pass rapidly over most of the parts and give but a synopsis of each portion.

Suprarenal is not a new drug. It is an old one, but owing to an inert preparation, the use of the drug was discontinued and fell into oblivion until 1892, when Dr. W. H. Bates, of New York, revived it. Some few years after this, Dr. Bates had much trouble in enlisting medical men to experiment with the remedy and note its relative value as a therapeutic agent in the different diseases. At times he said he was most discouraged and despaired of ever getting one to use the drug. By his persistent efforts he has now succeeded in putting to work the whole civilized world. So wonderful are the properties and uses of this drug that in but an exceedingly short time it has become one of the most widely known and most important in use. Upon hundreds of thousands of cases has the drug been administered internally or applied locally. It is a strange coincidence that in the immense amount of literature, commercial or otherwise, papers and lectures that have been published within the past two years, there has not been mentioned once the name of that indefatigable and painstaking worker, Dr. W. H. Bates, of New York, through whose untiring efforts, unassisted except by repeated antagonistic remarks and stumbling-blocks placed in his road, all the civilized nations have become acquainted with so wonderful, invaluable and now indispensable a remedy.

I am convinced that the revival of this valuable drug is one of the greatest achievements of the past fifteen years. It would please me to cite the good work of the many ardent workers on this drug, but it would take up too much time and space. Suffice it to say that it has been conclusively proven by different observers in different parts of the world that the suprarenal extract and its active principle are not only of benefit but also of undoubted great value as an addition to our therapeutic armamentarium. Over

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three years ago I sent out over eight hundred communications to all parts of the civilized world requesting reports, favorable or unfavorable, from the internal administration of the suprarenal. I received but eight replies stating that my letter was duly received and that it would shortly be published. Up to this late day I have not received personally, from this source, one report of a case treated with the drug.

In the *New York Medical Journal* for October 6th, 1900, I published my first paper, entitled "The Use of the Suprarenal in Organic Diseases of the Heart—a preliminary report." In the same journal, in 1901, I published an exhaustive report on its use in organic heart disease. In the *Medical News* for January 4th, 1902, I published forty-five cases of hemorrhages from various causes treated with the suprarenal. In the *New York Medical Record* for November 17th, 1900, I published a report on the use of the suprarenal in diseases of the lower air passages.

*Preparations.*—We have the dried and powdered suprarenal substance, which is designated as suprarenal extract. We also have the alkaloid, better termed the active principle, which is called adrenalin. Solutions of the suprarenal extract do not keep, but solutions of adrenalin chlorid keep indefinitely, are reliable, and are non-irritating. Whenever in the future I speak of only suprarenal as such I also mean adrenalin chlorid.

*Administration.*—The powder is administered internally in three grain doses either as a powder or, better, in capsule form. The active principle is administered internally in the form of a solution, the strength of which is 1:10,000 to 1:1,000, in doses of from five to fifteen drops. To get the best results it should be administered frequently—from one to three hours or oftener, as the case may require. The solution is dropped on or beneath the tongue for very rapid effects, or it can be swallowed. Some now advocate to use it hypodermatically and by electrolysis. As to the hypodermatic use of the drug I believe it is unnecessary and I have never been in favor of its use. If an adrenalin preparation is at hand, a few drops can be rapidly placed on or under the tongue and its action will become apparent in about the time it takes to get a hypodermatic syringe ready for action. An effect was produced within twenty seconds when adrenalin chlorid was dropped under the tongue. Most all of you know that when you are in a great hurry, the syringe often fails to work properly and much valuable time is lost. I have read in literature that the hypodermatic administration of the solution (otherwise called the subcutaneous injection) had been given in collapse and the site of the injection was often very painful and that this form of administration was dangerous. Solutions in the strength of 1:10,000 have been known to cause great irritation while stronger solutions have given rise to gangrene and subsequent sloughing.

Some state that they have used it hypodermatically without any deleterious results. Those who have not advised subcutaneous administration advise intravenous injection, but they also state that when adenalin solution is given by mouth very rapid and beneficial effects are obtained with no danger whatever to keep the physician on his guard when he so administers it. Why then, if we get very rapid results (often within twenty seconds) when it is given by mouth without the least danger to cause us any anxiety, should one use the hypodermatic or intravenous method with such dangers as are above portrayed?

Surgically it is applied locally to the mucous membrane of the eye, ear, nose, throat, urethra, bladder, etc., in a strength of 1:5,000 to 1:30,000, with or without the addition of other remedies as the case may indicate. Some drugs destroy the active properties of the active principle in solution. Those most often employed, and which do not materially affect its valuable and powerful properties, are cocain, boric acid and normal salt solution. Cyanid and bichlorid of mercury, zinc sulphate, pilocarpin, hydrochlorate and many others have been used in the same solution, but I believe it is better to restrict, up to the present time, the addition to the three previous mentioned.

*Contra-Indications.*—It has none.

*Diseases Treated.*—The diseases in which the suprarenal was administered by me and the results published, were in all forms of organic heart diseases, tracheitis, acute and chronic bronchitis, bronchial asthma, congestion and edema of the lungs, pneumonia, hemoptysis, pulmonary tuberculosis, hemorrhage from the uterus from various causes, such as complete and incomplete abortions, benign and malignant tumors, post-partum hemorrhage, metrorrhagia, menorrhagia, atonic conditions and at menopause. I have also employed it in hematemesis, hematuria, in threatened attack of apoplexy and in apoplectic seizures. The suprarenal, and more lately, the adrenalin chlorid solution has been used by many observers both medicinally and surgically in diseases of the eye, ear, nose, throat, larynx, in genito-urinary work, including the kidneys, in scarlatinal angina, asphyxia neonatorum, anesthetic collapse, angioneurotic edema, edema of the glottis, hemorrhoids, hemorrhagic fecal fistula, gastro-intestinal hemorrhage, goitre, gonorrhoea, lupus, morphine and carbolic acid poisoning, ulcer of the stomach, for lost voice and for diagnostic purposes. To simmer it down, the suprarenal extract and its active principle are of value in organic heart disease, for performing bloodless operations, in most of the diseases ending in -itis, as an astringent and as a hemostatic in hemorrhages generally.

*Heart.*—The suprarenal is one of the most valuable of remedies in organic heart disease. When other drugs, including strychnine and digitalis have failed to be of any benefit, the solution of

adrenalin chlorid has given marked beneficial results. A detailed account of its action can be found in one of my published papers. Adrenalin chlorid has been used in pneumonia as a heart stimulant to tide the patient over a critical period.

*Lungs.*—The suprarenal has often been of great assistance in relieving the symptoms of a stubborn laryngitis, tracheitis and bronchitis when many drugs failed to benefit. In congestion and edema and bronchical asthma, the administration of the suprarenal has helped to tide the patient over a critical period, and often was the only remedy administered. In pneumonia it was given for its stimulating effects on the heart, and for hemorrhages whenever the latter were present. In pulmonary tuberculosis it was administered chiefly to lessen the severity of the cough, to decrease the quantity of the expectoration, to clear the throat, to strengthen the heart, and tone up the patient generally. In hemoptysis, from whatever cause, the administration of the remedy gave rapid evidence of its powerful, yet harmless, effects.

*Hemorrhages.*—As a hemostatic the suprarenal preparations have no equal. They do the work when all other measures fail to benefit. In hemorrhages from most any portion of the body, the internal administration of the drug was most always followed by beneficial results. Some few cases were not benefited by the suprarenal powder, but on administering the solution of adrenalin, these cases were benefited. Surgical, traumatic or so-called idiopathic hemorrhages, unless they are from large blood vessels, are most always instantly checked by the local application of the drug. So powerful and so rapid are the properties of this greatly lauded remedy, that with its help we are enabled to operate, should an operation be indicated, upon those poor, unfortunate individuals, the bleeders, without that dreaded danger of repeated, severe, and in many cases uncontrollable hemorrhages. Secondary hemorrhages, at first so often reported and dreaded after the use of the solution of adrenalin chlorid, I believe need not cause any further anxiety. Generally speaking, they are not any more frequent than before the drug was employed.

*Apoplexy.*—The timely internal administration of adrenalin chlorid had, to my mind, prevented a number of attacks of true apoplexy. I can now recall the histories of six cases in which the symptoms were such as indicated that an attack of apoplexy was imminent. Adrenalin chlorid solution was administered, and the threatening symptoms rapidly passed away. All danger of an attack of apoplexy was apparently avoided. Some few weeks to months afterwards, I was informed by one of the family that the same patient was later very suddenly taken ill with exactly the same symptoms, and the family called in another physician, who administered a much different medicine. The result was that the patient died within a short time, Adrenalin might and might

not have saved these patients during their last attack, but I have had patients with more than one attack who were markedly benefited by the administration of adrenalin chlorid.

*Uterus.*—Hemorrhages from various causes, such as menorrhagia, metrorrhagia, at the menopause, malignant and benign growths, atonicity, complete and incomplete abortions, post-partum hemorrhage, idiopathic (so-called) hemorrhage, and also from persistent oozing after curetting. Dr. George Tucker Harrison, in a paper before the New York County Medical Association said, "Why should we endanger the life of a woman from infection, who is suffering from uterine hemorrhage by the local application of suprarenal extract to the interior of the uterus, when it acts almost as rapidly and as powerfully when administered by mouth without the slightest danger of causing infection?" Adrenalin chlorid has been used to diminish the size of an enlarged uterus.

*Stomach and Intestines.*—Hematemesis from all causes has been rapidly checked by the internal administration of the suprarenal powder. A few cases failed to be benefited by the powder, but on administering the adrenalin chlorid solution, immediate and permanent relief was afforded. In hemorrhage from the intestines from all causes, from fecal fistula, hemorrhoids and ulcers of the rectum, it has given good results. It has also been reported to have been administered in cases of appendicitis, but I am not aware of the ultimate results.

*Eye.*—The use of adrenalin chlorid has given wonderful results in diseases of the eye. The value of the remedy in diseases of the eye is as a hemostatic and astringent in acute and chronic conjunctivitis, keratitis, choroiditis, and most all the other diseases that end in -itis; in gonorrheal ophthalmia, glaucoma, in inflammation of the appendages. Cancer of the lid has been reported to have been cured by its use. As a surgical aid it has given most remarkable service as a hemostatic, controlling hemorrhage, except from large blood vessels, thus enabling the operator to proceed with much more rapidity in his work, with greater precision, and also, of no less importance, the saving of the patient's sanguine fluid, which is quite essential in many of the patients operated upon, especially those operated upon in the nose. With the aid of this drug an operator on the eye, ear, nose, throat, and for the usual minor surgical work, can be rightly called the "bloodless surgeon," and with the addition of cocaine to his armamentarium, we can, add the "painless surgeon."

*Ear.*—Adrenalin chlorid is chiefly used as an astringent in congestion of the auditory canal, the membrana tympani, in the eustachian tube and in inflammations generally in the middle ear. They are also used to check hemorrhages from traumatism and to prevent hemorrhages during surgical operations. Polypi have been considerably reduced in size from the constant application of



the drug. For severe congestion of ear, to make the tube permeable and by permitting free drainage, thereby giving relief to the patient. It has also been used to relieve tinnitus aurium with success when all other remedies had failed.

*Nose.*—The local application of adrenalin chlorid has given marked benefit, and when all other remedies had failed to give relief it worked wonders. Medicinally it has been employed in hay fever, otherwise called hay asthma, atrophic and hypertrophic rhinitis, edema and congestion. Surgically it acts as the most powerful hemostatic in hemorrhages from small blood vessels from various causes. It is most extensively employed to perform bloodless operations on the nose and for the same reasons as in the eye. Continuous applications have caused a decrease in size of polypi. Reports from medical men who do special work on the nose and throat, have reported secondary hemorrhages from its use, after operations, but I believe that the hemorrhages have not been more frequent than before the drug was employed.

*Throat.*—The suprarenal is mostly employed as a hemostatic, whether the etiological factor has been external violence or is going to be a surgical procedure. In catarrhal conditions it is used as an astringent of great value.

*Genito-Urinary.*—In hematuria either from the bladder, kidneys or urethra the use of adrenalin chlorid administered internally or applied locally as a hemostatic has been followed by prompt beneficial effects. In strictures, when the passage of sounds was almost impossible, the instillation of adrenalin chlorid enabled the passage of the instruments, and even larger sized ones with comparative ease. It has been employed to reduce congestion of the prostate.

*Operations Generally.*—It has been extensively employed in operations generally as a hemostatic of exceedingly great value, especially in conjunction with cocaine, chiefly for the purpose of preventing hemorrhage. Operators have used the adrenalin chlorid in operations upon the eye, ear, nose, throat, larynx, rectum, genito-urinary, navel, benign and malignant tumors, and whenever oozing, moderate hemorrhages are to be prevented. It thereby enables one to do clean work which previously were extremely bloody and gave a grave aspect to the case. It also enables the operator to inspect his field of operation without hindrance from hemorrhage.

*Chloroform Syncope.—Collapse and Shock.*—Adrenalin chlorid has been administered with good and rapid results. Given before chloroform anesthesia it acts as a preventative to cardiac syncope. Administered in drop doses of 1:1,000 solution into the mouth during the course of chloroform anesthesia obviates all danger of unforeseen cardiac weakness or embarrassment. You are to understand that chloroform cannot be used indiscriminately, the signs

and symptoms of shock neglected while adrenalin is being administered and still think you are on the safe side. Adrenalin chlorid will act wonderfully in a failing heart and respiration when there is evidence of weakness, but when there is neglect and indiscriminate use of so powerful a drug as chloroform, with so depressant action, seldom anything is of any avail. Care in anesthesia must be the watchword first and always. I hope I make this plain to you all.

*Purpura Hemorrhagica.*—Adrenalin chlorid has been of benefit in this disease. When the drug was administered internally further progress of the drug was rapidly checked and convalescence was rapidly established.

In conclusion, I wish to say that we may well be surprised when we reflect but a moment that with so powerful a remedy at our command and so extensively employed, no case of poisoning or great anxiety has ever been observed when it had been properly employed.

## Selected Article.

### PRACTICAL NOTES ON OINTMENTS, THEIR USE AND ABUSE.\*

BY L. DUNCAN BULKLEY, A.M., M.D.

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From time immemorial ointments have been employed in treating diseases of the skin, and the numerous references to them in the Bible show how highly they were esteemed. One reference, namely, "Dead flies cause the ointment of the apothecary to send forth a stinking flavor," refers to an important point to be considered—that is, the freshness or rancidity of ointments.

While it might seem a simple and easy matter to prescribe an ointment for a diseased condition, any one who has dealt much with diseases of the skin not only often recognizes the difficulties connected therewith, but sees continually the uselessness or harm of many that have been previously prescribed for patients by others. A practical study of the subject, therefore, may aid some in avoiding certain of the errors which continually occur in this line of therapeutics. The subject is a larger one than can properly be treated of in a single paper, and many important matters must be very briefly considered.

The United States Dispensatory contains formulæ for over fifty ointments for various purposes, many of which are well known and are of value, as recommended, but some are too weak and many of them are far too strong for ordinary use, unless diluted. It is, therefore, hardly safe to always rely on the directions there given in regard to the use of ointments in diseases of the skin.

#### BASES FOR OINTMENTS.

The first requisite for a good ointment for the skin is that its base shall be non-irritating and of a proper consistency, and

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the tendency of many ointments to become rancid should never be forgotten by the physician. This will sometimes happen through the carelessness of the druggist, more often by that of patients in keeping them too long. Not infrequently an old ointment will prove irritating when one freshly and properly prepared, with the same ingredients, will prove serviceable.

Lard is a common base of very many of the ointments of the dispensatory, and to prevent its rancidity it is commonly treated with about 2 per cent. of benzoin, or originally the tincture of benzoin was added. This latter may prove irritating to the skin, and sometimes the lard is imperfectly benzoinated and will not keep.

Wax and oils also often enter as ingredients, which may likewise tend to rancidity. The petroleum products, paraffin, vaselin, albolene, etc., are also used considerably as bases, but it must be remembered that vaselin is not acceptable to every skin. Not at all infrequently an ointment made up with it will prove irritating, when the same ingredients with another base will be satisfactory.

Vaselin and albolene are often of value when it is desired to have only a lubricant, or a soft ointment to penetrate, as in the hairy scalp, but as a protective ointment it does not answer, unless materially stiffened with powder, as in the Lassar paste, or with wax, paraffin, or lanolin.

Lanolin is rarely suitable as a base alone. At one time it was thought that it would be valuable as promoting absorption, when this was desired, but experiments have shown that it is far inferior to vaselin in this direction. Glycerite of starch often serves excellently as an excipient in irritable conditions, and also for general inunction after bathing, in dry conditions of the skin; but the susceptibility of some skins to glycerine must always be borne in mind, for to some it proves an irritant. Mutton tallow melted and thoroughly incorporated with enough oil makes an excellent inunction for dry, harsh skin. Goose grease has been highly praised as an excipient, especially for parasitocides in the vegetable parasitic diseases. The newer proprietary bases, vasogen and endermol, serve good purposes and appear to be bland and unirritating.

Perhaps the most serviceable base for most ointments is cold cream, or the unguentum aquæ rosæ of the Pharmacopeia; but care must be exercised that it is well made, and that it is fresh, as it is liable to become rancid, and the water in it to evaporate. A little carbolic acid, 1 to 2 per cent. will preserve it for a considerable length of time.

A word in regard to diachylon ointment, so commonly associated with the name of Professor Hebra of Vienna. As directed now to be made, by melting together equal parts of lead plaster and olive oil, it is not as serviceable as that made after Hebra's original formula, for the oil is not decomposed in the process. Hebra advised that the ointment be made direct from the litharge, olive oil, and water, the two latter in very much larger quantities, and the water double that of the oil. The water and oil are boiled, with constant stirring, and the litharge sifted in and the whole stirred until a good soft ointment is made.

#### INGREDIENTS OF OINTMENTS.

While many of the standard ointments, as those of zinc, mercury, sulphur, etc., are of more or less value, used alone, undoubtedly much gain can be had by a proper and judicious combining of various ingredients to suit individual cases; although sometimes prescriptions are seen exhibiting a marvellous polypharmacy, useless if not harmful. The addition of carbolic acid, 1 or 2 per cent., is a most valuable adjuvant to many ointments, and ichthyol, 5 to 12 per cent., is also of great value as an antipruritic, as is also oil of cade. Salicylic acid is also serviceable as a promoter of the growth of healthy epithelium, and may be added to various ointments in a strength of from 3 to 6 per cent.

Many illustrations could be given of the advantage of combinations of ingredients in ointment. Perhaps the most striking is in regard to what is often known as Wilkinson's ointment for scabies, which may be further improved by the addition of tar ointment and liquid storax. It must be remembered that the ingredients of ointments must often be changed to suit individual cases, and it is not always safe to take prescriptions, of ever so high an authority, without considering well the ingredients and their suitability to the diseased condition and the particular skin under treatment.

#### COMPOUNDING OF OINTMENTS.

The dispensatory is very clear in its general and special directions in regard to compounding ointments, but unfortunately, these are not always strictly followed, and one occasionally meets with ointments very poorly prepared. It is well therefore, for the physician to inspect them from time to time, to be sure that they are fresh and perfectly prepared. The most common error is in having gritty particles, which are often a most

irritating to the surface. I have seen an ointment of red oxide of mercury, ordered for use on the eyelids, in which there were hard, solid particles, suggesting red pepper, stirred into the base.

I have also frequently met with ointments in which there was much gritty substance, easily felt in rubbing them between the fingers. All mineral ingredients should be very thoroughly triturated in a mortar, with a few drops of oil, so as to make a fine paste, which is then thoroughly incorporated with the base. The more I see of practice the more I am convinced that a certain proportion of the want of success often occurring in connection with the treatment of diseases of the skin is owing to the faulty pharmaceutical prescriptions.

#### STRENGTH OF OINTMENTS.

Both in health and disease individual skins differ very greatly in their reaction to external irritants, and one should always be cautious in making a first application to a skin with which there has been no previous personal experience. Irritation and harm is continually done to eruptions by too strong ointments, and it is always well to begin with a mild application, increasing the strength as indications occur. Undoubtedly the reputation which oxide of zinc ointment has acquired, and also possibly some of the patented and advertised ointments, lies in their bland, non-irritating character, which may be all that is required in any particular case.

One will make very little headway in treating most diseases of the skin who knows only oxide of zinc ointment, although with it alone he will probably do more good and less harm than with any other single ointment.

#### PROPERTIES OF OINTMENTS.

The strength and composition of ointments must naturally vary very greatly with the purpose for which they are employed, and this should always be kept distinctly in mind in the treatment of any cutaneous condition. Ointments may be required for several very different purposes, and, according to their composition, their action may be lubricating, protective, soothing, astringent, absorbent, stimulating, or anti-parasitic. All of them may prove healing according to the nature of the complaint and the condition of the skin. These actions may be briefly considered.

*Lubricants.*—In many instances only a lubricant is wanted,

and no mineral or other ingredients are required other than perhaps 1 or 2 per cent. of carbolic acid. Vaseline or albolene answers often very well, but a very valuable combination for general use is made as follows:

R.	Lanolini.....	ʒi.
	Boroglycerini .....	ʒss.
	Unguenti Aquæ Rosæ .....	ʒiii.

An ointment of mutton tallow and olive or cod liver oil, which can be cheaply made at home, is very serviceable in ichthyosis and in conditions where large quantities are long to be used. Glycerite of starch is also very acceptable to many skins.

*Protective.*—The protective feature of an ointment is often a very important one, which will be spoken of more fully shortly, when considering the mode of application of ointments.

*Soothing Properties.*—In very many diseased conditions of the skin the soothing character of an ointment is that which is most required, and here it is that the ingenuity of the physician is often most severely taxed. Especially is this true when the element of itching is prominent, and when one remedy after another in ointment form will fail to give relief. In many of these instances some other application, in the form of a lotion or powder, will be more suitable.

In attempting to give relief from itching great care will often be necessary to avoid remedies which overstimulate the skin, for continually it will be seen that stronger and stronger applications are used with only irritating effect, when a mild, soothing ointment will accomplish better results, especially if rightly applied. Such ointment as the following will often give relief after much more powerful remedies have failed:

R.	Acidi Carbolicæ.....	gr. v.
	Pulv. Calamini Prep.....	ʒi.
	Zinci Oxidi.....	ʒss.
	Ung. Aquæ Rosæ.....	ʒi.
R.	Ung. Picis.....	ʒii.
	Zinci Oxidi.....	ʒss.
	Ung. Aquæ Rosæ.....	ʒvi.

In increasing the strength of ointments great care should be exercised and the effect carefully noted.

*Astringents.*—In certain cases more of an astringent action is required, and tannin, ergot, lead, and bismuth may be added to meet different requirements.

*Absorbents.*—Again, an absorbent effect is often desired in an

ointment and the preparations of iodine and mercury prove most valuable, as also tar and its various congeners.

*Stimulants.*—Stimulating ointments are also often called for, especially in more chronic conditions, and there are a large number of these which, however, must be used with caution and with a definite end in view.

Many of the ointments found in current literature may be thus classed, and while in skilled hands and applied just rightly, they can be used with safety and often with advantage; in a large share of ordinary cases they will often irritate the skin unnecessarily and be worse than useless.

*Parasiticides.*—Lastly, antiparasitic ointments often present considerable difficulty to those not greatly accustomed to their use, and frequently to the experienced it is a difficult matter to secure an effective ointment which is not too stimulating. Especially to the scalps of children the ointments often suggested are either too weak or too irritating. Chrysophanic acid, although a fairly efficient parasiticide, is being less and less used, owing to its objectionable staining of the skin, hair, and clothes. The iodine preparations and soluble mercurial ointments, such as the oleate and diluted citrine ointment, together with salicylic ointments, afford the best results.

#### MODE OF APPLICATION.

The mode of application and removal of ointments are often very important matters, about which far too little thought is given, for these have much to do with their good or bad effect. It is rare to find that specific directions have been given to patients, and yet, as it is often their first experience in this procedure, it is hardly to be expected that they will understand exactly the way to apply them in order to get the best results. The usual direction is simply to apply some of the ointment morning and night; and very commonly patients will diligently wash off one application before the next one is made, and not infrequently their faulty method of treating the skin will do much to counteract the benefit from the ointment used.

The mode of application of an ointment must vary greatly according to the purpose for which it is used. Thus, when an ointment is used for lubricating, as in ichthyosis, xeroderma, or in a slight general eczematous state, the soft ointment should be taken on the palms and the body freely anointed, with friction, morning and night, until much of the ointment has been absorbed. Also in the treatment of scabies the appropriate ointment should be rubbed in, with the palms, over all the affected



parts, and even for half an hour, until it has well penetrated the furrows made by the insect, and a considerable quantity should be left on, so that the underclothing becomes pretty well saturated with it.

On the other hand, however, on a more or less raw, eczematous surface such a procedure would be anything but beneficial, and the ointment should be thickly spread on the woolly side of lint and firmly bound on the part with as light a gauze bandage as possible. The same is true when it is applied to such a lesion as pemphigus or an ulcerating surface. In this latter case, however, it is often well to spread the ointment on very thin layers of absorbent cotton, held on the hand, which may be made to fit an uneven surface, and on removal they will come off easier, without tearing the newly formed granulations. This method is also peculiarly satisfactory in eczema about the anus, and in hemorrhoids, as it can be well tucked in and keeps its position.

Between these two extremes there are varying degrees of active application of ointments, and patients must be instructed just how to use them or much of the benefit will be lost. Thus, in parasitic diseases of the scalp, after clipping the hair very short, it is often well to apply the ointment with a stiff stencil brush, with considerable friction, working it well into the follicles, and the same mode of application is valuable in hard patches of psoriasis on all parts of the body.

Again, in old patches of eczema there is often much benefit from a greater or less friction with the finger, or often with a bit of flannel with the ointment, after which the patch is covered with the same spread on the woolly side of lint and bound firmly in place. In many cases of eczema or psoriasis about the hands it is almost impossible to make any progress unless the proper ointment is kept bound on the affected part all the time, night and day, for a while.

In itching conditions it may be necessary to renew the applications of ointment many times daily, and in eczema of small children the direction should be to replace it as often as it is rubbed off or the dressing becomes at all deranged.

In general itchy conditions, as pruritus and urticaria, it may be necessary to make applications of an antipruritic ointment many times day and night.

Often one sees very poor results in the using of ointments, resulting from the coverings or dressings which are placed over them. It is not at all uncommon to see a diseased surface to which ointment has been applied, covered with old linen or surgical gauze, which readily absorbs the greasy portion of the oint-

ment very shortly, and leaves the affected portion dry, perhaps coated only with the mineral or other ingredient. This is not at all conducive to the healing of the part.

As has been already mentioned, the best results are obtained when the proper ointment has been spread thickly on the woolly side of surgical lint, or spread on very thin layers of absorbent cotton, and bound firmly on the part.

Many errors continually occur unless careful and explicit directions are given by the physician in regard to the removal of ointments and the subsequent treatment of the diseased surface. It seems to be the universal idea that such should be frequently washed, and one continually finds healing prevented by the application of soap and water, daily or oftener, when with proper use of the same ointment good results followed.

Rarely is it advisable to wash surfaces which are at all raw; and all the cleansing necessary may be accomplished by the gentlest wiping with absorbent cotton. Much harm is also often done by a rough removal of ointments and dressings. When the latter adhere too closely it is generally because there has been too little ointment used or an improper covering made. If on removal of a dressing there is much ointment on the skin which it is desirable to remove, this can often be best accomplished by means of a dull knife, if gentle wiping with absorbent cotton is not effective.

#### INDICATIONS AND CONTRAINDICATIONS FOR THE USE OF OINTMENTS.

It is not always an easy matter to know just the exact indications for the employment of this or that kind or strength of ointment, or for any ointment, in preference to some other kind of dressing, and disappointment will occasionally follow the best directed efforts. In some acute inflammatory conditions of the skin lotions and powders suit far better than ointments of any kind, while in the more chronic conditions, with dry, rough skins, ointments are, of course, called for.

The exact kind and strength of ointment can be determined only after a careful study of the skin, lesions present, and their acute or chronic state or condition, and also after a full appreciation of the character of the skin of the individual under treatment.

In general, a thin, delicate skin, especially in one with a light complexion and hair, will bear and require much milder applications than a thick, tough skin, especially in a brunette.

The single or localized patch of chronic eruption will, of

course, bear and require much stronger applications than an acute or generalized eruption. While the sensations of the patient will commonly determine the continuance or disuse of an ointment, and great harm is often done by too strong applications, our efforts should undoubtedly be directed to securing an application which will be effective and accomplish the end desired, if that be at all possible.

Every point in a case should, therefore, be carefully weighed and the indications and contraindications looked for and appreciated, before determination is made as to the proper ointment to apply. The almost universal use of zinc ointment is largely explained by its relative harmlessness, on the principle of the Irishman's holy water, who explained that, "if it does you no good it will do you no harm." This, however, is a poor principle to go on in the treatment of diseases of the skin, which often require very active measures for their removal; and, as before remarked, he is very poorly equipped for their treatment who knows only zinc ointment.

In concluding these brief practical notes on the use and abuse of ointments, for the general physician, I must utter the caution that we have been considering only one side of the great subject of the treatment of diseases of the skin, and one which is often the least important. All local measures are constantly found to be ineffective unless proper and adequate internal and general treatment is adopted and earnestly and faithfully carried out.—*Merck's Archives.*

## Clinical Department.

**Fracture of the Astragalus.** MONTGOMERY RUSSELL, M.D., Seattle, Wash. in *Northwest Medicine*.

Fracture of this bone is very rare; it usually results from falls, the weight of the body striking upon one foot.

*Symptoms.*—If there is no marked displacement of the fragments, the diagnosis is extremely difficult, the strong ligamentous attachments of the bone usually preventing much displacement. The diagnosis is made by the presence of persistent pain, inability to bear pressure on the foot, rapid swelling, and by eliciting crepitus by flexing, extending, abducting or adducting the foot. Where there is marked deformity the diagnosis is not difficult, but in most cases a positive diagnosis can only be made by the use of the X-ray.

*Treatment.*—If there is displacement of the fragments the leg should be flexed from the thigh, and deformity should be reduced by extension, counter-extension, and manipulation, the foot being subsequently fixed in an extended position at a right angle to the leg. There is, however, usually such marked swelling following this fracture, that much manipulation, or the application of an immovable dressing, is not desirable for at least a week or ten days. After reduction of the swelling, a plaster-of-Paris dressing should be applied and retained for about six weeks. More or less impairment in the motion of the ankle joint is apt to result, and great care should be exercised that the foot is kept as nearly as possible at a right angle to the leg, for in this position the foot will be most useful if ankylosis should occur.

Compound fractures of the astragalus are very serious injuries, and generally demand excision or amputation.

Patient, Mrs. G.: age twenty-seven years. On September 4th, 1904, while riding in heavy road wagon, up a hill, the horses became frightened and backed the wagon down over an embankment at the side of the hill, the wagon upsetting and throwing her violently to the ground. She struck the ground with her full weight on the left foot, the wagon evidently falling across her foot, as there was a mark on the skin over the external malleolus and this bone seemed to be forced down on to the astragalus. I was called to attend her the day following the accident and found her foot and ankle greatly swollen, much

inflamed, very sensitive to the touch and constantly pained her. I also noticed blebs on the skin over the injured area and, on a more thorough examination, elicited crepitus, but was not able to tell what bone was fractured, only being able to make a positive diagnosis by the use of the X-ray.

This being a serious accident and one requiring constant attention, for a time at least, and as the patient was at a ranch across Lake Washington, where she had been spending the summer, I advised her immediate removal to the hospital, where, after using appropriate treatment for about a week to diminish the swelling, I put the foot in a plaster-of-Paris dressing, being careful to fix it as nearly as possible at a right angle to the leg. This dressing I removed after about two weeks, replacing it immediately with another similar dressing, and allowing this last to remain about four weeks longer, the patient in the meantime getting about on crutches, and, in fact, going back to the ranch, where she could remain just as quietly as at the hospital and her general health would not suffer. After removal of the last dressing I found almost complete ankylosis of the ankle joint, and advised gentle massage to overcome it as much as possible. This was continued for about two weeks, with only, however, partial success, the formation of new bone, as shown by the skiagraph, preventing complete limbering of the joint. I now had the patient, while using her crutches, put more weight on the foot each day, finally having her discard the crutches, using only a cane for support, the foot in the meantime improving quite rapidly until she could, by December 15th, about three months after the accident, walk without the aid of either crutches or cane, and with only a very slightly perceptible limp.

Four months after the injury she attended a dancing party and danced several numbers. In the course of six months or a year, the chances are quite favorable that she will be able to walk with scarcely any lameness.

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**Report of a Case of Purpura Hemorrhagica.** BY DONALD CHURCHILL, M.D., Providence, R.I., Surgeon to Out Patients, Rhode Island Hospital, in the *International Journal of Surgery*.

E. D., aged twenty-eight years, white, married, born in New York and living in this city, was seen for me by Dr. Cutts about 8.30 p.m., January 6th, 1903. He found her suffering from severe pain in both legs from the ankles to the knees. This had

come on suddenly, and had lasted about three hours. Examination showed some swelling and slight tenderness, particularly over the tibiae. There were many faintly purple subcutaneous spots over both legs from the ankles to the knees, varying in diameter from 2 to 5 mm. Her temperature was 99 deg., and her pulse 72. An aluminum acetate dressing was applied to the legs. She was given five grains of calomel, and small doses of quinine and acetanilid.

I saw her the next morning about 9.30. Her face was very much swollen and covered with purple spots, while the nose was purple from its tip to its base, giving the appearance of an extensive ecchymosis. The spots on the legs were larger, being from 2 to 3 cm. in diameter, while many of them had become confluent. The temperature was 101 deg., and the pulse 100. There was no pain in the legs, but the pain in the face, and especially about the nose, was very severe. The urine was always free from albumin and sugar, but heavy with urates at first, later becoming in all respects normal.

The following day there was much pain in the arms and hands, which were covered with purple spots and large confluent purple areas. The sclerae were purple. There were some smaller spots on the chest, back and front. The legs presented colors varying from a dirty yellow and faded purple, to the larger coalesced areas in which no separate spots could be found. The face was also universally purple, the teeth ached, and the gums were tender.

At 5 p.m. I was hastily summoned, as the patient was said to be breathing with great difficulty. On my arrival at 5.30 I found that about 5.15, after a severe strangling fit, she had coughed up a clot of blood. This was followed by immediate relief from the dyspnea. At 8.30 p.m. the buttocks were covered with purpuric spots and elevated areas which much resembled urticarial wheals. The abdomen and thighs were also covered by purple spots. Temperature 102 deg., pulse 110. The patient was much frightened, as she feared she was becoming a colored woman. The subcutaneous hemorrhages were now universal. The mouth was sore.

The following morning, and the fourth of her illness, there were no new lesions, and all of the old ones were fading. The swelling of the face and legs was subsiding. There was, however, some bleeding from the gums, which, with the mucous membrane of the mouth and tongue, were purple. The breath was fetid. The teeth were not loose. The legs and face were

of a bronzed hue, the temperature was 102.6 deg., and the pulse 112.

Menstruation, which was exactly on time, had begun on the second day, and was not abnormally profuse. There was also some blood in the stools.

During the next seven days the eruption steadily faded, the swelling of the face and legs entirely disappeared, the temperature and pulse became normal, the soreness of the teeth and gums left her, menstruation ceased, and, save for a dusky appearance of the skin, she looked quite like herself. This duskiness lasted about seven days longer, gradually fading out. Her accustomed strength and color returned rapidly, and she was apparently well.

The patient's family history is negative. She had had one child, now a boy of four, and three miscarriages, all due, her former New York physicians have said, to a prolapsed left ovary. She had never had any illness or ailment except her miscarriages, and a peritonsillar abscess in August, 1902. There was no history of any venereal trouble. She is well developed and well nourished, with rosy lips and cheeks. She is five feet one inch in height, and weighs 128 pounds.

Her husband is a German, and with her son lived with her. They also were in perfect health. Their food was always fresh. Her husband was very fond of a soup or stew made invariably from fresh meat and fresh vegetables, insisting that it should be on his table every day. Salt and canned foods were almost unknown in the house.

Mrs. D. could not remember having taken any medicine of any kind, except for her tonsillar trouble five months before. Her treatment for the first four days was calomel and saline cathartics, cream of tartar water, and chlorodyne to control the pain. On the fifth day, which was after decided improvement had begun, at the suggestion of Dr. Kimball, who saw the case with me, six oranges daily and all the lemonade she could drink were added.

This very striking and unusual group of symptoms suggests, of course, but two things for differential diagnosis, *i.e.*, scurvy and purpura hemorrhagica.

All authorities agree that scurvy is a disorder peculiar to those who, for one reason or another, are obliged to subsist for lengthened periods of time on improper food, more particularly that from which fruit and fresh vegetables have been excluded; to respire vitiated air, and to endure such confinement as precludes the possibility of daily exercising the body. The disorder is, therefore, common in men, particularly those who fol-

low the sea on long voyages, Arctic explorers and others similarly situated. The disease is insidious in its onset. There is a progressive loss of weight and a developing weakness and pallor. The gums first become spongy, later bleed easily on pressure. The teeth usually become loose and occasionally drop out. The skin later becomes rough and dry, and the hemorrhages occur at first about the hair follicles.

Dr. Charles E. Banks, of the U.S. Marine Hospital Service, says: "A progressive upward and downward curve marks the course of a case of scurvy from its onset to its finish. It has no definite attack, no crisis; while there are no marked symptoms involving the nervous system, the depression is always noticeable, and the patient seems to be indifferent to his condition and surroundings."

Purpura hemorrhagica, or the morbus maculosus of Werlhof, Osler says, is more often met with in young women, especially delicate individuals, but cases are described in which the disease has attacked persons in full vigor.

H. C. Wood says: "The progress of this affection is that of an acute infectious disease." Its onset is almost always sudden.

Musser says: "It is distinguished from scurvy by the absence of antecedent debility and anemia, of spongy gums, of brawny induration of the limbs, and by the fact that the hemorrhages do not usually occur around a hair follicle. In scurvy there is a history of long deprivation of vegetable food, whereas purpura may occur in robust health."

Pain in the limbs, rise of temperature, and the purpuric spots, at first usually individual, finally coalescing into ecchymotic areas, are common to both diseases.

To return again to our case, Mrs. D. was apparently perfectly well in every particular, saving only a possible prolapsed ovary, up to the time she was seized with pain in the legs. She occupied rooms in a poor quarter of the city, but they were on the second story, and they were large, dry and airy. Her husband, her son, and two boarders were not affected. Her food was varied, fresh, and with a liberal amount of fruit and vegetables. She was active and out of doors every day, walking some distance. There were no gingival symptoms until the third day, and then although the gums bled they were not spongy and the teeth did not become loose or drop out. The skin of the legs was neither dry nor brawny. There were general hemorrhages from the mucous membranes of the mouth, tongue, trachea, scleræ, bowels, and a profuse menstruation. There was



no mental inactivity nor depression, but rather a hopeful attitude to a speedy recovery, and an active interest in her domestic affairs even when she was sickest. The hemorrhages did not begin around hair follicles, but anywhere and everywhere, rapidly coalescing into larger ecchymotic areas.

If this had been a case of scurvy, it must, *ipso facto*, have been due to food and general surroundings. Neither was in any way changed, yet her recovery was complete in three weeks. It therefore seems to me to be a perfectly logical and honest conclusion that we are fully justified in making an unqualified diagnosis of purpura hemorrhagica.

Some one may say, What difference does it make? Who cares whether it was scurvy or purpura? It is only a splitting of hairs.

Maybe it is. But, aside from the fact that one always likes to be as nearly diagnostically correct as possible, it does have a practical side to the attending physician.

All authorities agree that, if the proper hygienic conditions can be provided, cases of scurvy almost invariably recover. They are equally unanimous that cases of purpura often result fatally, and that it is a much more serious disease, as the etiology is unknown, and the cause cannot be so readily removed. And although this particular case fortunately recovered, nevertheless with a diagnosis of purpura hemorrhagica, and with the disease progressing so rapidly that on the third day there was a hemorrhagic edema of the trachea, I confess I did not feel so comfortable as I should have felt had it been a case of scurvy.

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**A Case of Paratyphoid Infection.** ALBERT E. TAUSSIG, M.D., of St. Louis, in the *Interstate Med. Jour.*

The following case, while unfortunately not completely worked out, is suggestive from some points of view, and therefore, perhaps, worth reporting :

D. S., a Hindoo, aged twenty-five years, came for treatment to the medical clinic of the Washington University Hospital on July 26th, 1904. His family history was good in every way. He had never before had any illness of consequence, did not use alcohol, tobacco or drugs, and gave no history of venereal disease.

His present illness began two weeks ago with a feeling of general languor and malaise. This the patient attributed to constipation, and took a purgative. His bowels moved freely, but there was no improvement in his subjective discomfort. He had been

sleeping poorly, suffered from nearly constant headache, and found himself growing constantly weaker. He believed that he had been having fever ever since the beginning of his illness. His appetite had remained fair, and he had had no particular abdominal discomfort. The bowels had been rather costive.

The patient was a small, sallow individual, showing considerable emaciation, face flushed, eyes dull, skin dry and hot, tongue coated, its margin indented by the teeth, the latter covered with *sordes*. His temperature was 101.4°, his pulse 80 when quiet, but becoming very rapid when the patient exerted himself a little. On physical examination nothing abnormal was found in the thorax. The abdomen was not distended nor tender, no rose spots; the hard, smooth edge of the spleen could be felt on deep inspiration about 2 cm. below the costal margin. The urine was high colored, sp. gr. 1027, no albumen, diazo reaction negative. A Widal reaction done with the blood serum was negative. After two hours in the incubator at 37° C., there was firm clumping with loss of motion in a dilution of 1 to 20; most bacilli clumped but many still in motion in a dilution of 1 to 50, and only slight clumping at 1 to 100. There were at the time no cultures of paratyphoid at our disposal.

The patient was sent to St. Luke's Hospital and put to bed there. That same afternoon 8 c.c. of blood were sterilely aspirated from his cephalic vein and divided among three flasks containing 200 c.c. of bouillon each. In all these flasks a pure culture of a bacillus developed, the characters of which will be described below. As for the patient, his temperature rose that evening to 103.6°, pulse 98, respiration 28. He was given an enema, a cool tub bath, was put on liquid diet, but given no medication. During the night his temperature gradually declined to normal, and remained there. His spleen was palpable for several days, but slowly receded to its normal size. No new pathologic signs or symptoms developed. He was discharged, well, on August 4th.

The bacillus isolated from the blood was short with rounded ends, very slightly motile. It grew profusely on all ordinary media, the colonies on agar plates being round, bluish-white and elevated in the centre. It coagulated milk in twenty-four hours with the formation of acid, caused the formation of gas in glucose agar, reduced neutral red agar, but did not produce indol in Dunham's peptone solution. Unfortunately press of work at the time prevented further study of the bacillus, and when it was taken up again all the cultures had died out. The same is true of agglutination tests made with the bacillus. Owing to a technical error, the results of agglutination experiments made on the bacillus with the patient's and other blood were negative. Before another blood sample could be obtained the patient had left the hospital.

Nevertheless, the morphological and cultural characteristics of

the bacillus, as well as its source, all point towards its being a paratyphoid. Clinically the case was of the sort that all of us see with considerable frequency—cases that at first sight impress us as typhoids, but in whom the laboratory diagnosis contradicts the chemical one, and in which the rapid recovery, too, makes the diagnosis of typhoid fever untenable. It may be that more of these obscure febrile cases are paratyphoid than we might suspect.

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**Exencephalus, Report of a Case.** MARY M. S. JOHNSTONE, B.A.,  
M.D., Chicago, Ill., in *The Woman's Medical Journal*.

November 16th, 1904, I was called to see Mrs. O., who was reported in labor. The patient is a strong, and well-developed woman. She has one child, a large, healthy boy of four years.

Date of last menstruation March 18th, 1904; quickening was first noticed July 1st, 1904.

Examination external and internal revealed a small fetus in the first position apparently occipito-anterior; heart beats 152 per minute and feeble. During the examination, movements of the fetus were distinctly felt; cervix uteri undilated.

The patient was having very fair pains when I reached the house. After four hours waiting the pains stopped, pain in the back, of which she complained bitterly, was relieved; cervix remained closed, and the patient fell asleep. I left the patient and was recalled the next evening, about twenty-four hours after my first visit, arriving just in time to deliver the fetus. There was no time for preparation, so a clean towel was used to protect the mother from infection by the hands. The fetus was rapidly expelled, breech first, legs extended parallel with the trunk, and with considerable force, exerted by the maternal expelling powers. The fetus survived birth about five minutes.

The fetus, female. A monstrosity very similar to one described in Ziegler's "General Pathology," on page 505, and called Hydroencephalocoele Occipitalis, except that in the present instance there was no fluid in the protruding pouch. This form of deformity is also well described by Lewis in the *American Journal of Obstetrics and Diseases of Women and Children*, February, 1905.

After about four months' hardening in formalin, the fetus measured 26 cms. in length and weighed two pounds.

The body and limbs were well developed, the fingers seemed long in proportion, 2 cms. The head was flat, no forehead, nose large, broad and flat, eyes large and bulging, cheeks broad, 5 1-2 cms. There was practically no neck, the head resting on the shoulders; on the top of the head there was a ridge between the juncture of the frontal and parietal bones. The fetus was delivered at the seventh month of gestation.

*The Placenta.*—The placenta was 14 cms. by 7 cms., and the cord was only 21 cms. long. The placenta was located to the right and over the middle zone of the uterus, encroaching upon the lower or danger zone. Membranes were quite firmly attached at the fundus and had to be removed by manual curettage. The whole placenta was also removed manually.

The obstetrical and puerperal conditions are not without interest, and may be added to the report with profit:

Ten minutes after delivery a severe hemorrhage began, the blood poured out of the vagina, and the uterus was relaxed. In as much as massage and Crede failed to bring about uterine contractions and expel the placenta, I scrubbed my hands immediately, and removed the placenta by manual curettage.

The other measures used to aid in controlling the hemorrhage and in keeping up the strength of the patient were, to hold the abdominal aorta, raise the foot of the bed, and have an assistant massage the uterus. One-thirtieth of a grain of strychnine was given three times, and brandy was also used. Twice while working to free the placenta the patient seemed to be at the point of collapse, the pulse was weak, and her strength failed utterly; it was at these times that the strychnine was given.

As soon as the placenta and membranes were removed, the hemorrhage ceased, the uterus contracted, and the patient regained courage and strength.

After the removal of the placenta, a vaginal douche of plain water, as hot as could be borne, was used, in order to help uterine contraction and prevent further bleeding, and to wash the vagina and vulva.

One dram of the fluid extract of ergot was also administered.

The foot of the bed was kept raised for several days, and ergot was given  $\frac{1}{2}$  dram t.i.d. for three days.

The pulse and temperature chart ran as follows:

	Pulse.	Temperature.
November 17th, 1 hour after labor.....	84	98.5 degrees.
November 18th .....	90	101.5 "
November 19th .....	100	102. "
November 20th .....	102	102.5 "
November 21st .....	98	100. "
November 22nd .....	90	99.5 "
November 23rd .....	76	98.5 "
November 24th .....	72	98. "

During the time that the temperature was high, the patient had a little headache, there was some pain in the abdomen, and the lochia had a bad odor, the color dark red.

Three grains of calomel and vaginal douches of bychloride of mercury 1-3000 followed by douches of plain water relieved all these symptoms.

The patient gave a history of a chronic purulent leucorrhœal discharge of a greenish color that had existed for some time, and which became profuse during pregnancy. This may account for the character of the lochia, which, together with the reaction from the severe hemorrhage and the consequent anemia, may account for the headache, the pain and high fever on the third and fourth days after delivery. There was at no time pain or tenderness in the pelvic region. A pill of iron, arsenic and strychnine was given for the anemia.

*Labor.*—Pains existed for three days; time of actual labor was short, perhaps two hours, and the third stage occupied one and a half hours owing to causes above referred to. The patient made an excellent recovery.

The question naturally arises, What are the causes of this faulty intra-uterine development?

Lewis, in his article previously referred to, says, "that it may be due first, to pressure from without, the pressure of a contracted amnion upon the cephalic region, so that adhesions form between the cephalic end of the amnion and the underlying tissues of the cephalic end of the embryo at an early period in embryonic life; or second, from pressure within the skull, the circulatory disturbances which result in fetal hydrocephalus."

Some writers go further, and find an underlying cause in 'maternal impressions, alcoholism' or syphilis in one or both parents. In this case, there are no positive indications of syphilis, but the mal-development, premature birth, might point to a specific infection.

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**Pre-menstrual Pregnancy in a Girl Aged 13 Years.** AUGUSTUS W. ADDINSELL, M.B., C.M. (EDIN.), M.R.C.P. (LOND.), Physician to the London Temperance Hospital, in *The Lancet*.

A girl, aged thirteen years, was taken to the London Temperance Hospital by her mother early in January last, suffering from abdominal pain and slight vaginal hemorrhagic discharge. The breasts were well developed and contained milk. There was an abdominal tumor. The pubic hair was very slight in quantity. As vaginal examination was extremely painful, an anesthetic was given. It was found that an arm and the cord were presenting. There was no pulsation in the cord. Mr. T. G. Ward, the senior resident medical officer, performed version and removed a well-developed seven months child, which showed no signs of life. Convalescence was without incident.

The interest of this case lies in the fact that impregnation took place before the outward signs of sexual maturity had manifested

themselves. The evidence of the mother had been carefully taken ; the girl herself was very positive that "she had never seen anything," and remained unshaken when questioned by the medical Registrar or by the sister of the ward in private conversation ; she was at school, and professed entire ignorance of her condition ; moreover, she positively denied any intimacy with man or boy.

There is nothing very remarkable in the age of this young mother. Plenty of cases of precocious maternity are to be met with. A girl, nine years old, gave birth to an infant in France ; others of eleven and three-quarters, twelve, and twelve and a half years, respectively, are recorded in this country, but in these cases previous menstruation has been noticed. The testimony of the patient and her mother in this instance is so definite as to make it quite certain that the usual monthly flow had never taken place. After all, is this very wonderful ? The signs of sexual maturity in the female are well known to be development of the mammary glands, growth of pubic hair, and finally menstruation. Whilst these are the outward signs of sexual maturity, cellular activity within the ovary has been proceeding regularly since the birth of the individual. A very interesting and instructive contribution towards the study of the fate of the ovum and Graafian follicle in premenstrual life has been published by Dr. T. G. Stevens in vol. xlv. of the "Transactions of the Obstetrical Society" for 1903. He there traces the history of the follicles and the series of changes they undergo, together with the fate of the ovum and its ultimate removal by the phagocytic agency of the cells of the *membrana granulosa*. This cellular activity within the ovary of the female is precisely similar to that which goes on within the testis of the male leading to the development of the spermatozoa.

Now sexual maturity depends for its onset upon a variety of causes, climate, race, nutrition, growth, etc., but there is reason to believe that our remote ancestors matured sexually much earlier and were much more prolific ; and that with the advance of so-called civilization the recognized nubile age has been made later and later, until at the present time it represents a grave sociological problem in more than one European country. In Central Africa it is by no means an uncommon thing for a girl to become a mother before she has menstruated, and in certain districts of India, where early marriages are common, the same thing has been recorded. Rachmakoff, a Russian physician, reports a case in a girl, aged fourteen years. A traveller in the remote regions of Australia told me of a case in his own camp of a girl, aged ten years, who had never menstruated, and became pregnant. Metchnikoff, in his book, "The Nature of Man," quotes several cases also. In the warmer and Eastern climates then it would appear to be a well recognized fact, and this doubtless because there is in those countries less sexual restraint ; while in the West sexual maturity in

both sexes comes later, and when it does come, environment, habit, training, and general oversight make early or precocious impregnation less probable, but that is all; precocity in the East is the rule, in the West it is the exception.

The life-history of the ovum and the follicle in pre-menstrual life, as traced by Dr. Stevens, shows that maturity up to a point is constantly going on in those follicles which come to the surface, and when that point is reached retrograde changes take place in the infantile ovary. Now, as the age of sexual maturity is being reached and as ovulation is regularly proceeding, it is easy to see how impregnation might occur even though the outward and visible signs of sexual maturity be absent. The periodic occurrence of ovulation is most assuredly independent of menstruation and certainly precedes its initial onset, and it is not difficult to see how the nervous and circulatory excitement attendant upon the act of coition may bring about the rupture of a ripe follicle and the resulting escape of the ovum.

Assuming the statement of this patient and her mother to be true (and there is no reason to doubt it, for every effort has been made to ascertain the exact facts)—viz., that she had never menstruated—then it is an added proof, were that needed, of the contention that ovulation and menstruation are not interdependent, though they may be coincidental.

There is something curiously akin to a pathological process in the menstruation of women. In every other instance discharges of blood, whether from the intestines, lungs, or kidneys, are evidence of disease. The analogue in the higher vertebrates is "heat," but in very few is this accompanied by a discharge of blood, and where there is a slight staining, the proportion of red blood corpuscles to white is very small, as in those macaque monkeys observed by Heape of Cambridge. In the case of "Johannah," the famous chimpanzee, whose menstrual history I have recorded elsewhere, I made a careful microscopical examination of the menstrual discharge and satisfied myself that the red corpuscles were comparatively small in number, though enough to tinge distinctly and to stain red the monthly flow; still, all these were under the artificial surroundings of captivity. Not only the attendant pain and copious loss in women, but the general and nervous disturbance occurring at these times are suggestive of a departure from the originally normal line. The amenorrhea accompanying lactation is often regarded by women as a welcome condition of security from impregnation. This we know to be an error, for ovulation is proceeding with the accustomed regularity and impregnation may, and often does, take place. Furthermore, the development of the endometrium every month may be safely regarded as the preparation of the uterus for the implantation of an impregnated ovum, and the

menstruation may be considered as evidence of a failure of these anticipations.

It is quite likely that primitive woman never menstruated, at any rate as we know menstruation to-day, and there is reason to believe that this phenomenon, this heritage of woman, of which she is not proud and for which she is not grateful, has assumed its present proportions as a result of the almost universal practice, begun in the earliest ages, of restraining the excessive uberty of our primeval ancestors.

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**A Case of Chronic Intestinal Obstruction with Perforation of the Sigmoid Flexure.** GEORGE A. CLARKSON, F.R.C.S. (ENG.)  
in *The Lancet*.

The notes of the following case present one or two points of considerable interest. At the time of the first operation the history and the age of the patient led me to believe that I was dealing with a stricture of some part of the colon due to growth, but the distension of the small intestines and cecum was so great and the call for immediate drainage of the distended bowel was so urgent that no prolonged examination of the colon could be made. The subsequent sloughing and perforation of the sigmoid flexure probably occurred at the seat of obstruction, yet here no cause was obvious to account for the condition found. The gut, though in a condition little short of gangrene, was apparently not invaded by growth, and the fact that no fecal matter was found in it rather excluded the idea that retention of a scybalous mass of feces at that point had given rise to inflammatory softening and perforation of its coats.

The patient, a woman, aged fifty-two years, had suffered from disease of the outer surface of the acetabulum for twelve years, and the sinuses on the outer side of the right hip had healed after a free exploration and scraping in May, 1903. In the spring of 1904 she began to be subject to occasional attacks of vomiting, accompanied by abdominal pain, distension, and constipation, but these attacks were relieved from time to time by aperients and enemata. On May 9th she was seized with a severer attack than usual. The bowels were at first relieved and the sickness would stop for twelve hours at a time, but invariable returned again. The patient was kept in bed, put on a fluid diet, and saline aperients and enemata were given with some result. A rectal examination revealed no stricture within reach of the finger, nor could anything be felt through the abdominal walls to localize the seat of obstruction. On the 15th the symptoms became urgent, the vomiting being persistent and copious, but not offensive in smell, the abdominal distension became very great, and there was obviously



more or less complete obstruction. Enemata given through a long rectal tube produced no effect, so the patient was removed without delay to a surgical home. The operation was carried out in the evening. The abdomen was opened in the middle line below the umbilicus. Enormous distension of the small intestines and cecum was met with, and as the transverse and descending colon appeared less distended and the indication to drain the bowel with as little delay as possible was urgent, the wound was closed and another small incision was made over the cecum, which was drawn out, opened, and a Paul's tube tied in. Following the operation there was a little vomiting of a stercoraceous character, but the cecal opening gave great relief and the acute symptoms subsided. At the end of a fortnight the patient was able to be removed home. Enemata were subsequently given from time to time and occasionally brought away small scybalous masses.

On the afternoon of June 11th the patient was suddenly taken ill with intense pain in the left inguinal region, and when I saw her was extremely collapsed, with drawn features, cold extremities and thready pulse. Subcutaneous injections of strychnine, with a little morphine, were given, and she gradually rallied, symptoms of an acute localized peritonitis quickly manifesting themselves. A diagnosis of intestinal perforation was made, and on the 15th an incision similar to that for inguinal colotomy was made over the area of pain and resistance. On opening the abdomen some very foul-smelling pus welled up, and the abscess cavity having been thoroughly swabbed out, the sigmoid flexure was seen plastered over with thick lymph and with a perforation on its anterior surface of the size of a shilling. The coats of the bowel were softened, black, and gangrenous, and in bringing it forward it tore almost across. The wound was therefore enlarged in an upward direction and the bowel was slit up with scissors till its walls appeared unaffected by the changes below and would allow of its being stitched to the skin, which was then done. The whole condition seemed to be an acutely inflammatory one. The abscess cavity was again swabbed out and then packed with iodoform gauze, an indiarubber tube of large calibre being passed into the colon.

The patient stood the operation well. The discharge was most offensive for some days, but the cavity contracted quickly and at the end of a month the opening differed but little from an ordinary colotomy opening, and it acted well. As the cecal opening became an annoyance to the patient when she began to get about again, owing to the liquidity of the discharge, on August 11th, under ether, the mucous membrane was separated from the skin and the opening closed. At the time of writing (March, 1905) the patient finds no difficulty in controlling the artificial anus, and she is able to get about out of doors and to resume her ordinary domestic duties at home.

**A Case of Chorea, Fatal, Apparently, from Excessive Muscular Action.** J. P. CROZER GRIFFITH, M.D., of Philadelphia, in *American Medicine*.

Although chorea is of such common occurrence, instances of death directly dependent upon the disease or its complications, though not actually rare, are still far from frequent. The Collective Investigation Committee of the British Medical Association found nine deaths in 439 cases of chorea, *i.e.*, 2 per cent. Sinkler found but sixty-four cases of death from chorea reported in Philadelphia during seventy-four years, and textbooks in general refer to the disease as having a most favorable prognosis, so far as recovery from the actual attack is concerned. We cannot know how many of the recorded deaths depended upon some complication, such as a rapidly fatal endocarditis. Undoubtedly the majority are due to such causes, and it is extremely likely that Baginsky is entirely correct in saying that death as a result of the fearful muscular action which continues night and day is seen but seldom.

In view of these facts the report of the following case is not without interest:

R. B., male, aged eleven years, was admitted to the Children's Hospital of Philadelphia, under my care, January 3rd, 1905. The family history was entirely negative as far as could be ascertained. The patient had had good health except for the occurrence of measles when five years old, and for an attack of what was called "nervousness" at the age of nine years, which lasted seven or eight weeks, and was said to be similar in nature to, although less severe than, the present one. He was treated in a hospital and recovered completely. Since that time he had been well until a month before admission, when the parents noticed that he was becoming restless, could not sit long in a chair, and twisted his hands and fingers about. At night-time he was quiet. Soon grimaces and rolling of the eyes developed, and later general choreic movements of the arms, legs and body. In the last week these movements had become excessive, the slightest excitement causing general and very violent tossing about of the extremities and of the trunk.

On admission the child appeared pale and ill. Nothing abnormal was found in the throat or the lungs, but a systolic murmur was audible over the heart in the mitral region. The abdomen was retracted, and some of the inguinal glands were enlarged. There appeared to be no control over the tongue, but the mouth could be opened fairly well. Speech was so much affected that it was almost incomprehensible. The child appeared, however, to understand, although he could not well do what he was told, nor did he seem able to make his desires known satisfactorily. There

was frequent loud crying and moaning. The choreic movements were widespread, constant and very violent. Respiration was jerky and irregular, the diaphragm acting irregularly and sometimes one side of this or of the thorax appearing to move while the other side did not. Rigidity of the arms alternated with violent tossing of them about from the shoulder-joint. The grip in both hands was weak. The movements of the right leg were somewhat greater than those of the left, and the patient was able to flex the left leg only after great exertion and excitement. The patellar reflexes were slightly increased. There was no ankle-clonus. The movements were so constant and severe that the skin showed widespread excoriations and bruises.

The child was given a purgative, and administration of Fowler's solution was started, while for immediate relief he received chloral hydrate and potassium bromid in full doses. Later a hypodermic injection of morphin was given, but as this had little effect it was repeated twice during the night. In spite of this treatment he slept very little—not more than half an hour on the night of January 3rd. On the night of January 4th, he slept about three hours, but on the morning of January 5th he became extremely restless again and was now violently delirious and threw himself about to such an extent that he broke the straight-jacket by which he was restrained. His mental state was clearly distinctly worse and it is questionable whether he would have been able to understand and answer questions, even had the muscular inability not prevented it. The administration of chloral and of potassium bromid was continued, but with little effect. Morphin, too, having proved of no avail, a hypodermic injection of .1 mg. ( $\frac{1}{100}$  gr.) of hyoscin hydrobromate was administered in the afternoon and again during the night, and broken sleep amounting to eight hours in all was secured. January 6th found him quieter, but very stupid. When disturbed he showed at once the extreme choreic movements, attended by violent delirium. On this date the chloral and bromid were stopped, and the boy was kept quiet by hyoscin.

Examination on January 6th showed the child had emaciated very decidedly. The color was pale with some degree of cyanosis. The cardiac dullness extended upward to the third rib and reached the right border of the sternum, but did not seem to be specially increased. The apex beat was in the nipple line in the fifth interspace and was of fair strength, but rather diffuse. The mitral systolic murmur could be heard all over the pr. cordium, was transmitted well to the axilla and to the angle of the scapula behind, and was certainly louder than when the child was admitted to the hospital. Control over the bladder and rectum had been lost on the preceding day and there was now some difficulty in swallowing; solid food not being taken at all, and liquid only very slowly.

A blood count made on this date showed red blood cells 5,730,000, leukocytes 22,400, hemoglobin 85 per cent. The urine had shown neither albumin, sugar nor casts on examination, although some acetone was present.

The patient was quieter during the greater part of January 8th, this being partly the result of hyoscin and partly apparently due to failing strength and increasing mental torpor. He was fed at times with a nasal tube and occasionally was able to swallow well. He apparently tried to talk, but was unable to do so. In the afternoon of January 9th his color became very bad, his pulse almost imperceptible, coma deepened, weakness increased, and he died shortly after 8 p.m.

The temperature was slightly over 101° on admission and had ranged from 101° to 103° until the afternoon of death, when it reached 104.8°. A blood culture was taken by C. Y. White on the morning of the day of death, but no conclusions could be drawn, as the result showed there had been decided contamination.

An autopsy was performed by Dr. Wadsworth, the coroner's physician, on January 10th, but circumstances prevented this from being entirely satisfactory, no microscopic study of the brain or spinal cord being possible, and the cultures which were attempted from different parts of the body being necessarily made under such circumstances that contamination was unavoidable. The report given me by H. C. Carpenter is as follows:

#### MICROSCOPIC APPEARANCES.

Skin is a purplish yellow, as in septic conditions. Bronzing over body, especially over abdomen and hips. Abrasions over all the bony prominences. Finger-nails blue, and sordes on lips and nose. Black mark over right eye. The pericardium is slightly thickened. Heart muscle is pale, and the mitral valve has a fringe of granular vegetations from 1 mm. to 2 mm. in diameter, all along the edge. Small spots of yellow atheroma are seen running transversely across the beginning of the aorta. Over left lung, posteriorly, are seen the remains of an old pleurisy. The lungs show some hypostatic congestion and edema posteriorly. Liver: Section slightly yellowish. Spleen somewhat softer than normal, slight increase of fibrous tissue of capsule. Kidney: Lobulated, capsule slightly adherent; stellate congestion of cortex, parenchyma swollen. Adrenals are very large; right, 12 cm., 2.5 cm., 1.5 cm. Left, 10 cm., 3 cm., 1.5 cm., otherwise normal. Stomach is very large and distended. Intestines are markedly congested in places. Pancreas is slightly congested, and very firm. Lymph-glands of mesentery and retroperitoneum are enlarged, but not congested or caseous. Brains: Increase of fibrous tissue about vessels of arachnoid, cerebrum congested, cortex normal, no flattening of convolutions.

## HISTOLOGIC EXAMINATION.

*Heart Muscle.*—The connective tissue is increased, and there is considerable round-cell infiltration around the vessels, and, in isolated areas, round-cell infiltration between the muscle bundles. In places heaps of cells. Muscle fibers in close proximity to vessels show interfibrillary infiltrations. Some few muscle fibers hypertrophied. Section from mitral valve shows cellular infiltration with moderate amount of congestion.

*Lungs.*—Moderate congestion. Alveoli filled with fluid. Slight anthracosis. Some parts of the lung show round-cell infiltration into the alveoli.

*Lymphatic Glands.*—Moderately congested.

*Diaphragm.*—Muscle bundles in good condition with the exception of a few individual muscle fibers, which stain paler than normal. Some increase of connective tissue between the muscle bundles.

*Liver.*—Slight fatty infiltration. Slight amount of congestion throughout.

*Kidney.*—Moderate amount of congestion. The cells of the tubules normal, except, in a few isolated tubules, where there is cloudy swelling.

*Pancreas.*—Normal.

*Suprarenal Gland.*—Peripheral zone congested slightly, otherwise the gland is entirely normal.

*Intestines.*—Moderate congestion. Slight increase of inter-tubular tissue.

*Appendix.*—Same condition as bowel.

*Spleen.*—Congestion, vessels thickened. Malpighian bodies few and small.

## BACTERICLOGIC EXAMINATION OF TISSUES.

Heart muscle contains a small coccus. In the cellular infiltration there is a mixed infection, bacilli, cocci, diplococci, and streptococci.

Lymphatic glands contain a small coccus in groups, and also a diplococcus.

Only one who has seen a case of the kind described can conceive of its terrible nature. I may, in passing, mention that I have never before witnessed any one at all parallel to it, and hope never to do so again. While it is impossible to state absolutely in this instance that the death did not depend upon the complicating endocarditis or the general toxic state of the system the result of the infection, yet the fatal issue had all the appearance of being the direct result of the movement. Certainly a long continuance of life was incompatible with the excessive muscular action.

## Society Reports--Notes of Interest.

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### THE ONTARIO MEDICAL ASSOCIATION.

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The 25th annual meeting of this Association will begin Tuesday, June 6th, and be continued until the 8th, in the Medical Faculty Buildings, Queen's Park, under the Presidency of Dr. Wm. Burt, of Paris. The organization of this Society was effected largely through the efforts of the late Dr. J. E. Graham, and has through its quarter century of existence become a unified force and power in the medical life of the province. Under the direction of a long line of wise presidents, including such familiar names as Clark, Richardson, Rosebrugh, Temple, Moorhouse, Reeve, Bruce Smith, Grasett, Britton; and later, Gibson, McKinnon, Powell, Mitchell and Koss. The development has been along broad and generous lines, and while the numerical success has not been as great as could be desired, the elevation of the moral force of the Association has been increased so that it stands to-day for ethical righteousness, for scientific progress, and for everything which tends to enhance the professional status of its members and the welfare of the communities in which they have so important a place.

These principles guarantee the continuance of the Society's existence. It is then the duty of the men throughout the province to give force to the principles which their wisely selected leaders have expressed. That is especially the case with the younger men and the only way to accomplish this end is to attend the meetings of the Association, and become imbued with its spirit. Given the enthusiasm of members with the present solidarity of purpose, there will be no limit to the effectiveness of its work.

The quality of the papers presented, the professional standing of those who are attracted from at home and from outside Ontario to participate in its deliberations, ensure every member being well repaid for the time consumed in attending the meeting. It is a fine post-graduate course compressed into a few hours, only demanding a little individual concentration of effort to make it of great value to every one. Only practical subjects are presented and only practical every day workers and thinkers discuss them.

With William Burt as president, and A. Primrose and I. H. Cameron as chairmen of the local committees, with a full supply of interesting papers, with visitors of the prominence of Drs. Ochsner, of Chicago, and Pritchard, of New York, there is no doubt of the success of the meeting. The provisional programmes will be issued before the end of the month.

**The Gardener's Spade Deformity, and the Silver Fork Deformity, in Fractures of the Carpal End of the Radius.**

At a recent meeting of the College of Physicians of Philadelphia, Dr. John B. Roberts of that city said that these lesions continued to be badly treated by many practitioners. For comfortable convalescence and perfect cure it is essential that the normal cavity of palmar surface be perfectly restored, and this must be accomplished even if great force be required to disentangle the fragments. The "gardener's spade deformity," so designated by Dr. Roberts, is fracture in the same part of the radius, but with displacement in the opposite direction. This was frequently unrecognized and consequently imperfectly reduced. When the carpal end is disentangled in both the "silver fork" and "gardener's spade" deformities, the treatment is simple once normal apposition is secured. A light straight splint on the dorsum of the forearm and hand, or a convex splint on the palmar surface, was the proper retentive dressing.

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**Local Anesthesia in Radical Cure of Inguinal Hernia.**

Dr. John A. Bodine, at the March 20th meeting of the New York County Medical Association, presented a plea for the use of local anesthesia in the radical operations for the cure of inguinal hernia. He has made a personal study of 300 radical operations by local anesthesia in 284 patients, 16 being cases of double rupture. There were 275 males and 9 females, the youngest patient being 15 years and the oldest 80 years. The amount of cocaine used in no case exceeded  $\frac{1}{2}$  grain. In not one case was there any wound suppuration and no patient died.

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**Vincent's Angina.**

Dr. Wm. N. Berkeley, read a paper before the New York Academy of Medicine recently, on the present clinical and bacteriological status of Vincent's Angina, which disease he defined to be a localized, acute or subacute inflammation, usually ulcerative, less often membranous, of the mouth and fauces. Vincent's accounts of the affection attracted the attention of the medical world in 1898; and, during the last four years, the disease had been repeatedly noted in all of the large clinics in New York. The lesion is usually a circumscribed penetrating ulcer, its sight in the majority of cases being on the tonsil, usually on one, and rarely on both. Out of 22 cases seen by Dr. Berkeley, 14 involved the right tonsil. The superficial similarity of Vincent's angina and tonsillar diphtheria were very great. Sprays of permanganate of potash and Lugol's solution seem to be of value in the treatment.

## Physician's Library.

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"*The Eye, Mind, Energy and Matter.*" By CHALMERS PRENTICE, M.D., Chicago, Ill.

From the perusal of this rather peculiar little work one would be inclined to say the author is an ophthalmic specialist, and one who is disposed to refer a large percentage of human ills to eye defects, or impressions received through the sense of sight. We cannot always agree with the author's views, as when, for instance, he says: "Disease is simply perverted function." To our mind disease is much more than simply perverted function. A liver may be suffering from "perverted function," the result of an attack of acute alcoholism, or the same organ may be suffering from malignant disease, in which case it would seem to us there is something more than simple perversion of function. On the other hand, the author's ideas on such subjects as alcoholism and its relief or cure by "fogging" the vision, are, we think, bound to give rise to much thought, and, who shall say? perhaps revolutionize our method of treatment. The work is published by the author.

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*Practical Pediatrics.* A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. GRAETZER, Editor of the *Centralblatt Fur Kinderheilkunde* and the *Excerpta Medica*. Authorized translation, with numerous Additions and Notes, by HERMEN B. SHEFFIELD, M.D., Instructor in Diseases of Children, and Attending Pediatricist (O.P.D.) New York Post-Graduate Medical School and Hospital; Visiting Pediatricist to the Metropolitan Hospital and Dispensary, etc. Pages xii-554. Crown Octavo. Flexible Cloth, Round Corners. Price, \$3.00 net. Philadelphia: F. A. Davis Company, publishers, 1914-16 Cherry Street.

One of the best works on this subject it has been our luck to run across for many a day. It is possible there is no book published on pediatrics which presents in so small a space such an abundance of practical and clinical material, pathological and bacteriological data, and details of etiology and diagnosis. A truly excellent work, and one particularly useful to the young practitioner, to whom our advice is—*get it.*



*Lea's Series of Medical Epitomes.* Edited by VICTOR C. PEDERSEN, M.D.

*Alling and Griffin's Diseases of the Eye and Ear.* A manual for Students and Physicians. By ARTHUR N. ALLING, M.D., Clinical Professor of Ophthalmology in Yale University, Department of Medicine, New Haven, Connecticut, and OVIDUS ARTHUR GRIFFIN, B.S., M.D., Late Demonstrator of Ophthalmology and Otology, University of Michigan, and Oculist and Aurist, University Hospital, Ann Arbor, Michigan. In one 12mo volume of 263 pages, with 83 illustrations. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The *Medical Epitome Series* is rapidly approaching completion, this being the seventeenth of the twenty-two handy volumes which are to cover the essentials of every branch of Medicine and Surgery. It is easy for students, and practitioners as well, to post themselves to date for examinations or practical purposes by reading these authoritative little books. They are written by professors or teachers in colleges of high standing. Yale and the University of Michigan, for example, furnish the authors of this excellent volume on the Eye and Ear. These subjects are treated in a manner as clear, thorough and interesting as the necessary limits of space will permit. The illustrations are numerous and effective.

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"*Malformations of the Genital Organs of Woman.*" By CHAS. DEBIERRE. Translated by J. Henry C. Simes, M.D. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St. Net price, \$1.50.

A valuable contribution to the literature of teratology, and while, perhaps, not of special interest to the busy general practitioner, a glance at the contents is sufficient to engage the interest of the anatomist and pathologist.

*Saunders' Question Compend.*—*Essentials of the Practice of Medicine.* Prepared especially for students of medicine. By WILLIAM R. WILLIAMS, M.D., formerly Instructor in Medicine and Lecturer in Hygiene, Cornell University; Tutor in Therapeutics, Columbia University (College of Physicians and Surgeons), New York. 12mo of 461 pages. Philadelphia and London: W. B. Saunders & Co., 1905. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Double number. Cloth, \$1.75 net.

In this new volume in Saunders' Question-Compend Series the student is provided with a book of the utmost practical value. Throughout the work special stress has been laid on the more common aspects of the various diseases, emphasizing the contrasting points in similar condition, so as to render differential diagnosis as easy as possible. Symptomatology and treatment have likewise been adequately, although concisely, considered. In fact, this little work is the best we have seen, and for students preparing for examination it will be a most welcome and trusty aid. It contains a vast amount of practical, essential information in the least possible space.

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*American Edition of Nothnagel's Practice.*—*Diseases of the Blood (Anemia, Chlorosis, Leukemia, Pseudoleukemia).* By DR. P. EHRLICH, of Frankfort-on-the-Main; DR. A. LAZARUS, of Charlottenburg; DR. K. VON NOORDEN, of Frankfort-on-the-Main; and DR. FELIX PINKUS, of Berlin. Entire volume edited, with additions, by ALFRED STENGEL, M.D., Professor of Clinical Medicine, University of Pennsylvania. Octavo volume of 714 pages, fully illustrated. Philadelphia and London: W. A. Saunders & Co., 1905. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$5.00 net; half morocco, \$6.00 net.

This volume on Diseases of the Blood is the ninth in Nothnagel's Practice to be published in English. It includes Anemia, Chlorosis, Leukemia, Chloroma, Pseudoleukemia, and each condition is treated so exhaustively and the theories discussed so carefully that the work will remain the last word on the several subjects for many years. Dr. Alfred Stengel, under whose excellent supervision the entire series is being issued, is also the indi-

vidual editor of this volume. His wide experience and recognized ability as a clinician, and his valuable work concerning the histology, both normal and pathologic, of the blood, renders this volume of unusual interest. His additions are particularly frequent in the article on anemia. When this series is completed—and the publishers assure us that the three remaining volumes will shortly appear—it will undoubtedly form the best practice of medicine in existence, expressing the opinions of the highest German and English speaking authorities.

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*Eye, Ear, Nose, and Throat Nursing.* By A. EDWARD DAVIS, A.M., M.D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital, and BEAMAN DOUGLASS, M.D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 illustrations. Pages xvi-318. Size,  $5\frac{1}{2} \times 7\frac{7}{8}$  inches. Extra Cloth. Price, \$1.25 net. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

<sup>1</sup> A most useful little work, written primarily for the use of nurses, but, we are sure, will be read by medical men, especially general practitioners, with no little interest.

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*A Text-Book of Medical Chemistry and Toxicology.* By JAMES W. HOLLAND, M.D., Professor of Medical Chemistry and Toxicology, and Dean, Jefferson Military College, Philadelphia. Octavo volume of 600 pages, fully illustrated, including eight plates in colors. Philadelphia and London: W B. Saunders & Co., 1905. J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Cloth, \$5.00 net.

Dr. Holland possesses the faculty of making even the most difficult and complicated chemical theories and formulæ easy and clear. This is probably due to his thirty-five years of practical experience in teaching chemistry and medicine. Recognizing that

to understand physiologic chemistry students must first be informed upon points not referred to in most medical text-books, the author has included in his work the latest views of equilibrium of equations, mass-action, cyroscopy, osmotic pressure, dissociation of salts into ions, the effects of ionization upon electric conductivity, and the relationship between purin bodies, uric acid and urea. Chemical substances he has treated from the standpoint of the medical student and physician, giving much more space to toxicology than is given in any other text-book on chemistry. The chapters on the clinical chemistry of milk, gastric contents, and the urine, and that on water supply and filtration are full of practical information. Dr. Holland's work will undoubtedly be gladly received by the profession, presenting as it does the mature experience of a practical teacher.

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*Gynecology.—Medical and Surgical Outlines for Students and Practitioners.* By HENRY J. GARRIGUES, A.M., M.D, Gynecologist to St. Mark's Hospital in New York City; Consulting Obstetric Surgeon to the New York Maternity Hospital; Consulting Physician to the New York's Mothers' Home and Maternity; Honorary Fellow of the American Gynecological Society; Honorary Fellow of the Obstetric Society of Edinburgh; Honorary Member of the College of Physicians of the German Dispensary; ex-President of the German Medical Society; formerly Professor of Gynecology and Obstetrics in the School for Clinical Medicine, and Professor of Obstetrics in the Post-Graduate School and Hospital. With three hundred and forty-three illustrations. J. B. Lippincott Company, 1905. Price, \$3.00.

Most of the text has already appeared in the author's well-known work, "Diseases of Women." An endeavor has been made to shorten the text without interfering with its usefulness. The chapters dealing with anatomy and physiology are missing in the new work, and a chapter on diseases of the rectum has been added. The same order has been maintained, but the book has been entirely rewritten. Dr. Garrigues writes with a force and clearness that cannot fail to be interesting. As a text-book for medical students, and as a compact work on modern gynecology for practitioners, it can be highly recommended.

*The American Year-Book of Medicine and Surgery for 1905.* A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Arranged with critical editorial comments, by eminent American specialists, under the editorial charge of GEORGE M. GOULD, A.M., M.D. In two volumes. Volume I., including General Medicine; Volume II., General Surgery. Two octavos of about 700 pages each, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1905. Canadian Agents: J. A. Carveth & Co., Limited, 434 Yonge St., Toronto. Per volume, cloth, \$3.00 net; half morocco, \$3.75 net.

The 1905 issue of Saunders' American Year-Book of Medicine and Surgery fully maintains the pre-eminent position which it long ago established. Dr. Gould, the editor, has associated with him a staff of men of the greatest ability, shown in the conscientious thoroughness with which each article is prepared. Here the practitioner has placed before him, and at a very moderate price, the cream of all the medical literature published during the past year, and in such a form that it is readily digestible. As a compendium of medical and surgical progress, it will prove invaluable; for the practitioner anxious to keep abreast of the advances in the subjects treated, it will be of the utmost assistance. The text, as usual, contains a number of illustrations of practical value; there are also nine insert plates of much excellence.

# The Canadian Medical Protective Association

ORGANIZED AT WINNIPEG, 1901

Under the Auspices of the Canadian Medical Association

THE objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing.

The Association affords a ready channel where even those who feel that they are perfectly safe (which no one is) can for a small fee enrol themselves and so assist a professional brother in distress.

Experience has abundantly shown how useful the Association has been since its organization.

The Association has not lost a single case that it has agreed to defend.

The annual fee is only \$2.50 at present, payable in January of each year.

The Association expects and hopes for the united support of the profession.

We have a bright and useful future if the profession will unite and join our ranks.

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# Dominion Medical Monthly

And Ontario Medical Journal

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No. 5.

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## COMMENT FROM MONTH TO MONTH.

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We will not have the opportunity to remind our readers again of the Annual Meeting of the Ontario Medical Association in this city from the 6th to the 8th of June, and we urge upon them to come if they possibly can. The meeting promises to be a good one, we are informed by the secretary, Dr. C. P. Lusk, Bloor Street West, Toronto, and you may miss a real good thing. Get into touch with your neighbor; see whether he intends to go or can go; tell him to go and you will look after his practice while he is gone; or ask him if he will look after yours while you are gone. An attendance of 200, in a medical population of 2,500, at our provincial organization is not enough. The cities ought to do better than they have been doing in the past. Every practitioner in Toronto ought to look in some time or other during the meeting. No practitioner in this city is so busy that during the three days of the meeting he cannot attend at least one session. Indifference is the besetting sin in most cases. Purge yourself of it!

While you are thinking about the Ontario Medical Association, begin to think as well that you have a personal interest in Canada's national, medical organization, the Canadian Medical Association and that the Canadian Medical Association has a great interest in you. There is going to be a great meeting, and a good meeting, at Halifax this year from the 22nd to the 25th of August. If you do not attend these meetings you are missing the annual event of importance in the medical life of your country. The register proves that there are a great many medical men of Canada who attend these meetings regularly year in and year out, and scarcely ever miss a meeting. The annual meeting of that lusty and thriving child of the Canadian Medical Association, the Canadian Medical Protective Association, takes place during the progress of the meetings of the former. You either have, or you ought to have, a keen interest in that event. If you are not a member refer to our announcement opposite the editorial page, and you will get full information. We urge you to become a member without delay.

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Dr. Charles O'Reilly has handed in his resignation of the office of Medical Superintendent of the Toronto General Hospital. The severance of his connection with an institution over which he has presided so splendidly for over twenty-nine years, is an event of importance. He was by far the most capable hospital administrator in Canada, and has been instrumental in developing the General, which is the largest hospital in the Dominion. Dr. O'Reilly knew well how to run a hospital. Affable, genial, popular with the members of the staff, diplomatic—he combined such good gifts—that the Board of Directors will experience difficulty in filling his position so satisfactorily as he has done it. It will take years to accustom oneself to the General without the presence of "Charley" superintending. All will wish him a happy holiday abroad.

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It was the custom of former Governments of the Province of Ontario to appoint asylum superintendents and assistant physicians from the political hustings; so we sincerely hope that it is not going to be the practice of the present administration, because it is a very unjust and indefensible practice. What does a doctor,



who is a politician, know about the treatment of the insane, those most unfortunate of individuals, who should have the best care and attention that medical knowledge can give them? Yet it has been the invariable, but wrongful policy, to pick out from the political caucus a physician who has been busy on the side lines during election times. It is to be hoped that the practice will cease under new auspices, and that inducements will be extended to medical men to specially qualify themselves for such important practice; and that when vacancies occur they will be filled with due regard to the medical qualifications and not to the political qualifications of the candidate. There should be adopted a system of promotion, as a man who has spent several years in asylum practice, must plainly be better, yes, far better, qualified to do that work than he who comes from the party caucus.

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Five hundred deaths in Ontario during the first quarter of the present year from tuberculosis, a preventable disease, is indeed, *alarming, and would lead one to think that the medical profession has not seized hold of the essentials of treatment in this disease.* It would as well lead one to think that in many of these cases there is regrettable delay in making a diagnosis, probably in many cases, because the patient does not present himself or herself for treatment until irreparable damage has been done. Those who would prevent disease must get down to first principles. It will take a generation to arrive at any distinct advance; for the proper place to educate is the public school. If that plan were adopted and followed out, to teach elementary sanitary science, just as arithmetic, reading and grammar are taught, results would accrue.

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Cerebrospinal fever, cerebro-spinal meningitis, a disease which has caused over 1,000 lives in New York City since the beginning of 1905, is claiming the attention of the medical world. Dr. J. C. Wilson, of Philadelphia, gives in the 29th of March issue of *The Journal of the American Medical Association*, in a very interesting and valuable paper, these symptoms in the ordinary forms. No

other acute disease appears in such various disguises ; and Stille has well called it a "chamelcon-like disorder." There are headache, dragging muscular pains, vertigo and a sense of fatigue, chill, nausea and vomiting. The patient often acts like a drunken man. Then there are dragging pains in the neck, spread along the spine, into the extremities, soon followed by motor symptoms, such as great pain on attempting to move the head, stiffness of the spinal muscles. A common symptom is strabismus, inequality of the pupils and palsies of the facial muscles. Then opisthotonus develops, the head being drawn back and the spine curved, with the forearms flexed on the arms and the legs on the thighs. Coming and going there are muscular cramps, and in young children convulsions. The pulse is also irregular. Fever may be slight or absent, while again it reaches  $105^{\circ}$  to  $106^{\circ}$ . Lesions of the skin are quite common, hence the name spotted fever—and they are polymorphous. Dr. Wilson says this of Kernig's sign: "The phenomenon described by Kernig in 1884, and known as Kernig's sign, is found to be present in eighty to ninety per cent. of the cases of meningitis, and only exceptionally present in other cases. This test is often attended by evident pain on the part of the patient. Kernig's sign is not available in cases of rheumatic or other forms of arthritis of the knee or hip, myositis, contractions from nervous disease and sciatica."

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An idea has originated in Philadelphia, a sanitary reform, which may promise much, namely, the delivery of milk in paper bottles. Everyone is interested in a pure milk delivery ; and the idea of delivering milk in receptacles which may at once be destroyed as soon as their contents are used, will go much towards promoting this end. Dr. A. H. Stewart, city bacteriologist of Philadelphia, has conducted a series of tests, and reports favorably upon paper bottles, which are to be manufactured out of heavy paper or pasteboard made from spruce pulp. A manufactory has already been established in Pittsburg, which in a few months will have ten machines manufacturing 20,000 of these bottles per day. They are stamped out of three-ply paper, given a conical shape to facilitate packing, have bottoms of a double thickness, and two

pounds of milk may be placed in each without crushing. The over-lapping edges are glued and the interior is coated with fine paraffine. They are sterilized by exposure to a temperature of 212°. The bottles will be manufactured at less than a cent apiece.

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The Hon. Mr. Hanna, the Provincial Secretary of Ontario has, so he states, not lost sight of the fact that it would be in the interests of the Toronto Provincial Hospital for Mental Diseases, if that institution were established outside the city in a rural district. In this the medical profession will concur; and as the City of Toronto is extending its business centre day by day to the westward, the site of the present buildings would make valuable lots for homes for the working classes. The honorable minister might well consider the advisability of changing the name of asylum, as attached to these institutions, and of appointing outside staffs, same as are attached to hospitals. There is no doubt that there is a great deal of insanity that could be prevented; and giving the profession and the medical student body better facilities for clinical study of mental diseases, as seen in a hospital of this character, would be a step in the right direction.

## Editorial Notes.

**Jiu-jitsu is a complicated system of trick wrestling** evolved by the Japanese after centuries of trial and practice by the ruling classes. It depends upon an intimate anatomic knowledge of the joints and peripheral nerves. The wrestler tries to seize his opponent in such a way that he can twist a joint, say the shoulder, so as to give great pain. American school boys have a trick of seizing another's index finger and bending it back until pain causes the sufferer to cry for mercy, and this is typical of jiu-jitsu. It is combined with such tricks as pressing upon exposed nerves or tender spots in joints such as under the lobe of the ear, while holding the opponent in a species of chancery, or an effort may be made to choke the opponent. As soon as the antagonist relaxes his guard in a moment of pain, the other slips behind him, and while back to back, throws him over his head by a dextrous movement. While still stunned, the fallen man is seized, bound, handcuffed, or in the olden times di-patched with the sword. The system was carefully taught to all the samurai or ruling caste, but the mass of the people were kept in ignorance of its tricks. At present it is apparently used by only the police, to assist them in overpowering men much larger than themselves.—*American Medicine*.

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**Jiu-jitsu is advocated as a system of calisthenics**, and there is at present a tendency to introduce it from this standpoint, but its dangers are so great that it would be wise for the medical profession to frown upon it. Only Japanese joints and bones can withstand such usage, and we can rest assured that if the present tendency succeeds, physicians will meet with a series of cases of twisted, sprained and permanently damaged joints and traumatic neuritis. Already there are reports of fatalities from the violent throws upon the floor, and it would seem to be more dangerous to life than boxing and football. Americans who have witnessed jiu-jitsu bouts in Japan, between native experts in their native costume, or lack of it, know that even with the floor heavily padded with mattresses, the exertion is so violent, and a man can be thrown with such force, that it is only by the greatest skill and agility that the Japs themselves escape serious injury. If one is ruined, the others, with Oriental carelessness of life, do not seem to care particularly. Physicians, therefore, should utter a word of warning whenever the occasion arises against this new fad, and though it is not exactly a yellow peril from the Orient, it bids fair

to produce more evil than good. We hope that it will not be introduced into the athletic drills of our military schools, particularly those at West Point and Annapolis.—*American Medicine*.

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**The qualities of a Japanese juggler** are required for expertness—very flexible joints, great muscular power, a cool head, and a feline agility, which no race possesses except the Japanese, and even with these natural traits, the Jap requires several years to learn the numerous tricks, and must keep in constant practice. Europeans who attempt to become expert do not succeed, so that it is not at all probable that it can be transplanted to America and flourish. The footpad has more efficient means of attack, and the victim is not as well off as he would be with a fair knowledge of boxing.—*American Medicine*.

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**University of Toronto.—Faculty of Medicine.** The Faculty of Medicine of Toronto University will conduct a Post-graduate Course, extending over the two weeks immediately preceding the meeting of the Ontario Medical Association. The programme from day to day will be as follows: 9 a.m. to 11 a.m.—Operations and surgical clinics in the various hospitals; 11 a.m. to 1 p.m.—Clinical laboratory methods and practice in the laboratories of the University of Toronto; 11 a.m. to 1 p.m.—A course in surgical pathology, including gross and microscopic demonstrations in the laboratories and museum of the University of Toronto; 2 p.m. to 4 p.m.—Medical clinics in the various hospitals; 4 p.m. to 5 p.m.—A course of surgery on the cadaver.

*Schedule of Fees:* For the course in Clinical Laboratory Methods, \$15; for the course in Surgical Pathology, \$15; for the course of Surgery on the Cadaver, \$15; for the Hospital Clinics, \$10.

The fees are for the whole or any part of a course, and all fees must be paid at the Secretary's office, in the University Medical Building, on the first day of the course.

It is requested that members of the profession who wish to take all or any of the courses should notify the Secretary, Dr. A. Primrose, before coming to Toronto.

The courses will begin on Monday, May 22nd, and will terminate on Monday, June 5th.

## News Items.

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### CANADIAN.

DR. CLEARY is leaving Renfrew for Ottawa.

DR. BRYDONE-JACK, of Vancouver, is in New York.

THE death of Dr. Johnson of Fergus, Ont., is announced.

DR. GLEN CAMPBELL, Vancouver, has returned from Germany.

DR. STEWART ROSS, of Alberni, B.C., has located in Vancouver.

DR. PERRY GOLDSMITH, of Belleville, Ont., has gone to Vienna.

Montreal will disinfect all houses in which tuberculosis has been.

DR. BEEMER, of the Mimico asylum, attended the Osler banquet.

DR. BRAY of Chatham, Ont., has been made an LL.D. of Queen's University.

THE Montreal General Hospital is adding a new wing at a cost of \$200,000.

DR. E. E. KING, Toronto, left on the 2nd of May, for a two months' trip to England.

DR. JAMES, of Watford, has gone to Edmonton, where he will establish a private hospital.

PORTAGE LA PRAIRIE, MAN., will build an addition to its hospital at a cost of \$12,000.

DR. AGNEW, who formerly practised in Pickering, died recently of pneumonia at Port Arthur.

Dr. WALTER TURNBULL has gone into partnership with his brother, Dr. J. L. Turnbull, Goderich.

DRS. F. J. SHEPHERD, Birkett and James Bell, of Montreal, were at the Osler banquet at New York.

DR. NEWTON DRIER, of Vancouver, has recently received a Canadian patent on a new surgical splint.

DR. RICE, of New Dundee, has disposed of his practice to Dr. Stauffer, and will spend some time in Europe.

DR. JAMES CRAIG, of Ridgetown, who left for the North-West a couple of weeks ago, will locate at Calgary.

DR. A. E. BURROWS, who has been practising at McKellar for the past year intends moving to Parry Sound.

THE Provincial Hospital of New Brunswick, treated 716 patients during the past year, there being 141 admissions.

DR. G. N. BRODIE, formerly of Whitby, has sold his practice in Didsbury, Alberta, and is about to locate in Port Arthur.

DRS. INGERSOLL OLMSTED, Malloch, Russill and Mullin, of Hamilton, Ont., attended the Osler banquet at New York.

DR. WILLIAMS, of Lisle, has sold out to Dr. Evans, late of Uxbridge. Dr. Williams will take a post-graduate course.

DURING the week ending the 22nd of April, the Winnipeg General Hospital, treated 279 indoor patients and 110 out-patients.

THE Manitoba Medical College is to erect a new and larger college building. The site will be near the Winnipeg General Hospital.

DR. MACCALLUM, of the London asylum, has returned from New York, where he attended the banquet to Dr. Osler at the Waldorf-Astoria.

DR. GUNN, of Clinton, is gaining strength daily, and intends to leave shortly on a trip to Europe, which it is hoped will effect a complete recovery.

DR. W. H. ADAMS, formerly of Grand Valley, who went to China as a medical missionary two years ago, is seriously ill from fever in that country.

DR. BICKERTON EDMISON, eldest son of Rev. T. J. Edmison, B.A., B.D., now of Brighton, but formerly of Newcastle, has opened an office in Castleton.

DR. CHAPMAN of Newcastle, has returned to his home at Holland Landing, previous to his early departure for England to take his degree of M.R.C.S.

HENRY CHARLES SCHOMBERGER ELLIOTT, M.D., Cobourg, has been appointed Associate Coroner for the United Counties of Northumberland and Durham.

THE Toronto General Hospital Board of Management is considering the site at the south-east corner of University Avenue and College Street for a new hospital.

DR. ALEX. MACKAY of Cookstown, Ont., has been spending two months visiting the New York Hospitals. Dr. MacKay expects to locate in the North-West Territories.

DR. H. WIGLE has again been re-appointed medical health officer for the township of Albemarle—a position he has continuously held for over twenty years.

ONE hundred and sixty-three medical students wrote at the medical examinations of the University of Manitoba this spring, thirty-four of them competing for the degree of M.D.

DR. NAIRN, of Winterbourne, who, it was reported, intended moving back to Elora in May, has decided to remain in Winterbourne, much to the relief of residents in that section.

DR. ADAM H. WRIGHT, Dr. Allan Baines and Dr. Herbert Bruce, Toronto, attended the Osler banquet at the Waldorf-Astoria, New York, on the night of the 2nd of May.

DR. DUGALD MCBAIN, St. Thomas, Ont., who has been for the past few months in partnership with Dr. VanBuskirk, has decided to go west in about two weeks. He will locate near Winnipeg.

THE Toronto Clinical Society, at its meeting on the 3rd of May, elected the following officers: President, Dr. Adam H. Wright; vice-president, Dr. H. B. Anderson; recording secretary, Dr. George Elliott; corresponding secretary, Dr. W. J. McCollum; treasurer, Dr. Geoffrey Boyd. Executive Committee: Drs. King, Thistle, Dwyer, Wishart and Rudolf.



DR. MCLAY will occupy Dr. Meek's office (London, Ont.), during his absence in Europe, and will attend to his practice. He is a recent graduate of Toronto University. His home is in Aylmer.

DR. W. J. PATTERSON, of Norwood, Ont., has relinquished his medical practice there, and intends to locate in some other part of the province, where he will have wider scope for the practice of his profession.

It is reported that Dr. Natrass, Toronto, having been appointed principal medical officer for Western Ontario in the militia, that Dr. John T. Fotheringham will be made principal medical officer for District No. 2.

DR. ALEX. MACKAY, who was at one time a member of the staff of the Stayner public school, and who has been practising medicine for some years in Cookstown, has sold his practice there to Dr. Rounthwaite, of Toronto.

THE Ontario Board of Health met in Toronto, in regular quarterly session during the week ending the 29th of April. At their next regular meeting they will discuss the advisability of a Department of Health, for the Ontario Government.

THESE appointments have been made by the trustees in Queen's medical faculty: Emeritus Professor of Surgery, Hon. Dr. Sullivan; Professor of Surgery, Dr. Mundell; Professor of Applied Anatomy, Dr. Ryan; Professor of Anatomy, Dr. Mylks.

DR. F. S. NICHOLSON, an old Trinity Medical College boy, has been visiting in Toronto. Dr. Nicholson is surgeon-major in the Nebraska National Guards, and has been taking a post-graduate course at the Army Medical School at Washington, D. C.

THE Province of Ontario is making the following allotments of moneys for support of the various provincial asylums: Toronto, \$115,406; London, \$146,485; Hamilton, \$134,875; Mimico, \$83,110; Brockville, \$92,369; Cobourg, \$26,622; Penetanguishene, \$42,984; Orillia, \$76,852; Woodstock, \$18,020.

THE Samaritan Hospital for Women, Montreal, of which Dr. Laphorn Smith is surgeon-in-chief, held its annual meeting recently, and from the report submitted by the surgeon, 146 women had been treated in this hospital during the past year. Dr. Smith considers, that there is room in Canada for a nurse, who will work for \$1.00 or \$1.50 per day.

DR. LAPHORN-SMITH, the well known Professor of Gynecology, of Montreal, will shortly begin his private course on Gynecology for practitioners, which he has been giving every spring for several years. The class is limited to three, so that pupils have a good opportunity for perfecting themselves in diagnosis and treatment.

THE Toronto Clinical Society held its annual banquet at the Albany Club, on the evening of the 6th of May. Dr. Herbert J. Hamilton presided, whilst Dr. Adam Wright occupied the vice-chair. Between forty and fifty of the Fellows and members were present, and the gathering was one of the very best in the history of these annual functions of the Clinical Society. The feature event of the gathering was the presentation of a loving-cup to Dr. Charles O'Reilly.

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### UNITED STATES.

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CHICAGO is the healthiest big city in the world.

THE display of meats in front of butchers' and market dealers' shops in Chicago was prohibited after May 1st, 1905.

DRS. WILLIAM H. WELCH, William S. Halsted, Howard A. Kelly and William Osler, all of the original Faculty of Johns Hopkins University, will meet in London during June, and will then sit for a group portrait, to be painted by Mr. John S. Sargent.

*The American Journal of Surgery* is the new title of *The American Journal of Surgery and Gynecology*, of St. Louis. The publication office will be in future in New York, and the new publisher is Dr. Joseph MacDonald, jr., formerly managing editor of the *International Journal of Surgery*.

THE New York courts have disclosed a dreadful tale of fakery, and put the blush of shame upon many newspapers of that city which freely advertised the fake. A poor, hard-working carpenter who had saved, after many years of labor, \$10,000 for his old age, and who was afflicted with a purely psychic disease, fell into the hands of a "specialistic cure-all," who would and could cure him by the means of radium, a very valuable medicinal agent. The poor man was literally fleeced, as it was established beyond a doubt that no radium had been used, but a decoction of ginseng, ordinary tonics and coloring matter. What a pity the carpenter could not recover from the accomplices in this crime—the newspapers.

IT has been computed that \$60,000,000 have been spent for patent medicines in the United States for one year, an amount sufficient to give every physician in the American union an income of \$2,000.

IN the April 22nd issue of the *Medical Record*, Dr. George M. Gould, of Philadelphia, has an interesting and able article on Visual Function, the cause of slanted handwriting; its relation to school hygiene, school desks, mal-posture, spinal curvature and myopia.

DR. WILLIAM S. THAYER, who was elected to the chair of clinical medicine in the Johns Hopkins Medical School on April 3rd, has returned to Baltimore, and will assume his new duties at the beginning of the next scholastic year. The work of Dr. Osler is thus divided between Dr. Thayer and Dr. Parker.

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### BRITISH AND FOREIGN.

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THE illness of Lady Curzon has already cost \$50,000, which is exactly one-half of Lord Curzon's salary as Governor-General of India. It is said that several famous specialists have lived for days at Walmer Castle at \$500 a day apiece. Each time additional medical attendance or special medicaments were needed from London, a special train was chartered.

THE *Pall Mall Gazette* is responsible for the following: A hospital surgeon of London, England, was engaged to attend the wife of a Russian tailor residing in the metropolis. Finding that it was a purely charity case the surgeon turned it over to his assistant, although he fully intended to stay and see things out himself. This was objected to, and the assistant was refused to see the woman. Three men were called in to bully the surgeon, who put on his coat, prepared to leave. Then the husband, backed by his bullies, seized the surgeon by the throat and compelled attendance. Subsequently the husband received two months' sentence at hard labor.

SIR JAMES PAGET has followed up the careers of some 1,000 who studied in the school of St. Bartholomew's Hospital, London, England. He states that 23 have met with distinguished success; 66 with considerable success; 507 with fair success; 124 a limited success; 96 stopped studying medicine; 41 died while pupils, and 87 died within twelve years of commencing practice.

## Correspondence.

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### HARVARD COMMISSION.

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*To the Editor of DOMINION MEDICAL MONTHLY :*

DEAR SIR:—I was attracted by the following report of the "Harvard Cancer Commission," which appeared in the February number of your journal: "The Harvard Cancer Commission, it is understood, will report shortly that cancer is neither hereditary nor contagious, and that it is not of parasitic origin. The report will also state that excision is the only cure except in the case of small superficial growths, which may be cured by radiotherapy."

I have closely studied the subject of Cancer for the past twelve years, and for twelve years before that I had successfully treated many cases.

About ten years ago, I advanced the idea that cancer is infectious and gave verifying data. I believe that cancer is not only infectious but also hereditary, and I know that most, if not all, cancers can be cured with or without the knife.

I will be interested to see the report of the Commission and to learn how they have arrived at the above conclusion. If they say cancer cannot be cured, they issue a challenge which will doubtless be taken up by many physicians who are successfully treating these cases by various methods.

When the internal organs have become seriously involved and general sepsis prevails, the accredited method of treatment offers little, but when the disease is confined to external parts of the body it can usually be successfully removed.

I consider that these manifestations are secondary and not primary effects of the disease, and is usually held. Preventive measures are effective in these cases as they are known to be in many other diseases.

It is evident to every one that as long as the blood remains healthy, no disease can exist. Our only hope in successfully treating cancer is to restore or re-establish a normal condition of the blood.

It is now an established fact that there are many ways of so thoroughly oxidizing the blood that the disease engendering matter within it is rendered innocuous and eliminated.

Allowing that the local manifestations of cancer are always secondary, does it not look reasonable that better results will be secured by coupling local treatment with such measures as will

purge the system of the pernicious and infectious primary conditions.

Now that we know that Bright's Disease and Diabetes are both secondary affections *and can be cured*, why should we not expect to do as much for cancer?

It seems to me that most cancer patients die from the want of some specific treatment; and, for this reason, cases are allowed to run on until they become hopeless.

One of the Harvard Commissioners recently told a personal friend that the Commission knew no more now on the subject of cancer than when it began its investigations. It would seem from this that the lines upon which the Commission has been working are as conservative as Boston herself.

G. LENOX CURTIS, M.D.

7 West 58th St., New York.

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## Obituary.

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### JOHN HERALD, M.A., M.D.

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Dr. John Herald, of Queen's University, died in the General Hospital, Toronto, recently. He was admitted to the hospital on a Sunday and an operation was performed on the Tuesday following.

John Herald, M.A., M.D., was professor of clinical medicine and dermatology in Queen's University, and for several years was Registrar of the Medical School. He was a man of marked executive ability, a good lecturer, popular with the student body and had a large general practice of medicine in Kingston. He was forty-nine years of age. He was an ex-Mayor of Kingston. Interment will take place at Dundas, his old home.

Dr. Herald was born in Aberdeen, Scotland, in 1855, and was the son of the late Rev. James Herald, Presbyterian minister. He came to Canada when comparatively young, and, entering Queen's University, he graduated with honors in 1876, and received the degree of M.A. in 1880. In 1884 he graduated in medicine from Queen's. He was a member of several fraternal orders, and was Past High Chief Ranger of the Independent Order of Foresters. His wife, formerly Miss Grafton, of Dundas, Ont., survives him. Deceased was a member of the Methodist Church, and a Conservative in politics.

**THE DAWN.**

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BY WILLIAM J. FISCHER, M.D., WATERLOO, ONT.

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We know not when 'twill be, but Death one day  
Will come, like some black thief in gloomy night,  
And close our eyes forever 'gainst the light  
Of sun and moon and stars—then steal away,  
While swift our soul speeds from her human clay  
To meet the Saviour's face so tender, bright,  
Waiting her sentence, after life's drear fight—  
Hell's endless night of woe or Heaven's day!

O what is life, that we should thus forget  
The joyful dawn that waits beyond the gloom  
To greet our souls, while in the cold, sad tomb  
We turn to earth? Why should we doubt it yet?  
There is a life that crowns Sin's battle won,  
A life of rest in far-off glowing spheres,  
Where angels sing love-hymns through endless years,  
Where Christ's the Light—the soul's eternal Sun.