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Vol. XIV. HALIFAX, NOVA SCOTIA, MARCH, 1902. No. 3.



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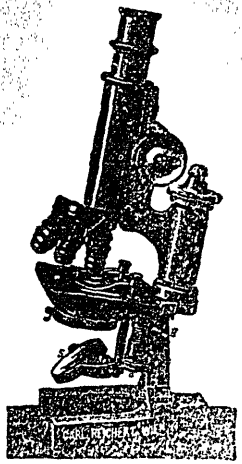

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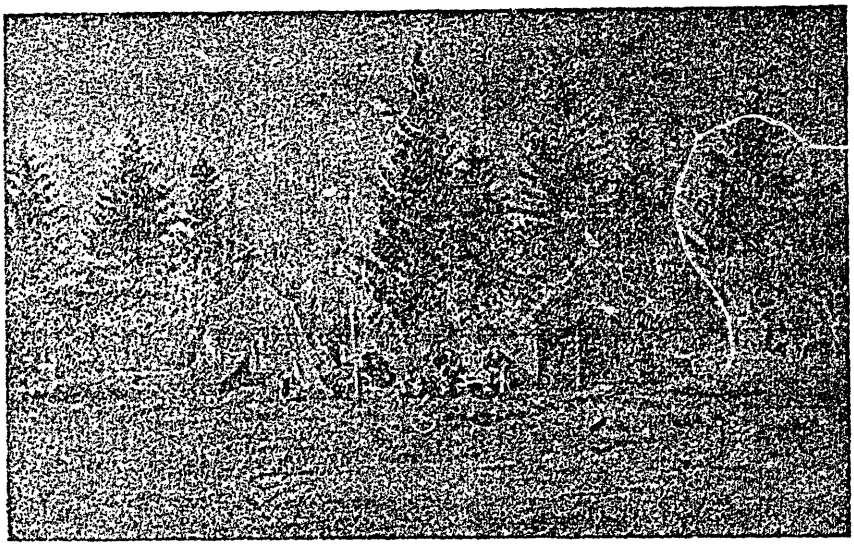

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VOL. XIV. HALIFAX, N. S., MARCH, 1902. No. 3.

## Original Communications.

### A RESUME OF RECENT LITERATURE UPON EPILEPSY.*

By W. H. HATTIE, M. D., Medical Superintendent Nova Scotia Hospital, Professor of of Medicine, Halifax Medical College.

It is not my purpose to present to you a systematic paper on the subject of epilepsy, but rather to review, as briefly as I can, some of the more recent literature upon the subject, and especially that which may be regarded as in the nature of advance.

We are still assured that epilepsy is a symptom only, that it is not to be regarded as an entity, and that sooner or later, as our knowledge becomes more perfect, we will be able to associate the epileptic seizure with some morbid state just as we now associate some colvulsions with uræmia, others with alcoholism, etc. But we are not yet furnished with a definite pathology of epilepsy, and must, perforce, still speak of epilepsy as though it were a condition separate and apart, even though we may have the conviction that it is but a symptom-complex.

Whatever our doubts on this score may be, we are confronted by the fact that one out of every five hundred people, speaking of averages, is subject to epileptic seizures, and is consequently rendered liable to all that host of accidents which are mentioned as possibilities in the life of an epileptic, is handicaped by the difficulty which these unfortunates find in securing employment, and has always to dread the mental deterioration which is so well known a sequent of the epileptic habit. A condition attended with such serious results and afflicting so large a proportion of the population is certainly one

*Read at meeting of Nova Scotia Branch British Medical Association, Jan. 8th, 1902.

calling for the most careful consideration by members of our profession.

The division of epilepsy into grand mal and petit mal, or epilepsia major and epilepsia minor, is very familiar to all, but there has recently been a tendency to make sub-division of the second type of cases, according to the clinical picture presented. Thus we are burdened with epilepsia loquox, in which the attack is characterized by an explosion of speech, and in which it is supposed the focus of disease is limited to the speech area; epilepsia nutans, in which the muscles of the neck are alone engaged in the motor spasm, causing nodding movements of the head; epilepsia procursiva (usually associated with some sclerosing lesion of the brain), in which the patient suddenly rushes forward, either in a straight or circling line, for a short distance, and in which there is considerable congestion of the face; and finally, cardiac epilepsy, which is doubtless the most important of all these subtypes. The attack of cardiac epilepsy often resembles very closely ordinary syncopal attacks, while at other times the similarity to angina pectoris is marked, and doubtless many cases escape recognition on account of the difficulty in diagnosis. An important feature, which is useful in diagnosis, is that attacks of cardiac epilepsy come on most frequently when the patient is asleep or resting. There is an aura of præcordial anxiety, and usually considerable pulse disturbance—either an increase or a decrease in the frequency of the heart's action. Sometimes the aura takes the form of a sensation of coldness. There is no motor spasm, but there is, of course, transient unconsciousness. Pritchard says that there is usually no organic cardiac disease, but Mahnert asserts that heart epilepsy in young subjects appears chiefly as a result of valvular lesions. Arterio-sclerosis is frequently to be determined. The temperature is found to be subnormal. A characteristic of this form of petit mal is a tendency to become more severe and to gradually assume the grand mal type.

The association claimed by authors of a decade or more ago to exist between migraine and epilepsy is not so strongly insisted upon by recent writers, and in fact many deny that the two conditions are in any way related. Therefore, the term "migrainous epilepsy," which at one time had a place in the literature as a variety of petit mal, is not met with so frequently as it was a few years ago. But the "psychic epilepsy," first described by Weiss, still retains a prominent position, although more generally under some such term as the psychic

equivalent of epilepsy. This, as is well known, is of much greater importance when it replaces attacks of epilepsia major than when it comes in the stead of epilepsia minor, particularly from a medico-legal aspect.

An elaborate study has been made by Ardin-Delteil of what he terms the physical equivalents of epilepsy. The more generally used term "epilepsia larvata" or "masked epilepsy" is practically synonymous with the name given by Ardin-Delteil. Both the idiopathic and the Jacksonian types of epilepsy may present physical equivalents, but particularly the latter. These equivalents include (*a*) *motor* (incoordinate, coordinate and paralytic), (*b*) *sensible*, (sensible proper, [pain, etc.], vasomotor, and visceral), (*c*) *sensorial* (visual auditive, etc). The various subtypes of petit mal I have already mentioned are included in one or other divisions ofArdin Delteil's classification of physical equivalents.

A recount of the symptomatology of epilepsy is quite needless, but it may not be amiss to call attention to the value of close observation of certain manifestations of epilepsy. The importance of the signal symptom in partial epilepsy is well recognized, but the localizing value of the first symptoms of the attack in generalized epilepsy is not so generally realized. Many of these point as definitely to an area in the cortex cerebri as do the signal symptoms in the most pronounced cases of Jacksonian epilepsy. An aura felt in or ascending to the chest or throat appears to be, according to Gowers, an expression of disturbance in the cerebral processes connected with the respiratory function of the pneumo-gastric. So too gastric and cardiac auræ are referable to disturbance in the function or other branches of this nerve. An aura of a horrible taste and smell, in a case reported by Beevor and Horsely, pointed to a lesion in the uncinate and hypocampal gyri, and autopsy subsequently proved the correctness of this conjecture. Gowers has reported a case in which visual warning existed, which, at autopsy, revealed a tumor in the occipital lobe. Mitchell-Clarke reports a case in which the attacks were preceded by subjective auditory and taste sensations, associated with which were other symptoms pointing to a tumor in the brain which was thought to be located in the left temperosphenoidal lobe, although this could not be confirmed by autopsy. Then a sensation of coldness, as I have already mentioned, is somewhat characteristic of the onset of cardiac epilepsy.

Certain post-paroxysmal symptoms are also of much value in determining the location of a lesion causing epilepsy. A monoplegia will point definitely to the area in the cortex which represents the movements of the paralyzed limb. Aphasia following a convulsion may also prove a symptom of value in localizing a causative lesion.

Allusion has been made by several writers to asymmetry of the face, skull, etc. in epilepsy, and recently (*N. Y. Medical Journal*, May 13, 1899,) Pierce Clark reports having met with three cases of epilepsy in which asymmetry of the humeri was a notable feature. Such variations from the usual, however, are not infrequently found in various pathologic states, and occasionally in individuals who are perfectly normal in other respects, so they cannot be regarded as of very much importance.

In 1896 Babinski described a new clinical symptom which he thought to be characteristic of lesions involving the pyramidal tract in the cord. This symptom is a reversal of the normal plantar reflex —an extension rather than a flexion of the great toe. He has noted it in several cases of Jacksonian epilepsy but has also detected it in some cases of idiopathic epilepsy. It is not found in hysteria, so it might aid in the diagnosis of epilepsy from hysteria.

Another newly reported sign is that of Biernacki, consisting of analgesia of the ulnar nerve in the epitrochlear space, between the internal condyle of the humerus and the olecranon. This sign is more constantly found in paretic dementia (and occasionally in locomotor ataxia), but is found in perhaps fifty per cent of epileptics, and may be of use in diagnosing from hysteria.

A somewhat interesting contribution to the subject of epilepsy, which comes in as a sidelight, is that of Bechet, whose conclusions are as follows:—Longevity is less in descendants of epileptics than in normal families. Natality is higher in epileptic families than is the average in normal families, and epileptics usually belong to large families, although they themselves are commonly deficient in reproductive power, so that epilepsy tends towards sterility. The vitality of epileptic families is less than of normal families, and the ascendants of epileptics shew special predisposition to pulmonary disorders, especially phthisis, while the descendants are prone to cerebral affections, although according to Bechet, who in this is in accord with Lasegue, neuroses and insanity are rare in the children of epileptics.

This opinion, of course, is in direct opposition to that of Gowers Bouchet, and other authorities.

In the pathology, much work has been done, but unfortunately the results reported vary so greatly that we still have to confess ignorance of the basis of the disease. Most of the research has naturally been upon the nervous system itself, and though the results are so lacking in harmony, one thing at least is brought out, and that is that epilepsy may follow upon lesions in widely separated areas. Through the association tracts, an irritant in almost any part of the encephalon may lead to the discharge of nerve energy, which, if we are to believe Hughlings Jackson, is the immediate cause of the epileptic convulsion. Apart from this, we can credit the pathologists with no end of theories—many of them couched in such beautifully technical terminology and involved phraseology that we must admire even if we cannot comprehend them. But we must not scoff at theory, for it is a prime requisite to advance.

The toxæmic doctrine has a strong advocate in Krainsky, who, duplicating an experiment which had already been tried by several investigators, found that the injection into the groin of a rabbit of 2 c. c. of blood removed by cupping from a patient in *status epilepticus*, produced a typical epileptic seizure in the animal within two or three minutes. Several repetitions of the experiment in different ways brought out the same result, so that the conclusion was that the blood of epileptics contains, during the spasm, a toxin or toxins, which produce convulsions Krainsky went into the chemistry of the condition, and considers that he has proof that carbamic acid, in the form of the carbamate of ammonia, is the toxic substance which produces the convulsion. Injection of carbamate of ammonia into experimental animals produces a convulsion which is essentially similar to that of epilepsy.

The work of Ohlmacher, in the laboratory of the Ohio Hospital for Epileptics, has attracted much attention. He has discovered that in a series of autopsies on cases of idiopathic epilepsy, in all those in which death came suddenly (and in which, consequently, there was not much wasting) he found constantly what he terms the lymphatic constitution, that is persistent, often enlarged, and structurally perfect thymus gland, and general lymphadenoid hyperplasia, affecting principally the lymphoid follicles of the digestive tract and those of the spleen, though also apparent in the mesenteric glands, lymph

nodes generally and tonsils. In addition he describes a hypoplasia or narrowing of the arteries, most noticeable in the aorta, of which the lumen averages only five-eighths of the normal average in his cases.

Ohlmacher argues a close association between thymic asthma (as the condition we were formally content to dub laryngismus stridulus is now being termed) and epilepsy. In this condition, enlarged and structurally perfect thymus is found post mortem. Then he refers to Kopp's finding that in many cases of sudden death in apparently healthy subjects a persistent and perhaps enlarged thymus is found, and this so frequently that Kopp now speaks of thymic sudden death. He considers that the suddenness with which death oftens comes to the epileptic is somewhat analagous to this thymic sudden death of Kopp. The inference is that the lymphatic constitution has at least to do with the sudden death, though in which way remains still a mystery. And, although Ohlmacher draws no conclusions, it is obvious that he considers there is an intimate connection between the lymphatic constitution and the epileptic seizures.

The diagnosis of epilepsy seldom offers any difficulty. Sometimes an hysteric may so closely simulate the disease that only most careful attention to the details of the seizure will detect the true nature of the condition. And the possibility of uræmia must not be overlooked—nor should it be forgotten that a uræmic condition may come on in an epileptic subject, and failure to detect the real nature of the spasm may place the physician in an unpleasant predicament. And then, too, it is to be remembered that malingerers are sometimes able to ape an epileptic condition so closely as to almost deceive the very elect. The case of James Clegg, "the Dummy Chucker," is still the classical one illustrative of the art which it is possible for one to cultivate in the mimicry of disease. A full account of this celebrated case was contributed to the American Journal of Insanity in 1880, by Dr. Carlos F. MacDonald, to whom is due the credit for detecting the imposture. Clegg was born in England and began his career of crime at the age of nine, by robbing his father of the contents of his money box. Later he took up pocket picking, and soon associated himself with a gang of sharpers, one of whom was a "dummy-chucker"—that is, an individual who falls down in public places in a pretended fit, while his companions in vice pick pockets among the crowd that gathers about him. This practice appealed to Clegg's fancy, and he decided to devote himself to the art of dummy chucking. On one

occasion he was arrested as an accomplice in a pocket-picking case, but, upon advice of his lawyer, "chucked a dummy" during his trial, which was pronounced by a physician summoned to the court room to be a typical epileptic fit, and he was consequently discharged. But later he again got into the clutches of the law and was sent to Millbank, and thence to Chatham prison. Here he objected to the hard work imposed upon the prisoners and began chucking dummies very frequently. The medical officer of the prison evidently suspected him of malingering, for there he was subjected to such tests as having a lance pushed up under his finger nails and irritants dropped into his eyes. But he did not flinch, and so it was decided that his case was one of genuine epilepsy. His career thence forth was a checkered one, and several times he was imprisoned, but wherever he went he met with someone who doubted the genuineness of his epilepsy, and so, on one occasion, in order to set all doubts at rest, he chucked a dummy in such a position that he fell a distance of thirty feet, sustaining severe injuries and being rendered unconscious for twelve hours. Finally he came to America and was successful for a time in the pursuit of his calling, but finally was committed to Sing Sing for stabbing a man. Here he again feigned epilepsy and after a time was transferred to the Asylum for Insane Criminals at Auburn, and at this institution Dr. MacDonald made his acquaintance. He directed the attendant to notify him at once should a fit occur. In a few days the announcement came, "Clegg is in a fit." I quote Dr. MacDonald's description of his case:— "Proceeding at once to his room on the ward, I found him on the floor, his face distorted and livid; frothy saliva, tinged with blood, was oozing from his mouth; his body was apparently violently convulsed, while an attendant and two patients were holding his limbs to prevent him from self injury. He seemed to be having a series of rapidly recurring convulsions, each one commencing with marked muscular rigidity, during which his head was drawn to one side and his body twisted upon itself. The thoracic muscles were rigid, and respiratory movement was almost completely arrested. This tetanoid condition was rapidly succeeded by one closely resembling clonic convulsions; there were alternate contractions and relaxations of different portions of the body, during which his head was frequently brought into such violent contact with the floor as to abrade the scalp; his tongue was wounded; respiration was jerking and noisy, and at each expiration bloody saliva was

forcibly ejected from his mouth. His pulse was somewhat accelerated, his eyes were turned upward as far as possible, and his pupils were moderately dilated. (It should be stated in this connection that the room in which he was confined was partially darkened by a window screen which was kept locked. This fact would account for the dilation of the pupils). His hands were tightly clenched, but I observed that the thumbs were not closed within the hands, also that the finger nails were not livid; and when I forced his hands open he immediately closed them again. There were also no visible indications of relaxed sphincters. The "clonic convulsions" were followed by a condition of muscular quiet, immobility and stupor, lasting for a few moments, during which he would occasionally open his eyes and gaze around in a confused and stupid manner, when, suddenly, another "spasm" would supervene. The whole series of seizures lasted about an hour, and was followed by a pretended sleep, after which he appeared to be mentally confused for a day or two, and complained of headache and physical weakness."

The sequel is interesting. Confronted by Dr. MacDonald with the charge of feigning and told that his imitations were not good enough, Clegg was much astonished but admitted his guilt. Subsequently he had "fits" only upon the request of one of the Asylum officials and to demonstrate how nearly a genuine fit may be copied.

Now in the matter of treatment there is little that is positive. Flechsig's treatment with opium administered in rapidly increasing dose until a certain point is reached, when it is suddenly substituted by a bromine salt, is not regarded with much favor today. Von Bechterew's treatment, which combines adonis vernalis or digitalis and codeine with a bromide has not been followed with the results which were promised and is falling into disuse. Horse-nettle is no longer set forth as a cure. Recently Toulouse has advocated the withdrawal of salt from the food of epileptics, his theory being that, the tissues, being robbed of their accustomed supply of sodium chloride, take up the bromides in its stead and thus become more effectually influenced by the bromides. Sufficient time has not yet elapsed to determine whether or no any value attaches to this mode of treatment.

For the status epilepticus the intra-muscular injection of amyl hydrate is advised by Naab, in a dose of 3.0 to 5.0 grams, repeated if necessary within two or three hours. For the three or four days

succeeding the cessation of fits, a daily dose of 2.0 grams should be administered. Plenty of easily assimilated food should be administered, preferably, during the unconscious stages, by pouring small quantities through the nostril.

The bromides are still the sheet anchor in the treatment of epilepsy, and when it is well borne the potassium salt is the one to which preference is accorded. The strontium bromide has not proven in any way advantageous. But the administration of a bromide does not constitute the treatment of epilepsy. It is of the utmost consequence to attend to every detail of the general health of the patient, and the dosage of the bromide should be governed by the most careful determination of its effect.

The effect of diet has been carefully studied, and many very elaborate diet scales have been prepared, The experience of Rutter, manager of the Ohio Hospital for Epileptics, is perhaps as useful a guide as can be found. "A free meat diet has been found to exercise a prejudicial influence, and we only allow it for the midday meal. Care is taken to encourage deliberation in eating, and, to that end, meals are served in courses. Fruit is given freely at all seasons; when fresh fruit is not in the market it is supplied in evaporated form. It forms the principal article for breakfast and supper, supplemented by some cereal and milk. The only meats permitted are fresh beef, either roasted or boiled, mutton, fowls and fish. All pastry is tabooed. No articles of diet are allowed to be fried. The bread is usually served stale, the only exception being occasional allowances of cornbread, which is served hot. Coffee is allowed for breakfast, and milk, *ad libitum*, for the other meals. Singularly enough, many of the vegetables accounted as indigestible, such as cabbage, cucumbers, and the like, have been found to exercise no deleterious influence upon the disease."

Operative treatment still excites interest, but, though an occasional operation on the brain for idiopathic epilepsy is still reported, a more recent rage has been for the resection of the sympathetic ganglia of the neck. According to Schapiro, whatever the primum movens may be, the immediate cause of an epileptic seizure lies in the vasomotor system, and consists in a sudden cerebral anæmia, followed by a passive cerebral congestion, in consequence of paralysis of the vasomotor center. Whether the exciting cause be peripheral or central, the effect is exercised upon the vasomotor center. Resection of the cervi-

cal sympathetic ganglia produces a sudden and severe anæmia of the brain, which, in the opinion of Schapiro, increases the vitality of the nerve elements of the brain. Removal of the upper and middle ganglia, with the connecting cords, is said to be sufficient, and the operation is not regarded as a dangerous one. Myosis is a striking and permanent result, but the shrunken pupil continues to react to light and accommodation, and may be dilated by use of atropin. The influence upon the epileptic seizures was considered by Schapiro to be sufficiently encouraging to warrant further attempts.

Jonnesco, whose name is especially associated with this treatment, resects the cervical sympathetic in epilepsy, exophthalmic goitre, glaucoma, etc. He reports that in his practice forty-five epileptics were operated on, of which nineteen had been under observation for a considerable period. Of this number, 55% were considered cured, 28% improved, and 15% not improved.

Coming nearer home for authority on this subject, Carl Beck, before the Chicago Medical Society, reported upon several cases on which he had operated, but was unable to claim success, and the consensus of the more recent reports is in opposition to this method of of treatment.

As a matter of fact, the only thing that seems to be of any use in treatment of epilepsy now-a-days is to gather the unfortunate sufferers together into colonies. This has been done in many countries, but perhaps nowhere has the colony idea been more perfectly developed than in the Craig Colony for Epileptics in the State of New York. Here, quoting from an editorial in the *Medical News*, Feb. 3, 1900: "Medical treatment for the disease has been practically abandoned, and regular hours for sleep, a simple diet, chiefly vegetarian, baths, exercise, work and instruction have been substituted, with most gratifying results. In epilepsy it is the individual and not the disease that must be treated. It is through improvement in physical, mental, and moral tone that the patient climbs up out of the lazy, inert, irascible despair, in which his whole condition is that of progressive degeneration, and acquires an active, useful, cheerful habit of life, which in nearly all cases tends towards fewer and fewer attacks. Nothing contributes to this end so rapidly as congenial, healthy employment, especially that out-of-doors, where the sunshine, fresh air and surroundings of nature draw his mind from himself and his disease.

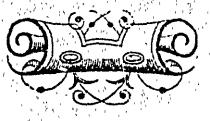
"It is very difficult to provide suitable treatment for an epileptic at home, especially if he be a child. His inability to attend school or church, his sensitiveness regarding his peculiarity, his outbursts of temper, his lack of training, all tend to make him a slovenly, unbearable burden to his friends. And yet he is, at most times, capable of work and enjoyment, and in many cases almost as bright intellectually as a normal child. Therefore is it nothing short of crime to confine him in an institution with the insane or the feeble-minded, where it is his positive doom to become like them.

"The Hon. William Pryor Letchworth, in his recent work, 'Care and Treatment of Epileptics,' has reviewed the whole history of failures in past methods of treatment and has outlined the village system, as it at present exists in successful operation at Craig Colony, in the Genesee Valley. There the patients are divided into groups of twenty or thirty, according to their degree of compatibility, or capacity, and live in separate homes. They do their own housework and have recreations according to their tastes. The children live together, and those that are able attend the colony school, where the instruction is pursued along kindergarten lines and where the development of skill in their fingers tends toward the practical side of life. They go to services and concerts in the chapel; give entertainments and enjoy life as other children do. Meanwhile, they are being trained to support themselves, in the event of their cure, or to do their share of the colony work as long as they live there.

"The farm and stock of the colony produce under the patients labour a large proportion of the colony's food, and from the clay-beds they have made brick enough to put up a number of their buildings Nearly all the daily occupations of any village life, washing, sewing, waiting, cobbling, gardening, street-cleaning, etc., are represented in patients who, if they were normal, would be fitted for such a sphere, but who by reason of their infirmity cannot keep a position in the world of competition. Nurses, educated in the art of training, work with the patients, study their deficiencies and abilities, and fit them into the niche best suited for them; while expert physicians living in the colony direct the individual treatment of each."

If we have our full proportion of epileptics, there should be nearly 1,000 of these unfortunates in our province. Are they deserving of less consideration than those suffering from other forms of idleness? If colony care can do anything towards brightening the lives of these

poor people, or of improving their chances for recovery, should we not make some move towards providing it for them? I would not advocate a government institution for this class, for, once well organized, such a colony should be self-sustaining, and in order to develop it to the full, it should be absolutely free of political influence. And moreover, the government of Nova Scotia already does more for the sick and afflicted of the province than any other government I know of. If private persons of wealth could but be interested in such a charity good would be accomplished, not only in the matter of helping a singularly unfortunate class of our fellow mortals, but also by bringing the general public more into sympathy with the aims and efforts of the medical profession than they are to-day.



## ACTINOTHERAPY—DUHRING'S DISEASE IN CHILDHOOD—THE CURABILITY OF SYPHILIS—THE UNRECOGNIZED CHANCRE.

By Wm. S. Gottheil, New York.

Authors's Abstract.

In a preliminary communication upon the use of concentrated light in the treatment of dermal affections, W. S. Gottheil briefly reviews the work done by Finsen, Kime and others in this field, and describes the arc light that he employs for the purpose. This is at present the only available source for the actinic rays of sufficient volume and intensity for therapeutic employment. Sunlight is of course the best, and is costless; but it is too uncertain for satisfactory use. No combination of incandescent bulbs, run on the ordinary continuous or alternating commercial current, is sufficiently actinic, and the apparatuses arranged with them practically give us heat and no light baths.

The author employs an apparatus called the Actinolyte, made by Kliegl Bros, of New York, which can be adapted to either the continuous or the alternating current, uses from 25 to 55 amperes, and gives a concentrated circle of light of from 20000 to 30000 candle power. He is not prepared as yet to publish his results: but the progress of cases of lupoid and syphilitic ulceration has been most encouraging. The cosmetic results of this non-operative and painless method of treatment are especially good: a point of the greatest importance, of course, when the face is involved.—*Medical News, July 6th, 1901.*

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Dermatitis herpetiformis, first described by Professor Duhring, of Philadelphia, is probably of commoner occurrence than is generally supposed, more especially in children; two cases are described by William S. Gottheil, of New York, in the June number of the *Archives of Pediatrics.* The resemblance at first sight to an ordinary eczema, dermatitis, or impetigo is marked, and doubtless cases of the disease are not infrequently so classified. The points which distinguish the less common affection are:

1. The extreme obstinacy and chronicity of the malady; it being prolonged almost indefinitely by successive exacerbations or replapses.

2. Its original herpetic character and subsequent multiformity of lesion.

3. The intense pruritus.

4. Its recalcitrancy to treatment.

Any apparent eczema, dermatitis, or impetigo in children presenting these features should be carefully observed; a certain number of them will undoubtedly be found to be cases of Duhring's disease.

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Speaking of the curability of syphilis in the symposium upon that disease in the October number of the *International Medical Magazine*, William S. Gottheil, of New York, takes exception to the opinion of its practical incurability which is prevalent in certain quarters. Every day experience shows that the great majority of cases are cured in every practical sense, the occasional late relapses and accidents to the contrary, notwithstanding. He concludes:

1. Syphilis is a curable disease, and may even, with restrictions, be called a self limited one.

2. Whilst cure in a given case cannot be affirmed with scientific accuracy, the chances of its being the fact after a certain time under proper treatment are so great that it may be properly claimed to have been affected.

3. Practically, a patient who has been properly treated throughout the active stages of the disease, and who has had no manifestations of its persistence for several years thereafter, may be regarded as cured, and may be told so.

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The Unrecognized Chancre. In the *International Medical Magazine* for October, William S. Gottheil calls attention to the frequent insignificance and fugacity of the syphilitic initial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurrence, and not voluntary falsification, is the cause of the frequent absence of a syphilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis:

1. The presence of a tumor as the original lesion. In its essence,

and invariably at the beginning, the chancre is a small round cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, or even phagadænism; but these are accidental, and epiphenomena, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful, and recalcitrant to treatment.

3. A peculiar and characteristic "stony" induration of the nearest lymphatic glands accompanies it, different from the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gummata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years, for its development.

5. The well known signs of general luetic infection, osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, &c., must be carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

# Selected Articles.

## A SIMPLE METHOD OF REDUCTION AND TREATMENT OF COLLES' FRACTURE.

By Hunter P. Cooper, M. D., Professor of Anatomy, Atlanta College of Physicans and Surgeons, Atlanta, Ga.

Next to fracture involving the ribs, statistics show that fracture of the lower end of the radius occurs oftener than that of any other bone. This special accident has, therefore, commanded probably more attention from surgical writers since it was first systematically described by Colles, of Dublin, in 1814, than any other fracture.

It should not be mistaken for dislocation of the wrist, especially because dislocations of the wrist are among the very rarest of injuries while fracture of the lower end of the radius is one of the most frequent.

Even simple fracture of this bone has brought more reproach on surgeons than one can well conceive of, for three reasons.

1. It is so often unrecognized, being mistaken for a sprain or dislocation of the wrist.

2. When recognized, surgeons have so often failed to reduce the deformity.

3. When both recognized and properly reduced, the subsequent treatment is very frequently defective.

As a result, there are to be seen in every community, rigid, painful and deformed wrists; stiffened and useless fingers.

It is on account of these bad results that so much has been written about an apparently trivial injury, and so many curiously contrived splints have been fashioned. The greatest surgeons (including such names as Dupuytren, Nelaton, Malgaigne, Hey, Hamilton, Hays, Lewis Bond and Moore) have not thought it unworthy to devise sundry complicated splints, each supposed to have some special virtue in preventing or overcoming deformity. The great number and variety of these splints is the best evidence that none of them have proven satisfactory. As a result, we have gradually gone back to simplicity

of method, a simplicity based on a proper appreciation of the cause of the deformity, as well as of both the anatomy and physiology of the parts concerned.

The fracture is caused almost invariably by a fall forward, the violence of the fall being received by the outstretched hands in a position of complete or partial extension, the lower end of the radius being snapped off by the impact received from the scaphoid or semilunar bones; it is, therefore, easy to see that the lower fragment of the radius will be displaced upward and backward: this gives rise to the characteristic "silver-fork" deformity, with its hump over the dorsal and its depression over the palmar aspect of the lower end of the radius. This constitutes the deformity in its very simplest form. Now if the violence of the fall is sufficient, the cancellous surfaces of the two fragments are driven into each other producing an impaction. As a consequence of impaction, the radius is shortened, and, therefore, the hand is deviated to the radial side; this causes great prominence of the lower end of the ulna and occasionally fracture of its styloid process or rupture of the internal lateral ligament. Now as it is demanded for the proper functional activity of the wrist and fingers that the flexor and extensor tendons of both shall have free motion in their synovial sheaths, if we limit this freedom of motion, stiffness of hand and wrist results.

The indications for treatment may, therefore, be formulated as follows:

1. Proper reduction of deformity.
2. The use of a splint which will not interfere with the free movement of fingers and thumb.
3. The constant use of passive motion of wrist and fingers, removing the splint for this purpose almost daily.
4. The discontinuance of the splint just as soon as bony union has occurred between the fragments. Union of this fracture in my experience is always complete at the end of three weeks.

1. For the proper reduction of the deformity, anæsthesia is rarely needed, except in very nervous and fractious patients. The surgeon should stand on the same side of the patient as that on which the fracture exists; he should firmly grasp the affected hand as if to shake hands, while an assistant holds the patient's forearm just below the elbow, so as to steady the part and make counteraction, if necessary;

the thumb of the surgeons disengaged hand should rest on the dorsal aspect of the lower fragment, while the fingers of the same hand rest on the palmar aspect of the upper fragment. While the assistant holds the forearm steady, the surgeon bends the hand backward in a position of forced extension in order to break up any impaction of the fragments. The hand is then brought back into normal position, strong traction being made, the surgeon's thumb at the same time pressing the lower fragment downward and forward into proper position. As the hand is brought back from the forced extension, it is at the same time carried strongly to the ulnar side, if any deviation to the radial side exists. The process of reduction occupies only a moment of time and if successful it is at once seen that the silver-fork deformity has disappeared.

2. The next step is to apply the splint which has been previously prepared. I use a simple anterior splint, shaped on the sound arm as a pattern. Any light soft wood will do for this purpose. The board is laid on the sound arm, and the outline of the forearm and carpus traced on it with a pencil; when reversed, of course, it will fit the injured side. In length it should extend from the internal condyle of the humerus to about the middle of the metacarpal bones; this will leave the fingers and thumb freedom of motion. Common cotton is to be preferred as a padding for the splints, as it is much more elastic than absorbent cotton. I fasten a small, extra pad to the splint to correspond exactly with the lower end of the upper fragment. The splint is then applied to the palmar surface of the forearm and held in place by two straps of adhesive plaster, one just below the elbow and the other just exactly over the lower fragment. A light roller bandage is applied to assist the plaster in holding the splint in proper position. A triangular sling in then applied to the forearm, the lower edge of which should not come below the lower end of the splint, and the patient told to move the fingers and thumb frequently.

3. The bandage should be removed daily for the first week in order to permit inspection of the parts, and at the same time the adhesive strips can be loosened or tightened as necessary. Light massage of the fingers, hand and forearm at the daily change of bandage gives the patient great comfort. After the first week the splint should be entirely removed every two days to permit of passive motion and massage; during such a treatment the forearm should rest on a firm pillow in the patient's lap.

4. At the end of twenty-one days the splint is entirely given up, the arm worn in a sling for about a week longer, and systematic passive motion applied to fingers, thumb and wrist. The patient during the fourth week is encouraged to use fingers and hand in grasping and manipulating light objects.

I have used the method just described in a very extensive experience with the fracture, extending back to 1883. So far as I know, there is no work on surgery or fractures which contains any similar description. The nearest approach of this method is to be found in Warren and Gould's "International Text-Book of Surgery." I first learned the essentials of it from Dr. Robert Abbe in the New York Hospital out-patient department in 1882, and after a test of nearly twenty years I can truly say I have never treated any other fracture with such uniformly perfect results.—*American Journal of Surgery and Gynecology.*

# NO "SORE EYES" IN MANILLA. LACRIMAL FISTULA, BOTH WITH AND WITHOUT PURULENT DACRYOCYSTITIS, AS SEEN IN THE PHILIPPINES.

By Theodore Republica, M. D., Westfield, N. J.

So much has been said in medical and lay prints about "those peculiar sore eyes in the Philippines," that a few words by an observer may not be out of place. The subject is hardly new; so long ago as 1880, Chiralt published an article under the title of "La rija," and I presume it is no exaggeration to say that it was copied in all the European medical prints. I remember that much to my surprise, I found it in the *Revue Medical y Cirugical*. It was the same sort of printed wonderment—"those peculiar sore eyes." I was therefore much interested in the matter when I arrived at Manila, and was told that I would see enough to satisfy my observing faculties before long. I had the opportunity as I crossed the plank, and the opportunities have multiplied. The "sore eyes" abound, and as for their "peculiarity"—well, I was a heretic so soon as I met the disorder.

There was not a sore eye to be found. Perhaps that is too sweeping; I should say that while there may be eye diseases in the Philippines, the "peculiar sore eyes" is not a disease of the eye. It was readily apparent that while sympathetic ophthalmia might complicate, the disorder concerns the lacrimal apparatus. The lacrimation was excessive in but few cases, but was markedly continuous and persistent. This naturally suggested an inflammation of the lacrimal gland, but the possibility seemed somewhat remote, from the fact that it is so rare in more than 100,000 cases of disease of the eye observed at the great London Ophthalmic Hospital, less than 20 of this kind are on record. Yet, on examination, I found that, upon evident history of catarrh of the lacrimal passages, lacrimal fistula had supervened, and mucocele of the neck and purulent dacryocystitis complicated. The fistulous openings looked raw and filthy, and there were severe cases where the skin was excoriated, and disease of the bone was present. On pressing the sac, a mucopurulent discharge issued from the fistula or punctum.

The common treatment is "eye washes" (one grain of zinc sulphate to an ounce of water), administering at the same time sulphate of zinc internally. Histories of radical cures were few, if any, but when a patient was "better than he used to be," that was the heighth of satisfaction. It is true, though, that Cevera, the leading Manila practitioner, uses the acid nitrate of mercury as a cauterizing agent, with some success. There have been some cases of destruction of the lacrimal sac, and I met with the "open problem" propounded by the army surgeons. They were doing the operation to some extent, and the argument prevailed that no other method in use gives such a large proportion of cures. Much stress was laid on the fact that cases rebellious to all other methods are perfectly cured by this procedure in from ten to twenty days. I embraced an early opportunity to see the operation. The canal was probed with a conical sound, sometimes with, and sometimes without incision of the upper canal, and the cautery freely applied. The received reports were stated to be of 'successful operation."

"Every case is successful," I was told, but the trouble was that the natives have a fixed antipathy to the appearance of Bowman's probes, and a knife is positively hateful to them.

I was but a visitor, but in my own experience with blenorrhea of of the lacrimal passages, I had been successful in injecting the canals with a solution of three grains of cocaine in one dram of eucalyptol, and employing as an ointment five drops of the eucalyptol to the ounce. Mentioning this, I was told that stillingia was the only vegetable injection ever used, and that it was of no value. As for the eucalyptol, had it been employed by a physician previous to the Dewey Day, the correspondence of odor with the incense used in the churches would have suggested rude treatment at the hands of the priests! However, I had the pleasure of seeing my suggestion carried into effect with success. There is no reason why it is not worth while, though, of course, hygienic regulations gain no force in Manila, and it seems almost as though ophthalmia should prevail as cruelly as in Egypt. But it does not. There are no "sore eyes" there.—*American Medicine.*

# Correspondence.

To the Editor of the Maritime Medical News.

Dear Sir:—As there appears to exist some misunderstanding as to the purpose for which fourth year students were employed in connection with the recent public vaccination, we, the students so employed, wish to explain our position in the matter.

We were appointed by the Board of Health as assistants to the physicians in charge of the vaccinating station, our duties being defined as follows:—

(*a*). To prepare those presenting themselves for vaccination, by exposing and cleansing the arms.

(*b*). To keep a register of all persons vaccinated and to record the result of each vaccination when reported.

We may say that in addition to the above specified duties, we, in order to qualify for the certificate of Proficiency in Vaccination required by the Medical Faculty of Dalhousie University, *did vaccinate* several persons, in every case, however, under the supervision of one or other of the physicians.

In view of the above facts, we hope that we will not be considered as having in any way usurped the place of qualified men, an impression which seems to prevail at the time of writing.

Yours respectfully,

J. P. Corston.
D. G. J. Campbell.

Halifax, March 11th, 1902.

To the Editor of the Maritime Medical News, Halifax.

Sir:—It is not surprising that but little attention is paid in the Provincial Legislature to recommendations made by the profession looking to changes in a medical act, whereby the latter is to be made effective.

A perusal of the editorial columns of your last issue is sufficient to disgust any man with the profession generally, and with Halifax physicians especially. Professional jealousy, cut-throat tactics and personal villification instead of honourable rivalry are evidently the means resorted to for progress and advancement, and when the public becomes aware of this it is small wonder that little protection can be had against the unregistered quacks and charlatans, who are often not a whit worse than their registered confreres.

How Mr. A. E. Mack could bring himself to a discussion of his genito-urinary afflictions in the public press, I cannot conceive, unless—and the very thought is debasing—that some seeker after fame was the evil genius who urged him on.

Then follows the windy boast that Mr. A. E. Mack owes his very life to the next man who "stood behind the gun." Indeed this must mean that Number One had a large share of the credit for bringing poor Mack so near the Pearly Gates.

How pleasant the relations between the gentlemen who minister to the surgical requirements of the sufferers at the Victoria General Hospital must be! It must be very consoling to know that if an extraordinary difficulty arise, a consultation can be had with one's loved and loving confreres! For my part, were I a surgeon to the Victoria General Hospital, I should take good care to have no consultations. If my patient had to die, I would see to it that he died by *my hand alone.* And why? Because I should have reason to fear that the other fellow would designedly infect my cases, poison my dressings and pray that disaster might follow my work.

If these gentlemen must fight, for decency sake, let the fighting take place in the horse-shed behind the hospital, where the public of Halifax city and the whole province will not be disgusted spectators.

C. P. Bissett, M. D.

St. Peters, C. B.

THE

# MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIV. HALIFAX, N. S., MARCH, 1902. No. 3.

## Editorial.

### THE PENAL INSTITUTIONS OF NOVA SCOTIA.

The first report upon the conditions of the prisons and jails of Nova Scotia, by Dr. Sinclair, whose excellent work as inspector of humane institutions led the government to extend his duties to include the penal institutions of the province, was recently laid before the legislature, and is now available to all who are interested. It reveals a condition of affairs which should make every Nova Scotian blush for shame, and shows very plainly that the government acted wisely in determining to place these institutions under supervision. It is certainly to be hoped that, with such information as Dr. Sinclair's report affords, the government will insist on immediate action on the part of the municipalities, looking towards proper provision for the criminal element of our population.

The report is a frank, outspoken statement of the condition of affairs which Dr. Sinclair found. There is no attempt at varnishing, no appeal to the sentiment. The truth is told in a manly, straightforward fashion, and we now know that our jails are, with few exceptions, unsanitary almost beyond conception, ill-ventilated, poorly heated, and in almost every particular unfit for human habitation. The story is a sickening one, and is a striking comment upon the system which gives so much power to the municipalities. Dr. Sinclair very fittingly remarks: "While the state can deprive a person of his liberty for cause, it is not intended to place him in such an environ-

ment that he will be deprived of his health, as he can be by living in unsanitary jails. If that is the intention of imprisonment, it would be more effectual to condemn the prisoner to death direct than to place him where his health will be undermined and life gradually slip away."

We commend most heartily the action of the government in determining to supervise the jails of the province, and we feel that the wisest possible choice has been made in the selection of an inspector. So much having been done, it will be impossible for the government to shirk the responsibility which now devolves upon it. A condition so disgraceful as that pictured in Dr. Sinclair's report must be remedied at once. We look to the government to deal promptly and energetically in this matter, and to insist upon immediate improvement and reorganization of many of those structures in our province which are dignified by the name of jails.

## HOSPITAL ENQUIRY.

As complaints have recently been made regarding the care of patients and the management of the General Public Hospital, St. John, the commissioners of this institution requested the provincial government to appoint a Royal Commission in order that an enquiry might be held which would consider the matter of complaints and general administration of the hospital.

The government has appointed the following gentlemen as commissioners: Chief Justice Tuck, chairman, and Messrs. F. H. J. Knowlton and Joseph Lee. This commission has also authority to enquire into the subject of the admission of sailors to the General Public Hospital.

It will be noticed that no physician is included in the list; any criticism that has arisen concerning the appointments deals mainly with this point. It is said that an independent and well selected medical practitioner would have filled a natural position on the commission, and that his special knowledge and training would have been of service and value.

The enquiry is now proceeding and numerous witnesses have already been heard. While some are served with subpœnas to attend, notice has been published in the daily press that all persons having

information to give with respect to the management of the General Public Hospital are invited to attend the sessions of the Royal Commission.

The general public is much interested in the proceedings and in noting the evidence. While some witnesses have many complaints regarding food, care and everything connected with the hospital, others testify highly in its favor.

It is hardly necessary to point out that judgment should be suspended until all has been heard and the court of enquiry has closed its proceedings.

One of the commissioners, it is understood, will visit several hospitals for the purpose of gaining information regarding the conduct of hospitals elsewhere.

## OPENING OF THE MURRAY MEMORIAL WARD.

On Saturday, the first of March, the Murray Memorial Ward for women in the General Public Hospital, St. John, was formally handed over to the commissioners by the ladies' committee who had charge of the affair. It was decided by a number of the friends of the late Miss Frances Murray to prepare and furnish a gynecological ward in memory of one who was a leader among women in all good works, and a committee was formed from among the members of the Church of England Institute, the Women's Council and the Eclectic Reading Club to carry out the plan.

The opening ceremony was short, consisting of a brief address by Dr. Bayard and a short service conducted by Rev. Canon De Veber.

The Ladies' Committee then made the formal presentation in a short and excellent address, speeches were made by some of the commssioners and staff, and the room was then opened for inspection.

The room itself is of an irregular shape, longer than wide, occupying a good position on the second floor. It is lighted by three large windows, which have been refitted with permanent double sashes and hung with double roller blinds of dark green linen. The arrangement of the double sash enables the room to be perfectly ventilated without danger of draughts. The floor is of polished hard wood. The walls and ceilings are of enamelled blue white paint, the satiny finish being obtained from four applications of paint and a final coating of the

enamel. From the floor upwards to about a third of their height the walls are finished in white and cream tiles, the darker shade lending a pleasant note of color to the room; the whole surface can readily be cleaned and affords, too, no opportunity for the all prevailing microbe. Indeed, sanitation has governed the construction of the entire ward. "Aseptic fittings" is the term by which furnishings of iron, glass and enamel are described.

There are five white enamelled iron bedsteads and beside each bed is a table of iron and glass. A complete outfit of bedding and linen is also provided as well as flannel wrappers wool slippers and other sick room luxuries. There is also a large hospital thermometer and a brass plate at the entrance designating the ward. Another brass plate over the mantel-shelf bears the simple inscription . . . .

FRANCES E. MURRAY

MEMORIAL WARD,

1901.

Afterwards a presentation of sums of money from the commissioners of the General Public Hospital was made to Dr. Ellis, Miss Mitchell, the matron, and the following nurses: Misses Marion Smith, Kellier, Northrup, Bell Smith, Ida Smith, Hall, Flaglor, Murphy, Holder and Bryden, who had assisted in the late smallpox outbreak.

## MEDICAL SOCIETY OF NOVA SCOTIA.

A special meeting of the Medical Society of Nova Scotia was held on the evening of March 12th, at the Stanley House, Truro, Dr. E. A. Kirkpatrick in the chair, Dr C. D. Murray, secretary pro tem.

The following members of the Society were present: Drs. MacMillan, Pictou; J. W. MacKay and H. H. MacKay, New Glasgow; H. V. Kent, J. H. McKay, and F. F. Eaton, of Truro; D. A. Campbell, C. D. Murray, M. A. Curry, T. J. F. Murphy, W. Tobin, J. Ross and J. Stewart of Halifax; and M. A. B. Smith of Dartmouth.

Dr. MacMillan moved that Dr. John Stewart be secretary in place of Dr. W. S. Muir, deceased. Dr. J. W. MacKay seconded the motion, which was carried unanimously. Dr. Stewart accepted the position.

Dr. Curry moved the appointment of a committee to draw up a memorial to send to Mrs. Muir on behalf of the Society.

Dr. Stewart seconded the motion.

Dr. Curry moved that the committee consist of Drs. Stewart and Kirkpatrick.

Dr. McMillan seconded and this was carried. (See page 112).

The meeting then adjourned.

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Three days before the death of Dr. W. S. Muir, a communication was received from him giving information concerning the coming meeting at New Glasgow on the 2nd and 3rd of July. It may thus be truly stated that the last correspondence performed by our late esteemed and much beloved secretary was in the interest of the Medical Society of Nova Scotia.

The programme so far promised is as follows:

Address in Medicine—Prof. F. G. Finlay, Montreal.

Address in Surgery—Prof. G. E. Armstrong, Montreal.

Discussion on Vaccination—Drs. A. P. Reid, A. Halliday and M. Chisholm; Drs Finlay and Armstrong will also be asked to take part.

Insomnia with Some Suggestions for Treatment—H. H. MacKay, M. D., New Glasgow.

Examination of Water, Chemical and Bacteriological—Andrew Halliday, M. B., Halifax.

Case reports (1) Supra-pubic Cystotomy, (2) Abscess of the Lung—E. D. Farrell, M. D., Halifax.

The Treatment of Puerperal Sepsis—Ernest Kendall, M. D., Sydney.

Papers have also been promised by Drs. L. H. Morse, of Digby, and G. H. Cox, of New Glasgow.

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## MARITIME MEDICAL ASSOCIATION.

It will be noticed in our advertising pages that the Maritime Medical Association will hold its annual meeting this year at Charlottetown on the 9th and 10th of July. The last meeting in our sister city will always be remembered with pleasant recollections not only for the excellent programme but also for the entertainments provided by our kind-hearted confreres. It is to be hoped this year that an effort will be made to have a large representation present from each province.

# Society Meetings.

## ST. JOHN MEDICAL SOCIETY.

January 8th, 1902. Dr. Melvin, vice-president, in the chair.

Dr. Murray MacLaren read a paper on "Cocainization of the Spinal Cord." The method of administration and effects produced were described and the appliances were exhibited.

January 15th. Dr. W. L. Ellis, president, in the chair.

Dr. J. Robertson McIntosh read a paper on "'Headache," which was followed by a general discussion.

Jan. 22nd. The subject of fees in connection with life insurance companies was considered and referred to a special committee for a report.

The President was later entertained by the members of the society in honor of his return from the Epidemic Hospital, where his services had been so highly appreciated during the recent epidemic of smallpox. He was warmly congratulated. Dr. Morris unfortunately was unable to be present owing to his duties detaining him at the Isolation Hospital.

January 29th. A discussion on the suit for damages recently brought before the court, Burns vs. Atherton, was introduced by Dr. Walker. The plaintiff had an unreduced dislocation at the shoulder joint of something over five months standing. While reduction was being attempted under an anæsthetic, rupture of the axillary artery occurred. The artery was immediately ligated; some ten days later secondary hemorrhage occurred, which necessitated amputation at the shoulder, followed by recovery.

One of the main points in the case was: up to what time may an attempt to reduce such a dislocation be considered justifiable.

The jury brought in a verdict in favor of Dr. Atherton.

February 5th. A paper on "Immediate Repair of Lesions Occurring in the Cervix Uteri after Parturition" was read by Dr. J. H. Scammell and will appear in the MARITIME MEDICAL NEWS.

In the discussion which followed, it was generally thought that these lesions received, as a rule, too little consideration at the hands of the accoucheur.

February 19th. Dr. Gray read a paper on "The Menopause."

The psychical and nervous phenomena were dealt with and appropriate treatment described.

February 26th. The president read a paper on "Diabetes." In this paper the pathology, course, complications and symptoms were considered and the subject of treatment was more especially taken up in the discussion which followed.

## NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

January 8th, 1902. Dr. T. W. Walsh, president, in the chair.

Dr. W. H. Hattie, Superintendent of the Nova Scotia Hospital, read an interesting paper on "Epilepsy." (Published on page 77 of this issue).

Dr. Sinclair spoke of his appreciation of Dr. Hattie's paper. His own experience of epilepsy had been confined to the insane. He divided epilepsy into the idiopathic and traumatic cases. There was a preponderance of males, and also major epilepsy had been more numerous than cases of petit mal. This was the more striking, as petit mal cases more usually became insane, but he accounted for it by the tendency of petit mal cases to run on to major epilepsy. The epileptic insane are disagreeable patients and require much watching. In treatment there are four things to bear in mind:

1. Exercise and work.
2. Plenty of fluids.
3. Diet—lessen nitrogenous food.
4. Purgation and intestinal antisepsis.

As regards medicine, he had come back to the bromides—preferably bromide of potassium if the system will stand it—given with cinnamon water and liquor arsenicalis; sometimes five grains of chloral hydrate added to a dose does good. Cures are never to be expected though improvement may take place. In speaking of the pathology Bevan Lewis has said that there was a vacuolation of the second layer of cortex cells. Another feature is the epileptic pupil, which is dilated and mobile—a sort of clonic spasm, which is useful in diagnosis of doubtful cases.

Dr. Chisholm described the causation of convulsions. Anæmia of the brain occurs in the first stage. In a patient in whom he had

# 1902.

## Medical Society of Nova Scotia.

### 34th ANNUAL MEETING.

The Annual Meeting will be held in New Glasgow, Wednesday and Thursday, July 2nd and 3rd, commencing at 2 p. m. on Wednesday. All who intend reading papers or presenting cases at this meeting must notify the Secretary before June 3rd, 1902.

JOHN W. MACKAY, M. D., *President*, New Glasgow, N. S.

JOHN STEWART, M. B. *Hon. Secretary*, Halifax, N. S.

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# 1902.

## Maritime Medical Association.

### TWELFTH ANNUAL MEETING.

The Annual Meeting will be held in Charlottetown, P. E. I., on Wednesday and Thursday, July 9th and 10th.

Extract from Constitution:

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

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

F. P. TAYLOR, M. D., *President*, CHARLOTTETOWN, P. E. I.

GEO. M, CAMPBELL, M. D., *Hon. Secretary.* HALIFAX, N. S.

removed eight ounces of blood, a fit ensued. Aconite poisoning has a similar effect by producing anæmia. As to treatment of epilepsy, the good effect of a seton in the neck, though old fashioned, is sometimes remarkable. A recent case in his own practice, where he had used it with good effect, was mentioned. He thought he once cured a case of a man, aged forty, by Brown-Sequard's mixture. The similarity of treatment of epilepsy and asthma suggested an analogy between the two diseases.

Dr. Murphy spoke of a case of epileptic seizure occurring during vaccination in an overgrown anæmic boy which was relieved by the recumbent position. A case was also mentioned in which epilepsy was caused by removal of the ovaries. He referred to a case of Jacksonian epilepsy, in which Dr. Farrell had operated, with relief of symptoms for a while, but recurrence followed.

Dr. C. D. Murray mentioned the occurrence of epileptic seizures in cases of bradycardia and suggested its relation to anæmia of the brain.

Dr. Sinclair said that Victor Horsley's experiments proved that the brain was congested during epileptic seizures.

Dr. Mader mentioned three cases which had recovered, one evidently from the excessive use of alcohol, and another from bromides and antipyrin.

Dr. M. A. B. Smith had seen most hopeful results from the use of bromides in young persons.

Dr. Mathers mentioned the contagiousness of attacks.

Dr. Trenaman spoke of the hopeless cases which came under his care at the Poors' Asylum. He got best results from bromides and limitation of meats. Found females did best, as it was easier to keep them employed.

Dr. Hattie, in reply, thanked the members for their appreciation of his paper. He had the best results from the administration of bromides, especially bromide of potash. He agreed with Dr. Sinclair's reference to the benefit drived from employment. Regarding recovery, he had seen a case where a man had no fit for twelve years when they recurred. He considered vacuolation of cells was the result of epilepsy not the cause. Experiment had shown that this occurred after excessive exercise, and from the use of bromides. The oscillating pupil was common in neurasthenia. Reference was made to the occurrence of epileptic seizures after the injection of cocaine.

# Obituary.

DR. W. S. MUIR.—"What strikes one most in looking over that list of our former Presidents is the uncertainty of life." These were the words of Dr. W. S. Muir in his Presidential Address at the meeting of the Maritime Medical Association in Halifax last year. Who that listened to him as he stood before us, the embodiment of glowing health and manly vigour, could have thought that ere another meeting, he too should be summoned to the Unseen Land! Seldom has a community been more surprised and shocked than were the residents of Truro and its vicinity on Monday, 10th. inst., when it became known that Dr. Muir was no more. And we are safe in saying, that as sharers in their surprise and grief, they have the whole medical profession not in Nova Scotia alone, nor in the Maritime Provinces, but throughout the whole Dominion.

With the exception of some of the professors in our leading medical schools, and members of the staffs of the larger hospitals, few names were better known in the medical societies of this country; and in the death of Dr. Muir, the profession in Canada has lost one of her most skilful, most widely known and best beloved members. And those who knew him best loved and admired him most.

Dr. Muir appeared to be in his usual good health, when on Thursday evening, the 6th inst, he was seized with abdominal pain which continued during the night. His condition fluctuated during Friday, there were some perplexing features in his case, but on Saturday he was apparently improving, the temperature coming gradually down and the pulse becoming normal. During that evening, however, there was a change for the worse, the pulse rose and vomiting set in. An operation was performed early on Sunday morning, and the appendix was found gangrenous. Hopes were entertained for some hours as the condition improved in several respects, but towards daylight on the 10th a change for the worse occurred, and death took place at 10.45 a.m.

Dr. William Scott Muir was born at Truro in October 1853, and was the third son of the late Dr. Samuel Allan Muir, who settled in

this country about sixty years ago and practiced in Truro. He was a remarkably able man, a graduate of the University of Glasgow, and for many years one of the most prominent practitioners in this province. In those days most medical students began their career as private students or apprentices to leading practitioners, and Dr. Muir had generally three or four young men studying under him. It was then from his father that Dr. W. S. Muir acquired the rudiments of medical science. He then studied under the medical faculty of Dalhousie College, Halifax, graduating in 1874. He filled the position of resident physician and surgeon in the Provincial and City Hospital (now the Victoria General Hospital) and thereafter practiced for a few months in Shelburne. He then went to Edinburgh where he continued his studies, and took the L. R. C. S. and L. R. C. P. He returned to Nova Scotia and settled in Truro in 1877, where he soon acquired a large and ever increasing practice.

As an all round practitioner, Dr. Muir had no superior and but few equals. His frank and genial nature, his transparent honesty, and his whole souled devotion to his profession gained him the confidence of the public and the esteem of his colleagues. As years passed on he came to be largely called in consultation and he was very successful in surgical work. He had one of the best libraries in the country, was a subscriber to several medical journals, and kept well abreast of the march of medical progress.

He had the gift of being a rapid reader, and he had an almost instinctive faculty of selecting the most important parts of an article, and in addition was possessed of a most retentive memory. Sound in judgment, prompt in action, fertile in resources, he was at his best when face to face with difficult emergencies.

Dr. Muir also found time to contribute frequently to the medical press, and some of his communications have been of unusual interest.

The following are the titles of some of his papers contributed to this journal:

Cocaine, its Use and Abuse.
Fracture of Patella.
Notes on Midwifery Cases.
Therapeutics, an Address.
Thrombosis of Vulva.
Tuberculosis of the Arm Cured by an Attack of Erysipelas.
Infectious Pneumonia.

Typhoid Fever.
Presidential Address—Colchester Medical Society.
Presidential Address—Maritime Medical Association.
Various Retrospects.

No notice of Dr. Muir's career would be complete without reference to his work for the Nova Scotia Medical Society. He was elected secretary at a meeting held in Truro in 1887, and was annually re-elected to the position. It is not too much to say that he infused new life into the society, and that its present prosperous condition is almost entirely owing to his untiring exertions. He was, more than any other man, its life and soul, and as a friend writes: "A meeting of the society without Muir will not seem natural." The welfare of the society was indeed very near to his heart, and he spoke of its work and of its future within an hour of his death.

It is a melancholy satisfaction now to reflect that the profession shewed its appreciation of his earnest and unselfish work. For the past few years the society has always voted his re-election by a spontaneous outburst of cheering, and last year the members subscribed for, and presented to him and Mrs. Muir, a handsome piece of plate.

Dr. Muir was also, at the time of his death, President of the Maritime Medical Association, having occupied the chair at the meeting of 1901.

He was a Vice-President of the Canadian Medical Association, and read an address in Therapeutics before it at a meeting in Toronto in 1890. He was also a Fellow of the New York State Medical Society.

He was selected by the authorities of Dalhousie College as an examiner in Materia Medica and Therapeutics, and was also an examiner for the Medical Faculty of King's College and for the Provincial Medical Board.

Dr. Muir was a man of fine physique, and in his younger days distinguished himself in various branches of athletics. He was an enthusiastic cricketer. He was also possessed of a fine voice and sang in St. John's church, and took an active interest in its affairs.

Dr. Muir married, in 1879, Catherine, daughter of the late Walter Lawson, C. E., of Aberdeen, and leaves one son, Walter, at present pursuing his studies at King's College, Windsor.

To his widow and son, and to his sorrowing brothers and sister, we tender our sincere sympathy.

In giving a description of the last sad rites we can do no better than append what has been culled from the *Truro Daily News* of the 13th. inst:—

"From early morn flags were half mast, and citizens moved about their business and to and fro on the streets, plainly indicating that a great calamity had fallen upon our town. There was a suppressed, inexplicable feeling that Truro had sustained an almost irreparable loss, which was intensified as the time, 3.30, appointed for the funeral services, drew near. At that hour, shops and places of business, public schools, and private offices were closed, and the streets were lined with hundreds of spectators.

"When the remains, supported by the pall bearers, A. B. Wetmore, C. A. Armstrong, A. M. Rennie, H. W. Crowe, Dr. H. V. Kent, Dr. Fred. S. Yorston, Dr. M. A. Curry, Halifax, Dr. E. A. Kirkpatrick, Halifax, followed by the immediate mourners—Walter, son of the deceased, Dr. H. H. Muir, brother, and David Muir, nephew—and by the firemen, of which brigade the deceased was surgeon, were borne to the church, it was found that the sacred edifice was packed to the doors with hundreds crowding into the aisles and vestibules, for whom there was no possible seating room.

"The Ven. Archdeacon Kaulbach, Archdeacon of Nova Scotia, conducted the solemn service, during which many in the audience gave away to their feelings in audible sobs.

"Over the altar were a few cut flowers, and a cross of immortelles—the floral souvenirs, by request, being of the simplest kind. The vacant seat in the choir stalls, so often occupied by the deceased, was marked with a wreath, a touching tribute from the members of the choir.

"The usual choir of St. John's was strengthened by the addition of a number from other churches, who had been personal friends of the deceased, and who had frequently sung in concert with Dr. Will, for the delight of Truro audiences.

"The hymns sung were well known favorites of the deceased, and were rendered by request.

"At the close of the service, while the Archdeacon was robing for the cemetery, Mrs. John Logan gave a most touching rendering of 'But the Lord is mindful of His own,' from Mendelsshon's St. Paul. The singer was deeply affected during the rendering of this most sympathetic tribute to the memory of her dead friend, but sang it through

in a manner that brought tears to the eyes of hundreds in the crowded church.

"As the body was removed from the church, and the mourners and others retired, Miss Nelson gave a beautiful rendering of the 'Dead March in Saul.'

"A long cortege followed the remains of our late beloved citizen to their last resting place in Terrace Hill cemetery, where, according to the ritual of the church he loved so well, his mortal remains were committed to the grave, 'earth to earth, ashes to ashes, dust to dust,' till the 'Grand Resurrection Morn.'

"Among the many strangers in town to pay their last tribute of respect to our lamented dead, we noticed: Dr. John Stewart, Halifax; Dr. Tobin, Halifax; Dr. D. Campbell, Halifax; Dr. E. Kirkpatrick, Halifax; Dr. Geo. M. Campbell, Halifax; Dr. Charles Murray, Halifax; Dr. Ross, Halifax; Dr. Len Murray, Halifax; C. E. Puttner, Halifax; Dr. Hector McKay, New Glasgow; Dr. John W. McKay, New Glasgow; Dr. E. Kennedy, New Glasgow; Dr. M. S. Dickson, Great Village; Dr. J. L. Peppard, Great Village: Dr. Creelman, Maitland; Dr. Chute, Little River; Dr. Cox, Upper Stewiacke; Dr. Addlington, Brookfield; Dr. McMillan, Pictou; H. T. Sutherland, New Glasgow.

"A pathetic part of this long funeral cortege, that brought sad hearts to all spectators, was the sight of Dr. Will's empty carriage, drawn by his faithful horse 'Billy,' lead by the ever faithful groom, Willie Wilmot, that followed immediately in the rear of the hearse."

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## LETTER OF CONDOLENCE TO MRS. MUIR FROM THE MEDICAL SOCIETY OF NOVA SCOTIA.

DEAR MRS. MUIR:

At a special meeting of the Medical Society of Nova Scotia held in Truro on Wednesday March 12th, 1902, it was resolved that we should express to you the profound sympathy of the Society in your sad bereavement

In the death of Dr. W. S. Muir we mourn the loss of a beloved member and one who, in the responsible position of Secretary, did much to extend the influence of the Society and to advance the best interests of the profession. The dignified and strictly ethical stand taken by Dr. Muir in all matters pertaining to professional life and

work attracted to him all the best elements in the profession, and his influence was widely felt, not only in our own Province, but throughout the Dominion.

It may be some consolation to you in your grief to be assured of the high position your husband held in the hearts of his colleagues, who feel that his death in the prime of his powers, is a serious loss to his country, an irreparable loss to this Society.

(Signed) JOHN STEWART.
E. A. KIRKPATRICK.
On behalf of the Society.

## WORDS OF SYMPATHY FROM ST. JOHN.

The medical profession of St. John were deeply grieved on receiving the intelligence of the death of Dr. W. S. Muir. Indeed the news came as a shock, for the splendid physical appearance of Dr. Muir had given them a feeling of assurance that he would long be spared to pursue an active and useful life. How sad that it should be otherwise.

Dr. Muir was well known and well liked by many of us; his strong personality, his hearty cheery manner, and his attainments were so conspicuous that all were glad of the opportunity of meeting him. His presence at medical gatherings was as valuable and inspiring as it was regular.

The St. John Medical Society took occasion on the 13th of March to refer sympathetically and befittingly to the loss the profession had sustained, and on the 19th March the following resolution which had been prepared by a special committee was adopted:—

*Whereas* the St. John Medical Society having learned of the sudden and unexpected demise of Dr. W. S. Muir, of Truro, N. S., it was unanimously decided, that although Dr. Muir was not a resident of our Province or a member of our Society, on account of the high position and standing which he attained in the profession, and the esteem in which he was always held by his brother practitioners, official notice should be taken of the sad event. It was therefore

*Resolved*:—That this Society desires to give expression to its sorrow, and a sense of the great loss sustained by the profession as

the result of the passing away from its midst of one of its most prominent members. Dr. Muir, by his regular attendance at the meetings, and the intelligence and active interest he always took in the work of the Maritime Medical Association, made himself almost as well and as favorably known here as in his native province; moreover, in connection with the matter of Dominion Registration, as a representative from Nova Scotia at the last meeting of the Canadian Medical Association, held at Winnipeg, he impressed all his colleagues as being one of the most enthusiastic, diligent and painstaking members of that large and important Committee: indeed it may be truly said his advice and cooperation was always available and most highly appreciated with regard to any important question pertaining to the interests or welfare of the medical profession. Dr. Muir's well cultivated mind, agreeable presence and fine social qualities made him loved and respected by every member of the profession who enjoyed the pleasure of his acquaintance. The recollection of his kind, genial and sunny disposition, will long remain among his friends, as a pleasant and happy remembrance.

He will be much missed by the profession and the community at large; but most of all by his loving wife and family, to whom the Society wishes to extend its sincerest sympathy.

## NOTES.

# NEURAL REFLEX

(IN WOMEN)

is an indication or symptom many times of UTERINE DERANGEMENTS. It may be due to any one of the many conditions to which women are subject and in which HAYDEN'S VIBURNUM COMPOUND affords such prompt relief.

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