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A MONTHLY JOURNAL OF  
MEDICINE AND SURGERY

Vol. 1

HALIFAX, NOVA SCOTIA, MARCH, 1917

No. 1

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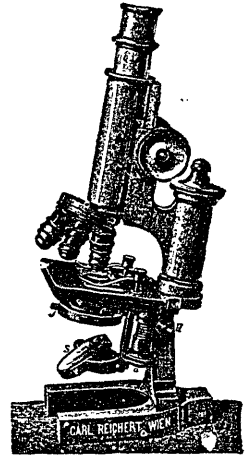
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VOL. X.

HALIFAX, N. S., MAY, 1898.

No. 5.

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Original Communications.

DIAGNOSIS OF INTRA-ABDOMINAL DISEASE.\*

By P. R. INCHES, M. D., St. John, N. B.

The difficulty of diagnosis of internal abdominal disease is a frequent cause of doubt, perplexity, and anxiety to the ordinary practitioner of medicine, and even in the great clinical hospitals, the skill, acuteness and training of the experienced men there, with the aid of every appliance that invention can suggest, are often at fault. Such for instance, is this case lately related by the brilliant surgeon, Mr. Treves, before the Medical Society, London, and published in a recent number of the *British Medical Journal*.

Treves' Case No. 1.—“I was asked to operate upon a middle aged lady, who already had personal experience of surgery, and who had for some twelve months been invalided owing to an abdominal condition which was spoken of as “chronic perityphlitis.” There was pain in the right iliac fossa, great difficulty with the bowels, occasional vomiting and always very acute tenderness over the situation of the appendix. It is noteworthy that this tenderness was purely superficial and appeared to be a matter of the skin. So intense was it, however, that no satisfactory examination of the right iliac fossa could be made. The patient's health was impaired by long confinement and by constant use of hypnotics. So long as she remained motionless in bed, no great trouble was complained of, but as soon as she attempted to get up or sit up the pain

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\* Read at meeting of St. John Medical Society, March 30, 1898.

returned in the same place. These symptoms were associated with phenomena of exhaustion, depression and other expression of the so-called neurotic state. All medical measures had failed, and it appeared that the only possibility of saving the patient from a career of chronic invalidism lay in an abdominal exploratory incision. She, herself, was convinced that she had a diseased appendix and with the symptoms produced by that trouble she was remarkably familiar. I made an incision in the right iliac fossa and found nothing abnormal. I considered it discreet to remove the appendix for other than surgical reasons. This structure, when examined after removal, proved to be absolutely free from any suspicion of disease. The patient's symptoms all left her, she discontinued the use of hypnotics, her nervous troubles vanished, and she made a perfect recovery."

It may be said that this was only one of a class, hopelessly styled *nervous*, and the treatment was at any rate successful. But this one I read now, had a different solution, and was an acknowledged case of inability to make a diagnosis.

"Case No. 2.—A lady 27 years of age, who had for a long time exhibited symptoms of terrible abdominal pain with constipation, vomiting, anorexia and exquisite tenderness of a certain part of the abdomen, came under my notice when in a state of extreme exhaustion. No measures that had been devised had had any effect upon her symptoms. I somewhat reluctantly consented to make an exploratory incision, and made it over the seat of the pain, namely, just to the left of the umbilicus; nothing abnormal was discovered. The symptoms were in no way relieved by the operation. The patient declined all food and vomited such as was introduced into the stomach by force. Nutrient enemata soon returned; pain was stated to be as intense as ever, and within a week or so of the performance of the operation, the patient died. Post mortem examination revealed no trace of disease in any part of the abdominal cavity. In such an example as this it would appear that the disease is a disease of the nervous system or a disorder of the mind, and that the abdominal symptoms are no more substantial than are the ghosts which take part in the hallucinations of the insane."

Again Mr. Treves says, in a certain series of instances the diagnosis has been made of an ovarian cyst or some such growth. The surgeon has proceeded to open the abdomen and remove the hypothetical tumour, has discovered simply tuberculous peritonitis, has hastily closed the

incision and has therapeutically fled. In due course he has heard to his amazement that the patient has made an excellent recovery. Or this:

The patient was a man aged 70, with an enlarged prostate and its concomitant troubles. He was the victim of constipation, which he to some extent neglected. Now and then he suffered from a spurious form of diarrhoea. After one such attack he became conscious of trouble about the rectum, much pain was felt in the gluteal regions and about the outlet of the pelvis. There was some fever, there was great prostration, and after many days wasting. A rectal examination revealed a solid mass which had no precise limits and appeared to occupy the pelvic cavity. I ventured to diagnose sarcoma of the pelvis. This was confirmed by an eminent London surgeon, an unfavorable prognosis was given and colotomy was discussed. Time went by and the symptoms instead of increasing diminished, the swelling became less, and in course of months entirely vanished. Several years have elapsed since this case came under my notice, and I am glad to say that the patient is still hearty and hale.

In a number of recorded cases the peritoneal cavity has been washed out or drained or iodoform been introduced. In these instances some better results might have been anticipated, but strange as it may appear, these measures have not been attended with such good results as have followed the mere incision made by mistake. "Indeed the incision made by mistake" can claim some of the most brilliant achievements of surgery.

Yet is it not a reflection on our knowledge, that we have to speak of such a case as the second one, as simply a disorder of the mind and no more substantial than a ghost, while the patient dies simply of terrible abdominal pain. Mr. Treves relates other cases which might be considered incredible if we had not such good authority as he. Obstinate constipation we all know to be a source of difficulty of diagnosis, sometimes this is caused by a deformity of the colon or sigmoid flexure with thickened contracted mesentery, not readily found during life. I have read the history of one, and there are others, of cures effected when pelvic sarcoma was diagnosed, but the outcome showed they were cases of pelvic cellulitis.

Greig Smith has related cases of large tumours diagnosed before operation as malignant, and confirmed by section; but operation was not completed, abdomen was closed up, and the tumour thereafter dis-

appeared spontaneously, and patient under observation was well years afterwards.

In chronic peritonitis adhesions cause accumulation of scybala, which simulate tumour or in which there was a kind of masked peritonitis. I think a case of mine lately was of this nature. She had suffered about ten years ago from typhoid fever; with slow recovery and was for years past in fair health and able to attend her duties. She had always complained of pain near the right colon, which seemed to me to be caused by adhesions there. Recently she was attacked with severe pain, vomiting, distension of abdomen with gas, continuing more or less for weeks, and febrile symptoms of a low degree as well, and very rapid small pulse. There was a large mass simulating an irregular tumour to the right. From the disappearance of these symptoms and of the hard mass or tumour coincident with large frequent passages from the bowels and improvement of the patient, I think the diagnosis was probably correct.

Many cases spoken of as tumour are of inflammatory origin and thickened mesentery, and of fibrinous deposit something like the same as is found lying on the pleura in wet pleurisy of long standing, and which has been said to resemble a piece of spongio-piline.

Bland Sutton has related cases observed of remarkable disappearance of apparent tumour, subsequent to unfavorable diagnosis and prognosis. Such formation may be between the layers of the sigmoid flexure, at any rate usually associated with some portion of the bowel. If operated on, absorption may be hastened by the manipulations of the operation. They were not, of course, cancerous, but diagnosis was at fault. Such cases as these are often made much of by quacks who claim credit for curing them, when given up, as it is said, by physicians.

Every practitioner has had cases of chronic peritonitis in which a diagnosis could not be made, but have been cleared up by the autopsy, if made, and the most eminent clinical teachers have exhibited cases in which diagnosis has been disproved by exploration or autopsy. Even when an opinion of suppurative peritonitis has been given and confirmed, the origin of it may be left in great doubt.

Cases of intestinal hypochondriasis occur in men mostly of middle age. They are nearly always due to chronic colitis. A fixed spot of pain below and to the left of umbilicus is usually present.

Dilatation of the stomach or bowel may occur without any discoverable cause, and gives rise to great uncertainty of diagnosis. It generally

arises from a phase of paralysis of the muscular tissue, and a form of it is masked peritonitis of a character not acute. Perforating ulcer of the colon involving other organs has been described. Such an occurrence probably took place in a case which I saw not long ago, with others.

There were all the symptoms of abdominal inflammation. Exploration was performed for relief, with suspicion of diseased appendix. Septic peritonitis existed, and pus with adhesions to bladder and neighboring coils of intestines, but no abnormal condition of appendix.

Among the class of cases difficult of diagnosis are those in which the pancreas is the seat of disease, and I believe it is generally held that one cannot make a sure diagnosis of such cases during life. A case of cancer of the pancreas came under my care some years ago and was verified on post mortem examination. It did not involve other organs.

Another case since then in which the consultant and myself could not make a satisfactory diagnosis was, I have little doubt, pancreatic disease as described and verified in other cases of practice about the same time, spoken of in the journals, but I had not the opportunity of examining it after death.

Hæmorrhage into the pancreas is a disease which is always fatal, sometimes in a few minutes, but always within a few days, generally occurring in middle life and in persons often thought to be healthy. They are seized suddenly with extreme pain in the upper part of the abdomen or lower part of the thorax, and through to the back, followed quickly by collapse. How can one diagnose it during life? It is mere guess work.

In considering the diseases of the stomach, the situation and position may be deceptive. Not long ago there were diagrams in a journal illustrating the assertion of a well known pathologist that the usual diagram of its position was wrong, and that the pylorus is about in a nearly straight line downwards from the cardiac orifice. Anyway only part of it is available for diagnosis by palpation, being partly overlapped by other organs. Tumours of the fundus, posterior wall and lesser curvature cannot usually be felt at all unless very large. When a tumour is felt, it may belong to the left lobe of the liver, the pancreas, omentum or colon. Practically, if there is serious functional disorder of the stomach and one can find a tumour in the gastric region, it is very surely malignant, but there may be cancer without a tumour.



Among other diseases often difficult to diagnose is aneurism of the aorta or other large vessel. One does not always get thrill or pulsation. Sometimes if these are felt, a mistake is made in thinking it is aneurism when it is some other tumour over the vessel.

Moveable kidney is usually hard to determine, and sometimes when such a diagnosis has been made, it has not been borne out by subsequent history. Abscess of liver is often obscure.

Hæmatoma in different situations, tumour of gall bladder, and of spleen, have to be considered. I saw a case three or four years ago which, from its situation, gave rise to the belief that it was a tumour of the spleen, but on autopsy it was found to be a cancer of the walls of the stomach which filled up the whole organ, except a tubular space through it, not larger than a gas pipe which conveyed the little food which was taken to the duodenum. It was a large doughy, moveable mass. But cases of tuberculosis of the peritoneum are the most deceptive. In these the serous membrane is studded with tubercle. It is often latent, with no inflammatory symptoms. Temperature is a guide somewhat, slight rise in the evening, subnormal in morning. There is general ill-health, vague pains and digestive disturbance, perhaps a persistent hiccough. These are the cases which are often cured by opening the abdomen. In 308 cases recorded, 70% were cured by operation, when there was no suppuration. In many of these no accurate diagnosis was made before incision. If the abdomen was treated by washing out and iodoform, they did not do well. How such treatment—that is, merely incision—acts, it seems there is no explanation yet known. A curious suggestion is that it is by the admission of light, but that is hardly credible.

Another is that after the incision, some watery fluid is drained away, this is followed on closing the abdomen by a pouring out of white cells, which eat up the tubercle bacilli.

Such changes for the better in tuberculosis of the peritoneum are very quick and remarkable, and these are the cases in which mere exploratory incision is advisable and the treatment commendable, but in which the disease is often overlooked and the condition unsuspected, and often only found when the operation is performed for supposed ovarian disease, hernia, etc. The treatment is a distinct advance in the practice of medicine and surgery, the disease being a medical one, the cure a surgical one.

Incision has been much condemned in being practised before a positive diagnosis is made, but it is just in such cases of doubt as mentioned that it is to be commended and recommended.

The difficulty experienced in making diagnosis in abdominal disease was impressed on me very much when in London five years ago. A former acquaintance of mine, now high up in the medical world, took me with him to the University College hospital, of which he was one of the physicians. Others in the same hospital were Jenner and Erichsen. As he was going through the wards a message came to him from another ward where a clinic was being held that Dr. So-and-so would like to see him. He took me with him, and it turned out there was an obscure case of abdominal disease for which my friend was wanted to assist in consultation. It was not a fresh one, it had puzzled them for some time. A woman with an enlarged symmetrical abdomen, doughy, hard and painless, had been exhibited to the students over and over again. The gentleman had a large class at the bedside and was wrestling again with the case.

My friend could not help him. I had been introduced as a stranger and to my dismay the professor turned to me and asked if I could help him. I shook my head and demurred to having any skill that way, and he at once said he had asked me understanding I was from America where Prof. Senn taught, and I might know his teaching.

It was a high compliment to Senn that a swell London professor thought that just because one came from the same continent as Prof. Senn, he could teach the London man himself.

The principal point to be drawn from these remarks is that exploratory incision in cases of doubtful diagnosis in abdominal disease is justifiable, and that the practice of it will be more often advised than it has been.

## OSTEOPATHY.

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Contributed by G. R. J. CRAWFORD, M. D., St. John, N. B.

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The N. B. Medical Society has just emerged from a hot conflict with the disciples of the latest fad in quackery known as "Osteopathy." The friends and patrons of this new method, or science as they are pleased to call it, had sufficient influence to have a bill brought before the N. B. Legislature to legalize its practice. This naturally brought forth an energetic protest from the Medical Council, and a plan or proposal was agreed upon by every member of the profession who could be communicated with, to unite with this body in opposing such legislation in all stages of its progress. Naturally the most active interest in this matter would be taken in St. John. Here a meeting of the profession was called, which was very largely attended, and a committee appointed to confer with the members of the Medical Council and prepare a statement setting forth as concisely as possible, from a medical standpoint, the reasons for opposing such legislation.

This Committee, consisting of Drs. J. W. Daniel, John Berryman, Murray MacLaren, W. S. Morrison and J. H. Morrison, met with the Council and rendered most valuable assistance.

The first move was to oppose the measure before the "Bills Committee" of the legislature.

This was a very interesting meeting and occupied part of two days. All that could be said pro and con "re Osteopathy," was advanced by the friends and opponents of the bill.

Mr. Buckmaster, the father of "Osteopathy" in this province, did not put in an appearance at this meeting to explain to the Committee what this new "pathy" meant, and as there were no one who appeared to know even the meaning of the word, the Committee, 4 to 3, voted against the bill. Strange to say, the three gentlemen in favor of the bill were members of the Executive Council. Those gentlemen were so enamoured of the "fledgeling" that they would not allow it to be killed in this summary way, but insisted that it be brought before the House "unrecommended."

So it was brought in "unrecommended," and as the bill *could not recommend itself* either to the intelligence or common sense of the Legislature, a motion to "report progress" was carried — a sort of euthanasia humanely applied to all obnoxious measures submitted to this august body.

This motion however was strongly opposed by the promoters of the measure who, while abandoning all hope of legislating the *mythical* science of Osteopathy into a legal status, hoped however to introduce an amendment to, or to *define* the meaning of the medical act so that it should not apply to "Osteopathy" and other forms of quackery, such as christian science, faith healing, etc.

Quackery is daily becoming more aggressive, and unless the medical profession organize and combine in such a way as to become and make itself felt as an important political influence, the time cannot be far distant when all legal restrictions for the protection of the public will be annulled, and all medical acts removed from statute books of our province.

That the bill referred to did not pass was entirely due to the *extraordinary* interest taken in opposition by the profession in St. John and other parts of the province.

It might also be said, and it was a subject of general remark, that the clear, concise, fair, and reasonable presentation of the medical side of the question by Drs. Thos. Walker, G. E. Coulthard and G. T. Smith of the N. B. Med. Council, largely contributed to the defeat of the bill before the Law Committee.

It is only fair to state, however, that the promotion of this bill in favor of quackery, as far as the executive was concerned, was confined to but three members.

The medical profession appreciates very highly the friendship and aid of the Hon. Provincial Secretary L. B. Tweedie.

This gentleman opposed the bill at every stage, and when it was brought before the house his speech was far from complimentary to his colleagues, and more in the nature of a severe rebuke to the gentlemen who were willing to become, as it were, sponsors for such a "*deformed, unfinished, sent before its time*" object, such as this latest born of ignorance and credulity appeared to be.

G. W. Fowler, the junior member for Kings Co., did his constituency and himself great credit by the interest he took in behalf of maintaining and as far as possible increasing the present high standard of medical

education, and zealously guarding the learned professions against those wishing to enter who are incapable of representing satisfactorily evidence of a thorough scientific training.

J. D. Chipman and most of his friends representing the intelligent yeomanry of Charlotte Co., stood by the doctors and a sound medical education.

The noble county of York led off in opposition to quackery with a rattling speech by Mr. Pitts, who is a fighter. The galleries could not but admire the way he kept the enemy on the run, following them up and harassing their rear, until they were obliged to run up the white flag. All his colleagues were with him.

Mr. Black, of Fredericton, in the course of his speech caused quite a little amusement by reading before the House the following definition of "Osteopathy" taken from their college (?) catalogue.

"Osteopathy may be formally defined as the science which consists of such exact, exhaustive and verifiable knowledge of the structure and function of the human mechanism, anatomical, physiological and psychological including the chemistry and psychophysics of its known elements, as has been discoverable certain organic laws and remedial resources within the body, by which nature under the scientific treatment peculiar to osteopathic practice, apart from all ordinary methods of extraneous, artificial or mechanical principles, molecular activities and metabolic processes, may recover from displacements, derangements and consequent disease, and regain its normal equilibrium of form and function in health and strength."

And three cabinet ministers wanted all of that practiced upon us !

As would be expected our own city and county were almost a unit in opposition to the bill.

The exception was a gentleman suffering from diabetes, who had received great benefit "from a local M. D. in this city ; not satisfied however, he consulted the "Osteopath" at his head quarters (Moncton.)

The patient had the etiology of the disease very lucidly explained by the professor of this new science. The spinal column was dislocated inwards, pressing upon the kidney (!) The "Osteopath" by manipulation of the spine, reduced quickly the displacement and secured a warm advocate for "Osteopathy" in the person of our local M. P. P.

And we are in the last decade of the nineteenth century !

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# ACTION OF CERTAIN DRUGS ON THE GASTRIC SECRETION.

By ANDREW HALLIDAY, M. B., Shubenacadie, N. S.

In this short paper it is desired to call attention to the action of a few drugs on the gastric secretion with special reference to the total acidity and the HCl. These have been estimated with the ordinary decinormal solution of caustic potash and Gunzburg's phloroglucin-vanilin test.

Each observation was made on my own gastric filtrate under as nearly as possible the same conditions; that is to say, in the morning after ingesting Ewald's test breakfast consisting of 300 c. cm. of weak tea and 35 g. of bread. As a subject I am particularly well suited, since I possess the power of regurgitating my food at will, and am thus able to avoid the somewhat disagreeable necessity of passing the stomach tube. The observations were as much as possible separated by an interval of days and repeated as often as time would allow. We are all familiar with the general rule that acids before meals diminish the secretion of acid, the reverse obtaining in the case of alkalis, nevertheless I think the figures which I present in tabular form for the sake of brevity will be found somewhat interesting.

Unfortunately my own gastric secretion under normal circumstances is rather deficient in HCl, and somewhat variable, but from the number of the observations a fairly accurate idea may be gained.

## I.—Normal gastric secretion without any drug (10 observations).

### (a) Total acidity:

Greatest total acidity, .....	56
Least " " .....	34
Average, .....	38

Ewald gives as normal 40 to 65.

### (b) Free HCl:

Greatest amount of free HCl .....	0.175
Least " " .....	0.123
Average .....	0.134

Ewald gives as normal 0.14 to 0.24.

## II.—Antipyrin gr. x before meals (3 observations).

### (a) Total acidity:

Greatest total acidity .....	80
Least " " .....	76
Average .....	78

### (b) Free HCl:

Greatest amount .....	0.214
Least " .....	0.204
Average .....	0.2118



## III.—Antipyrin gr. x after meals :

## (a) Total acidity :

Greatest amount	.....	76
Least	“	64
Average	.....	70

## (b) Free HCl :

Greatest amount	.....	0.218
Least	“	0.196
Average	.....	0.2069

## IV.—Phenacetin gr. x before meal, (1 observation.)

(a) Total acidity :	.....	68
(b) Free HCl :	.....	0.2334

## V.—Phenacetin gr. x after meals (6 observations).

## (a) Total acidity :

Greatest amount	.....	80
Least	“	48
Average	.....	65

## (b) Free HCl :

Greatest amount	.....	0.2334
Least	“	0.1604
Average	.....	0.205

## VI.—Quinine gr. iv before meals (1 observation).

(a) Total acidity	.....	40
(b) Free HCl	.....	0.0583

## VII.—Quinine gr. iv after meals.

## (a) Total acidity :

Greatest amount	.....	72
Least	“	60
Average	.....	66

## (b) Free HCl :

Greatest amount	.....	0.2406
Least	“	0.1604
Average	.....	0.2323

## VIII.—Dilute HCl, m xx before meals.

## (a) Total acidity :

Greatest amount	.....	80
Least	“	68
Average	.....	72

## (b) Free HCl :

Greatest amount	.....	0.2406
Least	“	0.204
Average	.....	0.2219

## IX.—Dilute HCl, m xx, after meals.

## (a) Total acidity :

Greatest amount	.....	80
Least	“	7
Average	.....	7

## (b) Free HCl :

Greatest amount	.....	0.2328
Least	“	0.204
Average	.....	0.2185

## X.—Sod. Bicarb. gr. xx, before meals.

## (a) Total acidity :

Greatest amount	.....	84
Least	“	64
Average	.....	76

## (b) Free HCl :

Greatest amount	.....	0.233
Least	“	0.1604
Average	.....	0.216

XI.—Sod. Bicarb., gr. xx, after meals.

(a) Total acidity :

Greatest amount	.....80
Least	.....60
Average	.....70

(b) Free HCl :

Greatest amount	.....0.20417
Least	.....0.1167
Average	.....0.1603

*Acid Salts.*--With respect to these it may be said that they were nearly always present, although not in large amounts. In the cases where sod. bicarb. had been taken they were absent on several occasions.

*Proteolytic and Rennet Ferments.*--These were tested in every instance, but in no case could I determine that their action was impaired, except in the case of quinine before the meal.

It is also worthy of notice that in the cases in which I took quinine before the meal and HCl after that I had great difficulty in regurgitating much of my stomach contents, and even then there was much more solid matter proportionately than in any of the other cases.



## CLINICAL NOTES FROM NEW YORK.

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FORCEPS AT SUPERIOR STRAIT, TRAUMATISM, PROBABLE HOUR-GLASS CONTRACTION OF UTERUS DEATH WITH SEPSIS BUT WITHOUT PERITONITIS AFTER FOUR WEEKS.

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A very perplexing state of affairs exists when the os is fully dilated and no descent of the head takes place, although the pains continue.

The case here reported was a multipara, 34 hours in the first stage and 17 hours in the second stage. Membranes ruptured early in the first stage.

It occurred in the practice of a medical man of large experience in abnormal cases, and although the use of the forceps proved unfortunate, it is hard to say what should be done in a similar case. They were applied fifteen hours after the os dilated, and from the history of the case it would seem that sufficient compression was used to fracture the parietal bone. It would also appear that the instruments slipped and in their descent lacerated the vagina. With this untoward accident the case was very embarrassing indeed, as the forceps would no longer hold. Moreover, the length of time which had elapsed since the escape of the waters, together with close contraction of the uterus, rendered the operation of version one involving a great risk. At this stage of the case the patient was transferred to a maternity hospital, and now came a strange development. When the woman was placed on the obstetric table of the hospital the occiput was found pressing on the perinæum. This was very mortifying to those who had had charge of the patient and placed them in an unfavorable light, but since that time a case with subsequent discussion has been reported which explains why a head might suddenly descend in the pelvis after unavailing efforts had been made to secure that end.

The case referred to was one in which hour-glass contraction of the uterus occurred, the contracted uterus holding the child as it does a retained placenta. The diagnosis of such a condition, not only from its rarity but from the different conditions which may exist to prevent the descent of the head, can only be suspected at the time by the ordinary practitioner and probably conviction will only come as it did in the pre-

sent case, with the easy descent of the fetal head after prolonged and unavailing attempts to hasten the labour. It is well, however, to keep the case in mind, as it suggests the importance of carrying chloroform narcosis as far as possible consistent with safety.

The subsequent history was quite extraordinary and lasted a month, and was of special importance in showing that a puerperal case might die from results of traumatism without having any evidence of peritonitis. It might be here said that a post mortem examination of the child revealed a fracture of the right parietal bone, one inch on the sagittal and one and one-half inches on the coronal sutures. The scalp was full of blood and brain tissue.

When the woman was delivered the vagina was found lacerated on either side from symphysis to the cervix. The vulva and perinæum were an inch thick, the result of œdema. She was in rather an exhausted condition, but not as much as might be supposed when the duration of the labour was considered. She rallied to a certain extent but soon passed into a condition of sepsis. A portion of the vagina sloughed and and depots of pus were from time to time detected and evacuated. As might be supposed the lochia were abundant and foul, regardless of antiseptic treatment. After the first two weeks a lethargic condition gradually came on and continued until the end. It was suspected that the toxic state might be due to encapsulated pus. With this in mind an incision was made parallel to Poupert's ligament, the peritoneum was pushed upwards and a communication made with the vagina. Pus was found in the broad ligament and evacuated, but no relief was obtained. Shortly before death antistreptococic serum was used but without effect. As has been stated, death occurred after four weeks without any evidences of peritonitis.

R.

## Selected Article.

### OBSERVATIONS UPON THE TREATMENT OF SOME CASES OF NEURASTHENIA.

By JEROME K. BAUDUY, M. D., LL. D., St. Louis, Mo.; Professor Nervous  
and Mental Diseases, and of Medical Jurisprudence, Missouri  
Medical College.

CLINICAL REPORT—By KEATING BAUDUY, M. D., St. Louis, Mo.

MICROSCOPIC REPORT—By C. FISCH, M. D., St. Louis, Mo.

(From the *Medical Review*, St. Louis, Mo., February 26, 1898.)

That chalybeates, more especially the *organic* salts of iron, constitute an essential indication in the successful treatment of some cases of neurasthenia, especially in the female, where functional menstrual derangements exist, is to my mind *an indisputable fact*. They produce conditions oftentimes not attainable by the inorganic preparations for many reasons, which experience and reflection clearly demonstrate.

In a recent clinical study of this affection, my conclusion, as above stated, is fully justified and corroborated by microscopical blood examinations conducted by my esteemed and skillful friend, Dr. C. Fisch. That cerebro-spinal anæmia is a frequent important concomitant, if not an essential etiological factor of neurasthenia, I hardly think admits of cavil.

The clinical histories of appended cases were compiled by my son, Dr. Keating Bauduy, chief of the Neurological Clinic at St. John's Hospital, under whose direct supervision the investigations were conducted. That the ratio, or number of red blood corpuscles, and the percentage of hæmoglobin were deficient in the normal standard of these cases, prior to the treatment, *is incontestable*, as shown by the microscope. That several of the cases to be enumerated showed marked improvement, even after one or two weeks treatment, is moreover revealed in the same manner, and which for rapidity of effect is quite an exceptional, if not a startling therapeutic result, when compared with some of the prior and more established methods of treatment. That many of these cases presented unmistakable evidence of satisfactory improvement, from both a subjective and objective standpoint, was quite as notable as the per-

manent character of their general amelioration. That the ordinary tonics had in some instances been administered with nugatory results, while pursued along the old lines of authoritative medication, seems quite manifest.

My own explanation of the *surprising results* in the cases herein cited, where the usual officinal class of remedies had formerly been ineffectually essayed, was the superinduction, as is so frequently the case, of disturbed digestion and assimilation; results but too familiar and disappointing to professional experience. Aside from the disturbances just mentioned, the development of headache, constipation, etc., frequently obviate their further administration.

When, a few years ago, my attention was called to Gude's preparation of Liquor Mangano-Ferri Peptonatus, Gude, (Pepto-Mangan) so extensively used and highly extolled in Germany, with my usual antipathy for new remedies I reluctantly gave it a trial, anticipating that I would necessarily have to combat the usual disappointing effects of most of the other preparations of iron. The results, however, were *indeed a surprise to myself*, for the concomitant deranging sequelæ were so slight that but in very few instances in my extensive utilization and experience with this special pharmaceutical preparation was I obliged to discontinue it. My experience having led me to believe that iron and manganese in combination are both indicated in the vast majority of cases of neurasthenia, this particular remedy, *I am now convinced, will prove a great boon both to the patient and the physician.* While it is maintained by some that in the hæmoglobin of the red blood corpuscle manganese is present, as well as iron, I have for many years procured results with a combination of both, not directly obtainable with one alone. We know, however, that manganese gives off oxygen to a greater degree than iron, and it has been argued that for this reason its internal exhibition might correspondingly increase assimilation.

Dr. Fisch's appended microscopical report shows that the increase in percentage of hæmoglobin, in many of this series of cases, is far in excess of the proportionate increase of the red blood corpuscles. *This fact I deem of greater importance as to the effectiveness of the medicine*, because the count of the blood corpuscles is to a certain extent relative, and the size varies greatly in different cases, and for other reasons the same amount of blood plasma contains different numbers of red cells; hence I would particularly lay stress upon the proportionate increase of the hæmoglobin as the more important factor. The *notable and astonishing*

*improvement* of these cases, when placed upon this preparation, led me to their closer scrutiny, as well as microscopic observation. Before concluding, I *wish particularly* to call attention to the fact of the absence of digestive disturbances and necessary consequent interference in the assimilation. All other unpleasant complicating results were notable by their absence. Of course we do not consider the remedy applicable to cases of lithemic neurasthenia, nor in any manner a *specific* in any variety of neurasthenia. In many cases the addition of arsenic and strychnia greatly increase the efficacy of the preparation. I must also take cognizance of the salient fact of the rapidity with which a large number of female neurasthenics, under our treatment, who have suffered with marked functional menstrual derangements, have attained a normal condition under the administration of *this most elegant combination of iron and manganese*.

As it would be tedious and monotonous to present an exhaustive citation of a multiplicity of clinical cases, I have confined myself to a recital of a few typical ones:

### CLINICAL REPORT.

By KEATING BAUDUY, M. D.

CASE 1.—Mrs. S., aged 32 years, mother of three children, came to me in a pitiable mental condition, and had in her arms a nursing hydrocephalic child, five months old. Her mental depression approached a type of veritable melancholia. My first idea was to advise that the child be weaned, and then place her upon the classical opium treatment for melancholia. This was her third child, and like all mothers, she clung to the life of her unfortunate with characteristic tenderness. Therefore she bluntly insisted upon my candid opinion, as to whether the weaning of the baby might prove fatal. Knowing, as I did, that the life of the child was simply a question of a period of short duration in either case, I so informed her; nevertheless, I insisted that the best hope for her recovery was to wean it. This she refused to do, and after Dr. Fisch had made a blood examination and pronounced her highly anæmic, I reluctantly undertook the case. Aside from her mental depression, physical lassitude, and marked pallor, the “casque neurasthenique” symptom was a dominant feature in her case. Any effort to perform her usual household duties produced sensations of cerebral fulness, and persistent pain in the vertex. She even confessed that the idea of suicide had of late frequently haunted her. Under the administration

of Pepto-Mangan, with no other treatment, after the short period of fifty-two days, she was discharged fully restored to her normal condition. Microscopic report showed a relative gain in number of red corpuscles of 34 per cent.; hæmoglobin, 44.5 per cent.

CASE I.—I. *Examination*.—(Beginning of treatment.) Date, November 17, 1897. Red corpuscles, 3120000; hæmoglobin, per cent. 52. II. *Examination*.—Date, December 2, 1897. Red corpuscles, 3400000; hæmoglobin, per cent. 54. III. *Examination*.—Date, December 26, 1897. Red corpuscles, 4130000; hæmoglobin, per cent. 67. IV. *Examination*.—Date, January 8, 1898. Red corpuscles, 4245000; hæmoglobin, per cent. 75. *Duration of Treatment*—52 days. *Gain* (absolute)—Red corpuscles (in 1000's), 1125; hæmoglobin, per cent. 23. *Gain* (relative)—Red corpuscles, per cent. 34; hæmoglobin, per cent. 44.5.

CASE 2.—Mrs. Sim, aged 23 years, mother of two children, youngest six months and nursing. About the fourth month of her last pregnancy she was troubled with dyspnœa. Gave history of instrumental delivery followed by puerperal eclampsia. Great loss of blood during birth of child. Two months later, abscesses developed in each breast, and patient was confined to bed during a period of ten weeks. Case presented typical manifestations of neurasthenia, also characteristic apprehensions, with preternatural emotional mobility. Constant cephalalgia in vertical region, persistent parasthesiæ in extremities, mouth and tongue, were also present. She was intensely pale with every appearance of profound anæmia. Aside from a mild laxative which was given to obviate constipation—an obstinate feature in her case—nothing was administered save Pepto-Mangan. After a period of treatment of forty-nine days I discharged her, as she evinced none of the symptoms which formerly existed. A notable feature was the corresponding improvement of the child, notwithstanding the fact that I had previously insisted upon its being weaned, which she had, nevertheless contrary to my instructions, continued to nurse. Microscopic report showed a relative gain: red blood corpuscles 19 per cent.; hæmoglobin 27 per cent.

CASE II.—I. *Examination*.—(Beginning of treatment.) Date November 20, 1897. Red corpuscles, 3470000; hæmoglobin, per cent. 60. II. *Examination*.—Date, December 22, 1897. Red corpuscles, 3980000; hæmoglobin, per cent. 69. III. *Examination*.—Date, January 8, 1898. Red corpuscles, 4120000; hæmoglobin, per cent. 76. *Duration of Treatment*—49 days. *Gain* (absolute)—Red corpuscles (in 1000's), 650; hæmoglobin, per cent. 16. *Gain* (relative)—Red corpuscles, per cent. 19; hæmoglobin, per cent. 27.



CASE 3.—D. G., aged 25 years, unmarried. Suffered from nervous headache for past year. Vaso-motor disturbances evidenced by alternate flushings and pallors, heat and cold. Atonic dyspepsia. Irregularity of bowels. Disturbed sleep. Depressed physical condition, correspondingly weak pulse. After taking Pepto-Mangan fifty-seven days, reported feeling generally improved. Digestion was better, pulse stronger and headaches greatly diminished in intensity. Vaso-motor disturbances disappeared. Microscopic examination showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 15 per cent.

CASE III.—I. *Examination*.—(Beginning of treatment.) Date, November 26, 1897. Red corpuscles, 3720000; hæmoglobin, per cent. 61. II.—*Examination*.—Date, January 22, 1898. Red corpuscles, 4135000; hæmoglobin, per cent. 70. *Duration of Treatment*—57 days. *Gain* (absolute)—Red corpuscles (in 1000's), 415; hæmoglobin, per cent. 9. *Gain* (relative)—Red corpuscles, per cent. 11; hæmoglobin, per cent. 15.

CASE 4.—Miss S., aged 28 years, presented many of the well-defined symptoms of neurasthenia, was in a condition of profound mental and physical weakness. The history showed that since our great cyclone of May 27, 1896, she had never been her normal self, and was unable to perform any sustained mental or physical strain. Dating from that episode she had always worried, and was constantly the victim of peculiar forebodings. Insomnia and general malaise were cardinal symptoms. My diagnosis was what has been termed "cyclone neurosis," of which I have seen numerous cases. Menorrhagia existed to an alarming extent for which I accordingly recommended rest and the recumbent posture during her periods. Because of the pronounced insomnia, I prescribed a nightly dose of hyoscyamine and sulfonal during the first week of treatment as a hypnotic, which constituted the only medication other than Pepto-Mangan. After having taken the latter for forty-one days, I discharged her from treatment, as she had passed her last menstrual period after a normal flow of three days, her pallor having given way to rosy cheeks and her physical and mental condition being entirely satisfactory. Microscopic report showed a relative gain: red blood corpuscles 38 per cent.; hæmoglobin 47 per cent.

CASE IV.—I. *Examination*.—(Beginning of treatment.) Date, November 26, 1897. Red corpuscles, 2807000; hæmoglobin, per cent. 46. II. *Examination*.—Date, December 17, 1897. Red corpuscles, 3200000; hæmoglobin, per cent. 50. III. *Examination*.—Date, January 4, 1898. Red corpuscles, 3250000; hæmoglobin, per cent.

56. IV. *Examination*.—Date, January 8, 1898. Red corpuscles, 3875000; hæmoglobin, per cent. 68. *Duration of Treatment*—41 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 1068; hæmoglobin, per cent. 22. *Gain* (relative)—Red corpuscles, per cent. 38; hæmoglobin, per cent. 47.

CASE 5.—Mr. C., aged 21 years, unmarried. Highly anæmic, very pale. Anorexia and insomnia persistent. Physical condition greatly depressed. Cardinal feature was a sexual hypochondriacal tendency. Gave history of excesses both alcoholic and sexual. Aside from advice as to the necessity of leading a moral life, and abstaining from all stimulants, gave no medicine but Pepto-Mangan, with the addition of arsenic and strychnia. After fifty-seven days of treatment, patient was much benefited. Microscopic report showed a relative gain: red blood corpuscles 9 per cent.; hæmoglobin 27 per cent.

CASE V.—I. *Examination*.—(Beginning of treatment.) Date, November 26, 1897. Red corpuscles, 3670000; hæmoglobin, per cent. 44. II. *Examination*.—Date, December 14, 1897. Red corpuscles, 3700000; hæmoglobin, per cent. 42. III. *Examination*.—Date, January 8, 1898. Red corpuscles, 3990000; hæmoglobin, per cent. 54. IV. *Examination*.—Date, January 22, 1898. Red corpuscles, 4010000; hæmoglobin, per cent. 56. *Duration of Treatment*—57 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 340; hæmoglobin, per cent. 12. *Gain* (relative)—Red corpuscles, per cent. 9; hæmoglobin, per cent. 27.

CASE 6—Mrs. D., aged 36 years, married; five children. Since birth of last child, eighteen months ago, has been in state of profound nervous prostration. Previously resisted ordinary tonic and constructive treatment. Menorrhagia was the dominant feature of the case. After taking Pepto-Mangan for fifty-one days patient evinced more improvement than during any stated time throughout the past eighteen months. Last menstruation approached the normal flow. Microscopic report showed a relative gain: red blood corpuscles 13 per cent; hæmoglobin 8 per cent.

CASE VI.—I. *Examination*.—(Beginning of treatment.) Date, November 26, 1897. Red corpuscles, 3450000; hæmoglobin, per cent. 60. II. *Examination*.—Date, December 22, 1897. Red corpuscles, 3720000; hæmoglobin, per cent. 62. III. *Examination*.—Date, January 8, 1898. Red corpuscles, 3916000; hæmoglobin, per cent. 62. IV. *Examination*.—Date, January 16, 1898. Red corpuscles, 3890000; hæmoglobin, per cent. 65. *Duration of Treatment*—51 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 440; hæmoglobin, per cent. 5. *Gain* (relative)—Red corpuscles, per cent. 13; hæmoglobin, per cent. 8.

CASE 7.—Mrs. J., aged 48 years, widow; mother of a large family. Cardinal feature of case was recurrent cephalalgia at intervals of several days. This case reported an improvement as to the intensity and duration of headaches, after the period of fourteen days of treatment. Only two blood examinations were made. A further opportunity to observe this patient did not present itself, in consequence of her failure to continue the treatment. Microscopic examination showed a relative gain: red blood corpuscles 14 per cent.; hæmoglobin 13 per cent.

CASE VII.—I. *Examination*.—(Beginning of treatment.) Date, November 30, 1897. Red corpuscles, 3210000; hæmoglobin, per cent. 60. II. *Examination*.—Date, December 14, 1897. Red corpuscles, 3670000; hæmoglobin, per cent. 68. *Duration of Treatment*.—14 days. *Gain* (absolute.) Red corpuscles, (in 1000's), 460; hæmoglobin, per cent. 8. *Gain* (relative.) Red corpuscles, per cent. 14; hæmoglobin, per cent. 13.

CASE 8.—H. F., aged 18 years, school teacher, unmarried. Symptomatology of neurasthenia. Malaria was a complicating feature. Amenorrhœa for past six months was the principal symptom for which she consulted me. Aside from a course of quinine to eradicate the malarial feature, I exclusively gave Pepto-Mangan. After forty-seven days treatment she was apparently much improved, her menses having appeared in the interim. Microscopic examination showed a relative gain: red blood corpuscles 9 per cent.; hæmoglobin 22 per cent.

CAS. VIII.—I. *Examination*.—(Beginning of Treatment.) Date, November 30, 1897. Red corpuscles, 2970000; hæmoglobin, per cent. 42. II. *Examination*.—Date, January 8, 1898. Red corpuscles, 3100000; hæmoglobin, per cent. 49. III. *Examination*.—Date, January 16, 1898. Red corpuscles, 3250000; hæmoglobin, per cent. 51. *Duration of Treatment*.—47 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 280; hæmoglobin, per cent. 9. *Gain* (relative)—Red corpuscles, per cent. 9; hæmoglobin 22.

CASE 9.—Mrs. L., aged 42 years, married, three children. Comes from neuropathic family, one uncle an epileptic. Has always been quite delicate and anæmic. Since sudden death of husband has manifested great irritability of temper. Loses control of herself upon the slightest provocation. Cries easily, but not melancholic. Peculiarly apprehensive of sudden death; imagines upon retiring, that she will never awake; paroxysmal attacks of anxiety, and fatigued upon the slightest exertion. Anorexia. Habitual constipation. Sleeps restlessly. Patient although still very pale, after taking Pepto-Mangan for twenty-seven days

began to manifest a general improvement. Microscopic report showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 12 per cent.

CASE IX.—I. *Examination*.—(Beginning of Treatment.) Date, January 2, 1898. Red corpuscles, 3720000; hæmoglobin, per cent. 54. II. *Examination*.—Date, January 22, 1898. Red corpuscles, 4105000; hæmoglobin, per cent. 60. III. *Examination*.—Date, January 29, 1898. Red corpuscles, 4130000; hæmoglobin, per cent. 64. *Duration of Treatment*—27 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 410; hæmoglobin, per cent. 10. *Gain* (relative)—Red corpuscles, per cent. 11; hæmoglobin, per cent. 12.

CASE 10.—Mrs. P., aged 36 years, married, no children. Family history predisposed to tuberculosis. Physically in good health. Since cyclone, May 27, 1896, when her house was totally destroyed, and she narrowly escaped death, she developed nervous headaches; later on she manifested a listless and apathetic condition. Sleeps excellently, but does not feel refreshed upon awakening. Complains of drowsiness. Marked irritability of temper. Appetite fair, but nervous dyspepsia. Boards with sister as she can not muster courage to manage a household of her own. After taking Pepto-Mangan for twenty-five days she began to feel much brighter and better, but still occasionally lapses into her former indifferent mood. Color better, and nervous dyspepsia greatly relieved. Microscopic report showed a relative gain: red blood corpuscles 12 per cent.; hæmoglobin 12 per cent.

CASE X.—I. *Examination*.—(Beginning of treatment.) Date, January 4, 1898. Red corpuscles, 3124000; hæmoglobin, per cent. 56. II. *Examination*.—Date, January 14, 1898. Red corpuscles, 3200000; hæmoglobin, per cent. 57. III. *Examination*.—Date, January 22, 1898. Red corpuscles, 3250000; hæmoglobin, per cent. 62. IV. *Examination*.—Date, January 29, 1898. Red corpuscles, 3460000; hæmoglobin, per cent. 68. *Duration of Treatment*—25 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 336; hæmoglobin, per cent. 12. *Gain* (relative)—Red corpuscles, per cent. 12; hæmoglobin, per cent. 12.

CASE 11.—Mr. M., aged 29 years. Family history tuberculous. His avocation was that of a "book-maker" during the past few years. The strain of gambling and the consequent excitement and worry have made him a nervous wreck. Jerky and fidgety at times. Inability to concentrate his mind any time. Suffers from nightmares and phantasmagoria during sleep, which is consequently much disturbed. Is troubled with constipation and greatly impaired digestion. Anorexia marked. Much reduced in weight. Although always fatigued and depressed, he

constantly walks to relieve his pent-up nervous irritability. Dreads to be alone for fear something may happen to him. After the administration of Pepto-Mangan for twenty-four days, patient reports a general improvement, especially as to his appetite and the relief of his indigestion. Microscopic report showed a relative gain: red blood corpuscles 11 per cent.; hæmoglobin 12 per cent.

CASE XI.—I. *Examination*.—(Beginning of treatment.) Date, January 5, 1898. Red corpuscles, 3856000; hæmoglobin, per cent. 63. II. *Examination*.—Date, January 14, 1898. Red corpuscles, 4001000; hæmoglobin, per cent. 65. III. *Examination*.—Date, January 22, 1898. Red corpuscles, 4051000; hæmoglobin, per cent. 71. IV. *Examination*.—Date, January 29, 1898. Red corpuscles, 4120000; hæmoglobin, per cent. 75. *Duration of Treatment*—24 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 264; hæmoglobin, per cent. 12. *Gain* (relative)—Red corpuscles, per cent. 11; hæmoglobin, per cent. 12.

CASE 12.—A. McG., aged 20 years, servant, unmarried. History showed the ordinary "symptom-group" of neurasthenia. After the short period of seven days, having taken but one bottle of Pepto-Mangan, her condition was greatly alleviated. Microscopic report showed a relative gain: red blood corpuscles 5 per cent.; hæmoglobin 8 per cent.

CASE XII.—I. *Examination*.—(Beginning of treatment.) Date, January 16, 1898. Red corpuscles, 2985000; hæmoglobin, per cent. 49. II. *Examination*.—Date, January 23, 1898. Red corpuscles, 3120000; hæmoglobin, per cent. 53. *Duration of Treatment*—7 days. *Gain* (absolute)—Red corpuscles, (in 1000's), 135; hæmoglobin, per cent. 4. *Gain* (relative)—Red corpuscles, per cent. 5; hæmoglobin, per cent. 8.

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THE  
MARITIME MEDICAL NEWS.

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No. 5.

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Editorial.

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THE COMING OF THE MARITIME MEDICAL ASSOCIATION.

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It is anticipated that the meeting of the Maritime Medical Association to be held on July 6th and 7th, will be one of the largest and most successful since the inauguration of the society. The meeting last year at St. John was large, and representative of New Brunswick and Nova Scotia, but the absence of the usual Prince Edward Island contingent, who were in the throes of a political campaign, was very marked. The meeting three years ago in Halifax was a great success, chiefly on account of the large number attending the Nova Scotia Medical Society, whose meeting was merged with that of the Maritime Medical Association. It is hoped that the representation from the sister provinces this year will far outnumber any previous occasion.

A special effort is being made by the local committee to make the meeting an unqualified success. Invitations are being sent to a large number of kindred and local societies to send delegates to the meetings, and a large number of prominent medical men connected by birth or other affiliations with the maritime provinces will receive invitations to attend, and any such who may be overlooked by the local committee may be sure of a very hearty welcome should they visit us.

The benefit derived from the attendance at such meetings as those of the Maritime Medical Association should not be minimised. Medical men, tied down as they are by the exigencies of their professional engagements, live their lives as a rule in far too limited a sphere to afford to miss the opportunities offered by such gatherings as these, for improvement and recreation. The large and frequent gatherings held in other countries show how much the older nations have learned to value such periodic meetings for the exchange of ideas and the cultivation of intra-professional social life.



The benefits to country and town practitioner are reciprocal. What one gains in the knowledge of newer ideas and methods the other gains in listening to accounts of cases in which the especial energy and resourcefulness of his country colleagues have been exhibited.

The status of medicine in the maritime provinces has improved vastly in the last few years. In Halifax much of the improvement has been due to the modernizing and enlarging of the Victoria General Hospital and to the growth and prosperity of the Halifax Medical College. But we must not forget the great influence which has been exerted by the various medical societies, both provincial and local. The contact with other medical men and the intellectual rivalry arising from the friendly exchange of ideas has a wonderfully stimulating effect upon ambition and industry, while the opportunities given of viewing subjects from another "point of view" cannot fail to broaden one's mental vision.

For the social and other arrangements of the meeting the local committee are responsible, and hope to have an opportunity of returning to the St. John and Charlottetown members some small measure of the unbounded hospitality they have received at their hands. The environment of Halifax renders it possible to arrange pleasant excursions, and members attending will find their spare time fully occupied.

According to the usual custom the meeting of the Medical Society of Nova Scotia will this year be devoted altogether to business matters, the scientific programme being merged with that of the Maritime Medical Association. It should not be forgotten, however, that upon the choice of officers much of the future success of the society depends, so there should be a full attendance at the session to be held on July 6th, in order that the officers then elected may be thoroughly representative.



## COMPLIMENTARY DINNER TO DR. A. P. REID.

The members of the medical board of the Victoria General Hospital tendered a complimentary dinner to the retiring superintendent, Dr. A. P. Reid, on the evening of Thursday, April 28th. In addition to the members of the medical board, there were invited the members of the interne staff and several of Dr. Reid's more intimate friends. The government of Nova Scotia was represented by Hon. Messrs. Church and Longley. Dr. D. A. Campbell presided, and after the usual loyal toasts had been honored he proposed the health of the guest of the evening. He referred in most complimentary terms to the work accomplished by Dr. Reid during his professional career. In the earlier days of the history of the hospital, when Dr. Reid taught clinical medicine in its wards, it had been Dr. Campbell's fortune to be a student, and he had never forgotten the impressions then formed of Dr. Reid's aptitude as an instructor, of his acuity as a diagnostician, and of his kindly manner of dealing with his patients. When, more than twenty years ago, Dr. Reid was appointed superintendent of the Hospital for the Insane, he was unable to continue teaching clinical medicine, but he still did excellent work for the college, first in medicine, and later in medical jurisprudence and hygiene. And since he took charge of the Victoria General Hospital, late in 1892, he had been a tireless worker in the interests of scientific medicine.



DR. A. P. REID.

The toast to the Government of Nova Scotia brought forth replies from Hon. Messrs. Church and Longley. Mr. Church referred to the pleasure it gave him to meet at the festive board, so many of the men upon whose gratuitous tho' none the less valued services the success of the Victoria General Hospital depended. It had always been his policy and the policy of the government to deal with the provincial charities

as liberally as it was possible to do, and it was pleasant to be able to say that in this the members of the opposition had always generously concurred. He then referred to the long and honourable career which Dr. Reid was about terminating as superintendent of one, and then of the other of our principal provincial charities. His relations with Dr. Reid had always been of the most pleasant character. Mr. Longley also referred to the pleasantness which had always characterized the intercourse between Dr. Reid and the members of the government. No one could have other than the most most kindly feelings for him. He eulogized Dr. Reid not only for his medical qualifications, but for his many scientific attainments, and made humorous reference to an instance which had come to his knowledge in which Dr. Reid had applied his scientific training to agriculture.

Other speakers followed, all eager to pay a personal tribute in expression of their appreciation of Dr. Reid's many good qualities of heart and head. The doctor certainly retires from the government service with nothing but the kindest feelings and heartiest good-will of all who have ever been associated with him.



## THE HALIFAX MEDICAL COLLEGE.

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The session of '97-'98 is now a thing of the past, but the members of the Halifax Medical College look back upon it with feelings of satisfaction. Not only has it been the most prosperous year in the whole history of the institution, but perhaps never before did the teaching staff shew so much earnest interest in the advancement of the college. This interest has crystallized into what is practically a complete re-organization of the governing body of the college, and it has been decided to make extensive additions to the laboratory equipment and to place the teaching of the practical subjects on a basis which will compare favourably with that in the best of the colleges. It is proposed to completely remodel the present college building, and to devote it entirely to laboratory instruction. In order that these changes may be made before the opening of a new session, it is probable that lecture rooms for didactic instruction will be rented from Dalhousie University until other provision can be made.

The teaching of medicine at Halifax is destined to become an important feature of the educational system of the maritime provinces.

There is every reason why this should be the case. The hospital, dispensary and asylum service of Halifax is large and well appointed, and provides a wealth of clinical material to which the medical student has peculiarly free access. The staff of the college is composed of a conscientious, hard-working, progressive body of men. Now that meagreness of laboratory equipment promises to be no longer a drawback, there seems to be no good reason why the Halifax Medical College should not rapidly advance to a proud place in the front rank of medical educational institutions.

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## Society Meetings.

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### THE "KING'S COUNTY MEDICAL SOCIETY" OF NEW BRUNSWICK.

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On the twenty-ninth of April last, the medical gentlemen of the county of King's met at the Court House at Hampton, and formed themselves into a "King's County Medical Society."

Although, owing to most unfavorable weather, the attendance was small, only seven of the twenty doctors in the county being present, the meeting was nevertheless a most enthusiastic one.

The scientific, ethical and social advantages that would result from a discussion of medical subjects, and a better acquaintance with one another, were some of the reasons given for the formation of the society; but besides this, there was a strong feeling that by uniting they could best do their part towards furthering and safe-guarding the interests of the profession by opposing adverse legislation, and endeavoring to fulfil that section of the code of ethics which directed them to enlighten the public on "the injuries sustained by the unwary from the devices and pretensions of empirics and impostors."

Any registered practitioner of the province may become a member by subscribing to the by-laws, and pay an initiation fee of one dollar.

The regular meetings will be held the second Thursday in March, June, September and December.

The following officers were elected:—President, J. U. Burnett, Sussex; 1st Vice-Pres., Dr. C. M. MacLean, Norton Station; 2nd Vice-Pres., Dr. P. H. Warneford, Hampton; Secretary-Treasurer, Dr. F. H. Wetmore, Hampton.

## Matters Personal and Impersonal.

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Out of eleven candidates for the degree of M. D., C. M. at the recent examinations of the medical faculty of Dalhousie University, the following nine gentlemen were successful:—M. G. Archibald, R. A. Brehm, A. F. Buckley, W. D. Forrest, G. G. Gandier, A. McD. Morton, D. McDonald, M. D. McKenzie, Alfred Thompson. All were students of the Halifax Medical College.

Mr. W. W. Kenney took up his duties as superintendent of the Victoria General Hospital on May 1st. The appointment of a layman to this important post is, in a measure, an experiment, but Mr. Kenney is not only a gentleman of wide business experience, but also brings to his new position an extensive knowledge of men and things generally. He is also possessed of good executive ability, and will doubtless prove a most efficient officer. We wish him much success.

Drs. M. G. Archibald and W. D. Forrest have been appointed house surgeons to the Victoria General Hospital. Messrs. J. G. Munro and W. B. Almon have been appointed clinical clerks at the same institution.

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SOFT CORNS.—Dr. W. L. Wilson recommends the following preparation:

Iodine .....	gr. ij
Flexible collodion .....	ʒ ij
Alcohol .....	ʒ j
Potassium iodide .....	gr. ij

M. Sig. Paint the corn every night.—*Leonard's Illust. Med. Jour.*

SCARLET FEVER.—In the treatment of scarlet fever, Prof. J. C. Wilson sponges his patients every three or four hours when the rise of temperature demands attention. This is followed by washed lard inunctions over the entire body.

The lard is washed as follows:

To a vessel containing boiling water add the lard, and stir until it has been mixed thoroughly with the water. Allow it to cool, when it may be similarly treated and cooled again. It should then be put in a clean vessel and kept cool until needed. He strongly protests against the use of potassium chlorate in this disease.—*Medical Council.*

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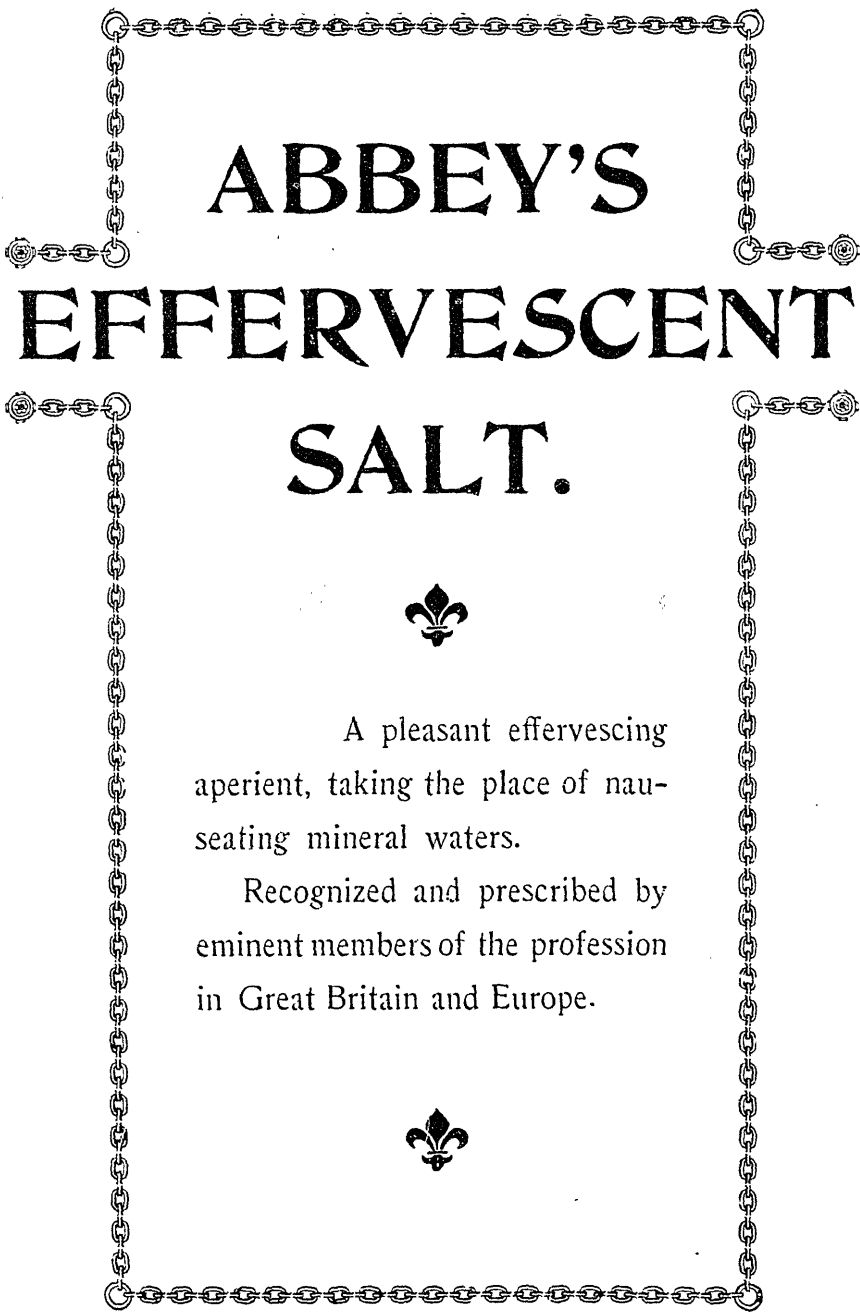
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Dr. C. H. BROWN, of New York, Editor of the *Journal of Nervous and Mental Diseases*, says:

"Maltine with Coca Wine has served me well in cases of Neurasthenia from any cause. It serves as a most excellent sustainer and bracer. Besides these two essential qualities, we are forced to believe in another element in this combination, and that is the sedative quality which makes it a most valuable therapeutic desideratum. This action does not depend entirely upon the Coca, or the Coca in combination with wine. My conviction is that the Maltine plays a leading part in this triple alliance."

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## Obituary.

Dr. John Golding Bunting, one of the oldest physicians in Maine, died Saturday, April 9, at Gilead, in that state, aged 78 years. He was born in St. John, N. B., Sept. 4, 1820, being the son of the Rev. Joshua Bunting and brother of the late Wm. F. Bunting, Esq. He acquired his early education in his native city, later graduating from the Drummond street Medical School in Glasgow. He first practiced at Bangor, where he remained three years, He next practiced in Montreal, and while there became acquainted with Alex. St. Martin, who, by a gunshot, was left with an opening into the stomach through which the process of digestion could be watched. He travelled with the man through the west and south, visiting hospitals and medical colleges, and then went abroad with him to the medical colleges and hospitals of London, Paris, Italy, Spain, Germany, Belgium, Denmark and Russia. He received many medals of approbation, among them the decoration of the Legion of Honor of France. The succeeding sixteen years Dr. Bunting spent in travelling. In May, 1891, he went to Portland, but had to give up his practice on account of ill health. He leaves a widow and two sons.

The news of the sudden death of Dr. Maria L. Angwin, on the morning of April 26th, was received with mingled surprise and regret. Dr. Angwin had been pursuing post-graduate work at the New York Infirmary to which we referred in the March issue, and stated then that she would probably resume practice in this city this month. This, however, was not to be, for while sojourning at Ashland, near Boston, she underwent a slight surgical operation, from which septic infection developed, terminating fatally. Dr. Angwin was the pioneer lady doctor in this province, and was greatly respected, not only in her duties as a physician, but also in every work that tended to elevate fallen humanity.

INJECTIONS OF ALCOHOL IN CARCINOMA.—Alcohol favors cicatrization in all growths like struma, angioma, cysts, lymphatic-gland tumors, sarcoma, carcinoma, and especially carcinoma of the breast and cervix uteri. Under its use in fifteen out of eighteen cases of carcinoma of the breast, the growth gradually dwindled away, until in a year there was nothing left but the connective-tissue stroma, and there has been no return. Five cases of carcinoma of the cervix also recovered completely, and the patients are still living and in good health. The effect on the general health is even more surprising. The pains and uneasiness pass away, and sleep, appetite, assimilation and strength return in a most remarkable manner.—*Hassel.*



## Book Reviews.

SAJOUS'S ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE.—By CHAS. E. DEM. SAJOUS, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-lithograph Engravings and Maps. Volume I. Abdominal Injuries—Bright's Disease. Sold by subscription for series of six volumes only; Cloth, \$5.00, Half Russia, \$6.00 per volume. Published by the F. A. Davis Co., Philadelphia.

The new "Sajous" is a pleasant surprise. It is so entirely original in its conception, and so entirely different from anything heretofore offered in the line of medical literature, that we are at once attracted to it. And the closer the inspection, the more attracted do we become. Well printed and artistically bound as it is, the new annual is indeed a thing of beauty, and will doubtless also prove a joy forever.

The work combines the features of a text-book and an annual. The topics are arranged alphabetically, and the reader finds in large type the actual status of our knowledge of each disease, while in small type there is given under each head, a resume of the literature of '96 and '97, due credit being given to each authority quoted. One is therefore able to find ready at hand the sum total of our knowledge of any disease, without the necessity of delving for it in many books and in various parts of each book.

The volume at hand covers all the practical subjects in medicine and surgery which can be alphabetically classed between "Abdominal Injuries" and "Bright's Disease." The cyclopædia will be complete in six volumes, to appear at the approximate rate of one volume every six months. The whole alphabet will thus be covered in three years, and during this time a monthly supplement (*The Monthly Cyclopædia*,) alphabetical from A to Z, will be brought out, so that the physician can have a complete synopsis of the latest journal literature to reinforce his system of reference.

This magnificent work is worthy of the highest commendation. No physician can afford to be without it. We predict for it unmeasured success.

BRIEF ESSAYS ON ORTHOPÆDIC SURGERY.—By Newton M. Shaffer, M. D., Surgeon-in-chief to the New York Orthopædic Dispensary and Hospital; Clinical Professor of Orthopædic Surgery, University of New York, etc. Published by D. Appleton & Co., New York.

This small work of eighty pages is a compilation of essays contributed by the author to several medical journals or read at society meetings. The book as a whole deals with the relation of orthopædic to general surgery, its future demands, and its operative as well as its mechanical aspects, with remarks on specialism. These brief essays, written in an interesting style, contain much information in the way of unfolding disputed points. Surgeons particularly will be well repaid by perusing Dr. Shaffer's book.



### PAMPHLETS RECEIVED.

SOLUTION OF THE PROPRIETARY MEDICINE QUESTION.—By C. C. Fite, M. D.—Reprinted from *Philadelphia Medical Journal*.

CASE OF TRAUMATIC ENOPHTHALMUS, THE RESULT OF GOUGING.—By David Webster, M. D.—Reprinted from *Ophthalmic Record*.

RENAL SUPPURATION, CATARRHAL, SPECIFIC AND TRAUMATIC, AND THE VALUE OF MICRO-URINALYSIS OF THE URINARY SEDIMENT AS AN AID TO DEFINITE DIAGNOSIS.—By Thos. H. Manley, M. D.—Reprinted from *Journal of American Medical Association*.



### BOOKS OF THE MONTH.

THE DISEASES OF THE STOMACH.—By Wm. W. VanValzah, A. M., M. D., and J. Douglas Nisbet, A. B., M. D. Price \$3.50 net. Published by W. B. Saunders, Philadelphia.

AN AMERICAN TEXT BOOK OF GENITO-URINARY DISEASES, SYPHILIS AND DISEASES OF THE SKIN.—Edited by L. Bolton Bangs, M. D., and W. A. Hardaway, A. M., M. D. Cloth \$7.00. Sheep or half morocco, \$8.00 net. Published by W. B. Saunders, Philadelphia.

## Matters Medical.

BYWAYS OF THE BRAIN.—In *Harper's Monthly* for April is an able article entitled: "Some Byways of the Brain," by Dr. Andrew Wilson, drawing attention to the evidence which may be deducted regarding the effects of deficiency in one hemisphere of the brain. He says: "The cases from which one may quote may be divided into two sets or series—those in which disease or want of development is responsible for such deficiency, and those which represent the results of actual injury to the brain. Thus, in the notable case of Bichat, one of the foremost anatomists of his day, one lobe of his brain was found markedly smaller than the other. He was, in fact, deficient in one-half of his brain, and yet his mental and physical life was in its way notably of a high order. In another case, reported by Cruveilhier, a man died in hospital at the age of forty-two, from heart disease. He exhibited no lack of intelligence, yet after death it was discovered that his left brain was practically destroyed and replaced by a watery substance. Another case, reported by Andral, was of a man who died at the age of twenty-eight. He had suffered from a fall when three years old, and as a result was paralyzed on his left side. The right half of his brain had practically disappeared, so that the parts below this half constituted the floor of an empty space. Andral says of this man that he had received a good education and had profitted by it; he had a good memory, his speech was free and easy, his intelligence was such as we should expect to find in an ordinary man."—*Medical Record*.

### DULCE EST DESIFERE IN LOCO.

The Hypochondriacs of late  
Have found a sect to suit their state,  
And setting reason at defiance,  
Have called their twaddle Christian Science.  
'Tis not to emulate the saints  
They come, but those who have "complaints;"  
For this religion first delivers  
The elect from piles and sluggish livers;  
Their object being to cure their ills  
By little prayers instead of pills:  
Because all maladies they find  
Are situated in the mind,  
And so, by steps of logic gentle,  
The spot diseased is wholly mental;

A question in pathology  
With which all alienists agree:  
Who would a trifle further go  
And shape the treatment even so.

Among the true believers trace  
The people of the Woodcut race,  
Familiar once in daily papers,  
But now retired from public labors;  
Where each on pharmaceutic topic  
(Pictorially philanthropic)  
Exported long in language loud  
The unreflecting, heedless crowd.

The man who suffered twenty years  
From eczema, with them appears;

And she of zone and visage wide  
 Who had a pain about her side  
 For twenty, too, which greatly shocked her,  
 (She got no comfort from the doctor)  
 Far now from advertising strife  
 They taste the sweets of private life,  
 And having somewhat further back  
 Dismissed the doctor for the quack ;  
 They now with wisdom more mature,  
 And scenting, too, a choicer cure,  
 The quack in turn have from them hurled  
 Who brought them first before the world :  
 And mellowed by religious drivel,  
 Grow very pious and uncivil.

Those also of catarrhal fame,  
 Of face diverse and myriad name,  
 Who were disturbed in their repose.  
 By too much action in their noses.  
 And he who Job's own likeness bore  
 In the oppressive days " Before,"  
 Now grown obese, with unctuous laughter  
 Felicitates us with his " After,"  
 And she whose hernia was so loose  
 A wrought-iron truss was of no use ;  
 And though the doctor didn't ask it,  
 She held it two years in a basket :  
 Which, with occasional atresia,  
 Entirely occupied her leisure ;  
 At which (and with some cause, I think),  
 Her sainted husband took to drink ;  
 So often, at a bitter cost,  
 The sanctities of home are lost !  
 One dose of Electric Food,  
 However, did a world of good,  
 And one week's treatment (and no more)  
 Was quite sufficient to restore ;  
 And now with an o'erflowing soul,  
 The whole world shall know that she is whole !  
 Her consort, too, with joy embued,  
 Has turned to paths of rectitude,  
 And ceased (so much could this elate him)  
 To touch *secale antiquatum*—  
 Albeit the best electric viands  
 Are tame compared to Christian Science.

All these, and more of minor tint  
 Whose names are never seen in print.  
 Enjoy in peace their endless cures  
 As long as Christian Science endures.

A superstructure, as you see,  
 Based on a bastard quackery.  
 For to the advertising quack  
 You add a strong religious smack,  
 Such as the great unwashed determines,  
 Suggestive of street corner sermons,  
 And you will have a graphic notion  
 Of what makes up this new devotion,  
 And fairly picture their demeanors  
 By looking first at their congeners.

Their *raison d'être*, or reason why,  
 Is to prepare the weak to die ;  
 And for a very little money  
 They will conduct the ceremony.  
 Their method needs no nomenclature,  
*They sit, and sit—and trust to nature.*  
 Occasionally, who can tell !  
 One of their patients may grow well :  
 For, (lest the thought might give alarm)  
 Their pious sittings do no harm.  
 More frequently, without a check,  
 Death has the patient by the neck ;  
 And eyes grow dark and muscles flaccid,  
 For lack of, say, carbolic acid :  
 And pain to great too bear is seen  
 Because they know not of morphine.  
 The reason why the heart may fail is  
 Because there is no digitalis :  
 And so on thus, *ad infinitum*,  
 The drug an unremembered item !  
 Death is perhaps a fancy, too,  
 Which skilful thinking might subdue,  
 But death, to mortals less ideal,  
 Has always seemed a trifle real.

" Disease is but a whimsy vague,  
 You dream you have that wooden leg,"  
 They say, and if you'd hop a bit,  
 They're sure you would not notice it.  
 Moreover worms, both long and short ones,  
 Are, they assert, of no importance.  
 Again (you fill them with amazement)  
 You have no cancer or displacement !  
 And why repeat, because unwell,  
 The fable of the strange hotel ?  
 Bethink, the gonococcus germ  
 Is but the doctors' idle term,  
 And when you double up in spurts,  
 Your mind, but not the bubo hurts.  
 Cast off these trammels of tradition,  
 And you will be in fine condition !  
 Aye, learn to pray, and stop your scratching.  
 There is no itch (and it's not catching).  
 " Trust all to heaven," repeats the caller,  
 " And if you please, a half a dollar."  
 —*Canadian Journal of Medicine and Surgery.*

THE PROPER TREATMENT OF HEADACHES.—J. Stewart Norwell, M. B., C. M., B. Sc., House Surgeon in Royal Infirmary, Edinburgh, Scotland, in an original article written especially for *Medical Reprints*, London, Eng., reports a number of cases of headache successfully treated, and terminates his article in the following language :—

“One could multiply similar cases, but these will suffice to illustrate the effects of antikamnia in the treatment of various headaches, and to warrant the following conclusions I have reached with regard to its use, viz. :—

(a) It is a specific for almost every kind of headache.

(b) It acts with wonderful rapidity.

(c) The dosage is small.

(d) The dangerous after-effects so commonly attendant on the use of many other analgesics are entirely absent.

(e) It can therefore be safely put into the hands of patients for use without personal supervision.

(f) It can be very easily taken, being practically tasteless.”

SANMETTO THE STANDARD PREPARATION FOR GENITO-URINARY DISEASES.—For some years I have been a very warm admirer of sanmetto, and have found its action marked and well defined in the cases wherein I have used it. In cases of prostatitis, with loss of virile power in elderly men I find its action superb. In chronic specific urethritis, cystitis and all irritable conditions of the urinary tract I find sanmetto very efficacious. I do not hesitate to recommend it as a standard preparation in cases where the action of pure santal and saw-palmetto is indicated.

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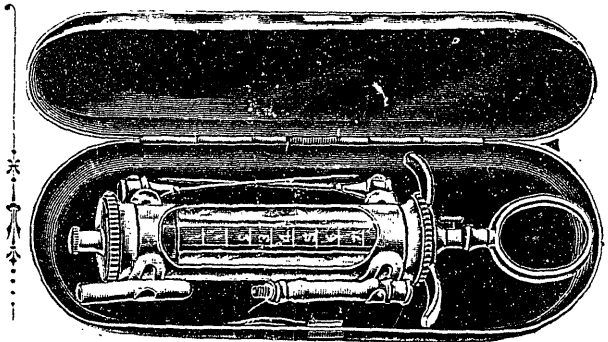
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3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.

(Pass in Medical Jurisprudence, Pathology, Materia Medica and Therapeutics.)

4TH YEAR.—Surgery, Medicine, Gynecology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.

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