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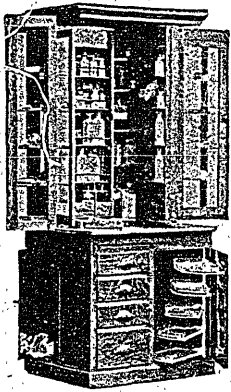
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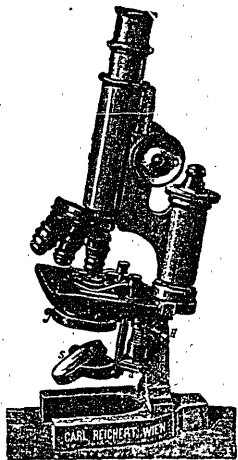
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VOL. XIII.

HALIFAX, N. S., MAY, 1901.

No. 5

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**Original Communications.**

**CELLULITIS OF THE HAND AND ARM.\***

By W. HUNTLEY MACDONALD, M. D., Antigonish, N. S., Ex-Resident Surgeon Boston City Hospital.

The tabulating of cases into classes with mortality endings and recovery endings tend to the compiling of statistics: these again by skillful manipulation can be made to prove almost any idea or point we have in mind. This is especially the case with figures that represent small numbers, for the graver cases as they come up may be the ones that the country practitioner sees most of, the minor or trifling ones falling under the care of some wise old woman who skillfully treats cases after the fashion that our grandfathers found gave the best results.

However in the figures set forward in this paper I deal with cases that fell to my lot in hospital as well as some that have occurred in private practice, and while not attempting to prove any special point, yet want to recall and emphasize the great difference that exists between a deep and superficial cellulitis of the hand and arm.

Cellulitis is due to the invasion of a micrococcus which enters the cutaneous tissues at some wounded point. The affected skin is reddened and swollen. The swelling is due to an abundant infiltration of sero-purulent, fibrino-purulent or of simply purulent liquid in the spaces of the cutaneous and especially the subcutaneous tissues, or those from the skin inward. The violent inflammation set up and the subsequent disturbance of the circulation lead to the death of the tissues over a greater or smaller area, and a greater or lesser amount of suppuration follows, the amount varying with the structures involved

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\* Read at meeting of Nova Scotia Branch British Medical Association, April 3rd, 1901

and other circumstances that will be referred to later in this paper.

The trauma necessary to excite cellulitis may not be wholly dependent upon invasion from without, for strains, bruises, etc., without actual rupture of the skin investment may be all that is necessary. This we see occur in the palmar abscess.

The commoner ailments of life, the boils, the cuts, the bruises, the felons, fall far more to our lot, that is the lot of the average practitioner, than the removal of stomachs or the extirpation of cerebellar tumors. Thus apologizing for the fact that I wish to draw attention to a very common everyday ailment, I divide cellulitis of the hand and arm into a deep and superficial variety, making the distinction that anything that passes beneath the tendons, muscles or their sheaths falls at once into the deep variety. This will seem at first to be a rather arbitrary distinction, and anatomically the dividing line cannot be so closely drawn, but clinically almost every case belongs eventually to one type or the other.

At the beginning of a case however, we cannot at first glance in the very early stages say, here is the one, or there is the other; for a case seen in its infancy may be a puzzle for some little time; but the characteristic symptoms eventually develop, the diffusion of the inflammatory process over what is evidently a superficial area, the difference in the constitutional symptoms and the localization of the abscess or abscesses, give us a clue to its superficial character; while in the deep variety, the feeling often rather of elasticity than fluctuation conveys to our minds that we must look deeply for the pus or sero-purulent fluid that will be found buried beneath the muscles of the forearm, or extending up under the annular ligament from the palm of the hand. At the onset of the inflammation in both varieties there is a soreness of the affected part, with occasional shooting pains deep seated; the involved limb feeling stiff and sore. The pain soon grows more intense, and the swelling and redness are more distinctly seen; the pain is often throbbing in character, and often it means agony for the patient to attempt to move the affected part; anorexia is present, and the patient as a rule feels sick all over, so to speak.

In the superficial variety, we soon,—although the initial symptoms may be almost as stormy as in the deep kind, see a quick subsiding; the tumified part is seen to be softening in spot or spots, the temperature falls, the countenance changes, the pus is evacuated, and the walls of the abscess or abscesses are distinct or in other words the pus

collections are circumscribed and the patient has a comparatively uneventful convalescence.

The deep variety however, calls up a more stormy train of symptoms. There is first a feeling of tightness and a steady pain that grows worse as night approaches, the patient is feverish the temperature running high, headache is present, and often a pain in the small of the back—a symptom also often seen in the contagious diseases. Sleep is broken and patient restless. The skin over the affected area becomes greatly swollen, hot and hard to the touch, and very painful. Redness is seen over some or all of the affected area, and in course of time the skin may form a series of blisters, which exude a brownish dirty serum. By degrees the hardness diminishes, and a boggy softness takes its place; the feeling of elasticity formerly spoken of is seen, before occasionally, and always after the aforesaid change, and we incise and find as said before, pus or seropurulent pus running in pockets, separating the muscular structures, or even bareing the bone; the accompanying periostitis seemingly being often a part of the same process.

In fact, in some cases, one is at a loss at the onset, to make up one's mind as to whether the disease is not really a pyæmic process, rather than a cellulitis, and in this every case is a law for itself, and must be judged by experience and the final localization of the symptoms.

The former pathology included the so-called malignant cellulitis in this class, but we are now taught to believe that although the cellular tissue may be involved after a dissecting-room wound, yet this class of cases more properly belongs to the order of septicæmia; it being a true blood-poisoning.

With regard to the causation of cellulitis: I think as mentioned before, we may safely consider that it is a microbic infection, the specific organisms being those found in any ordinary inflammation, with possibly a predominance of the streptococcus.

In the variation of form we find that the individual himself plays an important part. We notice that age, constitution, and habit wield a great influence in the determining of the variety; for the older the man, the weaker, the more anæmic, the more run down, the drinker, has a poorer chance of staying the microbic infection and thus limiting the sphere of action of these disease germs than the man who is good living and has his defensive proteids tuned up to their greatest resistive effort.



We have seen comparatively sudden death due to infection from a hangnail, and on the other hand, the penetrating fish-bone followed only by local redness and soreness. This would seem to justify the argument that the healthier the individual, the more apt he is to have the superficial variety of the disease. The more debilitated, the more prone to the deep cellulitis.

The instrument used in the infliction of the wound bears a part in the history of the disease also. We have seen numerous cases of cellulitis start from the puncture of a fish-bone or meat-hook, and in fact, in the worst cases that have fallen under my care, several of them have had their origin from this cause. This fact is now so well recognized, that in the Quincy Meat Market in Boston, many meat and fish stalls have a bucket of antiseptic fluid—generally corrosive sublimate—into which an employee, after scratching himself or wounding his hand in any way, will plunge the wounded member and wash the injured part as well as possible.

These instruments are probably rich in bacteria and some specially virulent one, or an extra heavy dose of these pathological organisms makes its entrance into the wound from the decaying animal matter adhering to the meat-hook or fish-bone.

There is yet another factor and that is the channel of absorption. As a rule, in wounds of the finger not reaching to the bone or tendon sheaths, we have the superficial cellular investment and the superficial layer of lymphatics affected. We may see streaks of red following the lymphatic system of the arm, up to the armpit, or a diffused redness around the seat of injury; but when the deeper layer is involved and the deep lymphatics are called upon to round up the invading organisms, we see following the effort, the palmar abscess, the necrosis of bone, the tying down of the tendons, the well oiled tendon sheaths being caught tight, and the consequent disabling of the hand and wrist.

We will see that in addition to the difference of suffering on the part of the patient and the difference in the gravity of the symptoms, it makes a vaster difference in our results as to where the seat of the disease lies; for while superficial cellulitis is followed often by suffering incision and evacuation of pus, yet the ultimate outcome has been favourable.

I might here suggest another reason for the difference in the severity of the initial symptoms. We know first that, constitution-

ally, other things being equal, very slight mechanical injury to individuals with vulnerable tissues may produce evident inflammation. "Again we know that the number of blood-vessels in the connective tissue varies greatly in the different parts of the body, the number standing in exact relation to the importance of the adjacent epithelial structures. Most of the blood-vessels in the connective tissue do not serve the purpose of its nutrition, the tissue simply serving as a bed for their support. Where the blood-vessels in the connective tissue are for nutrition of this alone, they are not found in large numbers. The nutrition of the tissue is carried on by means of the lymph which passes through the walls of the vessel and circulates through the tissue. In the subcutaneous areolar tissue there is a loose mesh-work of fibres loosely connected together containing a variable number of cells and the tissue is simply saturated with the fluids." (Councilman.) These fluids, we know, contain some chemical element that antagonizes directly or indirectly the bacteria or their products as they are brought from the external world. The deeper layers in the arm being in closer union, the connective tissue lying more closely, it is fair to suppose that the fluids necessary for protection are smaller in amount and so the energy is less and the effect of the disease more keenly felt.

I have some notes of one hundred and thirty-seven cases. Of these, eight belonged to the deep variety, and one hundred and twenty-nine to the superficial form. The results obtained in the former class are the ones I wish to allude to tonight. The latter class varying from a localized erythematous blush around the seat of injury, to a greater number of cases where one or more incisions were made, where much or little pus was evacuated or to a case I have had lately, which, in character of the first few days symptoms, closely followed the line taken by the deep variety. This patient was for a time delirious, had a high temperature for three days, but pus was finally evacuated toward the inner side of the biceps muscle, and the abscess cavity was altogether anterior to the muscular substance. All these one hundred and twenty-nine cases have had the abscess cavity or cavities anterior to the muscular substance, or rather, one should say external; and all, as said before in this class of cases did well in a longer or shorter time with practically no sequelæ, with at least no permanent deformity or loss of function.

The eight cases of the deep variety involved, with one exception

both hand and arm, and with one exception all had bad results. This excepted case was an abscess formation running well down into the tendon sheaths, but on being freely incised and drained, healed up completely. The pus did not burrow, and indeed after evacuation presented an uninterrupted convalescence, the fingers being stiff for a time but eventually resumed their full function. The subject was an ideal specimen, correct in habit and physically perfect. The remaining seven cases have had the following results:—

Two had the radio-carpal joint exposed, and after extensive sloughing, necrosis and considerable exfoliation of bone from the radius, the process taking months, ended up with perfectly useless hands and immovable wrists.

One case had secondary hæmorrhage from the radial artery, caused possibly by pressure from a drainage tube, which, after first hæmorrhage I changed to gutta serena tissue, but had ultimately to tie the brachial artery in its continuity. The tendons and muscles in this case became matted, and produced a typical "fin-hand."

One died. Direct cause of death was delirium tremens. An autopsy showed also a thrombosis of femoral artery. This man was a shoemaker who had been out of work for quite a time, whose hands had got soft and who had on going to work used the palm of the hand to press the awl into the leather, and thus induced, after a few days work a palmar abscess which quickly spread up under the annular ligament. In the midst of it all, the patient developed symptoms of acute alcoholism, and his light went out.

Two had some slight motion in the hand after some months suffering and treatment, but were never able, at least when last seen, to flex the fingers, and thus were unable to grasp anything but an object large enough to fill the space between the stiff fingers and the palm of the hand.

One, the last and only one that I will take up in any detail, ended up with a metacarpal amputation of the index finger. This last case illustrates a special point that I want to make in this paper, and so I may be pardoned if I go somewhat into particulars.

On Jan. 11th, 1900, I was called to see A. H. some twenty miles from my office, who said that three days previously he had had a small mattery pimple start on the palmar surface of the index finger and which a friend lanced with a sharpened pen-knife. The fingers, hand and arm presented on my arrival the typical appearance of a

deep cellulitis. I opened the palm, wrist and index finger in several places and carried drains from one point to another as seemed most advantageous, and applied hot creolin poultices. Patient was at times delirious, running a high temperature and seemed a very sick man. The following day temperature dropped, patient became more rational, and so I did not see him again until Jan. 15th. I then etherized again, and opened up the hand at several other points. On Jan. 29th I saw the case again. The arm was of normal size, the hand and fingers still somewhat puffed, a large area of granulation tissue seen on the back and a smaller area on the palm of the hand. The higher incisions closed, the metacarpal bone of the index finger exposed, and the whole index finger dead. On Feb. 10th I amputated the index finger a short distance from the carpal-metacarpal articulation. The subsequent history did not amount to much. The hand healed, and after some months the rest of the fingers regained practically their whole power, and the arm is as good now as ever, with the exception of the deformity or loss mentioned before.

Now for the point I wish to emphazise. This case was one at first of the superficial variety. The first lesion, so far as I could tell by appearance, and by the history given, was of a purely superficial character, but an injudicious opening resulted in its conversion, and the subsequent loss of the finger, which, however, I think was a very moderate price to pay for such a generally good result.

The original incision in this case, that is, the cut that was made through the original sore was a stroke directed with energy, if not by brain. This is my plea in all cases of suspected cellulitis or where we feel that it is necessary to cut down upon any part of the hand or arm, we should make the incision or incisions carefully and slowly, taking our time, and if possible at all, under ether; going down into the tissues layer by layer and finally locating the exact spot we want to reach by seeing the exuding pus appear, then we carefully explore the abscess cavity we have to deal with, being careful that while we completely drain it, we do not break down its walls, nor in a hurried deep cut go through the infected area and carry down on the point of our knife infected material into the sound tissues beyond, and thus open up new channels for absorption. This will save—I have no doubt—the occasional conversion of a comparatively simple disease into one that may bring deformity or at times death in its wake.

## ABSTRACT OF A PAPER ON TUBERCULOSIS.\*

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

The deaths from phthisis are almost one-seventh of the total mortality. This amounts to more than the entire death rate from war, famine, cholera, plague, yellow fever and small-pox. Notwithstanding the enormous reduction in the mortality tables compared with former times, yet one-fourth of our adult population die from tuberculosis. About 5,000,000 people perish every year from this disease.

Tuberculosis prevails in every part of the inhabited globe. Neither climate, latitude or altitude are bars to its existence. Cold does not prevent the appearance of the disease, neither does the heat of the tropics, and even the dwellers on the mountains are not exempt from this dread scourge.

We must look to the conditions of social and economic life as the more important factors in the spread of tuberculosis. It is the aggregation of human beings, in-door life, malnutrition, and lack of hygienic surroundings that favor the prevalence of this disease. Environment is a factor of the greatest importance. Absence of sunlight and ventilation are important tributary causes.

There is no doubt concerning the infectious character of phthisis. Many cases are known in which the husband has communicated it to his wife and vice versa. Two-thirds of the death-rate among the inmates of convents is frequently due to phthisis. In prisons it occurs four times oftener than outside. In a business concern in Paris employing twenty-two persons, one of the number, aged forty, had been suffering from phthisis for three years, working steadily until three months previous to his death. During the following ten years, fourteen of the twenty employed died of phthisis. In many of the health resorts frequented by the phthisical it has been found that pulmonary tuberculosis has become far more prevalent than before. One could multiply examples showing its infectious character.

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\* Read before the St. John Medical Society, January 16th, 1901.

A perfectly healthy individual can inhale the tubercle bacilli without any bad result. The nasal mucous secretion has been found to have a bactericidal action and the mucous membrane lining the nose is possessed with a marked reflex action to all kinds of irritants. The candidates for consumption are those in poor health, or suffering from chronic catarrh of the nasopharyngeal or laryngeal tract. Such an individual exposed to the inhalation of the tubercle bacilli would be liable to contract the disease.

Physicians in making autopsies on tubercular subjects may, if care is not used, inoculate themselves. Lupus of the nose has been set up by a handkerchief being used in common by a healthy and a tubercular girl. There are many instances where the Jewish mode of circumcision has transmitted the disease to a healthy child.

General tuberculosis has been frequently set up by surgical operations. They are known to have set up local lesions where none previously had existed, and operations have been followed by miliary tuberculosis. Cases are reported of tubercular meningitis occurring after surgical operations. Not long ago the writer saw such a result follow the opening and curetting of a cold abscess, situated over the front of the chest. This is to be explained by assuming that during the operation the tubercle bacilli are set free and are carried into the circulation. The more the curette is used the greater is the liability of a general infection being started.

When the tubercle bacilli are detected in the sputum the diagnosis is certain; but, on the other hand if we fail to find them even after many examinations, it does not necessarily follow that the case is not one of tuberculosis. In acute miliary tuberculosis many attempts may have to be made before the bacilli are found. The explanation of this is that the bacilli are only present in the sputum after the tubercles have broken down, and in acute miliary tuberculosis death results before there has been time for this to occur. The prognosis is not effected by the number of bacilli found in a specimen. It is usually very difficult to find them in cases of tubercular peritonitis, meningitis, pleurisy, and arthritis. The most reliable way is to centrifugate the fluid as the bacilli are always few in number.

The infection in miliary tuberculosis is conveyed by the blood-vessels and the diagnosis is made by the finding of the bacilli in the blood.

Another and probably the most characteristic symptom is the tubercles in the choroid.

One of the earliest symptoms in pulmonary phthisis is tachycardia. It is often present before there is any rise of temperature. At first it only appears on exertion but after a time it is constant. When the fever becomes a prominent symptom the pulse rate is fast in proportion to the temperature.

In about 70% of all cases of tubercular diseases of the lungs symptoms of disordered digestion precede or accompany the onset of the pulmonary complaint. Distaste for fat is one of the earliest signs and in a good proportion of the cases saccharine substances are found to give rise to indigestion.

There is no characteristic curve in the temperature of any stage of phthisis. Fever is not present in all cases, even when large cavities have been formed. A high daily temperature which is unaffected by treatment is a serious sign in prognosis.

Climate, meaning by that increased atmospheric pressure, has a good deal to do with the liability to hæmoptysis, and an increase in the general humidity of the atmosphere predisposes to it. So it is noticed that cases are apt to be met with in groups and usually in humid weather. Hæmorrhages may occur at any stage of phthisis. That they do not cause the disease is proved by the finding of the tubercle bacilli in the blood.

If tubercular patients could all be persuaded to use the pocket flask one of the greatest factors in the spread of the disease would be overcome. For many who will not use it the substitution of soft squares of cotton or muslin, cheap handkerchiefs, Japanese handkerchiefs, are the next best thing as they can be burned after use. To prevent the expectoration coming in contact with the clothing the pocket in which the handkerchief is kept should be covered with a removable rubber lining that could be readily cleansed.

There is a difference of opinion among physicians regarding the question of classifying tuberculosis among the acute infectious and contagious diseases. The great majority of the profession is opposed to the reporting of such cases. The individual consumptive is a great danger to the community at large, but especially so to those in immediate contact with him. He should be thoroughly informed as to the proper method of dealing with the sputum and such like.

The physician should see that the apartments in which a consump-

tive has died are thoroughly disinfected. This should be enforced by law and the medical attendant should be held responsible that the sanitary authorities are notified of such a death. There should be no charge for disinfecting the rooms of the poor.

The physical characteristics of a person predisposed to consumption are well known. His powers of resistance are below the normal and he is very susceptible to acute inflammations of either the mucous or serous membranes. He easily catches cold and the catarrhal conditions so started are prone to pass from the upper air-passages to deeper parts. This liability to catarrhal inflammations is explained by the vasomotor system being below the normal and thus any slight change of temperature, exposure to draughts, the uncovering of some part of the body not usually exposed to the air, is sufficient to retard the peripheral circulation to the extent of producing congestions.

It is generally conceded that if the proper prevention is taken even the children born of tuberculous parents may grow up to be strong and healthy. From the study of the predisposed individual it is apparent that insufficient air to the lungs and the increased susceptibility to the slightest change in temperature are the great causes in the production of phthisis. The preventative treatment should be commenced at birth, or, as one authority puts it, the child should be begun to be treated in utero, the mother living a hygienic life during her pregnancy.

The air-passages of children should be carefully watched. Mouth breathing is an unnatural mode of respiration and the pathological condition causing the obstruction to nose-breathing should be searched for. If adenoid vegetations are present they should be removed, the same applies to enlarged tonsils, deviated septum, enlarged turbinated bones, in fact any obstruction to an easy and natural respiration should if possible be done away with. Besides the interference with breathing these diseased conditions tend to the causation of chronic catarrhal conditions of the air passages which so frequently are the precursors of pulmonary trouble.

Attention to the respiration, circulation and functions of the skin is in children of the greatest importance. They should be taught at the earliest possible age the value of pure fresh air. Bathing, cold washing, exercise, sufficient interruption of school hours are subjects of vital value. The best exercise for the child is play. Children are very liable to become anæmic and we know such a condition encour-



ages respiratory diseases. The great enemy of anæmia is sunlight and fresh air. The school hours of children are too long and the vacation too short. A portion of each school-day should be devoted to breathing and other kinds of exercises. There should be a special teacher for the purpose. Children should be taught how to breathe, especially those of poor chest development. Recitation and singing should be encouraged. Barth, who has made a special study of singing in regard to its action on the heart, lungs, etc., has come to the conclusion that it is one of the exercises most conducive to health.

In hydrotherapeutics we have a means of the greatest value in the prevention of phthisis pulmonalis. Its important action is to strengthen the vaso-motor system. This mode of treatment should be commenced at an early age. In the anæmic it acts almost as a specific. There is no danger from a judiciously applied douche or affusion.

The excessively dry atmosphere in the most of dwellings during the winter months is stated to be a frequent cause of chronic nasopharyngeal catarrh, so dangerous to predisposed individuals. A heated room should not be warmer than 65 F. If we feel then chilly it is owing to there not being enough moisture in the air.



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## THERAPEUTICS OF SMALL DOSES.\*

By JAMES H. GRAY, M. D., Fairville, N. E.

In former times the tendency was to give large doses of medicine. A pint bottle was frequently filled and a tablespoonful and sometimes two were given at a dose. Some of the older books recommend forty grains and even sixty grains of quinine at a dose, and twenty grains of calomel were given at a time and even more. The tendency now is towards elegance and small doses. Since the discovery of the various alkaloids it is more common to prescribe small and frequently repeated doses, and many authorities claim they are equally effectual as larger doses. I do not advocate small doses in all cases, for there are diseases which can only be treated with heroic doses. In follicular tonsillitis and scarlet fever one grain doses of potassium chlorate every hour will afford much relief and it is likewise beneficial in diphtheria. One grain doses of croton-chloral every half hour is beneficial in facial neuralgia. In obstinate cases of urticaria, salicylate of soda in two grain doses every half hour acts well: also does drop doses of balsam copaiba every half hour. Sidney Ringer says: "In the so-called irritative dyspepsia, where the tongue is furred, and the papillæ red and prominent, a drop dose of Fowler's solution taken shortly before food will be found of great benefit. Administered in the same way it will arrest the distressing vomiting of drunkards and simultaneously improve the state of the stomach." Given in same dose is often beneficial in vomiting of pregnancy.

One-tenth grain muriate of pilocarpine hypodermically is useful in erysipelas and Waugh claims it a specific in sthenic cases. Drop doses of wine of ipecac is useful in vomiting of cancer given every fifteen minutes; also in vomiting of children. For vomiting of infants A. A. Smith, of New York, has used one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of this mixture every ten minutes. In the wheezing and cough of children with bronchitis, good results may be obtained with tartar emetic, one half grain to one pint of water, a teaspoonful every half

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\* Read before the St. John Medical Society, April 10th, 1901.

hour. Sick headache is sometimes relieved by drop doses of tinct. nux. vom. every five minutes.

One of the best remedies for inflammation of the bladder is one drop tincture cantharides every hour. A drop of the tincture given three or four times a day is particularly useful where there is a desire to make water accompanied by great pain in the region of the prostate gland and along the urethra, while at other times severe twinges of pain are felt in the same part; the urine being healthy, or otherwise containing an excess of mucus or even a small amount of pus. Women, especially of middle age, often suffer from a desire to pass water and inability to hold it for a long time, others cannot help passing urine on straining or sneezing or coughing; one drop three times a day gives great relief and sometimes cures with astonishing rapidity even where symptoms have lasted for a long time.

In excessive menstruation fl. ext. ergot has been successfully used in minim doses ever half hour for six or eight hours before expected flow. A simple febrile condition, with hot dry skin, full bounding pulse may be relieved by half minim doses tincture aconite repeated every half hour; also useful in nasal catarrh, and the commencement of tonsillitis. Subacute nasal catarrh, with abundant secretion, is often allayed by minim doses of tincture of belladonna every half hour, until eight or ten minims are given. Apomorphine in doses of gr.  $\frac{1}{100}$  four times a day often produces brilliant results in spasmodic cough. Cannabis indica gr.  $\frac{1}{3}$  to  $\frac{1}{2}$  given for weeks three times a day is useful in the treatment of migraine.

Atropine in doses of  $\frac{1}{100}$  of a grain usually controls night sweats.

Digitalis in small doses frequently repeated exerts a beneficial influence over various kinds of hæmorrhages.

In cases of tonsillitis, when the tonsils are enlarged and almost touching and danger of patient suffocating, one third of a grain of hydrarg. cum creta every hour will relieve the trouble. The same powder in same dose four times a day is beneficial in inumps. Small and frequently repeated doses of calomel  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. every hour are useful in diarrhoea of children; likewise in so-called bilious vomiting of adults.

Many more examples might be referred to but I feel this is sufficient to prove much smaller doses might be used than usually are. I claim no originality but have collected these facts from various sources and have demonstrated the most of them by actual practice.

## Selected Articles.

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### PNEUMONIA.—A HISTORICAL REVIEW OF ITS TREATMENT.

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By WILLIAM CRAWFORD JOHNSON, Frederick, Md.

I shall endeavor in this paper to present a summary of the treatment of pneumonia-lung fever, or as Hippocrates called it, peripneumony. As this paper is intended merely to open a discussion as to treatment, I will review very briefly the various modes and medicines suggested by medical writers.

Hippocrates, who lived about B. C. 3450, treated pleurisy and peripneumony in the same manner: by expectorants, errhines, and laxatives, not checking the fever until the seventh day, putting the patient in the bath on the fourth and seventh days, anointing with oil on the fifth and sixth days; from the fifth to the eight the most active expectorants to be used, the food to be of a fatty and saline quality, with wine of a rough character. The actual cautery, cups and elaterium are mentioned as of use in certain conditions.

Galen, who lived to the age of 100 years, and died about A. D. 230, adds nothing to our knowledge except that he maintains the importance of bloodletting, in opposition to Erasistratus, who opposed it violently.

These views have prevailed down to the present time with little variation. Thomas in his "Modern Practice of Physic" (1822), states the case thus:

"As in many cases of peripneumony the patient is destroyed in the the course of a few days by the passage of the blood through the lungs being obstructed, the antiphlogistic plan, in its most rigorous extent, ought to be adopted on the very first attack of the disease. If the difficulty of breathing and pain are not relieved while it flows, the bleeding should be continued until the patient turns pale and seems likely to faint, as one copious evacuation will be far preferable to repeated small bleedings. If a powerful impression be produced by the abstraction of a large quantity at first, the disease is suddenly

corrected and will often, in the course of a few hours, be converted from a most violent pneumonia to a simple catarrh."

This quotation from Thomas should be recalled when at the close of this paper I present the latest ideas upon the subject.

Little news is gleaned by the perusal of writers down to 1840, their efforts being confined to discussions as to which remedies of the classes before enumerated are to be preferred and as to the amount of blood to be let. Laennec cautions "that in every case the more feeble the pulse the less indication for venesection," and prefers tartar emetic to bleeding. Dewees—1830—says "perhaps there is no disease that attacks the human body in the treatment of which there is so much coincidence in the opinion of all practical writers." He names the principal remedies as: (1) Bloodletting, both general and local; (2) general vacuants; (3) blistering; (4) alteratives; (5) tonics; (6) large doses of tartar emetic.

Marshall Hall (1839) says, "if bleeding be done early, if the patient be placed perfectly upright and bled to incipient syncope, much blood flows and much benefit follows."

About 1845 mercury and opium were advocated in inflammation of the lungs, especially in the combination of calomel and Dover's powder. In the second stage of pneumonia, digitalis, squills and alkaline mixtures were used; in the third stage, carbonate of ammonia, lobelia, ether and camphor were advised.

In 1855 Dr. George B. Wood gives minute directions as to the use of previously known remedies, and refers to a paper by Varentrapp, of Frankfort, Germany, who employed chloroform by inhalation as the main or exclusive remedy, with remarkable success, having lost only 4 $\frac{1}{3}$ %, while of cases previously treated by him in the ordinary mode he lost 15%. About 60 drops were placed on compressed cotton and the vapor allowed to enter the lungs for 10 or 15 minutes, and the dose repeated every 2, 3 or 4 hours. It was not permitted to produce unconsciousness.

In the '60s and early '70s quinine, aconite and veratrum viride had the call. In the '80s the Germans introduced the cold-water compress and the wet pack. Herrick in "The Reference Handbook of the Medical Sciences" (1887) advocates, as the result of 20 years experience, blisters in croupous pneumonia. Juergensen, in Ziemensen's Cyclopedia, cautions against collapse of the lobules from catarrhal accumulations in the catarrhal form of pneumonia, suggesting forced

inflation of the lungs by pouring a small stream of cold water on the occipital region over the medulla oblongata, which induces violent respiratory efforts. In threatening pulmonary oedema, rapid emesis by a hypodermic of apomorphia is desirable

Bartholow (1890) advocates local or systemic bloodletting as of the greatest value; he also values highly following this with calomel as an antipyretic, and mustard plasters as local counterirritants. He quotes Juergensen as to the value of the cold bath and quinine as antipyretics. In conclusion he emphasizes the evil effects of cardiac sedatives during the stage of exudation and of coagulation of the exudate, and says that the administration of veratrum viride, digitalis, aconite and tartar emetic can only add to the burden of the heart, already laboring in consequence of the stasis on the venous side, and lack of blood on the arterial side. Paralysis of the heart is one of the imminent dangers because of this state. It is true that a continued high temperature contributes to bring about this state of paralysis, but we possess the means of correcting this by the administration of quinine, and by the cold wet pack or cold baths.

Anders (1900) approves of venesection in sthenic cases of lobar pneumonia, urges cardiac stimulants, suggests saline injections to increase the blood pressure, and cold baths to overcome high temperature; he speaks approvingly of the antiseptic method, preferring carbolic acid, thymol or mercuric chlorid.

In the *Medical News* for December 16, 1899, Andrew H. Smith, of New York, published an article upon "The Treatment of Pneumonia as Based upon Views as to its Pathology." in this he restricts the word pneumonia to what is variously designated as lobar, fibrinous or croupous pneumonia. He argues that there is not a pneumonitis or local inflammation, but that all the phenomena of the disease center in the colonies of bacteria growing in the air cells; that, therefore, the problem is, first of all, to arrest this growth. The facts are established: first, that the life of the organism is short, not exceeding 10 or 12 days in artificial cultures; second, that it is very difficult to cultivate at all, *i. e.*, easy to kill, except under most favorable environments; third, the probability of successfully inhibiting the action of a germ through the influence of an agent diffused in the blood is greatly enhanced if the germ is located in the lung, as the whole mass of the blood passes through the comparatively small pulmonary circulation



every time it passes the vastly greater systemic circuit, hence any substance in the blood comes into much more intimate contact with a germ in the lung than it would with a germ placed elsewhere, and the assault is proportionately concentrated and energetic. This, he claims, is why calomel is of value, not for its antiplastic, but for its antigermic effect. The article continues with a plea for the use of creasote with its compounds, or the salicylates, as germicides. These are to be given in large doses and pushed to the point of intolerance. Within two months after this paper appeared I had several cases in which I tested this treatment, with most happy results, using the salicylates for 24 hours, then pushing guaiacol and creasote in combination with liquid peptonoids.

In conclusion I will ask you to note that from the most remote ages to the present time we have the same verdict, that early and free bloodletting is of great clinical value, its drawback being a weakening effect upon the patient. Recollect that modern medicine counteracts excessive bloodletting by injections of normal salt solution, and combine these in your cases of pneumonia and you have theoretically a valuable method of treatment. So far as I can ascertain this has been suggested first by Dr. William Porter, of St. Louis, in a communication published in the *Philadelphia Medical Journal* for December 15, 1900. Recalling the value of venesection and stating that within the last year or two injections of normal salt solution have been used in cases of lobar pneumonia with advantage, he continues, "It is a fair proposition that these two procedures can be combined, and while by venesection we attempt to relieve the tendency to right-sided heart failure and remove a certain amount of toxin-laden blood, we at the same time, by means of the salt solution, increase the pulmonary circulation, accomplish dilution of the toxins that remain and increase the oxygen-carrying capacity of the blood."

He reports an unusual case of marked lobar pneumonia of the right lung with threatened heart failure, complicated by violent delirium tremens; the patient was bled to the extent of 18 ounces the day after admission, and normal salt solution of 24 ounces injected. No other treatment except strychnia was used and the patient made a good recovery. The salt solution used was as follows:

# WYETH'S Granular Effervescing

Each Dessertspoonful contains 30 grains of the salt.

## SODIUM PHOSPHATE

A Remedy for Constipation, Obesity, Rickets, Jaundice, Etc., Etc.

Sodium Phosphate is Unexcelled:

1. As an Hepatic Stimulant with beneficial effect on the appetite.

2. As a Treatment for Diabetes.

3. As a "Nervetone" in cases characterized by Debility, Spermatorrhœa, etc.

4. As a Purgative in cases of Exanthematous Fevers.

5. As a cure for Biliousness, Constipation, Jaundice, Diarrhœa, Dysentery, etc., especially in children.

Sodium Phosphate has long been the favorite purgative, inasmuch as it acts gently but surely, has little or no taste, and is easily taken by children and delicate persons. In the present form—the effervescent—it is a delightful remedy, constituting a refreshing sparkling draught of land action.

1. Sodium Phosphate is a mild but certain hepatic stimulant, and relaxes the bowels both by promoting an excretion of bile and by acting directly upon the mucous membrane of the intestines. It does not cause "griping," nor does it derange the stomach or excite nausea; unlike many other purgatives, it has a beneficial effect upon the appetite and digestion, stimulating the flow of gastric juice and increasing assimilation.

2. Diabetes is treated with decided advantage by means of the Sodium Phosphate. Not only are its cholagogue properties beneficial in this malady, but also its well-known power of arresting the secretion of sugar in the liver.

3. Phosphorus is a fundamental constituent of nervous matter, the substance of brain, spinal cord and nerves. Hence, the usage of the present compound in diseases characterised by a deficiency of "tone" of the nervous system in Debility, Spermatorrhœa, Impotence, Locomotor Ataxia, Neurasthenia, etc., is strongly to be recommended. In Asthma and the debility of the advanced stages of Phthisis it is serviceable. In such cases it acts as a restorative and respiratory stimulant.

4. In grave, exanthematous fevers, where a purgative, to be safe, must be simple and efficient, the Sodium Phosphate can be relied on. In such cases its cooling, saline qualities render it grateful and refreshing to the patient.

5. Sodium Phosphate, causing a marked outflow of bile, whose consistency it renders thinner, is an incomparable remedy for Biliousness, constipation, and, above all, for Jaundice, especially in children, on account of its absence of taste, and its efficient but unobjectionable properties. Diarrhœa and Dysentery in children are effectively controlled very often by the action of this salt in cleansing the mucous membrane of the lower bowel, and evacuating in a complete and unirritating manner the rectum and large intestine.

**DOSE.**—For children, to relieve diarrhœa, constipation, etc., a small dose only is necessary,  $\frac{1}{2}$  to 1 teaspoonful according to age and effect desired. As a purgative in adults, one or two dessertspoonfuls. As an alterative in gout, obesity, hepatic derangement, etc., one dessertspoonful morning and night. As an excellent substitute for Carlsbad water (which depends largely for its beneficial effect upon the presence of this salt) may be obtained by adding a dose to a tumbler of water and taking it gradually on getting up in the morning. The glass cap on our Effervescing Salt bottle, when filled, is equivalent to one dessertspoonful, and also embodies a time device adjustable to any hour at which the next dose is to be taken.

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WYETH'S SOLUTION

# IRON & MANGANESE PEPTONATE

(NEUTRAL.)

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Iron and Manganese as offered in the shape of numerous inorganic preparations are, at the best, only sparingly absorbed after a long and tedious process.

When combined with Peptone in a neutral organic compound, the result is complete assimilation and absorption, thus deriving the full benefit of the ingredients as tonics and reconstituents, and rendering the remedy invaluable in

## Anæmia, Chlorosis, Scrofula and Debility.

The improvement accomplished by the administration of the solution is permanent, as shown by the increase in amount of Hæmoglobin in the blood: i.e. 3 to 8 per cent.

As regards the digestibility and rapid assimilation of the preparation, its aromatic properties and the presence of peptone in it renders it acceptable to the most susceptible stomach.

DOSE.—For an adult, one tablespoonful well diluted with water, milk or sweet wine, three or four times a day; dose for a child is one to two teaspoonfuls, and for an infant 15 to 60 drops.

Offered in 12 ounce bottles (original package) and in bulk at the following list prices.

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Per Demijohn, \$6.25; Per five pint, \$4.50; Per doz. 12 oz \$11.00.

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WRITE FOR LITERATURE.

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R

Sodium chlorid.....	30 grains
Potassium chlorate.....	60 grains
Sodium sulphate.....	60 grains
Sodium phosphate.....	40 grains
Sodium carbonate.....	60 grains
Distilled water to make.....	6 fluid ounces.

Mix. One part of this solution to 60 of distilled water.

In concluding Dr. Porter expressed the hope that further investigation may justify this method as an addition to the treatment of pneumonia, not claiming it as a substitute, saying that the pathologic conditions outlined demand the greatest care in the ordinary methods of promoting elimination by the skin, bowels, and kidneys, and above all, of heart support. He says the value of oxygen in cases of greatly impaired aeration is not sufficiently understood and that it seemed to be especially useful after the injections of the salt solution.

Dr. Porter's suggestions seem to me most valuable and I shall await the clinical reports of this method with the deepest interest.

ADDENDA. Since writing the above article I find the credit of inaugurating the use of saline infusion belongs to Dr. Clarence A. Penrose, of Baltimore, who reported his case in *Johns Hopkins Hospital Medical Bulletin*, July 1899. Dr. Penrose, in a recent letter confirms his report of 2 years before, endorsing this method of treatment most highly.—*American Medicine*.

THE PULSE, TEMPERATURE AND RESPIRATION AFTER  
OPERATION; FROM AN ANALYSIS OF 114 CON-  
SECUTIVE ABDOMINAL SECTIONS WITH-  
OUT A DEATH.

By HUNTER ROBB, M. D., Professor of Gynecology, Western Reserve University,  
Cleveland, O.

In order to obtain some idea of what the average pulse, temperature, and respiration should be after an abdominal section, we have made an analysis of 114 consecutive unselected cases. We agree with the opinion most generally accepted by abdominal surgeons that the condition of the pulse is the most important guide in arriving at the prognosis in a given case. In some instances, however, although the pulse may be rapid, if the temperature remains about normal, and the general condition of the patient is good, recovery may take place. In our series of 114 cases the highest temperature was 103.9 degrees F.; the lowest maximum temperature 99.5 degrees F., the highest average maximum temperature being 100.9 degrees F. The highest pulse was 160, the lowest maximum pulse 88; the highest average maximum pulse 111. The highest respiration was 44, lowest maximum respiration 22; the highest average maximum respiration 30.

In this series we had 29 pus cases. In a cases in which the temperature goes above 103 degrees F., the patient should receive an alcohol sponge-bath, and an ice-bag should be applied to the head. We do not use antipyretic drugs except in rare instances. If the pulse is over 120 the sulphate of strychnine (gr. 1-30 to 1-20) may be given hypodermically every three or four hours, the frequency of the dose being increased if the pulse does not become better within the next 24 hours. If the respiration increases and is due to some lung involvement, the patient's chest and back should be enveloped in a cotton (non-absorbent) jacket. We believe that after having tried both methods of treatment after operation—the stimulating and the non-stimulating—that it is better to keep the patient somewhat stimulated. It would certainly seem probable that should septic infection develop, in the former case she would be in a better con-

# CREOLIN-PEARSON

[SAPONIFIED COAL-TAR OIL]

Disinfectant, Antiseptic, and Germicide

Manufactured by WM. PEARSON, Hamburg.

## DESCRIPTION AND GENERAL PROPERTIES

Creolin-Pearson is prepared from coal-tar oil after the complete removal of carbolic acid, by the addition of resin and caustic soda. It is a dark brown, syrupy, tarlike fluid with a smoky odor similar to that of tar, and has an aromatic, subsequently burning taste. Dropped into water, it at first forms whitish clouds, which soon coalesce into a milky, uniform emulsion, slightly alkaline in reaction.

## POWERFUL ANTISEPTIC

Creolin-Pearson is an antiseptic and disinfectant of the first rank. According to the bacteriological investigations of von Esmarch, it acts decidedly more powerfully than carbolic acid on pus-micrococci, on typhus-bacilli, and on cholera-bacilli. A 1 : 1000 solution kills the cholera-bacilli in 10 minutes ; a 5 : 1000 solution in 1 minute ; whereas it takes a 1 : 1000 solution of carbolic acid 4 days to do the same. The typhus-bacilli are distinctly checked in their formation by a 1 : 1000 solution of Creolin-Pearson, and are powerfully affected in 24 hours ; a 1 : 1000 solution of carbolic acid exerts no restricting influence on their formation even after 22 days. Pus-bacilli are distinctly hindered in their growth in 1 hour, and are killed in 4 days ; carbolic acid fails completely to produce any effect in 4 days.

## CONVENIENCE AND SAFETY

Creolin-Pearson is easy to carry : 1 to 1 $\frac{5}{8}$  fl. oz. suffice to prepare from 7 to 11 pints of good disinfecting fluid. It readily mixes with water and distributes itself uniformly. It does not stain the clothes, nor injure the hands or instruments. Creolin-Pearson presents an obvious and decided advantage over carbolic acid in its comparative non-toxicity.

# FAC-SIMILE OF LABEL

The only authorized package for Canada bears the name of

**LYMAN, SONS & CO., MONTREAL,**  
Sole Agents for the Dominion.



TRADE MARK

# ONE POUND OF CREOLIN-PEARSON

SUFFICIENT TO MAKE  
**16 GALLONS**  
DISINFECTANT.

## DIRECTIONS

For Disinfection where Contagious or Infectious Diseases are prevailing (such as Consumption, Pneumonia, Grippe, Whooping-Cough, Measles, Typhoid, Cholera, Small-Pox, Scarlatina, and Diptheria), closets, sinks, and chamber pots should, after every use, be treated to liberal supplies of Creolin. To be used in proportion to the gallon water used. Before a surface is occupied it should be thoroughly cleansed with the same solution.

Teaspoon.

- As a Gargle in Sore Throat, Colds, etc. . . . .  $\frac{1}{2}$  to  $\frac{3}{4}$
- To Heal Wounds and Sores and to stop Bleeding use solution with lint and oiled silk . . . . . 1
- To keep Air Pure in Houses, School-Rooms, Hospitals, etc. . . . . 1
- In Skin Diseases, as Barber's Itch and Ringworm. Bathe parts with . . . . . 1
- For Preserving the Teeth and Purifying the Breath, rinse Mouth with 3 to 5 drops in tumbler of water.
- In Mosquito and other Bites rub pure Creolin-Pearson well into the wound.

## DIRECTIONS

- To Destroy Insects and all Parasites, to keep off Flies wash the animals (especially head and neck) with . . . . . Parts 1 in 50
  - As a Radical Cure for Mange (in Dogs, Sheep, etc.) A few Drops suffice: The hair will grow again: . . . . . Parts 1 in 20
  - For Horses, as a Preventive and Cure for Mange the coat of animal should be well saturated with solution of . . . . . Parts 1 in 50
  - Mop the Stables daily with a similar solution. Will keep animals in perfect safety from infection . . . . .
  - For Broken Knees, Quittor, Grease, Cracked Heels, etc., rub well with . . . . . Parts 1 in 80
  - For Worms in Horses give internally, on empty stomach, a quart solution of . . . . . Parts 1 in 20
  - Threat-worms in Lambs, Diptheria in Poultry, all internal Parasites eradicated by giving solution of . . . . . Parts 1 in 80
- If the above Directions are not perfectly clear, please request the Druggist to explain the same.

(SAPONIFIED COAL-TAR OIL)

## NON POISONOUS—NON CAUSTIC

Acknowledged by the Scientific World to be

## THE IDEAL DISINFECTANT,

## DEODORANT AND ANTISEPTIC,

## A POWERFUL ANTIPARASITIC.

CREOLIN-PEARSON is more than ten times stronger than Carbolic Acid or any other household disinfectants.

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WILLIAM PEARSON.

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dition to overcome the depressing effects of the poison, than if heart stimulants were delayed until after the infection had begun. We give the patient, before she leaves the operating-room, an enema consisting of a pint of normal salt solution together with an ounce of brandy, 20 grains of carbonate of ammonia, and 1-30 gr. of sulphate of strychnia. When she reaches the ward she is given the strychnine hypodermically, every three to six hours, according to the condition of the pulse, and more frequently if the rate is above 140. We have had such satisfactory results in employing this method of treatment as a routine that we can heartily recommend it.—*Cleveland Medical Gazette.*





# THE MARITIME MEDICAL NEWS,

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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VOL. XIII.

HALIFAX, N. S., MAY, 1901.

No. 5

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## Editorial.

### THE GOAT (NOT GOLD) CURE.

The following article taken from the Charlottetown *Daily Examiner* of a recent date refers to the "New Animal Therapy" or in other words the Roberts-Hawley Lymph in the treatment of disease:

"A friend has placed in our hands a small brochure pretending to cure diseases by what the author terms the lymph treatment obtained from the Rocky Mountain goat. This pretentious little pamphlet is over the signature of Foster F. Eaton, M. D., of Truro, N. S., Superintendent of the Truro Institute. It gives information how institutes are formed and why the goat is specially bred and selected. The treatment makes old men young, restores lost powers and increases longevity. Of all conglomeration of conglomerate nonsense this little book takes the prize to deceive and mislead the unwary, and the wonder is that any intelligent person would be silly enough to be guided by it. He says of the Rocky Mountain goat: "This animal is specially bred, and is dieted and watched from birth until it is used." The animal is used in the fourth or fifth month of life for generating this vital element that restores and invigorates all degenerative processes. Our new Minister of Agriculture should see that a specimen of the Rocky Mountain goat is imported from the Truro Institute and placed on the Stock Farm of this Province. In fact a pair should be bought at once so as to extend the propagation and use of the lymph for mental improvement in our Hospital for the Insane. The little book says it is admirable for such purpose.

We do not know whether there are any institutes in this city or province under the superintendence of Foster F. Eaton, M. D., or not; if not, we think the valuable life-giving fluid can be procured by any one from him. But if the new Minister of Agriculture, with the assistance of Premier Farquharson, would only give a grant, a couple of goats could be brought into the Province at once and the animal

could be "bred and dieted" here. We would like, however, to have this brochure authenticated and endorsed by the Nova Scotia Medical Board, to see if this Dr. Eaton is duly registered and an accredited member of the profession. If he is, we are satisfied to leave him to their discipline and guidance. We are of the opinion that Messrs. Farquharson and Rogers had better enquire minutely into pedigree and registration of the aforesaid Rocky Mountain goat before introducing it to this Province. The leader of the Opposition should urge the Premier to send Dr. Goodwill to Truro to inspect this lymph, as it might be the panacea to relieve the crowded space in Falconwood and increase his estimated surplus for next year."

This so-called therapeutic agent has already received attention in our editorial columns; but we are met with the question whether the Superintendent of the Truro Institute can much longer be considered a member of the profession in good standing. The matter will probably be decided at an early meeting of the Nova Scotia Medical Board

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#### MARITIME MEDICAL ASSOCIATION.

The time for the Maritime Medical Association Meeting is rapidly approaching and so far as we can judge will prove a decided success. Every intending contributor to the programme should decide without further delay as to the nature of his paper or case report, and not wait till the programme is in the hands of the printer and thereby disturb the patience of the secretary—an otherwise patient gentleman. Unfortunately, procrastination is a common heritage of the human family, but kindly make an exception so that the programme when printed will look complete. Among the papers already promised are "Report of Surgical Cases," by Dr. T. D. Walker, St. John; "Public Health," by Dr. A. P. Reid, Middleton; "Diabetes," by Dr. D. A. Campbell, Halifax; "Remarks on Movable Kidney," by Dr. John Stewart, Halifax; and "Eclampsia," by Dr. M. A. Curry, Halifax. Papers will also be read by Drs. G. L. Sinclair and A. Halliday, and case reports by Drs. J. G. Munroe and E. D. Farrell.

The date and place of meeting, which will be on July 3rd and 4th in this city, are already fixed in the minds of most of our maritime brethren, so that nothing should interfere with making the coming gathering the greatest on record in the history of the Association—not only in attendance, but also in scientific value.

## Society Meetings.

### NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION

March 20th, Dr. Thomas Walsh, Vice-President in the chair.

Dr. D. A. Campbell, being called upon, read some interesting notes on the "Management of Diabetes." Important changes had taken place in recent years in the management of this disease. Much pathological work had been done but still much obscurity remained. The examination of the urine should be careful and exhaustive, as other substances in the urine will reduce copper sulphate besides sugar. The relation of sugar to diet and weight should also be noted.

There are three groups of disease with sugar in the urine: (1) Simple glycosuria; (2) Mild diabetes; (3) Severe diabetes. If the severe variety, no radical change in the dietary should be made, as coma may ensue. If no diacetic acid be present then probably it is the mild form. If case is of the severe type, there will probably be no reduction in amount of sugar. If amount of sugar is reduced under modified dietary, case is probably mild diabetes. Rigid diet need only be adhered to long enough to test the reduction of sugar, after that a certain amount of carbohydrates may be added—noting the effect. Small quantities of bread and potatoes may be allowed with occasional intervals of rigid dietary, constantly watching weight—diet being governed by results, the nutritive balance being as far as possible maintained. In severe diabetes where there is no material reduction of sugar under restricted diet and where the urine gives reaction due to diacetic acid, the diet should not be interfered with as coma may be induced.

The most complete work on the composition of dietetic principles is a pamphlet published by the Department of Agriculture, U. S. A.

Dr. Goodwin said he always found Haine's test reliable. He enquired about the feasibility of operating for gangrene, etc., in diabetic patients.

Dr. Chisholm said that ten years ago he had seen evil results of too strict a dietary. He would consider it a serious matter to operate in diabetic patients.

Dr. Cunningham asked why do we get benefit from the use of codeia and other nerve sedatives. Is it because some central irritation inducing the disease is allayed?

Dr. Murray asked how does age of patient affect prognosis and management, aside from quantity of sugar. The evil results of the disease were more due to the irritative effects of the sugar and other faulty products of metabolism than from the abstraction of sugar. He enquired what Dr. Campbell thought of the use of the saline waters, Vichy, Carlsbad, etc. Might not mild cases develop into the severe type?

Dr. Ross referred to arsenauro and asked if any members had had any experience with it.

Dr. Murphy stated that he had operated for gangrene on a diabetic patient who did well, but he had seen cases do badly.

Dr. Farrell enquired as to the treatment of transient diabetes.

Dr. Campbell, in reply, said that he had seen bad results from rapid restriction of diet. He had always considered the occurrence of diabetes under 35 years of age as severe, particularly in children. Most of cases occurring after 35 or 40 years of age were of a mild type. There was no doubt as to the value of saline waters and codeia.

Even in the mildest type of cases, absolute cure was rare but in these cases little treatment was necessary if patient could be kept under observation. Loss of sugar *per se* was a serious matter, but not so serious as the effect of poisonous products.

April 3rd, Dr. G. C. Jones, President, in the chair.

Dr. Kirkpatrick exhibited three cases of cataract on which he had operated recently with excellent results.

Dr. Walsh showed a case of varicose veins of the legs and abdomen. Also a case of a man who could produce a noise like a popgun at the shoulder-joint.

Dr. Stewart brought up the subject of the appointment of a provincial bacteriologist, and moved the following resolution, which was seconded by Dr. Curry:

"That the Nova Scotia Branch of the British Medical Association having in view the importance of bacteriological diagnosis, and the fact that the methods and apparatus required for such diagnosis are not at the command of the profession generally, recommend that the Government take the earliest opportunity of securing the services of some one fully qualified to act as Provincial Bacteriologist, and who

shall devote his whole time to this and such other sanitary work as the Government may think necessary."

After some discussion in which various members took part, the motion carried unanimously.

Dr. W. Huntley Macdonald was then called upon to read his paper on "Cellulitis of the Hand and Arm." (See page 149 of this issue.)

Dr. Black thought Dr. Macdonald set a good example in bringing forward a subject of common occurrence and great interest. The division into superficial and deep cellulitis had an important bearing on treatment. Probably the treatment of superficial cellulitis by deep incision had done much harm.

Dr. Stewart was pleased to see that Dr. Macdonald kept notes of his cases which were of great value. He thought Dr. Macdonald's classification was good. He would make the deep fascia the dividing line. The old-fashioned treatment was painting the hand with iodine and producing local leucocytosis to act as a barrier. An interesting case was recalled, of a girl who had repeated attacks of erysipelas in the arm treated by bands of iodine, till at last the disease extended to near the axilla, and amputation was necessary. In the deeper forms we should make early, free, but not deep incisions, taking time and care, and using an anæsthetic if necessary.

Dr. Mackeen, of Glace Bay, complimented Dr. Macdonald on his paper. Two cases were related in whom fatal results followed rapidly from slight abrasions. He considered this due to malignant infection.

Dr. Goodwin spoke of the anatomical relations of the tendon sheaths and referred to the value of giving iron in these cases.

Dr. Walsh stated that he had listened with great interest to the paper. He believed in the free opening of a septic wound.

Dr. Murphy saw good results of cutting through sound tissues and getting free drainage.

Dr. Ross mentioned the use of the following ointment which is highly recommended by Dr. Roswell Park, in superficial septic infections, including erysipelas:

R	
Resorcin	̄ss.
Ichthyol	̄i.
Ung. hydrarg	̄iii ss.
Lanolin	̄v.

Has used it to advantage for some time. The proportions of the drugs can be some what changed and naphthalin used instead of resorcin.

Dr. Farrell recommended the bichloride bath, both before and after opening the abscess.

Dr. Macdonald in reply thanked the members for their kind references. Dr. MacKeen's cases he would class as malignant infection.

A vote of thanks to Dr. Macdonald for coming to Halifax and reading such an excellent paper was moved by Dr. Murray, seconded by Dr. Sinclair, and carried unanimously.



## ST. JOHN MEDICAL SOCIETY.

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Jan. 30th, 1901. Dr. W. L. Ellis, Vice-President, in the chair.

Dr. F. H. Wetmore read a paper on "Appendicitis" and gave notes of six cases. The ages of the patients were 60, 15, 19, 18, 24 and 17. These cases were seen within a comparatively short period and apparently there had been an epidemic of appendicitis in his section of the province—King's County. Antistreptococcic serum was given in two of the cases and the reader's experience of the use of the serum in pus cases was that the action was distinctly beneficial. Four of the patients recovered from operation; one, with free pus in the abdominal cavity, died after laparotomy; and the sixth was in extremis so that an operation was not attempted.

Dr. Ellis remarked on the variable ages of this disease and mentioned one case in a child aged two years.

Dr. G. A. B. Addy questioned the value of antistreptococcic serum in these cases and pointed out what little reliance can be placed in the temperature; some severe cases have an almost normal temperature.

Dr. T. D. Walker recommended the treatment of the stump of the appendix by total removal and invaginating the tissues at the base. The blood count aids in diagnosis of pus formation, leucocytosis being present in pus cases. It is better to operate in ten out of twelve cases.

Feb. 6th.—Dr. Scammell read a paper on "Influenza." The word is Italian in origin and signifies *mystery*. The specific germ was discovered by Pleiffer in 1892. The incubation period is two to six days. The symptoms and treatment were then discussed. (The paper will appear in the NEWS.)

Dr. Ellis referred to this year's epidemic being mainly respiratory; in other years, other systems were attacked, notably the digestive system in 1889-90. It is possible the influenza bacillus may cause pneumonia, as the pneumococcus does not seem to be alone responsible.

Dr. McLean spoke of heat and coal tar products as useful in relieving pain.

Dr. Melvin suggested that as the symptoms of influenza are so variable that more than one organism may take part.

Dr. Inches thought quinine was worse than useless, as it aggravated the head symptoms. Antikamnia with codeia in moderate doses gave satisfactory relief.

Dr. Skinner said the present epidemic was generally of a mild character. He considered the disease to be air-borne.

Drs. Jas. Christie, Crawford and Wetmore also took part in the discussion.

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## Matters Personal and Impersonal.

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Dr. H. D. Weaver has gone to Buffalo to take in the Pan-American Exposition, and will also spend some days in Toronto.

Dr. A. A. Schaffner has opened an office on Brunswick Street.

Dr. L. M. Silver, who was confined to the house for some time from the affects of la grippe has now entirely recovered.

Dr. A. Halliday, of Shubenacadie, has just returned from Glasgow where his time was occupied in pathological and bacteriological work.

Dr. N. F. Cunningham, of Dartmouth, recently had a narrow escape from serious injury caused by his horse taking fright and precipitating the doctor against a tree. He was rendered unconscious for some time but happily soon recovered.

The Victoria General Hospital has now five house surgeons, one senior and four juniors. The senior is Dr. James Reynolds, who already served one year in the hospital. The juniors are Drs. E. B. Roach, E. R. Faulkner, M. J. Wardrope and W. H. Robbins, all recent graduates of the Medical Faculty of Dalhousie University.

A lady residing in Grand Rapids, Mich., who sued Dr. Herrick for \$5000 because he allowed medical students to witness an operation performed upon her, was awarded \$75 damages.



AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.—The next annual meeting of the American Medico-Psychological Association will be held in Milwaukee, Wis., June 11, 12, 13 and 14, 1901. The date has been placed a little later than usual that this deservedly popular convention city may be visited at a pleasant season.

A full attendance at the meeting, which promises to be one of unusual interest, is earnestly desired.

Will those members expecting to read papers, kindly send titles thereof to the Secretary, Dr. C. B. Burr, Flint, Mich., as early as possible.

It is announced with much satisfaction that Dr. Warren P. Lounhard, Professor of Physiology in the University of Michigan, will deliver the annual address. This will have to do with Reenforcement and Inhibition of Nervous Processes.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—It is announced that the dates of the next meeting of the Mississippi Valley Medical Association have been changed from the 10th, 11th, and 12th of September to the 12th, 13th and 14th of september. This change has been made necessary because the dates first selected conflicted with another large Association meeting at the same place.

The meeting is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, O., and the low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th good returning without extension until September 15th. By depositing tickets with the Joint Agent at Cleveland and paying 50 cents the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland.

Full information as to rates can be obtained by addressing the Secretary Dr. Henry E. Tuley, No. 111 West Kentucky Street, Louisville, Ky. Members of the Profession are cordially invited to attend this meeting.

Those desiring to read papers should notify the Secretary at an early date.

# LACOTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."

—*The Medical Times and Hospital Gazette.*

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Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two grains of pure Beechwood Creosote and one minim of Guaiacol.

Dose.—One to two tablespoonfuls from three to six times a day.

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THE PALISADE MANUFACTURING CO.

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# To the Medical Profession :

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ABBEY'S EFFERVESCENT SALT is without doubt the most elegant, palatable, and efficient saline laxative and antacid within your reach.

It possesses every requisite that such a salt should have; the slight granulation enables the patient to obtain the fullest benefit of the slower development of the carbonic acid gas; its action upon the bowels is gentle, but positive, and its valuable antacid properties render its use particularly beneficial in many cases where a harsher aperient might prove deleterious.

The use of Abbey's Effervescent Salt is growing daily, and is now regarded as a standard preparation, put up in the most high-class manner, and sold through druggists only.

The preparation is manufactured in the most perfectly appointed laboratory in America, under the supervision of expert chemists, and is in every way guaranteed to meet the many requirements for which its properties render it useful.

## Obituary.

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DR. T. R. ALMON.—In our March issue was published an obituary of the Hon. W. J. Almon, and on April 25th, some two months after the death of the venerable father, the son, Dr. T. R. Almon, peacefully departed this life. Father and son had been intimately associated, particularly in medical practice for many years, and it seems in death they were not divided.

Dr. T. R. Almon was educated at King's college and graduated in medicine at the Long Island Medical College in 1866 and at the College of Physicians and Surgeons, New York, in 1867, after which he began practice in this city. Before the present regime at the Poores' Asylum he was physician at that institution, and up to two years ago he was on the Victoria General Hospital staff. Years ago he was surgeon in the old Halifax Field Battery, and since then was surgeon-major in the Halifax Garrison Artillery.

For two or three years Dr. Almon had been in declining health, and for some weeks had been confined to his room. Five days before his father's death, he was able to go out and see him. That was his last appearance outside his own house.

Every one who knew Dr. "Tom" will ever remember his bright kindly disposition and even to the last he was cheerful and remarkably patient.

The deceased leaves a widow and three children,—one daughter and two sons.

All the generations of Almons, counting back from the latter part of the eighteenth century had the benefit of the skilful attention of either the grandfather, father, or the son who has now passed through the valley of the shadow. From the grandfather of Edward VII, who was once guided by the medical advice of the first named, to the humblest in the land, all could testify to the valuable aid and the kindly sympathy received from the Almons in the hour of affliction. The same noble principle actuated the family throughout—the sick poor never appealed to them in vain, let the exacting features of a very busy professional life be ever so pressing when the cry came for a helping hand.

DR. C. A. BLACK.—The death of Dr. C. A. Black, of Baie Verte, occurred at his home, Baie Verte, on the 29th ult. He was out two days previously and was in his office attending to a patient when stricken with paralysis.

Charles Augustus Black, M. D., was the son of Samuel F. Black, of Sackville, N. B., whose ancestors emigrated to the United States from Huddersfield, Eng., in the latter part of the eighteenth century. He was born in Sackville, N. B., in 1837, and was educated at the Mt. Allison Wesleyan Academy there and at Lower Horton Seminary, N. S. Dr. Black was married in 1860 at Baie Verte, to Elizabeth, daughter of Jacob Silliker. He was graduated M. D. at the University of Pennsylvania in 1859. Was a councillor for the municipality of Westmorland for many years and was elected Warden of the county of Westmorland by acclamation annually for four years. He was returned to the provincial legislature at the general election of 1882 as a conservative, and sat for one term. For over forty years Dr. Black practiced medicine in Baie Verte and the tributary country, and as his record in municipal and provincial politics shows, he was held in high esteem by the people of his native county, and his death will be widely and sincerely mourned.

## Book Reviews.

THE INTERNATIONAL MEDICAL ANNUAL, 1901.—A Year Book of Treatment and Practitioner's Index. Price \$3.00. Published by E. B. Treat & Co., 241—243 West 23rd St., New York.

The Medical Annual is always welcomed as a yearly visitor, for it is a book almost considered a necessity by the average progressive physician.

The present volume has added a special article on Toxins and Antitoxins, the conjoint work of Professor McFarland, of Philadelphia, and Dr. Wm. Murrell of London. In this contribution will be found much of interest concisely written but plain enough to enlighten the hazy notions of a considerable proportion of readers. The Light Treatment is dealt with by Dr. Murrell and its value in lupus vulgaris and other affections of the skin referred to. A drawback in its use is unfortunately the great expense of the apparatus required. The bulk of the work on New Treatment contains the usual amount of valuable information in reference to the special use of new methods and drugs. There are fourteen plates and forty-five wood engravings, which will be found valuable when reading the text. The plates illustrating massage in recent fracture of the leg are particularly clear and well executed, reflecting credit on the part of the publishers.

FISCHER—INFANT FEEDING IN HEALTH AND DISEASE.—A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 illustrations, with 16 charts and tables, mostly original. 368 pages, 5 $\frac{3}{4}$  x 8 inches. Neatly bound in extra cloth. Price \$1.50, net, delivered. F. A. Davis Company, Publishers, 2914-16 Cherry St., Philadelphia, Pa.

This is a book for the practitioner, bringing before him the extent of our present knowledge in the great problem of infant feeding, a problem attaining near solution. The author gives an elaborate physiological introduction, too elaborate for a book of practice, but wisely adopts the division of Baginsky as to the albumin and casein.

The article on Breast-feeding is needed, for it is sometimes thought that no rules need be applied for natural feeding—no doubt arising from the fact that a mother consenting to nurse a child solves the problem. In the majority of cases it does, for how often does a breast-fed child require medical attendance? The table on pages 98 and 99 contrasting cow's milk with human milk ought to be copied and be in the pocket-book of every practitioner. When shown to a mother no other argument would be required.

The question of sterilization and pasteurization is carefully considered and the author's summing up is sound: "If clean milk be obtained and pasteurized at from 155° to 158° and then kept at a low temperature until fed to the child, it furnishes the best food which it is possible for us to obtain under ordinary circumstances."

The chapter on Infant Foods is a lesson and while the author says little to actually condemn these foods, still the facts he brings forward shows how harmful they must be, especially such a food as Nestle's even when prepared as directed.

Dr. Fischer, though leaning somewhat to the teaching of Jacobi, is not bound by any school, making it perhaps one of the faults of the book that he quotes too many authorities and does not sum up and state his own opinion for which the average reader is waiting; the reader preferring the matter to be predigested.

**INTERNATIONAL CLINICS.**—A quarterly of clinical lectures and especially prepared articles on Medicine, Surgery, Neurology, Therapeutics, etc., etc. By leading members of the profession throughout the world. Volume I, Eleventh Series, 1901. Published by J. B. Lippincott Company, Philadelphia.

In the department of therapeutics three most instructive articles begin the first volume of the eleventh series. These are: "Notes on New Remedies," by A. A. Stevens; "Treatment of Chronic Gonorrhœa, or Gleet," by Alex. Renault, which is a second contribution; and "The Treatment of Eczema," by Prof. H. Hallopeau.

The articles in medicine are also of a high order and we wish to particularly refer to "The Pneumonia of Influenza and its Treatment by Saline Infusions and Oxygen Inhalations," by Solomon Solis Cohon, for its practical value. (In this connection the reader may with profit refer to the article on "Pneumonia" in this issue of the News.) "Some Practical Methods in Photomicrography," by W. H. Walmsley, Fellow of the Royal Microscopical Society, is written in plain and easily comprehended language, while the sixteen plates in this article are beautiful specimens of work. Over one hundred pages comprise the "Progress of Medicine during the year 1900," by N. J. Blackwood. Here much will be found to instruct and prove profitable to the reader. The editors and publishers are indeed to be congratulated, for we consider the first volume of the new series better—in many respects—than any heretofore published.

**SELF EXAMINATION FOR MEDICAL STUDENTS.** Price 10 cents. Published by J. Blakiston, Son & Co., Philadelphia.

This small work contains three thousand five hundred questions from the different departments of medicine, and references given to the works and the exact pages where the correct replies will be found. Naturally Blakiston's Quiz-Compend are generally the books referred to.

The examination papers of the Philadelphia, New York and Illinois State Boards, given last year, are also published.

## Pharmaceutical Notes.

**PLOMBAINES.**—One of the leading specialists of the South, Dr. W. L. Bullard, of Columbus, Ga., concludes a highly interesting and instructive article on Plombaines in the following manner:—"In all my twenty years' experience at special work, where the quick and safe relief of pain is the object of treatment, I have found nothing to equal five-grain antikhanna tablets. This remedy is not only a foe to plomaines and their absorption, but is also a corrective in cases of poisoning by food-decomposition. As purely pain-relievers, these tablets of course are recognized the world over as non-cardiac depressants and free from any tendency to produce habit. I would also call the attention of the profession to those instances wherein it is strongly advisable to rid the system of the offending arteries morbi as well as to correct their harmful influences whether it be in the poisons of food-decomposition or the absorption of plomaines. In such cases I know of nothing better than Laxative Antikhanna Tablets. These tablets judiciously administered, rid the system in a perfectly natural manner of the offending material and lessen therefore the quantity of medicine necessary to be taken by the patient and produce no distressing influence on the delicate molecular interplay of the nervous structure."

**THE SUPERIOR QUALITIES OF SANMETTO IN CYSTITIS, PROSTATITIS AND GONORRHOEA.**—I have used Sanmetto quite extensively in cystitis, prostatitis and gonorrhoea, and find it far superior to any proprietary preparation or any prescription I have ever used. It controls admirably those cases of prostatitis where there is excessive desire to urinate frequently but an inability to do so.

Fremont, O.

R. B. MEEK, M. D.

Mem. N. W. Ohio Med. Soc., Mem. Sandusky Co. Med. Soc.

**THE MEDICAL TREATMENT DURING THE ADOLESCENT PERIOD.** Reprinted from *The Medical Portmanteau*. By Edwin Rosenthal, M. D., Philadelphia—Chairman of the Section on Diseases of Children of the American Medical Association; Pediatric to the Franklin Free Dispensary; etc.

The adolescent period in the female may be said to be as critical in results as the menopause, and by reason of the methods of our education may be said to be one of the best known conditions universally recognized, and, as such, the common property, not only of the profession, but also of the laity. For this reason, it is not an uncommon fact to witness, not only the diagnosis of this condition being made by the "officious meddler," but also treatment. And it is very often, when such treatments have failed, that the patient is brought to the doctor. In such instances great care and discernment must be the weapons of the doctor, for it will be noted that recourse to all the old well-known remedies had been applied before further advice is sought. The commonest symptom that presents itself is the one that refers to menstruation. And in all probability that this disordered condition is the most conspicuous factor that needs correction.

Two classes of cases are most numerous, and may be divided into: 1st. That class that has never menstruated, and 2nd. That class, that may have begun, shown a very slight discharge at infrequent intervals—once in six or nine months—but which has never known to any extent at any time what may be termed a normal flow. The history of these cases is very generally of the same character, and may be briefly summarized: Digestive disorders, headaches, languor, flushing, sensations of fullness in the abdomen, disturbed or unnatural sleep, or sleepy conditions during the daytime; often some cutaneous affection—acne the most common. Whilst the symptoms may be present in some, frequently only part of them may be present in certain cases, as the skin affection. During the period that should be termed the "menstrual" period the symptoms are generally aggravated. If the "acne" be present, at this time, a fresh crop of pimples appear, and thus can be noted other symptoms.



In all cases of menstrual disorders in the young, the cause must be sought for, and if found corrected. This of certainty directs the treatment. In cases where the menstruation has never appeared it should always be a certain rule to have the sufferer examined by the mother. In quite a number of instances, anatomical reasons have shown the reason. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the pubic bones: the cervix being impervious. In several instances there was an entire absence of the uterus and ovaries. This I noted in two cases, both married, and were examined for the reason. In one case, an otherwise well developed young woman, age 21, there was an absence of a vagina. Such cases as thus enumerated; nothing can be done in the line of medication, but judicious surgical procedures may, in indicated cases (impervious hymen or cervix) make a cure. Where, however, no necessary organ exist, nothing can be done, except such rules as the regulation of the bowels, etc. at stated intervals, gives much relief to the frequently present nervous symptoms. Where, however, no anatomical reasons exist, and the patient suffers from suppression of the menstruation, entire or in part, much can be done to aid a cure.

The question of age frequently enters as an answer to results. We have with us such a conglomeration of different nationalities, that the "age" question is a very vital one. Inasmuch, as frequently, the treatment of menstrual disorders may be wrongly applied, as an example: To attempt treatment of a girl of 13, or 14 years, when her mother only began menstruation at 12 years. Experience has taught me that girls born in warmer countries, or descending from such parentage, begin to menstruate much earlier than those of colder climes. For instance, girls from Italy or Cuba, begin at 12 or 13, where those from Norway or Sweden begin at 15 or 16 years. Again, in races I have seen some surprising differences. The colored race have presented a girl of ten years, and I have often seen girls of Russian-Jewish parentage begin at 10 or 11 years. So that the question of age should always enter into the treatment.

Whilst the most common symptom of disordered menstruation is "anemia" and, as better known, "chlorosis," or vulgarly "green sickness," its absence need not preclude the use of the most common of all our remedies—iron. Anemia alone may be the cause of suppressed menstruation, and while its presence may be looked upon as a certain cause, its treatment is as essential for the appearance of the menstruation as it should be for the general health of the patient. That anemia in girls is most frequently found at this time leads to the common belief that anemia, green sickness, or whatever name this blood condition may receive, is the chief factor in menstrual disorders.

The treatment of such conditions are numerous, and should divide itself into the causative factor first, and then after this has been relieved, to the specific symptom. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstruation, if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause of suppressed menstruation, other well-known conditions equally play a most prominent part. Even if the patient should suffer from such diseases (tuberculosis as an example) the presence of a menstrual flow has such an encouraging influence on the mind of the sufferer, that some attempt should be made, and as the method pursued by myself for many years can only be of benefit, such conditions are not contraindications for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times—before, after and during the flow. A certain time in the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two or three, should be set apart, and our treatment should always culminate to this period. If we fail at the one, then we should begin again, and pursue our treatment until the second period, when the specific method should again be applied, and thus on. Even if failure should mar the first, second, or even the fifth period, the menstruation will appear, if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which is so often objected to, to the different kinds the Pharmacopœia presents in pill form, as the *Blaud pill*, simple or modified. My experience brings me back to *Gule's Pepto-Mangan*. *Gule's Pepto-Mangan* is now the most common in use, and there are so very many

similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's Pepto-Mangan given with milk. If the mixture is clean, uncoagulated and palatable, then I know my patient has received what I ordered. For a further distinction I invariably place on my prescription the name "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as well as physically. For my own defence, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending upon the patient's condition. If she be very anæmic, and with this very nervous, I place her upon the milk diet, and by the addition of Gude's Pepto-Mangan I reach my object, giving the food as well as the medicine. I increase the dose until a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is obtained, perfect health, as regards not only the menstrual flow, but also the general physical condition.

Medical treatment is never sufficient in these class of cases, and failure is apt to result if no attention be given to other conditions: the very common class the school girl who desires to reach the head of her class, or who studies for a prize or the like. Take the following case:

CASE I.—E. L., age 17 years: large in growth, over 5 feet 8 inches: reddish hair. A student of the Girls Normal School, preparing for the teacher's certificate which required two more years of study after the graduation. Complains of constipation and headache. Has acne on each cheek. Has occasional backache, and has an occasional attack of "nervousness," crying, etc. Her menstruation is scant, very irregular, and when it does appear, not more than one day, or probably one-half the next. Appetite erratic, though spoiled by the method of eating, as buns or cake or pie for lunch, whilst the breakfast, hurriedly eaten, was only a cup of coffee or a roll. Her main food was the "supper dinner," when she was "too tired or too long hungered" to eat. Once or twice I was called to quite an hysterical attack. In this case the pimples were the bane of the young lady's life, and while she was not anæmic in any sense, I placed her upon the (Gude's) Pepto-Mangan, telling my patient this medicine was for the pimples, and that I left the further treatment in her hands. This with purgative pills of aloin with nuxvomica was the whole treatment. Vanity came to my assistance, as the patient desired to be rid of the eruption. Persistent use of the iron was the only medicine used, and whilst the schooling was persisted in, she passed through the period and eventually recovered.

The second case is the one that is too frequently met with, the child of the poor, who is sent too early to the "mill" or "store," and who has never been taught the commonest rules of hygiene; the girl who spends her time in work, and whose only outing, a dance or picnic, is equally as hard work.

CASE II.—Age 14 years. Attended school until 12 years, and then became a cash-girl in a department store. Rather large for her age. Flabby built, and of a distinct pallor. Complains of obstinate headache, relieved by the so-called bromos; indigestion, languor, sleepy during day time, and at night a sleep that was heavy, unmatural and disturbed by dreams; at intervals flushing with sensations of chilliness. Menstruation scanty, probably a half of one day, and very light in color. In this case work was a necessity and even proper food could not be obtained. However, milk was the easiest and cheapest food, and from one to two quarts daily was the constant supply. To this food I added a teaspoonful of the Gude's Pepto-Mangan at each glassful, once every three hours, increasing until a tablespoonful dose was attained. This with a purgative pill (the compound rhubarb pill of the Pharmacopœia), was the treatment persisted in for over eight months, with complete recovery. In this case the treatment was begun in the fall of the year, persisted in through the winter months, and during the following summer months a vacation of but two weeks was obtained, and the patient sent to the seashore by one of our charitable institutions. This patient was convinced of the utility of this method of treatment, as I found the following winter the same course was followed with a gratifying result, preventing any loss of time by reason of illness or otherwise.

I have also met with cases that the menstrual period came on correctly at a certain age, and continued so for a year or two, when, for some unknown reason, there was a total suppression. There was no history of tubercular disease, nor could I obtain any

certain cause. In one case marriage was undertaken as a hope for cure. This patient, aged 18 years came to me with the following history:

Case III.—Mrs. B.; began menstruation at the age of 13 years; regular intervals until 15 years, when the flow became scanty and scantier until only half a day, and then entirely disappeared. She had not seen a flow for two years. Examination revealed the uterus two inches in length, somewhat ante-flexed. The ovaries on each side could be felt, the size of an almond; the tubes could also be felt. This patient had been under the care of many physicians, and had had several operations, even a laparotomy, for the abdominal scar was visible. Nothing had been removed, she assured me, and the examination showed this also. Dilatation of the uterus had been performed, as well as curettement, for what I was not informed. She had also undergone electrical treatment. I treated this patient constantly for six months before a flow of blood was in evidence. My sole treatment was the internal use of Pepto-Mangan (Gude's) in table-spoonful doses in milk, and the use of a stem pessary for a period of nine months. After this time an examination revealed the uterus two and one-half inches in length, larger in size. The tubes could be felt, and the ovaries on either side somewhat larger. Monthly flows have now been the rule for the last three months. This patient is still under treatment, and whilst the iron is still persisted in, the result of the treatment is uncertain. I am firmly persuaded that many cases can be benefited by a direct application of our remedies, and when applied for a certain purpose.

This last patient appeared hopeless, and at the start I had little hope myself that much could be looked for. It occurred as a case of early menopause. I have seen such cases, with atrophy of the organs. Here, however, this was stopped, and I have still hope of seeing further improvement.

I have seen such good results in the use of Gude's Pepto-Mangan in septic diseases that I have applied it fearlessly in other conditions. None give better promise than those conditions that are coupled with the menstrual flow, especially when seen at the adolescent period.

**\$900** YEARLY to Christian man or woman to look after our growing business in this and adjoining Counties, to act as Manager and Correspondent; work can be done at your home. Enclose self-addressed, stamped envelope for particulars to J. A. KNIGHT, General Manager, Corcoran Building, opposite United States Treasury, Washington, D. C.

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V

C

# HAYDEN'S Viburnum Compound

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AND UTERINE TONIC.

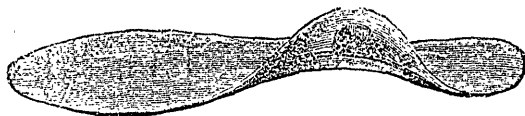
Indicated in ailments of women and in obstetrical practice. Is free from all narcotics. A remedy of ascertained value with no deleterious after-effects. Used by leading hospitals and practitioners everywhere.

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BEDFORD SPRINGS, MASS.

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NO PLASTER CAST NEEDED.



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