## Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

Maritime Medical Association meets at Halifax July 3rd and 4th. Do not fail to attend.

THE

# Maritime Medical News

A MONTHLY JOURNAL OF

## MEDICINE AND SURGERY.

Vol. XIII HALIFAX, NOVA SCOTIA, JUNE, 1901. No. 6



PRINTED BY T. C. ALLEN & Co., 124 GRANVILLE STREET, HALIFAX, N. S.

# Bovinine

IS strictly a physician's preparation, and is introduced to the profession only. It is not a substitute for any medication, but a powerful auxiliary to it. It is most palatable and it can be given in any vehicle not incompatible with a preparation so rich in albumen. Given in small doses at first, it is readily retained by the most delicate or irritable stomach, and is of especial value in acute or chronic gastric disturbances, and intestinal disorders. It is an IDEAL invalid food, and is suited to all ages and all conditions. We do not wish to send samples and literature where they are not desired, but thousands of applications prove the desire of medical men to be frequently reminded of Bovinine.

A postal will bring you our scientific treatise giving clinical cases, and details of treatment for all cases.

**THE BOVININE CO.,**
**75 West Houston St., New York.**

LEEMING MILES & CO., MONTREAL. Sole Agents for the Dominion of Canada.

"FOR LITERATURE APPLY DIRECT TO THE BOVININE CO., NEW YORK."

# McGILL UNIVERSITY, Montreal.

## FACULTY OF MEDICINE. Sixty-Eighth Session, 1900-1901.

### OFFICERS AND MEMBERS OF THE FACULTY.

WILLIAM PETERSON, M. A., LL. D., Principal of University.
R. F. RUTTAN, B.A., M.D., Registrar.
ROBERT CRAIK, M. A., LL.D., Dean of the Faculty
J. G ADAMI, M.A., M.D., Director of Museum.
F. G. FINLEY, M D., Lond., Librarian.

### EMERITUS PROFESSORS.

WILLIAM WRIGHT, M. D., L. R. C. S.
DUNCAN C. McCALLUM, M. D., M. R. C. S.
SIR WM. DAWSON, C. M. G., LL. D., D., F. R. S.

### PROFESSORS.

ROBT. CRAIK, M.D., LL. D., Prof. of Hygiene
G. P. GIRDWOOD, M. D., M. R. C. S. Eng., Prof. of Chemistry
THOS. G. RODDICK, M. D., Professor of Surgery
WILLIAM GARDNER, M. D., Professor of Gynæcology
FRANCIS J. SHEPHERD, M. D., M. R. C. S., Eng., Professor of Anatomy
F. BULLER, M. D., M. R. C. S., Eng., Professor of Ophthalmology and Otology
JAMES STEWART, M. D., Prof. of Medicine and Clinical Medicine
GEORGE WILKINS, M. D., M. R. C. S., Professor of Medical Jurisprudence and Lecturer on Histology
D. P. PENHALLOW, B. Sc., Professor of Botany
WESLEY MILLS, M. A., M. D., L. R. C. P., Professor of Physiology
JAS. C. CAMERON, M. D., M. R. C. P. I., Professor of Midwifery and Diseases of Infancy
ALEXANDER D. BLACKADER, B. A., M. D., Professor of Pharmacology and Therapeutics
R. F. RUTTAN, B.A., M.D., Prof. of Practical Chemistry
JAS. BELL, M. D., Prof. of Clinical Surgery
J. G. ADAMI, M.A., M. D., Cantab, Prof. of Pathology
F. G. FINLEY, M. D., London, M. D., McGill, Assistant Prof. of Medicine, and Associate Professor of Clinical Medicine
HENRY A. LAFLEUR, B. A., M. D., Assistant Prof. of Medicine and Associate Professor of Clinical Medicine
GEORGE E. ARMSTRONG, M. D., Associate Prof. of Clinical Surgery
H. S. BIRKETT, M. D., Prof. of Laryngology
T. J. W. BURGESS, M. D., Prof. of Mental Diseases
WYATT JOHNSTON, M. D., Assistant Professor Public Health and Lecturer on Medico-Legal Pathology
C. F. MARTIN, B. A., M. D., Assistant Professor of Clinical Medicine

### LECTURERS.

W. S. MORROW, M. D., Lecturer in Physiology
JOHN M. ELDER, B. A., M. D., Lecturer in Medical and Surgical Anatomy, and Demonstrator of Surgery
J. J. GARDNER, M.D., Lecturer in Ophthalmology
J. A. SPRINGLE, M.D., Lecturer in Anatomy
F. A. L. LOCKHART, M. B. (Edin), Lecturer in Gynæcology
A. E. GARROW, M. D., Lecturer in Surgery and Clinical Surgery
W. F. HAMILTON, M. D., Lectr. in Clinical Medicine
G. G. CAMPBELL, B. Sc., M. D., Lect. in Clin. Med.
A. E. GARROW, M. D., Lecturer in Surgery and Clinical Surgery
W. F. HAMILTON, M. D., Lecturer in Clinical Medicine
G. GORDON CAMPBELL, B. Sc., M. D., Lecturer in Clinical Medicine
J. G. McCARTHY, M. D., Lecturer and Senior Demonstrator in Anatomy
D. J. EVANS, M. D., Lecturer in Obstetrics
N. D. GUNN, M. D., Lecturer in Histology
J. W. STIRLING, M. B., (Edin.), F. R. G. S., Lecturer in Ophthalmology
J. ALEX. HUTCHISON, M. D., Lecturer in Clinical Surgery
A. G. NICHOLS, M. A., M. D., Lecturer in Pathology

### FELLOWS.

W. M. FORD, B. A., M. D., Fellow in Pathology, McGill College
J. McCRAE, B. A., M. D., Fellow in Pathology, McGill College

### DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

R. TAIT MACKENZIE, M.A., M.D., Demstr. of Anatomy
JAMES A. HENDERSON, M. D., Demstr. of Anatomy
J. W. SCANE, M. D., Demonstrator of Physiology
KENNETH CAMERON, B. A., M. D., Demonstrator of Clinical Surgery
E. J. SEMPLE, Demonstrator of Surgical Pathology
R. A. KERRY, M. D., Demonstrator of Pharmacy
J. J. ROSS, B. A., M. D., Demonstrator of Anatomy
A. E. ORR, M. D., Demonstrator of Anatomy
A. G. NICHOLS, M. A., M. D., Demonstrator of Pathology
H. B. YATES, B. A (Cantab), M. D., Demonstrator of Bacteriology
A. A. ROBERTSON, B. A., M. D., Demonstrator of Physiology.
J. D. CAMERON, B. A., M. D., Demonstrator of Gynæcology
D. D. MACTAGGART, B. A., M. D., Assistant Demonstrator of Pathology
D. P. ANDERSON, B. A., M. D., Assistant Demonstrator of Pathology
Etc., etc.

The Collegiate Course of the Faculty of Medicine of McGill College, begins in 1900, on Thursday, September 20th, and will continue until the beginning of June, 1901.

The Primary subjects are taught as far as possible, practically by individual instruction in the laboratories, and the final work by Clinical instruction in the wards of the Hospitals. Based on the Edinburgh model, the instruction is chiefly bed-side, and the student personally investigates and reports the case under the supervision of the Professors of Clinical Medicine and Clinical Surgery. Each Student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical Wards for a period of six months each, and to have presented reports acceptable to the Professors, on at least ten cases in Medicine and ten in Surgery.

Above $100,000 have been expended during recent years in extending the University buildings and laboratories, and equipping the different departments for practical work.

The Faculty provides a Reading Room for Students in connection with the Medical Library which contains over 20,000 volumes, the largest Medical Library in connection with any University in America.

**MATRICULATION.**—The matriculation examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

**FEES.**—The total fees including Laboratory fees and dissecting material, $125 per session.

**Courses.**—The **REGULAR COURSE** for the Degree of M. D. C. M. is four sessions of about nine months each.

**A DOUBLE COURSE** leading to the Degreee of B.A. and M.D., C.M., of six years has been arranged.

**ADVANCED COURSES** are given to graduates and others desiring to pursue special or research work in the Laboratories of the University, and in the Clinical and Pathological Laboratories of the Royal Victoria and Montreal General Hospitals.

**A POST GRADUATE COURSE** is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery, and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

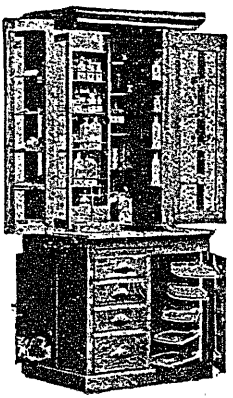
**DIPLOMA OF PUBLIC HEALTH.**—A course open to graduates in Medicine and Public Health Officers—of from six to twelve months duration. The course is entirely practical, and includes in addition to Bacteriology and Sanitary Chemistry, a course in Practical Sanitation.

**HOSPITALS.**—The Royal Victoria, the Montreal General Hospital and the Montreal Maternity Hospital are utilized for purposes of Clinical instruction. The physicians and surgeons connected with these are the clinical professors of the University.

These two general hospitals have a capacity of 250 beds each and upwards of 30.000 patients received treatment in the outdoor department of the Montreal General Hospital alone, last year.

For information and the Annual Announcement, apply to

***R. F. RUTTAN, B.A., M.D.*, REGISTRAR, McGill Medical Faculty.**



# THE ALLISON PHYSICIANS' TABLE.

The style No. 34, our latest achievement, is the acme of perfection.

**The Allison** chair has no superior. It has been a leader for years.

Our line of Instrument, Medicine and Combination Cabinets cannot be equalled.

✦ ✦

CATALOGUE FREE.

✦ ✦

## W. D. Allison Co.,

*NO. 133 E. SOUTH ST.,*

*INDIANAPOLIS, IND.*

---

## The Portraits of our Presidents with Biographical Sketches.

### By General Charles H. Grosvenor.

**Title page designed by Tiffany.**

This inaugural year, when the public mind is aroused over Presidental questions, is a fitting time to issue General Grosvenor's book. Its sale is already tremendous, and will perhaps exceed that of General Grant's Personal Memoirs.

Every patriotic American desires to read what General Grosvenor has to say of George Washington, Thomas Jefferson, Andrew Jackson, Abraham Lincoln, President McKinley and the other Chief Executives of the Nation. Everybody desires to read what General Grosvenor, the stauuch old Republican leader in Congress, will say of that staunch old Democrat, Andrew Jackson, the Father of the Democratic Party. General Grosvenor has thrown into his sketch of Jackson, all the fire and energy of his nature. The biography of Thomas Jefferson is grand. The biography of Lincoln is as beautiful as a sunrise over the hilltops. General Grosvenor has personally known all the Presidents since the time of James Buchanan. The General's book will therefore contain history which has never before been published, written from his own personal observation of these great men. General Grosvenor has served in Congress for nearly twenty years, and he has served his country in war and in Congress for nearly forty years. The book contains twenty four large Photogravure Etchings as fine as Steel Plates, printed by hand, on heavy plate paper made especially to order. These 24 Photogravure Etchings are in different tints and are well worth $2 each. These Portraits are made from the Paintings endorsed by the family and near relatives of the Presidents. Two years' time and a fortune have been expended in securing these reproductions. The complete book is well worth $50, but the price has been placed so low that the most humble American citizen can own it. The biographical sketches are printed in large open type in two colors; the work is so beautiful that when people see it they want it. The advance sale is very large. President McKinley was the first susbscriber. There is one edition known as the President Edition de Grand Luxe, initial letters hand painted, Portraits hand colored, title page hand illuminated, registered and numbered; subscription price, $250. Orders and applications for territory are coming in rapidly. A high class man or woman of good social standing can soon make a small fortune taking orders in this community. Send references and apply for terms quick, as the territory will all be assigned soon.

Address *THE CONTINENTAL PRESS,*
CORCORAN BUILDING, — OPPOSITE UNITED STATES TREASURY,
*WASHINGTON, D. C*

# HALIFAX MEDICAL COLLEGE,

## HALIFAX, NOVA SCOTIA.

## Thirty-Second Session, 1900-1901.

### THE MEDICAL FACULTY.

ALEX. P. REID, M. D., C. M.; L. R. C. S. Edin.; L. C. P. & S. Can. Emeritus Professor of Medicine
EDWARD FARRELL, M. D., President and Professor of Surgery and Clinical Surgery
JOHN F. BLACK, M. D., Emeritus Professor of Surgery and Clinical Surgery
GEORGE L. SINCLAIR, M. D., Professor of Medicine
DONALD A. CAMPBELL, M. D., C. M.; Professor of Medicine and Clinical Medicine
A. W. H. LINDSAY, M. D., C. M.; M. B. C. M., Edin.; Professor of Anatomy
F. W. GOODWIN, M. D., C. M.; L. R. C. P.; M. R. C. S., Eng.; Professor of Materia Medica
M. A. CURRY, M. D., Professor of Obstetrics and Gynæcology and of Clinical Medicine
MURDOCH CHISHOLM, M. D., C. M.; L. R. C. P., Lond.; Professor of Clinical Surgery and Surgery
NORMAN F. CUNNINGHAM, M. D., Professor of Medicine
C. DECKIE MURRAY, M. B., C. M., Edin.; Professor of Clinical Medicine and of Embryology
JOHN STEWART, M. B., C. M., Edin.; Emeritus Professor of Surgery
G. CARLETON JONES, M. D., C. M.; M. R. C. S., Eng.; Professor of Diseases of Children and Obstetrics
LOUIS M. SILVER, M. B., C. M., Edin.; Professor of Physiology
GEO. M. CAMPBELL, M. D., Professor of Histology
F. U. ANDERSON, L. R. C. S., L. R. C. P., Ed.; M. R. C. S., Eng.; Adjunct Professor of Anatomy
N. E. MCKAY, M. D., C. M.; M. R. C. S., Eng.; Professor of Surgery, Clinical and Operative Surgery
C. E. PUTTNER, PH. M., Lecturer on Practical Materia Medica
W. H. HATTIE, M. D., C. M.; Lecturer on Bacteriology and on Mental Diseases
A. I. MADER, M. D., C. M., Class Instructor in Practical Surgery
MONTAGUE A. B. SMITH, M. D., Class Instructor in Practical Medicine and Lecturer on Therapeutics
THOS. W. WALSH, M. D., Demonstrator of Anatomy
H. S. JACQUES, M. D., Univ. N. Y., Lecturer on Jurisprudence and Hygiene
E. A. KIRKPATRICK, M. D., C. M., McGill, Lecturer on Ophthalmology, etc
E. H. LOWERISON, M. D., Jeff. Med. Coll., Lecturer on Ophthalmology, etc
H. D. WEAVER, M. D., C. M., Trin. Med. Coll., Demonstrator of Histology
A. HALLIDAY, M. B.; C. M., Glas., Demonstrator of Pathology

### EXTRA MURAL LECTURERS.

E. MACKAY, PH. D., etc., Professor of Chemistry and Botany at Dalhousie College
ANDREW HALLIDAY, M. B., C. M., Lecturer on Biology at Dalhousie College.

The Thirty-Second Session will open on Friday, August 31st, 1900, and continue for the eight months following.

The College building is admirably suited for the purpose of medical teaching, and is in close proximity to the Victoria General Hospital, the City Alms House and Dalhousie College.

The recent enlargement and improvements at the Victoria General Hospital, have increased the clinical facilities, which are now unsurpassed, every student has ample opportunities for practical work.

The course has been carefully graded, so that the student's time is not wasted.

The following will be the curriculum for M. D., C. M. degrees:

1ST YEAR.—Inorganic Chemistry, Anatomy, Practical Anatomy, Botany, Histology.
(Pass in Inorganic Chemistry, Botany, Histology and Junior Anatomy.)

2ND YEAR.—Organic Chemistry, Anatomy, Practical Anatomy, Materia Medica, Physiology, Embryology, Pathological Histology, Practical Chemistry, Dispensary, Practical Materia Medica.
(Pass Primary M. D., C. M. examination).

3RD YEAR.—Surgery, Medicine, Obstetrics, Medical Jurisprudence, Clinical Surgery, Clinical Medicine, Pathology, Bacteriology, Hospital, Practical Obstetrics, Therapeutics.
(Pass in Medical Jurisprudence, Pathology, Therapetics.)

4TH YEAR.—Surgery, Medicine, Gynæcology and Diseases of Children, Ophthalmology, Clinical Medicine, Clinical Surgery, Practical Obstetrics, Hospital, Vaccination.
(Pass Final M. D., C. M. Exam.)

Fees may now be paid as follows;

| | |
|---|---|
| One payment of . . . . . | $260 00 |
| Two of . . . . . | 140 00 |
| Three of . . . . . | 100 00 |

Instead of by class fees. Students may, however, still pay by class fees.

For further information and annual announcement, apply to—

**G. CARLETON JONES, M. D.,**

**Secretary Halifax Medical College.**

# 1901.

# Maritime Medical Association.

## ELEVENTH ANNUAL MEETING.

The Annual Meeting will be held at Halifax, N. S., on Wednesday and Thursday, July 3rd and 4th.

Extract from Constitution :

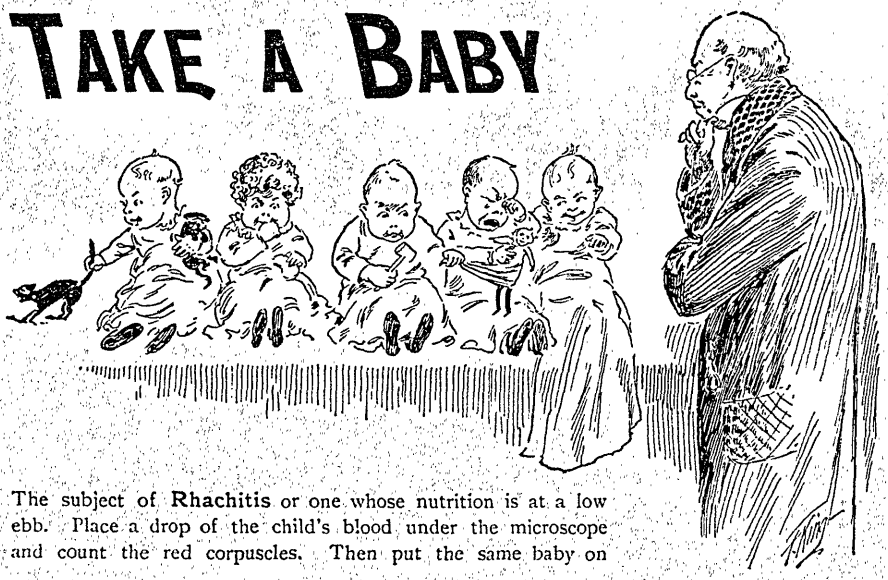
"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association."

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

W. S. MUIR, M. D.,
*President,*
TRURO, N. S.

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

# TAKE A BABY



The subject of **Rhachitis** or one whose nutrition is at a low ebb. Place a drop of the child's blood under the microscope and count the red corpuscles. Then put the same baby on

# Pepto-Mangan ("Gude")

**To assure proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles ( ℥ xi).**

**IT'S NEVER SOLD IN BULK.**

From time to time re-examine the blood and observe the rapid and progressive increase in the red cells co-incidently with an obvious improvement in the child's color and appearance. One such case will convince you that PEPTO-MANGAN ("GUDE") is a true "BLOOD-BUILDER."

Samples and literature upon application to

**M. J. BREITENBACH COMPANY,**

**Agents for American Continent,**

**100 WARREN ST., (TARRANT BLDG.)**

**NEW YORK.**

**LABORATORY,**
**LEIPZIG, GERMANY**

THE

# MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.



*Communications on matters of general and local professional interest will be gladly received from our friends everywhere.*

*Manuscript for publication should be legibly written in ink on one side only of white paper.*

*All manuscript and business correspondence to be addressed to*

DR. JAMES ROSS,
*87 Hollis Street, Halifax.*

## CONTENTS FOR JUNE, 1901.

*ORIGINAL COMMUNICATIONS*
Acute Idiopathic Osteomyelitis—Murray MacLaren..... ..... ..... 187
Gastro-Enterostomy for Pyloric Tumour—N. E. Mackay..... .. . ..... 196

*CLINICAL REPORT.*
A Case of Rupture of the Right Auricle of Heart—W. D. Finn..... ..... 204

CORRESPONDENCE..... ... ..... 204

*EDITORIAL.*
Acute Hemorrhagic Pancreatitis ..... 206
Annual Reports..... .. .. ..... ..... 208
Maritime Medical Association ..... ..... 211
Canadian Medical Association ..... ..... 212

EDITORIAL NOTES ..... 213

*SOCIETY MEETINGS.*
St. John Medical Society.....214

PERSONALS..... 219

*OBITUARY.*
Dr. Harry Gregory ..... ..... 219

THERAPEUTIC SUGGESTIONS..... 219

BOOK REVIEWS..... 221

NOTES..... 224

The Subscription Rate for the Maritime Medical News is $1.00 per annum.
Advertising Rates may be had upon application to DR. JAMES ROSS, 87 Hollis St.

THE
# MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIII. HALIFAX, N. S., JUNE, 1901. No. 6.

## Original Communications.

### ACUTE IDIOPATHIC OSTEOMYELITIS.*

By MURRAY MACLAREN, B. A., M. D., M. R. C. S. Eng., St. John, N. B.

Important changes have taken place in recent years both in the views regarding the nature of acute inflammation of bone and in the method of treatment.

Looking over my notes of lectures on surgery, taken in 1884 at Edinburgh, I find that in those dealing with inflammation of bone, much prominence was given to periosteal inflammation—more particularly the severe inflammation coming on acutely and without direct injury to the bone, and therefore termed idiopathic, which resulted in suppuration, necrosis and possibly septicæmia, was considered to take its origin in the periosteum; the subperiosteal purulent collection was thought to be the cause of necrosis by separating the periosteum from the underlying bone and with it its blood supply. The term acute suppurative periosteitis, was applied to the disease in this sense. The treatment which was adopted naturally followed in accordance with these views and consisted mainly in free incision through the periosteum.

The views now held regarding this condition are very different from what has been just stated, and the mode of treatment has been influenced correspondingly: it is with this subject that the present short paper will deal.

It is now generally accepted that acute suppurative periosteitis, in the absence of direct injury, is really a very rare condition, and further that the disease formerly designated by this term, is nearly

*Read at meeting of N. S. Branch British Medical Association, April 25th, 1901.

always an infective inflammation of the medulla of bone which usually proceeds to suppuration. The suppurative periosteitis is a supervening and secondary result along with necrosis and other complications.

The term osteomyelitis was previously restricted to inflammation of the medulla of bone induced by infection through direct traumatism, as is witnessed in compound fractures and amputations.

The disease formerly called acute suppurative periosteitis does not differ essentially from traumatic osteomyelitis: the infection is derived from the circulation instead of direct from the wound: the medulla, however, is the primary part of the bone involved in both cases, and this condition is now termed acute osteomyelitis of the idiopathic variety.

The infection in osteomyelitis obtained through the blood is generally due according to W. Cheyne, to the staphylococcus pyogenes aureus, sometimes the albus, rarely the streptococcus pyogenes. The cases which occur in typhoid fever may be due to the bacillus of typhoid alone, in which case suppuration does not occur, or should the infection be a mixed one, purulent formation is found.

These infective organisms are taken up from a suppurating wound by the blood or from the walls of the intestinal or respiratory tracts. It has been observed that in some cases of osteomyelitis, digestive disturbances and diarrhoea precede attack and it may well be that the infection has been derived in these cases from the intestines. In others, the disease follows an acute infectious disease. A slight injury or chill seems to occasionally determine the particular bone to be involved. In a considerable number of cases, however, the source of infection cannot be detected.

Osteomyelitis in its severest form is not met with, I believe, so frequently in the Maritime Provinces as in many other places, although the idiopathic form of a more moderate character is certainly far from being rare with us.

The young are especially liable to attacks of osteomyelitis, during the period of growth and development. According to Cheyne it occurs more particularly between the ages of 14 and 18, is rare after 20, and is more frequent in boys than girls. Roesder, of Berlin, in 23 cases, found 15 of them were under 15 and seven between 15 and 26. The traumatic form of osteomyelitis of course occurs at any age.

The long bones are generally involved, especially those of the leg: most frequently the inflammation begins near the epiphyseal line. The relative order of frequency of the bones may be gives as 1, femur (lower end); 2, tibia (upper end); 3, humerus (upper end); 4, radius (lower end); 5, fibula; 6, ulna; the femur being most frequent; other bones such as the scapula, os calcis and ilium are occasionally attacked.

The pathological processes embrace congestion of the modulla, with deposit of the infective organism, effusion into the Haversian canals, medullary spaces and beneath the periosteum, followed soon by suppuration, of a reddish color, in the medulla which extends to the periosteum by perforating the bone or extending along the blood vessels. The veins become thrombosed, and this is considered to be an important factor in the production of necrosis. The pus in the medulla extends along a considerable portion of the medullary cavity or the whole of it, or may be limited to one part. Inflammation of the soft parts, suppuration and thrombosis of veins follow these changes: while in the bone necrosis of the shaft or of a portion are met with. Still later, should the necrosed bone remain, the familiar condition of new bone formed round it, the involucrum, the openings or cloacæ and sequestrum are observed and hardly require description. Suppuration of a neighbouring joint may supervene and add much to the danger of the disease: here it may be by extension along vessels, or by perforation of the abscess into the joint as in a case which will be referred to. The thrombosed veins may readily give rise to pyæmia.

In most cases, one bone only is involved. Out of 700 cases Funké found but 37 of multiple osteomyelitis.

The *clinical symptoms* vary considerably with the severity of the attack. At the onset, there is a chill followed by elevation of temperature and rapid pulse. In very severe cases, there may be delirium and signs of general sepsis, producing a typhoid condition, before any noteworthy local signs have been manifested, and death may ensue within a week. Generally, however, pain is a marked local symptom, it appears early in the illness, is of an intense character and may diffuse over a wide area. Tenderness on pressure will be found and serves as a valuable guide to the site of the abscess, as it is most severe at the seat of inflammation. Swelling appears about the end of the first week and increases rapidly; that is the deep seated inflammation makes its way to the surface of the bone in about that time. There is the œdematous swelling, redness and enlarged subcutaneous veins. The neighbouring

joint is often involved, sometimes with serous fluid, other times with pus. In 99 cases of Stettiner's in the hospital at Friedericsham, one-quarter of the cases had joint suppuration.

The *diagnosis* of osteomyelitis is frequently difficult and errors occur. No doubt many cases are not recognized. Mr. Holmes is reported approvingly by Nicholas Senn, as stating that acute osteomyelitis is more frequently recognized at post mortem examinations than at the bed-side of the sick. This seems a very remarkable statement and deserves one's attention. How correct it is, is difficult for one to say. That there is a strong basis for the remark is probably quite true. It has been said that in obscure acute illness resulting fatally, typhoid fever has been shown, post mortem, to be the pathological condition present in a good proportion of cases, but Holmes's statement is even more interesting. Osteomyelitis has been mistaken for arthritis, rheumatism, periostitis, typhoid fever, erysipelas, meningitis and other diseases.

To make a correct diagnois, it is first necessary to keep well in mind the existence of such a disease; it is not thought of sufficiently often: and next by a careful examination of the history of the illness and all the clinical symptoms, with an examination of the various bones, to exclude all diseases which have some resemblance to it.

When the case is very severe, showing rapid pulse, dry tongue and delirium, with only slight local symptoms yet developed, much difficulty may be experienced and typhoid fever suspected. Senn gives a case reported by Goltdammer. The patient after an illness of ten days with general symptoms of typhoid was sent to the medical ward as a severe case of typhoid fever; there was rapid pulse, high temperature, tympanites, dry tongue, enlargement of the spleen, bronchitis and delirium. On close examination a slight swelling was discovered over the lower portion of the right tibia, with tenderness on pressure, symptoms which finally enabled the physician to correctly diagnosis the case. There was a fatal result and, post mortem, osteomyelitis of the tibia and pyæmia were demonstrated.

The Widal test would be of value in many such cases in clearing away obscurities. In less severe cases, difficulties in diagnosis are not so great, the local symptoms are then relatively more prominent. The period of about a week which intervenes between the onset of the attack and appearance of swelling is useful in determining the nature of the inflammation.

Osteomyelitis following typhoid fever does not necessarily proceed to suppuration and may be quite limited in extent, producing a periosteal thickening, the typhoid node.

Inflammation limited to the epiphyseal line, acute epiphysitis, as is seen in children may cause destruction of the epiphyseal cartilage, or the epiphysis may become detached. It is in such cases that arrest of growth of bone takes place.

What has been designated as the periostitis albuminosa of Ollier is generally regarded as a mild form of osteomyelitis in which the subperiosteal effusion is serous rather than purulent—here should necrosis occur, the sequestrum is said to be greenish in colour surrounded by yellow granulations.

The outcome of osteomyelitis depends partly on the severity of the attack, partly on the time and manner of operative treatment. Without the treatment of opening up the medullary cavity, Kocher had 9 fatal cases out of 26; Luecke, 11 out of 24; and Schede, 3 out of 23. With operative treatment, Hahn had 21 fatal cases out of 99; Sonnenberg, 12 out of 26. Fatal results are generally met with in cases of multiple osteomyelitis within one or two weeks from profound septic absorption. Other fatal results are caused by pyæmia from septic thrombi of the veins or fatty embolism from the medullary fat.

A persistent high temperature for a week is evidence of a severe case. The closer the symptoms come to a severe typhoid fever, the more unfavorable is the prognosis. Involvement of a joint adds unfavourably to the illness.

As regards treatment, in all except the simplest forms, operative treatment is called for. Early recognition of the disease and prompt treatment are of great importance.

At the Surgical Congress in 1894, Küster, in a paper on "Early Operation in Osteomyelitis," advised chiselling into the medulla immediately after the position of the myelitis had been diagnosed. He likened the imperativeness of the operation to that of a herniotomy or tracheotomy. To support his statement he quoted the results of cases operated on by him during the first and second weeks of illness, of which none were fatal, 9 recovered without, 5 with a fistula.

Among those which took part in the discussion, Karewski stated that he had 14 cases treated within 10 days of onset in which the medulla was enucleated and was followed by a complete recovery without necrosis or fistula and without disturbance of growth or

relapse. The latter condition (relapse) is not rare and may occur at long intervals from primary attack.

Kort had similarly operated in 20 cases with a mortality of 6. Bergman in 18 cases which were chiselled early had a recovery in all, a good proportion being without necrosis—of 10 in which he merely incised the periosteum, 2 died and 8 recovered with necrosis.

On the other hand Sonnenberg and Hahn gave preference to simple incision of periosteum. They chisel into the medulla only in the severest cases and naturally their mortality results were high.

Schede advised chiselling in the simplest cases, while in the severest he was reluctant to do so, the prognosis being so poor.

Results such as these must be accepted with some discrimination as regards positive proof of the correct procedure: the run of cases often varying in severity, and possibly some cases have been included and operated upon at an early stage which were not osteomyelitis. With every fair allowance, however, the generally accepted procedure of early opening up of the medullary cavity and removal of the septic contents, stands as the important and proper treatment to be adopted at as early a period as one can decide that active osteomyelitis has developed.

A free incision is made down to the bone, the periosteum turned aside, the medullary cavity opened up by gouge, chisel or trephine, the septic medulla scraped out and drainage employed.

Should the case be considered to be periostitic, a simple incision might be first employed, followed later by further operation, should improvement not soon follow.

The great object is to give an outlet to the septic material; this lessens the danger to life, but chiselling also effects other benefits. In some cases necrosis is prevented, in others the amount of necrosis is lessened, in many the duration of the illness is generally shortened.

In mild cases, such as are sometimes seen following typhoid fever, radical measures may not be required. Osteomyelitis with joint suppuration will generally require amputation to effect a recovery.

When osteomyelitis is met with after the acute stage has subsided and pus is discharging, or when necrosis is present after an early operation, time is allowed for the sequestrum to separate before interference. The sequestrum is removed when free, care being taken to preserve the periosteum, and the wound is partially closed: a satisfactory new bone may in this way be reproduced. Should, how-

ever, the, the new growth be deficient, implantation of bone obtained from the young dog may be tried and occasionally is followed by good results.

In some cases a bone case or involucrum is formed around the sequestrum and on removal of the necrosis, a cavity is left which frequently presents difficulties in closing, and much time is required in obtaining a recovery; and so it is with fistulæ persisting after an early operation.

The cavity should be curetted out and rendered aseptic if possible; should the cavity be shallow the wound may be closed over; should the cavity be deeper, however, then filling in with decalcified bone chips may be carried out and the wound closed.

Another method and a useful one is chiselling away the thick, dense bone at the sides of the cavity until the latter has been rendered shallow and the soft parts are then allowed to fall in and line the cavity and are fixed there with sutures or nails.

In other cases, very free drainage will allow healing to gradually and very slowly take place, while in some cavities, healing is never obtained.

Short accounts may be given of some cases that have been met with. The first case to be mentioned was that of a nurse aged 25, who was under my care ten years ago suffering from severe typhoid fever—during convalescence, she developed a painful area over the upper part of the tibia, followed by a small swelling having the sensation of fluctuation. An incision through the perioistem showed an area of bare bone about one inch in diameter and a small serous effusion. No further procedure was adopted beyond superficial curettage, and the wound was quite healed in six weeks. The osteomyelitis proved to be of a mild character. There was another feature in the case, which however, was not connected with bone inflammation, and that was a condition of weak heart with weak rapid pulse, which remained as a sequel to the fever for over a year. The heart eventually fully recovered.

The second case, G. B., admitted to the G. P. hospital, Feb'y. 1900, was a man aged 52, who had received 30 years before a slight injury to the right upper arm, which was followed by an extensive osteomyelitis of the humerus. Necrosed bone had been removed at various times with curettage of the cavity—evidently most of the diaphysis had been involved. There still persisted a suppurating cavity at the upper end of the humerus, which consisted of a dense thick

involucrum. A small sequestrum was removed, the edges of the cavity were chiselled away and the flaps of soft parts folded in and fixed in position. There was but small benefit from the operation and the cavity presumably is still discharging. The case exemplifies how long standing (30 years) such cases may be and the difficulty experienced in securing a recovery.

A young married woman of 26 was seized with severe pain, 7 days after confinement, in the left leg over the tibia. Later the leg became hot and swollen. Incisions were made followed by a free discharge of pus. The case when seen five weeks from the onset of the attack, showed when examined some bare bone, and now some little time must elapse before the extent of disease is defined, and before the necrosed bone should be removed. No doubt the source of sepsis was from the utero-vaginal tract. I have not happened to find a record of a case of osteomyelitis proceeding from this cause.

A boy (A. C. F.) aged 4 years, admitted to the G. P. hospital in Dec. 1900, was found to be suffering from typhoid fever. Four other members of his family were in hospital at the same time, all from the same cause—typhoid fever.

About the middle of January the fever had greatly declined, again to rise in a few days, and tenderness about left knee joint was found followed by swelling and fluctuation of the joint. Aspiration showed the presence of pus. On February 11 incisions were made on the inner and outer sides of the joint and along the inner side of thigh which gave exit to a large amount of pus. The patient was so reduced and emaciated that nothing further was attempted. On March 18 amputation was performed through the middle third of thigh, as the elevated temperature still persisted, and his condition was not improving. Subcutaneous injections of salt solution and strychnia were given previous to the operation. The after effects were quite satisfactory; the patient's condition improved steadily with fall of temperature and gain in weight and strength, and the boy has returned to his home.

An examination of the leg showed a small abscess cavity at the epiphyseal line of the lower end of femur containing a small sequestrum, the abscess had discharged into the joint setting up further suppuration there and along the thigh. There was no evidence of tubercular disease and the case was considered to be one of osteomyelitis following typhoid fever.

Another case was recently kindly shown me by a confrere; a young man aged 23, who suffered from typhoid fever four years ago. The illness was followed by what was considered to be acute rheumatism and sometime later when the patient came under my colleague's care, the head of the left tibia was involved; swelling appeared on the surface. This was incised, an abscess of the head of the tibia was curetted out, followed by recovery; later a similar condition attacked the right radius which likewise recovered under the same treatment; still later the left femur about the trochanter minor became involved, suppuration and bone abscess were present and are now slowly subsiding, leaving the patient, as one would expect, much reduced.

No evidence of tubercular disease has been found, and the case appears to be one of osteomyelitis, multiple in character, the various bones involved, however, becoming attacked at intervals of about six months, and fortunately not all at the same time. It is worthy of note that the disease was first considered to be acute rheumatism, the condition really being abscess of the head of tibia.

# A CASE OF GASTRO-ENTEROSTOMY FOR PYLORIC TUMOUR, WITH DISAPPEARANCE OF THE TUMOUR AFTER OPERATION.

By N. E. MacKay, M. D., C. M., M. R. C. S., Prof. of Surgery, Clinical Surgery and Operative Surgery, Halifax Medical College.

By gastro-enterostomy is meant the establishment of a fistulous opening between the cavity of the stomach and some part of the intestine. When an opening is made between the stomach and jejunum it is called "gastro-jejunostomy"; between the stomach and ileum "gasto-ileostomy; and between the stomach and colon "gastro-colostomy." Which one of these should be performed in any case will have to depend almost wholly on the local conditions present, remembering always however, that the higher the communication is made with the intestines the less nutrition is interfered with. The operation of election should be a "gastro-jejunostomy."

The operation of gastro-enterostomy is indicated in the following conditions:—(a) In cases of malignant stricture of the pylorus when the conditions present are such as will not allow a pylorectomy being performed. (b) In cases of cicatricial stricture of the pylorus when pyloroplasty or pylorodiosis (Loretta's operation) is impracticable. Gastro-enterostomy was first performed by Wolffer of Vienna, on the 27th September, 1881. He started to perform a pylorectomy for a malignant growth of the pylorus, but when he opened into the abdominal cavity he found the growth so intimately adherent to the pancreas and surrounding structures that its removal was impossible, so he fastened the stomach to the jejunum and established a fistulous opening between the two. In other words he performed a "gastro-jejunostomy" as an alternative. The union between the bowel and stomach he effected by sutures. The patient lived four months.

Union between the stomach and intestine may be effected in various ways. Each operator has his own pet plan. The best methods and those that are most frequently used are the following:

1. By simple suturing of the opposing margins of the gastric and intestinal openings.

2. By Senn's decalcified bone plates.
3. By the aid of absorbable tubes or bobbins.
4. By Murphy's buttons.

In determining which of these methods to employ a surgeon has to consider the general condition of the patient, the death-rate after each plan and the size of opening to be made. There is always great tendency for the fistula to contract and allowance should be made for this. The mortality is lower after the suture method and the size of opening can be regulated by it better than by any other plan.

The following interesting case of stenosis of the pylorus with distension of the stomach I had in my hospital practice last summer. This patient was treated by Dr. Smith in the medical wards from the 28th of July, 1900, till the 20th September, 1900. The following is a brief history of the condition of the patient when he entered the hospital and of the treatment he received until he was transferred to me for operation:—

A. B., age 57, male, single, was admitted to the medical service of the Victoria General Hospital on the 28th of July, complaining of constant pain in the stomach between the ensiform cartilage and umbilicus. The pain was worse when the stomach was empty. Food relieved it. He was troubled a good deal with vomiting, especially in the forenoon. Vomiting often gave him relief for a time. He also had a sensation of weight at the pit of the stomach.

He was born in Ireland; lived in the East Indies for 9 years; had dysentery, malarial fever, and liver complaint. He had been a hard drinker in his day. For the past 15 years he had been troubled off and on with flatulency. At first he had only an occasional attack of it, but during the past three years he had frequent attacks. At times he suffered intensely. He has done very little work since '97. When he did any hard work he vomited a lot of watery material. He was very constipated for years and subject to frequent attacks of dizziness and vomiting. The past two years he had alternate attacks of constipation and diarrhœa. He was a patient in the General Hospital, St. John, N. B., from the 17th April, 1900, till July 3, 1900, when he was discharged slightly improved. He tried to work but was unable to do anything on account of his weakness. Occasionally he rifted up an acid fluid in large quantities. No tumour could be felt in the region of the stomach. On palpation there was marked rigidity over the left hypochondrium. On inflating the stomach with tartaric acid and bicarbonate of soda the greater

curvature extended about three inches below the umbilicus. Filled the stomach with water and it held 133 ounces. Illuminated it, but found nothing abnormal.

On the 31st of July, he was put on the following mixture:

℞—Ac. mur. dil. ℥ iss
Liq. strych. ℥ 18.
Spr. chloroformi ʒ ii.
Ext. casc. sagr. ʒ iv.
Elixir simp. ad. ℥ ii. M.

Sig. ℥ ii three times a day after meals.

He was also given a pint of hot water each morning before breakfast.

From the 31st July till the 15th August patient seemed to have improved some; his bowels were more regular and the pain over the epigastric region was not so severe. He vomited often but the vomited material seldom contained undigested food. An analysis of the gastric juice showed HCl to be present in excess. On August 25th sprayed the stomach with a weak solution of nitrate of silver. From August 30th till September 20th, the stomach was pumped out daily, before breakfast, and from 4 to 42 ounces of fluid removed. Some mornings no fluid was present. His diet consisted of fish, milk, eggs and liquids. No record of any splashing-sound being detected—after food or drink had been taken—was recorded. Lately he had been allowed but very little liquid. Some weeks he went 4 or 5 days without vomiting. Family history negative.

Three years ago he weighed 185 lbs. When he came into the hospital he weighed 136 lbs., and when transferred he weighed 121 lbs. Loss of weight in three years 64 lbs.

Patient came into my service on the 20th Sept., 1900. He was then very anæmic and greatly emaciated. I kept him under observation from the 20th of September till the 29th, during which time his stomach was very irritable; he suffered intensely and lost flesh rapidly. He vomited for two or three hours every forenoon. His stomach was enormously distended as shown by inflation. When inflated the great curvature reached three inches below the umbilicus. Wrote to the General Public Hospital, St. John, N. B., for a history of his case, and received the following:

"A. B. was admitted on April 17th, 1900, and discharged July 3rd, 1900, slightly improved. Temperature irregular, from 97 to 100. Cough and expectoration. Examination of the sputum for tubercle bacilli—

# WYETH'S

# Elixir Uterine Sedative Specific.

Viburnum Opulus (Cramp Bark). Piscidia Erythrina (Jamaica Dogwood) Hydrastis Canadensis (Golden Seal), Pulsatilla (Anemone Pulsatilla.)

The above combination cannot but at once appeal to the intelligent practitioner as almost a specific in the treatment of the various kinds of pain incident to the diseases of the female sexual organs so varied in their character and such a drain upon the general health and strength.

In the new preparation of Viburnum now submitted to the profession the unquestionable utility of this agent is greatly enhanced by the addition of remedies possessed of analogous powers. Not only is the value of Viburnum thus promoted in the special field of its therapeutical activities, but a more extended range of powers is thereby secured. In other words, our new preparation possesses all the virtues of Viburnum, and in addition, all of the therapeutic properties of Hydrastis, Pulsatilla, and Piscidia.

Each fluid ounce of this Elixir contains forty grains Viburnum Opulus (Cramp Bark), thirty grains Hydrastis Canadensis (Golden Seal), twenty grains Piscidia Erythrina (Jamaica Dogwood), ten grains Anemone Pulsatilla (Pulsatilla).

**DIRECTIONS.**—The Elixir being free from irritant qualities may be given before or after meals. It has, indeed, the properties of a stomachic tonic, and will promote, rather than impair, appetite and digestion. The dose for ordinary purposes is a dessertspoonful three times a day. When the symptoms are acute, or pain is present, it may be taken every three or four hours. In cases of dysmenorrhœa, neuralgic or congestive, the administration should begin a few days before the onset of the expected period. In irritable states of the uterus, in threatened abortion, in menorrhagia, etc., it should be given frequently conjoined with rest and other suitable measures. For the various reflex nervous affections, due to uterine irritation, in which it is indicated, it should be persistently administered three times a day. When the pains are severe or symptoms acute the above dose, a dessertspoonful, may be increased to a tablespoonful at the discretion of the patient, or advice of the attending physicians.

Samples for experimental purposes sent free to any practicing Physician on application.

DAVIS & LAWRENCE Co., Limited,

MONTREAL.

SOLE AGENTS FOR CANADA

# SYR. HYPOPHOS. CO., FELLOWS,

## IT CONTAINS

**The Essential Elements** of the Animal Organization—Potash and Lime;

**The Oxidizing Elements**—Iron and Manganese;

**The Tonics**—Quinine and Strychnine;

**And the Vitilizing Constituent**—Phosphorus; the whole combined in the form of a Syrup, with a **Slight Alkaline Reaction.**

**It Differs in its Effects from all Analogous Preparations**; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

**It has Gained a Wide Reputation**; particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

**Its Curative Power** is largely attributable to its stimulative, tonic and nutritive properties, by means of which the energy of the system is re-cruited.

**Its Action is Prompt**; it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, FINDS THAT NO TWO OF THEM ARE IDENTICAL, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen, when exposed to light or heat, IN THE PROPERTY OF RETAINING THE STRYCHNINE IN SOLUTION, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing to write "Syr. Hypophos. FELLOWS."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

FOR SALE BY ALL DRUGGISTS.

## DAVIS & LAWRENCE CO. (Limited,) Montreal.

WHOLESALE AGENTS.

negative. Epigastric pain and vomiting especially of the food. Vomited practically every day. Vomiting relieved pain. Marked constipation. Blood followed tube when washing stomach. Did not vomit any great quantity of blood. Loss of flesh. Diagnosis: Malignant disease of the pylorus."

There was some doubt as to the cause of the obstruction, whether it was innocent or malignant. But in view of the patient's age, his anaemic and emaciated appearance, the constant pain at the pit of the stomach, and the entire absence of tubercular manifestations, the cause of the obstruction was supposed to be a malignant growth. The absence of tumour in the region of the pylorus rendered the cause of the obstruction doubtful.

The operation was performed on the 29th of September. The patient was prepared in the usual way. His stomach was thoroughly irrigated with a weak boracic solution (warm) and emptied out 20 minutes before the operation. Ether was the anæsthetic used. An incision was made four inches long in the linea alba, beginning at the ensiform cartilage. On opening the peritoneum and introducing my hand into the abdominal cavity I found a tumour at the pyloric end of the stomach, embracing it and nearly the first two inches of the duodenum. It was the size of a small orange and was fastened to the right side of the spinal column and to the structures in its immediate neighbourhood.* The growth was very hard and the mesenteric glands around it were considerably enlarged. The right border of the gastro-colic omentum was firmly adherent to the duodenum, meso-colon, mesenteric folds and the other structures in the right lumbar region. There was a matting together of all the structures in this situation. The left border was adherent in the left lumbar region on a level with the umbilicus. For the reasons given below, I performed a *gastro-colostomy*.

I now lifted out of the wound six or seven inches of the hepatic flexure of the colon and emptied five inches of it thoroughly, and applied two intestinal clamps (Makins) 3½ inches from one another. The stomach was next brought into the external wound and an area selected on the anterior surface one inch from the greater curvature and nearer the pyloric (2 inches from it) than the cardiac end. These portions of the stomach and bowels were surrounded with warm

*The tumour being situated close to the spine and under shelter of the anterior border of the liver explains why it could not be felt on palpation.

sterilized gauze pads, a longitudinal incision 1½ inches in length was then made in the colon opposite its mesenteric attachment, a fold of gastric wall,—anterior surface—was pinched up, and steadied by an assistant, an incision the same length as that in the intestine was made parallel to the greater curvature. The stomach was practically empty. The lumen of the bowel was thoroughly cleansed and anastomosis was effected with sutures in the following manner: The peritoneal surfaces of the posterior edges of the wounds were stitched together with Lembert sutures of cat-gut, and then the mucous membrane with a continuous suture of fine sterilized silk, and the anterior lip of the wound in the same manner, but in the reverse order. To guard against any danger of leakage a second row of Lembert sutures was inserted.

The toilet of the parts being attended to, the stomach and bowel were returned into the abdominal cavity and the wound closed by three rows of sutures. An ordinary dressing of iodoform and plain sterilized gauze was put on. I always use in abdominal operations a narrow strip of protective under the dressing to protect the edges of the wound against the irritation of antiseptics. The patient stood the operation very well. He had slight nausea from the ether but no vomiting. He was fed entirely per rectum for the first 48 hours. Occasionally he was given a sip of water by the mouth. His temperature ranged the first 48 hours between 99 and 101, and the pulse between 110 and 120. He had good nights and rested comfortably in the day time. He had no pain.

Oct. 1st.—Patient had a good day, temp. 99½ to 100¼; pulse 104 to 108; was allowed four ounces of barley water every two hours.

Oct. 2—Complained of pain in the abdomen several times through the night. Feels weak this morning. Was quite comfortable all day, temp. 98.5 to 99, pulse 84. Bowels moved slightly. At 10 p. m. temp. 102, pulse 104. Was given beef tea and broth by the mouth.

From Oct. 3rd till the 11th, the progress of the case was uneventful. His temperature and pulse were normal He suffered no pain, had no vomiting: took considerable nourishment, and rested well day and night. His bowels were regular.

On the 12th Oct., the dressing was changed and the stitches were taken out. The wound looked very well.

October 16—The four hour chart was omitted. Small stitch abscess in wound. Patient looked very anæmic and weak; had no pain, otherwise he felt well.

Oct. 20th.—Patient is able to get out of bed and walk about the ward. Has very good appetite and feels first rate.

From the 3rd to the 15th of November he was troubled off and on with diarrhœa. In December and January he had on an average one stool a day. The fæces was natural in colour but it had a very offensive odour. On Dec. 16th his temperature jumped up to 100½, but it dropped next day to 97 and remained normal till the 8th of Jan., 1901, when it again went up to 102½. It dropped to normal on the 9th and remained so till the 14th, when it again rose to 102½. The following day it registered 97, and remained about normal till the 23rd, when it went up to 101½. The next 24 hours it was sub-normal. He died on the 24th of tubercular pleurisy.

My six months' service at the hospital expired on the 30th September, and the patient was then handed over to my colleague and successor. In December and January, 1901, he had several weak turns, his pulse becoming almost imperceptible. He remained each time in this condition for 24 to 36 hours. When he recovered he felt very well till the next attack came. During these spells he had no pain nor rise of temperature. I find no record made of the first appearance of pleurisy. He was very much distressed for want of breath for 48 hours before he died.

Result of post mortem held January 26th, 1901 :—

"Patient emaciated. Bowels collapsed. Omental fat all gone. Some peritoneal adhesions about the old incision. Stomach wall thickened. Stomach enlarged and contains undigested food. The pyloric opening of stomach is large enough to admit No. 10 catheter. The tissues around pylorus are thickened. First 1½ inches of the duodenum is much contracted. The artificial anastomosis is barely large enough to admit the index finger, spleen adherent to the diaphragm and abdominal wall. Liver adherent to diaphragm, its consistency increased. Whitish nodules in its substance the size of a pea. Left kidney moveable; cystic; consistency increased; markings indistinct; shows white nodules. Right kidney: capsule adherent; consistency increased, markings indistinct. Supra-renals normal.

Lungs: pleurisy in right side; a large quantity of fluid and adhesions. The right lung is somewhat contracted and covered with flocculi of lymph; shows some œdema. Glands are enlarged.

Some fluid in left side of chest. No adhesions. Left lung shows hypostatic congestion and some bronchitis. It is normal in size.

Pericardial fluid increased. Valves of the heart thickened and show calcareous degeneration. Aorta is dilated and shows—likewise all the arteries, calcareous degeneration.

I was present at the post mortem. The tumour at the pylorus had all disappeared, and the pylorus and first 1½ inches of the duodenum were greatly contracted—a narrow tube. There were many old adhesions binding the intestines together, and to the posterior abdominal wall in the right and left lumbar regions and in right and left hypochondriac regions.

I began the operation with the intention of doing a pyloroplasty if the obstruction were found to be cicatricial tissue, and a pylorectomy if it should be a malignant growth. There was no tumour to be felt on palpation. The conditions present on opening the abdomen were those already described. The tumour at the pylorus had all the characteristics of a malignant growth. A pylorectomy was impossible. The only safe and practical operation was a gastro-colostomy.

In establishing an artificial communication between the stomach and intestine, for food to pass through, the opening if possible should be made in the upper part of the jejunum. When it is made digestion and absorption are less likely to be interfered with. This is the situation *par excellence*. The intestinal loop may be united to the anterior or posterior surface of the stomach. Each plan has its advocates. In my case a loop of the jejunum or ileum could not with safety be united to either surface of the stomach, the gastro-colic omentum hanging like a curtain in front of the intestines with its borders bound down firmly by adhesions in the right and left lumbar regions. On the right side the adhesions were extensive and old. To bring up a loop of the small intestine to the anterior surface of the stomach wall and do a gastro-jejunostomy or a gastro-ileostomy, the great omentum and colon would have to be pushed aside (to left). This could not be done without first breaking down the adhesions, which was too dangerous an experiment. Then again to bring a loop over the border of the omentum and transverse colon, with the adhesions unrelieved, would mean mechanical obstruction from pressure or kinking of the intestine (Rose and Carless) and early death.

And to perform a posterior gastro-enterostomy was even more complicated and dangerous. Here a hole would have to be made in

the gastro-colic omentum and in the transverse meso-colon through which the intestinal loop would have to be brought up to the posterior surface of the stomach. Apart from the difficulties of the operation, there was also the great danger (much greater in my case because of the two openings) if performed, of the closure of the rents and early death from obstruction. (Mr. Kilner Clarke's case.—Brit. Med. Jour., April 11, '91).

Recognizing the risk to my patient if I attempted to perform either of these operations and realizing that 'discretion was the better part of valor,' I performed a gastro-colostomy. The objection to this operation is that it interferes too much with nutrition.

There are some operators who have joined the first loop of intestine that presented itself and no ill result followed. (Lucke.) He advocated this to be done in every case regardless of the conditions present. Then again other operators (Alsberg and Lauenstein) place the fistula only one metre (3 feet 4 inches) above the ileo-cæcal valve. Nutrition in these cases must be seriously impaired. I do not refer to the practice of these surgeons by way of endorsement but simply to show how the opinions of surgeons differ as to the best place to effect a juncture between the stomach and intestine.

The conditions present in this case called for the operation I performed. The operation relieved the patient's suffering greatly. He had no pain nor vomiting after it, and nutrition was not so very seriously interfered with as one would expect. But this might be due to the fact that there was not complete occlusion of the pylorus. The patient lived for 16 weeks and 6 days after the operation and death was due to an intercurrent malady, viz.: tubercular pleurisy.

The pyloric tumour was no doubt tubercular. At the time of the operation, the possibility of it being a gallstone ulcerating its way into the intestinal canal, or a tubercular mass, or a malignant growth, occurred to me, but in the absence of a microscopial examination, I was in favour of the tumour being malignant. There was no history of cholelithiasis nor any evidence of tubercular manifestation elsewhere. His family history was negative.

In reporting this case I have nothing new to offer to the profession. The case is interesting because of the entire disappearance of the tumour at the pylorus, and the time the man lived after a gastro-colostomy. The disappearance of the growth was no doubt due to the removal of irritation. The operation gave it rest and it gradually disappeared. J. Crawford Renton reports a similar case in the Brit. Med. Jour. Jan. 9th, 1892. In his case the pyloric tumour also disappeared after the operation.

## Clinical Report.

### A CASE OF RUPTURE OF THE RIGHT AURICLE OF HEART.

By WILLIAM D. FINN, M. D., Medical Examiner City of Halifax and Dartmouth.

On the evening of May 27th, a lad aged 17 years, whilst talking to his associates and exerting himself somewhat, staggered and fell to the floor and expired within a few minutes—about two minutes. He was of slight build, fairly well nourished and well developed. I performed an autopsy and found a rupture of the right auricle of the heart, on its anterior surface and near the outer extremity. The rupture was about a quarter of an inch in length, the edges ragged. The auricle was very much dilated and the walls very thin. At various points on the walls were minute aneurisms, the walls of which were as thin as tissue paper. The aortic valves were diseased and contracted. Left lung bound down by adhesions. Pericardial sac contained considerable blood. I did not examine the other internal organs.

I mention this case as I think it is a rare condition—the ruptures of the heart generally occurring in the wall of left ventricle or near the base of the aorta at its junction with the ventricle. I cannot find any mention of rupture of the auricle in the text books at hand.

---

## Correspondence.

*Editor of the Maritime Medical News:*

DEAR SIR,—In the May issue of the *Maritime Medical News*, I notice an editorial, entitled "Goat (not Gold) Cure," in which there are some very personal remarks.

The author of the editorial writes:—"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."

I would like to ask the question why a physician's standing should be considered not good because he is testing the merits or demerits of a new therapeutic agent? The standing of the late Sir Morell Mackenzie was not questioned because he agreed to test, in a London hospital, the merits of a secret cancer cure, which was controlled by an Italian Count.

If the lymph treatment will do what is claimed for it, we have made a distinct gain in the treatment of some chronic diseases which are considered incurable by all the other methods of treatment; should it not prove genuine, I for one will cease using it.

In the history of medicine there has been much opposition to many new methods of treating disease, methods which are at present accepted by physicians generally.

At King's College Hospital, London, I was told that Lister was ridiculed by the English surgeons because of his theories and practice of antisepsis.

Antitoxin met with the same treatment in the United States. Professor Joseph Winters of New York condemned it after a number of trials, but to-day its utility is acknowledged by the majority of medical men.

I have been told by a physician that it was not ethical to use the lymph, because it was a proprietary preparation. This same gentleman admitted that he has used vitogen in his practice, which is not only a proprietary article, but of secret composition, whereas the formula of the lymph is published and open to any medical man who wishes to see it.

Sanitas is a vegetable antiseptic compound of secret composition, but in common use in the London hospitals. Antipyrin was at first a secret preparation, but was extensively used by the medical profession. Ingluvin is thus described by Dr. Roberts Bartholow in his *Materia Medica*, sixth edition:—"Ingluvin is a proprietary preparation said to be made of the gizzard of the domestic chicken, by drying and pulverization," etc. After describing its therapeutic uses, he adds:—"But only the successful use of this agent and the apparent sincerity of the composition as given to the public would seem to justify its mention here; but no doubt need be felt as to the propriety of using a patented preparation if there be no substitute of equal value."

Among the many physicians in the United States who are using the lymph are Albert A. Lowenthal, M. D., attending Neurologist and Psychologist at Cook County Hospital, Chicago; Willis P. King, M.D., formerly first Vice-President American Medical Association, Professor of Diseases of Women, Kansas City University; W. T. Dodge, M. D., Big Rapids, Mich., Surgeon to Mercy Hospital.

The brochure mentioned was never used, so far as I am aware, for advertising purposes, but was sent only to those enquiring about the lymph, in place of a letter.

Any physician can obtain the lymph and test it for himself.

Truro. FOSTER F. EATON.

THE
# MARITIME MEDICAL NEWS,
A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. XIII. HALIFAX, N. S., JUNE, 1901. No. 6.

## Editorial.

### ACUTE HEMORRHAGIC PANCREATITIS.

The pancreas is an organ of considerable importance in the animal economy, as it produces a secretion of essential value in the process of digestion. Owing to its deep seated position, its intimate relations to other organs and its functions being shared by other parts of the digestive tract, the diseases to which it is liable are only diagnosed after a most careful clinical investigation. The functional disorders of this organ are unknown and the manifestations of grave pathological changes are so obscure that they are generally overlooked in routine examinations and too often forgotten at autopsies.

The importance of diseases of the pancreas has been more generally recognized during recent years mainly through the studies of Zenker, Draper, Prince, Fitz and Senn, and the experimental investigations of V. Mering and Minkowski. Additional interest has been created in pancreatic maladies by the discovery of a relation between cholelithiasis and acute hemorrhagic pancreatitis. The last issue of the Johns Hopkins Hospital Bulletin contains an account of a case of pancreatitis reported by Dr. Halstead, and the results of an experimental investigation carried out by Dr. Eugene L. Opie.

A patient seriously ill with abdominal symptoms of an obscure character, and thought to be suffering from gall-stones was referred to Dr. Halstead by his attending physician. Not improving he was operated upon and acute hemorrhagic pancreatitis discovered. Although a careful search was made no gall-stones were discovered. At the autopsy a biliary calculus 3 mm. in diameter was found in the diverticulum of Vater occluding the duodenal orifice. It was too

small to be recognized at the operation, yet sufficiently large to close the opening into the duodenum, which was somewhat smaller than usual. The pancreatic duct was bile stained, and there was more or less infiltration of the pancreas with bile, showing that the flow of bile not finding exit by the usual channel had been diverted into the pancreas.

It occurred to Dr. Opie that the pancreatitis might have been caused by the soaking of the pancreas with bile, and he carried out experiments upon dogs to determine whether hemorrhagic pancreatitis could be produced by the injection of the animal's own bile into the pancreatic duct. The injection of 5 cc. of bile into the pancreatic duct caused hemorrhagic inflammation of the gland in four dogs, two of which died within twenty-four hours after the operation. Where smaller quantities of bile were used a less severe grade of inflammation followed. In every case fat necrosis was observed.

Microscopic examination confirmed the diagnosis of hemorrhagic pancreatitis and demonstrated the identity of the experimental lesions with that which occurs in human cases.

On reviewing the literature relating to autopsies in cases of acute pancreatitis, Opie found that in almost all fully described cases, the presence of gall-stones in some part of the biliary tract was noticed. Opie's conclusions are as follows:

1. "A small gall-stone impacted in the diverticulum of Vater may occlude the common orifice of the bile duct and duct of Wirsung and convert them into a continuous closed channel. Bile enters the pancreas by way of the pancreatic duct and the pancreas becomes the seat of inflammatory changes characterized by necrosis of the parenchymatous cells, hemorrhage and the accumulation of inflammatory products. Anatomical peculiarities of the diverticulum of Vater do not permit the sequence of events in all invividuals.

2. "Injection of bile into the pancreatic duct of dogs causes a necrotozing hemorrhagic inflammation of the pancreas resembling the human lesion, and like it accompanied by fat necrosis. Necrosis of the parenchymatous cells and hemorrhage represent the primary action of the bile and inflammatory reaction rapidly follows.

3. "The frequent association of cholelithiasis with hemorrhagic and gangrenous pancreatitis is the result of impaction of gall-stones at the orifice of the diverticulum of Vater and penetration of bile into the pancreas."

## ANNUAL REPORTS.

### PROVINCIAL BOARD OF HEALTH—NEW BRUNSWICK INSANE ASYLUM.

The Report of the Provincial Board of Health for 1900 lies before us, and as usual, Dr. Reid's remarks are interesting, and contain numerous suggestions of value.

There are two or three points which seem to us to call for special remark.

First: the Sanitarium for Tuberculous Diseases of the Lung. We agree cordially in the opinion "that the method adopted at Craig-" leith, near Edinburgh, Scotland, under the management of Dr. " Philips has most to recommend it, and it is most desirable that such " an institution should be established in Halifax."

Happily, since Dr. Reid penned his Report, provision has been made for such an institution.

The appendix on p. 18 of the Report, consists of Chap. 48, R. S., 1900, and contains the provisions made by the Government for a sanitarium. A sum of $15,000 has been set aside for this purpose, and a commission appointed to select a site and determine other matters relating to the establishment. This commission has examined a number of localities, and reported to the Government, and we trust soon to see the Nova Scotia sanitarium fairly started.

Another very important subject covered by the Report is that of vaccination.

An appendix on p. 33 contains a special communication made by order of the Provincial Board of Health to City and Town Councils and Local Boards of Health. It appears that since 1885, no systematic vaccination has taken place in this Province. The consequence is that a large proportion of the population is unprotected from small-pox.

No fact in medicine is better attested than the beneficent action of vaccination. Small-pox is a disease not limited to race, age or climate. We lie open to its attack. True, it is a long time since there has been a serious outbreak in Nova Scotia, but the longer we remain free from it the more serious will its incidence be when it does come, if the present indifference to vaccination continues and the proportion of unvaccinated persons increases.

The law orders that "a municipal council or a town council may . . . . . direct a general vaccination." They *may*, or they may not as in their wisdom they deem right. And if they are progressive and enlightened, and give orders for a general vaccination, what is the result? The clear stream of scientific hygiene breaks on the rocks of invincible prejudice or loses itself in the vast swamp of abysmal ignorance. We need not go far from home to learn this. Our own City Council of Halifax not long ago ordered a general vaccination. He that ran could read the large type posters announcing the decree. And what came of it? The population of the city is over 40,000 Have there been 10,000 vaccinations? Have there been *one thousand?*

We fear there is something worse than prejudice or ignorance. Prejudice has been convinced and ignorance has been enlightened, and the painful operations may be again successful, but apathy, what shall be done to overcome apathy? Nothing, we fear, but an epidemic of small-pox.

Finally, we would direct attention to the subject of Vital Statistics. Clause 9, Chap. 12, Acts of 1893, directs the Board to "make a special study of such vital statistics of the province as are available." On this Dr. Reid remarks that this very necessary and common sense Act is a dead letter because "there are no vital statistics of the Province available." This is not as it should be and we trust our Government may soon establish a system for the collection and recording of vital statistics.

---

In the report of the Superintendent of the Provincial Lunatic Asylum at St. John, N. B., we have much the same information as to the condition of the insane in New Brunswick, as that furnished in the Report of the Nova Scotia Hospital, which we noted in our columns recently.

Progress appears to run on the same lines, the healthful and humane and soothing methods of the modern alienist. Provision is made for healthy work as well as amusement, and Dr. Hetherington says "It "has been my constant endeavour to employ every patient capable "of doing anything."

Among the recommendations made by Dr. Hetherington, we note his suggestion of a change of name for the institution, an advance—

we feel justified in calling it so—already made in the Nova Scotia Hospital.

In view of the large proportion of insane contributed by the immigrant class, it is recommended that the United States system of "deportation" be adopted. This would certainly be better than to go on saturating our population with the insane and helpless from other countries. But we think the object would be better attained by securing proper inspection of the emigrant at the port of sailing. The unfortunate lunatic would be saved the tedium and risk of two voyages, and the crushing disappointment of rejection on his arrival, and the steamship companies would avoid the expense and annoyance of returning him to his home.

An interesting note is that on the successful treatment of acute mania by "hot baths, attending strictly to condition of digestive tract, and "the moderate use of hypnotics, e. g. chloretone and trional." We have found chloretone a useful analgesic and sedative, and it is valuable to have this testimony to its value as a hypnotic.

The Tables in the appendix are well drawn up and contain much interesting matter.

From Table xiv, "Duration of Insanity before Admission," we find that no less than *twelve* patients were admitted during the year, who had been insane for periods varying from *ten* to *twenty-five years*, before being sent to the asylum. What tragedies these facts disclose!

Verily tables of statistics contain much food for thought. And it is not always for serious thought. Even in statistical tables jokes may lie hidden. Turn to Table x, "Supposed or Assumed Cause of Insanity." We have seen some wonderful causes of insanity, and reasons for judging a patient to be insane, in the papers brought to an asylum. But what wag of a doctor has noted as a cause "Ancestral Depravity." We can fancy our worthy confrere making out the papers for some unhappy youth, misbegotten and bred in ignorance and vice, and puzzling over the exact causes of his mental state, until his eye lights on the drunken and brutal father—and forthwith he wrote the cause 'Ancestral Depravity'! Good! But is this what some of us have known as original sin? Then woe be upon us, for then we should all (vide Calvin) have a ticket to the Lunatic Asylum.

# 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:**

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 bland action.

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

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 gastic juice and increasing assimilation.

**2. As a Treatment for Diabetes.**

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

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. As a Purgative in cases of Exanthematous Fevers.**

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

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, ½ 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.

PREPARED BY

## DAVIS & LAWRENCE CO., LIMITED,

**Manufacturing Chemists,**

**Sole Agents for Canada.** **MONTREAL, Can.**

# WYETH'S SOLUTION

# IRON & MANGANESE PEPTONATE

## (NEUTRAL.)

**Liq. Mangano—Ferri Peptonatus—Wyeth's.**

---

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 acceptableto 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.

---

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

---

WRITE FOR LITERATURE.

## DAVIS & LAWRENCE CO., LTD.,

**Manufacturing Chemists,**

**MONTREAL, CANADA.** **General Agents for Canada.**

## MARITIME MEDICAL ASSOCIATION.

The programme of the approaching meeting on July 3rd and 4th, promises to be of unusual interest, judging from the large number of well-known contributors, to say nothing of the social entertainment arranged by the local committee.

So far the following addresses, papers and case reports have been promised:

"Presidential Address," (Maritime Medical Association,) Dr. W. S. Muir, Truro.

"Presidential Address," (Medical Society of Nova Scotia,) Dr. E. A. Kirkpatrick, Halifax.

"Address in Surgery," Dr. Alex. Primrose, Toronto.

"Address in Medicine," Dr. H. A. Lafleur, Montreal.

"Report of Surgical Cases," Dr. T. D. Walker, St. John.

"Public Health," Dr. A. P. Reid, Middleton.

"Treatment of Diabetes," Dr. D. A. Campbell, Halifax.

"Movable Kidney," Dr. J. Stewart, Halifax.

"Eclampsia," Dr. M. A. Curry, Halifax.

"The Rôle of the General Practitioner in the Prevention of Insanity," Dr. G. L. Sinclair, Halifax.

"Vital Statistics, their Relation (a) To the Profession. (b) To the State," Dr. A. Halliday, Shubenacadie.

"Case of Eclampsia," Dr. J. G. Munroe, Lockeport.

"Case of Lympho-Sarcoma." Dr. E. D. Farrell.

"A Plea for the Earlier Removal of Fibroid Tumors," Dr. A. Lapthorn Smith, Montreal.

"Report of Mastoid Cases," Dr. W. G. Putman, Yarmouth, N. S.

"Case of Double Uterus," Dr. T. J. F. Murphy, Halifax

"Case of Appendicitis," Dr. Alex. Ross, Alberton, P. E. I.

"Fresh Air in the Treatment of Consumption," Dr. G. E. DeWitt, Wolfville, N. S.

"The Abdominal Bandage in Obstetric Practice," Dr. D. Mackintosh, Pugwash.

"What has been done by the Medical Profession in this Country for the Prevention of Tuberculosis," Dr. J. F. McDonald, Hopewell.

(a) "Some Peculiar forms of Gastro-intestinal Parasites." (b) "Torsion of Mesentery causing Gangrene of Intestines," Dr. G. W. T. Farish, Yarmouth, N. S.

"Serous Membrane Tuberculosis," Dr. A. Birt, Berwick.

"Observations in Treatment of Fractures," Dr. A. I. Mader, Halifax.

"Five Cases of Extra-uterine Pregnancy." Dr. M. Chisholm, Halifax.

Presentation of Clinical Cases, by Drs. N. E. Mackay, A. I. Mader, and others.

Dr. George H. Fox of New York will give a Lantern Exhibition of Skin Diseases which proved such a treat at the Canadian Medical Association meeting last year.

Among the social events will be an "At Home," at "Bloomingdale," North West Arm, given by His Honor Lieut.-Governor Jones, while the closing event—the customary dinner, will be at "The Florence."

Excursion rates will be issued at one fare, and every member *must* not fail to secure a standard certificate when buying his ticket at the station from which he leaves.

Every endeavor should be made to make this meeting the most successful in the history of the Association. Therefore lend your aid by your presence.

---

## CANADIAN MEDICAL ASSOCIATION.

We are pleased to be able to say that arrangements for the Winnipeg meeting (Aug. 28th to 31st, next) are progressing favorably. From what we can learn the gathering promises to be large and representative. Dr. O. M. Jones, F. R. C. S. (Eng.), Vancouver, will deliver the address in Surgery, and Dr. J. R. Jones, Winnipeg, the address in Medicine. Several interesting discussions are arranged for, and the social side is being looked after only as a Western city can do it.

There is to be an outing to Fort Garry, and on Saturday, the 31st August, an excursion to Brandon, given by the profession of the Prairie City.

The railways have promised a single fare return rate on the certificate plan, good going August 20th to 26th, and good to return, leaving

not later than September 15th. If the all-rail going trip is taken, and one desires to return by the Lake route, a ticket will be issued on payment of $4.25, just enough to include meals and berth. If one desires to return by rail the ticket is issued *free*. This makes it possible for every one to attend, and a large number should, for we all have friends who are expecting us to visit Manitoba, the North West or British Columbia, to all parts of which return tickets will be issued *after* the meeting, for single fare from Winnipeg, upon presentation of the certificate of attendance.

The General Secretary, Dr. F. N. G. Starr, Biological Building, Toronto, will be glad to furnish any information to persons intending to take advantage of this unusually cheap trip to the West.

## EDITORIAL NOTES.

DETROIT MEDICAL JOTRNAL.—*The Detroit Medical Journal* is a new publication under the able editorship of Dr. G. A. Stockwell favorably known as a writer in medical and scientific literature. At the low figure of $1.00 per annum it should meet with well deserved success.

TESTIMONIAL TO SIR WM. HINGSTON.—The fortieth anniversary of Sir Wm. Hingston's connection with the Hotel Dieu, Montreal, as a surgeon, was celebrated on May 6th. Archbishop Bruchesi began the ceremonies by the celebration of mass in the chapel, after which the surgeons of the Hotel Dieu presented Sir William with an address and an urn of great value. The students of Laval University presented him with an address and the Sisters of the institution with some relics which had been brought over from France and preserved for over two hundred years. Sir William is now seventy-three years old and is still actively engaged in surgical work.

# Society Metings.

## ST. JOHN MEDICAL SOCIETY.

Feb. 13th. Dr. W. L. Ellis, Vice-President, in the chair.

A paper on "Hypertrophy of Prostate Gland" was read by the Vice-President. The enlargement is most common in old age. Thompson states that 33% of men over 60 have it, and one-tenth of these suffer in consequence. It is generally a hypertrophy and its cause has been the subject of much discussion. Vascular congestion as the cause, finds most favour, and induced by high living, venereal excess, calculus, stricture. Thompson, however, denies venous congestion as being causative. The hypertrophy assumes several forms—(1) It may involve the whole organ. (2) One or more lobes only. (3) New growths may supervene as adenoma, fibroma. Urinary obstruction is the prominent sign, and varies as a rule, with the amount of enlargement. Fullness and discomfort in the perinæum after a time appear, later cystitis and septic conditions.

An article by Dr. Franklin of Alabama was quoted.—He considers palliative treatment the most important, as few cases come to operation. Hygiene is of most importance, especially in diet and habit. Urine should be kept bland and aseptic. Oil of eucalyptus with salol is very useful in this connection. Gouty and rheumatic tendencies should be eliminated.

Local measures are: 1. Passage of steel sounds. 2. Massage of prostate through rectum. 3. Complete evacuation of bladder, especially by soft catheters. 4. When catheterization is impossible, a suprapubic fistula is best, the recti muscles act in some degree as a sphincter. 5. Prevention of septic infection in urinary passage.

When all these means are ineffective, radical procedure is called for. 1. Prostatectomy. 2. Suprapubic section with removal of growth. 3. Alexander's operation. 4. Ligation of internal iliac arteries. 5. Castration. 6. Vasectomy.

# 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 aromotic, 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 1⅝ 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 (REGISTERED)

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, Scarlet Fever, and Diphtheria), closets, sinks, and chamber pots should, after every using, be treated to liberal supplies of Creolin-Pearson, 4 tablespoonfuls to one gallon water. Before a sick-room is again occupied it should be thoroughly cleansed with the same solution.

| | Teaspoon. | |
|---|---|---|
| As a Gargle in Sore Throat, Colds, etc. | ½ to ½ | TO ONE QUART OF WATER. |
| 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. Sprinkle freely | 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.

MIX WITH WATER BEFORE USING.

(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.**

My trade mark consists of the word "CREOLIN," and any infringement will be severely prosecuted. WILLIAM PEARSON.

**Sole Agents for Dominion of Canada:** LYMAN, SONS & CO., Montreal.

## DIRECTIONS

| | Creolin | Water |
|---|---|---|
| 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 30 |
| For Worms in Horses give internally, on empty stomach, a quart solution of . . . . . Parts | 1 | in 20 |
| Throat-worms in Lambs, Diphtheria in Fowls, all internal Parasites eradicated by giving solution of . . . . . Parts | 1 | in 30 |

If the above Directions are not perfectly clear, please request the Druggist to explain the same.

N.B.—BEFORE USING A SOLUTION, SHAKE WELL.

CENTURY WORD CONSTANTLY in almost EVERY HOSPITAL in the WORLD.

Curative measures include the removal of all pathological conditions. The prolonged use of strychnine is required to overcome neurotic lesions induced by prolonged attacks. Several cases were quoted. The cardiac cases were relieved best by nitroglycerine or caffeine. For the bronchial cases, iodide of potash, stramonium, spirits of chloroform and ammonia were found useful.

Dr. Wetmore referred to a case of asthma probably induced by abscess of prostate.

Dr. MacLaren spoke of nasal polypi as causative and found iodide of potash still the most valuable remedy.

Dr. Inches said a change of climate was often of service.

Dr. Jas. Christie had found antikamnia with codeia very useful.

Dr. T. D. Walker closed the discussion.

March 6th.—An address on "Tuberculosis and its Treatment in Sanatoria," was given by Dr. Bayard.

Reference was made to the decrease in mortality from tubercle since its discovery by Koch in 1882. Tubercular contagiousness was considered and the various ways that contagion is conveyed.

Prevention was the next question for consideration and embraced care of expectoration, pure milk and food and the detection of tuberculosis in its early stage.

As regards treatment—much dependence should be placed on sanatoria. The establishment of sanatoria in New Brunswick had been delayed by various unavoidable circumstances, such as the deaths of the Secretaries of the Board of Health—Drs. Coulthard and Coburn. Several propositions have now been made to the Provincial government, and the subject is under consideration. The present indication was that a sanatorium in the form of a cottage to accommodate 10 or 12 patients would first be erected.

In the discussion which followed, Drs. Ellis, Crawford, Wetmore, McLean, Skinner, MacLaren, T. D. Walker, Inches, Addy and Jas. Christie took part. There was a stong and unanimous opinion of the importance to the province of sanatoria, and a committee was appointed to draw up a suitable resolution endorsing Dr. Bayard's efforts.

March 13th.—The following resolution was endorsed by the society in reference to the proposal to establish sanatoria in New Brunswick, and was forwarded to the Provincial government.

A discussion then followed. Dr. G. A. B. Addy had used salol with cubebs with good results. This class of case bore operation badly.

Dr. Murray MacLaren referred to the increased length of urethra as a sign of prostatic hypertrophy. Marked retention may occur with enlargement. The situation of the hypertrophy is the important point. Patients should take ample time over the act of micturition. Sometimes discomfort, irritability and frequency is observed unaccompanied by retention.

Dr. Wetmore referred to the frequency of use of catheter as depending upon the amount of residual urine.

Dr. James Christie said that elderly men were frequently reluctant to acknowledge an urinary infirmity, and hence these cases were often seen for the first time at an advanced stage.

20th Feb.—A case of antifebrin poisoning was reported by Dr. Thos. Walker. Four tablets composed of antifebrin gr. vi, salol gr. iii and caffeine gr. i, were taken in all; at intervals of four hours. The pulse was rather weak, 65 per minute. Breathing regular but shallow. The patient was notably cyanosed—the entire body being blue, semi-conscious and showed muscular spasms. There was no vomiting nor sweating. The patient recovered under stimulation.

A paper entitled "Eye Symptoms in General Diseases" was read by Dr. Crawford and will appear in the MEDICAL NEWS.

In the discussion which followed Dr. T. D. Walker referred to rheumatic sclerotitis and renal retinitis. Dr. Skinner spoke of tubercle of choroid and gummata. Drs. Inches, G. A. B. Addy, T. Walker and Gray also took part in the discussion.

Feb. 27th.—A paper on "Asthma" was read by Dr. T. D. Walker. The various views held as regards the nature of asthma were given and an attack described. The treatment looks to three points. 1. Arrest of paroxysm. 2. Prevention of paroxysm. 3. Removal of pathological factors. For the arrest, morphine is most frequently used, although the objections to its use are various, such as drug habit, suppression of expectoration and danger in Bright's disease. Other remedies are very numerous. To prevent the paroxysm, a careful examination of all organs likely to set up reflex irritation is necessary.

*Whereas*, medical experience has shown that the treatment of those suffering from pulmonary consumption or tuberculosis of the lungs, conducted in a sanatorium properly constructed and well situated, is more favorable than those treated in their own homes, or in hospitals in populous centres, under the best possible conditions therein; in short, that better results are obtained in the sanatorium than elsewhere.

A few years ago the majority of such patients, if they could, sought warm climates in the winter, and the result in the greater number of cases was eventually fatal: to-day it is recognized that it is better for the patient to winter in cold climates rather than a warm one.

Convinced that such treatment is the best known, public and private bodies in all progressive communities are establishing institutions for the purpose, situate on high grounds, where the air is purest and there is plenty of sunlight.

Those in Germany, Great Britain and the United States have been eminently successful; also in Ontario at least one is in useful operation, and more are being erected, as well as in Quebec. In Nova Scotia the government has granted money in aid of one.

It is badly necessary to allude to the deplorable prevalence and fatality of the disease in our province, very largely due to causes which are preventable if measures for doing so be enforced and the cases treated in the early stages, as suggested.

Persons suffering in both the early and advanced stages of the disease are almost daily leaving their homes to obtain relief and hoped-for cure in a far-off residence or institution, at great expense and painful separation from their relatives and business.

Treatment at a sanatorium could be carried on as favorably in New Brunswick as in any climate in the world where a favorable site on high ground, with the purest of water and easy access by railway might easily be obtained.

But such an institution requires public aid for its establishment, and it is understood that the government of this province has already been solicited to aid or undertake the work.

*Therefore resolved*, by the St. John Medical Society, that, believing the most successful treatment of pulmonary consumption can only be conducted in sanatoria, it respectfully requests the government of New Brunswick to view the proposal favorably, and further the efforts now being made for the establishment of such institutions.

PATHOLOGICAL SPECIMENS.—Dr. Ellis exhibited a gall stone. Dr. McLaren showed a miscarriage at early stage, also axillary glands (probably tubercular) removed from a woman aged 20, who had recently been confined. The glands weighed half a pound.

March 20th.—A case of recovery of cut throat was shown by Dr. MacLaren. The man had made an extensive wound with a razor and had severed completely the thyroid cartilage. The wound was closed by deep and superficial sutures.

Two wounded soldiers of the first Canadian contingent were also shown. One of them had been shot through the tibia, the other had had the right ulnar nerve severed at the elbow, with subsequent loss of power and sensation. Operation for repair of nerve had been unsuccessful.

A specimen of abscess of lower end of femur following typhoid fever was exhibited by Dr. MacLaren.

March 27th.—Dr. T. D. Walker reported several clinical cases. 1. Abdominal abscess, which discharged pus above the umbilicus. It occured in a woman aged fifty and at an earlier stage was suggestive of malignant disease. 2. Sarcoma of ilium causing marked œdema of leg. 3. Long standing ulceration of stomach—in this class of case, operation was considered advisable.

April 3rd.—The subject of "Acute Mania" was introduced by Dr. G. A. Hetherington. After some observations regarding the various causes and types of acute mania, Dr. Hetherington discussed treatment. Much stress was laid on the propriety of keeping many such cases at their homes rather than resorting to asylums. The stigma of detention in an insane asylum is thereby avoided, a prompt recovery is frequently obtained and the patient does not suffer from a business point of view to the same degree, as for instance in the matter of life insurance.

The main points of treatment are: 1. Attention to the relief of the excretions. 2. Hypnotics are always essential. Chlorotone in doses of ten to twenty grains acts very well while trional is most useful; generally, opium is of less service. Hot baths (112 F.) should be given two or three times a day followed by a hypnotic. Ninety out of every one hundred cases will recover under this treatment.

The Vice-President considered that cases of acute mania were more suitably treated in asylums.

Dr. Christie, Dr. Addy and other speakers agreed that cases of puerperal mania should receive home treatment while several other types should be sent to asylums.

# To the Medical Profession:

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.

## Personals.

Dr. J. N. Mack is the latest newcomer among us, having taken up his residence at 32 Morris St. Dr. Mack formerly practiced in Lunenburg, and for the past year has been doing post graduate work in London and New York.

Among the recent benedicts are the following: Drs. G. H. Cox of New Glasgow, W. H. Rice of Sydney, G. W. McKeen of Baddeck, and G. L Foster of Halifax. The NEWS extends its congratulations to all.

## Obituary.

The death occurred Saturday evening, June 1st, of Dr. Harry Gregory of Fredericton, after an illness of only a few days, from acute Bright's disease. He was a son of the late Dr. Thomas Gregory of Fredericton, and a nephew of Judge Gregory. Deceased, who was thirty-six years of age, graduated M. D., at the University of New York, and took up the practise of his profession at Centreville, subsequently removing to Stanley, where he married. Later he moved to Prince William, and a little over a year ago went to Fredericton where he had built up a successful practice. He leaves a widow, one child, mother and brother John, at Antigonish, and sister, Mrs. E. H. Allen of Moncton.

## Therapeutic Suggestions.

ACUTE CYSTITIS AND URETHRITIS.—Aronstam has obtained good results from pichi combined with an alkali, as in the following formula:

| | | |
|---|---|---|
| R—Fluid extract of pichi | 4 | drams. |
| Potassium citrate | 3 | " |
| Tinct. of hyoscyamus | 2 | " |
| Spirit of nitrous ether | 2 | " |
| Elixir of orange to make | 2 | ounces. |

One teaspoonful in water one hour and a half after meals.—*Physician and Surgeon.*

COUGH IN PHTHISIS.—Daly recommends for the hard, dry cough of phthisis the following combination:

| | |
|---|---|
| R.—Camphor | 2 grains |
| Heroin | ½ grain |
| Creasote | 1 drop. |

To be made into a pill with a proper vehicle. The camphor does away in large part with the general depression.—*N. Y. Med. Journal.*

ECLAMPSIA.—Dr. Price says that the green root tinct. gelsemium, in doses of from 20 to 30 drops had succeeded as well as morphine hypodermically in eclampsia.

PALATABLE EFFERVESCENT QUININE.—The *Journal of Tropical Medicine* quotes the following from the *Therapist*:

| | |
|---|---|
| R.—Quinine sulphate | 1 dram. |
| Citric acid | 2½ drams. |
| Syrup of orange peel | 15 minims. |
| Syrup | 15 " |
| Distilled water, enough to make | 5 drams. |

Ten or twenty drops to be added to two ounces of water containing five or six grains of sodium bicarbonate. Ten drops of the mixture contains about one grain of quinine.—*N. Y. Med. Journal.*

VOMITING OF PREGNANCY.—Monin has been struck by the resemblance which the symptoms presented by certain pregnant women bear to those of hypersecretion. Gastric pain, heartburn, acidity, nausea, and vomiting, occurring especially in the morning and relieved by taking food, are all symptoms commonly observed both in hypersecretion and pregnancy. As a consequence of the suggestiveness of this observation, satisfactory results have been obtained in the case of pregnant women by administering daily five doses of sodium bicarbonate, each consisting of thirty grains given in a capsule.—*Lyon Medical.*

FOUL SMELLING CANCERS.—If iodoform gauze be saturated with a solution of the compound tincture of benzoin and applied in cases of foul smelling cancers and open malignant ulcers, the odor will be completely destroyed. The offensive and persistent odor in these cases renders life a burden both to the patient and attendants.—*Chicago Medical Times.*

# Book Reviews.

A Text-Book of Gynecology. Edited by Charles A. L. Reed, A. M., M. D. President of the American Medical Association (1900-1901), Gynæcologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnatti Hospital; Fellow of the American Association of Obstetrics and Gynæcologists; Fellow of the British Gynæcological Society; Corresponding Member of the National Academy of Medicine of Peru, etc. etc. D. Appleton & Co, New York. 1901. Pages 900, cloth $5.00

The editor of this work is well known—particularly to gynæcologists, and this volume cannot but increase his already favorable reputation.

In the preparation of this work the editor held in view three special objects, viz.:

I. The formulation of a text-book which should serve as a working manual for practitioners and students, and which should embrace the best approved developments of gynæcology, including those of later date than are, or can be included in a book of similar magnitude by a *single* author. For this purpose, assignment of topics was made to a considerable number of writers, but only to those who have acquired reputation in connection with the subjects upon which they were asked to write. This division of labour, giving to each writer a relatively small amount of work, insured a careful preparation of copy in the shortest possible time, and the issuance of a strictly up-to-date volume.

II. The cooperation of the various departments of medical science in their synthetic relation to gynæcology. For this purpose contributions were invited from several writers who are not gynæcologists in the strict sense of the term. Thus the various topics upon pathology were given to pathologists, while those relating to bacteriology, dermatology, neurology, hygiene, etc., were assigned with similar appropriateness. As a consequence a single chapter, in some instances, is based upon contributions from several writers, while the whole has been rendered consecutive, systematic, and homogeneous by the editor. The work is not therefore in any sense a mere aggregation of monographs.

III. The specific recognition of the work of investigators and operators in gynæcology and correlated departments.

For this purpose, invitations to contribute to the work were limited to those who had already contributed something to science. As a consequence writers were asked to treat their respective topics not only in a general way, but freely to express their individual views relative to the same.

The editor has rendered into the third person all references by the different writers to their own work. In this way and by reference to the table of

contents, the reader is enabled to determine the authorship of each particular paragraph. The author has well carried out his promise and has been assisted by such men as Carstens, Robb, Hare, Coe, Dercum, Herzog, Mann, Zinke, McMurtry and Harris of the United States, Ballantyne of Edinburgh, Cameron of Glasgow, Johnson of Montreal, Ross of Toronto, Sinclair of Manchester, and Mayo Robson of Leeds.

Of course we always find something to criticize. The rarer forms of ectopic gestation are not alluded to. The article on deciduoma is not very full. Ventral suspension and ventral fixation are rather looked upon as being inferior to Alexander's operation. The practice of making an incision in the vaginal vault and breaking up adhesions and then doing Alexander's operation will probably gain but few followers. Senn's method of sterilizing catgut—the formalin method—is the only one mentioned. This too when we are not at all sure that it is a sure method of sterilization, for the spores of the anthrax bacillus take 240° Fahrenheit to ensure absolute safety.

The chapter on displacements of the uterus is excellent and the remarks on the use of pessaries up to date. The illustrations go hand in hand with the text and are splendidly done, though perhaps a little exaggerated, and as usual in nearly all American books are vastly superior to any we meet with in English works. This work cannot be contrasted with Kelly's which is merely an "Operative Gynæcology," but would make an excellent companion volume to it. It is a book that will be relished alike by practitioner and student. From cover to cover it holds one's interest and when closed the only regret is that there is not more of it. Altogether it is a well-written, entertaining, instructive and useful volume. We congratulate Dr. Reed on ts production and wish him success in its circulation.

CONSUMPTION, PNEUMONIA AND THEIR ALLIES; their Etiology, Pathology and Treatment.—By Thomas J. Mays, A. M., M. D., Professor of Diseases of the Chest in the Philadelphia Polyclinic, etc. Published by E. B. Treat & Co., 241 and 243 West 23rd St., New York. Price $3.00.

The special feature of this work is the advocacy of the neurotic therery of consumption, etc. While the tubercle bacillus is not wholly disregarded, it is considered to play a comparatively minor role, and is not thought to be essential to the development of tuberculosis. Any thing so widely at variance with the common teaching of to-day at once attracts the attention.

The author formulates the fundamental concepts of his work as follows:—

1. That pulmonary phthisis in the large majority of cases is primarily a neurosis, and that the pulmonary disintegration is secondary;

2. That any agent, influence, or condition which undermines the integrity of the nervous system will engender pulmonary phthisis, or some form of pulmonary disorder;

3. That the only remedies of value in the treatment of pulmonary phthisis are those which appeal to, and act through, the nervous system;

4. That of special value in the treatment of phthisis is the counter-irritant action of silver-nitrate introduced hypodermically over the vagi in the neck; and

5. That acute pneumonia, and other forms of acute pulmonary disease, are closely affiliated with disorder of the nervous system.

In support of the first—and also of the last—of these propositions the author cites a great variety of case-reports, culled from a very extensive literature illustrating many morbid conditions in which some or other portion of the nervous system was at fault, and in which pulmonary disease developed. This review of the literature is most interesting, and demonstrates much diligence and persistence on the part of the author, but that the association of the pulmonary condition with the nervous fault was in any case more than coincidental does not appear to the reviewer to be proved. Even the large number of cases referred to is after all but a drop in the bucket of the total number of cases of tubercular disease which develop without preceding implication of the nervous system. And the reasoning of the author, in the application of his theory to pulmonary diseases, might with equal force and equal fairness be applied to the diseases of any other system of the body.

Dr. Mays supports his second proposition by reasoning which is quite similar to that employed in support of his first, and which, in the opinion of the reviewer, is equally fallacious. While unable to deny that infection is possible, he considers this to be a very infrequent method of causation, and quotes a number of authorities who have been unable to assure themselves that tuberculosis is commonly transmitted by infection. A little search of recent literature would have supplied him with a much more formidable array of authorities who give strong evidence in favour of the opinion that tuberculosis, and especially pulmonary tuberculosis, is an extremely infectious disease, and that it is ordinarily spread by infection. So much good promises to follow the education of the public to this view of tuberculosis that any teaching to the contrary, we cannot but feel, is dangerous and to be deplored.

While, however, we cannot agree with Dr. Mays in the theory upon which he bases his work, we are yet able to find much in his book which is of interest and much which is valuable. His chapters on treatment are good and well worthy of careful perusal. Except for a curious transposition of pages 241 and 247, the book is well printed, and the binding is neat and substantial.

STRINGTOWN ON THE PYKE, by John Uri Lloyd. Published by W. J. Gage & Co., Limited, Ontario.

This is a tale of Southern life, simply and yet effectively told by one of our own profession who must eventually attain to a high rank among litterateurs. The scene is laid in Kentucky, and prominent among the *dramatis personae* is an old negro slave, whose unflinching devotion to the trust imposed upon him, coupled with his implicit faith in the signs and spells which play so large a part in negro superstition, makes him a very interesting character. The story gives a capital idea of life in the South, and might almost be spoken of as a psychological study of the darkey. There is enough of the folk lore of this happy and rather irresponsible child of nature to add a special charm to the work, and as illustrative of the superstition which controls nearly every action of the negro, the book is almost unique. Enough tragedy is brought into the tale to keep the interest fixed and give it a flavour worthy of Kentucky tradition.

# Notes.

SANMETTO IN DEBILITY AND IRRITABILITY OF GENITO-URINARY ORGANS FOLLOWING LA GRIPPE.—Have been using Sanmetto for the past three years with very satisfactory results in different forms of debility and irritability of genito-urinary organs. Am now using it on case of an old lady, the sequelæ of LaGrippe that is giving gratifying results. Was attacked after LaGrippe with hematuria, irritable stomach and a general debility. After trying various remedies without success, placed her on Sanmetto, which she retained, and at once a marked improvement began. She is now on second bottle and improvement in general strength is marked. Hematuria is stopped. In cases of chronic urethritis I consider Sanmetto a specific. Will continue to keep Sanmetto within reach.

FRANK MCCORMICK, M. D.,
Fremont, O. Mem. Sandusky Co. Med. Soc.

LAXATION IN CONSTIPATION, by J. A. RENE, M. D., West Superior, Wis.—The successful treatment of constipation does not consist in simply momentarily relieving the overloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained.

The fact that there is an intimate association between the intestinal and cerebral functions was early recognized by the ancients—a fact that shows the need of attending to the cerebral disturbances while correcting the pathological conditions of the gastro-intestinal tract.

The habitual use of purgatives is not to be encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be one aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been the primary cause of the constipation, or have been brought about by the constipation itself.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarin, etc., but of all the recent preparations which have come to my notice I have found the Laxative Antikamnia and Quinine Tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.

A close study of this combination shows that it is a tonic-laxative, analgesic and antipyretic—and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelæ of typho-malarial cachexia, when a gentle and safe laxative combined with an anti-periodic is required, I have found this preparation of the utmost value. The co-operative or synergetic properties of these ingredients will readily commend themselves to the profession.—*Chicago Medical Times.*

# SOLUTION
# ADRENALIN CHLORIDE

(Adrenalin the active principle of the Suprarenal Gland)

**Astringent, Hemostatic, Cardiac and Vasomotor Stimulant.**

ADRENALIN is a recent chemical discovery by Dr. Jokichi Takamine, of our scientific staff. Dr. Takamine has invented a process for separating the active principal of the suprarenal gland. The resultant product is in tiny, microscopic crystals, to which the name Adrenalin has been given.

Adrenalin has already passed the experimental stage, and is now employed successfully in solution by prominent ophthalmologists, laryngologists, surgeons, and general practitioners—for performing bloodless operations, and on congested mucous membranes of the nose and throat. As it is extremely difficult for the practitioner to make solutions of Adrenalin, WE RECOMMEND THE USE OF OUR SOLUTION ADRENALIN CHLORIDE, 1:1000, which we prepare and market ready for immediate use. This preparation cantains Adranalin Chloride, 1 part; Normal Sodium Chloride Solution, 1000 parts. So powerful is Adrenalin that a single drop of a solution of the strength of 1:10,000 instilled into the eye blanches the conjuctivæ, ocular and palpebral, in thirty seconds to one minute With its aid bloodless operations have been performed.

This solution has the great advantage of accurate dosage, and may be used as a cardiac stimulant instead of ordinary preparations of the gland itself. Write us for literature—sent free on request.

Solution Adrenalin Chloride, 1:1000, in ounce g. s. vials. Price, $1.00.

## PARKE, DAVIS & COMPANY,

MANUFACTURING CHEMISTS AND BIOLOGISTS,

Eastern Depot,
378 St. Paul St.,
MONTREAL, QUE.

Walkerville, Ont.