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THE
MARITIME MEDICAL NEWS
A MONTHLY JOURNAL DEVOTED TO MEDICINE & SURGERY

VOL. XIX HALIFAX, NOVA SCOTIA, FEB. 1907. NO. 2

Maritime Medical News

CONTENTS FOR FEBRUARY, 1907

THE MARITIME MEDICAL NEWS is a monthly magazine devoted to the interests of the medical profession. Communications of general and local professional interest will be gladly received from friends everywhere. Manuscript for publication should be legibly written in ink (or typewritten, if possible) *on one side only* of white paper. All manuscripts and correspondence relative to letter press should be addressed to The Editors, MARITIME MEDICAL NEWS, P. O. Box 341, Halifax, N. S.

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Trypsin in Cancer. Writing to the *British Medical Journal*, of December 22, 1906, A. S. Barling reports having used trypsin in three cases of inoperable cancer of the uterus, but saw no benefit follow. The growth was not checked, nor was the pain relieved. On the contrary, there were added to the other symptoms fever and malaise. Barling states that he will not use the agent further, and deplores the claims which have been made for it in the lay press.

*

Round-Ligament Ventrosuspension. Under the caption, "A Plea for the Simple Round-ligament Ventrosuspension," Dr. B. S. Talmey describes in the *Medical Record*, of December 29, 1906, the method, which he has used for six years, of suspending the retroplaced uterus in women of child-bearing age. The abdominal incision of about 6 cm. is made in the linea alba, beginning immediately above the pubis; the recti muscles are separated, and the peritoneum is incised; the uterus is located and any adhesions are freed. The uterus is grasped at its posterior surface by a tenaculum and held in position. The round ligament is then located and is followed to the uterus. At this end the first suture of chromicized catgut is inserted and passed through the rectus muscle about 2 cm. from the abdominal incision and about 3 cm. above the symphysis. Another suture is inserted through the round ligament 1 cm. distally from the first, and in the same way it is passed through the rectus muscle. This procedure is repeated on the other side, and the sutures are all then tied and the abdomen is closed. After the operation a pessary is placed within the vagina, where it remains until the patient leaves her bed. The chief advantage of this method is that the operation is universally applicable and entirely satisfactory and the uterus is placed in the most physiological position.

*

Replacement of Thumb by Great Toe. An interesting cosmetic operation, undertaken by F. Krause, is described by him in *Berliner Klinische Wochenschrift*, of November 26. The patient, a man aged twenty-one, had lost his right thumb in childhood, and himself desired that an attempt be made to replace it with the great toe of his own right foot. The operation was designed to secure a false joint. The first stage consisted in division of the soft parts on the dorsal aspect of the toe, and resection of the head of the metatorsal bone, while the thumb was refreshed on its dorsal aspect. The cicatrix of the stump was preserved to enter into the formation of the false joint. Tendons having been sutured to tendons and skin to skin, the newly apposed parts were immobilized by plaster dressing for seventeen days. Then the dressing was removed for the completion of the operation. The toe was disarticulated at its base, and plantar and palmar tissues were divided and properly sutured. (One would imagine that the patient would welcome release from the constrained position in which the

plaster dressing had held him for so many days.) Good union was obtained and the cosmetic result was excellent, but at the time of report the patient had no muscular control of his newly acquired thumb.

*

Cerebellar Tumours. In the course of a communication to the *Medical Record*, of December 22, 1906, on "Some Notes on the Diagnosis and the Result of Surgical Treatment of Cerebellar Tumours," Dr. B. Sachs declares that the question of the surgical removal of cerebellar tumours has given rise to considerable discussion. The difficulties of diagnosis are somewhat greater than those ordinarily met with in other intracranial neoplasms. The diagnosis is sometimes made by exclusion. Strictly localizing symptoms are less certain than they are in the cases of tumours affecting the motor or occipital areas. Other things being equal, rapidly advancing optic neuritis may serve as a symptom pointing to cerebellar tumour. The early development of unilateral or bilateral rectus xternus palsy is to be given due weight. The writer regards this symptom as almost pathognomonic of cerebellar lesions if it is associated with the general symptoms pointing to increased intracranial pressure. As to treatment, he believes that when the diagnosis is made and when there is a fair degree of certainty as to the special part involved, a large trephine opening should be made over the suspected area. Even if the neoplasm is not found, much good will be done by the relief of pressure.

*

Toxæmic Vomiting of Pregnancy. In discussing this subject in the *American Journal of the Medical Sciences* for September last, Williams states that three forms of vomiting of pregnancy are to be distinguished, viz.: reflex, neurotic and toxæmic. The two first named forms usually yield well to treatment, but the toxæmic form is very serious and often causes death within a few days, the patient becoming comatose perhaps before there is any indication of starvation. There may be no albumen or casts in the urine, but careful examination will disclose a decided diminution of the amount of nitrogen excreted as urea and a marked increase in the amount eliminated as ammonia. Thus the ammonia coefficient, which in a normal pregnancy is from four to five per cent. may rise to twenty or even forty per cent. If the ammonia coefficient exceed ten per cent., Williams considers that a diagnosis of toxæmic vomiting is reasonable and advises that pregnancy be terminated. He regards the hepatic lesions to be consequent upon rather than causative of the toxæmia, and that prompt termination of the pregnancy is the most efficient means to prevent their development.

*

The Stem Pessary. In an article which appeared in the *Journal of the American Medical Association*, of December 29, 1906, Dr. J. H. Carstens considers the stem pessary a valuable aid in the treatment of amenorrhœa and dysmenorrhœa and thinks that it often aids in effecting a cure in otherwise intractable cases. As an excitant of the muscle of the organ it develops the infantile uterus, enlarges a prematurely atrophied one and brings about restoration to a normal condition when superinvolution has occurred. It is absolutely contraindicated, however, in all inflammatory pelvic states, and when adhesions exist, and its introduction should be made only with all the care

against septic infection as in a case of complicated abdominal surgery. As the stem is liable to be forced out he finds it best, as a rule, to insert a Hodge-Thomas pessary to throw the uterus forward and to prevent this occurring. He leaves the stem in place not less than four months and often for much longer periods, up to two or three years in some cases. In slight flexions or displacements with recurring stenosis and sterility it will sometimes cure the latter condition. It is in the troubles that are slight, from a surgeon's standpoint, but most distressing to the patient and trying to the physician, that the employment of the stem pessary is indicated.

*

Von Behring on Tuberculosis Von Behring recently read a paper at Stuttgart, before the Society for the Care of Sick in the Colonies, on his method of treating tuberculosis. According to von Behring's view, consumption is the "last verse of the song of which the first verse was sung in the infant's cradle." In other words, he believes that the bacilli of tuberculosis find their way into the human system through milk. His theory directly contradicts Koch's doctrine, that tuberculous milk is not dangerous, and consumption in most cases is contracted as a result of breathing. Von Behring holds that the germs reach the lungs through the lymphatics and blood vessels. He contradicted Dr. Koch flatly in the matter of tuberculous milk, which Koch considers to be harmless. Von Behring, on the other hand, says that germs from a tuberculous cow are not more dangerous than the germs originating from another human being.

It was expected that during his address von Behring would communicate the secret of his remedial preparation, but he failed to do so.

The Leucocyte Count in Gynæcology. In a paper contributed to the *Medical Record* of December 22, 1906, entitled "The Value of the Differential Leucocyte Count in Gynæcology and Abdominal Surgery," Dr. Frederic E. Sondern says that his continued daily contact with cases in which the diagnostic aid of the differential leucocyte count is sought strengthens rather than weakens his belief in this valuable factor in surgical diagnosis. It presents diagnostic and prognostic data at a time when the clinical picture may be confusing. While it is true, continues the writer, that pitfalls and errors surround this as they do all other diagnostic methods, and while it is of use to only the discriminating clinician who learns to apply it, still nobody can gainsay the fact that it fills a place occupied by nothing else. A few examples which emphasize this point are quoted.

*

St. John Hospital Notes. At the meeting of the Commissioners of the St. John General Public Hospital, held recently, the plans of the architect for the proposed new operating room were inspected and the architect instructed to have specifications prepared. While no definite action has yet been taken, it is practically arranged that the Owen Jones bequest will be used for this purpose. The idea is to establish a memorial for the hospital's benefactor. No action was taken regarding the appointment of a superintendent, it having been found difficult to secure a suitable man.

An important change went into effect on January the first, whereby a division has been made in the rooms. Under the new regulations the paying patients are divided into three classes; $14 per week will be charged for the best rooms, and for those slightly less

desirable, $10.50. The ward patients will pay $7.00 per week. In the case of the latter, however, a departure has been made which will allow them to be attended by any of the surgeons or physicians on the hospital staff that they may prefer. Heretofore, they were restricted to the visiting surgeons, who were on for the month.

*

Congress on Tuberculosis. We have been favored with a list of the office bearers in this organization for the present year, elected at a meeting held in conjunction with the Medico-Legal Society of New York in November last. The proportion of dead men amongst the Canadian representation, particularly impresses us, but we are also caused some uncertainty about those still in the flesh by the repeated titling of Hon. W. S. Fielding, as Ex-Minister of Finance. We would respectfully suggest to those who compose this excellent organization that more effective work might be accomplished by selecting as office bearers men who still habit this mundane sphere. The age is too practical to require ghostly counsel in the deliberations of scientific societies, especially such as set themselves so serious a task as combat against tuberculosis.

*

American Physio-Therapeutic Asso. Physicians who are interested in the study and legitimate practice of the physical (drugless) therapeutic methods, notably electro-therapy, photo-therapy, mechano-therapy, hydro-therapy, suggestion and dietetics, are invited to join the American Physio-therapeutic Association. Address the Secretary: Dr. Otto Juettner, No. 8 W. Ninth Street, Cincinnati, Ohio.

Officers for the ensuing year are: President: Dr. H. H. Roberts, Lexington, Ky. Secretary: Dr. Otto Juettner, Cincinnati, Ohio. Treasurer: Dr. Geo. H. Grant, Richmond, Ind. Executive Council: Drs. W. F. Klein, Lebanon, Pa.; Jas. Hanks, Brashear, Mo.; J. W. Unger, West Point, Miss.; Chas. S. Northern, Talladega, Ala.; R. W. Gibbes, Columbia, S. C.; S. J. Crumbine, Topeka, Kans.; F. L. Keeler, Perry, Okla.

*

Congress of Climato-therapy. The third congress of Climatotherapy and Urban Hygiene will hold its meeting, during the Easter Vacation, 1907, on the French Riviera—(that part between Hyeres and the Italian frontier) and in Corsica. The sessions will be held at Cannes, Monaco, Mentorie, and Ajaccio, but all the towns and stations on the Mediterranean Littoral are included in the programme:—Cannes, Nice, Monte Carlo, Mentine, Hezeres, Antibes, Gusse, St. Raphael, Jaunles-Pines, Beaulieu, Cap-Martin, Thorenc, etc., etc. The Congress will last about a week on the French coast, and will finish in Corsica.

The success of the two previous congresses held at Nice in 1904, and Arcachon, 1905, is well known. Without doubt, the third meeting will be in no way outdone by its predecessors. Its programme will be of the best. The organizing committee are busy, the principal points being already settled. Many towns have subscribed important sums,—Cannes, Mentone, and the Principality of Monaco, having promised large subscriptions. Municipalities and corporate bodies are preparing to rival with each other, to assure the success of the Congress, and to offer a brilliant reception to the visitors: fêtes, banquets, excursions. A reduction of 50 per cent. will be asked for on all railways and steamboats. Important

reductions will be given in all hotels.

For all information, address the general secretary, Dr. Verdalle, 1 boulevard d'Alsace, Cannes.

*

Diet in Diebetics.

Dr. M. Einhorn, in the *Journal of the American Medical Association* for December 29, reviews the methods of treatment of diabetes mellitus, and gives lists of various diets, including that of Seegen in full. The Winternitz milk cure and von Noorden's oatmeal cure are beneficial in suitable cases. Whatever form of diet is employed it is essential to see that it is sufficient, and fats (butter, cream, oil and lard) are more important here than in other conditions. Einhorn also recommends alcohol taken moderately, as furnishing a useful fuel element, and as enabling more greasy food to be taken than could otherwise be the case. In the condition of hyperchlorhydria complicating diabetes, the diet is the same and the medical treatment of the one also favourably influences the oth r. In achylia gastrica, however, in which animal food is not well borne, the condition is different, and a trial of the von Noorden oatmeal treatment would be appropriate. The main point to be observed in this treatment is that more carbohydrates must be given and the condition of the urine must be watched to see how they can be borne. He gives a diet which he has successfully used in some cases of achylia in diabetes. Another class of digestive disturbances are catarrhal affections of the stomach and bowels, and in such cases the treatment must be directly against the acute conditions and the diabetics must be left out of consideration until they are relieved. A bland meager diet is the main thing. When the acute stage is passed we can slowly return to the antidiabetic diet.

An Ethical Case.

Much interest was aroused some months ago in Ontario, by the action of the Medical Council of that province, in removing from its membership roll the name of Dr. Alexander Crichton, for infamous professional conduct. Dr. Crichton had advertised an infallible cure for la grippe, the formula for which he declined to divulge. The action of the Medical Council led to much severe criticism by the lay press, and, as we have long since learned to expect, the lay mind proved quite incapable of properly appreciating the motive of the Medical Council in the matter. And now an added interest is attached to the case by the recent decision of the Divisional Court, which has annulled the action of the Medical Council. The comment of the average newspaper is somewhat irritating to the Æsculapian; but there is so much which is eminently fair in an article in the Toronto *Globe* that we quote from it as follows:

"The action of the Ontario Medical Council in striking Dr. Alexander Crichton, of Carleton, from the roll has been reviewed by the Divisional Court, and the decision has been annulled. The chief reason for this is that the conviction was for offences different from those charged, that the Discipline Committee made a decision instead of reporting facts, and that the trial was not conducted with proper safeguards for the accused. The finding does not prejudice future actions. The interest excited when trades unionists use their negative power and refuse to work with someone who is regarded as hostile, explains the widespread attention given to the case of Dr. Crichton, against whom the Medical Council used its positive power in taking away the right to practise his profession. The punishment is se-

vere, even terrible, in its possible results, and nothing could be more likely to awaken public sympathy. That such sympathy is likely to obscure the special merits of any case is a fact that should make the Medical Council extremely cautious in exercising the powers conferred on it for the protection of the public. To some minds, to prohibit a man from earning his living in a profession or calling for which he has qualified himself would seem like a cruel and unnatural punishment that should not be inflicted under any circumstances.

"The attitude of the medical profession is easy to understand. That profession has no secrets. Every discovery by its members is given to the world. All the results of the most careful and painstaking investigation are freely disclosed. To keep back anything or to use a secret remedy is to the profession disgraceful. The world owns all medical discoveries, and to retain them for personal profit is fraudulent. For this truly altruistic attitude the world owes the medical profession a deep debt of gratitude. A monetary estimate of this debt may be made by considering what fortunes could have been made out of recent discoveries if kept secret and exploited for private gain.

"As to advertising, it seems to be regarded as fraudulent because it involves positive promises and inclusive claims which are not warranted by the experience of the profession. The man who promises that a certain result will follow the taking of a certain remedy does what physicians of the widest experience and deepest learning would not think of doing—is rushing in where angels fear to tread.

"Men distinguished in the medical profession are the best judges as to the propriety and honesty of the conduct of brother practitioners. But whether they are the best qualified to sit in judgment, to exercise authority, or to pronounce a sentence of expulsion is an open question. They are human in spite of their free gift of discoveries to the world, and when they attempt to sit in judgment on a brother the complicated influence of their various human interests may create the need of a disinterested tribunal. Power is always a dangerous thing: unless the power of the Medical Council is exercised with extreme care, it will, of necessity, be curtailed."

*

The Epidemic Among Rabbits.

The recent epidemic among the rabbits in cretain sections of the Province of Nova Scotia would appear to be of considerable importance: First, to the citizens of the Province in general, in which the factor would be one having r ference to the public health; second, to the trappers, who at certain seasons of the year derive considerable revenue from their sale; third, having reference to the future control of epidemic disease among animals, household and wild.

In reference to the public health, in the present epidemic we must agree with the Provincial Bacteriologist, in that, as the disease was undoubtedly one of a septic nature, the indiscriminate use of these animals, as a food, could not be allowed, unless a rigid inspection were carried out, so that all animals showing emaciation and those having enlarged lymphatic glands, could be destroyed.

This method may not be a sufficiently rigid one for the complete protection of the public in a widely spread epidemic among animals. But in the rather imperfect public health service of the Province at large, and in the fact that this special epidemic was only confined to certain districts, even when no further effort could be

made, no disease in human beings was traceable to this source.

The financial loss to the trappers throughout the Province, and especially near Halifax, was probably a fairly considerable one, sufficient at least to suggest the larger loss in the case of epidemic among animals having a greater market value.

The future control of the diseases of animals seems to us the most important question to be considered, since animals are as prone to epidemic disease as are human beings.

It is easy to imagine that at some future time an infectious disease will occur among some species of animal, which will be of very decided danger to the public health and accompanied by a severe financial loss. If present conditions prevail, the disease could become epidemic before public attention would be directed toward it, and would probably be alarming before any effectual measure for its stamping out were instituted.

This, of course, does not necessarily mean that present regulations are not satisfactory, but it does assume that more attention must now be directed toward disease among cattle and wild animals in the Province.

We know that most of the rabbits in captivity suffer from an infection of the liver by the coccidium oviforme, which gives rise to numerous larger or smaller tubercular looking masses throughout its substance, and that in the blood of the porcupine and numbers of our birds various spirilla, spirochatæ and other organisms are to be found, enough to show that the possibilities in this direction are so great, that in any expansion of our public health service, attention must be directed toward animal diseases, either directly in the public health laboratory or by means of the Professor of Animal Diseases in the Government Agricultural College extending his work and acting in conjunction with the Provincial Health Officer.

ANTE-PARTUM HÆMORRHAGE

By M. A. CURRY, M. D.,

Halifax, N. S.

Professor of Obstetrics, Gnæcology and Clinical Medicine, Halifax Medical College.

(Read before the Maritime Medical Association, July, 1906)

I HURRIEDLY prepared this paper for the meeting of the N. S. Medical Society, but was unable to attend the meeting, having been called out of town professionally, so I wrote to the Secretary of this Association that I would be pleased to read it here.

I have chosen as the subject of my paper "Ante-partum Hæmorrhage" occurring in the latter months of pregnancy and at labor. I have done so because, as you are aware, the treatment of certain forms of ante-partum hæmorrhage has undergone a radical change. The Dublin school has, in the last two or three years, introduced a new method of treating the so-called accidental ante-partum hæmorrhage, which is just the opposite to the teaching of a few years ago, and that of most of our text-books to-day.

This method of treatment, too, has passed the experimental stage and is being recognized to-day by the obstetric world as the best treatment. I thought it would be well to bring this subject before our society on account of this radical change, which is opposed to what we have been taught, and probably practised. Ante-partum hæmorrhage is not an infrequent complication of pregnancy and labour, and has always been regarded as one of the most serious. It is a subject I have always laid a great deal of stress on in my lectures.

I shall here ask your indulgence, gentlemen, for being perhaps a little didactic in reviewing the symptoms and diagnosis of the various forms of ante-partum hæmorrhage, and my only apology for doing so is that the symptoms and diagnosis of dangerous, not infrequent and suddenly occurring complications, such as ante-partum hæmorrhage, are very important to the obstetrician and are often overlooked in discussing the treatment.

As we all know, ante-partum hæmorhage is due to separation of part of the placenta from the uterine wall, and is divided into two classes, according to the site of the attachment of the placenta to the uterine wall.

It is spoken of as "accidental" when the placenta is normally situated on the upper uterine segment; "unavoidable," "inevitable," "placeta prævia." when the placenta is abnormally situated in the lower uterine segment, where dilatation of this part of the uterus must bring about separation and consequent hæmorrhage. It is impossible in this situation for the cervix to dilate without separation of the placenta. There is no doubt the word "accidental" is unfortunate, as applied to hæmorrhage resulting from separation of the placenta normally situated; because we are apt, if we do not carefully examine into the case, to regard every hæmorrhage, where there is a clear history of an accident, as the result of separation of the placenta normally situated. when, as a matter of fact, it may be the result of separation of the placenta attached to the lower uterine segment.

There is no reason why an accident that would cause a separation of the placenta from the upper part of the

uterus should not do so from the lower part. In fact, from its situation, receiving the impact of the fœtus, and possibly, from its weaker attachment to the uterine wall, an accident is more likely to bring about separation of the placenta from the lower uterine segment than from the upper.

Too much importance, then, must not be attached to the fact that an accident is the cause in making our diagnosis of the form of hæmorrhage we have to deal with. Otherwise an existing "placenta prævia" may be overlooked.

On the other hand, separation of the placenta from the upper uterine segment is not always the result of an accident. There can be no doubt that such separation and hæmorrhage are frequently due to diseased conditions of the decidua or chorionic villi, by which the attachments of the placenta to the uterine wall are weak, and hence easy or perhaps spontaneous separation of the placenta takes place.

I have no doubt many ante-partum hæmorrhages are due to this cause, when we are apt to look for some slight accident or over-exertion to account for it. This, no doubt, accounts for a clinical fact which I am quite sure you have all recognized, that hæmorrhages occur much more frequently from slight causes or even spontaneously in multiparæ than in primiparæ, there being present as a cause a catarrhal or congested condition of the uterine mucosa from a previous pregnancy, producing weakened attachments of the ovum to the uterine wall. I have met several such cases where no other cause could be assigned. We are aware too that certain constitutional conditions predispose to, and even bring about separation of the placenta normally situated, without any apparent exciting cause. Thus the fact that the hæmorrhage is not the result of an accident or some apparent cause, does not exclude a separation of the placenta normally situated. Hence it is clear that separation of the placenta from any situation on the uterine wall may or may not result from some apparent cause. The history of the accident, then, does not help us materially in making a diagnosis of the form of hæmorrhage.

Any hæmorrhage occurring in the latter month of pregnancy, or at labour, should make us suspicious of placenta prævia. How are we to tell whether or not the hæmorrhage is one of placenta prævia? By vaginal examination by which we find out the condition of the vaginal portion of the cervix. Such examination should always be made, because it is important that the form of hemorrhage should be recognized at once, as the prognosis and treatment differ.

First we will look briefly at these two forms of hæmorrhage occurring in the latter months of pregnancy, and afterward ocurring at labour.

Any hæmorrhage from the uterus during the latter months of pregnancy demands our most careful consideration. But unfortunately as we all know all "antepartum hæmorrhages" are not open. i. e., the blood does not always find its way out of the uterine cavity. Frequently a severe hæmorrhage takes place and no blood escapes externally but accumulates in the uterine cavity; or perhaps only a slight portion of the blood escapes, the greater part being retained. This we know as "concealed hæmorrhage." This retained blood distends the uterine walls, enlarging its cavity—giving rise to a feeling of pressure and stretching, and to cutting pains in the uterus, accompanied by all the constitutional symptoms of hæmorrhage. Of course the nearer to term

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shock attendant upon rapid delivery; and that it lessens the risk of post-partum hæmorrhage.

There can be no doubt that these advantages are very great, and give to this new method first place in the treatment of these forms of hæmorrhage.

When we think of the weakened condition of our patient after a severe hæmorrhage, no time being allowed for her to recover, added to, by the severe shock of a forced delivery; and when we consider the great dangers of post-partum hæmorrhage and sepsis, which are likely to follow the rapid delivery formerly advised, I think we will agree with the Dublin school that the tampon, with the tight abdominal and perineal binders, affords the best means of treating this serious condition.

Besides the tampon we should improve our patient's condition. If her condition demands it, it is well to give an injection of normal saline solution high up into the bowel by a long tube. It is rapidly absorbed and keeps up the circulation. If patient be very anæmic, raising the foot of the bed is a good procedure, as it tends to keep the blood in the important centres at the base of the brain. A hypodermic of strychnia may also be given. Under these conditions ergot may be used; not only for its effect on the uterine muscle, but also for its effect in contracting the peripheral vessels, which tends to keep the blood in the heart. On this account it is a valuable drug in all kinds of vaso-motor shocks. With this method of treatment natural labour usually comes on within twelve hours.

If we are dealing with a concealed hæmorrhage, as evidenced by the symptoms I have mentioned, the case is entirely different. In such cases the tampon is not so necessary to prevent the escape of blood, and the uterus is too tender usually to allow of an abdominal binder being applied tight enough to prevent further distension of the uterus and to excite uterine contractions.

We must remember that the uterine muscle is somewhat paralyzed by the loss of blood and by the distension, so that contractions are not so easily brought on.

Some recommend the use of the tampon and binders in "concealed" as well as in "open" hæmorrhage; but the majority of those who recommend it in "open" feel that the conditions are different in "concealed" hæmorrhage, and that its use is simply losing time and our patient's condition is becoming more serious.

I would advise in concealed hæmorrhage "rapid delivery" notwithstanding its dangers, as we have no means of stopping the hæmorrhage until the uterus is emptied. To this end we may employ manual dilatation, which is usually easy, and applying the forceps or performing version, as the conditions permit.

It is always well, while delivery is being effected, to apply an abdominal binder as tightly as possible, so as to prevent or limit further distension of the uterine walls. In these cases the placenta may have to be manually removed before the hæmorrhage stops, on account of the feeble contraction of uterine walls and the hæmorrhage continuing.

If a slight hæmorrhage occurs, whether the result of some accident or not, and on examining, the vaginal portion of the uterus gives evidence of placenta prævia, what are we to do? This will depend on how low the placenta is situated and on the viability of the fœtus. If the hæmorrhage is slight, if the edge of the placenta is not over the os, and if the fœtus is not viable, we may try to carry our patient along by rest and quiet in

bed, until the fœtus is viable. But it is always necessary to have at hand a competent person, who can apply the tampon, should a sudden hæmorrhage come on.

We must remember that a patient with placenta prævia is in constant danger of death from a sudden hæmorrhage.

If, on the other hand, the hæmorrhage is considerable, and the placenta be found attached near or over the os, pregnancy should be terminated at once, whether the fœtus is viable or not; because the chances are the fœtus will not be born alive, and palliative measures leave the patient in a very dangerous condition.

To this end the tampon is invaluable, assisted by the tight abdominal and perineal binders. These effectually stop the hæmorrhage which accumulates under and separates the placenta; they induce uterine contractions, which bring about dilatation of the cervix, separating the placenta without hæmorrhage; and this allows time to improve the patient's condition, time for her to recover from the hæmorrhage and shock, and to make all aseptic preparations for further manipulations.

When the cervix is fairly well dilated, we should rupture the membranes, apply the forceps or perform version. If the placenta is over the os it may be separated by the finger, when cervix well dilated, on the side to which it has the least attachment, before we reach the membranes.

We should not forget the great danger of post-partum hæmorrhage in cases of placenta prævia, the placenta being attached to a feebly contracting part of the uterine wall.

Now let us consider ante-partum hæmorrhage during labour. This is due to partial premature separation of the placenta either normally or abnormally situated, learned by vaginal examination, which reveals the condition of the vaginal portion of the uterus.

During labour, too, we may have a concealed hæmorrhage, evidenced by constitutional symptoms of hæmorrhage, local distension and pain in the uterus with subsidence of the uterine contraction. Any considerable hæmorrhage, or symptom of hæmorrhage during labour, demands our immediate interference, as our main object of treatment must be to empty the uterus as soon as possible.

When the placenta is normally situated, hæmorrhage, in the first stage of labour, is due to contraction of that part of the uterine wall to which the placenta is attached, or to breaking down of weak connections between the placenta and the uterine wall.

In the second stage it may be due to prolonged labour, by which the uterine wall becomes shortened and permanently contracted; or it may be due to the cord, shortened by twists around the neck of the fœtus dragging on the placenta and separating it from the uterine wall. In the first stage, where cervix is not dilated, we may use the tampon and binders to stop the hæmorrhage and assist dilatation.

When the cervix is fully dilated, we should rupture the membranes if they are intact, excite uterine contraction, and apply the forceps or perform version, our object being to empty the uterus at once, so that the uterine muscle can contract and ligate the torn vessels.

If the hæmorrhage is concealed as evidenced by constitutional symptoms, by local uterine symptoms and by cessation of the uterine contractions, it is even more imperative that the uterus be emptied at once, as the uterine muscle will not only not contract, but will distend, allowing a very considerable accumulation of

blood in the uterine cavity. In such cases in the first stage we must manually dilate, and apply the forceps or perform version.

If the hæmorrhage be due to placenta prævia, as indicated by the condition of the vaginal portion of the uterus, the tampon affords us the readiest means of checking the hæmorrhage, and promoting dilatation of the cervix, allowing time for the patient to recover and all necessary preparations to be made for manual dilatation and separation of the placenta, if necessary, and delivery of the fœtus.

In all cases of severe ante-partum hæmorrhage the uterine muscle is weakened and contracts very feebly. Consequently it may be necessary to manually deliver the placenta, in order to get the uterus to contract, and we may even have to pack the uterus with gauze, to effectually stop the hæmorrhage. The uterus should be kneaded and watched for hours, as relaxation may occur and an open or concealed secondary hæmorrhage may result. Here is where a firm abdominal binder becomes necessary after delivery, to prevent the uterus relaxing, and to prevent its distending, by blood accumulating in its cavity.

In all cases where a considerable amount of blood has been lost, causing marked constitutional symptoms, the saline solution should be injected high up in the bowel or subcutaneously and strychnia given hypodermically, and a careful watch kept over our patient for hours. Ergot should be given by the mouth or hypodermically, to bring about firm contraction of the uterine muscle, as well as to increase the tension in the peripheral vessels by which the blood is kept in the heart.

NOLI ME TANGERE: A PLEA FOR THE PROSTATE

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IN presenting this paper my object is to enter a protest against the—to me—too common practice of operating upon enlarged and hypertrophied prostates without giving this organ an opportunity to recover itself, under medical treatment; in other words, I wish to suggest to my medical brethren that the older and now apparently obsolete forms of treatment should be tried and all remedial efforts made before resorting to the knife for the cure of this class of disease. For the last few years one cannot pick up a medical journal published in this country without reading discussions as to the best method of operating upon hypertrophied prostates, and in nearly all of them it would seem as though the only remedy was an operation, and that nothing else was worthy of trial or even of consideration. In criticising this line of procedure I need not remind my readers how in times gone by every contraction of the urethra was treated or advised to be treated by an operation, and the older and more palliative methods were entirely discarded or lost sight of, nor need I remind them of the disastrous consequences due to such surgical procedures. Indeed, to such an extent was this operative mania carried as to call forth a protest from conservative surgeons which resulted in a return to the older methods, and we now seldom hear of internal urethrotomy and but rarely even of perineal sections in the treatment of this class of disease. The same is true with regard to circumcision and other operations, which were at one time common enough and are now relegated to the past.

In making this plea for the prostate I beg you will not consider that I taboo surgical operations. In many instances they are not only advisable but are indeed the only thing that holds out any promise of relief; but I am perfectly satisfied from my own observation that many enlarged prostates are operated upon which could have been perfectly well treated by older and milder methods; and it is in order to arouse discussion on this matter that I venture to call the attention of my readers to the methods which may be employed, as I believe, with benefit to the patient; and if this paper appears sometimes to be egotistical I must plead in extenuation therefor that it largely conveys my personal experience in the matter.

In order to get a fair conception of the question, let us see in the first place what constitutes a prostatitis, and in the next what the etiological factors are. The principal symptoms of the disease which we understand as prostatitis are urgency and frequency of urination: pain during and after the act: and retention, partial or complete, of the urine, together with a sense of perineal discomfort and weight due to the pressure of this enlarged viscus. These symptoms are what really induce the patient to consult the surgeon, and not the fact that the organ is more or less enlarged, for not infrequently the prostate may be very much enlarged

and hypertrophied without producing any of the symptoms which are included under the name of prostatism; and again all the symptoms may be present without any enlargement or hypertrophy of the viscus. I shall therefore consider the above named symptoms as those which constitute the definition of the term prostatitis.

Now, as regards the causes which produce this condition of affairs: These are various and include almost every known reason on the face of the globe, but I myself personally believe that in a very large proportion of cases they are due to but one cause—*inflammation*. This may be due to a variety of causes, but the chief of these I believe to be a catarrh, in the majority of cases, transmitted from the urethra or that portion of it which passes through the prostate and is known as the prostatic urethra—and not to anything idiopathic or having its original starting point in the prostate itself.

In former days gonorrhea was considered to be the principal cause of this prostatic hypertrophy, but this view I think may be discarded when we reflect in the first place upon the small proportion of gonorrheas which are followed by prostatic enlargement—or even inflammation—inasmuch as many cases which are called gonorrheal prostatitis are really gonorrheal urethritis of that portion of the canal which passes through the prostate; and while not denying that occasionally a clap is capable of producing enlargement and thickening of this organ, the enlargement and thickening is secondary to the original source of inflammation and very rapidly subsides and disappears, under appropriate treatment. Then, again, when it is remembered that prostatic hypertrophy usually occurs years after the supposed gonorrheal cause—perhaps with no gonorrhea intervening for a period of many years—it seems hardly credible that such inflammation should lie latent to produce trouble as the man advances in life. Nor should it be forgotten that prostatic hypertrophy can exist without an antecedent clap.

Besides gonorrhea, other causes have been ascribed, and among them masturbation is spoken of as a not infrequent source of this trouble. But here again my personal experience leads me decidedly to dissent from this view, for two reasons. In the first place this bad habit is usually indulged in by boys and youths at the age of puberty; and certainly, as far as my experience goes in this country, is not pursued to any very great extent. Were this the chief cause we ought to find a very considerable number of enlarged prostates among the youth of the country, whereas we do not—at least I have not found it—and I am fain to believe that while this habit, if indulged in to excess, may and does produce urethral irritation in the prostatic region the symptoms which occur are due to this urethral irritation and not directly to any prostatic complication. The second reason is that the time when these prostatic hypertrophies occur is at a period of life when, as a rule, masturbation has been abandoned for a long time, and hence it would not be a likely cause, although I readily admit that this habit sometimes obtains among men advanced in life, especially among widowers or men who from one cause or another have suddenly been deprived of sexual refreshment; but even among them the habit is rare and is only done to relieve an urgent need, and that relief obtained, the habit is given up until the next period of necessity arises. Indeed, the indulgence of this habit under these circumstances is no worse than if the

patient had coitus regularly and relieved the congestion of his sexual organ in the normal instead of the abnormal manner. I am therefore constrained to believe that this habit plays no part at all.

The next cause is taking cold, or what passes under that rather loose term. Here, I believe, we have the most frequent cause of disturbance, particularly so in persons who are predisposed to an irritable condition of the deep urethra and what is called the neck of the bladder, and in men past the middle period of life who are going on toward old age. Allow me here to say that I am somewhat skeptical with regard to the question of this enlargement being necessarily due to old age, nor do I incline to the belief that it is an appanage of advancing years. Indeed, I have seen—I suppose we all have seen—men well along in life, between the sixties and seventies, in whom there were neither symptoms of an hypertrophied prostate, nor, upon examination, any of the physical signs of such enlargement; while in young men, men between forty and forty-five years of age, and even earlier, such conditions are present. Indeed, I recall one instance in a patient of thirty-seven where all the symptoms, objective and subjective, of an enlarged prostate were present—which in this particular instance appear d to be due to the fact that he had indulged too freely, as well as foolishly, in the pleasures of both the table and the bed.

And that brings me to another possible source of trouble—that is *coitus interruptus seu incompletus*, which I believe to be a not unfruitful cause of this prostatic disturbance, especially if indulged in by men who have passed the half century mark of life. I have frequently found in such patients a tendency toward hypertrophy, but of a variety known as the soft or glandular type; and associated with this, endoscopic examination reveals a condition of urethral congestion which I believe to be the original starting point of the trouble, the prostatic enlargement being secondary to and consequent upon this urethral irritation.

As regards the question of taking cold—which may be due to wet feet, wet clothing, sitting on damp grass or cold stone, such as granite or marble garden seats, and the like— I believe this is not infrequently the cause of much of the disturbance which occurs in this class of disease.

Then again, ingesta are sometimes responsible for irritation of this portion of the body; and men middle-aged or apparently in the prime of life oftentimes suffer from perineal disturbances and discomforts due to leading sedentary and inactive lives, at the same time indulging freely in the pleasures of the table, more particularly in the use of alcoholic beverages and coffee, rich and highly spiced foods, and neglecting the proper regulation of the alvine evacuations—which all produce more or less disturbance of the pelvic portions of the intestines and surrounding organs.

A few other causes are assigned as producing hypertrophy of the prostate, to-wit: arterial sclerosis, cystitis, syphilis, inflammatory proliferation of the glandular and muscular tissues, riding—either in carriage, on horseback, or bicycle—and gout; but of all these, the two latter are the only ones that deserve any special attention on our part. For I think the others can be disposed of as being of very doubtful etiological importance. The two latter, however, I believe play an important part, and especially is this true with regard to horseback and bicycle riding—even more than carriage driving, for it is in consequence

of the primary irritation of the prostatic urethra that subsequent trouble results in the prostate. They are therefore secondary in their action and not direct.

I have gone a little at length into the question of the etiology of prostatic hypertrophy because it is of importance, oftentimes, to bear in mind the cause which produces this disturbance when we come to consider the question of non-operative treatment; and I shall now ask your consideration to the different stages of this prostatic irritation or inflammation, because there are certain periods in which internal treatment will be of benefit, and certain others in which it will probably be of little use.

In the first place, the initial stage of this disease is that where the urinary disturbance occurs with or without marked symptoms beyond a frequency in passing water, which is most apparent at night when the patient is in bed, and is at first so slight as hardly to attract his attention. On questioning him, we learn that he is called up once or twice during the night to pass water, a condition which is unusual with him up to that time. This condition lasts for a longer or shorter time, unaccompanied by any other symptoms, when the next stage is reached, which is attended not only with frequency, but with urgency and inability to completely empty the bladder. It is at this stage of the inflammatory process that signs of enlargement of the prostate may be detected by the finger. This enlargement is usually soft and yielding to the finger and not associated with the fibrous hardness which accompanies a later stage of the disease. In addition to these symptoms there is usually a slight cloudiness or turbidity of the urine, due probably to the presence of phosphates and urates, but the urine is not purulent as it is later on when inflammation of the bladder or kidneys supervenes in consequence of the urinary difficulty. Connected with these symptoms there is also more or less disturbance of the bowels, which are disposed to be costive and not to act with regularity, or to be attended with difficulty in defecation. There is also more or less feeling of weight and discomfort in the region of the perineum, but without sharp pain, and this is especially noticeable when sitting down or crossing the legs. Carriage riding or exercise on horseback or a bicycle always intensifies this sense of discomfort, producing sometimes a decided sensation of acute pain, and if this exercise be persisted in there is not infrequently purulent urine. At this stage also the frequency and urgency of passing water is present during the daytime as well as at night, but not to any very marked degree, and is only admitted on closely questioning the patient. If after urination the catheter is passed into the bladder a certain amount of residual urine, varying in quantity, can be drawn from the bladder, showing that this viscus has been unable to entirely empty itself.

If no treatment be instituted—and even under treatment—the third and last stage is reached, in which all the preceding symptoms are much intensified, the urine becomes thick, purulent, and filled with shreds which are variously estimated as coming from the prostate or from the bladder (I myself think that it is generally from the former), and there is a notable amount of albumin, probably produced by the pus and not necessarily from any disease of the kidney, which supervenes later on as the inflammatory symptoms invade the bladder and pass up the ureters to attack the kidneys themselves. In this stage we also have a peculiar symptom, which

unless the surgeon is on his guard is apt to confuse him and put him off the track. The patient now, instead of finding difficulty in passing his water, notices that it comes away from him involuntarily, and there is a constant dribbling of urine which induces him to think that his bladder cannot be full because he is all the time passing water. This is due to an overflow of the bladder, which is unable to react upon its contents, and from over-distention has passed into a condition of partial paralysis, for upon introducing the catheter a large amount of urine can be drawn off, showing that the bladder is full notwithstanding this continual leaking. In this latter stage when we come to examine the prostate we find it hard, resistant, and fibrous, altogether different from the soft, boggy condition which obtained in the second stage. It is important for us to bear in mind these three different stages, because in the first two it is found that internal treatment is oftentimes of advantage; whereas in the last, the fibrous stage, internal treatment is of little value.

Having now cleared the ground I can proceed at once to a consideration of what conditions of prostatic hypertrophy in my opinion are amenable and not infrequently respond to the internal action of drugs, as well as to the minor use of instruments, without having recourse to operative measures for the removal of this organ.

Briefly speaking, we may say that there are three stages in this condition of prostatic hypertrophy: First, the acute stage where the organ is tender and but slightly, if at all, enlarged, and without any particular change in its normal consistency; second, where there is more or less enlargement, a soft, boggy condition under the finger, and a decided feeling of brawniness as regards its consistency; third, where the organ, albeit no more enlarged than in the second stage, is decidedly hard and fibrous to the feel, varying somewhat in hardness according as the hypertrophy is of more or less recent date.

These three are practically the three stages of hypertrophy, so far as they can be detected upon examination, and it will depend somewhat upon the stage of hypertrophy as to whether medical or surgical treatment will be of most advantage.

Treatment.—As regards the treatment, this may be divided into two parts, to-wit, operative and non-operative. Of the operative, I shall have nothing to say in this paper, but shall discuss the non-operative treatment more particularly, and this will include everything that has been used or suggested for the treatment of this class of disease, outside of those means which are employed either in the removal of the organ itself or for the remedy of the symptoms, either by the knife or the actual cautery.

First, as regards the hygienic means at our disposal. We have seen that patients with this class of disease are exceedingly prone to a recurrence or exacerbation of their symptoms whenever they take cold, and more especially if they sit in damp clothing or get their feet wet. It is of importance therefore to avoid as far as possible all that conduces toward this result, and patients who are so unfortunate as to get caught in the rain or to wet their feet should at the earliest possible moment change their clothing and rub themselves thoroughly dry. The same rule applies also if they become heated in summer from exercise of any kind. Another important point also is that the patient should be warmly clad, and especially as regards the underclothing. Light woollens I think the best, and these underclothes should be changed if they become wet with perspiration.

While it is well that prostatic patients should take some degree of exercise, excess in this direction should be carefully avoided, and all straining or forced movements should be avoided. Especially is this true with regard to horseback or bicycle riding, and—to a limited extent—to carriage riding, especially over rough and jolting roads.

Due attention should also be paid to the condition of the bowels, and anything that induces costiveness or constipation should be carefully avoided. The bowels should be kept in rather an open condition, of course avoiding anything like diarrhoea.

Hot baths are of great advantage in this class of cases, but I believe that much of the benefit obtained is from the heat, and not from any medication which may exist in the bath itself. They may be either partial or complete, and the patient should remain in them for a short time, not exceeding ten minutes. In this connection hot injections and the use of the psychrophor will oftentimes be of advantage, and the hot applications, in my opinion, are better than cold, although these may be varied according to circumstances.

The next point to be considered is the diet: and first as regards the solids. The meal should be light and nutritious, and consist principally of meat, fish, fresh vegetables and fruit—either raw or cooked—all of which should be plain in their preparation. All highly seasoned foods, such as curries, peppers and highly spiced dishes, should be avoided. As regards drink, heavy wines, beer, ale, as well as spirits and coffee, should be tabooed; but tea, milk, mineral water and lemonade will be of service. Some object to the use of milk on the ground that it is apt to constipate, and if that be so, the patient may either abstain from its use or drink it mixed with vichy or salt in varying proportions. It is permissible to use a light white or red wine, especially with patients who have been accustomed to the use of wine with their meals, but it should be well diluted and used sparingly. Only in extreme cases where there is marked debility should the heavier liquors, such as port, sherry, champagne, or brandy be administered. These instances are comparatively so rare that they may for the nonce be disregarded.

This takes account of the hygienic conditions of the patient; and now as regards the medicinal side.

I have found the most advantageous of all the internal medicines to be iodin and its derivative, iodide of potassium, and hexamethylen-tetramin—all of which have been of service in my hands, especially in those cases where the prostate has not yet assumed a fibrous consistence, and even in those conditions where the fibrous condition is present—provided it has not been of long standing, and where it is not of the degree of hardness which occurs in the latter period—I have found that iodin, in doses varying from 15 minims up to even a dram of the tincture of iodin of pharmacopeia, which has a certain amount of iodid of potassium in it, will not only produce relief in the symptoms, but will also cause more or less decided contraction and diminution in the size of the prostate.

Hexamethylen-tetramin is of especial value in clearing up the urine, and it is sometimes astonishing to see how rapidly under its use the urine loses its turbid and foul appearance and becomes converted into a clear, bland and almost normal urine.

Iodoform I have not used much, and what little I have used has not appealed to me very strongly; and the same is true with regard to ichthy-

ol and the animal extracts, such as the prostatic juice or the thyroid extract.

The internal use of mineral and non-medicated waters is also advisable; but these, I think, derive their advantage not from any minerals which may be in the fluid, but from the fact that they serve to flush out the bladder and to dilute the urine and render it blander and less irritating. Their use I believe to be much more mechanical than chemical.

In addition to this internal treatment there are other methods, mechanical in their action, and among these may be grouped the use of the catheter, the endoscope, the Roentgen ray, and electricity, as well as massage, and the injection of the hypertrophied prostate with iodin, cataphoresis, and electrolysis. Of these I much prefer galvanism —either alone or combined with cataphoresis of iodin, massage, and the endoscope; nor do I think the proper use of this latter instrument is productive of harm. On the contrary, I believe that local applications made to the prostatic urethra through this instrument are of decided benefit.

As regards catheterism, it is sometimes necessary, but I think the less it is used the better, although I have seen many cases in which dependence was placed upon the catheter where no harm resulted; but, on the other hand, I have seen cases in which extreme irritability of the bladder and of the urethra has been set up and kept up by the use of this instrument.

These, in brief, comprise the more important means of treating hypertrophy of the prostate before it is necessary to resort to the more radical cures by the knife or the galvano cautery, and I beg again in concluding my paper to express the wish not to be understood as decrying operative procedures. In some cases they are absolutely necessary. All I have attempted in this paper is to call attention to the fact that there are remedial agents which I think ought to be tried in this class of diseases before the more radical measures are resorted to; and in many instances, I am satisfied from my own experience, that not only great improvement but a lasting degree of comfort, if not a cure, has resulted from such measures.

I also wish to call attention to another point which apparently is lost sight of in the present days of surgical enthusiasm, viz: that it is the surgeon's first duty to conserve and to keep intact as far as he possibly can, all and every portion of the human body. The removal of a portion of the body or its mutilation is not the highest triumph of surgery. It is a confession of weakness, and a good surgeon aims in everything he does, to preserve, not to mutilate. I deem it better to retain a leg or an arm, even if it be not as useful as it was originally, rather than to remove it, and I ask as much for that long suffering organ, the human prostate. —*American Journal of Dermatology.*

ALOPECIA AREATA

By JAMES ROSS, M. D., C. M.

(President of the Halifax and N. S. Branch British Medical Association.)

(Read before H. and N. S. Branch, B. M. A., Nov. 21st, 1906.)

TO have been elevated to the Presidential chair of this branch is certainly a great honour, and you must allow me to express my gratitude in all sincerity. Following in the steps of our former president, my task is not entirely an envious one, but with the co-operation of the other officers and council, I can only trust the present session will be of practical value, and that the brethren will "ever dwell together in unity."

When some of us are expected to read a paper before a medical society we find it somewhat difficult to select a subject of interest to the members and I feel an apology is due in some measure to the members, for deciding on a subject not particularly of importance to the majority, viz: Alopecia Areata.

This affection is, however, not uncommon, and has received attention and controversy at the hands of dermatologists in all countries. The etiology of alopecia areata has long been a controversial subject, and I will therefore allude to this part of the subject more particularly.

Alopecia areata most commonly affects the scalp, showing one or more circumscribed rounded patches of complete baldness. Each patch appears suddenly without any premonitory symptoms, the first knowledge of disease usually being the bald spot. Though mostly limited to the scalp, the beard, eyebrows and eyelashes are sometimes invaded, and in some instances the entire surface of the body. The hairs are cast off without having been broken beyond the skin, the spots spreading peripherally, often joining other patches to form an extensive area, and sometimes even denuding the entire scalp. The affected patches are generally paler than the normal, the skin often smooth and polished, while in others a few poorly developed hairs are observed over the surface and around the margins. At first the hairs around the spots are usually loose, coming out easily. In the majority of cases there are subjective symptoms. When the disease is arrested, the patches soon become covered with light-colored fine hairs, which are often in turn partially shed, to be afterwards increased in number, thickness and pigmentation. At the periphery of the patches, frequently, are seen stumpy hairs which are noticed to be club-shaped, resembling an exclamation point.

In some instances associated conditions, neurotic in character, are noted. Leucoderma has been observed, which condition the writer has seen in two instances. Morphœa, cucoderma and alopecia in the same patient has also been reported; this I have seen in one case. Nail changes have also been noted by some observers, the nails of both fingers and toes becoming white and spotty.

The duration of the disease is variable. Cures are sometimes rapid, but generally weeks, months, or even years transpire before a good result is obtained, while in some cases the baldness is permanent.

Etiology.—The disease occurs at all ages, and in both sexes. It is most common between the ages of 15

and 25. It is rare before the age of five, and uncommon after forty. There are two theories as to the cause of alopecia areata, the neurotic and the parasitic. There is not much doubt that both are correct, from observation and a review of the literature on the subject.

All my cases were evidently of the non-contagious or trophoneurotic variety; while many observers have noted epidemics in schools and among troops—these being no doubt parasitic in origin. It sometimes follows some nervous affection, as epilepsy and neuralgia; while mental worry, sudden shocks, frights and accidents are also well-known causes. A case quoted by Stelwagon is as follows:

"A man, while driving at night in an open wagon along a country road, was thrown from the vehicle by an overhanging branch, striking upon his head; he was unconscious for some hours; within a week or ten days a rapidly spreading alopecia areata had denuded almost the entire scalp, and later involved the eyebrows and eyelashes."

Dockrell oftentimes referred to mental worry in his clinics as a cause, particularly "domestic infelicity."

Dr. Putman, of Boston, has given details of an epidemic occurring in an asylum for girls. In all, 63 children (out of 69 from three to fourteen years of age) had the disease to a greater or less degree. No micro-organisms were found, nor was anything observed, except that the roots were atrophied, and the hairs more slender than usual. Other observers have also alluded to epidemics among children. Sobouraud has discovered a microbe constantly present in seborrhœa and believes it to be the specific cause of that disease. He has also detected the bacillus in an early stage of alopecia areata. These two diseases are, in his opinion, essentially identical. Crocker believes the disease in the majority of cases related to ringworm, and Hutchinson's theory as to its occurring in those who previously had ringworm is well known. There is no doubt, however, that alopecia areata exists in countries where ringworm is practically unknown.

Leloir, in 1888, studied 92 cases closely and concluded that 36 were obviously of nervous causation; in 21 cases a contagious element seemed to be present, while in 35 the origin was obscure.

It is perfectly true that bald plaques, indistinguishable from ordinary alopecia areata, are occasionally seen as the result of ringworm fungi invasion. Such was Hillier's epidemic, so much quoted as examples of epidemic alopecia areata. But that the larger proportion of cases are thus explained, as Crocker intimates, is hardly sustained by other observers.

The first case in my practice was a man about 35 years of age who had worried for a considerable time about business matters while there was also a suspicion of domestic unhappiness. (He lived in Dartmouth.)

A young lady about 20 years old, employed in a large office where the hours were long, and the responsibility considerable, consulted me concerning two bald patches. The result was good, but about three years subsequently she had another attack with a likewise complete restoration of hair.

A young man about 30 years old, employed as a bookkeeper in a large firm, also at night posted the books of a livery establishment, and was likewise secretary of some benefit society, presented two patches of alopecia areata on the scalp and one on the head. This case two or three years afterwards died of phthisis.

A young lady, employed in a barrister's office, after some years was intrusted with the finances of the firm, worrying over the greater responsibility incurred, two patches of alopecia developed. (She also belonged to Dartmouth.)

A judge of the Supreme Court lost a portion of his hair suddenly, a band-like area just above the nape of the neck, while the hair remaining became whitened.

A clergyman, of middle age, exhibited one patch which had existed for months, but fortunately new hair soon made its appearance.

A third-year medical student likewise had one patch which also filled in after vigorous treatment. I might say all these cases I believe resulted favorably.

One of the youngest cases on record was that shown to the branch at the meeting held at the Victoria General Hospital two weeks ago. This girl is 5½ years old and the condition first started when she was about the age of three. It subsequently grew in, remaining for about a year, and then the disease developed again, first as patches gradually spreading over the entire scalp. The eyebrows were also affected during the recurrence but have since grown in completely.

The boy shown to-night is 8 years old. As you see two bald patches are present. The cause in these last two cases is particularly hard to determine.

Diagnosis.—Crocker believes that those cases with the club-shaped hairs distinguish the parasitic variety from the neurotic cases, though with our present knowledge this cannot be accepted as absolute.

Dockrell, in his clinics, which the writer attended years ago, gave his opinion in the diagnosis between the parasitic and neurotic variety that the hair when starting to grow began at the centre first in the parasitic and at the edges in the neurotic cases.

Prognosis.—Recovery is favorable in children and in adults up to 40 years old, if only several patches are present. In more extensive cases in those under 30 the prognosis is usually good. When the hair fall is complete the chances are much less favorable. The presence of a downy growth is a hopeful sign. If atrophic changes have ensued and the follicular openings become less and less visible, the outlook is not so promising. The disease, moreover, is one in which relapses are not uncommon.

Treatment.—Those who consider alopecia areata of neurotic origin recommend strongly constitutional treatment, while those who contend it is essentially parasitic employ exclusively local measures. As it is now generally admitted that we have cases due to both causes, while some are difficult to classify, it is wise to prescribe both constitutional and local measures. Any defective condition of the general health should be corrected and more especially invigorating the nervous system. Fortunately almost all the external remedies employed are active parasiticides as well as stimulants, and their use meets both the neurotic and parasitic views. Arsenic, quinine, nux vomica, phosphorus, iron tonics, cod liver oil, pilocarpine, will be found of value, the choice depending upon the study of the individual case. Duhring highly extolls arsenic, and it seems of benefit in cases apparently neurotic in origin. Crocker suggests pilocarpine gr. 1-30 to gr. 1-10 in the more extensive scalp cases, injected subcutaneously in the affected part. Pringle, Stelwagon and others have also observed a beneficial effect.

Cod liver oil is often valuable in debilitated subjects. Outdoor life, relaxation from excessive mental work

or worry is of essential importance. Morrow recommends in cases of a loss of nerve tone, phosphide of zinc and strychnine, or phosphorus, iron and strychnine, or phosphoric acid with strychnine. In speaking of local treatment, Stelwagon says "the object is twofold—a stimulation of the part, promoting a flux of blood and aiding the nutrition of the affected area, and an inhibitive or destructive influence upon any possible pathogenetic parasite which may be seated there."

The skin of the diseased areas will usually stand strong remedies compared to that of the adjacent skin. The application should also be applied one-half an inch beyond the patch. Loose hairs along the border should be extracted by the fingers. Smooth and depressed patches demand more active stimulation. Shoemaker recommends the ointment of mercurous oleate as the most valuable remedy for strong stimulation. Naphthol and sulphur are also highly recommended. When the patches become covered with very fine hairs Shoemaker also recommends shaving the patch frequently to stimulate the hair-forming apparatus, and likewise singeing the hair with a taper the moment it appears above the surface.

Stimulating lotions containing aqua ammonia, tincture of cantharides, tincture of capsicum, are also used. One or two square inches can be likewise treated by a strong application of chrysophanic acid, carbolic acid or iodine. Pyrogallic acid and acetic acid also have been used with success. Bulkley suggests painting liquid carbolic acid over the surface; or trikresol, recommended by McGowan, can be used. This latter I have employed successfully in limited patches, diluted with alcohol; the carbolic acid can also be weakened with alcohol in children or in those of sensitive skin. Salouraud's plan is to blister the patches and then paint the denuded surface with 5 or 6 per cent. solution of argent nitrate. The expressed oil of mace is popular in Vienna. Oxygen gas I saw used in an extensive case in London ten years ago, but am unable to state the result.

Shoemaker suggests hot poultices in extensive cases, to which may be added mustard or capsicum. He says: "The retention of heat and moisture either by a poultice occasionally applied or by wearing constantly a wig over the denuded surface, hiding also the disfigurement, is often followed by the most happy results, especially in stubborn or long standing cases."

Electricity has also been recommended by some authorities. Besnier denies its value, while Shoemaker has found it very serviceable, especially in the form of galvanism. Stelwagon prefers the faradic current applied by a wire or tinsel brush, and has also seen good results from the static current by means of a pointed electrode, so as to get an extremely mild spark, going over and over the area until decided redness is produced.

When alopecia areata affects the bearded region the same remedies can be employed, but, as a rule, considerably weakened in strength.

References.—Crocker, *Diseases of the Skin;* Shoemaker, *Diseases of the Skin;* Stelwagon, *Diseases of the Skin.*

THE TREATMENT OF GONOCOCCIC CONJUNCTIVITIS, WITH SPECIAL REFERENCE TO THE SILVER SALTS

By G. E. DE SCHWEINITZ, M. D.,

Professor of Ophthalmology in the University of Pennsylvania.

PURULENT conjunctivitis caused by the entrance of the gonococcus of Neisser into the conjunctival sac occurs in three from an eye similarly affected; as in adults, which usually can be traced to its source of contagion from an acute gonorrhea or a gleet, or from contact with soiled fingers or linen, or from an eye similarly affected as gonoblennorrhea of young girls who are the subjects of gonococcic vaginitis;** as conjunctivitis neonatorum (ophthalmia neonatorum), caused by the introduction into the eye of the infecting material from some portion of the genito-urinary tract of the mother at the time of or shortly after birth.

Referring to the first of these forms of gonorrhea of the conjunctiva, namely, gonococcic conjunctivitis of adults, with the symptoms of which you are now familiar, I desire to say a few words in regard to the treatment, with special reference to (*a*) the most satisfactory irrigating fluid; (*b*) the local use of cold; (*c*) scarification of the conjunctiva; and (*d*) the comparative value of certain of the salts of silver.

Ordinarily, the freely produced pus may be removed by frequent irrigations with a saturated solution of boric acid, a solution of bichloride of mercury, 1:10,000, or one of cyanide of mercury, 1:5000. In general terms it may be said that the use of strong solutions of most germicides—for example, bichloride of mercury—is not advisable, because they cannot be employed in a strength which would be bactericidal lest they injure the cornea and add to the danger which the treatment is intended to avert. These solutions must be regarded simply as cleansing agents, and not as specific medicaments, and hence boric acid solution is satisfactory and safe.

One remedy, however, has a more particular relationship to the cure of this disease, namely, permanganate of potassium in a solution of the strength of 1 to 2000 to 1 to 5000, used copiously, a pint at a time, in continuous irrigation after the manner of Kalt. These irrigations should be employed three or four times a day, according to the severity of the case and the quantity of the discharge. They are not applicable to, or necessary for, all cases, but should be reserved for those, only too often encountered, which fail to show improvement with those remedies which have been and will be mentioned. Under suitable conditions their value is great.

During the early stages of florid gonococcic conjunctivitis, provided the patient is robust and the cornea is not involved, the local application of cold is a useful agent. Upon a block

*A clinical lecture delivered in the Hospital of the University of Pennsylvania.

**Young boys occasionally have gonococcic conjunctivitis, contracted from various sources of infection—for example, sleeping with adults who have gonorrhea, from soiled linen or towels, and rarely, from an acquired urethral gonorrhea.

of ice square compresses of gauze are laid and thoroughly chilled. These in turn are placed upon the swollen lids, and as frequently changed, at least every half minute, as may be needful to keep up a uniform cold impression. According to their effect, they may be used almost continuously, or every two or three hours for twenty minutes at a time.

Not all ophthalmic surgeons are in accord as to the value of cold applications under these circumstances. For example, Eugene Fick believes that they are "superfluous, if not actually harmful," and Myles Standish concludes that "the application of cold is at least of doubtful value, and that probably its effect is harmful."

The normal temperature of the lower conjunctival fold is about 96 deg. F.; under the influence of inflammation it ris s, and in the disease under consideration, according to some investigations of Standish, it may reach 100 deg. F. The growth of the gonococcus is inhibited by a temperature of 86 deg. F.; but it is doubtful if bv any safe application of cold the temperature of the conjunctival sac can be reduced to this degree, and therefore an actual stopping of the growth of the gonococci cannot be expected from this treatment. Knies, however, has shown that these microörganisms develop only slowly at a temperature of 90 deg. to 92 deg. F., and John Weeks has demonstrated that by a proper use of cold the conjunctival temperature may be lowered to 92 deg. F., at which temperature there is undoubted retardation of the growth of the gonococci. Hence cold is a useful remedy in this respect, and, moreover, it gives the patient relief from severe suffering.

According to my experience, cold properly applied during the first thirty-six hours of the disease, provided the nutrition of the cornea is intact, is an excellent remedy, productive of great comfort to the patient, and I have yet to see a case in which the slightest harm could be attributed to its use.

In many cases of gonococcic conjunctivitis there are marked chemosis and infiltration of the ocular conjunctiva, so that a hard ring of swollen tissue surrounds the cornea, which appears to be lying at the bottom of a small pit. Such a condition of affairs naturally shuts off the nutrition of the cornea, and unless relief is speedily given ulceration and sloughing of the cornea will follow. Nothing in my experience equals in value the effects of scarification of the infiltrated tissue, as follows: With a sharp Graefe knife, radial incisions from within outward are made through the entire depth of the swollen tissue, and repeated on succeeding days if the chemosis and infiltration return. Great care must be taken not to scratch or cut the cornea during the necessary manipulations. After the scarification, the conjunctival sac should be gently irrigated with a saturated boric acid solution, until the bleeding and serous oozing cease.

Thus far we have considered remedies, with, perhaps, the single exception of permanganate of potassium, which, useful as they are, have no special action in controlling the disease we are discussing—that is to say, they are not germicides, or, rather, they cannot be employed safely in a strength which renders them actively germicidal. To render aid in this respect, nitrate of silver has maintained an important relationship to the therapeutics of gonococcic conjunctivitis, and from a period long anterior to the discovery of the gonococcus of Neisser and to bacteriological examination it has been employed as a potent remedy in the treatment of

purulent conjunctival diseases. It acts as an astringent, a superficial caustic, a germicide, and an alterative, and continues to be, in my experience, the most satisfactory remedy in this disease, *provided it is properly applied,* as follows: The conjunctival sac is first thoroughly irrigated and all pus and lymph carefully washed away. Next, both lids are everted so as to obtain full exposure of the swollen tarsal conjunctiva. With a small cotton mop, which has been dipped into a freshly prepared two-per-cent. (gr. x to ounce j) solution of nitrate of silver, the conjunctiva thus exposed is gently but thoroughly painted until a white film, due to the formation of chloride of silver and coagulated albumin, forms. With a physiologic salt solution the surface is next irrigated until every particle of the white film which has formed is washed away, and a clean red surface remains. The lids are then restored to their normal position and the sac once more irrigated. By this means all the nitrate of silver is neutralized, and all substances which might irritate or injure the cornea are removed. Finally, iced compresses are applied for five or ten minutes. It is usually not necessary to make this application more than once a day, and it should always be made either by the physician in charge or by a suitably trained nurse. The solution should never be dropped into the conjunctival sac, but painted over the surface of the mucous membrane, and must always be neutralized in the manner described.

If nitrate of silver is carelessly used, or imperfectly neutralized, or applied in too strong a solution, it is liable to do harm and defeat the very object for which it is employed, and doubtless in many instances, in the absence of proper precautions or imperfect technique, it has been followed by a reactive irritation which was distressing, or an injury to the corneal epithelium which was positively harmful. Therefore, when some years ago various preparations of silver, generally described as the "newer salts of silver," began to make their appearance, they were hailed with satisfaction and freely used in place of the nitrate of silver. At the present time there are about fifteen of these compounds of silver available, but I have time to speak of only a few of them, and especially of protargol and argyrol.

When protargol was introduced, about ten years ago, it was widely employed and enthusiastically indorsed by many surgeons, because it was believed to possess the necessary bactericidal qualities and to be free from the irritating properties of nitrate of silver. The number of its advocates have materially lessened, although it continues to be used by many physicians.

In a notable investigation of the comparative value of the silver salts in the treatment of gonorrheal conjunctivitis, published by Myles Standish in 1904, and based upon a large experience in this disease in Gardner Building, attached to the Massachusetts Charitable Eye and Ear Infirmary, the drug received strong indorsement. Ordinarily it is employed in 10 to 20 per cent., the 10-per-cent. strength being preferable, and is dropped freely and frequently into the conjunctival sac. Some surgeons apply stronger solutions directly to the everted lids; usually this is unnecessary.

The drug thus used is warmly commended as greatly preferable, and indeed superior, to nitrate of silver by many clinicians, notably by Standish in this country, by Darier in France, and by Pfalz in Germany, and their recommendations are based

upon large experience and comparative studies. That it is an active bactericidal agent, although not as potent as nitrate of silver, and that it is far less irritating, although not without irritating qualities, than the latter drug, is well known: but that, in spite of these good qualities, it is often inefficient, uncertain, is sometimes badly borne, and is prone to cause permanent staining of the conjunctiva is equally well known, and many surgeons of large experience have abandoned its use in favor of nitrate of silver or other methods of combating gonococcic conjunctivitis.

Naturally, each physician must ultimately be governed by his own experience and results, and after a faithful trial of the drug and following all directions of its advocates I have been unable to persuade myself that protargol has a single advantage over nitrate of silver in the treatment of gonorrheal conjunctivitis of adults, and more than this it is, in my experience, not nearly so certain in its action, and I have ceased to employ it in this disease.

About six years ago two well-known pharmaceutical chemists of this city developed another silver compound, known as argyrol, which was at once received with favor, and which has been widely used in the treatment of all forms of purulent conjunctivitis. It has been particularly recommended in England by Stephenson and Hinshelwood, in France by Darier, and in this country by Myles Standish, Henry D. Bruns, and many other surgeons. I have used the drug very freely during the last five years, and was at one time very much impressed with its value, and particularly with its entirely bland and unirritating qualities. Little by little, however, it became apparent that it was inefficient in certain cases of the character which are now under discussion, and I was obliged to return to the other methods which have been previously described, although I continued to use it in others. The same experience was shared by a number of my colleagues, particularly those in the Philadelphia General Hospital, as well as by many surgeons in other cities and countries. We became convinced that either the preparation had altered in its qualities, or that we had had a fortunate series of cases at first and were deceived in regard to the specific value of its universal application in this disease, although not in regard to a certain value, presently to be described.

The reason for its failure is made evident in a notable contribution by Dr. George S. Derby, of Boston, who studied the bactericidal properties of this and various silver preparations. He found, in the first place, that although the manufacturers claim that it does not precipitate with albumin or with urine, and that it is an efficient bactericide, a precipitate is obtained in the presence of albumin and of urine, and that its bactericidal power is exceedingly weak. Thus, in a large series of observations a growth of the staphylococcus pyogenes aureus was obtained after exposure to 10-per-cent., 25-per-cent., and 50-per-cent. solutions of this drug for one hour. Its action was always uncertain. While occasionally the germs were noted after a twenty-minute exposure, more often the cultures taken at the end of one hour showed a growth when examined twenty-four hours later. The age of the solution did not appear to be of importance. Dr. Derby's conclusions have in all respects been confirmed by C. R. Marshall and E. F. M. Neave in England in their research on the bactericidal action of compounds of silver. They found that argyrol, and also collargol, possess practically no bac-

tericidal action whatever, and, moreover, that the percentage of silver which these compounds contain is no criterion of their bactericidal power; for example, collargol has a percentage of 86.6 of silver, while argyrol has a percentage of 20. Therefore any good effects, as they point out, which many clinicians maintain that they have obtained with argyrol cannot be attributed to any action which it has upon bacteria, inasmuch as such action is practically *nil*.

Standish, on the other hand, perfectly familiar with these bacteriological investigations, believes that the drug must have greater bactericidal qualities in the disease which we are discussing than the laboratory experiments upon other microörganisms would lead us to expect, and practically the same conclusions are reached by Darier.

Now a word in regard to the proper method of using argyrol: First, as the pharmaceutical chemists who have introduced the preparation properly insist, it must be freshly prepared; secondly, the conjunctival cul-de-sac should be kept flooded with it. Standish recommends the free instillation of a 25-per-cent. solution every two or three hours, but I believe that what Henry D. Bruns calls the "immersion method," and which is the one that I myself have always employed, is still better, namely, that the instillations should be as frequent as may be necessary to keep the conjunctival surfaces constantly bathed in the solution, which may be readily carried out because it is perfectly bland and unirritating. But I am also satisfied that by itself it is not sufficient, and I would neither advise you nor permit myself to treat a case of active gonococcic conjunctivitis in an adult with this drug alone, but would either use it in association with nitrate of silver, in the manner which I shall presently describe, or omit it altogether, and trust to the nitrate of silver treatment.

In Standish's most recent communication on this subject he records fifty-two cases of gonorrheal ophthalmia in adults which entered the infirmary connected with the Massachusetts Eye and Ear Hospital with clear corneas, which were treated with argyrol, with subsequent corneal infection in twenty-two cases, or 44 per cent. In only four of these cases, however, was there total leucoma, or loss of the eye, giving as a result 58 per cent. with recovery, or only approximately 7½ per cent. in which the outcome was a blind eye.

Recently Dr. T. B. Holloway has investigated in a most painstaking manner the cases of gonorrheal conjunctivitis which have been admitted to the Philadelphia General Hospital during the last six years. Among the adult cases there were 106 eyes, 64 of which entered with clear corneas. It is interesting to compare the results in so far as nitrate of silver and argyrol are concerned. Nitrate of silver was used in 31 eyes, with corneal involvement in 8, or 25.8 per cent.; while argyrol was used in 20 eyes, with corneal involvement in 4, or 20 per cent. It will thus be seen that comparing these two drugs, although the number of eyes treated with nitrate of silver was greater than the number of those treated with argyrol, there is a slight advantage, in so far as corneal involvement is concerned, in favor of the latter drug. But comparing these statistics with those furnished by the Massachusetts Eye and Ear Infirmary, in which, with a greater number of cases treated with argyrol, there was a subsequent corneal infection in 22 of them, or in 44 per cent., almost double the number of corneal involvements which, to be sure in a smaller number of eyes, we

secured in the Philadelphia General Hospital with nitrate of silver.

But, gentlemen, statistics are not entirely trustworthy to establish the value of any single remedy. One must stand over each case and observe the progress of the disease from day to day, and because I have watched a large number, not only of the 64 eyes which entered with clear corneas, but of the 106 eyes which compose the total number of gonorrheal ophthalmias in adults which we have treated in the last six years in the Philadelphia General Hospital, in which 42 already had corneal involvement when they entered, and because in a large number of these cases we have failed to control the activity of the process with argyrol and were obliged to return to nitrate of silver, I am satisfied that the drug is not to be trusted in any sense as a specific in this infection.

You will naturally say, how then do you account for its enthusiastic indorsement by clinicians of large experience, whose results you have already quoted to us? It seems to me that Derby has answered this question in a satisfactory manner. He says: "Argyrol appears to be an almost inert solution. It is sterile and soothing; it mechanically washes away the pus; it certainly does not harm and does not deter nature from doing her best." He then adds: "Would not normal salt solution be as efficient and less objectionable?" Physiological salt solution would not act as well for the simple reason that it does not do one thing which in my judgment is the chief value of this drug, namely, as Standish has well shown, its power of diffusing itself, of penetrating all of the crevices of the inflamed folds of the conjunctiva, which it coats, and of floating the pus and mucus to the surface, from which it can be readily removed by a mild irrigation, or even by an ordinary wiping of the lips of the palpebral fissure. Nurses of experience in the care of cases of gonorrheal conjunctivitis declare that they have been much more easily managed since the introduction of argyrol, and for this reason alone: they have been able, provided the drug is used according to the immersion plan already described, with much greater ease than formerly to keep the conjunctival sac freed from purulent secretion, but they will also testify that in so far as the Philadelphia General Hospital is concerned the drug is not competent to check the disease, and that something in addition to the argyrol must be used. I cannot, therefore, recommend it to you by itself as either a certain or safe remedy in this disease, although I indicate a certain use to which it should be put.

Now a word in regard to the method according to which I believe these cases should be treated. Other things being equal, iced compresses during the first thirty-six hours; frequent mild irrigations with a saturated solution of boric acid, great care being exercised that no bruising or scratching of the cornea shall take place, the elimination of the pus being materially aided by keeping the conjunctival sac constantly floated in a 25-per-cent. solution of argyrol, which, in the manner already described, materially aids in bringing to the surface from the hidden folds of the swollen conjunctiva the purulent secretion; finally, the careful application, at least once a day, of a 2-per-cent. solution of nitrate of silver in the manner and with all of the cautions which I have already described. In a certain number of cases even this treatment is not sufficient, and then solutions of permanganate of potassium seem to be efficacious. Always, if there is a swollen ring of

chemotic conjunctiva surrounding the cornea, this should be deeply and thoroughly scarified.

In concluding this lecture I have to say only a few words in regard to ophthalmia neonatorum, in which disease the prognosis is not nearly so unfavorable as in gonorrheal conjunctivitis of adults, provided the patient is seen early. It is rarely necessary to use cold, although occasionally, during the first twenty-four hours of the case, intermittent applications of cold compresses are required. Many surgeons believe that in the treatment of conjunctivitis neonatorum argyrol usually achieves better results than nitrate of silver, not because the physiological action of the drug, its penetrating powers, or its bactericidal properties are more efficient in controlling the disease than those of nitrate of silver, but because it is more easily applied and is less irritating, and hence in inexperienced hands a safer remedy. It should be distinctly stated, however, that in a certain number of cases argyrol, and also the protargol, will not be sufficient, and nitrate of silver must be used, especially as Bruns recommends and as I have already described to you when speaking of gonococcic conjunctivitis, in addition to and after the use of the former remedy. Not only in babies with gonorrheal conjunctivitis, but in adults, the greatest care must be exercised to maintain the nutrition of the patients, and it must be the experience of every one who sees large numbers of these cases that if for any reason there is alteration or depreciation of nutrition, or an intercurrent illness, an eye that has been progressing most favourably will suddenly take on an equally most unfavourable turn.

In the Philadelphia General Hospital, during the same period previously quoted, 109 eyes affected with conjunctivitis neonatorum were treated, 95 of which entered the hospital with clear corneas.* Nitrate of silver was used in 50, with corneal involvement in 6, or 12 per cent.; while argyrol was used in 14, with corneal involvement in 1, or a little over 7 per cent. Standish reports 201 cases of ophthalmia neonatorum treated with argyrol, with subsequent corneal infection in only 4 cases, or 2 per cent., a result which, he believes, constitutes a strong argument in favour of argyrol.

The treatment of this disease should be as follows: Painstaking but gentle irrigations in the ordinary manner, and not with the aid of any of the most unnecessary special devices for introducing the fluid beneath the lids; rarely, and only in cases with much swollen lids and of robust nature, cold compresses for the first twenty-four hours; constant flooding of the conjunctival sac with a 25-per-cent. solution of argyrol, which acts as a protective and which floats to the surface of the purulent material, rendering its removal more easy; most assiduous watching of the case and adding to the treatment always (and this is necessary in many of the cases) a daily application of nitrate of silver in the manner already described, provided the symptoms do not promptly subside under the argyrol treatment or any other measures which may be employed.

At the risk of repetition I would conclude by saying to you that in gonococcic conjunctivitis of adults neither protargol nor argyrol is a safe remedy when used by itself; that in so far as my own experience is concerned, protargol may as well be abandoned; that argyrol is useful because it is bland and unirritating and helps to remove the pus, but that it

*In many of these cases the general nutrition was very bad.

has no control over the specific nature of the disease; and that, thus far at least, there is no better remedy in our hands than properly applied solutions of nitrate of silver, which doubtless are more efficient than they were in the past because we have been able to use argyrol and similar silver compounds as adjuvants. Many cases of ophthalmia neonatorum are better treated with argyrol for the simple reason that it can do no harm: it acts as well as, and better than, most of the non-specific remedies. Nitrate of silver may do harm unless it is applied by a skilled hand, but its proper application is required in a certain percentage of our cases. At some future lecture I will take up the complications of this disease, particularly those cases in which either before treatment has begun, or in spite of treatment, there has been corneal involvement; and I will say now that to your treatment of the gonococcic conjunctivitis of adults atropine drops should be used in order to keep the pupil dilated from the very start and to lessen the tendency to hyperemia of the uveal tract. Internally, the patients should have opiates, if required, and supporting measures if they are depressed and anemic.

CONGENITAL ATRESIA OF OESOPHAGUS

(CASE REPORT)

By W. H. EAGAR, M. D.,
Halifax, N. S.

(Read before Halifax and N. S. Branch B. M. A. Jan. 3rd, 1907.)

THE mother, Mrs. P., primipara had enjoyed good health during pregnancy. Labour occurred at the 8th month and was long and tedious. Placenta was adherent and was removed piecemeal with difficulty.

Child small but apparently well formed. Shortly after birth, attention was called to the child by loud rales in the trachea and the appearance of froth at the nose and mouth. This I ordered to be removed by swabs, as it accumulated, and the use of a boric acid mouth wash. The condition continued, and was worse after suckling. On the second day small quantities of sweetened water given by a spoon were regurgitated. The third day I ordered a bottle with sweetened water: the child took this ravenously, but the fluid regurgitated through the nose almost immediately. The child became cyanosed and artificial respiration was necessary before breathing recommenced.

I then endeavoured to pass a catheter, tried different sizes, both rubber and gum elastic, also a filiform bougie, by both mouth and nose, without success. The obstruction occurred about 5 1-2 inches from the gums. After reaching this point, the rubber catheters would curl up and come back into the pharynx.

Needless to say the child went through all the stages of hunger, thirst, exhaustion and death, which occurred on the seventh day.

The usual signs of dilatation occurred two days before death, the child being then able to retain several teaspoonfulls of water before regurgitation, though the catheter shewed the condition to be unchanged.

Treatment of course could not avail though it is interesting to note that normal saline solution, 2 oz. per rectum every two hours quieted the child to such an extent that opiates were unnecessary.

There was no passage of fæcal matter other than the usual meconium.

SOCIETY MEETINGS.

HALIFAX AND NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

BRANCH met December 19th, the President in the chair.

Dr. Eagar introduced the subject of hospital accommodation for children under six years of age and otherwise. He stated that a committee representing several benevolent institutions interested in children was about to approach the local government regarding this subject, and moved

"That a committee of three from this branch be appointed to confer with the above mentioned committee in its work."

Dr. Chisholm suggested that the motion be amended by adding the proviso that the city council be first approached.

The motion as amended was put and carried.

Dr. Chisholm, Trenaman and Ross were appointed the committee.

Dr. Mader moved a resolution re insurance examinations, which, after much discussion, was ruled out of order. Dr. Mader then gave notice of motion at the next meeting, "That the members of this branch be recommended to accept not less than a four dollar flat rate for insurance examinations from regular insurance companies.

"Also resolved, that a copy of this resolution be forwarded to each insurance company and to each member of this branch."

Dr. Goodwin gave notice of motion at the next meeting "That a committee be appointed to look into the question of contract practice and friendly societies."

The President then asked the Secretary to read the paper by Dr. W. S. Woodworth, of Kentville, on "The Treatment of Tuberculosis at the Provincial Sanatorium." (This paper was published in the January issue.)

In discussing the paper, Dr. Mader thought it advisable that there should be at the Sanatorium a resident medical superintendent, with proper laboratory equipment, if the work of the institution was to have a proper scientific value.

Dr. Goodwin was inclined to agree with this view, and thought we should urge further development.

Dr. Chisholm thought the government should be commended for the work already done, rather than be asked for more just at present. He considered the appointment of a medical superintendent not now practicable, in view of the small scale of the work to date, but that if left to itself the matter would evolve in time.

After some further discussion a vote of thanks to Dr. Woodworth for his paper was passed.

January 9th, 1907.—Meeting held at City Council Chamber.

Dr. Goodwin moved his resolution read at previous meeting. He thought that under certain conditions contract practice might be permissible, e. g., for patients receiving less than a certain fixed wage.

Dr. C. D. Murray spoke of the entrance examination fees being too small, but otherwise considered lodge work not ill-paid.

Dr. Trenaman did not think lodge work as carried on in Halifax to be beneath the dignity of the profession.

The resolution was seconded by Dr. Doyle and carried.

Drs. Goodwin, Mader and Doyle were constituted the committee.

Dr. Mader moved his resolution read at last meeting. This was seconded by Dr. Doyle.

After considerable discussion the following amendment was moved, seconded and carried:

"That this matter be deferred for one month and that in the meantime all the members of the branch be notified of Dr. Mader's motion, and further, that any other societies in Nova Scotia who are interested be notified."

Dr. Chisholm read a paper on "Cancer," a most interesting account of the recent researches on this subject. (This paper will be published in the NEWS.)

A hearty vote of thanks was tendered Dr. Chisholm for his valuable paper.

January 23rd.—Dr. Eager read a report of a case of "Congenital Atresia of the Œsophagus" in a prematurely born child with death on the seventh day. (This paper is published in this issue of the NEWS.)

Dr. L. M. Murray showed specimens of the submental glands of rabbits examined during the recent alleged epidemic, showing marked caseation. He regarded the process as septic and non-tubercular. Streptococci and staphylococci were present.

Dr. Woodbury spoke of rabbits dying by hundreds in Newfoundland in the late spring. The liver was supposed to be the faulty organ in these, it being quite friable when examined.

Dr. D. A. Campbell reported two cases. The first, "Stokes-Adams Disease," or "Heart Block." Capt. C., aged 92, very hale, good personal history. Complained of roaring in the head, tinnitus, deafness and dizziness. Patient in May somewhat livid, pulse 48 per minute. Heart enlarged, mitral systolic murmur. In June pulse was 12 to 32 per minute, numerous epileptiform seizures. Marked improvement followed the use of tincture of belladonna; patient relapsing when drug was discontinued.

Second, "Paroxysmal Tachycardia" in a man aged 68 years. (These case reports will be published in the NEWS.)

Dr. L. M. Murray asked if dilatation of the stomach might be a possible cause of tachycardia seizures as appeared in the second case.

Dr. Goodwin endorsed the action of belladonna as an antispasmodic for hollow tubes.

Dr. Eagar referred to tachycardia attacks in his own case.

Dr. Chisholm said when discontinuing digitalis and strychnine in cases of arterio-sclerosis with heightened blood-pressure, belladonna, especially when kidneys are acting poorly, will often benefit.

Dr. L. M. Murray took the other possible view of arterio-sclerosis, viz., that it is not so much heightened blood-pressure as changes in the vessels with weakened heart-muscle. Strychnine had acted well in his cases.

Dr. Campbell, in replying, stated that during the tachycardia attacks there was a good deal of tympanites. He had no doubt that in his patient there was more or less dilatation of the stomach. Instruments of precision are difficult to use and take up too much time.

The President read a letter from Dr. Tobin, who is at present in England.

ST. JOHN MEDICAL SOCIETY.

The President, Dr. Melvin, in the chair.

October 31, 1906.—A paper was read by Dr. Bentley on "Preventive Medicine." It was urged that tuberculosis be made a reportable disease and that special attention be paid to house disinfection after cases of tuberculosis.

The importance of medical inspection of schools and school children was dwelt upon. This would lead to the detection and prevention of contagious and other diseases and also to the advancement of backward children through the improvement in their physical condition.

The rescinding of the law relating to vaccination of school children in this province was a long step backwards. Arrangements should be made for the remuneration of physicians for reporting infectious diseases.

November 7.—Dr. Daniel read a paper on "Milk Supply and Its Control." (This paper has already appeared in the MARITIME MEDICAL NEWS.)

November 14.—Dr. Scammell presented three case reports: 1. A female child seven years of age with intussusception. 2. Case of spina bifida, operated upon successfully at the seventh week of life. 3. Hydrocephalus in a child three years of age, the head being of enormous size and weight.

November 21.—Dr. Wm. Bayard was elected an honorary member of the Society.

Dr. Murray MacLaren exhibited a specimen of sarcoma removed from thigh of a woman aged thirty. It had originated in one of the adductor muscles.

Dr. Wetmore read a paper on "Rheumatism in Children." (This paper will appear in the NEWS.)

November 28.—Dr. G. A. B. Addy gave a microscopical demonstration of the blood of myelogenous and lymphatic leukæmia, and also referred to the significance of leucocytosis in various diseases.

December 5.—Dr. McCully read a paper on "Clinical Reflexes." A comprehensive classification of reflexes was given, with the relation of reflexes to various diseases.

December 19.—A paper on "Brain Paralyses" was read by Dr. Corbett. After consideration of the blood supply of the brain, reference was made to embolism, thrombosis and hæmorrhage, the differential diagnosis and appropriate treatment.

CURRENT MEDICAL LITERATURE.

A Practical Treatise on Materia Medica and Therapeutics, by JOHN V. SHOEMAKER, M. D., L.L. D., Sixth Edition, thoroughly revised. F. A. DAVIS COMPANY, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This work has one excellent feature for Canadian students and practitioners that we welcome enthusiastically. That is that B. P. preparations are given as well as U. S. P., which makes it so much more convenient for reference.

We notice that no attempt is made to classify drugs according to their action. It may be urged that such arrangement is difficult, from our imperfect knowledge of the operation of drugs. But every physician makes some such classification of drugs in his own mind for practical application. Some text books classify with one drug at the head and representing a group. However imperfect such groupings may be we think it a great advantage in a work that some such attempt be made.

The author in his preface says that though much new matter is added yet from elimination and condensation the whole work is smaller.

It seems to us that this process might have been carried further, as many diverse opinions and references are quoted that are of doubtful value.

Many new drugs and indigenous plants not in the Pharmacopœia are carefully described, adding much value to the work.

On the whole, a valuable treatise is produced, giving a good idea of the general opinions held on the action and uses of remedies at the present day.

Under the head of "Non-pharmacal Remedies and Expedients Employed in Medicine not Classified with Drugs," there are articles on Electro-therapeutics, Kinesi Therapy, Massage and Rest Cure, Pneumo-therapy, Hydro-therapy and Balneology, Mineral Springs, Climato-therapy, Diet in Disease, Psycho-therapy, Metallo-therapy, and Suggestion or Hypnotism, Heat and Cold, Light and Darkness, Music, etc. All these articles are valuable and do not leave much room for quack faddists to say the medical profession has no means of cure but drugs.

We cheerfully recommend the work to students and practitioners whose therapeutics need to be kept up to date.

*

Genito-Urinary Diseases and Syphilis. By HENRY H. MORTON, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 Full-page Colored Plates. Second Edition, Revised and Enlarged. Royal Octavo, 500 pages. Bound in Extra Cloth. Price, $4.00, net. F. A. DAVIS COMPANY, PUBLISHERS, 1914-16 Cherry Street, Philadelphia, Pa.

The second edition of Morton's work contains over one hundred pages more than the first which was published in 1902. Some chapters have been entirely rewritten and new figures and plates added. Conciseness and clearness mark each detail and the needs of the general practitioner are kept in mind.

The author says "operation is the best treatment and should always be advised" in papillomata of the penis. We might draw his attention to the application of a mixture of salicylic and acetic acids as recommended by Keyes and Chetwood in this condi-

tion, for we have found it admirable in small papillomata, no matter how numerous.

The chapters on acute and chronic urethritis, with their complications, are practical and logical and readers may well follow the teachings of the author. Dr. Morton evidently does not favour the use of the galvanic current, for he says, "It causes electrolysis and acts as a caustic." It is very probable such an assertion is not correct and besides the effects of the two poles are widely different. Probably the author's experience with galvanism has been limited. The faradic current is recommended in sexual neurasthenia, a condition often continuing after the local changes in the posterior urethra have been cured.

In the treatment of syphilis the author recommends inunction and intramuscular injections as the most effective in this disease, the salicylate being the favourite salt in the latter method. Our own experience agrees entirely with his opinion on this point.

The large number of illustrations, 158 in all, with several excellent colored plates, enhance the value of the work to a considerable extent. The size of the book commends itself to readers, and we can heartily recommend it as a most suitable guide to practitioners and advanced students.

*

BOYS ON CORONERS.—A practical treastise on the Office and Duties of Coroners, in Ontario and the other Provinces and Territories of Canada, and in the Colony of Newfoundland, with Schedule of Fees, and an Appendix of Forms. By WILLIAM FULLER ALVER BOYS, LL.B., Junior County Court Judge, Simcoe, Ontario. The CARSWELL CO., Law Publishers, etc., Toronto.

We have had occasion before to review this work, which has reached a fourth edition and deals clearly and satisfactorily with the office and duties of coroners. It is a book which is applicable to all the provinces of Canada and Newfoundland and is much enquired after by coroners and others in Ontario and the West. It should also interest readers in this part of the country, it being of interest to members of the medical and legal professions. Though intended mainly as a guide to coroners, it contains many points of interest to the student of medical jurisprudence, and its perusal cannot fail to be of service to medical men when called upon to give evidence in courts of law. From this standpoint alone it should be in the library of every up-to-date practitioner. Anyone interested can procure the book through us, express charges prepaid, if remittance accompanies the order, in half calf, at $5.

*

Practical Dietetics with Reference of Diet in Disease. By ALIDA FRANCES PATTEE, Graduate Boston Normal School of Household Arts, Late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York City, etc., Fourth Edition, 12mo, cloth. 300 pages. Price, $1.00 net. By mail, $1.10. A. F. PATTEE, publisher, 52 West 39th Street, New York.

In the February issue of last year we reviewed the third edition of this valuable work, which is now in its fourth edition. The demand during the past year has been very satisfactory to the author, 10,000 copies having been sold. The book has been accepted through many special mediums, as follows:

Authorized for use in the Syllabus for the Nurses' Training Schools of New York State (published by the New York State Educational Department).

Authorized for use in the Boston Public Schools.

Authorized for use in the New York Public Schools.

Adopted by the United States Government (Medical Department of the Army).

Adopted by the Schools of Instruction for the Canadian Militia.

Adopted as a text-book in leading Medical Colleges and Hospital Training Schools.

Last year a number of our readers bought this book through the NEWS, and we would offer it again on the same terms to any who may desire to have it on their shelves. We will undertake to deliver it, postage and duty paid, to any address in Canada, on receipt of the price, viz., $1.10.

While primarily intended for the trained nurse, the book is one which the physician will find exceedingly useful. Short chapters on food values and classifications, nourishment in acute disease, general rules for feeding the sick, the serving of food, etc., are followed by very clear directions for the preparation of various forms of liquid, semi-liquid and solid foods which may be utilized as diet for the sick. A very practical section of the work is that devoted to diet in disease. The more common conditions which call for restricted diet are taken up, and valuable menus presented. This will prove a boon to those physicians—and there are many of them —who do not always find it easy to outline a diet for a finicky patient. Infant feeding and the feeding of young children also receive consideration. The appendix contains a number of practical suggestions for the nurse in the sick room. Altogether the book is one which every physician will find to be of great utility.

*

The following reprints of recent journal articles have been received:

By Ferdinand C. Valentine, M.D., of New York: "Education in Sexual Subjects," "The Venereal Peril in Its Relation to the State," "The American Urological Association."

By Fred. C. Valentine, M.D., and Terry M. Townsend, M.D., of New York: "The Prevention of Venereal Diseases," "Urethral Dilatations."

By Myron Metzenbaum, B. S., M.D., of Cleveland: "Kezmarsky's Decapitating Ecraseur," "The Vienna Clinics," "Specimen of Pseudarthrosis or False Joint of the Ulna," "Ether-air Anæsthesia or the Drop Method for the Administration of Ether."

PERSONALS.

DR. J. J. McKENZIE, of Pictou, who had been ordered to Bermuda on account of ill-health, has returned very much improved in health.

*

Dr. H. A. Payzant, who has been for some years surgeon on the cable steamer Mackay-Bennett, has resigned his position and sailed in the "Pretorian" for Liverpool to take a post graduate course in the London hospitals. The officers and engineers of the steamer presented him with an address expressing regret at his departure, and wishing him bon voyage. The address was accompanied by a beautiful travelling case.

*

Dr. L. E. Borden, of Winnipeg, was a recent visitor to this city.

*

Dr. John Stewart has greatly improved in health and at this writing is in Bermuda, whither he went in the hope that the climate would be more beneficial at this time of year.

*

Dr. D. Stewart was re-elected Mayor of Bridgewater by acclamation, and likewise Dr. F. A. Rand, of Parrsboro, at the recent municipal elections.

Dr. A. C. Hawkins has returned from his trip to the West Indies much improved in health.

*

Dr. C. D. Murray has left on the "Olenda" to take the round trip to the West Indies, and we trust the change will prove beneficial.

*

When a physician desires to sell his practice or property, it is of the utmost importance that it should be done with a minimum of publicity and a maximum of speed, hence the sale of medical practices forms an important department of medical affairs and one that nearly all physicians find necessary to use at some time or other. The *Canadian Medical Exchange,* 75 Yonge St., Toronto, conducted by Dr. W. E. Hamill, Medical Broker for the past 12 years, has a system which we consider perfect as to efficiency, secrecy and promptness, and we cordially recommend him as an expert in his line and advise our readers to take advantage of his ripe experience and unexcelled opportunity when they are thinking of selling their practices. A partial list of such practices for sale, will be found among our advertising pages each month, the complexion of which changes from time to time.

PROTECTION AGAINST QUACKS

The Minister of Inland Revenue has introduced a bill to regulate the sale of patent and proprietary medicines. The bill is the result of an investigation into the sale of drugs which was made by a house committee last year. Under the act no medicine can be sold until a sample has been sent to the minister with a sworn statement of the amount of alcohol and poisonous matter it contains. All sold must correspond with the sample. An inland revenue stamp must be attached to every package or bottle of medicine offered for sale. If analysis shows the sample does not correspond to the statement accompanying it, or if the minister considers the medicine unfit for use, the compounder and dealer will be notified and given an opportunity to be heard. If the minister still regards the compound as unsuitable he may prohibit the manufacture, importation or sale of the preparation.

TALK OF THE OFFICE

A YEAR ago the NEWS inaugurated a "forward movement" which met with considerable approval on the part of our readers. We propose now to extend that movement, and, as occasion offers, to improve and enlarge our journal.

*

Our readers must have noted an enlargement in last issue, not in the size or number of pages, but in the type space on each page. For various reasons we thought it advisable a year ago to set our journal up with a two column page, instead of setting the type across the page. The typographical effect, we thought, would be better, and we thought also that the narrow measure would be easier for the eye to follow. We have the satisfaction of knowing that many have approved of the change, and we know of no one who has disapproved.

*

We intend to continue then, the plan of a two-column page, but with this difference, that the measure of each column will be just a little wider. Last year we adopted a measure that printers call 13-ems. This year we will have 15-em columns. We think this measure improves the appearance of our page, and incidentally our readers will have a somewhat more replete paper.

*

We were much encouraged last year by the way in which new subscribers added their names to our list. All through the year this movement kept up, and we hope it will be continued during 1907. There are still some who, we believe, should subscribe to the MARITIME MEDICAL NEWS and we ask them to seriously consider whether they should not give us their names now as regular subscribers.

The NEWS costs only one dollar a year, and in a year it gives its readers a good dollar's worth of material—480 pages of valuable experience and condensed information on a great variety of subjects. In addition, the NEWS stands as the organ of the profession, and it ought to be worth a dollar a year at least to each doctor in the territory of the NEWS to feel that he has a journal through which he can exchange ideas with the rest of the profession on matters pertaining to the welfare of the profession generally. The NEWS is performing a service for the profession, and we think every doctor in this field should be glad to support it in its work to the extent of a dollar a year.

DINNER TO LT.-COL. G. CARLETON JONES, P. A. M. C., G. G. H. S., D. G. M. S.

ON Monday evening, January 22nd, previous to his departure for Ottawa to take up the duties of Director General of Medical Services, Lt.-Col. G. Carleton Jones was entertained at dinner by the medical profession of Halifax.

The dinner, which was held at the City Club, was in every way most creditable. Thirty members of the profession from Halifax and Dartmouth sat down together, hardly any prominent man being absent, and those not able to attend were in most instances detained by professional engagements or sickness.

Among those present were representatives of the various medical bodies in which Col. Jones has filled so big a part during the twenty years of his professional life in Halifax. Men, young on the threshold of their careers, whose relation had been that of student and teacher, and men old, whose relation had been that of teach to taught, vied with one another in making the gathering a notable one, while the colleagues more intimately associated with him in college and other medical work, both civil and military, bore testimony to his worth and the esteem in which he is held.

It is little to say that Col. Jones has filled a very large place in medical circles in Halifax. As secretary and chairman of the Executive of the Halifax Medical College he has for many years dominated the business affairs of that institution.

As demonstrator, lecturer and professor, his work has been performed with ability and faithfulness.

In the work of the Nova Scotia Branch of the B. M. A. he contribut-

ed as secretary and president in a large degree to the success and prosperity of the Branch, but perhaps his departure will be most felt and his place most difficult to fill when some medical gathering is to be held and some question of organization arrives, and the necessary executive work has to be done. Here he has been in the past pre-eminently a leader, and always willing and able to carry the heavy end of the burden. Of his work in military matters no testimony is necessary: his present high and responsible appointment is sufficient proof of his merits.

It would take more than our allotted space to mention the different bodies with which Dr. Jones has been allied and whose interests he has served.

Very happy speeches were made in this connection by Dr. A. J. Cowie, the Doyen of the profession in Halifax, who acted as chairman, and by Drs. A. P. Reid, D. A Campbell, Chisholm, Cunningham, Goodwin and others, all of whom could speak from intimate association in work and play.

It is probable that no Halifax medical man has had such a professional tribute paid to him as Lt.-Col. Jones received.

THERAPEUTIC NOTES

THE ANÆMIAS OF CHILDHOOD

The anæmias of early life are usually sequels of the acute diseases common to this period. The exanthemata are especially liable to be followed by a depreciation of blood quality, and a protracted convalescence often depends on this one condition alone. Moreover, the frequency with which physical stigmata or infirmities actually date from an attack of measles, scarlet fever, diphtheria or any of the other similar diseases of childhood, can often be

properly laid at the door of insufficient or improper care during the very important stage of convalescence from these diseases.

It should be recognized that the hæmatogenic function while exceedingly active in childhood, is yet very susceptible to all inhibitory influences, among which the toxins generated in the course of the acute diseases are most common. When a storm infection of measles, scarlet fever or any of these similar ailments is passed, there must follow a period of reconstruction. If the damage has been slight as a result of a light storm or an unusually strong structure, the reconstructive process places little demand on the resources of the individual. But if the storm has been unusually severe and the structure ill-prepared to meet its fury, the rebuilding process is certain to be long and laborious. Deficiency in the quality of the blood is one of the greatest handicaps at this time, and the clinician should recognize this as one of the most important indications for therapeutic assistance.

The action of Pepto-Mangan (Gude) is always very marked in these cases, and it is interesting to note how rapidly children respond to its upbuilding influence. A marked increase in hemoglobin at once follows its use and the red cells multiply rapidly. With improvement in the blood constituents there is a corresponding increase in the whole bodily tone, and it only takes a few days to carry the average patient safely away from the dangers of a trying period.

Pepto-Mangan (Gude) is therefore a very valuable tonic in childhood, and unlike so many of the ordinary hæmatinics it can be given with impunity to the youngest infant. It has marked alterative properties, and in strumous or carasmic conditions it is especially valuable. It is absorbed rapidly, and is never rejected by even the weakest stomach.

In early life its administration is best effected by giving it in milk, and the dose should range from ten drops to two teaspoonfuls, depending, of course, on the age of the patient.

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