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MEDICINE & SURGERY

VOL. XX. HALIFAX, NOVA SCOTIA, FEBRUARY, 1908. No. 2.

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THE MARITIME MEDICAL NEWS

VOL. XX., FEBRUARY, 1908, No. 2

“Some Experiences of Intracranial Surgery.” According to C. A. Ballance, who contributes an article entitled “Some Experiences of Intracranial Surgery” to the *Lancet*, of December 21, 1907, the more common conditions demanding intracranial intervention are: (1) Diseased or displaced bone, both of which should be dealt with before intradural mischief has arisen. (2) Effused blood. There is as yet no instance of arrest of rapid effusion of blood into the brain by operative methods, nor do such appear feasible. But the need for surgical intervention in extradural hæmorrhage following trauma is well recognized. (3) Meningeal inflammation. This takes three forms: (a) Meningitis serosa, an acute or subacute accumulation of fluid in the subdural space, the subarachnoid space and in the ventricles. The intracranial serous membranes are excited to hypersecretion by toxins brought to them by the blood or from a neighboring infective focus, producing fever, slow pulse, vomiting and drowsiness. The only methods of treatment which have proved successful are intradural drainage and ligature of both carotids. (b) Local meningeal suppurations as a result of bone disease, and as a localization of posterior basal meningitis. In the latter the preferable operation is that which provides a free bilateral opening and allows the escape of pus from the subarachnoid

space. (c) Tuberculous meningitis. Exposure of the disease and drainage of the exudation probably would modify the evolution of the process, just as in tuberculosis of the peritonæum, but how is not clear. (4) Abscess of the brain should be treated as abscess elsewhere. (5) Epileptiform neuralgia of the fifth nerve. Intracranial section of the second and third divisions of the fifth nerve is the operation of choice. The foramen rotundum and foramen ovale must be closed with either rubber or gold leaf, and if the pain returns search must be made for undivided filaments of the nerve. (6) Tumour of the brain. The presence of an intracranial tumour is to be inferred from the following symptoms: (a) Evidences of disturbance of the normal harmonious and correlated functional activity of the various parts of the brain, such as change of disposition or impairment of mental power. (b) Symptoms of increased intracranial pressure—headache, vomiting, optic neuritis, slow pulse and torpor. (c) Symptoms due to irritation or paralysis of particular nerve centres, the so-called focal symptoms such as paralysis and disturbances of sensation. Diagnosis and localization are sometimes assisted by X-ray photography.

**Surgical
Value of
Iodine.**

Walter T. Dannreuther, writing in the *Medical Record* for January 25, extols the value of iodine in surgery as a counterirritant and an antiseptic. He considers it of more value than iodoform, or other derivatives of iodine, on account of its germicidal power and extraordinary penetration. The author makes use of it after the cleansing of lacerated wounds that have been soiled by earth, mortar, etc. Here he injects tincture of iodine into the wound with a medicine dropper. He obtains healing by primary union. In erysipelas he paints the part with it. It is valuable to stimulate sluggish granulations. It is a valuable sterilizer for the hands, one per cent. watery solution of iodine and potassium iodide being used. It is an excellent agent in disinfecting the skin before laparotomy. In the early stage of gonorrhœa in the female it may be injected into the bladder, and after labour or abortion a douche of iodine solution is a prophylactic against hæmorrhage and infection.



Headache. From a study of seventeen hundred cases, in which special attention was given to the family and personal history, habits, diet, pathologic and physiologic conditions, etc., F. Coggeshall and W. E. MacCoy, in a paper contributed to the *Journal of the American Medical Association* of January 4, arrive at the following general conclusions: (1) A neuropathic diathesis is an essential condition of the occurrence of almost all the chronic headaches of the class discussed, the only exception being cases in which other causes exist to an excessive degree. (2) In the great majority there is, in addition to the neuropathic diathesis, some local ir-

ritation to the nervous system, often manifesting itself by the headache alone. (3) A minority of patients are sufferers from anæmia or toxæmia, in addition to the neuropathy, which may manifest itself in no other subjective symptom of importance. (4) The more marked the neuropathic tendencies, the less need be the degree of anæmia or toxæmia, and *vice versa*. (5) In some cases, often the most severe ones, a local irritation of the nervous system is reinforced by a toxæmia. (6) There are a number of what may be called composite headaches, in which two or more local irritations cause headache. The authors find the location of the headache the most useful single symptom for pointing out its cause. They class headaches as: (1) frontal, (2) temporal, (3) occipital, (4) vertical, (5) parietal, (6) circular (band around the head), and (7) general headaches. Mixed forms, however, are not uncommon and very severe headache tends to become widely diffused. The true type in such case is often indicated by the point of greatest tenderness to pressure, or, better, by the point where it began. The local irritations are approximately, in the order of their frequency: (1) Irritation from the eyes, (a) frontal, usually due to astigmatism; (b) occipital, often due to muscular imbalance; (c) temporal, muscular imbalance or hypermetropia; (d) or deep seated in the eyes from retinal irritability. (2) Irritation from the nose and accessory sinuses, usually frontal, more liable to be unilateral than in those due to eyestrain and confined often to a definite limited spot over the root of the nose or on one side of the forehead. These are apt to be morning headaches, and the pain is often duller and deeper seated than that from eyestrain. (3) From pelvic dis-

orders in women; vertical when due to disease of the lining or body of the uterus and occipital when due to retrodisplacement, posterior parametritis or ovarian disease. These headaches are practically always bilateral and may be aggravated or relieved by menstruation. (4) Gastric headaches, from indigestion, hyperacidity, hypoacidity, etc. These are practically always frontal or bilateral and more commonly located in the upper portion of the forehead than are headaches due to the eyes or nasopharynx. (5) Irritation from the teeth, especially decayed teeth in the upper jaw and the eye teeth and third molar in particular. They are usually temporal when from diseased molars and frontal when from the eye tooth. They are frequently unilateral. (6) A few cases due to the ears, sometimes to the mere presence of wax or stoppage of the Eustachian tube. They are almost the only parietal headaches from local irritation and may be unilateral or bilateral. The characteristic headache of anaemia is vertical. Toxæmic headaches are commonly described as of the whole upper part of the head or as handlike or constricting. Their occurrence has frequently a relation to the time of absorption of the poison, and it may correspond with some nervous distribution, as of the occipital or upper division of the fifth. Migraine is treated of at some length, and the authors consider it practically always due to eyestrain in neuropathic individuals, but the immediate cause of the attacks may be recurring conditions of toxæmia which would not have this effect in a less neurotic individual. Special directions are given as to thoroughness in the examination of the eyes in this condition, as well as regards the treatment. The authors consider the

removal of local irritation the fundamental part of the treatment in headache, though general measures, tonics, hygiene, gymnastics, etc., as well as medical agents, are not to be neglected.

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Aphasia, Sensory and Motor. Chaufford gives a description of cases of both sensory and motor aphasia (*Journal des Praticiens*, February 23, 1907; *British Medical Journal Epitome*, January 18, 1908). What is indispensable to the production of an aphasia is a change in the region of Wernicke—that is, the zone of the angular gyrus and the first temporal convolution. Further, in motor aphasia there is often seen a lesion of the lenticular zone, usually of its external part. This latter can be alone affected (pure anarthria of Marie). In such a case the prognosis is good, and the patient can be again taught to speak. The patient suffering from sensory aphasia is able to see clearly but cannot read—word-blindness; he can hear but cannot understand words—word-deafness. He is 68 years old; has no signs of hemiplegia. At most there is a slight tremor of the upper limbs, especially the right. Sensibility is slightly diminished on the right side; his intelligence is badly affected. He hears his name but does not understand the meaning of the words spoken. He replies illogically, incompletely, frequently uses one word for another—paraphasia, or utters a series of syllables. He cannot tell the name of an object, but when he does speak—and these cases are often verbose—he articulates well, and utters, or rather allows to flow out, words utterly meaningless but well formed. There is no attempt to express his thoughts. That is the difference between the subjects of motor and sen-

sory aphasia. The subject of sensory aphasia does not think, and for this reason, that thought is impossible without language inspired from the mind. One thinks one's words, said Bonald, before speaking one's thoughts. The subjects of sensory aphasia do not think their words, consequently they do not find the need of expressing their thought. Their words do not answer to the outward expression of any mental conception. The patient in question had also lost his power of recalling musical sounds; he could not recognize popular airs. In the subjects of motor aphasia the memory of musical sounds is preserved, and these subjects can frequently sing without hesitation, though they cannot talk. The patients writing is halting and badly formed; he can scarcely write his name; he cannot do the simplest calculation—the addition, for instance of a few simple figures. He cannot read, but he has retained the image of cards, and this is so with most subjects of aphasia. The author once set a subject of sensory and a subject of motor aphasia to play a game of écarté. The motor aphasic became impatient over the game, the sensory aphasic remained perfectly indifferent. Sensory aphasics may be mistaken for the subjects of mental confusion. The difficulty can be cleared up by asking the patient to read or to name a certain object. The prognosis is bad. An autopsy on the patient revealed softening of the angular gyrus, and also of the first and part of the second temporal convolution, with a further area of softening at the anterior end of the internal capsule. The subject of motor aphasia recently under care of the author was a man of 54, fat and high coloured. In March, 1906, he had a right-sided hemiplegia with loss of

speech. His condition remained unchanged for ten months; he can neither write nor read, but knows the hours of the clock, can play cards, understands what is said to him, and all that is not either written or printed matter. He takes an interest in what is going on around him, but always seems angry with himself when he cannot express his thoughts. He has no sensory troubles, but is subject to epileptiform fits, which make the prognosis bad, for during them his arterial tension is increased, and he may at any time have a further hæmorrhage.

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Chancroidal Bubo.

Henry A. Morton describes a new method of treatment of chancroidal bubo, in the *Medical Record* of January 25. This bubo is due to the absorption of Ducrey's bacillus into the lymphatics connecting with the penis, either on the same side as the sore or on the opposite side. Heavy physical exercise increases the liability to suppuration. It is not possible to abort the chancre by the use of nitrate of silver, because its action is too superficial to reach all the germs, and a crust is formed which retains them and makes suppuration more liable. Dissecting out the glands is also unsuccessful and ends in a larger abscess. The treatment recommended by the author consists in putting the patient to bed with a dressing of gauze wet in 95 per cent. alcohol, covered with gutta percha tissue to prevent evaporation. This is renewed twice daily. Another method is fomentation with warm solution of acetate of ammonia, changed for hot applications when suppuration begins. When full of pus the abscess is opened by a small incision, and 10 per cent. iodoform-glycerine solution injected three times

at one sitting, the first two syringefuls being allowed to run out and the third retained. This is repeated the next day and the wound is left undisturbed for five days, when it is generally found healed. The author gives thirteen cases treated in this way.



Arteriosclerosis. From a study of one hundred individuals presenting marked and obvious sclerosis of palpable arteries with reference to the symptoms manifested, as compared with those usually credited to arteriosclerosis, G. L. Walton and W. E. Paul (*Journal of the American Medical Association*, January 18), reach substantially the following conclusions: While arteriosclerosis is productive of apopleciform attacks and vertigo, and plays a part in the causation of loss of memory as well as other failures of power in involution, it does not produce headache except as the immediate result of apopleciform attacks. A number of the patients stated that the headaches from which they had formerly suffered had lessened or disappeared of late years. The comparative immunity from headache was the more notable in view of the fact that signs of renal degeneration were present in 36 per cent. of the cases and the blood pressure averaged high. The apopleciform or claudication attacks are, moreover, not necessarily indicative of serious disease, as a case which they report shows, and they are inclined to credit them to cerebral fatigue with temporary suspension of function rather than to actual changes in the vessels. Arteriosclerosis naturally appears in a certain proportion of elderly neurasthenics, but their observations fail to establish its causative influence,

and they feel that further investigation of this point is desirable. Renal degeneration is a prominent factor in the cardiac enlargement often present in cases of arteriosclerosis. Arteriosclerosis without cardiac enlargement or renal degeneration is only exceptionally accompanied with a very high blood pressure. If either cardiac enlargement or renal degeneration exists, moderately high blood pressure is the rule; if both are present, very high blood pressure.



Ophthalmoreaction to Tuberculin. S. Cohen summarizes his article "Concerning the Ophthalmoreaction to Tuberculin," which appears in *Berliner klinische Wochenschrift*, November 25, 1907, as follows: (1) The positive appearance of the ophthalmoreaction after use of a one per cent. solution of tuberculin indicates tuberculosis with very great probability. (2) A negative reaction does not prove the absence of tuberculosis, because 50 per cent. of the severe cases of phthisis fail to react. Slight and moderate cases of phthisis react only exceptionally. (3) Typhoid patients exhibit a positive ophthalmoreaction to tuberculin very frequently, especially during convalescence. (4) A subcutaneous injection of tuberculin made some time after the installation is able to call forth again the local reaction in the eye, or to produce it in case it failed to appear before. (5) The single installation induces in non-tuberculous adults, not children, after a sufficient length of time, a hypersensitiveness of the eye into which the instillation was made; in tuberculous patients this action is usually extended to the other eye also.

Death During Anaesthesia.

Robert Reyburn, writing under the caption, "Prevention of Death during Anæsthesia by Chloroform and Ether," in the *Medical Record* of January 18, says it is his belief that deaths from anæsthesia are due to the neglect of certain precautions and these he endeavours to point out. Death by ether is either speedy, resulting from the too concentrated ether vapor inhaled, or delayed, when it results from nephritis due to prolonged inhalation. The cone used should be of the simplest and the anæsthetist a trained one, not an undergraduate. When death results from acute nephritis it is due to the large amount of ether absorbed by the blood in the renal artery, one of the largest branches of the aorta. Death may result from too great absorption of ether into the lungs producing bronchial irritation and pneumonia. A third late form of death results from acute fatty degeneration of the liver. Sudden death is believed by the author to be from the column of venous blood filling the jugular and innominate veins, and this pressing upon the auricle and preventing it from opening. The first treatment, then, is the inversion of the patient so as by gravity to open the auricle. The ether should be given drop by drop. The operation should be as short as possible. A faradic battery should always be ready to stimulate respiration, and artificial respiration in the prone position should be at once performed.

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Placenta Prævia.

In an article contributed to the *Journal of the American Medical Association* for January 4, J. L. Hill considers placenta prævia scarcely a rare complication among multiparæ.

In eighteen hundred cases, 87 per cent. of them multiparæ, and averaging over four pregnancies apiece, he found the ratio to be one in 225. The mortality, he thinks, has been underestimated by some recent authorities, and while it may be as low under the most favourable conditions as 3 or 4 per cent., with the general average of all practitioners, he thinks it must still be as high as 8 per cent. The foetal death rate has not decreased with the maternal mortality, and is still 40 or 50 per cent. Hæmorrhage occurring in the last third of the gestation period is presumptive evidence of placenta prævia, and the cervix should be immediately dilated to allow of a diagnosis by the finger, and if placenta prævia exists, the uterus should be emptied at once. Tamponade of the cervix and vagina is a useful preliminary step. The Braxton-Hicks version controls hæmorrhage well and is safest for the mother but not so satisfactory for the child. When the condition of the cervix is such as to permit rapid delivery without serious tearing, version or forceps may be employed, packing the uterus and vagina if bleeding continues after the third stage. In a patient with long rigid cervix, complete placenta prævia and viable child, and if the surroundings are favourable, Cæsarean section should be chosen in the interest of the child. Hill thinks that the future progress in the management of placenta prævia will have to be directed to decreasing the foetal mortality.

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The Kidneys Heinrich Stern contributes an article entitled **Influenza.** "The Renal Complications and Sequelæ of Influenza" to the *Medical Record* of January 11. He believes that renal complications after influenza have not been given

the importance that is desirable. Slight complications in the form of renal congestion are frequent. Acute nephritis is not common, but the bacilli may be retained for years in the body and become periodically active, and affect the kidneys. Aggravation of the previous existing renal disease is frequent and of importance as a matter of prognosis. Post-influenzal nephritis occurs after the acute symptoms have subsided. This form is chronic and a phenomenon of reinfection. It is really a sequel and is of the character of chronic interstitial degeneration.



The Smaller Medical Schools. The following appeared as editorial in the *Canada Lancet* for January: "*The Montreal Medical Journal* has of late been saying some pretty plain things about some of the medical colleges of this country. It had some rather hard comments to pass upon the medical college in Halifax. Now we have always thought that this college was doing good work, and we are still of this opinion. The students receive very good didactic teaching, and the clinical facilities are all that could be desired. Socrates taught a class of one and that class was Plato. The usefulness of a medical college is not to be measured by its buildings, the number of its teachers, the size of its classes, but by the quality of the teaching, both theoretical and practical. Some of the great medical schools are not found in the largest cities.

"Coming to Queen's Medical college in Kingston, in the November

issue we read: Queen's Medical school must find another reason for existence than that which lies in theological protest. We agree unreservedly that the student 'must study at the bedside of the sick' and that opportunity must be difficult of access in a city of 17,000 inhabitants." A glance at the government returns of the hospitals in Ontario shows that in the Kingston general and the Hotel Dieu there was a daily average of 140 patients last year. This is ample for clinical purposes, so that it matters little whether Kingston contains 17,000 or 34,000, provided there is enough clinical material for bedside teaching. But records speak well for the work done in Kingston. The students from this college acquit themselves well when placed side by side with those from other colleges. It is quite wrong even to suggest that "Queen's Medical school must find another reason for existence than that which lies in theological protest." Queen's Medical college is a medical college pure and simple, and exacts no other test than that of a thorough knowledge of the subjects in the medical curriculum.

"The medical colleges in London and Winnipeg have been doing good work for many years. While we have nothing but words of praise for the splendid work that is done in the medical departments of the Universities of Toronto, McGill and Laval, we cannot stand by and see any asperse criticism offered upon the teaching in Halifax, Kingston, or any other universities, without raising a voice of protest."

APPETITE.

By C. M. Pratt, M. D.,

St. John, N. B.

(Read before the St. John Medical Society, Oct. 16, 1907.)

IN preparing my remarks to-night on "The Appetite," I intend but to whet yours for what you will get from the Secretary later on.

In daily practice it is to a large extent necessary for us to allay symptoms if possible, while we are waiting for other symptoms to manifest themselves, so that we can arrive at a diagnosis, or sometimes until nature can do her work and effect a cure. In this way too we very often feel that we are satisfying the patient and incidentally earning our fee. So, also, we very often, knowing we cannot shorten the course of a disease, feel anxious to alleviate distressing symptoms. Appetite, when increased or diminished, although not the commonest symptom, necessary to be relieved, is one that often causes anxiety for what it heralds, and from it our attention is directed, it may be, to very grave, local or constitutional disturbances.

What is appetite? This is a very difficult question to answer, and one that has advanced many theories. One point seems to be definite, however, and that is, that it is dependent upon the central nervous system, and it would seem that any unstableness of this, along certain lines, has to be supplied, and when supplied tends to restore its equilibrium. Thus in the appetite of food (hunger), the defect is felt in the place where only the proper stimulus can be supplied, viz., the nerve terminals of the stomach.

One recent theory brought forward to explain hunger, this special form of unstableness in the nervous system, is a contraction of unstriped

muscles of stomach and diaphragm when it is empty—the natural contraction after distension, and thus a particular form of irritation to the sensory nerve endings is set up. Reasonable, then, it is to suppose that these nerve terminals can be stimulated or depressed by certain local conditions, such as the presence or absence of normal secretions, the presence of artificial irritants, and pathological changes of the stomach. It would also be permissible to conclude that an atonic condition of the stomach wall, or distension, would then lead to a decreased appetite.

Like all other functions, it is supposed that hunger has a controlling centre in the brain, and it is probable that it is situated, as the supposition is with reference to the vomiting centre, in the medulla oblongata. It is likely that it is through this centre that constitutional diseases, infectious fevers and physical impressions have a distinct effect on appetite.

In some individuals there is a more perfect equilibrium established than in others. Thus we see in certain people that regular and ordinary stimulation satisfies, while in others we get inordinate desires, cravings and longings. This is true just as much of other appetites as it is of hunger. Thus, in certain individuals we get an intense and sometimes never-to-be-fully satisfied appetite for morphine, chloral, alcohol, appetite for work and pleasure, and sexual appetite.

The normal type, or the type which will best maintain bodily health and mental vigour, is the one to be aimed at, and we must regard any excess of

these appetites as abnormal and in need of proper treatment.

APPETITE FOR FOOD.—We have always recognized the fact that the amount of food necessary to appease the appetites of different people varies. A small quantity of food satisfies and is enough for one, whereas, a much larger amount is necessary for another. The appetite is in direct ratio to the stimulation of the nerves of taste and the caloric wants of the body. Normally, then, appetite is the voice of the body, and it is through it that the body gives its orders. But we find that it is often diseased and deranged, and that it may often call for that which is not the best for the body's welfare. Thus we get the abnormal call for alcohol, for drugs, and for other things which are harmful to it. Such an insane appetite must be treated as any other mental condition.

There may be, however, local defect, which contributes its share towards such perversion. In the same way we may find an impaired appetite where there are neither gross physical defect nor disease, either locally or constitutionally. We recognize daily the effect of the mind on appetite, as when much worry, fright, or the beholding of disgusting or uncleanly conditions in preparation of food, checks or diminishes the desire for food.

In those persons who deviate from the normal in this particular, we must treat or advise that they treat themselves in the following manner.

(1) That food be properly prepared, and within certain limits, that its nature be governed by what the appetite calls for. (2) That food be regularly given, and that an attempt be made to acquire a taste for those things which contain essentials for metabolism. (3) That the mind be

trained, and the nervous make-up regulated in order to eliminate the depressing influence which it may have upon appetite, and the depressing external influences kept from affecting the patient.

In the preparation of food we all know the great difference between food which is properly seasoned and that which is not. There is a certain blending of condiments which acts on the muscles and glands of the stomach very much as do our tonics and appetizers taken previous to or after a meal. The muscles of the stomach are stimulated and contract, the secretory glands pour forth their contents abundantly, and our nerves of taste are probably tickled and we experience a feeling of satisfaction. The mixed diet is the ideal one, because it provides the body with what is essential to it, without the intake of vast quantities of one special form of food, taxing too much the working capacities of the organs engaged in necessary elimination. An average diet per day for a man between 120 and 170 lbs., would be proteids 140 grams, carbohydrates 350 grams, fats 100 grams, salts 30 grams.

The composition of certain articles used constantly as food is as follows:

Roast Beef.—Proteids, fat, salts, extractives.

Potatoes consist chiefly of starch, sugar, proteids and salts, in the order named.

Gravy.—Fat, extractives and water.

Paste is chiefly composed of starch.

Apples.—Water, sugar, acids, proteids and salts.

Coffee consists of sugar, water and extractives, so that it is solely a stimulant.

Rice Pudding is composed of a variety of foodstuffs.

A meal made up of the foregoing would fairly well represent mixed feeding. Most variations of this diet would not be any more advantageous to the system, but would serve, by the different forms of extractives contained, as a stimulus to the appetite, and, since variety is the spice of life, in this way the stomach is toned up and exhorted to do its work. Sometimes our change of menu fails and the physician is called and administers a tonic.

The body very often makes known its own wants, as we see when thirst has to be quenched by water. Every one is familiar with the fact that after he has taken of salty food and there is excess of salt in the system, how the body calls for water to make the necessary dilution.

So with different articles of food. Our desires are made known and we are said to appease our appetites.

This, as is the case with every other function, may be perverted and we may get insane appetites for certain things. This is found chiefly in pregnancy, in dementia and in hysteria. Chalk, nails, hair may be swallowed. This has no effect however on appetite but is decidedly mental.

2. The regularity of taking food is a most important factor in the improving of nutrition, and it is only in this way that appetite should be satisfied. Indeed, regular life and habits are equally necessary. We all know that those who do manual work need more food (and that chiefly proteid), than do those who live leisurely. In the latter we see the fat deposited. This not only comes from the fat taken but also from the unused proteid and sugar.

If man or any animal is fed on exactly the same quantity of food every day, it reaches a condition of equilibrium. If the amount of food

taken is increased, then amount of food material taken is greater than that excreted but it gradually balances itself. If food taken be diminished then excreta is greater than that ingested. Animals lose weight greatly before death. Children will lose weight and die quicker than adults. Adults will stand starvation for three weeks without being incapacitated, providing the supply of water is uninterrupted. Lower cold blooded animals live for an enormous period without food and frogs live on water for over a year. All animals become carnivorous when starved, eating their own bodies. The excreta of herbivorous animals become acid. In starvation we get the glycogen, stored in the liver, and other carbo-hydrates, used up very readily, then the more important proteids, then the fats and after this the proteids of the living tissue. Of the tissues, first we use up the adipose nerve glands, muscles and lungs. Those suffering last are the heart and brain; only 2 to 3 per cent of the whole being lost by these.

If water be withheld, metabolism is increased and the ultimate result is death. A large supply of water taken in decreases metabolism by encouraging the formation of fats, which is always an indication of slow metabolic changes. If common salt (sodium chloride) be diminished the kidneys soon stop excreting, although retention is not absolute. If alkaline salts be withheld the fluids of the body become acid, proteid metabolism giving rise to acids. In diabetes, metabolism is disturbed and we get larger quantities of organic acids set free. If phosphates be withheld the bones and teeth suffer. The absence of iron leads to deficient hæmoglobin formation. If organic salts, especially citrates and acetates, are withheld

scoury follows. Absence of proteids as we have cited before, destroys free proteids, salts in the blood, and then draws on the tissues. Fats and carbohydrates in increased quantities tend to slow metabolism, which can be offset by a free supply of albuminoids. Too great a supply will lead to quickened metabolism with increased excreta. Excess of proteids may cause an increase of fat, and will only cause increase in muscular development if accompanied by exercise. As regards the taking of fat and carbohydrate foods, we find most carnivorous animals could very well get along without them. Herbivorous animals would die without them, and omnivorous animals would lose their appetites. We see in all this the part that appetite plays and that it should be in definite relation to the needs of metabolism.

In small people the surface is greater in proportion to the weight of the body, and therefore, heat loss is greater and metabolism quickened. You would naturally expect in such people a greater appetite. This is particularly a reason why children often, though not growing very quickly, may have large appetites. There is a relatively quicker metabolism in children, and in males greater than in females, and appetites correspondingly vary.

But there is not found in the everyday work of the physician such regularity and such a pendulum-like swing between appetite and metabolism. Grave pathological lesions come in and interfere with appetite, and as a sequel metabolism suffers. In all infectious fevers and all chronic diseases the appetite is diminished.

The special forms of gastric diseases which begin with loss of appetite are gastritis and carcinoma.

Alone, loss of appetite as a symp-

tom has little diagnostic importance, but associated with other symptoms, it helps to form groups, which are definite pictures of certain diseases. Poor appetite does not always indicate poor digestive power. It will be easily understood how patients with a slow metabolism do not need as great a quantity of food as those with a quickened metabolism—either naturally quick or quickened by a greater amount of work.

Very often this symptom is the first to present itself. In the incubation period of typhoid fever this is especially true. For days the only symptom noticeable will be the complete loss of appetite.

INCREASED APPETITE may be present in functional disturbance (neuroses) in worms in children, gastric ulcer, hyperacidity of the stomach, dementia and pregnancy. The condition is known as *boulimia*.

TREATMENT OF DERANGED APPETITE.—In this we must take into consideration the central governing influence of the nervous system. Any thing bringing too much weight on this will seriously affect a previous normal appetite. Thus grief, worry, fright or disgust will cripple the desire for food.

For these cases it is absolutely essential to treat the mind and so get it adjusted that instead of paying too much attention to external stimuli it will respond more readily to the demands of the body. This may be done by change of surroundings, climate and occupation.

When the fault lies more with the local apparatus, or even when the nervous system as a whole is at fault, local stimulation is beneficial. This is done with simple bitters, aromatics and aromatic bitters. These, by irritating the nerve endings in the stomach cause a freer secretion of the

glands and of stimulation of the muscular fibres, placing the stomach in readiness for a greater intake of food.

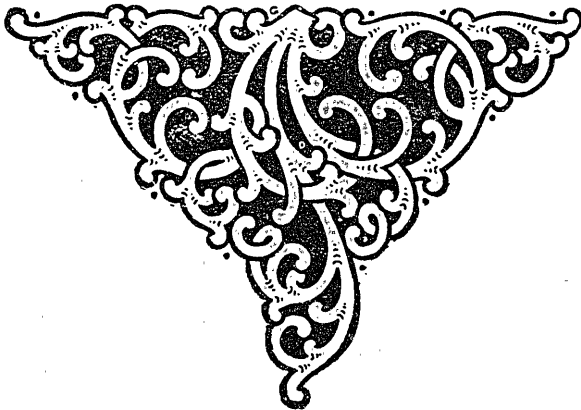
The simple bitters that are enormously used for this purpose are gentian, quinine, quassia, columbia, and taraxacum. Other bitter principles, such as quinine and strychnine are also stomachics, but this property is overshadowed by their action on other parts of the organism.

These bitters are advantageous when there is a depressed condition of the stomach present. If used where there is gastritis they will do great harm and cause nausea and vomiting.

Aromatics depend for their tonic action on the volatile oils they contain, and are not so permanent in this action as simple bitters. It is this form that is used in sauces and condiments. Among them we find cinnamon, nutmeg, pimenta, allspice, cardamon, ginger, capsicum, sassofras and bitter orange peel.

Excessive appetite or boulimia, is generally best treated by removal of the cause. If from neurosis, by electricity, baths and agreeable methods of living. In pregnancy, after delivery symptoms generally subside. In other diseases treatment is directed to the special conditions. In children the removal of worms is necessary. In ulcer there must be decrease in the amount of food taken, and perhaps prohibition of food by stomach, when rectal feeding must be practised.

Cocaine has been advocated for the decrease of appetite. In South America the natives use it so that they may endure travel in the mountains and endure hunger for a longer period, but this acts more as a stimulant to centres of higher control. In minute doses in some cases where a temporary action is required, it does seem to reduce the appetite. The great danger of course is the forming of a habit.



INDEPENDENCY OF THE MIND.

By GEO. G. MELVIN, M. D.,

St. John, N. B.

(Read before the St. John Medical Society, January 8th, 1908.)

CONSCIOUSNESS, says Hæckel, the notable materialistic philosopher of Germany, and the last of the Darwinians, is the function of the brain, and, so, is no exception to the law of substance." This is a good example of the *ex cathedra* dogmas of our materialistic friends, dogmas without stable foundations, upon which they build conclusions so extensive and far-reaching that whole libraries are, alone, capable of containing them.

If consciousness be but a function, it is then, at most, only comparable and equal to the other functions of the body. Indeed, it is doubtful if it be equal to some of them. The function of the kidneys, for example, is urination, a process which, if suspended, is more quickly fatal than consciousness in suspension. But is consciousness, the most god-like of our faculties—that power as developed in man which distinguishes us from, and raises us infinitely higher than all other forms of life, only on a level, and a doubtful level at that, with the very lowest and most animal of all the bodily processes? There is something so monstrous in this conclusion, that it, of itself, is sufficient to condemn the opening statement of these remarks. But we are not dependent upon such arguments to prove that consciousness is not a function. Nothing is better understood, or has been longer observed, than the fact—or, rather, the law—that the more exercised and perfect a function is, the more developed and extensive, in a material way, that organ becomes from which the function

originates. The muscles of the athlete, or "strong man," quickly respond to the exercise of their function and become enormously enlarged. The heart itself, an organ almost independent of the will, becomes immensely more powerful owing to the increased muscularity of its walls. Could we imagine one with breathing capacity, through exercise of this function, as much superior to the ordinary individual as, for instance, Shakespeare was in mental power to his average countryman, to what enormous dimensions the lungs of the first-mentioned would attain? Yet the brain of Shakespeare did not assume a corresponding material enlargement, nor has any such development with regard to the brain ever been distinctly or constantly observed. Yet we are positively assured that consciousness—that is, mental activity—is bound by the law of substance! A moment's reflection, one would think, is sufficient to show the fallacy of this.

That which emanates from the brain is not substance, and is, therefore, not measurable by the rules of magnitude, and it cannot therefore be subject to its laws. The brain, however, is substance: it has length and breadth and thickness, and if it be true that it is impossible to produce something out of nothing—that is, to make the immaterial produce the material—it is equally certain that the material can not produce the immaterial. Even if we could imagine such a paradox, how could the un-

substantial be bound by the laws of the substantial?

The masts, shrouds, deck and so forth, are the organs of the ship, each having its individual function. The wind fills the sails, but who would say that the wind, or the production of it, is the function of the sails? These organs of the ship receive this power from a source altogether outside the vessel, and, in a way, distribute it to the various component parts of the structure. Without it, the whole ship would be but an inert mass of wood and iron. In like manner it is both as absurd and unscientific to say the brain originates and produces consciousness, as it is to make the parallel assertion regarding the sails and the wind. The motive-power, whatever it may be, and whatever its source, comes through, and from without the body; it makes itself palpable and recognizable by means of the brain, but that organ is as innocent of any originating connection with it as are the sails in the breeze.

Time, space and occasion forbid any attempt to trace the source, and investigate the nature of, this, the highest, most powerful, as well as the most mysterious of all forces. But, occult and mysterious though it be, it would be as great an extravagance to say that we are utterly without knowledge concerning its properties, its origin, and its ultimate destiny, as it would be to pretend that we are intimately acquainted with it, and capable of expounding its laws and structure. Yet the brain is the seat of consciousness, and its function is to display it. That this function is great and high goes without saying, but, I apprehend, it is just because that it is so great and high, that we, ever prone to substitute the material for the ideal, have placed the throne

above the office of king-ship—have personified and idolized the statue, and forgotten the hero whom it represents—have glorified the locomotive and ignored the man who designed it—or the driver at the throttle who controls it. Nothing has been more common in the history of mankind than this.

I have dwelt at this length upon consciousness or mind-power, in order, in some degree, to establish the fact of its presence, and above all, to expose its entire differentiation, not only in degree, but in kind, from the functions of the body, and its absolute independence of, and superiority to, the body as a whole. All this was known ages ago: in fact, the mind in its immateriality, was better understood, its laws and limitations better accounted for and appreciated, by far, than were the properties and structure of the material body. The past century, however, has changed all this. The histologist, pathologist, and the microscope, have disclosed such a brilliant, ingenious, astoundingly complicated, yet simple stage, upon which the vital principle acts, that the magnificence and interest of the stage and its trappings have quite overshadowed the actor thereupon, as has so frequently been the case, outside of metaphor and simile, in the real drama. All these things had length and breadth and thickness, were palpable, were material, worked apparently of themselves, and consequently, the living and moving, but occult, invisible active-principle, sank further and further into the back-ground, until to-day, to many of the leading authorities, it has become a mere fantasy, unworthy of recognition, and of no seeming import.

Yet to those who view the human organism as a whole, as a living,

breathing, active integer, associated with its millions of other like integers, and moving upon the larger stage of the world, this principle is more real and immensely more important, now that we know so much about its habitation, than it was before the advent of the man with the scalpel, the re-agents and the focussed glasses. While it is not alone in the medical world that materialism reigns, it is in that world that it is doing its greatest damage. Formerly, when the body was spoken of as "a machine," everyone recognized it as a figure of speech—now, it is cold, unmodified description, unlighted by a single ray of figurative language.

I regret to say that I believe the remedy for this extravagant and erroneous view is not to be looked for as coming from within the profession, but, as has often happened before, from without. Already, great multitudes of the lay world are assuming an attitude of revolt and re-action. Some with sane, cautious, yet progressive mein, others with fanaticism, immediate hostility and foolish extravagance. The latter class is well represented by the so-called Christian Scientists, but against both classes, the profession generally, most unwisely, I think, has set its face as flint. Without a doubt the researches of pathology have been, and are, the almost overwhelming power forcing us into the paths of materialism. The range and number of diseases apparently caused by solid entities, instead of the unreal and shadowy thing, abnormal or insufficient function, is growing by leaps and bounds, and threatens to quite monopolise the province of pure pathology.

Surely, we have arrived at an advanced stage in this matter, when the pathologist, even with the eye of his attenuated imagination, can see the

"abdomen" of the phagocyte bulging with his prey—some unfortunate bacillus—just as plainly as the horror struck Indian sees the protuberant stomach of the python, after the latter has gorged his ox. Yet our friend the materialist is not to be despised in the matter of imagination. Only recently, I think, the greatest of them now living, the celebrated Metchinckoff, of Paris, explains the presence of the large intestine in man, to the want of time of our simian ancestors to evacuate the bowels, owing to their continual running from enemies. As a consequence they had to evolve this large reservoir for waste material. One cannot help hoping that their earliest therapeutic discoveries were castor-oil and rhubarb.

It is true that modern medicine recognizes, to some extent, the pronounced influence of mental impulse upon the bodily organism, and especially upon that organism when affected by disease. But this recognition is narrowed and modified by the materialistic belief, animadverted upon hitherto, that mental impulse is originated in and by the brain, and that it is, therefore, strictly, a part of the body. It is easy to see that just so long as this notion survives, the body itself, that is the material part of it, the part outside of mental impulse will be regarded as the basis and all-important part as the creator is always superior to the creature. The old aphorism, "A sound mind is a sound body," has come to mean that a sound mind is only obtainable and possible in a sound body, and that, therefore, therapeutically, the body must come first. This clearly shows the vicious influence in practice, of mistaken dogma. Unless I have been more than ordinarily obscure, it will be noted that my contention is just the reverse of this. Practically, the

mind, or consciousness, is independent of the body to a most astonishing degree, and is capable of manifesting itself, in almost pristine vigor, as long as, one might almost say, a shred of nervous organization holds together, and long after many of the more important organs have largely abdicated their functions. Indeed, it is capable of more than this. Time and again it has restored functions that have been utterly latent, if not lost, and it is here that a proper conception of its independency is so important in a therapeutic way. What is more common than a collapse of the entire bodily functions, once the consciousness, the motive-power of the organization, has received a depressing blow? No student of history or biography will have far to go for proofs. In fact they are so numerous that the cause and effect have become a common place, though, perhaps, a common-place too rarely reflected upon with the true scientific spirit. Gladstone, D'Israeli, Pitt, most of the American ex-Presidents, and countless hosts of others rise up in confirmation of this view. Yet the determining blow that struck them has had in many cases no relation to pathology generally so reckoned. In the case of the ex-Presidents, for example, it was what is so often applied as a therapeutic measure, absolute rest. Cancer killed one of them, but it was not until by reason of political retirement and enforced idleness, that the mind, (consciousness) became disgusted and tired of its habitation, and that the so-called deadly disease was permitted its sway. Rodent-ulcer only supervened upon Gladstone under like conditions. And it was utter nausea and contempt at the triumph of revolutionary principles that induced Pitt's spirit to desert its local tenement, in search, it may be, of a

fitter one. Contentment is everywhere reckoned as an important factor in long life. And, in the rational view of consciousness, here attempted to be set forth, it is a most reasonable and plausible one. Who ever moved except upon compulsion—that is to say, violence in some kind or degree—from a residence with which he is content? The antithesis to contentment, worry and anxiety, have, with equal truth, long been noted as the enemy of prolonged existence. Yet, why should they be, if it be true that consciousness originates in the brain, and that the greater the functional activity, the sounder and healthier the organ giving rise to it? Worry, it is true, is not pleasant mental activity, but what has materialism to do with pleasure or pain? Neither of the latter are comparable by magnitude. Neither can be grasped, measured, weighed or estimated in the terms of either kilo- or milli-meter. If consciousness be no exception to the rule of substance, it, of a surety, can not be differentiated by those things, pleasure and pain, that are, most undoubtedly, exceptions to that rule. One cannot divide, or measure terms of one dimension or quality by those of another having an utterly different relation. You cannot subtract 6 horses from 15 cows and get a result in any statable quantity. Further, it is not true that pleasant sensations, alone, are of tonic effect on nervous and mental tissue. It can be easily shown that absolutely painful impulses, especially from without, are highly tonic and re-constructive in their effect. This has long been known with regard to electro-therapeutics: it is also, of daily application in the way of cupping, blistering, firing and scores of other methods familiar to every practitioner. If then worry and anxiety are detrimental to life, it is,

clearly not because of their intensively painful properties. The same law, already adverted to, that holds good in the more obvious social life, that invariable law that tends to change of place or environment because of the absence of comfort or well-being, or of the presence of discomfort and pain—this law, both in its negative and positive phases, is as active with regard to consciousness and its environments as it is in the palpable, material world. Nothing would be easier than to elaborate this argument and to prove its absolute reliability by every-day occurrences. It is but a week ago, in our own community, that the working of this law caused the vital processes in two human organisms to come to an abrupt termination. Their consciousness, (mind, ego, spirit, call it by what name we will) utterly dissatisfied and weary, quite out of normal and workable correspondence with its environs and material envelopment, and impatient of the comparatively slow and gradual evacuation of the premises according to Nature's own method, resolved upon a violent and unlawful exit, and escaped by the act we are pleased to call suicide. No action of the human being displays such a marked and unmistakable independency of the mind of the body as this, and the philosopher who reflects upon it, and, at the same time, tries to hold to the belief that the mental impulse which produced it is the product of any part of the natural body, is attempting, in my opinion, to reconcile the impossible. It is an old saying that it takes two to make a bargain. It is equally true that it takes two to make a quarrel. In the instances adverted to, was there not a most unmistakable conflict? A con-

flict between whom or what? Beyond doubt, between consciousness and its surroundings—its place of abode—its envelopment. But if consciousness and the body be one; if it be no more independent of the body than the saliva is of the glands of the mouth, how can there be, or what place is there for conflict? If the mind and the body be an entity, the thing is settled; none but an exterior influence could interpose, either to begin life, or to end it, and suicide would not only be impossible, but utterly unthinkable. The organism would not, could not, have the power of forming such a thought.

I have pursued these reflections but a short distance and over a most crooked and disconnected path. I had long mused upon them, and fancied that my thoughts in connection therewith were fairly consecutive and coherent. When, at the last moment, however, I attempted to put them upon paper, I found them to be almost in chaos, and an hour now and then, for a week, has been all insufficient to whip them into anything like decent order. The subject, however, is so important that it would excuse almost any sort of presentation, be it never so crude or ill-assorted. Unless I greatly misinterpret the signs of the times, it is the coming, and will be the absorbing subject of the century in philosophic circles. It is not a new one. It is as old as man himself, and Job, five thousand years ago, had an infinitely clearer and more scientific understanding of it than we. Indeed, as hinted already, this is our chief sin, that we have forgotten or overlooked the Prince of the Palace upon the discovery of the magnificence and perfection of the Palace itself.

PRESIDENTIAL ADDRESS.

By T. H. LUNNEY, M. D.,

St. John, N. B.

(Read before the St. John Medical Society.)

IN casting about for a subject for an opening address it has been by no means an easy task to decide upon something suitable to the occasion and which would interest as many members of the Society as possible.

It seems to me that it would be proper, for to-night at least, to set aside all technical matter—leaving that for the more complete handling of the coming sessions—and follow along lines of general reference to the Medical Society, its benefits to us all as members of our chosen profession, the uses to which it may be put to advance its standing in the community, of increasing its value to ourselves, and lastly for the guidance of the general public on the many matters with which we find ourselves so intimately bound up with our fellow-men.

With the kind indulgence of my hearers I shall consider superficially and with very little detail a retrospect of the society, and after some remarks on its present condition and how that might be in a great measure improved, I will close with a few prognostic observations as to the society in perspective.

From some very interesting material which has been placed before this Society by Dr. Inches over a year since, I find that slightly over 80 years ago the small band of men then comprising the medical fraternity of this city, gathered themselves together for mutual advancement and improvement, and the betterment of the profession as a whole, and became an organized body under the name of the New

Brunswick Medical Society. If I remember correctly, Dr. Inches stated that this society used to hold forth in a house on or near Horsefield Street.

This occurrence took place about the 14th of March, 1827, with Dr. T. H. Paddock in the chair.

The same causative agent was at work and the same spirit moved them to the formation of a society with stringent laws and regulations as governs and inspires us to-day, as may be gleaned from the following paragraph taking from the *Courier*, issued March 17th, 1827:

“We are happy to find that the Medical Gentlemen of this city have organized themselves into a Faculty which appears from the tenor and spirit of its resolutions to be governed exclusively by a regard for the welfare of the community and for the respectability of the profession. Some association of this kind was requisite for, unless we are misinformed, doctors (self-created) can be found in various parts of the province marking their progress by the errors of ignorance and presumption. As one proof of this assertion we are informed that a very respectable woman from Grand Lake is now in town under care of Dr. Bayard, who was obliged to cut down upon and tie the principal artery of the arm, in consequence of its having been wounded by an unskilful practitioner when bleeding her,—the injury giving rise to the formation of an increasing tumour in the bend of her arm, professionally termed an aneurism, endangering not only the use and safety of her arm, but also jeopardizing her

life. Such cases show the necessity of some means being adopted with a view to prevent as much as possible a recurrence of them."

It is unfortunate that I have to ask you to indulge in a feat of mental gymnastics and jump the half century immediately following the year in which our society was first formed.

We next come to the mile-stone marked February 7th, 1879. At this time, there assembled in the "Church of England Institute," the then representatives of the medical fraternity of our native city, their hopes, objects and inspirations the same, and they formed themselves into a society called the New Brunswick Medical Society, from which we trace our origin in an unbroken line. Dr. L. C. Allison occupied the chair at this meeting. Some of you within reach of my voice may possibly remember those first meetings, full of the enthusiasm of the new life recently infused. Others of us, the majority probably, at that time didn't know even of the existence of the Hippocratic oath.

Three years later, owing to the confusion naturally following the formation of the present New Brunswick Medical Association, at the passing of the N. B. Medical Act of 1881, the name was changed to the present title of "The Saint John Medical Society."

At this time the meetings were held in the "Oddfellows Hall," which was continued as the forum of medical eloquence until July of 1888, when by courtesy of the Hospital Commissioners, the Society met at the General Public Hospital, off Waterloo Street.

Instructive and interesting as the sessions held in the "old brick house on the hill" doubtless were, nevertheless in time the attendance slackened and enthusiasm waned probably on account of the great distance from the central portions of the city, of the

meeting place. So on February 18, 1891, the first meeting of the Society in this building was held with the President, Dr. J. W. Daniel, in the chair. Here we have continued to meet year in and year out for over sixteen years with varying success, sometimes spending centuries in a few years (like the young man who spent six weeks in Hampton one morning before dinner!) At other times events transpired quickly and pleasantly, until to-night, under the revivifying influence of our last year's president, Dr. Melvin, and thanks to the influence of a small body of indefatigable workers in the shape of a Room Committee (which for once in a great many years seems to have earned a certain right to its title), we find ourselves seated in quarters much more comfortable, commodious and attractive, and somewhat more worthy of this society of medical men, than before. And to-night, we look forth in perspective upon a future of peace, progress and prosperity, a future which should be everything we can ask it to be, and which most assuredly *will* be *just* what the efforts individually and collectively of the members of the society, shall make it.

Away back, then, we can trace our history—back, twenty years before that period in the history of medicine was ended by the discovery of anæsthesia, when the operator walked the floor the night previous to some major operation, the cries and groans of misery and pain he must needs inflict upon some poor creature, on the morrow, ringing in his imaginative ears.

Shortly after Lord Lister altered the whole outlook of the surgical field and raised it to a higher plane in medicine than it had in all previous years attained to, our society was rejuvenated and revived to

march forward, keeping pace with the great advances made possible to the profession by what was then called Listerism—or the practical application of the germ theory to surgical treatment, better known to us as antiseptics and asepsis.

I see by the minutes of a meeting held in 1879, that Dr. Walker, Sr., gave a paper on the then new subject, Listerism, and it makes one more deeply regret that we have no record of the papers and discussions that must necessarily have taken place upon the discovery of anæsthesia, by a society then twenty years of age. It would be so interesting to trace the incredulity giving way to doubt and finally fast forming into absolute conviction of the practical worth of the new discovery.

How they got along in those days it is difficult for our modern minds to fully grasp—there was no hospital (public or private) no alms house, no asylum. Surgery had to be practiced in private houses—dwellings which the made-to-order surgeon of to-day, just turned loose upon an unsuspecting public by the ceaseless grinding of the college machinery, filled with a knowledge of germs, microscopic in appearance, but having names as long as both arms outstretched; replete with the knowledge of new treatment and purified by the atmosphere of antisepticism so recently left behind; would gaze upon with unmitigated horror.

For a long time the field of active surgery was centred about the Alms House, until through the efforts of the Nestor of the profession, our G. O. M. of medicine (Dr. Wm. Bayard) and men of like ilk, our General Public Hospital was established.

To-day we have our General Public Hospital, our Private Hospital, our Evangeline Home, our Epidemic, our

Small-Pox hospital, our Asylum, and our Alms House, and as further evidence of our modernity, they no longer go by their former nomenclature, but are now the "Hospital for Treatment of Nervous Diseases," the "Municipal Home" and the "Isolation hospital."

Anæsthesia and asepsis, then new, are now old and established in the order of events as though they had always been. In addition we have our anti-sera, our X-ray, our radium, our finzen light, our electric therapy, our vibrato-massage, and so on.

The question as to the value of a medical society need not long occupy our attention—the fact that even 80 years ago its necessity was felt, and that, fifty years later, at about a year before the occupants of the Chair and vice-Chair saw the light of day, it was resurrected, and to-day keeps a record of the doings and progress of the profession, of which in Saint John it is the collective representative, are, it seems to me, sufficient guarantee of its usefulness to us.

The real question is: "Are we, as members of the Society, giving the best we can to it, and are we deriving in turn the best we can possibly obtain from it?"

As has been seen by the programme arranged for the coming year, there will be eighteen regular meetings and two members will hold the boards each night in any manner whatsoever it may suit each or both of them.

Now, as has been suggested, in part at least, by one of our colleagues, if it could be arranged that the papers, case-reports, lectures, demonstrations and exhibitions (cases, specimens, etc.,) would all go to make up a certain definite system or series of systems—one dove-tailing neatly into another, rather than going to form a

conglomerate mass, how much greater the benefit to be derived and how much more material the progress made?

For instance, if a series of papers on anatomy and physiology could be considered during the fall term till Xmas, and then professional subjects as medicine, surgery, obstetrics and gynaecology, etc., be taken up after the New Year, how much more ground would be covered systematically, as compared with the balloon-ascensions taken irrelevantly from any one branch or other of the profession.

Or if one man would give a primary outline, anatomically and physiologically, and if need be histologically, of some part of the system to be considered medically or surgically—followed by his colleague for that evening, treating the matter from an advanced professional point of view, how much clearer a grasp we would have of the subject, and how much more useful knowledge we would take away from the meetings—as compared to those, with those intermittent high dives into the depths of the bewildering intricacies of the excursion land of scientific research, common to medical societies. A small, but active committee, having in mind some such systematic scheme, might work wonders with the material at our disposal, and make us feel at the end of the sessional year well satisfied with our stewardship.

Looking beyond the small confines of our meeting place, can we not find some field of usefulness which we might connect practically with the work of our Society?

Take from among the public institutions in which as medical men we have an especial interest, the General Public Hospital.

It is true we do on a rare occasion

obtain a glimpse of the hidden treasures, and once or twice a year we are introduced to its mysteries, by means of a clinic or two.

But are we deriving the full quota from this great gold-mine of medical and surgical material, have we surveyed it thoroughly, covered every foot of territory and mined it to its bottom? Are there not still some veins into which a shaft might be sunk which would give us a proportionate return for the trouble expended.

Unfortunately (or is it fortunately?) we are not a University town—we are not a medical centre. Were such the case there would be, of course, far greater stimulation to work out all branches of the profession, than exists at present. Without something to feed the fire of our professional enthusiasm, like any other conflagration, it soon dies out.

Now while it is true that we hear of an operation now and then, or we have a few case-reports laid before us for our delectation (and let me assure you, just here, that I have appreciated these things as much as any member of the society) yet I would like to ask, for instance, why we cannot get a local report from cases actually known to us of the "Opsonic Index?" The frequency of appendicitis in these parts? The frequency, locality, different effects of different treatments of typhoid fever, pneumonia and so forth?

I do not for a moment hint that we should develop into an experimental farm for the production of various pathological vegetations for the edification of the Society. I merely ask why the society cannot be brought into closer touch with the actual work being daily done by those in our own and allied professions in this city. Not necessarily do I advocate a dis-

continuance of present methods, but that the present conditions be tangibly placed before us, that we may derive as much benefit as possible by what little experience comes our way.

It is quite patent to me, as it must be to the rest of us, that the visiting surgeon to a hospital cannot devote his energies to a classification of cases, and consideration of side-lights to the immediate conditions calling for surgical interference. He hasn't time!

In like manner, the visiting physician cannot be expected to do more than direct your attention to some interesting case of more than common note, or indicate the prevalence of this or that disease at such and such a season of the year. To do much more—he likewise hasn't time!

But could we not get a classification say of the temperature following appendectomy, ovariectomy, laparotomy of any kind—and have a whole-hearted discussion on the possible causes of variation? Or would it not interest the society to know the good or bad results of a year's experience with a certain form of cat-gut in our own hospital. Or as to the frequency of finding blue, yellow or green pus?

Again, the number of with- or without-perforation cases of typhoid,—results of treatment, whether operative or not, the classification of intestinal antiseptics with comments upon the results obtained from their use. A consideration of the variation of the crises in pneumonia; the occurrence of dry pleurisy as compared to that with effusion. A report on the results obtained from the use of the different prepared food-stuffs as convalescent diets or used in the treatment of stomach conditions, acute and chronic.

Taking the epidemic practice into consideration: How about the incubation period of the different cases as

compared with the text-book quotations? The frequency, causes and variety of diphtheria cases demanding intubation, and a report on the success thereof when done? The use of artitoxin—a report say of a season's experience, with observations as to time of administration, amount given, variety giving the best results and a tracing as nearly as possible of every case to its original source? Complications so commonly found in these infective and contagious conditions with an eye to the predisposing causes? All these (which are but a few, and I merely quote them to illustrate a means of improvement) might readily be placed at our disposal in addition to the every-day routine of our printed programme. This could readily be accomplished, it seems to me, if the labor were diffused among many.

Could not the visiting surgeon or physician have his assistant or assistants, as has the pathologist, and could he not have more? The gynaecological department, likewise, could it not be classified and the material made of use to the society?

The "Eye and Ear" man likewise, would probably find much to give to his fellow practitioners if he had some one at hand to gather up the loose ends of his busy day in the wards which are otherwise thrown away. Why hide such lights under bushels of archives which rarely do more than gather dust and mould away to decay?

The commissioners of the hospital, some of whom are members of this society, and some even are here to-night, are doing great things at the present time in the shape of improvements to their institution. A gem of an operating room will soon be at the disposal of the surgeons, with all its modern adjuncts and conveniences.

Additional ward space has been allotted, which means additional clinical material.

Why not, I would ask, let the profession in on this scheme and work it out so as to make the greatest good for the greatest number?

The house-surgeons cannot attend to the matters I have referred to a few moments ago. Why only eight years ago one house doctor was considered sufficient. During my term of office only two were the compliment. Now there are three, in addition to the superintendent, four doctors in all, and to mark the progress of the institution they have their work cut out for them. Yet the older men cannot be expected to do it. As before stated, they haven't the necessary time. Who then have the time at their disposal? Heaven bless and help them!—the young men have all the time there is!

Why then not have a suitable number of men attached in some capacity as assistants to the older men—in the medical, surgical, gynecological, eye and ear, out-door, pathological (as for instance reporting on all post-mortems with particular reference as to causes of death after operation—*i.e.* shock or complication, etc., for we learn more from such than from successful cases), X-ray (classification of fractures, with photos shewing different conditions of "union"), minor-surgery, and so forth. Let it not cross your minds for an instant that I am job-hunting, or attempting to fill another's shoes—for I would say right here, that Dame Nature has been most generous with me in regard to my pedal extremities, and it isn't every pair of shoes that will properly fit me!

We have no "lying-in hospital," but could not some use be made re-lounging to our advantage of the

"Evangeline Home"—more than is done at present? And the other institutions—could they not be made use of in like manner?

By such means could the profession in general be advanced—practical lessons in all branches of the profession could be graphically recalled to the mind of the busy practitioner. Matter which, owing to increased responsibility and close attention to a large practice, has become stock material on the inner tablets of his memory, shop-worn and useless, could by this means, be freshened as when first collected; new theories expounded, advances in scientific progress retailed at length and new treatments thoroughly explained with records of practical experience in our own institutions.

As the "bone-shakers" which formerly conveyed passengers, foot-sore at the beginning of their journey at Market Square; heart-sick and body-racked at the end of their trip at Indiantown, have evolved though the horse-car into the system of electricians now forming a network of our city streets, so has the medical society advanced also! and so should it continue, gathering new vigour as each mile-stone is passed.

The city-fathers and politicians, board of trade and all the spell-binders predict great things for this national port of ours—the Winter-Port of Canada.

When St. John becomes the flood-gates through which the concentrated products of our great western country shall in time of necessity pass, its population will have increased proportionately, it will be the centre of business traffic, and the thriving home of many artisans and mechanics. Is it too much to predict that it will become a medical centre—a university town, sending forth its gradu-

ates to minister to the wants of our own and our sister provinces?

What we want is something to stimulate our activities along professional lines, we need a field where we can develop ourselves and instruct one another, an environment conducive to study, observation and research—an environment which, for the medical man, can only be found in hospital wards and laboratories.

Are we as members of the St. John Medical Society, properly caring for the opportunities which are afforded us? Are we taking the full share and

burden of our responsibilities as a medical faculty, which will make St. John the "Pillar of Light" to guide her neighbors into the promised land of our future professional activities?

This I leave with you. If any member of the society has the germinal follicle of an idea in his mind, which will in any way advance our interests, let him hurry segmentation as rapidly as possible and present that idea to us fully developed. We need ideas, but we need also something more; We need the energy to carry those ideas into active force.



SOME EXTERNAL IRRITANTS IN THE CAUSATION OF SKIN DISEASES.

(Read before Hants-Colchester Medical Society, November 19th, 1907)

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

Clinical Lecturer on Skin and Genito-Urinary Diseases, Hants Medical College.

LAST September, during the Camp at Aldershot, when asked by your energetic secretary, Dr. Kent, to read a paper before your Society, I decided to comply with the honor conferred on me; but when reminded some two or three weeks ago of my obligation, it has indeed proved a perplexing problem to decide on a topic of interest to your members. Only a few days ago did I reach a definite conclusion and select the subject alluded to. Not that there is anything new to relate but to emphasize the importance of keeping in mind that external irritants are a strong factor in the production of certain skin affections.

Physicians little trained in the diagnosis and etiology of dermatological diseases are very liable to overlook external causes in many cases, so that the patients are treated empirically by all manner of lotions, salves and internal medications. Some are ever ready to prescribe arsenic on the least provocation whether the disease be due to flea-bites or the acarus scabiei. It may be apropos to here sound a note of warning against the unscientific principle of prescribing the "old reliable"—but most generally the unreliable—arsenic in skin affections. Better far, if you are in duty bound to give some so-called dermatologic specific, to administer antimony in some form, at least in diseases of an acute character. Several instances I will allude to, where

patients suffering from a dermatitis due to some external cause had been dosed with arsenic for months at a time. If this drug had any effect whatever in these cases, it was evidently to further aggravate the burning and itching, so frequently annoying to the sufferer.

The term, *dermatitis venenata* is generally applied to all inflammatory conditions of the skin due to contact with chemical irritants, drugs and plants. Many of these are irritating to all skins, while in others the irritating action is exceptional. Mustard, cantharides, iodine, iodoform, croton oil, turpentine, chrysarobin and the mercurials are the most common irritant drugs. It is well known that some surgeons are unable to handle iodoform with impunity, cases being probably familiar to most of you. Bichloride of mercury is likewise peculiarly irritating to some skins. The most marked case of this kind that I remember was a nurse in the Victoria General hospital some years ago, who suffered great annoyance from a dermatitis whenever her hands were immersed in bichloride solution.

Some articles of wearing apparel containing dyes of different kinds, especially socks and veils, ought to be remembered, and likewise hatbands are known at times to produce a dermatitis of the forehead, evidently due to some deleterious material used for coloring or other purpose. I have in my mind two cases in ladies who suffered from a dermatitis of

the lower extremities from wearing new stockings, the eruption in one case being most severe in character.

Certain trades may be mentioned as an etiological factor in the production of localized eczema; for example, grocers, bakers, photographers, bricklayers, stone-cutters, washerwomen, etc.; barmaids—though we have none in this country, are also liable to suffer from eczema of the hands. A young man who is employed in a bar-room in Halifax I have had under my care on several occasions, affected with a troublesome eczema of the fingers. Housemaids are also prone to suffer from this condition from the use of strong soaps, polishing materials, and the frequent immersion of their hands in water of different temperatures, during the winter months particularly.

The erythemata due to prolonged heat and cold, also that occurring from exposure to the sun's rays, and likewise X-ray dermatitis, are well known, but it is not my purpose to dwell on this branch of the subject: nor is it my intention to enumerate the different diseases directly caused by the numerous parasites which make the human organism their habitat.

I might here mention that certain wearing material of different kinds is often annoying to some skins, and either is a causative factor in producing some skin affections or is liable to aggravate a disease already present. Flannel particularly as well as any form of coarse underclothing, should never be worn next to the skin if the patient is afflicted with some acute irritating eruption. What was called in London many years ago "Blackfriars' flannel rash" is now known to be seborrhœic in origin and caused largely by constant sweating from wearing flannel underclothing and lack of cleanliness.

Plants are more frequently the cause of a dermatitis than is generally supposed. There are 60 or 70 varieties, according to Stelwagon, which may prove the offending agent. The most common are the rhus plants, some varieties being more poisonous than others, of which the *rhus toxicodendron* or poison ivy is the chief. I will not attempt to describe the symptoms of this form of poisoning, for though we have different varieties in Nova Scotia, the cases of poisoning from this plant, so far as I am aware, are few in number. For a complete description of the symptoms I would direct your attention to your text-book on dermatology—if you have one.

Certain varieties of *primula obconica* (primrose) are known as not uncommon causes of dermatitis, especially the variety familiarly known as the Japanese primrose, several cases of which I will give in detail.

CASE I.—Mrs. G—— consulted me some years ago with a history of sudden attacks of redness and swelling of the face and ears with numerous vesicles, accompanied by troublesome irritation, and a similar condition, though less severe, of the hands. She had been to Bermuda to try the effect of a change of climate, which proved efficacious for the time being, but on returning to her home in this province the eruption reappeared with its usual former severity. I felt sure that some external irritant was the cause, and suggested the probability of some plant as the offending agent. She, however, did not become fully convinced that my opinion was correct until she read subsequently in *The Ladies' Home Journal* that some varieties of primrose were obnoxious to some skins. Being in possession of one of the Japanese variety, this was removed from the house and she

soon became restored to peace and contentment.

CASE II.—Miss M—— had been afflicted with a similar eruption to the case just mentioned for a period of nine or ten months, during which time she had been treated by a prominent practitioner of the city of Halifax. She had received varieties of internal medication, including arsenic and Donovan's solution with a vain hope of relief, but to no effect. When I was called in consultation she had suffered from a very severe attack, but the symptoms present, with the history of the case, pointed strongly to some external agent as the cause of her misery. Finding she had a great variety of plants in the care of which she took a motherly interest—for she was a maiden lady—I obtained the information that the sole specimen of Japanese primrose in her possession was procured about the time she first began to suffer from the troublesome skin affection. On my suggestion that this plant was probably the cause of her affliction, she smiled sarcastically at the thought of such a trivial agent as an innocent looking horticultural inhabitant being the disturber of the peace in her case. However, to prove my contention we bound a leaf of the plant to her arm, and she soon became converted as to the etiology of all her sufferings, for the arm soon became reddened and its size increased to double its normal dimensions. Needless to state that after the cause had been removed she did not expect further return of the eruption.

CASE III.—Miss H——, of Sydney, was the most severe case of primrose dermatitis that I have seen. Her brother first consulted me about her case, and after hearing the history, I gave a similar opinion to that already mentioned. This did not

convince him or the patient until a year subsequently, when I visited Sydney. Then I found her badly afflicted. Her face was so much swollen that the eyes were nearly closed, and numerous vesicles of different sizes were present on the face and ears. Her hands were not so severely effected. Two physicians had her under their care at various times and naturally the pharmacopœia had been carefully studied for some effective remedial agent after arsenic had failed. To give my diagnosis every chance, all the plants in the house—*i.e.*, the Sydney hotel—were removed, with a happy result. This patient had been afflicted at intervals for some years, and it was indeed a happy relief to become rid of a most troublesome and irritating skin disease in such a simple manner.

CASE IV.—Miss V——, formerly of Truro, consulted me over one year ago, giving a somewhat similar history, though the eruption evidently was not so severe as the cases already mentioned. She stated that there was no Japanese primrose in her home, nor did she come in contact with any plants. She now resides in Halifax, and though very much better than formerly, yet occasionally she suffers from a slight attack. I hope yet to fathom the etiology in this case.

The following case is one somewhat different in its causation to those just related:

CASE V.—Mr. C—— a man of about thirty-five years of age, suffered at times from most annoying attacks of acute eczema, practically confined to the exposed portions of the body—face, neck, hands and arms. He was employed in a grist-mill and was subjected to dust from different varieties of grain. Several times he was obliged to relinquish

work and confine himself to the house, when he soon recovered from each attack. He became convinced that my conclusion was correct, that his occupation was the cause of his skin disease. I have not seen this patient for a year or two and cannot say whether he succeeded in changing his employment or not. For some years previously he had been a carpenter and never suffered from

eczema or any other eruption during that time.

One point that should make the physician suspicious of some external irritant, particularly a plant, being the cause of a dermatitis, is when the eruption is limited to the exposed parts, as the hands, arms, face and neck, though in severe cases of this poisoning the rash may also be present on the genitals, anal region, or other portions of the body.



SOCIETY MEETINGS.

ST. JOHN MEDICAL SOCIETY.

NOV. 20th, 1907.—Dr. Lunney in the chair.

Before the regular papers of the evening, Dr. T. D. Walker exhibited a specimen of uterus. The condition has been one of pyosalpingitis with marked leucorrhœa and an eroded cervix. After curettage and removal of pus tubes a good recovery was made. Later leucorrhœa increased and eroded area spread. Hysterectomy was performed after microscopical examinations proved the condition to be typical adenocarcinoma.

Dr. Crawford then gave an interesting talk on some hospitals visited during a recent trip to New York, referring particularly to Mt. Sinai, and the New York eye and ear infirmary. Dr. Crawford described in detail the hospitals themselves, the internal management, and the work done; telling of operative technique and the work going on in the departments of pathology, physiology and electrotherapeutics.

Dr. Roberts followed with "some remarks on diphtheria," going particularly into the various lesions and complications, and treatment.

Dr. Roberts laid particular stress on the necessity of quarantine for "contacts" and absolute isolation of patients until throat cultures proved negative. He considered that the Board of Health should assume control of fumigation, and moved the following resolution: "That a committee from the society be appointed to draw up a resolution to bring before the board of health asking them to take charge of the fumigation of

houses after the infectious diseases." The resolution carried unanimously, and Drs. Roberts, James Christie and White, were appointed such committee.

In reply to Dr. J. Christie, Dr. Crawford stated that in the hospitals mentioned the staff received no remuneration except those attached to the private pavillions.

Dr. T. D. Walker spoke of the excellence of the work done in the institutions referred to.

Dr. MacLaren spoke of the length of time the læssler bacillus remains in the throats of convalescents, and the hardships of rigid quarantine. He thought the culture tube was the only means of diagnosis in a large number of cases.

Dr. Corbet thought that in many of the American hospitals the results obtained were hardly in proportion to the money expended. He was strongly in favor of the Board of Health carrying out fumigation.

Dr. Skinner cited some interesting cases seen recently in the Montreal hospitals.

Dr. White thought we might well imitate the American hospitals in having a Hospital Sunday in St. John.

Attendance, 18.

DEC. 4.—Dr. Day read a very practical paper on "scarlet fever," a disease quite prevalent in St. John (west). After an outline of the disease itself, Dr. Day described the chief complications, dealing particularly with acute nephritis. The treatment is largely symptomatic. Dr. Day advocated the use of chlorine

gas in the air and chlorine water as a gargle or spray. Saline enemata are useful in preventing nephritis. Dr. Crawford spoke of the practical nature of the paper and mentioned cases where children had escaped the disease even after repeated exposures to it.

Dr. Corbet related his own symptoms during an attack. He asked whether streptolytic serum had been found efficacious.

Dr. Christie thought that better results were obtained now than in past years because more attention is given to the throat. He advocated cold water in large quantities both internally and externally.

Dr. G. A. B. Addy thought that we should decide on an effective disinfectant. He considered formaldehyde and sulphur as useless. He described experiments he had conducted along that line.

Dr. White thought the best method was to open the windows, let in fresh air and sunshine, and clean walls, furniture, &c.

Dr. Pratt claimed that formaldehyde was satisfactory when used after small-pox.

Dr. MacLaren thought we should procure reports of other health boards before condemning formaldehyde.

Dr. Warwick did not consider gaseous disinfectants efficient.

DEC. 18.—The Society met to take action concerning the death of Wm. Bayard, Esq., M.D., a former president, and the only honorary member.

Dr. Lunney, Dr. Walker, Dr. James Christie, all spoke feelingly of the loss the profession had sustained, and a committee consisting of Drs. McCully, G. A. B. Addy, Pratt

and Melvin, was appointed to draw up a resolution of condolence.

The society decided to attend the funeral in a body.

JAN. 8, 1908.—A committee consisting of Drs. McVey, McCully and Gray was appointed to meet like committees from the Board of Health and the Kings County Dairymen's Association, to prepare legislation with the object of improving the city's milk supply.

Dr. MacLaren exhibited—

(1) An appendix, very short and stumpy, showing gangrene, but no perforation.

(2) Section from ingrowing toenail.

(3) Tissue compound of varicose veins.

(4) Uterus with ovary and tube. Fibroids, one being intra-ligamentary.

Dr. Melvin's paper "Independency of Mind," was thoroughly discussed by Dr. McCully, who opposed many of the ideas contained therein, and considered many of the statements questionable.

Dr. White gave a very lucid demonstration of "Cranial Topography," after the method of Professor Chiene, showing the simplicity of the method. Dr. White exhibited instruments used in brain surgery. Dr. MacLaren compared the methods of Krause, Cushing and Sir Victor Horsely.

Dr. T. D. Walker referred to brain surgery as conducted in the army service.

Attendance, 16

J. S. BENTLEY,

Secretary.

HALIFAX, AND N. S. BRANCH, BRITISH MEDICAL ASSOCIATION.

DEC. 4, 1907—Regular fortnightly meeting at City Hall, with an attendance of 18 members.

Dr. Mathers presented the case of a young woman who had long been the victim of severe attacks of bronchial asthma. Examination had revealed the presence of nasal polypi, a perforated nasal septum, purulent discharge from the nose, and polypoid overgrowth of the mucous membrane of the frontal sinuses. The discharge was evidently coming down from the sinuses. Operation advised; the polypi were removed from the nose, both frontal sinuses laid open and freed of all overgrowth of tissue and the nasal ducts scraped. Twenty-one weeks had now elapsed since operation, and the result had proved very satisfactory—all discharge had ceased, the wounds are healing well, and the distressing attacks of asthma entirely disappeared.

Interesting discussion followed. Dr. D. A. Campbell prior to operation had seen the patient in a bad asthmatic attack, and had observed signs of nasal obstruction. He thought the result of treatment in this case certainly gratifying, and remarked that there being so evident a relation between nasal obstruction and attacks of asthma, it is puzzling to so often meet the two conditions apart.

Dr. Mathers presented two other cases—one in which complete excision of the lachrymal sac had been performed to relieve a chronic dacryocystitis, and another in which shortening of the lower lid had been done to cure a chronic eversion. Success had followed treatment in both cases.

Discussion was taken part in by a

majority of the members. Dr. Mathers in reply to questions stated that the sac is sometimes removed for simple blocking of the duct, in which cases slitting the canaliculus and probing serves but little purpose. Excision is the better treatment; and a further objection to slitting the canaliculus is that the small muscle closing the punctum is severed, and its function impaired as it never reunites well—this constitutes an added source of trouble.

A vote of thanks was tendered Dr. Mathers for the cases presented, and a motion to adjourn brought a very interesting meeting to a close.

DEC. 18, 1907, City Hall.

Regular fortnightly meeting. The president occupied the chair, and there was a good attendance of members. Several matters of business were dealt with and variously disposed of. The Secretary read a letter from Sir. Wm. McGregor, Lt.-Gov. of Newfoundland, a member of the Branch, acknowledging receipt of a copy of the session's programme and regretting the unlikelihood of his being able to attend any of the meetings of the Branch.

Dr. Hattie made reference to the loss recently sustained by the Branch in the death of Dr. C. Dickie-Murray, an active member, and moved that a committee be appointed to draft a letter of condolence to the bereaved relatives. Dr. Corston seconded the motion, which carried. The mover, seconder and Secretary were named as a committee to discharge this duty.

The reader of the paper for the evening, Dr. H. K. MacDonald, having been prevented from attend-

ing, other gentlemen presented reports of cases.

Dr. D. A. Campbell read notes on a case of Stokes-Adams disease (otherwise known as heart-block), occurring in an aged man. After a period of relief following upon treatment, symptoms had recurred and death rapidly ensued. Of various remedies employed, belladonna alone afforded relief during attacks, and the effect of this drug was lasting, small doses continuously administered, serving to ease the patient and render existence tolerable. Marked features of the case during the last illness were: Cheyne-Stokes respiration dyspnoea with cyanosis; and disappearance of the radial pulse entirely for periods of 30 to 60 seconds at a time, especially during attacks of the dyspnoea, when also there could at times be detected no sound at all of the heart-beats.

Post-mortem examination showed the heart to be enlarged and somewhat fatty, with atheroma and calcification quite marked in aorta and valves. Careful histological examination is being made of the organ, attention being particularly directed to the condition of the group of fibres, known as the "Auricular bundle of His," supposed to be mainly instrumental in transmitting the impulse from auricle to ventricle, and the Dr. promised to report the findings at a latter meeting of the Branch.

Dr. W. D. Finn next read notes on the result of treatment in two cases of early tubercular hip-joint disease in children. The object to be aimed at in these cases is to get them early, place them upon suitable treatment and be persistent with it. In one of his cases, a boy aged 11, the ordinary symptoms of the first stage of the disease presented themselves

subsequent upon a history of slight injury.

Treatment,—complete rest in bed for months, with extension of the affected limb and constructive dieting and medication. A good result had been obtained, as at the end of 6 months the child was able to be up and around with splints; after a few more months splints were discarded and there was good free use of the limb. The doctor referred to the difficulty invariably experienced in managing children thus confined to bed, and the need for watchfulness and perseverance.

In the second case, a girl 7 years of age, the patient was pale and thin, with poor appetite, running a well-marked temperature, and showing signs of disease in left hip-joint; there was evidence of effusion into the joint—capsule and a good deal of pain. The same treatment was at first adopted as in case No. I., and persisted in for some months, but in spite of every care, evidence of suppuration manifested itself, and operation had to be resorted to. A large abscess was found with the head of the femur necrosed and lying free in acetabulum; epiphysitis, and necrosis extending for an inch or more down the shaft. An excision was performed, the cavity cleaned and the shaft brought up into position. Moderate extension applied. Wound healed well, and after ten weeks there was sign of union. A callus thrown out formed a new neck, and after some months rest and extension, there was found to be good use of limb and the child was allowed up with a Taylor's splint applied. She now has a fairly useful leg with but $2\frac{1}{4}$ inches of shortening.

Dr. Chisholm, in discussing the cases, congratulated Dr. Finn upon the success of his treatment. He had

assisted at operation in the second case, and felt pleased at the result. There had been great destruction of bone and the condition looked very unpromising. The cases served to show what nature can do when given a fair chance. Tubercular disease very often begins in the neck of the bone and along the epiphyseal lines. He had more than once saved femurs in which the disease had begun somewhere in these positions.

Dr. Mader referred to the frequent occurrence of tubercular bone lesions, often without lung complications, in different members of the same family.

Dr. L. M. Murray made mention of a case of early hip-disease treated for four months along similar lines with improvement. Patient then had a fall, and acute exacerbation followed, with swelling, tenderness and extreme pain. Extension now failed to relieve. Patient could get no sleep, and operation was advised as abscess formation was suspected. A mass of putty-like material was removed from about the neck of the bone. No pus was found. He could not account for the swelling and extreme pain. Patient is now doing well.

Dr. Chisholm suggested pain might be due to pressure on nerve-endings, caused by the great amount of congestion present.

Dr. Finn closed the discussion, emphasizing the need for early operation upon evidence of pus-formation. He thanked the members for the interest shown in discussion of the cases.

Dr. Watson then read a detailed report of a case of typhoid fever which had presented unusual features. The onset of the disease had been marked by a rigor, influenzal and rheumatic symptoms. An acute myositis developed in the arm and leg muscles accompanied by a pro-

nounced cardiac murmur, and until the development later of more typical typhoid symptoms and the finding of the bacillus in the urine, the diagnosis was much in doubt. There was marked congestion of the liver, doubtless secondary to the condition of the heart, and complete paralysis of the bladder for about a week when the fever was at its height. The patient was unusually bright all through the illness. Symptoms all gradually cleared up and the case recovered completely.

In typhoid cases the presence of large quantities of the bacillus in the urine emphasizes the need for care in the disposal of this as of other excreta.

Dr. D. A. Campbell exhibited some pathological and microscopic preparations from a case of epithelioma of the cervix uteri. Early diagnosis had been made upon digital examination, and the copious bleeding which had followed passage of the sound.

The President thanked the members who had contributed to the success of the evening's meeting, and adjournment was then made.

JAN. 8, 1908, City Hall.

Regular fortnightly meeting.

The President, Dr. Morton, in the chair, and a good attendance. After reading of the minutes, the Committee appointed for the purpose reported having sent the following letter to the widow of the late Dr. C. D. Murray.

"Dear Madam,—

The Halifax and Nova Scotia Branch of the British Medical Association wish to extend their sympathy in your recent bereavement.

Capt. Murray, almost throughout his professional career, was an active member of the Branch, holding at

various times every office in its gift. In every capacity he served the Branch faithfully and well, while his brilliant wit, kind heart and good fellowship so endeared him to the members as to make their sense of loss at his early demise a very keen one.

His memory will always be, to those of us who remain, pregnant with pleasant recollections.

We beg you to accept our assurance of deepest sympathy in the great loss you have sustained."

Several other matters of business were disposed of, after which, Dr. W. D. Finn favored the meeting with a plain practical discussion of the condition nephroptosis, from the points of view of causation, symptoms, diagnosis and treatment. Beginning with a review of the anatomical arrangements of the parts, pointing to regional peculiarities that may exist, the Doctor went on to mention as causes—falls or other injuries; any condition which tends to lessen the natural support of the organ and especially that from below, pregnancy acting in this way, and accounting largely for the greater frequency of the affection in women who have borne children. Even violent skipping in youth has been blamed as a cause of the condition in later life. Symptoms vary with individuals; almost constantly a history of having felt out of sorts for some time; of spasmodic abdominal pain; sometimes of a steady dragging pain on either side; the sole objective sign is the finding of a movable mass in the abdominal cavity.

Diagnosis must be made from solid tumours, dislocated spleen, or distended cæcum.

Treatment.—Rest is always helpful, and often essential. In his opinion the methods of padding and ap-

plying trusses to retain the organ in place are of little avail in effecting a cure—the only reliable means is by operation.

The Doctor then referred to the different forms of operation in use by different surgeons, and gave an outline of the method—that of splitting the capsule and suspending by each lateral half separately—employed by himself.

There was considerable discussion. Some of the members seemed loath to regard methods of treatment other than operative as absolutely without virtue, and cited cases in support of their views. Dr. Finn, however, held to the opinion that diagnosis in such cases was probably wrongly made, the symptoms being due to other causes.

Dr. V. N. McKay next gave an interesting account of several cases of sub-acute pus infection, treated by the injection of opsonic vaccines. In cases of furunculosis in young children the results had been gratifying. In cases of acne vulgaris of from 4 to 6 years duration which had resisted other forms of treatment, large doses had to be given before a change was noted, but improvement once set in was rapid. This method of treatment promises to be a valuable one in suitable cases, but unfortunately the difficult details in technique as it is employed at present, render it impracticable for general use.

The Doctor referred to the principles involved in the treatment. Two objects are held in view (*a*) the increase of the opsonic content of the blood, and (*b*) the promotion of the flow of serum through infected areas. Explanation was made of the method of preparing vaccines from fresh cultures of organisms, the means whereby accuracy in dosage is arrived at, and the mode of administration. The

observation of the opsonic index of the blood in different cases serves as a guide to proper dosage.

The untoward effects frequently noted after injections of other serums are not encountered in the use of opsonic vaccines properly prepared and administered.

Acute systemic infections appear not to be benefitted, but localized ones are these suitable for treatment.

In answer to a question by Dr. Doyle.—The method is particularly effective in gonorrhœal infections, that of the colon bacillus, in Malta-fever, and according to some authorities, in localized infections caused by the tubercle bacillus.

After an interesting discussion of the paper, Dr. Ross moved and Dr. G. M. Campbell seconded a vote of thanks to Drs. Finn and MacKay for their instructive papers.

The motion carried unanimously, and the meeting adjourned.

JANUARY 22, 1908.

The regular fortnightly meeting on this date was held at the Halifax Medical College. The President occupied the chair, and the attendance was fair.

After the reading of the minutes a Committee appointed to draft a letter of condolence to the widow of the late Dr. F. W. Goodwin, reported. Following is the letter sent.

"Dear Madam,—

At a recent meeting of the Halifax and Nova Scotia Branch of the British Medical Association, we were appointed a Committee to convey to you on behalf of the Branch, the sincere sympathy of all its members in your recent great bereavement.

Dr. Goodwin was one of our most active members, always showed a keen interest in matters pertaining to the welfare of the Branch, and the faithful and efficient service which

he rendered, at one time as Secretary, and later as its President, did much toward promoting its success.

In his removal from amongst us we feel we have lost a valued and honoured member, of whom we will always cherish the most kindly recollections, and while asking you to accept this slight token of our respect to his memory and sympathy with you in your hour of trial, can do little more than commend you to the kind care of Him Who is the Wise Disposer of all events."

Among those present at the meeting there were as visitors, Drs. Arthur Birt and Harold Killam, of Cornwallis. The President in a few appropriate remarks expressed the pleasure it afforded the members to have brethren from without the city visit at our meetings. The Branch was honored upon this occasion in having Dr. Birt present to read a paper. Dr. Birt is already well-known to the members, so without further introduction he would now call upon him.

The Doctor had chosen as his subject "Hodgkin's Disease," and in an able and intensely interesting manner, presented an analysis of the condition in its varying aspects as far as it has become known up to the present time. Beginning with a review of a number of cases which had occurred in his own practice, and that of other investigators, the Doctor dealt upon special features in connection with these, and then in a general way reviewed in turn the pathology, causation and symptoms of the disease. Points of special interest in consideration of the condition are—the constant and often very early involvement of glandular tissues; evidences of connection between the onset of the affection and the existence of local irritations as a probable

cause; and its amenability to treatment if this is adopted early and persisted in. Particular reference was made to good results following surgical methods in treatment.

The Doctor supplemented his paper with the exhibition of microscopic preparations, showing different pathological conditions of the glands and blood during the course of the disease. (The paper will be published in full elsewhere in the columns of the NEWS.)

A lengthy and interesting discussion followed.

Dr. John Stewart thought the paper a particularly interesting one, a point in it deserving of emphasis being the attention paid to the glandular symptoms. An important thing in examining a case is to enquire into the condition of the glands. In making a diagnosis, Hodgkins Disease is not necessarily excluded by the existence of caseation of the glands, since this condition depends not so much upon the presence of the tubercle bacillus as upon the cutting off of the local blood-supply. Reference to a case of the disease in which the bones were involved—softening of some of the ribs occurred and fracture resulted during a fit of coughing.

Dr. Chisholm made reference to local irritation and infection as a probable cause, mentioning a case in which the disease appeared shortly after the extraction of decayed teeth.

Dr. L. M. Murray mentioned a case in which also the disease appeared to arise as a result of septic infection in the hand.

Dr. Doyle referred to obstinate nose-bleed as a prominent symptom in one case.

Dr. Kirkpatrick had enjoyed the paper immensely. Asked Dr. Birt as to the probable relation between affec-

tions of the eye and Hodgkin's disease. In his opinion there is frequently a connection, and a doubtful diagnosis may be cleared up by a careful ocular examination.

A vote of thanks to Dr. Birt for his valuable and instructive paper was put, on motion of Drs. Watson and Kirkpatrick, and carried unanimously.

Dr. Birt in closing the discussion acknowledged the thanks of the members and their appreciation of his paper. With regard to the relation of the eye to the disease, he had no definite opinion, he had in certain cases noted complaints of failing sight, and had no doubt the observation of the eyes might lead to the disclosure of interesting symptoms. Experience in treatment has shown that the judicious use of the X-ray adds greatly to the length of patients' lives. He thought the problem of causation would soon be solved, and benefit from improved treatment then will necessarily follow.

A motion to adjourn closed the meeting.

FEB. 5, 1908.

The eighth regular meeting of the Branch was held on this date at the City Hall.

The President occupied the chair, and the attendance was good. The minutes of the previous meeting having been read and approved, and there being no other business to come before the Branch, the evening's programme was directly proceeded with.

This took the form of a discussion by the various members on the application of serum therapy to the treatment of diseases. The discussion was opened by Dr. E. B. Roach with a short paper in which he touched at first upon the condition of immunity—its different forms, inherit-

ed, acquired, active or passive—and then went on to explain in a general way the practical use of serums, their mode of action in antagonizing and neutralizing toxins introduced into the system, the conditions of the body, and the infecting agents upon which their action depends, and the encouraging measure of success which has attended their employment up to the present time.

Dr. K. A. MacKenzie gave an interesting account of the origin and working of Wright's theory of opsonins, with short reports of its successful application in suitable cases.

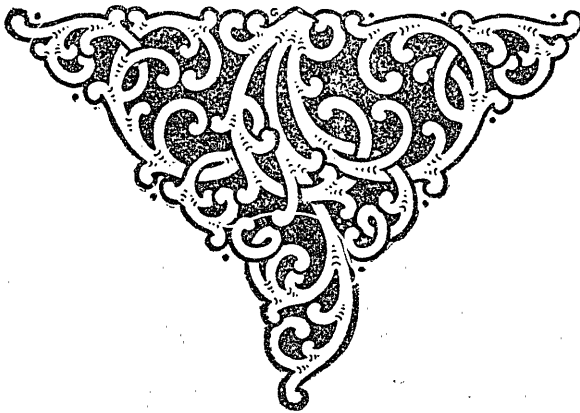
The discussion was then freely participated in by most of the members present, and gave evidence of careful thought, and of lively interest in the steady advance of experimental and preventive medicine.

(Papers as read at this meeting will be published in the columns of the NEWS.)

The President thanked the members for the active interest shown in the discussion of the evening. He felt that the meeting had been a success.

A motion for adjournment then carried.

The Lunenburg-Queens Medical Society has recently accomplished the organization of a Lunenburg-Queens Anti-tuberculosis League. A series of public talks and lectures, to deal in a popular way with the methods for preventing and curing tuberculosis, is being arranged. It is intended that the annual meeting shall be held at Bridgewater in June, when a special programme will be prepared. The reputation of the Lunenburg-Queens Medical Society for unanimity and energy assures the success of the new organization.



EDITORIAL.

A MINISTER OF PUBLIC HEALTH.

WE have read with much interest the speech of the member for Hants, delivered in Parliament at Ottawa, on the 5th inst., in moving a resolution for the establishment of a Bureau of Public Health.

Dr. Black spoke clearly and forcibly, and in what he said he has the support of the whole profession of medicine, and he should have the support of every thoughtful citizen. "The subject matter in this resolution," said Dr. Black, "is of such great importance both from an economic and humanitarian point of view, that it is worthy of the earnest consideration and advocacy of the ablest minds of the Dominion. The consideration of the prevention of preventable diseases is to-day taking a place in the civilized world that it never did before, and the ablest men of this continent, of Great Britain, of the continent of Europe, and of Japan are giving earnest study and much time to the subject of Government control of preventable diseases. . . . Political economists have seen the enormous loss to the state in dollars and cents, and humanitarians as well as economists have seen the appalling needless sacrifice of human lives, the needless suffering of sick and diseased humanity, and the needless and almost unbelievable slaughter of innocent children."

The following is the resolution introduced by Dr. Black: "That, in

"the opinion of this House, the time has arrived when the Government of Canada should perfect organization whereby present scientific knowledge should be made practically available for the suppression of the causes of preventable diseases."

In his speech, which appears to have been very well received, Dr. Black quotes from various authorities to show the possibility, to prove, indeed, the practical feasibility of preventing, to a very great extent, the mortality from the infectious diseases. He quotes the emphatic saying of President Roosevelt, "our national health is, physically, our greatest national asset." He points out the enormous expense to which our slipshod policy of neglect commits us. From a careful study of official statistics and of the opinions of eminent sanitary authorities he estimates that over 27,000 lives are lost annually to Canada, which might have been saved had we a properly organised and efficient system of preventive medicine. He puts the matter very well when he says that "probably the heaviest tax, state municipal and general, paid in Canada to-day is the tax paid for unnecessary funerals." Dr. Black pleads for the establishment of a federal bureau of public health with departments in every province, city, town and parish to be under government control.

The thought very naturally occurs to some of us that if a Public Health department under government control is not to achieve greater success, or to be more worthily managed than some other departments of the public

service directly under government control, it will be both costly and inefficient. We are, therefore, particularly glad to see that Dr. Black makes no mistake on this head: by government control he does not mean political-party control. He says: "I would like to express the hope that the head of this economic, moral and philanthropic bureau would be a commissioner who would never change as the government or the party changed."

The member for Hants was followed by Dr. Chisholm of East Huron, Dr. Beland of Blance, Dr. Worthington of Sherbrooke, and Dr. McIntyre of Strathcona, all uniting in urging upon the government this great step, scientific as well as beneficent, and, as amply shown, of great economic importance.

As we write these lines the *Lancet* of the 8th inst. comes to us, and it contains an editorial headed, "A Ministry of Public Health: is it practicable?" And the view is taken that the remedy for the many inconsistencies and anomalies in the working of the Public Health Acts would be the creation of a new department and a Secretary of State for Public Health. It is only in keeping with the popular apathy as regards medical science, that while there should be State departments for foreign affairs, the Colonies, the Navy and the Army, the question of public health is simply one of the many functions of the Local Government Board, which has not even the standing of a State department. It seems to us strange that in England, which leads the world in sanitary science, there should be a Secretary of State for the Navy and a Secretary of State for the Army and no Secretary of State to preside over the scientific and practical solution of the pressing question of the day, namely, where

are the men for the army and navy to come from.

We shall watch with interest the history of Dr. Black's motion. It may well awaken in us great dreams of the future of scientific medicine in Canada. There is no reason why the Dominion should not lead the world in the establishment of a well qualified, well disciplined and thoroughly efficient army of public health. The older countries have greater difficulties than we have in the incubus of ancient customs, vested interests and a complex social fabric. The great majority of our citizens are sufficiently educated to read for themselves the opinions of sanitary authorities, to understand and appreciate the results of the laboratory, the sanitarium and the hospital. The outlook should be hopeful. And yet what do we see? On all sides the quack flourishes. A large proportion of the advertising space in our daily papers is taken up with the silly claims of expensive nostrums, in many drug-stores the chief business is the sale of patent medicines, the farcical cult of Christian Science has its devotees in every town, and dupes journey with crippled limbs and robust faith to the Osteopath.

A Ministry of Public Health should talk cognizance of all thing pertaining to the health of the country, the inspection of food, the sanitary construction of houses, drainage and water supply, the health of school children and the location of cemeteries. In all things bearing on the health of the people such a department should be the adviser and the officer of the Government. Are we ready for this in Canada? Does the average man say *salus populi suprema lex*, and is he ready to submit to that law? The most thoroughly established of all sanitary laws is the efficacy of proper vaccination in controlling smallpox.

What proportion of the children in these provinces are protected by vaccination.

The *Lancet* was, a few weeks ago, fined ten thousand pounds for pointing out that a certain quack medicine was a dangerous and poisonous mixture. We may laugh at such a miscarriage of justice in England, but would our government have the support of the people in making the open sale of such patent medicines as are known to contain poisonous drugs, illegal?

Knowledge comes, but wisdom lingers.

But, even if our Ministry of Public Health were sorely crippled as we fear it would be, by the ignorance, the prejudice and the shortsighted parsimony of the multitude, we believe it would be of very great service, and it might certainly conduct a most efficient campaign of education.



COSMETIC SURGERY.

We have received from Chicago a small book for review. On its cover it bears the name given above. The title page gives an alternative title, nameiy, "The Correction of Featural Imperfections." We have no access to a dictionary of the language of Chicago, and can only hazard a guess at the meaning of this new word, after looking through the book. A favourite instance of American smartness used to be the wooden nutmeg of Connecticut. Chicago can carve better. Here is a chapter on how to make an old woman young, or what is apparently the same in Chicago, making her seem young. It is headed, "Folds, bags and wrinkles of the skin above the eyes." We learn that these phenomena "revolt" sensitive people. This is very disheartening,

for the writer has become aware in his own person of a distinct bagginess under the eyes, and rather fancied it as some enhancement of his personal attractions, lending a waggish humour to the "busy wrinkles round our eyes." We shall endeavour to avoid Chicago and its "revolted" citizens. Here is another chapter devoted to "Hardness of mouth expression." In our eastern barbarism we have been accustomed to think that facial expression depended largely on the spirit and temper of the owner of the face. They know better in Chicago, where "Cosmetic Surgery" has no doubt given Mr. Shylock a cheerful and benevolent cast of countenance. Incidentally we observe that in the Maritime Provinces we have one great advantage over Chicago. Joy and smiles seem natural to our young women, and it does not require much provocation to make the dear things smile. In other words, their levatores anguli oris are quick to respond to cheerful stimuli. Alas! for the Minervas of Porkopolis! Listen! "In young women I also have them practice [sic] before a mirror, exercising the elevators of the angle of the mouth. It is remarkable what control some acquire over these muscles by such exercise." We confess that in our own case considerable effort is required to inhibit the actions of these levatores and risorii while looking through this remarkable volume. Finally there is a chapter on "The excessively large ear." We can easily understand that the "featural" surgeon may be kept busy trimming unduly long ears in any country where this book may find earnest and trusting readers.

Or, can it be? Yes, perhaps this volume, like "Gillis' English Grammar," should be classed among works of Wit and Humour.

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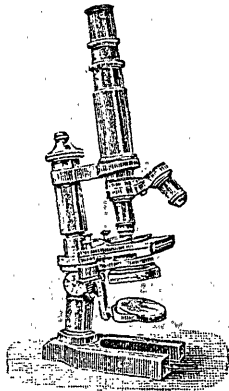
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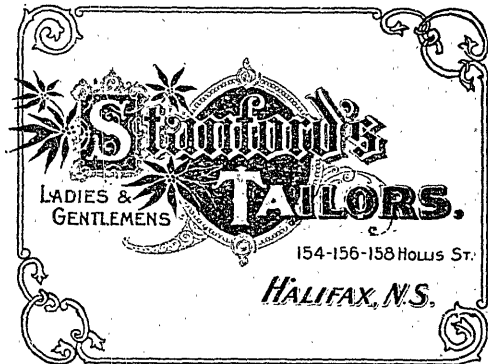
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ST. PETERSBURG, RUSSIA; BOMBAY, INDIA; TOKIO, JAPAN; BUENOS AIRES, ARGENTINA.