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# CANADA MEDICAL RECORD

MARCH, 1902.

## Original Communications.

### NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER.

By FRANCIS W. CAMPBELL, M.D., L.R.C.P. L., D.C.L.

Dean and Professor of Medicine, Faculty of Medicine, University of Bishop's  
College.

#### EPILEPSY.

How little we know of this disease. Theories, we have many, but they do not help us to a cure. Of its pathology, we may be said to be profoundly ignorant. Persons who have been epileptics for years die from some inter-current disease, and on *post mortem*, the brain, spinal cord and nerves are found in a healthy condition. McLane Hamilton, in his article on Epilepsy, in Pepper's System of Medicine, says: "An epileptic attack is nothing more or less than a discharge of nervous energy from an over-excited, or what may be called a dynamo pregnant nerve centre or collection of nerves." That is simply a theory, and makes no impression on my mind of any therapeutic value. Hamilton says heredity plays a most important part; fifty per cent. of his cases had hereditary history. Osler, in his last edition, says it plays but a minor role; and that French physicians, with whom he has conversed on the subject, hold the same opinion. My experience is not large but, such as it is, I endorse Hamilton's views. After repeatedly reading articles on this disease, in all our standard works on practice, I rise from their perusal, convinced that I have not learned anything of practical benefit. These articles are written by men, who, if I may say it, seem to be writing to earn their money. The

divisions and sub-divisions which they make of the disease are not met with in ordinary practice. It would seem as if they lived in a world of their own, where, possibly, because they do a large consulting practice, peculiar cases are sent to them. So far as my experience enables me to observe, and it has extended over forty years, I have not been able to diagnose any special features in the cases which have come under my observation. Practically, all have had the same symptoms, the only difference being one of degree. Until the introduction of the treatment of this disease by the bromide of potash, the unfortunate sufferer received little or no benefit from the drugs employed. The routine was the administration of anti-spasmodics, such as valerian, ether and musk. It was about fifty years ago that the bromide of potash was recommended to the profession, and, even when ten years later I entered the profession, it was the drug which apparently had given the best results. Some absolute cures were recorded. I well remember the late Dr. Waburton Begbie, of Edinburgh, telling me that one of the brightest intellects at the Scotch Bar, who had developed epilepsy in early youth, had been cured by this medicine. From that day up to the present time it has been the drug which has been prescribed in seventy-five per cent. of all cases. Bromide of sodium has, with some, taken its place, while a combination of bromide of potash, bromide of soda and bromide of ammonium, in the proportion of 1. 1. 1-2 is the favourite of a few. There are, of course, others which are recommended, such as belladonna, ergot, hydrobromic acid, nitro glycerine. But to-day the bromides are still the stand-byes of the profession in this disease, and yet I fail to learn that many absolute cures are recorded, though I freely admit that in many cases they have diminished the frequency and severity of the attacks. If they have done more. I do not know it. I have prescribed it sometimes alone and sometimes in combination with the other bromide salts, because, perhaps, to be honest, I knew no better treatment. My experience extends to about twenty-five cases; some have died from some inter-current disease (I never have had a death during a convulsion), and some

I have lost track of. At the present time I have under observation and treatment four cases, the last having been under my care only a few weeks; the other three for periods varying from forty years to ten years and two years. I bring them before the profession, because, since 1898 I have placed them on a preparation to which my attention was drawn by an advertisement in one of my "Medical Exchanges," I, being editor of the "Canada Medical Record." That preparation is Pil Ferri Hydrocyanate, and it is manufactured by the Tilden Company, of New Lebanon, N. Y. The following is its composition: R Hydrocyanate of Iron (Tilden) 60 grains, Extract of Hyoscyamis, 60 grains, Mucilage, q. s. Divide into 120 pills, one to be given night and morning, and increased one pill every three weeks, until three pills are taken at a dose. A pill double this strength is also made.

A. C. was married in 1861, at the age of 22 years. So far as I can ascertain, previous to marriage, she never had an attack of *grand mal*. She, undoubtedly, had many attacks of *petit mal*, occurring, so to speak, in clusters. They would be absent for months, and then recur, many occurring in a day, and then disappear again. Her husband did not know this at the time of his marriage, nor for some time after. It was not till the spring of 1862 that she became pregnant, and in August, when quickening occurred, she was one night seized with a severe convulsion. I saw her immediately, and recognized at once its character, that of a severe epileptic fit. It was at this time I discovered the patient's history, as I have briefly stated it. I also learned that she had been wet nursed by one who had had, at long intervals epileptic attacks, and whose son had developed the disease. From this onward she had occasional attacks, but went to her full period, and was delivered of a healthy child. She also made a good convalescence, and her baby was nursed by a healthy wet nurse. The treatment adopted was 15 grains of bromide of potash three times a day, with a half drachm at bed-time. It is needless to give minutely the history of this case, extending over so many years. Briefly, however, it is as follows: She subsequently bore

three children at full term, all of whom are alive and in good health. She also was delivered of three children, about the seventh month, all of whom died within a few days of birth. During the interval between the first attack and the year 1875, a period of some thirteen years, she had severe attacks, generally about the menstrual period, and they invariably occurred at night. An attack during the day only took place two three times during that period. This fact enabled her to move about freely, going to church, social gatherings, etc., and did not necessitate a companion being with her. The night attacks varied in severity, but, generally, were very severe, indicated constantly by minute extravasations after a fit, over the face, down the side of the neck and encroaching on to the upper part of the chest. On one occasion, during the fit, she got the heel of the left foot over the nail of the right big toe, and forced it so loose, that it was the following day removed by Dr. Roddick. She visited Scotland several times and consulted eminent men, who made no change in treatment, beyond increasing the dose to 20 grains three times a day, and 40 grains at bed-time. Special attention was directed to be given the bowels, so as to have one good motion daily. She, up to this time, had taken the bromide very regularly, but her intellect and spirits continued perfect. In 1875 there gradually developed a singular change, the night seizures took place at longer intervals, and day seizures took their place, until 1880, during which year no night seizures occurred, and day seizures alone occurred. It had been rare for more than two fits to take place on the same night, but four and five seizures during the day was now common. This was a serious change for the patient and her friends, and necessitated the employment of a companion to be constantly with her. It prevented her going to evening amusements, or for walking out, except after a week succeeding a fit, when this was permitted for two weeks. During this time the chances were against the patient having an attack, as there was generally about a month between the fits. As a matter of fact, during several years, only one severe attack and

two or three slight ones occurred, while the patient was thus allowed out. At this time a change was made in the treatment—that is in the autumn of 1883. The patient was placed on one drop of a one per cent. solution of nitro glycerine in a teaspoonful of water, 3 times a day after meals. Bromide of soda was now given instead of potash, in a 20 grain dose, morning and evening. The nitro glycerine was increased gradually, till in six months, five drops were taken. Within six months of commencing the nitro glycerine there was evidence of its doing good; the frequency of the attacks were diminished, two months elapsing between attacks, and their severity was less. Twice four months elapsed during 1888 and 1889 without a fit, and the patient and her friends were most hopeful. But in 1890 the attacks were more frequent, and the patient was discouraged. Still the nitro glycerine was continued, and once more in 1891 the attacks, though hardly less frequent, were certainly again less severe, and she seldom had more than one fit on the same day. During the time intervening between 1892 and 1897, the bromide of soda was discontinued, and a mixture of bromide of potash and sodium, with bicarbonate of potash and tincture of columba substituted. The nitro glycerine was continued at intervals, though not regularly, as the patient's stomach began to rebel and show a certain amount of irritation. In November, 1897, my attention was accidentally drawn to the benefit said to be derived in this disease from a pill of the hydrocyanate of iron, manufactured by the Tilden Company of New Lebanon, N. Y. I sent for some literature on this subject, and in January of 1898, I placed the patient on this pill, the composition of which I have already given.

Within four months from commencing this remedy, a decided improvement was noticed. The patient had, during this time only two attacks, and they were decidedly less severe, the epileptic sleep was much shorter, and the patient regained her faculties sooner. The pills were, during the last six months of 1898, increased to six daily, during which time only three fits occurred, with occasional attacks of *petit mal*. In 1899 she was placed on the double

strength pill, commencing with three, which was practically the same dose, and was increased every two months by another pill, till five were taken. This dose the patient has continued to take night and morning ever since. During 1899 she had only five attacks. In January, 1900, she had a slight fit, and on the 21st February she had a severe fit. From that date, up to the first of February, 1902, she was absolutely without a fit, though there was occasionally slight attacks of *petit mal*, but on the 2nd of February, 1902, while at dinner, she was seized with an attack, which at first seemed as if it would only be a slight threatening, but it developed into a fairly severe fit, though not as severe, by any means as those she generally took before commencing the Hydrocyanate of Iron. Looking back over the history of this case, which is but a mere outline of forty years, I have no hesitation in saying that this pill has done far more for my patient than any other drug she has taken. I had hoped when I began writing this case, that I would have been able to state that she was absolutely cured of the *grand mal*, having been nearly two years without a fit, but the attack on February first makes it impossible. Still, when we consider that for nearly two years, she had been practically absolutely free from the disease, the influence of the Hydrocyanate of Iron must be admitted as being most powerful for good in this disease.

*Case II.*—Miss W., a woman of about 28 years of age, unmarried, consulted me in March, 1900, for epilepsy. Had been subject to the disease since the age of 15 years. Had occasional treatment without relief. No hereditary history. She took the fits always at night, generally two and they came on every month, occasionally two or three times in a month. I placed her on the 1-2 grain Hydrocyanate of Iron pills—one night and morning, and increasing one pill every three weeks till five were taken, when I changed to the one grain pill of which she is now taking four night and morning. I prescribed half a drachm of bromide of potash at bedtime. The effect of the pills were very marked, as during the first three months she had only one attack and mild. Then four months elapsed

without a fit, and, believing herself cured, stopped the pills, when the disease returned as severe as ever. On their resumption, the beneficial effect was again marked. Two or three times since, not having the money, she was unable to get the pills, and their discontinuance was invariably followed by return of the attacks in a severe form. At the time of writing, she had taken them steadily for nearly four months, and has only had one mild fit.

*Case III.*—A. L., aged about 27, a blacksmith by trade, and a patient of mine from birth, developed the disease about the age of 17. No cause could be ascertained, except that about that time he seriously abused himself with liquor. The fits came on every two or three weeks, and he has had as many as five in one night. I placed him on the nitro glycerine treatment, with moral treatment added. He certainly was benefited by it, as their frequency and severity was diminished. In 1899 he married, and shortly after the fits returned as bad as ever. I then put him on the Hydrocyanate of Iron, when he went nearly five months without one, but, going on spree of some two weeks, they again returned, but not so bad. I cannot get the patient to take the pills regularly, so that he does not give them a fair chance. His family, however, recognize the great power they have over the disease.

*Case IV.*—K. W., clerk in an insurance office, aged about 35 years, was, in 1890, referred to me for epilepsy. The attacks came on irregularly, night and day, and were a mixture of both the *grand mal* and the *petit mal*. I put him on the nitro glycerine treatment, with bromide of potash, night and morning. No apparent beneficial result followed. In fact, the attacks rather increased, till he was discharged from his situation in 1895, on account of having several severe attacks in the office. Before this, he had been, singular to say, free from any severe attack while at work, though *petit mal* attacks had been numerous. At this time the nitro glycerine was discontinued, and the patient put on bromide of potash alone, which seemed to diminish the frequency, but not the severity of the fits. Upon one occasion during this year, after an attack, he was



so violently insane that I was sent for, and only succeeded in getting him quiet by a hypodermic of morphia. In 1896 he came to my office, but seldom, and, I think, only once in 1897, when the report says "no improvement." I did not see him again till the first week in October, 1901, when he came to my office, and I have the following entry in my note book: "Patient continued my treatment till the spring of 1900, when, seeing no benefit, upon the advice of some friend, he began to take a medicine which was said to have completely cured a prominent gentleman in St. John, N.B. I cannot find out what this medicine was. The patient, however, says it not only did him no good, but under it, he became much worse, till, at this time, he had a severe fit every ten or fifteen days. I placed him on the Hydrocyanate of Iron, giving the one grain pill, and with instructions to increase one pill every three weeks. The patient has reported me once a month, since he began this remedy. The following are the reports, up to date (March 18). *October 31, 1901.*—No attack since commencing the pills. *Nov. 30.*—Only one slight seizure. This was taken in church, and was simply a shadow. He sat in the last seat, and few, I am told by his brother, recognized anything unusual. *Dec. 30.*—One slight seizure at night, during this month. *Jan. 30, 1902.*—No attack this month. *March 18.*—No fit since early in December. These reports show a marked improvement, and his friends recognize a general improvement in his condition. There can be no doubt of the beneficial effect of the Hydrocyanate of Iron in this case.

*Case V.*—A. R., aged 15, came to my Clinic at the Montreal General Hospital, on the 23rd of January last. Had his first epileptic fit at the age of eleven years. They recurred at first at intervals of five or six weeks, but for the last year they came on more frequently, till at the time he came to the Hospital, he took a severe fit every four days. He was placed on the Hydrocyanate pills, one night and morning. He was then two weeks without a fit, when one occurred on the 6th of February. About a month elapsed without a fit, when he had one on the street

on the 4th of March. He was left lying in the snow, and the following day, developed a pneumonia of the base of the right lung. On the 26th of the present month he is convalescent, and has not had another fit. While this case is not cured, it is cited to show that the Hydrocyanate of Iron has already vastly improved the patient. He had been under other treatment before coming to the Hospital, and not only had there not been any improvement, but the patient had steadily grown worse.

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### THREE CASES OF GRAVE INJURY TO THE EYEBALL WITH ULTIMATE RECOVERY OF USEFUL VISION.

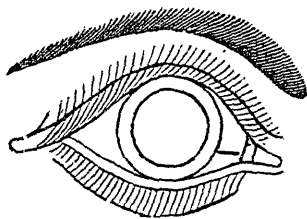
By George H. Mathewson, B.A., M.D..

Lecturer on Ophthalmology, Medical Faculty, University of Bishop's College,  
Oculist to the Western General Hospital.

As most of the readers of the RECORD are general practitioners who are so situated that they must often treat serious injuries of the eye, whether they will or no, I need make no apology for citing the following instructive cases:

*Case I.*—On Nov. 4, 1900, Carl A., a Swede from Radnor Forges, was sent to me by Dr. W. H. Drummond for treatment. Seven days previous to his visit to me he had (while working with a sledge-hammer) been struck on the right eye by a fragment of steel. He consulted immediately a local physician, who ordered him to stop work and prescribed atropin drops. After the first shock of the injury had passed away the eyesight was good, and the eye gave little trouble until the fifth day, when it became very red and painful, and vision was greatly reduced. Two days later he came to Montreal. On examining the eye I found it very red (from intense scleral and conjunctural inflammation), the pupil widely dilated (from atropin). In the bottom of the anterior chamber was a small deposit of yellow exudate, *i. e.*, hypopyon. The eye was very tender to the touch, and gave patient considerable pain. No red reflex could be obtained when light was thrown into the pupil, nor could the fundus be seen with the ophthalmoscope. By oblique illumination a yellowish reflex was produced, a mass

of yellowish gray exudate could be seen lying in the vitreous, filling the whole pupillary area. Vision was reduced to counting fingers at a distance of three feet. The site of the wound was marked by a scar in the median horizontal line near the caruncle.



Here, you see, is a condition of severe irido-cyclo-chorioiditis resulting from a wound, just the condition to produce sympathetic ophthalmia. The patient was sent to the Western General Hospital and put to bed.

Both eyes were protected by a large shade (if one eye is diseased *both* must be shaded, if you wish to derive any good from the shading). Hot fomentations and subsequent irrigations, with a solution of bichloride of mercury, 1/6000, were ordered to be given q. 3 h. Drops consisting of a combination of atropin sulph. 1 per cent. and cocain mur. 2 per cent., were instilled into the eye t.i.d., and after the fourth day a pill consisting of one grain each of Pulv. Hydrarg. c̄ Cretá and Pulv. Ipecach Co. was given t.i.d.

I feared the worst, but felt that he should be given every chance before enucleation of the diseased eye was resorted to.

Next day the inflammatory symptoms were less severe, and on the third day the hypopyon had quite disappeared.

A radiograph of the eye was taken on the third day (by our radiographer, Dr. Robt. Wilson), and showed that there was no steel or other foreign body in the eye.

November 14, ten days after the patient's admission to the hospital, I made out for the first time the optic nerve and details of the fundus.

By this date the tenderness had quite disappeared.

On December 24, R.V. = 6-18, and with + 3.50 spher. (to compensate for cycloplegic effect of the atropin, which he was still using) he could read Jaeger No. I. at 25 cm.

On this day, at his urgent and persistent demand, he was allowed to return to Radnor Forges, on condition that

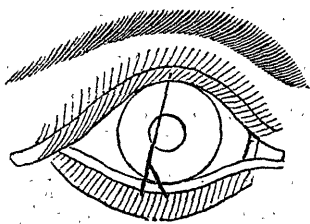
he report in a month's time or sooner, if the eye troubled him in the least. He was given atropin sulph. 1 per cent. drops for local application and the same pill as before for internal use.

On Jan. 21, 1901, he came to see me and I found the R.V. = 6-12, and that the opacities in the vitreous had largely disappeared. He had been working at the iron furnaces for three weeks.

On April 2, 1902, he reported once more, R.V. = 6/12. I stopped the mercury and gave him atropin sulph. drops 1 per cent., to be used every second day, with the idea of preventing relapse, which is very common in this disease. On this occasion he was very drunk and said he was going to Cape Nome to find gold, and I have never been able to find trace of him since, which is unfortunate, as one cannot be certain the cure was permanent, though after five months without relapse it is likely the eye remained well.

*Case II.*—On Feb. 13, 1901, I was consulted by Miss D., who had injured her eye while attempting to open a bottle of ginger ale. The bottle broke at the shoulder, and a fragment of glass struck the patient on the right eye. I saw her half an hour after the accident, and found the condition of the right eye to be as follows:

Running across the cornea from below upwards, and slightly to the temporal side of its centre, was a wound that involved the whole thickness and breadth of that structure, and extended into the sclera about 0.5 mm. above, and 1 mm. below. A second short cut began in the sclera below, extending into the cornea and joining the larger wound



so as to make a short corneal flap. The anterior chamber was empty, and there was a slight prolapse of vitreous, while the iris lay against the cut cornea, and was caught between the lips of the wound in nearly its whole

extent, though it did not prolapse as far as the anterior sur-

face of the cornea. Right vision = counting fingers at three feet.

I had the patient removed to the Western General Hospital, where I excised the prolapsed vitreous under cocaine, and sprinkled the wound with iodoform instilled a drop or two of 1 p.c. atropin solution, applied a firm bandage and had patient put to bed, and atropin drops t.i.d. were ordered, while the eye was kept bandaged.

The next day the anterior chamber was restored, but the iris was found to be still firmly caught in nearly the whole length of the wound, in such a way that the temporal part of the iris was tense while the nasal part with most of the pupillary border, was in its normal position. The temporal part of the anterior chamber was thus largely obliterated and cut off from the other part.

On Feb. 25 the corneal wound burst open during sleep, but closed again in a few hours.

On Feb. 27 Vision Right Eye. = Fingers at 18 ft. Tension rather high.

On March 3 corneal wound again burst open, this time from patient starting up violently from sleep in fright. Wound again closed in a few hours.

On March 5 the corneal wound again burst open, this time quite spontaneously, so I decided that the trouble was due to the pressure of the aqueous fluid against the adherent iris, which pressure did not act equally on both lips to the wound.

I performed an iridotomy, therefore, the same day, making a corneal incision above, introducing iris scissors and cutting off that part of the iris which was caught in the lips of the wound, keeping the blades as close as possible to the cornea.

The new wound healed kindly and the old wound closed and remained so.

For some time the eye remained sensitive to light, but finally became quiet and the patient left the hospital on March 26 six weeks after her admission.

On April 6, 1901, R. Vision 6-60 and she could read Jaeger, No. 8 at 25 cm., *i.e.*, ordinary print at the usual distance.

On Feb. 26, 1902, patient could read Jaeger, No. 5, quite fine print and her distant vision R. V. 6-24.

Here we have a case of perforating wound in the ciliary region and of large size, with vision very much reduced, and still it was not necessary to enucleate the eye, but by proper care the patient has a very serviceable eye.

Case III. Mr. V.—While chipping out rivets on April 3, 1901, patient was struck on the right eye by a flying fragment of iron. When I examined his eye next day I found a small corneal wound already closed, considerable pericorneal congestion and a beginning traumatic cataract.

The lens swelled up so rapidly that in a few days the tension was dangerously high and the iris was seriously inflamed from the pressure of the swollen lens, that I decided to remove part of the disintegrated lens.

The patient was a very powerful man and did not behave well during the operation, and just as the corneal section was completed, closed his eyelids together with such force that a large part of the softened lens tissue, and a very large amount of vitreous humour were forced out of the wound.

I feared at first that the retina had been detached, but finding the patient could count fingers I filled the globe with normal saline solution and bandaged the eye in the usual way.

I was much gratified next day to find the wound firmly closed and the chamber restored. The further course of the case was uneventful and the patient was discharged May 18.

When seen about a month later Vision R. Eye  $c + 10.00$  Spherical = 6-60 and could have been easily improved as the pupil was largely closed by secondary cataract, which, however, it was thought not advisable to operate on at the time, as patient had to support a family and could see with left eye.

The conclusions I would have you draw from these cases are :

First.—Do not be too hasty in deciding to enucleate a wounded eye, even though the wound be large and vision bad. Treat the condition for some days expectantly, always being on the lookout for “shrinking tenderness” to touch, which is the chief danger signal in these cases as it proves the existence of iridocyclitis in the injured eye.

Second.—Filling the globe with saline solution in the last case, undoubtedly saved the eye, as it made possible an exact coaptation of the lips of the wound, which could not have been had in the previous collapsed condition of the globe.

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Abstract of several papers recently published by William S. Gottheil, M.D., of New York.

(Communicated by the author to the *Canada Medical Record*.)

#### **ACTINOTHERAPY, GOTTHEIL.**

(*Author's Abstract.*)

In a preliminary communication upon the use of concentrated light in the treatment of dermal affections, W. S. Gottheil briefly reviews the work done by Finsen, Kime and others in this field, and describes the arc light that he employs for the purpose. This is at present the only available source for the actinic rays of sufficient volume and intensity for therapeutic employment. Sunlight is of course the best, and is costless; but it is too uncertain for satisfactory use. No combination of incandescent bulbs, run on the ordinary continuous or alternating commercial current, is sufficiently actinic, and the apparatuses arranged with them practically give us heat and no light baths.

The author employs an apparatus called the Actinodyte, made by Kliegl Bros., of New York, which can be

adopted to either the continuous or the alternating current, uses from 25 to 55 amperes and gives a concentrated circle of light of from 20,000 to 30,000 candle power. He is not prepared as yet to publish his results, but the progress of cases of lupoid and syphilitic ulceration has been most encouraging. The cosmetic results of this non-operative and painless method of treatment are especially good; a point of the greatest importance, of course when the face is involved. (*The Medical News*, July 6, 1901.)

#### **DUHRING'S DISEASE IN CHILDHOOD, GOTTHEIL.**

(*Author's Abstract.*)

Dermatitis herpetiformis, first described by Professor Duhring, of Philadelphia, is probably of commoner occurrence than is generally supposed, more especially in children. Two cases are described by William S. Gottheil, of New York, in the June number of the *Archives of Pediatrics*. The resemblance at first sight to an ordinary eczema, dermatitis, or impetigo is marked, and, doubtless, cases of the disease are not infrequently so classified. The points which distinguish the less common affection are:—

1. The extreme obstinacy and chronicity of the malady; it being prolonged almost indefinitely by successive exacerbations or relapses.
2. Its original herpetic character and subsequent multiplicity of lesion.
3. The intense pruritus.
4. Its recalcitrancy to treatment.

Any apparent eczema, dermatitis or impetigo in children presenting these features should be carefully observed; a certain number of them will undoubtedly be found to be cases of Duhring's disease.

#### **THE CUREABILITY OF SYPHILIS, GOTTHEIL.**

(*Author's Abstract.*)

Speaking of the cureability of syphilis in the symposium upon that disease in the October number of the *International Medical Magazine*, William S. Gottheil, of New



York, takes exception to the opinion of its practical incurability which is prevalent in certain quarters. Every day experience shows that the great majority of cases are cured in every practical sense, the occasional late relapses and accidents to the contrary, notwithstanding. He concludes:

1. Syphilis is a curable disease, and may even, with restrictions, be called a self-limited one.

2. Whilst cure in a given case cannot be affirmed with scientific accuracy, the chances of its being the fact after a certain time under proper treatment are so great that it may be properly claimed to have been affected.

3. Practically, a patient who has been properly treated throughout the active stages of the disease, and who has had no manifestations of its persistence for several years thereafter, may be regarded as cured, and may be told so.

#### **THE UNRECOGNIZED CHANCRE, GOTTHEIL.**

*(Author's Abstract.)*

In the *International Medical Magazine* for October William S. Gottheil calls attention to the frequent insignificance and fugacity of the syphilitic initial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurrence, and not voluntary falsification, is the cause of the frequent absence of a syphilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis:—

1. The presence of a tumor as the original lesion. In its essence, and invariably at the beginning, the chancre is a small round cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, or even phagadaenism; but these are accidental, and epiphenomena, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful and recalcitrant to treatment.

3. A peculiar and characteristic "stony" induration of the nearest lymphatic glands accompanies it; different from

the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gummata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years, for its development.

5. The well known signs of general luetic infection, osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, etc., must be carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

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## Selected Articles.

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### GALLSTONES.

According to recent statistics, it has been found that in round numbers about one person in every fifteen has gallstones; and furthermore, that of those so afflicted, death was attributed to the presence of gallstones in over 11 per cent. of the cases—that is to say, in every 1,000 deaths, 76 are attributed to gallstones. The disease is first mentioned (as occurring in man) some time in the fifth century, although at a much earlier date the Egyptian priests observed that domestic animals were afflicted with it.

Age is a prominent etiological factor, the disease being most common after the age of forty. Women are more often affected than men, some writers giving the proportion of three to two, while others give as high as five to one. The greater liability of women in this respect has been attributed to their more sedentary habits and the abdominal constriction caused by tight fitting clothing and corsets; but we believe that "criminal neglect of the bowels" should be considered as playing an important role in the etiology of this complaint. Furthermore, it has been unquestionably proven that gallstones are most frequently found in the gouty, lithæmic and obese. *In other words, the same constitutional factors favouring the production of uric acid excess are favourable to the production of gallstones.* Indeed, the term "cholelithiasis" is itself indicative of the uric (lithic) acid dysarasia.

A diminution of the sodium salts in the bile is consid-

ered one of the chief causes which lead to a separation of its elements, making stone formation possible. The fact, too, that most stones are composed of from seventy to eighty per cent. cholesterin would indicate inspissation and viscosity of this fluid caused by a loss of its alkaline ingredients and the consequent inability to oxidize the colloid waste brought to it by the circulation. Again, although no change takes place in healthy bile, excreted from a healthy liver and contained in healthy biliary passages, yet, if prevented, for any reasons, from escaping for a considerable period of time, as in chronic constipation, the bile becomes altered in character decomposition ensues, and the bile elements are deposited.

The treatment may be considered from two standpoints—medical and surgical. If the stone is sufficiently large to be detected by palpation or otherwise, and excites inflammation, violent pain, icterus, or other pain signs of occlusion, an immediate operation may be desirable. But in that vast majority of cases in which the diagnosis has been made from more obscure symptoms—e. g., malaise, bitter taste in the mouth, constipation, dull pain in the hypochondriac region (accompanied, perhaps, by nausea and other gastric disturbances), occasional chills, fever and sweats, slight jaundice, migraine, etc., or sometimes from the more definite biliary colic,—then, the results of internal treatment may often be found efficacious. While it is doubtless inexpedient to attempt to dissolve stones of considerable size already formed (and too large to pass through the common duct), yet, it is frequently the case that stones are repeatedly formed which are expelled into the bowel, and it is to prevent further formation of these that our efforts may well be directed.

The success obtained from the use of thialion in these cases is doubtless owing partly to the cholagogue and laxative effects of its soda salt in preventing inspissation of bile, and partly to its alkalisng and solvent virtues in clearing the blood of uric acid and its congeners and preventing obstruction of the capillaries from colloid waste. By its influence the bowels are kept open and free, and a more generous flow of bile instituted from the gall passages; the liver, as well as kidneys, is stimulated to greater activity, their respective secretions become greater in amount and more alkaline, and thus more capable of oxidizing and holding in solution the waste products of tissue metabolism. In other words, like the blood itself, the bile and urine are ren-

dered more nearly normal in character owing to the influence of the remedy in removing the "*ashes and clinkers*" from the system which clog up its grates and prevent free oxygenation. The same treatment, therefore, which prevents the deposition of urates from the blood (causing gout), or from the urine (causing gravel or renal calculi), will prove equally efficacious in preventing deposits from the bile and the formation of gallstones.—*Uric Acid Monthly*.

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY

IN CHARGE OF

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#### RECENT VIEWS OF THE EFFECTS OF ALCOHOL.

The conclusion reached by Professor Atwater, as a result of experiments conducted by him last year to determine the effects of alcohol on the human system, that the substance taken in small quantities and under certain conditions is a food, has given rise to much and bitter discussion. The garbled accounts given in the newspapers of Dr. Atwater's findings are chiefly responsible for the state of affairs. Many of these journals proclaimed that the professor had proved alcohol as a beverage to be harmless, whereas, in fact, he went no further than to declare that it is oxidized in the same manner as any other food materials, and is transformed into heat and muscular energy. The experiments were not sufficiently prolonged to demonstrate what the effects might be upon the human organism of the habitual use of alcohol, nor was any attempt made to show that such use would be any thing but harmful.

Another pronouncement on the same question has been recently made by the well-known Viennese clinician, Prof. Max Kassowitz, who asserts that the dogma concerning the nourishing and strengthening character of alcohol is one of the fatal errors of science. He holds the view that the majority of physicians take up an inconsistent position with regard to the use of alcohol, for the reason that while they

are well aware of its dangerous and poisonous qualities, they nevertheless, contribute to making permanent the false ideas concerning the value and effects of alcohol which are so generally disseminated. Kassowitz explains these inconsistencies on the ground that the teaching which considers alcohol a food because it is burned in the organism, has held its ground in spite of many disregarded newer investigations which have shown its indefensibility. He is, therefore, of the opinion that the assumption ascribing food properties to alcohol based on simple theoretical consideration is a grave scientific error, the removal of which is the most important preliminary condition to an effectual battle against alcoholism.

Dr. Hermann Blocher, of Basle, Switzerland, in an article in the *Internationale Monatsschrift für die Bekämpfung der Trinksitten* for April, comments very favourably upon Professor Kassowitz's utterances, and discusses the matter from the standpoint of physiological experiment. He refers to the investigations of Miura, which indicate that alcohol belongs to the same group of substances as glycerin, lactic acid, butyric acid, and so forth, which are indeed burned in the animal body, but which, nevertheless, are not fit, even to the smallest extent, to take the place of necessary food in the preservation of the body. Miura found that the addition of alcohol to the food before its being taken not only causes no diminution of the nitrogen output, and does not prevent the loss of body material (as is the case with the addition of sugar or fat), but that on the contrary the nitrogen output following this addition of alcohol may become yet greater than it had been without this addition.

Professor Atwater did not pretend in his experiments to prove the innocuousness of alcohol as a beverage, and it was due to the newspapers that such a belief was disseminated. Whether alcohol in small amounts and used with discretion is harmful has yet to be clearly proved.—Editorial in *Medical Record*.

#### RESULTS OF TESTING OF THE RENAL FUNCTIONS WITH METHYLENE BLUE.

Achard and Castaigne, who have in the past contributed a number of papers upon this new diagnostic resource, have now published a small monograph on the same subject (Paris, 1900).

The results thus far yielded by this method to date are as follows (it will be remembered by the reader that a solu-

tion of methylene blue is injected hypodermatically, and the interval noted before the colour appears in the urine, as well as the duration of the period of elimination):

In interstitial nephritis there are evidences of impermeability, such as delayed appearance (frequently), and habitually prolonged elimination period. The authors have often made the diagnosis when other phenomena, such as albuminuria, were not in evidence. Considering the insidious nature of this disease, the test should be of great practical value.

In acute and chronic diffuse nephritis it is quite different. Permeability appears to be retained for a long time. The same holds good for amyloid kidney.

In functional albuminuria a slight prolongation of the period of elimination has been observed.

In passive congestion of the kidneys from cardiac weakness the elimination of the blue does not appear to be interfered with. After the condition is of long standing irregularities of elimination will appear.

In diabetes elimination appears to be almost normal. If this disease coincides with actual organic disease of the kidney, impermeability is readily apparent.

In urinary surgery operators have employed the blue in doubtful cases to determine whether or not the kidneys are sufficiently impaired to contraindicate operations on the urogenital tract. The method has been combined with urethral catheterization, so that the permeability of each kidney may be ascertained.

It was thought that the blue might prove of service in obstetrical practice, and foretell the possibility of eclampsia through evidences of renal inadequacy; but these hopes have not been realized. An eclamptic may eliminate the blue normally, while a case which eliminates badly will present no evidence of likelihood of eclampsia.—*Medical Review of Reviews.*

#### HOW CAN WE TELL WHETHER PLEURISY IS TUBERCULOUS OR NOT?

Given a case of acute pleurisy, can we possibly tell whether the patient will be free from or subject to tuberculosis ultimately? Positively so, in those who have personal or hereditary taints, for they are certainly prone to tuberculosis. As regards those who have no taints, who are apparently in a most favourable condition, we can tell by tests,

which are to be here considered. But in the first place, let it be asserted that such is the case, namely, in spite of the most favourable appearances, acute pleurisy with effusion from a cold, *a frigore*, may be of tuberculous nature. In proof of this, we recall the common occurrence of a young and previously healthy man, without any personal or hereditary taint, recovering in all likelihood from a case of acute pleurisy due to cold, and seemingly primary, after 25 or 28 days, the effusion having been aspirated or resolved according to circumstances. Yet, should this patient be kept under observation, it also occurs quite often that after two or three years, sometimes later, sometimes earlier, his health changes and he is found to be attacked by tuberculosis, which runs a more or less rapid course. Again, we recall the large number of autopsies of cases of acute pleurisy, seemingly primary, in which it was found that tuberculosis existed, and we give as examples, the following brief reports :

In 1884, a man aged 34 years, in good health up to that time, no tainted previous history, is taken sick with acute pleurisy, *a frigore*, and dies suddenly. Post mortem; 2,200 *c.cm.* of good fluid; apex of one lung presents chalky tuberculous mass.

In 1887, a man aged 50 years, robust, in good health up to the time of admission into the hospital, is found to have a large effusion in pleura, necessitating immediate aspiration. He does well for a time, then dies suddenly. Post mortem: 2,300 *c.cm.* of good fluid; apex of one lung presents tuberculous mass in the stage of repair, containing bacilli; tubercles of recent formation in pleura.

But, while it can thus be said that in the great majority of cases of acute pleurisy, with effusion there is a latent tuberculosis and that acute pleurisy *a frigore* is not primary, but actually secondary to tuberculosis, yet, it must also be asserted as a clinical truism, chiefly in the country where cases can be more easily kept under observation, that there are a number of cases of acute pleurisy with effusion that do get entirely well. For instance, Corivaud states that out of 27 cases in his own practice, only four died in a period of twenty years. So, on the one hand we have cases of acute pleurisy, due to latent tuberculosis, on the other, cases independent of it. How, then, can we differentiate? Clinical investigation is obviously inadequate, since auscultation gives very variable and very uncertain results. We therefore have to depend on laboratory tests. Of these (*a*) inocula-

tion of animals with the pleural fluid is not entirely reliable, since 40 per cent. of tests in evident cases of tuberculosis give no positive results; (b) injection of tuberculin is dangerous; (c) agglutination, as in typhoid fever, lacks precision; (d) cultures, though made on the best gelose-blood, are too delicate to be used in a general way; (e) Finally, the *cytodiagnosis* introduced by Widal and Ravant, is by far the most accurate. The following is the information we gather from the procedure, based on the *histologic examination* of the pleural fluid.

When we examine the fluid of a pleurisy in Bright's disease, we find endothelial cells in sheets, and should there be in the history the occurrence of hemoptysis, the latter is accounted for by the circulatory disturbances of Bright's disease.

When we examine the fluid of a pleurisy consequent upon pneumonia, typhoid fever or other infections, we find large mono or polynuclear leucocytes.

When we examine the fluid of a pleurisy of *a frigore*, we find on the one hand red blood cells, on the other small white cells, lymphocytes.

Summing up we have the following formulas in cytodiagnosis:

(a) Endothelial sheets in mechanical pleurisy due to circulatory disturbances.

(b) Large mono or polynuclear leucocytes in pleurisy of infectious origin, not tuberculous.

(c) Red blood-cells associated with lymphocytes in tuberculous pleurisy.

As these results in cyto-diagnosis have been confirmed by the culture, inoculation and agglutination procedures, it is therefore certain that the presence of erythrocytes and lymphocytes in the same field shows that the fluid examined is of tuberculous nature.—*Journal de Médecine et de Chirurgie pratiques*, August 10, 1901.

#### HINTS FOR DYSPEPTICS.

Eat slowly, masticating the food very thoroughly, even more so, if possible, than is required in health. The more time the food spends in the mouth, the less it will spend in the stomach. Avoid drinking at meals; at most take a few sips of warm drink at the close of the meal, if the food is very dry in character. In general dyspeptic stomachs



manage dry food better than that containing much fluid. Eat neither very hot nor cold food. The best temperature is about that of the body. Avoid exposure to cold after eating. Be careful to avoid excess in eating. Eat no more than the wants of the system require. Sometimes less than is really needed must be taken when digestion is very weak. Strength depends not on what is eaten, but on what is digested. Never take violent exercise of any sort, either mental or physical, either just before or just after a meal. It is not good to sleep immediately after eating, nor within four hours of a meal. Never eat more than three times a day, and make the last meal very light. For many dyspeptics, two meals are better than more. Never eat a morsel of any sort between meals. Never eat when very tired, whether exhausted from mental or physical labour. Never eat when the mind is worried or the temper ruffled, if possible to avoid doing so. Eat only food that is easy of digestion, avoid complicated and indigestible dishes, and taking but one to three kinds at a meal. Most persons will be benefited by the use of oatmeal, wheat meal, cracked wheat, and other whole grain preparations, though many will find it necessary to avoid vegetables, especially when fruits are taken.—*Public Health Journal*.

#### **VERATRUM VIRIDE IN MANIA.**

Any physician who has not employed veratrum viride in acute mania has missed the best agency which is available for the cure of these distressing cases. It is one of the greatest advantages a physician can have to see the feverish sufferer, under the application of this remedy, pass from absolute sleeplessness into a state of quiet rest. That many cases which would otherwise go on to death are saved by the use of this remedy is a fact beyond question. The fear which many practitioners have of using veratrum viride, on account of the varying strength of its various preparations, must, of course, be met when the drug is employed, by the use of Norwood's tincture.—*American Medical Journal*.

#### **THE TREATMENT OF RECTAL PROLAPSE IN CHILDREN.**

Hajeck recommends the use of ice in prolapse of the rectum. A tapering piece of ice, about three inches long and about an inch in diameter at the thick end is wrapped with iodoform gauze, and its point is pressed gently against the center of the prolapsed mass until it is replaced. The ice

tampon remains in the rectum without the use of any retentive bandage, provided it is pushed in far enough. A fresh piece of ice is employed in this way after each act of defecation. This treatment soon cures the prolapse. It seems to act by emptying the blood-vessels in heightening the contractility of the rectum.—*Courier of Medicine*.

#### THE SCIENTIFIC STUDY OF THE CRIMINAL AND DEFECTIVE CLASSES.

It is some years since Lombroso, the eminent Italian, began his studies in criminology and endeavoured to trace the impulse of the criminal to an anatomical peculiarity of the brain. Pauline Tarnowsky, the well-known Russian, also contributed to this subject, her principal contribution being a book relating to the anatomical peculiarities of the ears, eyes, etc., of a number of criminal women, including thieves, prostitutes, etc. The first hints thrown out did not fall on fallow ground, and the results so far obtained have been both interesting and satisfactory.

The Fifth International Congress of Criminal Anthropology, in its meeting at Amsterdam, September 9-14, 1901, passed the following resolution:

“The members of the Fifth International Congress of Criminal Anthropology are in favour of the establishment of psycho-physical laboratories for the practical application of physiological psychology to sociological and abnormal or pathological data, especially as found in institutions for the criminal, pauper and defective classes and in hospitals, and also as may be observed in schools and other institutions.”

This Congress consists of distinguished specialists from all over Europe, and it is the highest authority. In our country up to date the following associations have passed the same resolution, but referred it to the Department of the Interior: Four National Medical Societies and Associations, the American Medical Association, the Association of American Medical Editors, American Medico-Psychological Associations and the Association for the Study and Cure of Inebriety; thirteen State Medical Societies: Connecticut, Indiana, Kansas, Kentucky, Louisiana, Minnesota, Mississippi Valley Medical Association, North Dakota, New Jersey, Pennsylvania, Texas and Wisconsin; three City Medical Societies: St. Louis, Chicago and Syracuse.

Now that such wide-spread interest has been excited in regard to criminal anthropology, we may expect that the combined studies and records of those who are preparing

themselves to enter this field will be rich in results and furnish solutions to many of the intricate and complicated problems of modern sociology. An editorial in the *American Lawyer*, of New York, gives the best view yet published on the Scientific Study of the Criminal and Defective Classes. It is as follows:

"An effort is being made to establish a laboratory in the Department of the Interior at Washington for the practical application of physiological psychology to sociological and abnormal or pathological data, especially as found in institutions for the criminal, pauper and defective classes and in hospitals, and also as may be observed in schools and other institutions. The defect in our present criminal law is, as we have before remarked, that it regards the crime and not the criminal. It presupposes that all mankind possess an equal power of resistance to anti-social tendencies. It practically lays down as an axiom that the child born of criminal parents, brought up in an environment of crime, is, until he has actually come within the jurisdiction of a magistrate's court, as equally desirable a citizen to all intents and purposes as he who has been reared in the atmosphere of the law-abiding. Until an offence has been committed, the law does not recognize the offender. For it the prospective criminal does not exist. Unfortunately, there are some beings who are moral imbeciles. To confine our efforts to punishing crime when committed rather than to preventing its commission, is like the proverbial locking of barn after stealing of horse. Nothing has been done by government as yet to treat the matter scientifically, and when it is considered that \$600,000,000 is the annual tribute which, statisticians assure us, society pays to crime, and that the United States has the highest murder rate of any civilized country in the world, one is almost tempted to long for a return to the condition of things when one hundred and sixty offences were punishable by death, though it be conceded that the death penalty is one of the slightest of deterrents to crime." The promoters of the measure have our best wishes. As put by the well-known writer: \* \* \*

"The study of man, to be of most utility, must be directed first to the causes of crime, pauperism, alcoholism and other forms of abnormality. To do this the individuals themselves must be studied. As the seeds of evil are usually sown in childhood and youth, it is here that all investigation should commence, for there is little hope of making the world better if we do not seek the causes of social evils at their beginnings."—*The St. Louis Medical and Surgical Journal*.

# SURGERY.

IN CHARGE OF

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## LABORATORY AID IN SURGICAL TECHNIQUE.

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Wound infection is a matter of such grave moment that I feel I need no apology for presenting a few facts learned in the laboratory bearing upon this all-important subject.

It has occurred to every one engaged in surgical work to any extent to have now and then a case of suppuration, where apparently the utmost care was used in preparation and during the surgical procedure. Suppuration cannot occur without infection from some source, and to trace this source has been my endeavour.

My first work along this line dates back to 1897, when a series of experiments with hands known to be infected was undertaken. Prior to that time, rubber gloves had not been generally used, and the operator was sometimes compelled to work in virulent pus, both during the operation and at subsequent dressings. These hands by culture-testing were known to be infected by the staphylococcus pyogenes aureus. Then began a systematic effort to rid the hands of this infection. Strong antiseptics were used, and culture-tests made after their use, to note the effect of antiseptics on hands known to be infected.

First, bichloride of mercury was used in strengths of 1-2000 and 1-4000, the hands being first scrubbed with green soap and water. The hands were soaked in bichloride of the above strengths for periods varying from five to fifteen minutes. In every instance, after these washings, culture-testing always developed the staphylococcus.

After two weeks' work with bichloride, the infection still persisting, this was dropped and the permanganate-oxalic-acid method tried. This method was used for two weeks,

cultures being taken after the washings. Here, as with the bichloride method, finger scrapings and pieces of skin in culture media always developed the staphylococcus aureus.

Formalin was next used in strengths varying from 1 to 4 per cent. With it results were at first more gratifying. No growth would appear until about forty-eight hours, when the bouillon would begin slowly to cloud. But with the formalin, as with the other antiseptics at no time did the growth of the micro-organism fail to appear. Then followed scrubbing with green soap and water, no antiseptics being used, but still the microbes developed. Then followed a rest of several weeks, our victim going out of town. On his return culture-testing still proved that the staphylococcus pyogenes aureus was present, but guinea pig inoculations showed it to be of lessened virulence. Disgusted with our findings, the subject refused further experiment.

Here was an infection which extended over a period of three months and persisted in spite of strong antiseptic. How much longer it remained I do not know. I think we have a right to say that the unprotected hands can be, and often are, a source of infection to our patients, even though washed in strong antiseptic solutions. The culture medium used was bouillon and agar-agar.

The possibility of silk being sometimes the cause of infection led to some work with it, to see just when it was rendered sterile by boiling. Different sizes of silk from one up to twenty were first infected with a pure culture of the staphylococcus pyogenes aureus. This organism was chosen because by far the larger number of cases of suppuration are due to its presence.

The silk was boiled up to seventy minutes, pieces being removed under aseptic precautions every five minutes. The water was brought to a boil before the silk was dropped in, temperature  $212^{\circ}$  F., without pressure. We found, as might be expected, the larger the silk the longer the time required to render it sterile.

Number 20 silk was boiled sixty minutes before becoming sterile; No. 16, forty-five; No. 12, forty; No. 8, thirty-eight; No. 6, thirty-five; No. 4, thirty minutes, and all below No. 4 was boiled twenty-five minutes, except No. 1, in which no growth was obtained after eighteen minutes' boiling.

I admit this is a pretty hard test, for some silk may not be badly infected, and perhaps no silk would be as badly

infected as was the silk used for these tests. Still, I know of no other ground on which to work, for we must assume that silk is infected unless we know otherwise and must sterilize on this assumption.

Silkworm gut as a means of infection was next considered. The silkworm was used as it came from the factory. Work was done also with silkworm gut, which had been infected with the staphylococcus aureus. No growth could be obtained from either after forty-five minutes' boiling. We had previously, as routine, boiled our silkworm gut five or six hours for two or three consecutive days. This long boiling may be necessary with some silkworm to render it sterile, still I know of no pyogenic micro organisms that can withstand anything like that amount of boiling. Certainly, in an experimental way, no growth could be obtained after silkworm had been boiled for the time above stated. I am strongly inclined to believe that much of the infection laid at the door of silkworm gut is really an infection from the skin of the patient, or may even be a post-operative infection.

The sterilization of catgut is a question of extreme importance. During 1896 and 1897 most of the catgut with which we worked was prepared by the bichloride method. The gut, after the fat had been dissolved out, was put in a 1-100 alcoholic solution of bichloride and preserved in alcohol or glycerin alcohol. This method was a fairly good one, and it was exceptional that any infection was found on culture-testing.

Formalin was next used in catgut preparation in strengths varying from 2 to 8 per cent., following somewhat closely the method of Vollmer and Kossman, who made strong claims for this method. With me it was not satisfactory. I found I could sterilize the smaller gut as Nos. 0, 1 and 2, but anything larger than No. 2 was uncertain.

I have had some experience with the ammonium-sulphate method as described by Elsberg. This method is based on the chemical fact that animal tissue can be boiled in a solution of ammonium sulphate without disintegrating, which fact is true. The catgut would not disintegrate, but its strength with me was much impaired. It could, of course, be rendered perfectly sterile by boiling. The method which seems to me the most perfect is the sterilization of catgut by dry heat. The gut, after the fat is dissolved, is placed in parchment or bond envelopes, doubly sealed. These envelopes when sealed are subjected to a heat of 300° F.

or practically 150° C., for three hours, and on the following day to the same heat for one hour, to kill any spore which may have resisted.

Culture-tests have shown that catgut prepared in this way is absolutely sterile. When this heat is maintained in a proper oven, asbestos-lined, to prevent strong radiation, we have a gut which is strong, sterile, and in every way desirable. These facts are borne out by clinical experience. It has been used by Dr. A. B. Miller, of Syracuse, as well as myself for the past two years in both hospital and private practice without a single case of suppuration in the line of suture from its use. It seems to me in this method we approach nearest the ideal, for we can produce a gut strong and absolutely sterile by the simplest and best of all agents, viz., heat, without the use of a single chemical. It is also convenient and can be carried in the surgeon's grip without fear of contamination.

Rubber gloves and their sterilization were next undertaken. Rubber gloves were first infected with the staphylococcus aureus. These gloves were boiled and portions of them removed under strict asepsis, at intervals of five minutes up to thirty minutes. Rubber boiled fifteen minutes gave a growth, while rubber boiled eighteen minutes was sterile.

One other source of infection which may or may not be of much practical importance is the expired air. A few limited experiments have convinced me that bacteria are given out from mouth and nose. Whether these bacteria are given out during respiration or during speech is a matter of little moment to the surgeon. A crude mask was devised and worn for one hour, at the end of which time pieces of gauze through which the wearer had been compelled to breathe were removed. This gauze was contained in a little chamber held from the face so that any contamination from perspiration could be excluded. Examination of this gauze has always given a growth.

The bacterial growth from this gauze was made up largely of staphylococci, diplococci and an occasional bacillus. My work along the line of expired air is so limited that it can count for but little as yet. Still, in this way we may be able to explain an occasional case of suppuration, when an assistant or observer has been present who was suffering at the time from some suppurative disease of the nose or mouth.—  
*N. Y. Medical Record.*

## UPON THE DIAGNOSIS OF ABDOMINAL DISEASES.

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Methods to be of the greatest value as diagnostic aids in the interpretation of abdominal diseases must be comparatively simple. They must be based upon anatomical considerations, and upon the most reasonable pathology. In other words, we should suspect the most probable conditions, and bear in mind all of the possibilities which may obtain in a given case. It is this latter feature I take it which is most frequently neglected; that is, the cultivation of the habit of bearing in mind all of the pathic changes that can occur in a given case rather than looking for a few of the more common diseases.

A simple working method which has been found practical of utility by the writer is the elimination, when possible, of functional disturbances; but this can be done only by the most painstaking examination; when this has been done we may classify pathology of the abdomen into three groups, namely: (a) Inflammatory; (b) Neoplastic; (c) Gynaecologic.

Taking the inflammatory as the most common type of trouble in this classification, it will be well to decide whether there is a localized peritonitis or an inflammatory catastrophe, which involves the entire peritoneum.

We would not aim to attribute an undue proportion of inflammatory expressions to the appendix, but we believe it to be generally admitted that in the male septic peritonitis has its origin in this organ in ninety-five per cent. of all cases.

We will not point out at this time that left-sided pain, even in the upper quadrant of the abdomen, is not unusual in its disease. Taken as a whole, medical and surgical minds, we believe, have attributed too much uniformity to the location of the appendix.

If it be deep seated with its apex pointing towards the left, the septic peritonitis may be practically limited to the left side, the tip of the appendix lying to the left of the inferior attachment of the mesentery, and the initial infection in such a case would be limited to the left side of the abdomen, muscular rigidity will be general and probably most to the left of the median line, the pain will be radiating, the tenderness general, the most acute exacerbation in these cases will be sinister in character.

Next in frequency of inflammatory conditions of the lethal type is perforating gastric ulcer. The antecedent



history of the individual's health will usually avail in suggesting this condition, but the shock which attends the actual perforation is so great that the diagnosis may generally be suspected when clammy skin, hurried respiration, thready pulse, subnormal temperature, acute pain and inefficient emesis are found to have suddenly developed.

Rupture of the intestine or perforation of the duodenum will assume in a measure this clinical picture, but the combined symptoms will be somewhat less pronounced, duodenal ulcer occurring more frequently in men, while gastric ulcer occurs most frequently in women. The duodenal ulcer is longer after the ingestion of the food than the gastric, and is more often associated with some septic process in the body which invites septic thrombosis in the vessels near the liver.

The biliary diverticulum is responsible for many cases of peritoneal inflammation, yet the onset will usually be less acute, the danger of general infective peritonitis not so great as in the conditions which we have named. Sudden rupture of the gall bladder is very uncommon, although a severe lethal infection may so promptly destroy the gall bladder in the gangrenous type of cholecystitis, that the result may be a peritonitis as acute and dangerous in character as has been described as following an acute perforation of the stomach. Eliminating this somewhat rare type of trouble, however, diseases of the biliary channels will not be essentially difficult to diagnose if we but remember that there are two sets of symptoms in cholelithiasis; first, when the stones and the attendant infection are limited to the gall bladder and cystic duct, in which jaundice will either be entirely absent, or of but short duration; second, when the stones or infection is limited to the hepatic or common duct, when recurrent jaundice, associated with rigour and fever, will suggest obstruction to the essential biliary canal.

Another point which it seems to the writer is not uniformly borne in mind is, that a continuously distended gall bladder associated with persistent jaundice should always suggest malignant disease.

Localized peritonitis having origin in the appendix, stomach or in the intestine may run a comparatively mild course, due, first, to slow leaking from these organs, and, secondly, to the less infective bacterial agent in the given case.

Instead of the general muscular rigidity, rapid pulse and general symptoms of collapse, there may be some localized pain, a local area of muscular rigidity, moderate elevation of temperature, and, probably, sharp, remittent

pain. In these cases it will usually be possible to cause an evacuation of gas from the bowel, which may be looked upon as a symptom of very considerable security, particularly if vomiting has ceased, and the mental condition, facial expressions and the sum total of symptoms begin to subside.

Turning to the neoplastic class of abdominal lesions, we consider also two features; first, the most probable points of origin of malignant disease, and, secondly, the intrinsic displacement which these growths produce.

It may be said that carcinoma of the pylorus produces earlier symptoms than a malignant development involving the small intestine; that is to say, malignant involvement of the intestine frequently produces inconsiderable symptoms until an acute obstruction has occurred.

Malignant diseases, certainly of the purely carcinomatous type, comes more frequently after the middle period of life, while the inflammatory condition, above named, usually comes before this period.

It does not seem necessary at this time to mention the necessity of beginning an examination by a thorough exposure of the entire field, including the abdomen and the lower portion of the chest.

Nature's method of protecting diseased areas are simple, all her forces being brought to attain physiological rest; this one condition which is most easy to appreciate is muscular rigidity when it is found, as Hilton says, "to involve the muscles adjacent to the diseased areas, particularly those which have a nerve supply of the same origin as the inflamed organ."

This one feature will aid in locating a stone in the kidney, interpreting a choliacystitis; in short, it seems more valuable in many inflammatory conditions than subjective symptoms, and is present, although to a less degree, in neoplastic development.

Bimanual examination should not only be vaginal, but rectal, and should be supplemented by distension of the colon and the stomach in doubtful cases.

Simple emptying of the bladder by catheterization has been known to clear up the diagnosis in an apparently obscure case at the hands of men of recognized ability.

There is a tendency to over-estimate the radiograph; it deserves a permanent place as a diagnostic aid, but the proportion of cases positively identified by this means are small.

In any case we believe that a methodical examination made after a full exposure of the field will enable the phy-

sician or surgeon in the greatest majority of cases to eliminate functional disturbances, to identify neurotic expressions, to interpret an acute inflammatory disease, and to, at least, suspect neoplastic developments in a comparatively early stage, and that by so doing many lives will be saved, either by following a systematic medical course when applicable, or afford an opportunity for an early surgical exploration which will generally be successful in proportion, other things being equal, to the promptness with which it is applied.—*Med. Brief.*

#### TRAUMATIC NEUROSES FROM THE STANDPOINT OF A SURGEON.

Bevan (*Jour. Amer. Med. Assn.*) says:

1. Real injuries of the nervous system present positive and immediate symptoms.

2. Those alleged injuries of the nervous system, without positive and immediate symptoms of gross lesions, are either cases of malingering or abnormal cerebral states, traumatic neuroses, or a mixture of the two.

3. Traumatic neuroses are the result of two factors: First, a brain readily affected by suggestions; second, suggestions furnished by an accident with or without injury to the individual, suggestions furnished by sympathetic care or craving for sympathy, and lastly, and of greatest importance, suggestions furnished by medical attendants.

4. To establish a diagnosis requires the immediate and sometimes protracted observation of the patient, as in the study of any psychosis. The supposed refined means of diagnosis, as the dynamometer, esthesiometer and electricity, are seldom of value and are often of positive harm as suggestions to the patient.

5. These cases recover rapidly under proper surroundings and advice when the continuing causes are removed. Recovery may be indefinitely postponed under improper surroundings and advice.

6. No secondary degenerations of the nervous system follow traumatic neuroses. The pathologic conditions due to an old-standing traumatic neuroses are the degenerations of disuse and the general deterioration of the individual from confinement, lack of exercise, dejection, etc.

The subject of traumatic neuroses will not receive its proper place until the medical profession recognizes their responsibility in the development and continuance of these conditions, and until proper means are provided for the punishment of malingerers and their alleged medical experts.—*Am. Practitioner.*

### BEATSON'S METHOD FOR THE RELIEF OF INOPERABLE CANCER OF THE BREAST.

Some time ago Beatson, a Scotch surgeon, advocated the idea that the so-called special cancer-cells would be found to be vacuolated germinal cells, corresponding with those found in the ovary alone. Acting upon this theory, Beatson made a number of experiments upon the lower animals, and found that after a removal of the ovaries lactation was prolonged as long as suckling was maintained. Beatson then attempted to work out his theory on the human subject, and his first attempt was upon a young woman, whom he subjected to oöphorectomy, and was surprised to find that the large recurrent cancer that had existed in this individual's breast disappeared entirely in the course of a few months. Since that time a number of English surgeons have followed Beatson's examples, and have had more or less success. From what has already been done, it would certainly seem that this procedure might well be adopted by all those unfortunate women who are suffering from inoperable cancer of the breast.—*Cyclopædia of Practical Medicine.*

## Therapeutic Notes.

### FOUL BREATH.

L'Arte Medica gives the following:—

R<sub>j</sub> Saccharin.

Bicarbonate of sodium, of each, 15 grains.

Salicylic acid, 60 grains.

Alcohol, 3,000 grains.

M. Sig.: A few drops in a tumblerful of water.—  
*New York Medical Journal.*

### EPSOM SALTS MADE PALATABLE.

R<sub>j</sub> Magnes Sulphat..... ½ oz.

Acid Sulph Dil..... 2 *m*

Syr. Limonis..... 1 ½ oz.

Aq ad..... 2 oz.

Sig.:— one dose.

## FORMULA FOR CHAFING.

For chafing about the groins and under the arms in children, Dr. R. B. Elderice recommends the following formula:—

Ichthyol.....	1 dr.
Comp. tinct. benzoin.....	1 dr.
Boric acid (finest power).....	1 dr.
Petroleum.....	1½ to 2 oz.

Apply with each change of napkin.

—*Ibid.*

## HAIR TONICS.

℞ Acid Salicylic.....	15 gr.
Resorcini.....	½ gr.
Tinct. Cantharadis.....	½ oz.
Tinct. Capsici.....	1 dr.
Saponin.....	1 dr.
Lanolin.....	1 oz.
Aquæ Rosæ.....	ad 10 oz.

Melt the lanolin, dissolve the saponin in the same quantity of water and incorporate the two. Dissolve the acid and resorcini in the tinctures and rose water respectively to make up the required bulk. More spirit may replace the rose water if required. Every night it should be well brushed into the roots of the hair, which should then be dried with a soft towel.

This is an effective substitute for the popular "Erasmus Wilson's hair lotion." Containing no alkali it has no tendency to bleach the hair or cause the affection, which it is employed to cure. It is both antiseptic and stimulative.

℞ Quinin Sulphal.....	20 gr.
Acid Sulph Dil.....	15 m
Tinct. Cantharadis.....	1 oz.
Haselin.....	2 oz.
Glycerin.....	1 oz.
Aq flor amanti.....	ad 8 oz.

After a vigorous application all excess should be removed with a towel in the same way that one would dry

ones hands after an application to them, for the same reason.

**R Hair Tonic.**

- Tinct. Capsic..... 3 iv.
- Tinct. Nux Vom..... 3 iss.
- Tinct. Canth..... 3 iv.
- Ol Rosmarina..... 3 ii.
- Ol Ricini..... 3 iii.
- Eau de Cologne..... 3 xii.

The above is an excellent hair tonic.

. LIF.

**HOURS FOR FEEDING YOUNG INFANTS.**

1 week.	1 to 6 weeks.	6 weeks 1 to 4 months.	4 to 8 months.	8 to 12 months.
4 a.m.	3 a.m.	3 a.m.	7 a.m.	7 a.m.
7 "	7 "	7 "	10 "	10.30 "
9 "	9.30 "	10 "	1 p.m.	2 p.m.
11 "	12 n.	1 p.m.	4 "	6 "
1 p.m.	2.30 p.m.	4 "	7 "	10 "
3 "	5 "	7 "	10 "	
5 "	7.30 "	10 "		
7 "	10 "			
9 "				
12				

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# Jottings.

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**HANDY THERAPEUTIC HINTS.**

The little finger can be used in taking a delicate pulse when it would be impossible to readily recognize it with the fingers ordinarily used.

Convulsions may be frequently cut short like magic by turning the patient on his left side. The nausea as an after effect of chloroform or ether narcosis may be generally controlled in the same manner.

When chilly from exposure breathe very deeply and rapidly and the increase in bodily warmth will be surprising.

Vomiting after the administration of chloroform may frequently be prevented by replacing the inhaler with a linen cloth steeped in vinegar, it to remain over the face for some time.

People who have weak hearts should always have their principal meal in the middle of the day, and with as little water as possible.

Many a woman's ruin is due to the old idea that a woman can safely leave her bed on the tenth day after confinement.

Crude petroleum, poured upon a burned surface, and covered loosely with cotton, will subdue the pain almost at once.

Black pins in surgical dressings are preferable, because they will not rust, and can be more readily seen when they are to be removed.

Strong spirits of ammonia applied to the wounds of snake bites or rabid animals, is better than any caustic. It neutralizes the virus.

In *post partum* hemorrhage try tying a piece of strong webbing tightly above the knees of the patient.—*Mod. Medicine.*

#### TREATMENT OF ASTHMA IN CHILDREN.

Kissel reports a number of cases of bronchial asthma in children aged from six to fifteen years. He obtained excellent results from sodium iodide, first recommended by Trousseau. Not only the individual symptoms, but the general condition as well, improved markedly under this treatment.—*Merck's Archives.*

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Widal recommends, in the *Journal de Medecin de Paris*, a very simple method for the removal of warts, namely, a flannel, over which is spread some green soap, obtained at any druggist's, placed over the wart for a period of fourteen days, by the end of which time the wart will become so soft as to be easily shelled out.—*Medical Age.*

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The *Revista de Medicina y Cirurgia practicas* citing the *Bulletin Medical*, says that the heats and flushings due to the menopause are more pronounced and vexatious in the premature and artificial menopause produced by double castration. Opotherapeutic preparations are costly and very often ineffective. Dr. Gottschalk recommends a more efficacious and simple measure, which consists in taking every evening regularly a full hot bath at a temperature of 104° F., lasting twenty

minutes. After a few baths great improvement is noticeable, and after some twenty-six or twenty-eight a cure is obtainable.—*New York Medical Journal.*

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For chilblains Dr. Monroe claims good results from one drachm of acetate of zinc to one pint of water. Keep the parts covered with absorbent cotton and damp with the solution. A good idea is to make a paste of 20 grains to half ounce of lard and keep applied to parts. Both ways have been tried and found good practice.

In the dry, parched, tickling sensation of an acute laryngitis or pharyngitis yerba santa will frequently be found of great value.

The severe pain of gout has been promptly relieved by the application of lint saturated with alcohol and covered with oil silk.

When a child complains of pain in the knee for any length of time, without any evidence of local disease, invariably be on your guard. Nine times out of ten it means that the child has hip-joint disease.

Milk is an excellent antidote to nitrate of silver, in virtue of its large proportion of suspended albumen.

In the headache of migraine one grain of the citrate of caffeine given every hour will often produce most marked relief.

Strychnia is an excellent remedy for uterine hemorrhage from atonicity or inertia. It may be given in advance if such a condition is anticipated.

The compound tincture of benzoin is an admirable remedy for chapped hands, lips, cracked nipples and all frosted conditions, etc.

Pure olive oil is one of the most easily digested and palatable of any of the fats.



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## Editorial.

### THE DANGERS OF "ICE CREAM."

The season is rapidly approaching when ice cream vendors will appear in considerable numbers in all of our cities and towns. From personal evidence, and that gathered from reading our exchanges, there can be no doubt that it is time that the manufacture and street sale of this delicacy was controlled by law. Last summer two children, one an infant of less than a year, the other nearly three years old, were brought into the out-door clinic of the Montreal General Hospital. Both exhibited symptoms of irritant poisoning. The eldest vomited freely, and made a rapid recovery being practically quite well in about an hour. The youngest one was in a state of complete collapse, pulseless, blue rings about both eyes, and a general cyanotic condition. It tried to vomit, but had not sufficient strength. Under treatment it was sufficiently well to be sent home in between two and three hours. These two children had each partaken of an egg cup of ice cream, purchased from a vendor at a street corner, and were within half an hour seized with the symptoms we have mentioned. Not very long ago an inquest was held in London on a boy aged 6 years, and the

jury attributed its death to unwholesome ice cream. The *British Medical Journal*, writing about this case says: "It appears that the child and an elder brother had eaten some of this comestible obtained from an Italian who was selling it from a barrow, the subject of the inquest consuming a double quantity. The next day symptoms of irritant poisoning set in; one child died four days later, the other recovered. The *post-mortem* appearances were consistent with death from the effects of an irritant poison. Some very wise and justifiably strong remarks were made by the coroner as to the risks run by the consumers of these street commodities. It will be remembered that not long ago Dr. Klein made a bacteriological investigation of some ice-cream and of the water in which the glasses containing it were rinsed, with the result that both were found to be swarming with thousands of micro-organisms. Recently, also, some 20 cases of poisoning were reported among the customers at an ice-cream stall in Antwerp, and no doubt this delicacy is responsible for more illness than is ordinarily attributed to it. Nor is this to be wondered at when we consider the sources of contamination arising from the quality of its constituents and the habitual filthiness of its vendors. It is manufactured from the commonest and stalest materials, and stored, usually, under the bed of the merchant in the purlieu of Saffron Hill. The unsold residue is hashed up again, however far gone in decomposition it may happen to be. As the activity of pathogenic bacteria is only temporarily inhibited by the process of freezing, very little hindrance is opposed to their incubation under the favourable conditions afforded by their nocturnal depository. In addition to these circumstances, every provision is made for the transference of communicable diseases from the children themselves, owing to the Italian conception of cleanliness as applied to the washing of the spoons and glasses used by them."

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It is our custom to mention through these columns, from time to time, new preparations that are offered the

profession by reliable manufacturers, if they are known to possess real merit. A preparation that is just now attracting much favourable comment from the profession is the new antiseptic emulsion, Firolyptol with Eucalyptol and Kreosote, prepared by The Tilden Company, Manufacturing Pharmacists, New Lebanon, N.Y.

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#### MONTREAL GENERAL HOSPITAL.

We have been favoured with a copy of the Seventy-ninth Annual Report of this most excellent institution. This hospital continues to do a vast amount of good, and with its growing years constantly adds to its supporters the very best citizens of Montreal. During its hospital year, extending in this report from May, 1900, to April, 1901, it added forty-six names to its list of governors, the qualifications of this position being a donation of one hundred dollars. The attending staff of the hospital has not had any change for several years. The ordinary income of the year was \$75,994.18 and the ordinary expenditure for the same period was \$84,280.75, showing an excess of expenditure over receipts of \$8,286.57. Comparing the ordinary expenditure of 1899-1900, \$81,570.75, with that of the 1900-1901, \$84,280.75, the latter year shows an increased expenditure of \$2,710. Comparing the income of 1899-1900, \$67,421.72 with that of 1900-1901, \$75,994.18, there is an increase in the latter year of \$8,572.46. During the year the hospital suffered a very severe loss by the death of its President, Mr. Wolferstan Thomas, who during his term of office, assisted largely, possibly mainly, in having the hospital completely transformed into a properly equipped modern hospital, and the erection of the Jubilee Nurses' Home. This latter is one of the cosiest nurses' home to be found anywhere. Were those, who as students, attended this hospital forty-five years ago, to visit it now, they would not recognize, in the present modern structure, their old medical home. Its nursing staff of the present day is so amazingly ahead of what it was then that one wonders how

the work was ever done successfully by the "Sara Gamps" who passed half of their time in knitting and sewing.

The total number of in-door patients treated to a conclusion during the year was 2,823. There was discharged 2,573 and there died in hospital 250. Of the 250 deaths, 105 occurred within three days of admission. Excluding these the death-rate was 5.13, or including them, 8.85. In the out-door department there were during the year 41,606 consultations. These figures show the great work which this General Hospital is doing. Its claim for support is strong, and the public of Montreal, whose generosity is proverbial, will see we feel sure that it does not suffer for lack of funds.

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#### THE AUTHOR.

Miss Otilie A. Liljencrantz, the author of "The Thrall of Leif the Lucky," a Viking romance announced for early publication, is, herself, a descendant of the fine old sea-rovers she describes. She is a resident of Chicago, and, although very young, has spent many years preparing herself for her first book. Ever since she conceived the ambition to write a great romance about the Vikings she has made a close study of all the available literature about that period. Her natural inclination and her enthusiasm over the achievements of her forefathers helped her into a ready understanding of the Sagas and all the wonderful traditions of the Northland. The exploits of Leif Ericsson appealed to her particularly and she decided to write her story around his voyages to Greenland, and his famous voyage of discovery to America. After the long time spent in preparation she has put two years into the writing of the book itself, and the publishers say that her perfect understanding of the Viking life will be found one of the greatest charms of the story, that she has contrived to impart the atmosphere of their wild freedom into its every page. Miss Liljencrantz would appear to be

well qualified for her work, and "The Thrall of Leif the Lucky" will be awaited with interest.

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**DR. RICHARD MAURICE BURKE.**

This distinguished medical man graduated at McGill University in 1862, and soon after showed that the tend of his energy was in the direction of mental diseases. In this class of affections he soon became an expert, and was many years ago appointed Medical Superintendent of the Insane Asylum at London, Ont. He continued to fill this position up to his death, which was sudden, and apparently due to an accident. Dr. Burke was a keen thinker and very advanced in his views. His nature was gentle, and he was full of sympathy for the unfortunate. He died on the 19th of February.

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## Book Reviews.

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**International Clinics.**—A quarterly of clinical lectures and especially prepared articles on all branches of medicine and surgery and other topics of interest to students and practitioners; by leading members of the medical profession throughout the world; edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M.D., Chicago; Alex. D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landort, M.D., Paris; Thos. G. Marton, M.D., of Philadelphia, and Chas. H. Reed, M.D., J. B. Ballantyne, M.D., of Edinburgh, and John Harold, M.D., of London, with regular correspondents in Montréal, London, Paris, Leipsic and Vienna. Volume III., Eleventh Series. J. B. Lippincott Co., Philadelphia, 1901.

This volume has thirty-one articles and is very freely illustrated with plates and figures. Some of the papers are of extreme interest, notably the one by Valdemar Bic, M.D., Laboratory Assistant in Finsen's Institute at Copenhagen, Denmark, entitled "Phototherapy after Finsen's Methods." This article was prepared by request of Dr. Finsen, who has just received the noble prize of fifty thousand dollars for his valuable services to the medical sciences. The effect of light as a therapeutic agent, according to Finsen's investigation, are here described. The re-

sults in smallpox and lupus are truly marvellous, several photographs of the latter affection showing the condition before and after treatment are very striking and conclusive as to the value of modified light in the treatment of disease. Any one of the other papers can be read with profit. Of special interest are the following: "Antitoxic Sera"; their preparation and standardization by J. M. H. Eyre, M.D., F.R.S., Edinburgh; "Clinical Aspects of Spa Treatment," by Beverly Robinson, M.D.; "Gonorrhœa and Marriage," by Prof. Louis Julien; "On the Drawbacks to the Spinal Use of Cocaine and the Accidents due to it," by Paul Reclus, M.D.; "The Prophylaxis and Early Diagnosis of Heart Disease, Palpitation and Organic Disease; Tobacco and Heart Lesions, Cure of Heart Lesions," by Jas. J. Walsh, M.D., Ph.D.; "Clinical Treatment of Inebriety," by T. D. Crothers, M.D.; "The Localization of Nervous Lesions, Points in the Diagnosis and Surgery of Lesions of the Conus Terminalis and the Cauda Equina," by Prof. Demetrius Roncali; "Surgical Treatment of Appendicitis," by A. Routhier, M.D.; "The Clinical Laboratory in Private Practice and in the Physician's Office," by C. N. B. Camac, M.D., etc.

This valuable quarterly more than maintains the high standard aimed at by its authors, and through absolute merit is making itself almost indispensable to the busy members of the profession as a means of being kept thoroughly posted in medical knowledge.

J. B. McC.

**An International System of Electro-Therapeutics** for Students, General Practitioners and Specialists. By numerous Associated Authors. Edited by Horatio R. Bigelow, M.D., Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Société Française d'Electro-Thérapie, and of the Anthropological and Biological Societies of Washington, D.C.; Author of "Gynæcological Electro-Therapeutics," and "Familiar Talks on Electricity and Batteries." Second edition. Revised and brought up-to-date, with several new departments embodying the most recent developments of the Science. Edited by G. Betton Massey, M.D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative gynæcology and Electro-Therapeutics," etc. Thoroughly illustrated. Royal Octavo. Pages x-1147. Prices net, delivered, extra cloth, \$6.00; sheep, \$7; half-russia, \$7.50. Philadelphia, F. A. Davis Company, publishers, 1914-16 Cherry street.

Electricity, as a therapeutic agent, is being employed by general practitioners and specialists to an extent now not dreamed of a few years ago. Improved apparatus, a growing knowledge of the laws and action of electricity in regard to the living tissues of the human body, the recorded experiences of those eminent in the practical application of this remedy, have all tended to increase

the status of electricity as a potent means of rectifying pathological conditions and commend it to more general use. The failures and lack of benefit derived from its use by those who employed it empirically is in marked contrast to the beneficial results which may be obtained from its use in a scientific manner, and in accordance with better understood laws. To employ electric energy in the treatment of diseases successfully and intelligently, requires as thorough a knowledge of the subject as possible, in regard to the physics of electricity, its physiological action and the technique to be employed in its application to various forms of diseases. These can only be thoroughly mastered in laboratories and hospital wards under the guidance of competent teachers, but this knowledge can be gained, to a certain extent, by the possession and study of such a work as the present one, which contains detailed information on all points in this connection and written by those specially trained and from practical experience, capable of giving reliable information and instruction.

This second edition has been thoroughly revised and has four new articles, one relating to the galvanic current, one on the electrical treatment of aneurism, one on Röntgen rays and one on the treatment of cancer by the cataphoresis of mercury. The first section is introductory, and the historical sketch of the rise of electricity, forms very interesting reading. In connection with the earlier investigations, the work done by Pliny, Thales, Gilbert, Guericke, Newton, Gray, Dufaye and Nolet, Franklin, Humboldt, Galvani, Volta, Ampere, Devey, Oersted, Berzelius, Faraday, etc., is described and the earlier history of electro-therapeutics in Europe and America is given. Electro-physics and electro-physiology and kindred subjects receive full attention from nine different authors.

Animal electricity is treated by Dr. Wesley Mills. The Galvanic current by G. Betton Massey, M.D. Electro-diagnosis by Dr. W. F. Robinson. Röntgen rays by Max J. Stern, M.D. Cataphoresis, anodal diffusion, electrical osmosis or voltaic narcotism, by Frederick Peterson, M.D.

Section C., gynæcology and obstetrics has two articles covering the field of electro-therapeutics in those branches. Among the writers are Drs. Grand and Famarque, assistants at the clinic of Dr. Apostoli, Paris, G. Betton Massey, M.D., Dr. A. Tripin, Paris, Dr. A. Goelet, New York, J. M. Baldy, M.D., F. H. Martin, Chicago, J. H. Kellogg, M.D., A. Laphorn Smith, M.D., Montreal, etc.

In diseases of the nervous system C. Eugene Riggs, M.D., discusses diseases of the brain; Wm. J. Marton, M.D., diseases of the spinal cord; Wm. M. Leszynsky, affections of the peripheral nerves and Morton Prince, M.D., the neuroses.

Disorders of the thoracic and abdominal organs have articles by A. D. Rockwell, A.M., M.D., Dr. Larat, Paris and N. J. Davis, jun., Chicago. Electricity in diseases of childhood, is written by May Putnam Jacobi, M.D. The final section on electro-surgery has nine articles in which the use of electricity is discussed in the chief

specialties and in aneurism, strictures and enlarged prostate, cancer, electro-thermal surgery, facial blemishes and in diseases of the skin.

In these articles the results of treatment are given, the various forms of apparatus employed described, and the method of using them made clear by lucid directions and wood cuts. To those wishing to become familiar with the use of electricity in medicine, according to the most recent authorities, this comprehensive volume can be most heartily commended.

J. B. McC.

**Annual and Analytical Cyclopædia of Practical Medicine** by Charles E. de M. Sajous, M. D., and one hundred associate editors, assisted by corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Volume II., F. A. Davis Co., publishers, Philadelphia, 1900.

Volume II., which was sent in due time by the publishers, through some mishap, was not received, hence the lateness of this review which is of a duplicate volume. We recently reviewed volume VI., the last of the series. The subjects included in this volume are those from Bromide of Ethyl to Diphtheria and include a number which are worthy of special attention as they are carefully written, and exhaustive practical articles. The editor claims his aim to be "to facilitate the labour of the practicing physician, and to assist the investigators and authors in their researches, and to elucidate through contributions from men possessing special knowledge or unusual experience on a particular line of diseases which, owing to their complexity, are not generally understood." That this desirable result has been obtained may be learned from a perusal of some of the more prominent articles, such as those on Diphtheria by Drs. Northrup and Bovaird, Cirrhosis of the Liver by Professor Adami; Cholera by Professor Rubino; Cerebral Hemorrhage by Dr. Wm. Browning; Cholelithiasis by Professor Graham; Dilatation of the Heart by Dr. Vickery; Deaf Mutism by Dr. Holger Mygind; Chloroform by Dr. E. de M. Sajous. One finds in these articles the results of the personal researches of the authors, and a complete summing up of the work and results of the investigation of others, making them valuable sources of reference to practitioner, teacher or writer. A number of excellent colour plates and wood cuts adorn the volume and illustrate the text.

J. B. McC.

**A Manual of the Practice of Medicine.** By George Bar Lockwood, M.D., Attending Physician to the Bellevue Hospital, New York. Second edition revised, with 103 illustrations, many of them in colors. Price \$4.00. W. B. Saunders & Co., Philadelphia. J. A. Carveth & Co., Toronto, Canadian agents.

This is a volume of over 800 pages written in large type with the lines well separated. It is just a step beyond a simple abridgement of the ordinary text-book of the practice of medicine, in which the essential points are given in as few words as possible.



All such works are useful to the busy practitioner who can in a few snatched moments refresh his memory and prepare himself to intelligently cope with the varied cases he is called upon to diagnose and treat. In this second edition the latest views are incorporated and it may be regarded as a safe guide in modern methods of practice. While there are times when such manuals may be profitably consulted, lack of time can be the only excuse which should induce the practitioner to rely upon them instead of consulting the detailed information of the ordinary text-book, and for the student to rely on such epitomes, will be disastrous to his intelligent conception of the subject studied.

Some of the subjects receive a more extended consideration than one might expect to see in a book of this character, and here and there points are made which give evidence of reference having been made by the author to the most recent literature. Hence the book is all the author claims for it, a manual of the essential facts and principles of the Practice of Medicine in a concise and available form.

J. B. McC.

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## PUBLISHERS DEPARTMENT.

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### SANMETTO IN GENITO-URINARY DISEASES.

Dr. B. G. Inman, of Bradford, Ohio, writing, says: "I have used Sanmetto and find that it is all that one could desire in the treatment of urinary diseases. With an experience of thirty eight years of practice I know of no medicine that is more direct in its action in all cases of senile prostatitis and other genito-urinary diseases. I regard Sanmetto as one of our best vitalizing tonics to the reproductive organs, which gives it a wide range of usefulness in the treatment of any nervous troubles."

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### THE VALUE OF SANMETTO IN SURGICAL OPERATIONS.

It is with pleasure that I attest the merits of Sanmetto, and I think my experience with the drug justifies all the good things I can say of it. I have used it very extensively, and especially do I find it valuable in allaying inflammation in the prostatic urethra, before surgical operations, and in keeping the urine bland and non-irritating after the operation is complete. It always has a soothing and sedative effect upon the kidneys, bladder and urethra. I shall continue its use in all forms of genito-urinary irritation.

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Chicago, Ill.

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I have prescribed Sanmetto for the past six years, and find it quite agreeable to the patients, being very pleasant to take and of great utility in the treatment of a large number of cases frequently met with in general practice. It has given me uniformly good results in all stages of gonorrhœa, cystitis, prostatitis, irritable bladder and incontinence of urine. I have also found it of great value in sexual neurasthenia and much more satisfactory as an aphrodisiac than any drug that I have employed during my twenty-six years of practice.

WM. PARSONS, M.D.

Chicago, Ill.