Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXIV. TORONTO, FEBRUARY, 1905. No. 2.

Original Articles.

A CASE OF GENERAL INFECTION BY THE STAPHYLOCOCCUS PYOGENES AUREUS, STREPTOCOCCUS PYOGENES AND PNEUMOCOCCUS, WITH A REMARKABLE SEQUENCE OF CLINICAL MANIFESTATIONS.*

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Elizabeth P., aged thirty-nine years; English; widow; occupation, cook; was first seen by me on Christmas Day, 1903. About five weeks previously she had been taken ill with severe pains in the back of the head and neck, chills, fever and profuse sweats. She soon developed pain in the lower part of the left chest, cough, and considerable expectoration of yellowish sputum. The patient looked very ill, was pale, emaciated, and had an expression of marked suffering. The attacks of chills and fever had been recurring daily, the patient feeling comparatively comfortable in the intervals. I had her sent into St. Michael's Hospital, and I am indebted to Dr. A. J. Fraleigh for having kept careful notes of her case during her subsequent illness. Family history shows no evidence of tuberculous taint; mother had

*Read before the Toronto Clinical Society, October, 1904.

suffered from rheumatism, and had an attack of pneumonia while the patient was in the hospital.

Personal History.—Patient had suffered from the usual diseases of children, and six years ago had had a severe attack of typhoid fever. During the winter of 1902 she had been laid up for three weeks with some obscure complaint, during which time she says she had a hemorrhage from the bowels. About the same time she complained of pain in the left hypochondrium, and says she noticed a lump there. During the past summer (1903) she had been cook to a camping party in Southern Ohio, but had enjoyed good enough health. Patient had never been very robust. Her best weight was 120 lbs. She had always worked hard. Menstruated irregularly. She was in very fair health when she returned to Toronto in September, 1903. About the middle of November she was taken ill with chills, sweats, etc., as before stated.

Condition on Admission (Dec. 27th, 1903).—She is a small, delicate and emaciated woman, weighing 95 lbs.; she is pale and has a worried, anxious, pained expression. Skin is dry, harsh, with slight branny desquamation. It is of a slightly yellowish tint, with patches of dark-brownish pigmentation about the forehead, face and neck.

Tongue is red and covered in patches with a white fur. Fauces and pharynx are congested. Bowels regular.

Patient complains of shortness of breath. Chest is thin, clavicles prominent; expansion poor, but equal on two sides. Nothing definite detected on palpation or percussion. Some large bubbling rales were heard over the larger tubes and smaller bubbling rales at the right apex.

Apex beat is in normal position. Area of cardiac dulness not appreciably increased. A distinct mitral systolic murmur is to be heard, traceable into the axilla.

Pulse is not very rapid—96, but is rather weak and compressible. Superficial vessels are not appreciably thickened.

Liver was readily palpable an inch below the costal margin.

Spleen is much enlarged and easily palpable nearly as low as the umbilicus. There is extreme tenderness on pressure over the whole splenic region.

Examination of the sputum showed no tubercle bacilli, but staphylococci, streptococci and pneumococci were present; also numerous pus cells, epithelial cells and some red blood cells.

Urinalysis showed nothing of importance. Blood examination showed 3,770,000 reds, 6,900 whites and 80 per cent. hema-

globin. Stained, dried films showed no morphological alteration in the cells and nothing special in the differential count. Repeated examinations were made for the Plasmodium malariæ on account of the patient's residence during the previous summer, and the presence of an enlarged spleen, with recurring chills and sweats. The results were always negative. Repeated Widal examinations were also negative. The temperature at this time was ranging from 98 to 99 and 100 deg.; pulse about 90. Chills had ceased for the past few days.

A diagnosis of septicemia of some sort, with endocarditis, bronchitis and acute splenic tumor with perisplenitis was made. The latter might have been due to infarction. The point of entrance of the infection it was not possible to discover.

A few days after coming to the hospital—January 1st, 1904—she had a chill, temperature rose to 102 2-5, and well marked physical signs of pneumonia and pleurisy appeared at the left base, though not involving a large area. January 4th, the temperature rose to 103 2-5, next day falling to normal with profuse sweating. January 8th, the temperature rose to 103 4-5, and examination showed intense engorgement of the vessels of the fauces, naso-pharynx and pharynx, with bleeding from some of the distended vessels. The throat felt very sore, and there was severe pain in the left ear and left side of the neck. January 9th there was severe pain in both ears, and the patient was quite deaf. The temperature, however, was lower, 101°. The pain and deafness continuing, Dr. Wishart saw her on January 12th, and incised both drum membranes. Some pus escaped, and the patient felt better. On January 13th, however, she had a chill lasting fifteen minutes, and temperature rose to 104 2-5, and the next day an intense and very typical erysipelatous rash appeared over the forehead and face, extending to the head and over the neck. The rash gradually subsided, the temperature falling to normal on January 18th.

About February 1st, severe pain, tenderness and slight swelling appeared in the knee, ankle and wrist joints. The slightest movement was unbearable. At the same time all the tissues of the legs became extremely tender, the tenderness not being limited to any special structures, as muscle, nerves, or veins.

The clinical condition was such as would ordinarily be called rheumatic, but was no doubt due to the infection acting on these structures. The pain and tenderness in these parts were most intractable, lasting, with alternating periods of improvement and exacerbation, for months. The swelling in the joints was also variable, at times disappearing in some of them and reap-

pearing in others. There was never any appearance of pus formation in connection with them.

Coincident with the joint involvement, painful subcutaneous nodules appeared, scattered in small numbers irregularly over the legs, thighs, buttocks, forearms and arms. At first the skin over them was moveable and of natural color. As the nodules increased in size, however, the skin became inflamed, of a dusky-red color, and several of them broke down, a thin pus, mixed with necrotic shreds of tissue being discharged. Others underwent involution without pus-formation and were absorbed. Irregular, excavated, indolent ulcers were left in the various places where the nodules discharged. These were painful, but gradually became clean and slowly healed in the course of about three months, except one large ulcer behind the lower third of the left leg.

Bacteriological examination of the pus showed the presence of the staphylococcus aureus and albus and the streptococcus.

Cultures were made from the blood by withdrawing the fluid from the median basilic vein by means of a sterilized hypodermic syringe, and inoculating it on agar and blood serum tubes. On the first occasion no growth was obtained, but on a subsequent trial the staphylococcus aureus and albus were found.

Examination of the blood at this time showed 2,736,000 reds, 116,000 whites, and 70 per cent. hemoglobin. The marked leucocytosis was no doubt the result of the local suppurative processes. The temperature at the same time rose to 103, and continued with daily variations from 99 to 102 deg. for five weeks. It was of septic type. March 13th the temperature reached 103 1-5, and on the 14th, 104 2-5. There now developed severe pain over the whole of the right chest, the respirations were rapid and shallow, the cough short and hacking. The patient was extremely ill, had nausea and vomiting. Examination of the chest revealed a marked apical pneumonia with generalized pleurisy on the right side. The pain on respiration was very intense and this was increased on any pressure.

The liver was palpable about two inches below the costal margin, there was much tenderness in this region and the slightest upward pressure produced much suffering. This was evidently due to perihepatitis. From the character of the patient's condition I thought that the pneumonia was probably pyemic, but was surprised when the temperature suddenly dropped on March 22nd, the 9th day, and the general condition improved, the lungs gradually clearing up without any discharge of pus.

Examination of the sputum at this time showed streptococci, staphylococci and pneumococci. The onset and subsequent course of this attack of pneumonia make it probable that it was due to the pneumococcus. She improved materially for a time, and then about April 1st extreme tympanites set in. The abdomen was blown up like a balloon. There was no tenderness except about the liver and spleen. This condition lasted for a few weeks, and then gradually disappeared.

For the next two months nothing of importance developed. The temperature continued to run from normal to 100 deg., or occasionally to 101 deg. The ulcers were gradually healing, and the general condition was improving. By the 1st of July she had so far recovered that her friends wished to take her to the country, so she left the hospital on July 7th. Her people were poor and unable to give her proper care and nourishment. They did not send her to the country, but kept her at home, in a small, poorly lighted and ventilated room. After a time she developed bedsores over all the prominences of the back, she grew gradually weaker, and finally died about the middle of September. I did not see her after she left the hospital, but from information received, believe that death was due to the sepsis from these bed sores, and gradual exhaustion. Her leaving the hospital was to be regretted, for at that time she had been gradually gaining for two months, and with proper care would probably have recovered

To sum up the case, the patient in the first instance had an infection, presumably by the streptococcus and staphylococcus with resulting endocarditis, acute splenic tumor and perisplenitis. She then had a left basal pneumonia and pleurisy, acute naso-pharyngitis and double suppurative otitis media, the latter no doubt by direct extension from the naso-pharynx. Then the local effect of the streptococcus was shown in the skin by the attack of erysipelas. Next the rheumatic pains in the joints and limbs developed, and it is interesting in this connection to recall the fact that some of the obscure rheumatic attacks which may develop are of pyogenic origin. The subcutaneous abscesses were demonstrated to be associated with the strepto- and staphylococcus. The pneumonia at the right apex was apparently of pneumococcic origin judging from its course. The pleurisy, with which it was associated, by extension through the diaphragm, produced the perihepatitis. The intense distention of the abdomen, which appeared later, was probably partly caused by the extension of the peritoneal inflammation from about

the spleen and liver, and partly the result of the general toxemia, with paresis of the muscular wall of the bowel.

The case points to the importance of noting the inter-relationship of disease in various organs and structures, and impresses one with the importance of seeking the etiological rather than an anatomical diagnosis, whenever possible. The patient presented in succession the clinical evidences of a general infection, endocarditis, acute splenic tumor, perisplenitis, left basal pneumonia and pleurisy, acute naso-pharyngitis, double suppurative otitis media, erysipelas, "rheumatic" pains and swelling in numerous joints, intense general pain and tenderness in the limbs, multiple subcutaneous abscesses with resulting indolent ulcers, right apical pneumonia and generalized right pleurisy, perihepatitis and paralytic distention of the bowels. All these conditions being directly or indirectly traceable to the pathogenic organisms before mentioned.

The treatment adopted during the case was largely an attempt to maintain the general systemic condition, and to meet prominent symptoms as they arose. Abundance of nourishment, stimulants, strychnine and the bitter tonics, etc., were employed. From the "mixed" character of the infection there was no reason to hope for much benefit from antistreptococcic serum. It was used, however, on two occasions during the course of the illness, but with no apparent benefit.

THE VOMITING OF PREGNANCY.

BY S. J. ELKIN, M.D., WINNIPEG.

In the hope that we may understand more fully than we do the conditions present in the vomiting of pregnancy we may compare with it other phenomena to be met with in the human body.

The various organs and tissues of the body are supplied with nerves that furnish to the nerve centres and sensorium a constant and accurate report of the organ or tissue, and to give timely notice of any alteration that may occur in the organ itself or in its environment from intrinsic or extrinsic causes. These centres are in direct communication with the various organs by

other sets of nerves, and can through them exert to a certain extent a modifying effect when such conditions diverge from what should normally exist.

These nerves may terminate in voluntary muscle, in involuntary muscle, in the vaso-dilator or vaso-constrictor tissue of vessel walls, or in glandular secreting cells.

Through this mechanism we find impulses carried to nerve centres and back again along the same or other nerves, constituting reflex acts.

Some reflexes act directly on the part of the organism primarily irritated, as in the case of ciliated epithelium carrying along the irritating particles adhering to its surface.

Other reflexes, while they may act on the part primarily irritated do so indirectly. When the sole of the foot is tickled the foot is drawn away by the action of the muscles of the leg. A glycerine suppository in the rectum may cause reflex contraction of the involuntary muscle in the entire large intestine in order to remove the irritant. Some bacteria gaining entrance to an organ may cause increased blood supply to the organ by reflex vaso-dilator action on the blood vessels going to the part to assist in their destruction and removal. A foreign body on the cornea may cause an increased flow of tears through reflex stimulation of the secreting cells of the lacrymal gland to assist in washing away the offending particle.

The evident intention in each case is to rid the body of the irritant, and in the examples given, the part from which the stimuli originated, though acted on ultimately, was not acted on directly.

There are, however, examples of other reflexes where the part irritated primarily is not acted on reflexly, either directly or indirectly. A polypus, hardened cerumen, or a piece of absorbent cotton impacted in the external auditory meatus may after a time cause an irritation that may produce a reflex action. The reflex in this case is not directed to the external auditory meatus, but may be a more or less continuous cough, the evident intention being to remove something from the respiratory tract. This may be accounted for by the fact that a branch of the pneumogastric nerve is distributed to the external auditory meatus and stimuli are carried to the same centres as stimuli from irritation of a branch of the same nerve situated anywhere in the respiratory tract. Another example of a similar nature is where a bright light shining on the eyeball produces a sneeze.

The functions of these reflex acts are to free the organism from some condition or substance tending to interfere with its

proper physiological condition; although in the latter two examples the effort was misdirected.

When we study the phenomena manifest in the vomiting of pregnancy we may see that it also is a misguided effort on the part of the organism to free itself from a condition that while it may be physiological, yet it has not been customary to the individual. The presence of the fetus in the uterus produces a continuation of stimuli. These stimuli may go to the spinal cord and cause a reflex which acts directly on the uterus itself, causing contractions of its fibres, and thereby producing an evacuation of its contents, in which case the organism has succeeded in removing from itself the offending object.

The stimuli may, however, be carried to the medulla, in all probability, along the pneumogastric nerve through its branches from the hypogastric plexus. These stimuli on reaching the medulla may be reflected from the vomiting or other important centres situated there along the pneumogastric nerve to the muscular part of the walls of the stomach, and cause irregular contractions tending to induce nausea, vomiting, etc., and along other nerves assisting in producing the same or other results. Thus, in one person we may have nausea, in another vomiting, in another anorexia; others, again, may have a perverted appetite with a desire for various articles of food, nutritious or otherwise, and again others may have increased appetite with improved digestion. These variations depend to a great extent on the character of the stimuli, the condition of nervous excitability of the individual, the mode of onset of the irritation, and the power of adaptability of the individual to her changed condition.

The disturbance in the person's system may not be in proportion to the strength of the stimuli, for in cases of twin pregnancies where the increased rapidity of enlargement of the uterus would lead us to infer increase in number or strength of the stimuli the amount of disturbance to the individual may not be correspondingly increased.

In the same way a slight irritation applied to the sole of the foot may cause the sensation of tickling, and produce a reflex causing the foot and leg to be jerked away suddenly, and a shudder to pass over the entire body. If, however, the irritation be increased to that of moderate intensity we may produce a pleasant sensation of itching being relieved, and tend to cause no reflex response. Again, if the irritation be further increased we have a painful sensation produced, and an irresistible desire to draw the foot away.

Possibly in the same way some cases of vomiting of pregnancy are relieved where the existing intrauterine irritation is just sufficient to cause reflex gastric disturbances, and by the addition of the irritation of cervical dilatation by the physician the effect is an amelioration of the symptoms, or on the other hand by the application of cocaine to the cervix the irritation may be lessened to such a degree as to produce a similar result.

The condition of nervous irritability of the person may have considerable to do with the severity of the reflex disturbance produced. How much oftener do we see convulsions produced reflexly in infants and young children than we do in adults. We may find a woman pass through her first pregnancy with little trouble, and when reduced in strength, through lactation, become again pregnant, and in this weakened state suffer severe gastric disturbance. The most severe case of vomiting of pregnancy I have so far seen was a similar one where during the first pregnancy very little unpleasantness was experienced. The woman while nursing a fine boy became again pregnant, and so serious did her condition become from vomiting and loss of appetite that after a consultation it was considered necessary to empty the uterus in order to save her life. She rapidly regained strength and went through her third pregnancy with little inconvenience. In all probability her reflexes were so affected by her weakened state as to bring about the condition that seriously threatened her life.

The mode of onset of the irritation and the power of adaptability of the person to her changed condition have no doubt a considerable influence on the vomiting.

We find in sea sickness a reflex action where the chief factor in the causation is in all probability an increased irritation in the semicircular canals caused by the motion of the vessel. This is carried to the medulla and produces a train of reflex symptoms, the chief of which is a disturbed condition of the stomach. The more sudden the change from smooth to rough water the more certain are the symptoms of sea-sickness to be produced.

In sea-sickness also we have an example of tolerance or adaptability of the individual to its changed environment, for we find after a short time—sooner in some cases than in others—that, though the conditions causing the distress have continued, yet the symptoms of the trouble abate from an established tolerance, or the adaptability of the individual to its altered surroundings.

This may also explain why in the pregnant woman her vomiting usually ceases about the fourth or fifth month, though

the enlargement of the uterus, and consequent irritation, are rapidly increasing until the end of pregnancy.

It is said that sailors accustomed to the motion of a sailing vessel may become sea-sick on board a steamship, or vice versa, those accustomed to the steamship may become sick on a sailing vessel; acquired adaptability to one kind of motion does not protect them from the consequences of the other.

Here, again, in sea-sickness we find children are rarely affected, though we might expect the contrary from the heightened activity of their reflexes compared with that of adults, and also from the comparative ease which there is in causing children to vomit. Possibly children from their habits of constantly playing and tumbling about have become accustomed to frequent changes of position, and the motion of the vessel being somewhat similar the centres affected have acquired a greater power of adaptability to such influences.

May not some systems accommodate themselves quickly to their altered condition, and thus escape many of the unpleasant effects experienced by others?

When we find in a case of pregnancy irritation of a particular intensity acting on nerves and nerve centres particularly susceptible to such stimuli, and find such commencing suddenly in a person with little power of adaptability we cannot wonder that there may be produced a train of symptoms of serious importance, especially where the major portion of the reflex is directed towards one susceptible organ—the stomach.

Taking into account the nature of the causes producing the vomiting of pregnancy and the influences in different persons lessening or intensifying such production it may be helpful to us in endeavoring to remedy this distressing accompaniment of pregnancy when it exists.

The irritation produced in the walls of the uterus by the presence within it of a rapidly increasing body, and the stretching of muscular fibres and nerve tissue, and the increased vascularity accompanying the change cannot be obviated except to a moderate degree.

In a few cases this irritation may be beneficially increased by the additional irritation of dilatation of the cervix, but the cases suitable for this treatment are rare indeed.

Another class also small in number may be improved by applications of cocaine to the cervix, but the success in many cases is disappointing since we cannot apply the medication to the part from which the irritation arises. Medicines may be administered with a view of lessening the irritability of the

nerves and nerve centres affected, but their action also is frequently disappointing.

Oxalate of cerium and other drugs have been given with the evident intention of lessening the irritability of the nerve endings in the stomach wall, but their use has proved of little avail in the majority of cases.

The cases, where the patient feels on the verge of vomiting and a sneeze or a paroxysm of sneezing occurs and immediately dispels the impending vomiting, may give us a clue to a more rational treatment. If the patient or the physician can in any way divert the surplus energy, and have it expended in some other way than by a reversed peristaltic action of the stomach, much benefit may be derived.

In some cases the taking of food frequently may be sufficient to use up the energy as it accumulates and prevent it from exerting an intensified effect on the nervous mechanism of the stomach, for vomiting seems to result from an exalted state of stimulation.

We find that many irritating drugs taken into the stomach in small doses cause the sensation of hunger and improve the appetite, and if taken in large doses produce greater irritation ending in vomiting.

The frequent introduction of food into the stomach may, in some cases, act beneficially by using up the energy before it has accumulated to a disturbing degree. I have seen this in seasickness where food was taken and expelled, and another meal was indulged in immediately after and retained.

Our line of treatment must therefore be as varied as the number of influences causing and modifying this distressing condition, and we must take into account the peculiarities of each patient, and the accompanying conditions to be met with in each individual case if we expect our treatment to have a beneficial effect.

Selected Article.

THE BRADSHAW LECTURE ON THE TREATMENT OF ENTERIC FEVER.*—(*Continued.*)

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According to Dr. Dreschfeld, the good effects of the cold bath are readily seen. The pulse becomes slower and the tension of the artery is increased; the number of the respirations diminishes, the tongue becomes moist, and the appetite improves. The nervous system is especially relieved, the delirium disappears for a time, the patient becoming much calmer and the sleep more natural; while the diarrhea, when present, if not diminished after the first two or three baths have been given, is certainly not increased. The cold bath is contraindicated when the cardiac action is weak and irregular, the pulse intermittent, or cyanosis marked; as also with intestinal hemorrhage or perforation and in the case of old persons and young children. The chief drawbacks which appear to militate against the general adoption of the cold-bath treatment are the cumbersomeness which admittedly characterizes the procedure and the increased tendency to relapse which is observed to follow its employment. The former objection, having regard to the amount of labor involved in repeatedly placing the patient in the bath and subsequently removing him, usually proves to be well nigh insurmountable in private practice. In a hospital ward the objection has less weight, but the disinclination usually evinced by the patient and the prejudices of his relatives are factors which have to be reckoned with. So true is this that Osler, while continuing the use of the bath, says that he "prays for a method which, while equally life-saving, may prove to be, to put it mildly, less disagreeable." Although a rectal temperature of 102.2 degrees was taken by Braud as the determining point for the bath, to be repeated if necessary every three hours, with an immersion of from 15 to 25 minutes or more at a tempera-

*Delivered at the Royal College of Physicians of London on Nov. 15th, 1904.

ture of 68 degrees, irrespective of the onset of shivering, many of his followers have pursued a less drastic method. Some physicians, for instance, have taken 103 degrees, or even 103.5 degrees, as the determining temperature, and have removed the patient on the occurrence of definite shivering. It is generally admitted, however, that the results obtained under these conditions in practice have fallen short of those achieved by Brand.

Again, the "graduated bath," as it is termed, has been widely recommended, originally, I believe, by Ziemssen. By this method the temperature of the bath which at the moment of the patient's immersion is about 90 degrees, is afterwards rapidly reduced by means of ice to 70 degrees, or slightly lower. Sir William Broadbent, who speaks well of the treatment, is inclined to prefer immersion at an initial temperature of 80 degrees, rather than 90 degrees. The graduated bath is certainly more adapted to the condition of patients whose circulation is feeble and in whom there is much respiratory distress, those, in fact, who are unable to bear the shock of sudden immersion at the lower temperature, which, on the other hand, is of such marked value as a stimulant in cases where there is considerable nervous depression. This is equally true, whether the bath be employed as a systematic measure of treatment, or whether, as is more usual in this country, it is simply used as an occcasional weapon against an unduly high temperature.

Some thirteen years ago, Dr. James Barr, of Liverpool, advocated the treatment of typhoid fever by means of the continuous tepid bath, the patient being immersed in a tank for a period of from one to three or more weeks, in fact, if necessary, during the whole course of the fever. The temperature of the water is maintained at a level of but a few degrees below the normal temperature of the body, and in proportion as the pyrexia abates the temperature of the water is raised, until at the completion of defervescence it nearly approximates to that of the patient. Dr. Barr claims for his method that it obviates the drawbacks which are incidental to Brand's, while attaining the same good results. He states that of forty cases treated by the continuous bath a fatal result occurred in only one instance. Such a record is, of course, eminently satisfactory, but relapses, as Dr. Barr, I believe, himself admits are unduly frequent. One can hardly think that the tank treatment can be a popular one with patients and the method is impracticable under ordinary conditions in private practice.

More recently, Dr. Barr has devised a method which, though

maintaining the hydrotherapeutic principle in a modified form, is attended with less inconvenience. The patient, instead of being immersed in tepid water, is slung in a hammock, which is stretched on a frame erected over the bedstead. The surface of the abdomen and the lower part of the chest are covered with a light flannel compress on to which a stream of water at a temperature of 80 degrees is allowed to trickle continuously, the excess of water as it escapes being collected in a bucket placed beneath the hammock at its most dependent part. The patient wears no body linen, but his legs and thighs are covered with a blanket, and his comfort is increased, if necessary, by keeping a large spirit lamp continuously burning under the bed. By this means the sensation of chilliness is to a large extent removed while the evaporation of the water is facilitated and its refrigerative influence is correspondingly increased. A large bed cradle is placed over the patient, covered only with a single sheet so as to interfere as little as possible with the vaporization of the water. Dr. Barr speaks very highly of this method in severe attacks, and says that it has so far been successful in every case in which he has employed it.

Another means of refrigeration which has been used a good deal is what is known as the "ice cradle." The patient, but lightly, if at all, covered, lies under a bed cradle in which are hung a number of little pails containing ice. These are frequently replenished, and as a result the temperature of the air surrounding the patient is maintained at a low level. It probably falls far short of the cold bath as a systematic method of treatment, but it is certainly devoid of the difficulties which are incidental to the bath on whatever lines it may be employed. From a purely antipyretic point of view the "cold-air bath," as it might be termed, is excellent, but it is without any influence in stimulating the excretory activity of the skin and kidneys and thus promoting the elimination of toxic products which is so marked an attribute of the cold bath.

The use of the wet pack, whether applied to the whole surface of the body or to the chest and abdomen simply in the form of what is sometimes called an "ice poultice," though capable of abstracting a considerable amount of heat from the skin, is mainly useful by its sedative effect on the nervous system. Although the temporary application of a cold compress to the abdominal wall for the relief of pain or tenderness is often of the greatest value, the influence it exerts on the internal temperature of the body, as revealed by a thermometer placed in the

rectum, is frequently very transitory. And the same thing is true of the practice of cold sponging of the surface. Cold sponging, like the occasional application of a wet pack, or an ice poultice, though often employed with undoubted advantage in special cases, can hardly be regarded, for reasons that I have already mentioned, as a serious rival to the cold bath as a systematic method of treatment.

Of the various antipyretic drugs which have been used in combination with the cold bath, sulphate of quinine is the only one which appears to merit any confidence. It has been extensively used by some continental authorities as an adjuvant in certain cases in which the pyrexia has proved refractory to the influence of cold bathing alone, and apparently with success. The tonic effect which quinine exerts on the circulation, an effect which, it should be mentioned, is not usually apparent during the first twenty-four hours of its administration, though remarkably persistent, has led to its being employed in combination with a tepid bath in cases where the presence of either cardiac or pulmonary disease or great circulatory enfeeblement renders immersion in cold water inadmissible. In these circumstances a marked antipyretic effect may often be obtained in addition to the other benefits conferred by hydrotherapy. The liability of quinine, however, even when guarded by opium, to set up vomiting, when given in large doses may prove an absolute bar to its employment.

3. Next, with regard to antiseptic treatment. Originally, no doubt, antiseptic drugs were administered on the supposition that they were competent to exert a direct bactericidal effect on the specific organism present in the intestine. Murchison, in formulating rules for the treatment of enteric fever, gave as the first indication, to neutralize the poison and improve the state of the blood, and he further stated that antiseptic agents might be expected to act directly on the poison in the intestinal canal. Niemeyer's teaching was in the same direction. Since the days of Murchison and Niemeyer our knowledge of the specific agent concerned in typhoid fever has been, to say the least, considerably advanced, and it is now recognized that any attempt to achieve the destruction of bacilli in the lower region of the intestinal canal by the administration of antiseptic drugs by the mouth is nothing short of futile, unless given in such strength or in such quantity as to be extremely prejudicial to the patient.

Without claiming for a moment that antiseptic drugs are competent to exert a direct germicidal effect on organisms present in the intestine, blood, or tissues, it is not unreasonable

to expect that even when given in relatively small and harmless doses they might be capable of exerting some restricting influence on the multiplication of bacteria in the mucous membrane and contents of the bowel, whether specific or otherwise. That such is actually effected in respect to the various putrefactive organisms which, as a matter of fact, are generally more resistant than the pathogenic species to the action of antiseptic agents, is obvious from the marked diminution in the fetor of the stools which is usually soon apparent as the result of their administration. Further, recognizing, as we do, the extent to which the vital activities of micro-organisms are influenced by very slight changes in their environment, it is surely not too much to assume that, as the result of the presence of even very minute quantities of an antiseptic, typhoid bacilli present in the intestinal mucosa and at a somewhat later stage in the blood and tissues may be so influenced as to be rendered in some degree less capable of elaborating their particular toxin than would be the case were the fluids in which they were living free from any trace of such substance. That the virulence of a micro-organism could be artificially reduced by adding a small quantity of an antiseptic to the culture medium was clearly established by Pasteur, who for a time was in the habit of utilizing this method exclusively for attenuating cultures of the bacillus anthracis in the preparation of his anthrax vaccine. That the blood may actually become impregnated with the antiseptic is proved by its appearance in the urine, as in the case of carbolic acid, urotropin, and others, and the fact that certain volatile oils, such as cinnamon and eucalyptus, which are known to possess antiseptic properties, may be readily detected in the breath and in the exhalations from the skin as a result of their continued internal administration is additional evidence to the same effect.

That the antiseptic method, though frequently misunderstood, is founded on a scientific basis is undeniable. This was vigorously maintained by Dr. I. Burney Yeo, who has done so much to popularize its employment. We do not give antiseptics in the belief that they are competent either to slay the germ of typhoid fever or to neutralize its toxin, but in the confident anticipation that they will exert a restraining influence on the propagation of the specific bacillus and its congeners and on the various putrefactive organisms which are associated with it in the alimentary canal. Moreover, even if antiseptic remedies are incompetent to exercise any inhibitory influence on the multiplication of bacilli which have already passed into the circulation and have been conveyed to distant organs, we are prepared to believe that

some degree of attenuation of these organisms may be brought about by the presence of even minute quantities of an antiseptic in the blood and tissues of the body. In other words, we believe that the morbific agent may be rendered less capable of elaborating a virulent toxin in consequence of the modification of its environment which the presence of an antiseptic implies.

To obtain the full benefit of the antiseptic method its adherents not unnaturally insist that the remedies should be given from an early stage of the disease and in adequate and sufficiently frequent doses. Under these favorable conditions it is claimed that the following clinical indications will be secured: first, that the duration of the attack will be curtailed and the intensity of the fever lessened; secondly, that the mouth and tongue will be kept more clean and moist, with the result that greater comfort will be insured and the appetite maintained; thirdly, that diarrhea will be controlled, meteorism will be held in check, and the fetor of the evacuations prevented; fourthly, that the incidence of the most serious complications—that is to say, hemorrhage and perforation—will be rendered less frequent; and, finally, that the duration of convalescence will be shortened. Some observers, moreover, believe that the chance of relapse is materially lessened if the treatment be continued throughout the earlier period of convalescence.

(To be continued in March issue.)

Clinical Department.

Ectopic Pregnancy—A Case Report. H. C. CROWELL, M.D., Kansas City, Mo., Professor Diseases of Women, University Medical College, in *The Kansas City Medical Index-Lancet.*

Mrs. D., wife of a physician, and herself a pharmacist, aged thirty-two years, weight 177 pounds, 5 feet 9 inches in height, makes the following history: Five years ago, had a full term child. Has since had numbers of abortions, not induced, occurring at from fifty to sixty days after conception. Sometimes would flow from thirty to forty days, succeeding the abortion. Has been anxious for a full term gestation. Before marriage was a school teacher and enjoyed good health.

Dates the beginning of pelvic trouble back to 1896-7, when she was in Texas, and then suffered with metrorrhagia for ten months, which was followed, it is said, by the full-term labor. After the child-birth, had no trouble until about two years ago, when she had pain in the region of the appendix, which subsided after three to six days of catharsis and the bed. January 31st, 1894, was awakened in the middle of the night with intense pain in the region of the right ovary. Two physicians were called and administered morphine. She had chills with high temperature, and was said to be very much blanched. The pain was of a lancinating character. Was confined to the bed for seven days; was sleeping when attacked with this pain. During the months of March, April and May was attending the St. Louis Fair daily, writing for the "local press bureau," during which time seemed to be in normal condition, except that she experienced a constant tenderness in the right groin, which led her to favor it in walking and standing.

She left St. Louis June 1st, returning on the 14th and remained till July 1st. She menstruated on the last day of May and June 1st, 2nd and 3rd. On the night of June 4th had intercourse with conception in view.

On June 5th was very sick, following a sixty-mile trip, vomiting and purging badly. July 1st took sleeper to Parsons, Kan., next day took a chair car to Bartelsville. The next day was in a wreck. Went from Bartelsville to Cushing. In climbing into a caboose after the wreck seemed to injure or make worse her side. Began menstruating four or five hours before getting into the caboose. Was one day in bed at Cushing on

the 4th of July. On July 5th took a chair car to Jones City where she was in bed the 5th, 6th and 7th menstruating. July 8th took chair car to Oklahoma City, where she was in bed one week, still flowing. At this time had much gas in the intestines. July 15 took a chair car to Davenport, Okla., where she was in bed two days. Menstruation temporarily ceased; July 18th took a day coach to Shawnee, Okla., where she rested one night, then went to Alderson, Okla., where she rested several days and was curetted—material supposed to be the result of an abortion was obtained—was removed from Alderson to McAllister on a stretcher and placed in the hospital. Her temperature at this time was never above 100 deg. F., pulse 88.

At McAllister, July 25th, she had the first sharp pain since January 31st, though the dull pain with soreness had persisted constantly. In the hospital at McAllister she was examined under an anesthetic and her trouble was thought to be bowel infection and antiphlogistic treatment was instituted. The pain continued to grow worse with an increasing tympany, was unable to void urine voluntarily. July 31st she was removed to the University Hospital, Kansas City.

On August 1st Dr. Jackson made a vaginal incision into a mass discovered posterior and to the right of the uterus. This mass had been observed for at least twelve days prior to coming to Kansas City. An abscess was suspected, but proved to be an accumulation of blood and blood clot, much of which was scraped out and the cavity drained with gauze. Patient remained in the hospital until August 7th, the drainage continued till August 14th. On the 9th of August had an elevation of temperature. On the 10th slept well. On full diet on the 11th. On 11th, 12th and 13th had bad sleep sweats. On the 13th had a copious dejection from the bowels, the result of a saline purge. At 4.30 a.m. on the 13th was taken with acute pain in the left side in the region of the ovary.

The left leg was flexed upon the abdomen and her expression was pinched. At 5 a.m. was taken with a tearing sensation and the flexed left limb went down. Had a severe chill and temperature of 104 4-5 deg. with slight nausea and some headache. She was placed on a stretcher and brought to the University Hospital. The preceding history was furnished by the doctor. On August 13th, Dr. Jackson being sick in bed, I was asked to see her. I found the temperature 102 deg. F., pulse 100, with some pain in left side of pelvis. The serious symptoms of the morning had subsided to such a degree that it was deemed safe to wait till morning to operate. Epsom salts were given prepara-

tory to operative interference; in the morning, August 14th, Sunday, assisted by Dr. Howard Hill, at 10 a.m., patient was taken to the operating room, temperature 101 deg., pulse 100. There was considerable tympany with rigidity of the abdominal muscles. Slight bloody discharge from vaginal incision, previously made. Incision enlarged and a large amount of clotted blood and decidual material removed. Thorough irrigation was followed by the packing of the cavity with a large amount of iodoform gauze. The abdomen was then opened. The omentum was found bound down to the pelvic organs.

On the left side a ruptured pyosalpynx was found surrounded by old and dense adhesions. The right tube was much thickened and found to be fractured on the lower surface into the broad ligament or pelvic cavity surrounded by organized lymph, as shown in photograph. Upon freeing the adhesions a large cavity was opened into, the site of the hematoma, which two weeks before had been opened. This cavity was lined by a gray necrotic surface yielding a putrid odor. The uterus was completely removed and the pelvic cavity wiped as clean of debris as possible. Iodoform gauze was packed in each groin over the site of either tube or broad ligament and passed down through the opening left from removal of the cervix. The patient, it must be borne in mind, had been losing blood for some time and, although fat, was clearly anemic and therefore suffered considerably from shock. It seemed that she suffered more than the circumstances warranted, as she lost no blood from the operation; she did, however, lose some from the cleaning out of the cul-de-sac prior to opening of the abdomen. From first to finish she was under the anesthetic nearly two hours. At the conclusion of the operation she was pulseless, and a hypodermic of adrenalin, atropine and morphine was administered, followed after she was returned to bed, by an intravenous transfusion of three pints of normal salt solution. At 3 p.m. temperature 101 2-5 deg., pulse 120. Adrenalin continued at intervals with strychnia; nutritive enemas were used for several days, as the stomach did not seem disposed to accept nourishment. Physostigma began on second day and continued for some days with apparent benefit in causing an increased peristalsis and escape of gas. Second day salines were administered freely with negative results. Abdomen distended, vomiting, temperature 103 3-5 deg., pulse 144; washed out the stomach with tube, and gave nothing by the mouth. Packed abdomen in ice. Patient from the first had been in exaggerated Fowler position. Gave hypodermically hyoscin, codeine and strychnia. Pulse came down to

120, temperature 102 deg., gradual improvement, though ice pack and treatment outlined was continued for one week. Nourished by enemas. Vaginal gauze was removed for first time on August 18th, four days after the operation. Insufficient drainage in view of the extensive area and material to drain was afforded by the gauze and as a result we had retention and weeping through the lower angle of wound, necessitating the opening of the wound and packing. Tubular drainage should have been employed in conjunction with the gauze. Thorough drainage and irrigation was then practised but found unnecessary.

In about two weeks granulations sprung up and secondary sutures were introduced with perfect results. Patient, after the first ten days, made an uninterrupted and perfect recovery, walking about in two days less than four weeks, and going home in five weeks from the day on which she came to the hospital. The results to those of us who have been intimately associated in the case, seem little short of marvellous, much more so than seems possible to one listening only to the story. So satisfactory has the treatment seemed in this case that I have chosen to enter quite extensively into detail.

While the features of treatment possess principles of interest and might admit of special observation, it is not that feature which I think this case most emphatically displays. We have in the history circumstances which suggest, at least now, very strongly ectopic gestation and yet we can see how easily they might be mistaken. The first question we ask is, what was the nature of her attack last January 31st? Was there a rupture with extrusion of the embryo then, with subsequent hemorrhages from time to time? Her recurring menstrual period and the high temperature at the time would seem to be against such a theory, and yet, I am disposed to think that such was the case. However, of that point we have no way in which to prove or disprove it. High temperature, though not common to these cases, may exist at the time and prior to rupture.

Passing then to the later manifestations with a swelling in the cul-de-sac and to the right, believing possibly that we had a broad ligament pregnancy there, we would ask, is the vaginal incision and drainage the choice of operation? It is true we have most excellent authority advising it, but from my personal experience I am convinced that though the hematoma may be removed quite perfectly in a certain per cent. of cases, even then we have left a fractured tube which may leak more blood, as I have several times seen, or if not, it is left in an imperfect condition, or at least in a condition which we cannot fully appreciate,

through the vagina. This case then, with several others I have in mind, would teach me the best procedure is to go directly through the abdomen, remove damaged structure, clean properly, and get a more perfect recovery.

My reasons for believing that the primary rupture occurred on January 31st are that we have not subsequent history indicating a rupture, at least far enough removed from the time of the operation to give the necrotic and well-organized appearance found in the hematoma site and, moreover, she complained constantly of tenderness in that side. The appendix was found to be normal. The flatulence and intestinal irritation were probably due to the pressure of the hematoma upon the intestinal tract.

The menstruation which appeared to return did so with much physical disturbance and irregularity in time and quantity.

Although there was an apparent or possibly a true menstrual return after the attack in January, still I feel that we had a ruptured tube which may possibly have sustained a second pregnancy and a renewed escape of blood. Certainly the history does not show usual paroxysm of pain of later date than January, when she is said to have had severe lancinating pain coming on during sleep. That we had the rupture at some time is clearly shown in the specimen and the resulting hematoma, and one of some standing, more than a few days, as evidenced by its organized periphery.

I am fully persuaded, that it is possible for such an occurrence even as long as this seems to have been, say seven months. The only history of pain we had since January was on July 24th or 25th, only one week prior to the first operation done by Dr. Jackson.

We also note that the swelling had been observed for at least twelve days prior to this time, that she had been curetted for a supposed abortion on July 19th. Had the rupture with the formation of the hematoma occurred as late as July 24th or July 19th, the clot and debris found in the broad ligament would have left only a roughened surface from the agglutination, while the facts are, we had a well organized cavity in which rested the hematoma.

Had a subsequent rupture taken place as the result of necrosis as it must have been, not to have been attended with more pain, then instead of a hematoma pure and simple we should have had an abscess. As it was, I am told that besides the organized blood there was quite a quantity of free blood when the vaginal incision was made.

The embryo was not found, quite likely having been digested or absorbed, as often happens in old cases. The case has been pregnant with features of interest to me, whether pregnant in the tube last January, or since, or both.

A Case of Acute Leukemia, with Remarks on its Clinical Features and Diagnosis. W. MITCHELL STEVENS, M.D. (LOND.), M.R.C.P. (LOND.), Fellow of University College, London; Assistant Physician and Pathologist to the Cardiff Infirmary, in *The Lancet.*

Cases of acute leukemia which are usually of the lymphatic type are especially prone to occur in young subjects and they are of much clinical interest as the difficulties in diagnosis may be very great. The case which I am about to record occurred some months ago in the practice of my friend, Mr. F. Temple Morris, to whose kindness I am indebted for seeing it.

The patient, a boy, aged seventeen years, complained of general weakness, slight headache, loss of appetite and painful priapism. The family history was good. The lad himself had enjoyed excellent health until his present illness which commenced one week before sending for his medical attendant with the above-mentioned symptoms. Six months previously the patient had fractured his thigh but he had rapidly recovered from this accident. When first seen on the eighth day of his illness he showed marked pallor and weakness: the temperature was 102 deg. F., the pulse was 84, and the respirations were 24, and a careful physical examination failed to discover anything except very marked and continuous priapism. On the tenth day of illness the blood was tested for Widal's reaction with a negative result. On the thirteenth day of illness I saw the patient in consultation with Mr. Temple Morris and his condition was as follows. He was dull, apathetic, and irritable and complained of headache, weakness, loss of appetite, and great pain in the penis, with difficulty in passing his urine. He was pale, prostrated and wasted. His temperature was continuously raised and varied irregularly between 100 deg. and 103 deg., the pulse was 98 and regular though weak, and the respirations were 26. The skin was dry and sweatings were absent and a careful inspection showed a few small hemorrhagic spots on both flanks. There was no glandular enlargement. The appetite was very poor but there were no gastro-intestinal symptoms and the bowels were regular and the stools were normal.

The tongue was clean though dry, the gums were normal, there was no abdominal distension or tenderness, the liver was not palpable, but the spleen was slightly enlarged but not tender. The heart and lungs were normal, as was the urine. The penis showed marked priaprism, which condition was continuous and painful. A blood examination showed red corpuscles 1,620,000 per cubic millimetre and leucocytes 920,000 per cubic millimetre and it was found that the excess of leucocytes was due entirely to the large lymphocytes. On the twelfth day it was found that the spleen was still further increased in size and distinct enlargement of the glands in both axillæ and in both groins was felt. The patient sank rapidly and died nineteen days from the commencement of the illness.

The following points are, I think, worthy of note: 1. The duration of the illness. The entire illness lasted less than three weeks. 2. The general symptoms. The mode of onset and the general symptoms (headache, malaise, pallor, and continued fever) suggested the probability of typhoid fever and the possibility of tuberculosis or of malignant endocarditis or some "septicemic" condition. Typhoid fever, however, was excluded by the absence of any other symptoms or signs of the disease, including Widal's reaction, and, moreover, the course of the pyrexia and the presence of priapism militated against that disease. Tuberculosis and malignant endocarditis were excluded by the history and by a thorough examination. 3. Splenic enlargement. This was not noticed until the thirteenth day of the illness. The spleen was only slightly enlarged and it was very firm and not tender. The splenic enlargement, associated with pallor and with purpuric spots on the flanks, suggested some diseased blood condition. It is to be remembered, however, that in cases of lymphatic leukemia the spleen is not always obviously enlarged. 4. Glandular enlargement. Enlargement of the lymphatic glands did not make its appearance until after the thirteenth day, by which time the diagnosis had been made by means of a blood examination. It may be noted that the glandular enlargement progressed rapidly in the last few days of life. 5. Blood examination. This showed conclusively that the case was one of acute lymphatic leukemia. An interesting point in this connection is the enormous number of lymphocytes present. 6. Priapism. During the whole of the time that this patient was under observation there was marked and continuous priapism and this condition gave rise to much distress. In conclusion, one may say that a case like this shows the very great clinical importance of a blood examination in

doubtful cases, and, indeed, in this instance it was thus possible to diagnose the presence of lymphatic leukemia before any glandular enlargement was observable.

Calomel as a Poison, with an Illustrative Case. T. L. BUNTING, M.D. (EDIN.), Scotswood, Newcastle-on-Tyne, in *The Lancet*, Nov. 26th, 1904.

Calomel is very inconstant in its action as a poison. Guy says that six grains have proved fatal, while an ounce has been taken with impunity. Rungberg records* a case in which three injections of one and a half grains each given within one month proved fatal, and he mentions other similar fatal cases after subcutaneous injections of small doses. The general assumption seems to be that calomel itself produces the symptoms of acute mercurial poisoning. But this is contraindicated by its insolubility, by the fact that it is not a mecnanical irritant, by the fact that very large doses have been taken with impunity, and by the great variations in the fatal dose. This difficulty is met by the suggestion, which does not commend itself to Guy, that calomel acts as a poison only by its partial conversion into perchloride of mercury by the free hydrochloric acid of the stomach. On this supposition he very small fatal doses could be explained on the theory of an over acid stomach converting the calomel to perchloride more rapidly than usual, though it is more likely that an impurity (probably the perchloride) was originally present. It is certain that the action of calomel in medicinal doses is by no means always proportionate to the amount given, the purgation produced by one grain being often equal to that produced by five grains or more in the same individual. On the theory that it acts only by conversion into perchloride this is understood on remembering that, as soon as sufficient conversion has taken place, purgation will be brought on and the remainder of the calomel will be expelled unchanged. Calomel injected subcutaneously would in the same way be converted to perchloride by the chlorides of the blood. But in this case the action of a small quantity could not cause expulsion of the remainder. Hence, the fatal cases from small subcutaneous doses. If this be true, large doses of calomel should be borne with impunity by individuals with healthy gastro-intestinal tracts.

*Deutsche Medicinische Wochenschrift, No. 1, 1889.

That this is actually so is proved by a series of cases reported by Dr. Strong.* He treated lobar pneumonia by large doses of calomel. In most cases he gave 20 grains every three hours for twenty-four hours. In one case, that of a woman, he gave an initial dose of 60 grains, followed by 30 grains every three hours, making 360 grains altogether. In none of these cases was there more than moderate catharsis and there was no ptyalism. Dr. A. W. Messer informs me that he has given similar doses with the same result, and repeated doses of 20 grains have also been given with apparent advantage in cholera. A recent case of my own also illustrates the comparative harmlessness of calomel.

A boy, aged three and a half years, obtained possession of a bottle of 120 cachous, each of which contained one grain of calomel, and ate 110 of them. He came under treatment within about twenty minutes. This consisted first of a dose of eight grains of sulphate of zinc. This did not produce emesis, and was quickly followed by apomorphine, one-fortieth of a grain hypodermically, which produced free vomiting. The stomach was then washed out through an ordinary stomach-tube, bringing away more of the disintegrated pink cachous. A solution of bicarbonate of sodium was used in washing in order to neutralise the free hydrochloric acid and so prevent conversion into perchloride. After the washing five ounces of milk were poured down the tube and left in the stomach. The patient immediately fell asleep. Half an hour later he vomited again and then slept undisturbed for nine hours. There was no further vomiting. The first motion of the bowels did not take place until twelve hours after the calomel was taken; it was copious and soft but not liquid. A second motion, which consisted entirely of an almost gelatinous green mucus, occurred four hours later. After that the bowels were moved only normally. The patient never at any time showed any ill effects or any other symptoms than those recorded. Other cachous previously taken from the same bottle had produced their normal therapeutic effect, so there is no reason to doubt their reputed strength.

The absence of ill effects in this case may be largely due to the prompt energetic treatment, so that it alone proves nothing. But as at least half an hour elapsed between ingestion and the first emesis there had been plenty of time for absorption with so large a quantity present, and, further, as washing never absolutely clears the stomach some must have been left. It may

*_New York Medical Record_, March 16th, 1889.

therefore be said that this case, together with those mentioned above, tends to show that pure calomel possesses but slight toxic effects and that considerable overdoses may be given over a limited time without fear of either acute or chronic mercurial poisoning. A subsidiary point of interest is the early age at which a full-sized stomach-tube was used. There was no difficulty of passing it.

Tetany and Laryngismus Stridulus Accompanying Malnutrition in an Infant. C. C. BENEDICT, M.D., Menlo, Iowa., in the *Journal of the American Medical Association.*

Rarity of Cases.—The relative infrequency of tetany in infants has prompted me to report this case. That it is rare in this country is shown by the report of Griffith,* who was able in 1895 to collect but fifty cases, thirty-eight of which were in children. Sanger Brown† was able to find but one hundred cases in this country up to 1898. He does not state the age at which it was found to occur most frequently.

A careful search of available literature fails to reveal a report of any cases of the disease occurring in infancy, which hardly corresponds with the observation of Holt. It is conceded that the disease is often accompanied by laryngismus stridulus, and usually accompanying rachitis or marasmus. In the following case there was a condition of marked malnutrition of a few weeks' duration only, and only a very few symptoms of rachitis were to be seen before the final termination.

Patient.—J. C. G., male, born May 6th, 1904, weight at birth 7 1-2 pounds.

Family History.—Both parents are apparently in good health. The patient was their fourth child. One child died of scarlet fever some few months ago. The other two children, a boy of about seven and a girl of about nine, are both bright and healthy.

Previous History.—When this child was born it was tongue-tied, which was clipped about six weeks later. Mother states that she has always had plenty of milk in both breasts to nourish the other children well, but at the lactation just previous to this she thought the supply in the left side was not so good. The

*Holt's "Infancy and Childhood."

†Sanger Brown: *Med. News*, July 5th, 1904.

milk from left breast at present is poor in quality, showing low percentage of fat, and on standing, separates into opaque and transparent portions. From June 17th, when the frenum was clipped, until September 10th, the child did not come under my observation.

Clinical Course.—During my absence from home for a few days early in September, a fellow practitioner was called in on account of several superficial ulcerations presenting on the scalp and behind each ear which were slow in healing. There were also several small sores around the edges and end of the tongue, and on the corresponding buccal and labial surfaces. On September 10th I was hurriedly called on account of a spasm the child had just passed through. I found the child lying quietly in the mother's lap, uttering a low feeble whine, mouth wide open, eyes partly closed, skin bluish, features pinched and peaked, lying apparently oblivious to all surroundings and offering no resistance to manipulations. Temperature 101.4 (axilla); pulse about 125 and weak. The mother, in describing the spasm, said that the child's face became blue, the head was thrown back, the limbs became stiff and rigid. Respiration ceased entirely for a brief time, then began again, and the normal color gradually returned to the skin.

The mother stated that four or five weeks ago the child weighed twelve pounds; present weight nine pounds. He takes the nipple vigorously, but after three or four efforts drops it and begins to fret and cry; on changing to the other breast he nurses all right and seems to be satisfied. Suspecting poor quality and deficient quantity of milk to be largely the cause of the present trouble, an immediate change was made to a 5 per cent. preparation of cow's milk. The sores on the tongue and lips prevented the use of the rubber nipple, so we made use of an ordinary medicine dropper until he could grasp the nipple. The bowels were moving two or three times a day, but contained particles of undigested food. An examination of the lungs was negative.

September 11.—Temperature 101.4; pulse fair; slept quite well; takes bottle some; lungs negative; no distension of abdomen.

September 13.—Temperature 100.3; pulse strong; gave strychnine in 1-300 grains every four hours since first visit. Bowels moved three times. Child seems more lively, and takes more notice of things going on about him; cry is stronger, urine scant and of reddish color. Glottic spasms have been occurring each day at intervals of from forty minutes to three hours.

September 15th.—Temperature 100; some curds passing in stools; some distension of abdomen; lungs negative.

September 19th.—Temperature 100.2. Until this morning the child was doing nicely, except for some tympanites, which was relieved by enemata. This morning the mother noticed slight twitching of fingers and forearms on left side. (He had all the time held both thumbs flexed into the palms and fingers clasped over them, so that where the index fingers crossed the thumbs there appeared a small ulceration. We had previously secured the thumbs outside the fingers to allow these to heal.) When I arrived at the house both forearms were involved in the muscular spasm, and the toes of both feet were markedly flexed. The lungs were negative, and the glottic spasms were less frequent and milder. Color of skin was even better than when last seen.

September 20th.—Temperature 100. Tremor is about the same, but has not had any glottic spasms since night before. Present weight 9 1-2, showing a gain of a half pound. Has had no general convulsion.

September 22nd.—Temperature 101. Tremor was less yesterday, but has increased to-day; some sore throat; a fine, elevated, glistening eruption has appeared over upper part of chest, shoulders and neck. Skin is quite red with a few minute pustules. Small ulceration appeared on umbilicus. Sweats a great deal. Bowels moved three times.

September 24th.—Temperature 101. Tremor about the same; color of skin better; eruptions disappeared; umbilicus better; profuse sweating, especially of head. Some abdominal distension; ear and scalp wounds healing nicely and urine is now quite clear. Sleeps well; no undigested food in stools. Has had slight cough for past thirty-six hours; lungs negative.

September 27th.—Temperature 104. Eruption has reappeared on chest and neck; cough has disappeared; some mucus in throat; bowel movements from two to four a day; quite marked abdominal distension; respiration somewhat rapid; a few fine subcrepitant rales found in upper lobe of right lung posteriorly; left side negative; tremor present as before.

September 27th.—Temperature 107.4 (axillary); marked dyspnea; pulse rapid and weak; tremor has disappeared; skin dark; coarse rales over all portions of both lungs; has occasional glottic spasm; liver enlarged downward three inches. After use of cold towels for from fifteen to twenty minutes, temperature was 103; cold was discontinued, and an hour later it had dropped

to 101. When temperature fell, the tremor reappeared, in hands first and finally in feet.

September 28; 9.00 a.m. Temperature 101; has risen to 103 once during night; no more glottic spasm; respiration is rapid and very difficult; condition of lungs unchanged. Tremor of upper extremities as before, and mild in toes and plantar muscles.

The child died at noon, the tremor subsiding only immediately before death.

Treatment.—The treatment of this case was, from the beginning, an effort to supply a better quality of food. Working on the theory that the disease is of gastrointestinal origin, the aim was to rid the intestinal canal of its toxin-producing material by administering at the beginning a full dose of calomel, and each subsequent day three or four one-tenth grain tablets, so as to produce from two to four free evacuations each day. To supply the lack in food a good quality of cow's milk was given at alternate feedings. Pure cream and saccharum lactis were added as needed.

Comments.—The theory of auto-intoxication is advanced as the determining cause of tetany, as given by Strong, Loebl and Moynihan-Peters of Berlin, in an excellent discussion of the pathologic anatomy, as a result of a histologic examination of eight cases, says that it is an organic affection, the lesion consisting of an interstitial neuritis or ganglitis, the process involving the nerve roots, innervating the parts that are the seat of the muscular spasms. This over-excitability of the motor nerves is the result of mechanical compression of the motor fibres in the root regions, by the products of the inflammation.

That tetany in infants is nearly always preceded by some disorder of nutrition is very good evidence in favor of the auto-intoxication theory. Rachitis is a common forerunner of the disease, and while the case just detailed presents a few of its symptoms, it is hardly enough to say that, had the child lived six months longer he would have developed the disease in a well-marked form. It might be added that antipyrin and bromid of sodium were both used in this case, with apparently little effect. I would also call attention to the fact brought out that the general condition of the child was improving up to the development of the lung complication, as evidenced by the gradual healing of the ulcerations about the head.

Therapeutics.

The Management of Hernia in Infancy and Childhood:

In the *Journal of the American Medical Association*, January 14th, 1905, Dr. William B. Coley, of New York, tells of the management of hernia in infancy and childhood. In Dr. Coley's opinion truss treatment should always be the method of choice in children under the age of four years. He cites these objections to this general rule: 1. If there is a history of strangulation that has become reduced by taxis, I believe that an operation is indicated, no matter how young the child. 2. In cases in which, despite carefully directed truss treatment, the hernia has become irreducible, or reducible with difficulty, I think early operation should be advised. 3. In cases in which the rupture cannot be controlled by a truss and, as a consequence, is gradually increasing in size. 4. In all cases of femoral hernia, the reason for prompt operation in this class being that a cure by persistent truss treatment is practically unknown at any age. 5. Immediate operation is indicated in all cases of hernia associated with reducible hydrocele, or fluid in the hernial sac, inasmuch as it is impossible to control the rupture by means of a truss, and there is, hence, nothing to be gained by waiting. Dr. Coley considers the "opposite-side" or "cross-body" truss the best. As to duration of treatment if a child has attained the age of four years, and the rupture has not been cured, then an operation should be performed.

Bread Substitutes for Diabetic Patients:

R. T. Williamson, M.D., in the *Medical Chronicle* for January, says in deciding whether a diabetic bread-substitute should be employed or not, it is necessary to determine: 1st. Whether it is practically free from starch and sugar. 2nd. Whether the taste is agreeable to the patient. 3rd. Whether the cost of the preparation is too great for the patient's means or not. 4th. In the case of diabetic biscuits sold by various firms, whether they can be broken up by the patient's teeth. The following are the most useful of these bread-substitutes: Prepared from vegetable albumens—Roborat bread, Aleuronat cakes and gluten bread. Prepared from nuts—Almond cakes and cocoanut cakes. Pre-

pared from milk albumens—Plasmon powder and biscuits, protene bread and biscuits, casoid bread and biscuits (kalari and pro-lacto biscuits).

Hemorrhoids: Samuel G. Gant, M.D., New York, in *N. Y. M. J.* and *P. M. J.*, says that he has operated upon more than two hundred and fifty cases of hemorrhoids, under sterile water anesthesia with the most gratifying results; one hundred and eighty-six of these were included in a collection of three hundred and twenty cases of various rectal operations performed under this method of anesthesia. This group of operations embraced every variety of pile tumor, under all conditions ordinarily encountered, and effective radical treatment was rendered by this method, so simple and easy to accomplish in the office, patient's home, or dispensary, without resorting to general anesthesia, and with so little danger and inconvenience to the patient, that in the writer's opinion it should relegate to oblivion the much vaunted but uncertain and dangerous injection method of treating hemorrhoids which has accomplished little and caused much suffering, but, nevertheless, has enabled the quacks or medical vampires throughout the country to extort enormous sums from this class of sufferers. Anesthesia is produced by injecting sufficient sterile water into the centres of the tumors; then they can be painlessly operated on by the ligature, clamp and cautery, or linear excision methods.

The Treatment of Hydrocele: Charles Greene Cumston, M.D., Boston, in the *American Journal of Dermatology* thus describes Volkman's operation for the radical cure of hydrocele: Under narcosis the sac of the hydrocele is split open by a free incision extending from the external inguinal ring to the base of the scrotum. The cavity of the tunica vaginalis is thoroughly irrigated with a 3 per cent. carbolic acid solution, and the tunica vaginalis is carefully sutured to the borders of the cutaneous incision. About fifteen to twenty sutures are necessary, and catgut or fine silk may be employed. In applying the dressings they should be put on in such a manner as to compress the scrotum tightly, so that the tunica vaginalis is everywhere in close contact with the parietal vaginalis of the testicle, and the incision is left open. A drainage tube is only necessary in those cases where the vaginalis

forms multiple folds, but when such is the case, Dr. Cumston believes it better to excise as much of the membrane as may be required to avoid this condition of affairs. Recovery follows as a result of the adhesions between the two serous surfaces.

Lobar Pneumonia in Infancy: Dr. John Lovett Morse, Boston, in *American Medicine,* January 28th, 1905, delivers himself as regards the treatment of lobar pneumonia in infancy: The treatment is hygienic and supportive rather than medicinal. The infant should be disturbed as little as possible. It must have the greatest amount of fresh cool air. If possible it should be kept out of doors during the day; next best, close to an open window. Regulate diet to suit weakened digestion; use stimulation only when indicated. When required strychnine is most useful, alcohol next. If fever accompanied with nervous symptoms, cold externally, not coal tar drugs. Use hot applications for pain, bromide and codeia for restlessness.

Prostatic Hypertrophy: The present attitude regarding the treatment of prostatic hypertrophy is dealt with in the *Medical Record,* December 31st, 1904, by Martin W. Ware, M.D., New York. Fifteen years ago the routine treatment was self-catheterization, and when exact anatomical knowledge enlightened surgeons as to the condition present, there was rapidly evolved and developed a well-planned operation by the perineal or suprapubic route. The operation by the perineal route is the elect operation for obvious reasons. In this the pendulum has swung far to the operating side of the question, and it has undoubtedly proven another triumph of modern surgery.

Puerperal Infection: Rudolph Wieser Holmes, M.D., Chicago, in the *Clinical Review,* January, says: "Sera.—Theoretically sera are the only curative measures for puerperal infections; but, unfortunately, practically they are all of small use. For example, streptococcic serum must have been produced from identically the same germs as produced the

infection; further, as the infections are prone to be of a composite form a composite serum must be used, which would be a return to the old 'shot-gun' mixture. The future undoubtedly will furnish us with a reliable preparation of serum for each of the usual germs found in infections of the lying-in period, the use of each being dependent upon the bacteriological findings of the lochia."

Earache: Dr. G. Bjorkman, Milwaukee, prescribes the following for earache (*Merck's Archives*):

℞ Acidi Carbolici ..... mlxl.
Alcohol ..... mlxlv.
Glycerini ad ..... ℥i.
M.

Sig: One-half a dropperful warmed, to be instilled into the ear, for adults; less for a child.

Synovitis: Used in acute conditions. This solution may be employed hot, and joint surrounded with hot water bags; or, if more agreeable to patient, may be employed in cold, and joint surrounded with ice-bags. The rubber bandage firmly applied frequently relieves pain and swelling.

℞ Liquoris plumbi subacetatis ..... f ℥ii.
Tinc. opii ..... f ℥ii.
Aquæ bullientis ..... q.s. ad. f ℥xxxii.
M.

Sig.: Apply upon soft cloths saturated with solution, and place joint at rest.—*The Medical News.*

Carbolic Acid Poisoning: Bufalini recommends Persodine, which is a mixture of sodium and ammonium persulphates, as an antidote in carbolic acid poisoning. *N. Y. M. J.* states that the soluble sulphates are the most efficient antidotes to this poison, but the persulphates are more energetic and more quickly effective.

Operation for Varicocele: Lucien Lofton (*N.Y.M.J.* and *P.M.J.*), finds the ligation method of operating for varicocele satisfactory. The patient in a semi-recumbent attitude, the surgeon grasps the scrotum with the left hand, the index finger and thumb at the same time separating the vas deferens and spermatic artery, while the pampiniform plexus is brought well up against the anterior and upper walls and held there. A surgeon's ordinary curved needle three inches in length, with double strand of No. 2 fiddle string, is employed, and the point pierced at the seat of election, and the mass fixed. The needle is not allowed to perforate the opposite wall, but is guided around to emerge at original opening. Gradual tightening of strands is advisable unless you are sure you have isolated the vas and artery.

Society Reports--Notes of Interest.

Typhoid Fever and Appendicitis: At the seventeenth annual meeting of the Southern Surgical and Gynecological Association, Dr. John C. Oliver, of Cincinnati, gave the following conclusions regarding the irregular manifestations of typhoid fever and appendicitis: 1. That typhoid ulcers may appear in the glandular structures of the appendix and give rise to a typhoid appendicitis. 2. That the infiltration of the ileum and cecum in typhoid fever may be so great as to give rise to a distinct tumor mass in the right iliac fossa. 3. That the Widal test is of but little, if any, value in the early diagnosis of the disease present. 4. That the leucocyte count proved in his series of cases to be of value in distinguishing between the two diseases. 5. That an exploratory laparotomy in typhoid fever is not devoid of danger. 6. That abdominal incision is imperative when it becomes necessary to establish the differential diagnosis between a typhoid perforation and fulminant appendicitis. 7. That in the absence of perforation cases of typhoid appendicitis should not be operated on.

The Antitoxin Treatment of Diphtheria: Dr. B. Franklyn Roger, of the Philadelphia Municipal Hospital, at the regular meeting of the Philadelphia County Medical Society, January 11th, 1905, pleaded for a dose of antitoxin proportionate to the amount and position of the exudate. He recommends large doses in nasal, naso-pharyngeal and laryngeal diphtheria. He strongly advocates using it early, before and without waiting for culture returns. There should also be a more general use of antitoxin as an immunizing agent.

Schafer's Artificial Respiration: At a recent meeting of the Edinburgh Medico-Chirurgical Society, Professor E. A. Schafer demonstrated his method of artificial respiration. He placed the patient in the prone position and kneeling on one side rhythmically compressed both sides of the chest with each hand. With this method there is no fatigue to the operator and consequently it can be kept up for a long

time. Water and mucus naturally drained away from the patient, and the tongue could have no tendency to fall back into the pharynx.

A New Method of Exploring the Abdomen:

Dr. Alex. Hugh Ferguson, Chicago, told of a new method of exploring the female abdomen at the recent annual meeting of the Western Surgical and Gynecological Association. The hand and entire forearm are passed into the abdomen through the vagina, enough space being secured by cutting through the mucous membrane of the vagina its whole length on each side post-laterally. The mucous membrane cut, the other structure would stretch at once. Dr. Ferguson has employed this method for three years in private practice and at his clinics, passing his hand through to the diaphragm, and thus palpating all the abdominal organs.

Extirpation of Gasserian Ganglion:

Dr. John B. Murphy, of Chicago, stated before the annual meeting of the Western Surgical and Gynecological Society, that he had operated on twelve cases, with four deaths, extirpating the gasserian ganglion for facial neuralgia. There has been no recurrence of the neuralgia in any case thus far.

Hard Paraffin in Nose Deformities:

Dr. Walker Downie, of Glasgow, before the recent meeting of the British Medical Association, said that in two and a half years he had operated on one hundred cases of nose deformity, using hard paraffin in the correction of the same. The operation is devoid of danger when properly performed. Where the deformity is of the nature of a sinking-in, and the sunken area healthy, the shape of the nose can in all cases be improved.

Stipticin in Uterine Hemorrhage:

Stipticin, introduced by Dr. Martin Freund, is narcotine hydrochlorate obtained from narcotine by oxidation. At the recent annual meeting of the Southern Surgical and Gyne-

cological Association, Dr. H. J. Boldt, of New York, said that he had used stipticin now for seven years in various cases of uterine hemorrhage. Two and one-half to five grains seems to be a large dose, and if three doses are not beneficial it may be discontinued. Dr. Boldt considers it better than any other drug.

Radium in Carcinoma

Before a recent meeting of the Practitioners' Society of New York, Dr. Robert Abbe in reply to Dr. Charles McBurney, said that he had not employed radium in more than half a dozen cases of carcinoma, but in every case some improvement was noticed.

Roentgen Rays and Cancer:

Dr. Charles McBurney said before the Practitioners' Society of New York, that many patients had been treated with the Rœntgen Rays, thus excluding operation, until the disease was too far advanced, where an operation would be beneficial.

Cancer:

Dr. Joseph D. Bryant, New York, recalled before the Practitioners' Society, that clover flowers, turpentine, the introduction of electrically-charged needles into the tumor, condurango, Roentgen ray and radium, have successfully been tried in the treatment of carcinoma, as had the surgeon's knife, and he would reverse all these and use the surgeon's knife first, and then if necessary use one of the above agents in prevention of recurrence.

Chloroform Anesthesia:

Sir Lauder Brunton said before a meeting of the Royal Medical and Chirurgical Society of London, that the success of the anesthetist would depend upon maintaining anesthesia steadily and thoroughly until the operation was over, thus avoiding risk by shock from the operation or shock from too concentrated a vapor to the respiratory passages, and shock, spasm and suffocation from regurgitated food. Position of the patient was also strongly emphasized.

Ulcer of Stomach: At a recent meeting of the Practitioners' Society of New York, Dr. Edward G. Janeway, in discussing problems relating to simple ulcer of the stomach said, that a hemorrhage from the stomach, just as one from the lungs in early phthisis, had the effect of a life-saver, in that it usually awakened the patient to a proper sense of his condition.

Spinal Cocainization: Dr. Robert Jones thinks that English surgeons are too timid in regard to the use of spinal cocainization. At a recent meeting of the Liverpool Institution, Dr. Jones stated his belief that with strict asepsis, there was very slight risk. He says it is of particular advantage where operations are necessary in cases of advanced phthisis, bronchitis, or asthma, in persons fearing general anesthesia, and in shock following severe injuries of the lower limbs.

Errors in Diagnosis: Byrom Bramwell, M.D., before the Manchester Society (*Medical Chronicle*), thus describes diagnosis: It is or ought to be *a logical conclusion based on the facts of the case.*

The object should not be to give a name to the disease, but to determine the exact character and extent of the lesion or lesions.

Grave errors in prognosis may result from a mistaken diagnosis, as for example: Myxedema diagnosed as obesity, or Bright's; acute tuberculosis diagnosed as typhoid fever; acute tuberculous pneumonia diagnosed as acute bronchitis or acute croupous pneumonia; hemoptysis due to mitral stenosis diagnosed as due to phthisis; acute nephritis occurring in the course of cirrhosis of the kidney diagnosed as a primary acute inflammation of the kidney; functional (cyclic) albuminuria diagnosed as Bright's disease; temporary (dietetic, functional and gouty) glycosuria diagnosed as diabetes mellitus; disseminated sclerosis diagnosed as hysteria; alcoholic insanity diagnosed as G. P. I.; tabes with gastric crisis diagnosed as ulceration of the stomach; myasthenia gravis diagnosed as hysteria; Friedreich's ataxia diagnosed as chorea.

Physician's Library.

Blakiston's Quiz Compends. A Compend of the Diseases of the Eye and Refraction, including Treatment and Surgery. By George M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D.

This is the third edition, revised and enlarged, a practical, handy, compend, containing one hundred and nine illustrations, several of which are in colors. It is just the thing for students, and will prove of good value to general practitioners.

Manual of Diseases of Women and Uterine Therapeutics. For Students and Practitioners. By H. MACNAUGHTON-JONES, M.D., M.Ch., Master of Obstetrics (honora causa) Royal University of Ireland, Fellow of the Royal Colleges of Surgeons of Ireland and Edinburgh; formerly University Professor of Midwifery and Diseases of Women and Children in the Queen's University, and Examiner in Midwifery and Diseases of Women and Children in the Royal University of Ireland; ex-President of the British Gynecological Society; Corresponding Member of the Gynecological Society of Munich. Ninth Edition. University Series. London: Ballière, Tindall and Cox. Canadian agents: J. A. Carveth & Co., Yonge Street.

This, the ninth edition of this work, has been to a great extent rewritten; and there have been added clinical, operative and pathological advances commensurate with the advances of the day. The book is a superior one in many respects. Those chapters dealing with uterine displacements and pessaries, are aptly and superbly illustrated, and, indeed, all the illustrations throughout the book are admirable. There are also chapters worthy of exceptional note, such as those on the female bladder, ureters and rectum, as well as one on gynecological electrotherapeutics. The book will eminently satisfy the wants of students, and prove also of decided value to practitioners.

The Doctor's Recreation Series.—The Doctor's Red Lamp. A Book of Short Stories Concerning the Doctor's Daily Life. Selected by CHARLES WELLS, Moncton. The Saalfield Publishing Co., Akron, Ohio.

The volume of the "Doctor's Recreation Series," Number II., is entitled "The Doctor's Red Lamp." Some of these stories we have found familiar, others new. We are satisfied it will be a work when completed which will appeal to a great many of the profession. We are far too prone as a class to stick too much to the reading of medical literature when we could be broadening and strengthening our views of life with other literature. These volumes are designed for relaxation after work, and we will undoubtedly pass many an hour in happy perusal of them. Heavy reading is not always desirable; light must sometimes be indulged in. No one can afford to miss or remain unfamiliar with the short stories, squibs, etc., which have been written about the profession, and the Saalfield Publishing Co. are to be congratulated upon putting out this collection.

A Text-Book of Legal Medicine. By FRANK WINTHROP DRAPER, A.M., M.D., Professor of Legal Medicine in Harvard University; Medical Examiner for the County of Suffolk, Massachusetts. Octavo volume of 573 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1905. Canadian agents, J. A. Carveth & Co., Limited, 434 Yonge Street, Toronto. Cloth, $4.00 *net.*

The subject of Legal Medicine is one of great importance, especially to the general practitioner, for it is to him that calls to attend cases which may prove to be medico-legal in character most frequently come. Dr. Draper has written his work both for the general practitioner and for the medical student. He has not only cited illustrative cases from standard treatises on forensic medicine, but these he has supplemented with details from his own exceptionally full experience—an experience gained during his service as Medical Examiner for the City of Boston for the past twenty-six years. During this time his investigations have comprised nearly eight thousand deaths under a suspicion of violence. The author's long teaching career has enabled him to

state facts and detail procedures with a clearness rarely met in a work on Legal Medicine. Withal, we think Dr. Draper's book is unusually satisfactory; it is more—it surpasses our expectations.

Progressive Medicine, September and December. 1904.

This quarterly digest of advances, discoveries and improvements in the medical and surgical sciences presents two strong replete volumes for September and December, 1904. The September issue, Vol. III., has for contributors, William Ewart, Wm. S. Gottheil, Richard Norris and Wm. G. Spiller, and the subjects treated of are diseases of the thorax and its viscera, including the heart, lungs and blood vessels; dermatology and syphilis; diseases of the nervous system and obstetrics. Wm. T. Beldfield, Joseph C. Bloodgood, John Rose Bradford, H. R. M. Landis and Steel J. Dutton keep the December, Vol. IV., up to date on diseases of the digestive tract and allied organs; liver, pancreas and peritoneum; anesthetics, fractures, dislocations, amputations, surgery of the extremities, and orthopedics; genito-urinary diseases; diseases of the kidneys; and a practical therapeutical referendum. No one can afford to be without this work, which may be ordered from Lea Brothers & Co., publishers, Philadelphia.

Dominion Medical Monthly

And Ontario Medical Journal

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Published on the 15th of each month. Address all Communications and make all Cheques, Post Office Orders and Postal Notes payable to the Publisher, GEORGE ELLIOTT, 203 Beverley St., Toronto, Canada.

VOL. XXIV. TORONTO, FEBRUARY, 1904. No. 2.

COMMENT FROM MONTH TO MONTH.

Lieutenant-General Laurie, whom Canadians will remember was at one time a member of the Canadian House of Commons, is now a member of the British House of Commons, and has been prosecuting before that august body, and still desires to do so, an amendment to the Medical Act of 1858, providing the Canadian profession supports him in his endeavors. The object of this amendment is set forth in the following paragraph, taken from the memorandum of the bill: "Surgeons of the highest standing in Canada, and holding commissions from His Majesty in the militia, volunteered for service in South Africa, and a complete field hospital was offered for Canada, and in both cases the War Office refused to accept such service on the ground that it was contrary to the Medical Act of 1858 to permit a surgeon of the Colonial Register and colonially trained to attend professionally to British troops. The object of the amending bill is to

remove this disqualification." General Laurie desired an expression of opinion on the matter from the Canadian Medical Association, but as his communication to that body miscarried somehow, the matter was not dealt with at the last annual meeting in Vancouver. The subject, however, has been placed before the leading local medical societies of Canada; and to our knowledge the St. Francis District Association of the Eastern Townships has been the first to pass a resolution favorable thereto. It is to be hoped that every medical society will despatch a favorable resolution to General Laurie, so that when next he presents the matter before the Imperial House he will have abundance of evidence that the proposed amendment to the British Medical Act meets with the cordial support of the Canadian profession. The Bill of 1904 was backed by the representatives of the General Medical Council, Sir Walter Foster and Sir John Tuke.

Doctors and North-West Autonomy is the heading of a letter recently in the *Globe*, from Dr. W. H. Scott, Toronto. As the Government of the Dominion is about to create two provinces out of the North-West Territories, Dr. Scott is afraid that the two prospective legislatures will immediately, presumably on the advice of the medical practitioners now located in that quarter of our Dominion, pass restrictive legislation precluding any possibility of doctors from any other part of the Dominion coming to practise in that part of Canada, without first undergoing a rigid examination. The writer puts forward the argument that that part of Canada was purchased from the Hudson Bay Company by the then Dominion of Canada, and that it would be unfair to exclude the medical profession which formed a portion of the population of Canada as it then was. No one will now deny that it was both a wise and a good purchase; but it seems to us most unreasonable that the medical profession of the older provinces having laws to govern themselves, should, until such times as Dominion registration becomes law, seek to meddle in any way with medical matters of the two prospective provinces any more than it does now.

From Montreal we have word of what appears to have been a most dastardly sacrilege of the heaven-born rights of the lying-in woman. Two myrmidons of the law, a deputy high constable and his special satellite, armed with a search warrant invaded the wards of the Montreal Maternity Hospital, and in spite of assurances from doctors and nurses that no such female patient as the smaller minion was present to identify was there, they searched in a most unmerciful and cruel manner both the public and private beds, the search ending fruitlessly so far as their particular quarry was concerned, but a search which will be sure to end disastrously for themselves, as the authorities of the Maternity Hospital are after both with a very hot stick. Without knowing anything of the circumstances for which this female was so strenuously sought, her plight may have been such, when she was suspected of having found shelter in the wards of a maternity hospital, that the sleuths of the law might have well let her lie in, even if she were there, which does not seem to be quite established by the search, looking to and taking the bond of the hospital authorities until such proper time as she could appear before a court of law. But the enormity of the outrage seems to us to be that they invaded wards which for the time being were rented from the hospital, transient tenancy it is true, but private, and which certainly ought not to have been entered without special warrants for each private ward so entered. We are inclined to think that the occupants of these selfsame wards could proceed against these men for both house-breaking and trespass. The most strong, virile and slashing editorial condemnatory of the dastardly outrage which appears in the current number of the *Montreal Medical Journal* must be like vitriol to the hearts of these men, who must feel their position now that they have raised such a blizzard of denunciation upon themselves.

People with ordinary commonsense must have a mixed feeling of pity and contempt for those claiming that they believe in what is called "christian science," which has been denominated

most unscientific and most unchristian. It is difficult to understand how in these enlightened days, when the general public is put in possession of so many facts regarding disease, especially of an infectious and contagious nature by the public press of the land, that there are individuals who scout and scoff at both moral and civil law, and who will let their friends, their relatives, their children, yea, even themselves die, totally disregarding, wantonly ignoring even the simplest laws of hygiene. Either these people are ignorant to a degree bordering on barbarism, or they are astute and cunning to a degree bordering on criminality. If of the former class, it is a sad satire on modern civilization and modern educationalistic methods upon which we are so wont to pride ourselves nowadays. If of the latter class, we would conceive it would be the duty of the crown in all cases to investigate and put this matter of treatment of the sick by these people upon a legal basis. If the law is going to permit "christian scientists" to treat people with diphtheria, scarlet fever, etc., are doctors going to be dragged to the Police Court and fined $20 if they fail or have neglected to report a case of either, while the "christian science healer," so-called, is left unmolested? Section 80 of the Ontario Public Health Act reads: "When any *physician* knows that any person whom he is called upon to visit is infected with smallpox, scarlet fever, diphtheria, typhoid fever, or cholera, such *physician* shall, within twenty-four hours, give notice thereof to the Local Board of Health, or Medical Health Officer of the municipality in which such diseased person is. Any *physician* who violates this section of the Public Health Act becomes liable to a penalty of $20." A "christian science healer" does not come under the provisions of this Act, and therefore, he may visit and continue to visit infectious and contagious cases of disease, because the Health Officer or Local Board of Health is not empowered to deal with him or her as the case may be. It would seem advisable, therefore, to have the Public Health Act amended so as to read, "Whenever any physician or 'attendant' knows," etc. And in the case of an "attendant" having failed to report a case of the above diseases as required by law, it would be well were he or she to become liable to a penalty of $200, or

in default thereof imprisonment for one or two years. This would empower the Health Officer to deal with these unchristian and unscientific, these ignorant or these astute people.

The time arrived last month when all should have promptly paid up their annual dues to the Canadian Medical Protective Association. We understand that the Executive of this association has recently appointed throughout Canada in each province a special committee to look after the welfare of the Protective Association. This follows out a suggestion made at the last annual meeting, and it is to be hoped that it will prove a good and workable one. The Canadian Medical Protective Association is an organization of the very first importance to medical practitioners all over Canada, and should have the united and earnest support of the entire profession. Indeed, we doubt that there exists amongst us an organization which can be made of so much use to the medical profession in all Canada as this one; and why should everyone be requested to join every year when they ought to pay up as promptly as they pay for any insurance? We would suggest to the treasurer that a month before each year he simply advise all members that unless their dues be paid within a month that he will consider they mean for him to draw upon them for the amount of their annual dues. This would be on a line with the practice of the Ontario Medical Council, and would be found to be practical as well as profitable.

News Items.

CANADIAN.

In Montreal 634 deaths occurred last year from tuberculosis.

Dr. J. F. W. Ross is spending three months in Southern California.

Dr. G. Stirling Ryerson, Toronto, has gone to Atlantic City.

The Faculty of Medicine of McGill will seek full union with the University.

The British Admiralty has closed the Naval Hospital at Esquimalt, B.C.

Dr. T. G. Roddick, Montreal, is spending a holiday in the Bahama Islands.

Dr. H. B. Cameron, of Atlin, B.C., has returned home after a visit to Honolulu.

There were sixty-two cases of tuberculosis reported in Montreal during January.

Dr. George McDonagh, Toronto, has gone to Southern Italy for three months.

Dr. S. M. Lyon is in Collingwood taking temporary charge of Dr. Arthur's practice.

The counties of Oxford and Perth have endowed beds in the Free Hospital at Muskoka.

There were four hundred cases less of scarlet fever in Ontario in 1904 than in 1903.

Dr. J. M. Lefevre, of Vancouver, was in Toronto recently on his return from England.

The Canadian Nurse is the title of a new publication to be shortly issued from Toronto.

DRS. HERBERT ADAMS and Walter Maybury, Toronto, have returned from a trip to Jamaica.

THE total number of deaths reported in Ontario during 1904 were 25,415, as against 25,267 in 1903.

DR. FRED. J. BRODIE, of Forest, has been appointed House Surgeon in the General Hospital, Toronto.

DR. D. A. SHIRRES, Montreal, has returned from attending the Pan-American Medical Congress at Panama.

DR. SMITH, of the Lazaretto at Tracadie, N.B., reports that there are fifteen cases of leprosy in that institution.

DR. A. E. DOUGLAS, Hunter River, P.E.I., has become Speaker of the Prince Edward Island Legislature.

DRS. W. J. O. MALLOCH and A. C. HENDRICK, Toronto, go to England in March.

THE medical profession should be well looked after with three medical men in the Cabinet of the Hon. Mr. Whitney.

THE death is announced of Dr. James McGregor Stevenson, of Dunfield. He was a gold medallist of McGill University.

DR. FIELD, the physician for the T. & N. O. Railway, is about to build a hospital near Swan Lake for the railway employees.

DR. E. E. LATTA, of Colborne, Ont., has been appointed an Associate Coroner for the united counties of Northumberland and Durham.

DR. E. P. LACHAPELLE, Montreal, has returned to that city from attending the annual meeting of the American Public Health Association at Havana.

DR. J. H. CARRIQUE, who practised in Collingwood, and who went to Sarnia a few years ago, has made another move, this time coming to Toronto.

DR. MENZIES, formerly of Portland, late of Roseneath, Ont., has decided to move to Delta to make it his home and to locate there for the future.

DR. R. J. A. MCCOMB, of Trenton, is now in Toronto. The doctor has the honor of being appointed House Surgeon in the General Hospital, Toronto.

DR. CLARKE, of Toronto, is relieving Dr. Williams, of Bracebridge, who has gone on an extended trip for his health.

DR. BERWICK has returned to Shelburne from Victoria Harbor, where he has been assisting Dr. Douglas McRobbie for some time.

AT the Toronto General Hospital 12,984 persons received treatment in 1904. These figures include the cases at the Emergency branch.

DR. A. J. RICHER, Montreal, will remain as hon. secretary of the Montreal League for the Prevention of Tuberculosis, Dr. Hardy acting as secretary.

THE Peterboro' Sanitarium Association was formed on the 9th of February, having in view the erection of a sanitarium near that city in the immediate future.

DR. GEORGE MACDONALD, Brandon, Man., was elected a vice-president of the American Health Association at its annual meeting held recently in Havana.

THERE were 739 deaths in St. John, N.B., during 1904 as against 771 for the previous year. There were 258 cases of contagious diseases with eighteen deaths.

DR. BARRETT, of Dawson, is spending some weeks in New York. On his way "out" he spent some time with an old friend, Dr. A. S. Monro, of Vanvouver.

TORONTO'S vital statistics for January: Diphtheria, 187 cases; scarlet fever, 48; typhoid fever, 14. The births registered in January were 412, and the deaths 333.

DR. HEA, an old and respected resident of Grand Valley, Ont., was stricken with paralysis a short time ago, and is in a critical condition. He is in his 84th year.

DR. GEORGE CHARLTON, of Montreal, has been appointed by the Dominion Government to establish a bacteriological and pathological laboratory at Regina, N.W.T.

FIRE damaged the Royal Victoria Hospital, Montreal, recently to the extent of $30,000. Lord Strathcona has cabled that he will foot the entire bill for repairs.

THE many friends of Dr. J. W. Cook, of Strathroy, will be pleased to hear of his success in graduating for M.B. He will form a partnership with Dr. A. Stewart, Fort William.

DR. FRED. S. EATON, a recent graduate of Toronto University, has gone to New York City, where he has received an appointment as House Surgeon for a term of a year and a half.

THE Anti-Tuberculosis League of British Columbia, has made overtures to the Admiralty Office to lease the Naval Hospital at Esquimalt for the purposes of a consumption sanitarium.

DR. N. F. SNIDER, a leading Conservative of Odessa, Ont., is dead as a result of a runaway accident. He was driving with his wife when his horse threw him out against the ridge pole of a bridge.

DR. WILLIAM OLDRIGHT, Professor of Hygiene in the Medical Faculty of the University of Toronto, has returned from attending the meeting of the American Health Association at Havana.

PROFESSOR J. GEORGE ADAMI has been elected chairman of the Management Committee of the Montreal League for the Prevention of Tuberculosis in succession to Dr. Roddick, resigned.

DR. J. BRIEN has returned to his home in Essex, Ont., after spending three weeks in a sanitarium for his health. The doctor is not in as good health as his many friends would like to see him.

DR. HANBIDGE, an old Arran boy who has been practising his profession in Montana, is in Southampton on a brief visit to his brothers in Arran previous to taking a post-graduate course at New York.

THE deaths from typhoid fever in Winnipeg, Man., in 1904, numbered 133, out of a total of 1,436 deaths from all causes. It has been estimated that over 2,000 cases were reported in that city last year.

THE two practitioners of British Columbia whose names were erased from the register of the College of Physicians and Surgeons have had their names ordered on again by Mr. Justice Morrison, of British Columbia.

WHITBY has contributed seventy-five of its inhabitants to swell Chicago's population. Among them are Archbishop Quigley, Dr. Sanger Brown and five other doctors, three lawyers and a professor at the University of Chicago.

DR. HARRY W. SPENCE died recently in Toronto. He was a graduate of 1900 of the Medical Faculty of the University of Toronto, and during the South African War was attached to a British regiment in a professional capacity.

DR. CHARLES O'REILLY has been superintendent of the Toronto General Hospital since 1876. During that time 220 house surgeons have been trained in the institution and the cases treated in the wards have grown from 972 in 1876 to 3,811 in 1904.

PHYSICIANS are said to be scarce in Newfoundland, especially on the west coast line; and the Government of the Island is appointing physicians to magistracies at salaries of $500 per annum in order to induce physicians to locate in these outlying districts.

CONGRATULATIONS are in order to the Hon. Dr. R. A. Pyne, who has become the Minister of Education in the Whitney Government. For many years Dr. Pyne has been the popular and efficient Registrar of the Ontario College of Physicians and Surgeons.

AN important health conference was held in Vancouver on the 3rd of February, which was attended by the Provincial Health Officer, Dr. Fagan. It is likely that the outcome of this conference will be the establishment of a Board of Health composed of medical men.

THE St. Francis District Medical Association of the Eastern Townships, Quebec, has approved by special resolution of the General Laurie Amendment to the British Medical Act of 1858, which seeks to remove the disabilities preventing colonials from serving in the British army or navy.

THE annual banquet of the *Canadian Journal of Medicine and Surgery* was held in the King Edward Hotel on the evening of January 4th, and proved a most enjoyable reunion of the staff and a few invited guests. Our contemporaries, Messrs. Drs. Cassidy and Young, proved themselves admirable hosts.

THE death is announced at the Royal Victoria Jubilee Hospital, Victoria, B.C., of Dr. William Grant Mitchell at the age of thirty-six years. The late Dr. Mitchell was largely interested in mines in the province of British Columbia, and was at one time a star football player on the Guy's Hospital team.

DR. ENGLISH, of the London, Ont., Board of Health, waited on the Ontario Board of Health at their recent meeting in Toronto, and asked for the establishment of a laboratory in connection with the Western University in that city.

DR. BREFFNEY O'REILLY, only son of Dr. Charles O'Reilly, medical superintendent of the Toronto General Hospital, has gone to Baltimore on the special invitation of Dr. Osler to attend the last series of lectures and clinics of that noted clinician.

DR. W. T. WILLIAMS, of St. Thomas, will leave about the end of the present month for the Bahama Islands, having accepted the position of quarantine officer and medical health officer for the island of Inagua, with headquarters at Matthewtown. Dr. Williams who is well known in Tillsonburg, having been a former resident, is a graduate of Toronto University, and took a post-graduate course in the Old Country in 1903. He gets his appointment from the British Government. In addition to his other work he will establish a private practice. He is a young man of ability and energy and is sure to be successful in his profession. He will not go alone to Inagua, but will be accompanied by a very popular Tillsonburg young lady, the engagement having been announced of Miss Florence Livingstone, daughter of Mr. W. W. Livingstone, to Dr. Williams. The marriage will take place in a few weeks.

IN view of the sympathy expressed at Elmira, Ont., with Mrs. Ullyott in her recent bereavement by the death of her husband, the late Dr. Ullyott, the following reference to the deceased from the Berlin *Telegraph*, will be of interest: "In 1879 Dr. Ullyott removed to Elmira, where at the time of his death, as a result of a attack of pleuro-pneumonia, he had just entered upon his twenty-sixth year of practice, and where he held the esteem of all who knew him. He was a man of refined manners and gentlemanly bearing throughout, was known for his straightforwardness and integrity, had the courage of his convictions and lived a life compatible with the Christianity which he professed as a member of the Methodist church. Dr. Ullyott took a keen interest in educational matters and was a ready speaker, who, when he took the platform, was intently heard, his remarks being marked by a carefulness and conservatism that indicated mature consideration. He enjoyed a remunerative medical practice and will be greatly missed by his patients as well as by his fellow citizens in general.

OFFICE OF THE PROVINCIAL BOARD OF HEALTH.—Deaths for 1904.—The returns for the last month in 1904 are not quite so complete as for the same month in the previous year, and the deaths reported are less by 64. The total number of deaths from all causes as reported by the municipal clerks are 2,077, representing a population of 1,959,643, which gives a death rate of 12.7 per cent. per 1,000, and for the corresponding period of 1903, 2,141 deaths were returned from a population of 2,051,965, which gave a death rate of 12.5 per cent. As may be seen by the comparative table, smallpox, scarlet fever and diphtheria are less prevalent throughout the province, while measles, whooping cough, typhoid and consumption show an upward tendency.

COMPARATIVE TABLE.

DISEASE.	1904.		1903.	
	CASES.	DEATHS.	CASES.	DEATHS.
Smallpox	2	0	13	0
Scarlet Fever	168	15	231	20
Diphtheria	437	65	474	72
Measles	125	7	14	1
Whooping Cough	45	4	8	4
Typhoid Fever	68	39	120	24
Consumption	166	159	148	148
	1011	289	1008	269

UNITED STATES.

THE American Medical Association is seeking national incorporation.

THERE are 1,219 women students of medicine in the United States to 25,538 male students.

DR. L. F. BARKER has been appointed an Associate Professor of Medicine in Rush Medical College, Chicago.

DR. FRANK P. FOSTER has completed his twenty-fifth year as Editor of the *New York Medical Journal.*

DR. J. H. MUSSER, Philadelphia, is the chairman of the American Committee of the Fifteenth International Medical Congress which is to be held in Lisbon, April 19th, 1906.

DR. THOMAS H. MANLEY, New York, died recently in that city of pneumonia. The late Dr. Manley was editor of the section of Surgical Pathology of the *Canadian Journal of Medicine and Surgery*.

PHYSICIANS who studied in the Medical Department of the University of Pennsylvania when Dr. Osler was connected with that institution, will present a life-sized portrait of Dr. Osler to the Medical Department of the University.

DR. CHAS. A. L. REED, of Cincinnati, Ohio, has been appointed by President Roosevelt one of a commission of two members from the United States, to adjust a dispute between the United States and the Government of Panama, regarding certain property rights.

A QUACK establishment in New York by glaring advertisements in the public press was able to swindle a man out of thousands of dollars, under the pretence of using radium. Now do the self-same newspapers raise their hands in holy horror at the audacity and outrageousness of the swindle.

THE Harvard Cancer Commission, it is understood, will report shortly that cancer is neither hereditary nor contagious, and that it is not of parasitic origin. The report will also state that excision is the only cure except in the case of small superficial growths, which may be cured by radiotherapy.

IT is said that Dr. W. T. Councilman, who is Professor of Pathology in the Harvard Medical College, disagrees with the findings of the Roswell Park Cancer Commission, which are to the effect that cancer can be cured with a serum. Dr. Councilman thinks that cancer is amenable to surgical procedure alone.

LINSEED and linseed meal poultices have been dropped altogether by the army physicians of the United States, it being the opinion of the Surgeon-General's Department that these have no place in modern therapeutics, and that their place can very readily be supplied in a more cleanly manner by hot wet compresses.

DR. A. J. OCHSNER, the eminent Chicago surgeon, received a gold prize for his hospital exhibits at the St. Louis Exposition.

RECENTLY in New York ten well dressed business men were arrested for spitting in the City Hall station of the subway and promptly fined two dollars.

A BILL is being prepared for introduction into the Legislature of the State of New York, which will seek to prevent the adulteration of whiskey with wood alcohol.

EXCHANGE FOR WHAT?—In the "Exchange Bureau" of a well-known New York medical journal, the following extraordinary advertisement appears: "To the Medical Profession--Mohel, or Circumcisor—An expert of forty-five years' experience desires to be engaged by the profession to perform the above operation. Address, Rev." etc.

HERE IS YOUR CHANCE.—A society has been formed in New York which will have for its object the securing of the brains of illustrious personages for the purposes of scientific study. The committee to formulate plans is composed of Prof. B. G. Wilder, Dr. E. A. Spitzka, and Dr. Alexander Herdlicker. A proper bequest will be devised whereby persons may during life bequeath their brains to this society.

WM. WOOD & CO., 100 YEARS OLD.—Messrs. William Wood & Company, publishers of New York, having attained the century mark in the publishing business, have issued an interesting brochure giving an account of their history since 1804. This firm is best known to the Canadian medical profession from being the publishers of the *Medical Record*, the *Reference Handbook of the Medical Sciences* and the *Twentieth Century Practice of Medicine*.

BRITISH AND FOREIGN.

A BILL is before the New Zealand Legislature which seeks to make compulsory the placing of the names of the ingredients on the labels of all patent medicines, manufactured or imported into that country.

LORD MOUNTSTEPHEN has contributed $1,000,000 to the King's Hospital Fund.

MONUMENT TO VIRCHOW.—The city of Berlin, Germany, is going to build a monument to Virchow, and towards this end are offering three prizes towards the plans of same.

AT the last meeting of the British Medical Association at Oxford, the advisability of operating in Bright's disease was but briefly alluded to, as a question not yet ripe for discussion.

MR. HERBERT WILLIAM ALLINGHAM by his will bequeathed £2,000, or the residue of his estate if less than that sum, to St. George's Hospital, said sum to be devoted to the founding of a surgical scholarship, to be known as the Herbert Allingham Surgical Scholarship.

Correspondence.

DR. CARVETH AND THE CHRISTIAN SCIENTISTS.— DR. CARVETH'S STATEMENT.

To the Editor of DOMINION MEDICAL MONTHLY:

I had thought my course of twenty years among the medical men of Toronto, in that time trying to work honestly and professionally, would have been sufficient to protect me against charges that have been brought against me in this connection, but some statements lately made concerning my dealings with the Christian Science people require explanation from me.

Some years ago the late John Kent, of McCaul Street, was under my care. After a time he left me to try Christian Science treatment. A day or two before death he became comatose and his friends sent for me and Dr. McPhedran. After his death the case was reported to the Crown officers and an investigation was held. The whole matter came before the late Sir Thomas Galt, who, in dismissing the case, made the statement that a man may have whatever treatment he wishes when sick, and the law cannot interfere with him.

Since that time a large number of my patients have left me to try Christian Science treatment. Some of these and their friends still come to me when sick for medical treatment. My treatment of these patients is the same as given to all my other patients.

In August, 1901, I was called to Markham Street to see the child of Mr. Lewis. When I reached the house I found the boy had been dead a short time. Upon examination, I suspected he died of diphtheria. I took a swab from the throat and, with Dr. Wilson, made a culture which turned out to be diphtheria. Upon finding this out, I reported the case as diphtheria to the Health Officer, and gave a certificate of death from diphtheria, not knowing at that time that I was doing anything but what the law requires.

In February, 1903, I attended Mr. Frazee of Spadina Avenue. Some weeks after this I was called in to attend his child. I found the child suffering from a severe form of scarlet fever, which I reported at once to the Health Officer. The child died in two days and I gave a certificate of death from scarlet fever.

In the early part of January of this year I received a message to attend a young man, named W. H. Goodfellow at 61 1-2 Vanauley Street, the message stating that the young man was very sick, and that his people did not know from what disease he was suffering. I went to the house and found the young man with a pulse of 130, respirations 65, with nostrils dilating, blue-white in color, bathed in perspiration and unconscious, dullness over lower parts of both lungs.

After some hesitation I consented to treat him. I prescribed for him and saw him again next day, when I found him in a dying condition. After leaving the house, his mother-in-law, living near, called me in from the street and explained to me that a medical man (Dr. Riordan) had been in attendance up to within eight days of that time, but that he had received no medical attendance during the last eight days. His diagnosis had been typhoid with lung complication. On the advice of this doctor, his mother-in-law had reported the full circumstances of the case to the Crown Attorney. Knowing that the Crown officers were apprised of the whole matter, I gave a certificate of death from pneumonia, my diagnosis at the time I saw the patient. I gave the certificate, explaining to the patient's brother that, as the case had already been reported to the Crown officers, they would likely investigate and that the responsibility would not be upon me.

GEO. H. CARVETH.

239 College St., Toronto, Feb. 11th, 1905.

MEDICAL APHORISMS, ETC.

To the Editor of DOMINION MEDICAL MONTHLY:

1. "Jucundem nihil est, nisi quod reficit varietas."

2. The first step in wisdom is to be exempt from folly.—*Horace.*

3. The saddest consideration among doctors is that by the time they have accumulated knowledge, verified by experience, and which can be utilized to the greatest advantage of their patients, old age prevents them from the exercise of such wisdom.

4. All physicians are supposed to be very familiar with the code of ethics; yet such is evidently not so. However, it is pleasing to note that the teaching of ethics will soon be established in our universities.

5. "Etiam capillus unus habet umbram suam."

6. "True medicine," says Sydenham, "consists in the discovery of real indications rather than the excogitation of remedies. Those who have neglected these have put arms into the hands of the empiric, and taught him to imitate the physicians."

7. "Inter homines sapiens, inter sapientes medicino" is the demand.

8. To the young doctor who is the possessor of unblemished character; who is honest, just, humble, generous, persevering, and full of ambition in his studies and for his success; who has the personal appearance and manners of the real gentleman; who is clean, both morally and bodily, true success is assured. False success is won by the most cunning and astute knavery.

9. It is better to be ambitious to serve and obtain good results than to seek the crown and applause. To prevent disease, to comfort your patients, to afford them relief is the true ambition.

10. "The human race," says Dr. Holmes, "is divided into two classes; those who go ahead and do something, and those who sit still and inquire."

11. Dr. Austin Flint says: "We should be content with doing nothing when ignorant how to do good."

THE NURSE.

12. "Blue-eyed and bright of face, but waning fast into the sere of virginal decay," is Henley's description of the nurse, of whom Shakespeare would have said: "Lady, you are the cruelest she alive if you will lead these graces to the grave and leave the world no copy."

13. I am of the opinion we have in every locality a sufficient number of intelligent widows and aged spinsters who have had sufficient experience, and possess natural qualifications for the position of nurse. They should be the ones whom we had better select for nursing. The trained nurse of the "new woman" order no doubt has her place, but I believe her noblest mission on earth—one for which Providence designed her—is that of *motherhood*. The nursing of her own babies and her husband, and that before the fountains of her youth are dried up, even desire fail.

14. Dr. Shrady says: "The great doctor is greater than ever, especially in the field of research and discovery; but the average doctor is a smaller personage than he was ever before, and that is why the profession seems to have declined, and lost many of its old time attractions for educated men." Success consists in doing one's best without thought of fame. "'Tis not in mortals to command success, but we'll do more, Sempronius, we'll *deserve* it."

15. Some one has said: "A man may be a *fool* to choose a profession, but he is an *idiot* to give it up." However, it is well to consider that "he who knows not that he knows not is a fool—therefore shun him. He who knows not and knows that he knows not is humble—help him. He who knows and knows that he knows is wise—follow him.

16. Some doctors persist in putting thermometers in the hands of families and patients, because of which they get less practice, and the families, with the aid of a doctor book, treat themselves until the undertaker gets them.

17. Our profession demands of its members brotherly love, peace, co-operation and fidelity, and able advocates for its rights. In the festivities of Piræus in honor of the Thracian Diana, the equestrian celebrants, swinging fire-brands, handed them to one another. (Lampadia exontes allelois diadinsonsin.—Plato.) What is the deduction?

18. No other profession has more binding ties among its members than those which are held as sacred by the true and

faithful disciples of Esculapius. These ties outshine those of all lodges; even those of the brethren of the mystic tie and "hieroglyphic bright," which none but craftsmen ever saw.

19. No man of honor, says *Am. Med.*, advertises himself who only has his abilities, intellect, or skill to sell. Would an engineer come out in a newspaper and by long articles say directly or by implication that he has more knowledge and skill than his professional brethren? Would a lawyer, a preacher, even a newspaper editor? It would be rank egotism and ridiculous. To do so would at once disclass and degrade him in the minds of his colleagues. One's reputation with one's own fellows, and especially with those best fitted to know, is the condition of honor, of self-respect, and even of business success.

20. It is well to be a good listener, but far better to know how to answer cautiously and when to decide promptly; use other men's brains, but exercise not too much servitude, for now and then the world wants the man with a mission to come out from the crowd. However, it is better to remain in the ranks.

21. Physic requires more industry, pains and labor, and, indeed, more learning, a more extended knowledge of the auxiliary sciences to carry it to perfection than any other profession." Such was said more than one hundred years ago.

22. It is said of Goldsmith that when he entered professional work he appeared in "a professional wig, a cane, purple small clothes, and a scarlet *roquelaure* buttoned to the chin." The profession in his time had eminent scholars, and was highly esteemed. Will history repeat itself?

23. Our profession is, and has ever been overcrowded, and as regards money making, many of the mechanical trades surpass it in such respects. About one per cent. of those who are engaged in the profession become moderately rich. It has been estimated by Dr. C. Henri Leonard, of Detroit, that 50,000 M.D.'s of the United States make $1,000 or less, and that 50,000 do not reach a yearly income of more than $500. However, Dr. Taylor says of the 135,000 United States physicians, that 100,000 make yearly $100,000,000, *i.e.*, $1,000 each; that each of 20,000 make $2,000; of 5,000, each is making $5,000; 200 are each realizing $10,000.

24. Very few continue in practice for more than ten years unless aided by some "side line" business; or marry "rich."

25. Being the possessor of knowledge of or familiarity with hydrotherapy, massage and all that anatomy and physiology

teaches you will be enabled to silence the arrogance of osteopathy, Christian Science and other wild delusions which exist and are constantly being formed.

26. "More men of ordinary than extraordinary abilities possess common sense," and without this rare gift of common sense a man, although thoroughly informed in all abstract information, will never become a reliable physician.

27. There are too many in our profession who are mere medicine men, who are egotistical, incompetent, presumptuous, superficial, boastful, unscrupulous, real Shylocks; who neither read nor take medical journals of any merit; whose only book of study is the price list of some pharmacal company and its "journal."

> "Ever thy credit keep—'tis quickly gone;
> Obtained by many actions, lost by one."

28. Self-respect, self-control and self-sacrifice are always to be maintained, as such are the *Trinity* in medicine.

J. S. SPRAGUE.

Stirling, Ont., Feb., 1905.