

Operation.—A slightly S-shaped incision, 4 inches in length, was made to the right of the median line above the umbilicus, which brought the pyloric end of the stomach plainly into view. On drawing the pylorus up into the abdominal opening, it was found of firm and dense consistence, its caliber being less than that of my little finger. There was no evidence of malignancy. A Heineke and Mikulicz pyloroplasty was the operation elected. An incision, 2 inches in length, was made in the axis of and through the anterior wall of the pylorus, extending slightly into the duodenum. The incision was then drawn tense transverse to the pyloric axis, thus considerably enlarging the lumen to that of one's thumb. Coaptation was then made by folding over the edges of the duodenum and pylorus, a double row of mattress Lembert sutures of 20-day chromicized catgut being used. The abdominal wound was then closed. No rise of temperature or untoward symptom followed on this operative procedure. The remote result, too, symptomatically, was very gratifying. She has since gained fully fifteen pounds. The time that has elapsed since the operation, four months, is as yet too short to make any positive statement as to permanent cure, though present indications point to that end.

HYSTERIA IN ITALIANS.

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During the past five years I was called to attend many cases of hysteria among adult male Italians. I find the French people are very prone to attacks of hysteria, but cases among the Italian people are more frequent. I will not attempt to give individual histories, symptoms, etc., of cases treated by me, but will describe them all collectively, for it is a fact that the causes, symptoms and treatment were almost identical in all of the cases.

Antonio B., 42 years old, born in Italy, married; family history negative.

Present Illness.—On Feb. 7, 1907, in the morning, he was playing cards with friends and seemed to be in a normal state of mind. Went home at 1 p. m. His son asked him to eat dinner, but he did not reply. He immediately went to bed and started to cry, seemed frightened at his friends who came in to visit him. He crouched himself up in bed, and apparently seemed to have lost his power of speech, as he flatly refused to answer any questions put to him by his son or friends.

His son, becoming alarmed at his father's loss of voice, hurriedly sent for me. One glance at the man told me that it was a case of hysteria. I asked him his name, but with tears in his eyes he stared at me and refused to answer. He then began to go through a series of funny contortions, stand on his head, grind his teeth (so vigorously that it could be heard in the next room), pull his hair and cry. Between these acts he would try hard to vomit and choke. His friends becoming alarmed at this state of affairs, repeatedly asked me if the patient was going to die. In the presence of the patient I admitted that he would. Going into an adjoining room, I explained the nature of the disease to his friends and told them that I was going to fool the patient by using a little strata-gem; that some worry had brought on this attack.

I re-entered the sick room with three of the friends, and in a loud voice I announced that in order to save the man's life I would be compelled to amputate, then and there, his left hand at the wrist joint; that this was the only means of saving his life; that cutting off the hand would bring back his speech and cause him to regain his mind. So taking some scalpels out of my bag and calling for some hot water, towels, dishes, napkins and a cuspidor to contain the blood, and requesting two men to grasp the left hand of the patient, I was about ready to "cut" when my patient exclaimed in a loud voice, "Whata you wanta? I no sicka, I no needa a dottore." The rest was easy. He now answered all questions, and at once stopped all of his convulsive actions. He told me what the trouble was. His first wife died. He remarried and this second wife had left him alone with six children to look after, and furthermore, he was out of work a long time.

Without exception, every case among the Italians started in with loss of speech, convulsive movements, grinding of the teeth, pulling of the hair, sobbing, crying, etc. All the cases depended on some worry due to trouble in the family. Fathers, mothers, sisters and brothers left behind in Italy caused the greatest worry.

Every patient was suddenly "cured" by giving him to understand that he was really a sick man, and that in order to save his life it was absolutely necessary to amputate his left hand immediately. Then, and then only, would the patient admit that he was not sick.

This line of treatment may not be applicable to all cases of hysteria, but I find that after trying the ordinary methods of treatment in this class of patients, namely, the laboring Italians, I do not get results anywhere near as satisfactory as I do in utilizing this method of artifice.

I have not heard of any recurrence of hysteria in any of the cases I have so treated.

Special Article

MEDICAL CONDITIONS ON THE LABRADOR COAST AND NORTH NEWFOUNDLAND.

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To the general public in the United States and Canada Dr. Grenfell and his work are not unknown and need no introduction, but no paper, so far as I know, has appeared dealing with his work strictly from a medical standpoint. The following is written to bring his work before the profession in the hope that it may interest some who will be willing and able to help in the future should opportunity arise. The Mission to Deep Sea Fishermen maintains a hospital in North Newfoundland and three hospitals on the coast of Labrador. Dr. Grenfell travels these coasts by dog sledge in winter and in summer on his small hospital steamship *Strathcona*, visiting and operating not only at the hospitals but carrying medical aid and help in many forms to all the people on these long, desolate coasts. For accounts of how he does this, I must refer to other sources, simply stating that the work is supported by private contribution.

This paper (written from St. Anthony, Newfoundland), is intended to give a general idea of the medical work done, with some of its special points of interest.

The number of cases treated on board the *Strathcona* in the summer of 1907 exceeded 1,200. Besides these there were treated at each of the four hospitals maintained by the mission between 500 and 700 cases. Taking 600 as an average, the total number of patients for the five months, June to October, would be approximately 3,600. As I have not the exact figures from the other three hospitals, and communication is impossible at this time of year, I can not give the exact number, but this is, if anything, an underestimation. Before coming to this work I was told that it consisted in treating three classes of cases, indigestion, constipation and phthisis, their relative frequency being in the order named, with an occasional scattering case of interest, opening of boils, pulling of teeth, and a very occasional operation.

There is a doctor at each of the hospitals, but operative work, unless urgent, is done when the *Strathcona* reaches them. I believe that the clinic compares favorably with those in our hospitals at home.

There are three chief classes of patients, and each class presents certain peculiarities from a medical aspect. These are: 1, The Eskimos; 2, the all-the-year-round inhabitants; and 3, the schooner-men, and those brought down in ships for the summer fishing.

1. The Eskimos, while they have immense physical endurance, and can row or tramp all day and stand any amount

of cold, are peculiarly susceptible to any infective process, to changes of wind and weather, many having bronchitis on the slightest pretext, and they seem to have no resistance to any form of suppuration. They are also "bleeders," and hemoptysis is common without any physical signs in the lungs, or finding the tubercle bacillus in the sputum. It is also very hard to differentiate the incipient, but chronic cases of tuberculosis from certain cases of cough with hemoptysis which appear to be scorbutic. Menorrhagia is the rule among the women, and bleeding from the nose is almost universal in both sexes in the spring.

Consumption is common, but apt to be of the very chronic fibroid type. Dr. Nansen, in his First Crossing of Greenland, says: "The Greenlanders (Eskimos) seem indeed to have a remarkable power of resistance to consumption, for, though in their young days they may be so far gone as to suffer from violent spitting of blood, they may survive to a comparatively advanced age. I have myself seen men severely attacked by this symptom one day, and yet out in their canoes after seal the next." Rev. W. F. Doty, in his ninth annual report on the introduction of domestic reindeer into Alaska, 1899, says "hemorrhages from the nose and lungs are frequent." Dr. Sheldon Jackson, in the tenth annual report of the same series, gives an idea of the terrible effect of epidemics of measles, grip and pneumonia among the Alaskan natives.

These peculiarities seem not to be confined to the Labrador Eskimo, but are common to all tribes, this being another remarkable point of similarity between these so widely scattered people, together with their language, dress, habits, etc. Syphilis is prevalent and is seen in a severe form. The Eskimos being ignorant as to its character, and having no remedies, and syphilis being a comparatively recent acquisition, no tolerance has been established. They are also subject to an epidemic skin disease, which seems to have something to do with their food. This is, so far as I know, as yet undescribed, and I shall discuss it in a later paper when I have collected my photographs and material.

2. The all-the-year-round inhabitants are subject to the diseases caused by overcrowded houses and lack of hygiene, starvation, poor food and bad teeth. Multiple neuritis is common, scurvy is not uncommon, and rickets is universal in some degree, among the babies. Malnutrition is the rule. Tuberculosis is everywhere. The results of consanguineous marriages are evident, and in one small village an epidemic of hysteria, attacking every young girl in the place, fourteen in number, could distinctly be traced to this cause. Venereal disease is practically unknown among them. Grip traveled the length of the whole coast this summer, and was very severe.

3. Among those visiting the coast, indigestion and stomatitis are common, owing to the salt food used; also rheumatism, due to wet and exposure, conjunctivitis, pterygium and phlyctenular ulcerations, due to the salt water and wind. Pain in the back, due to strain, and furunculosis of the wrists, or so-called "water whelps," as well as functional dysuria and night blindness, may be classed as occupation diseases.

These, in a general way, are the main points of difference from a clinic at home. Taking up the diseases in their order of frequency, certain points of interest may be mentioned.

Indigestion seems almost universal. It is the acid dyspepsia, and in most cases runs hand in hand with constipation. Everybody here drinks tea, morning, noon and night, never any water. The lack of fresh food is also responsible. Among the majority, bread, tea and molasses, with occasionally salt beef or fish, is the diet the year round. The bad teeth, which are also the rule, are also partly responsible. I do not doubt, however, that gastric ulcer and gallstones may account for many of the most severe cases, and a more complete study would discover these.

The people seem to be peculiarly unintelligent with regard to medical matters, and it is impossible to elicit an intelligent history, or get an idea of symptoms from them unless you have them under observation in the hospital. It is a good deal like treating children, only without the advantage of the intelligent watchfulness of the parents. The use of "patent medicines" is universal, and not surprising, considering that

there are no doctors, but the advertising in the local papers and sale by the traders of these things is shameful. Some of the remedies in use, and the practices in childbirth and other emergencies are just like what one reads of nowadays in histories of medicine, but whereas in history they seem amusing, in practice they cease to be so, and the suffering they cause is horrible.

Caries of the teeth is the natural result of the absolute lack of care which is prevalent, combined with the malnutrition. I have not seen a toothbrush in any house visited this summer. The children's teeth are worse than the parents, and this is noticed by the people themselves, who vaguely wonder at the cause.

Grip ran the length of the coast, and while severe did not leave permanent results, as far as I could judge. Rheumatism, due to the cold, exposure and wet, is naturally often seen, and often the typical form with heart involvement. Disturbances of metabolism, due to the malnutrition, seem to be a strong etiologic factor in the prevalent arthritis deformans. Improvement under proper treatment in the hospital is marked in this last condition.

Conjunctivitis, pterygium, phlyctenula and corneal ulceration are very common, owing to the exposure to wind and weather, and in adults, as in children, malnutrition plays its part. They seem to yield, however, to local treatment.

Of gynecologic cases not much will be said. There is an unlimited field for practice, owing to the ignorance and carelessness of the people. The confidence of the people is not easily won in these cases. A peculiar shame and habit of suffering these complaints as being the lot of women and part of their natural burden, causes them not to seek relief, which, in so many cases, would be so vast and easily afforded.

Pain in the back is very common in men and women alike, and is, I believe, generally due to strain. Their work is very heavy and continuous at times—among the men much lifting and hauling, among the women much bending over floors, tubs and stoves. That a large plaster or strapping affords immediate relief in almost all cases seems to bear out this conclusion.

Cough and phthisis are divided, because, owing to the lack of time, a microscopic examination of the sputum was impossible. The division is made on these lines. Where the physical signs and symptoms undoubtedly spelled phthisis, it was called such; where they did not, it was called cough, but treated as phthisis. Owing to their total disregard of hygiene, filthy habits of spitting everywhere, overcrowded, overheated, non-ventilated habitations, and again, total ignorance and seeming indifference, tuberculosis, in every form, is rampant. Dr. Grenfell is waging mighty war against these conditions, and while it is discouraging at times, we hope for better conditions in the future. The campaign is one of education, as in our communities at home, but the conditions are much harder. In the treatment, of fresh air and sunshine there is plenty; of good food there is none; no milk, eggs, butter, etc., just tea, bread, molasses and salt beef.

Of boils and abscesses, superficial and deep, there are many, and the only care they get is bread and molasses poultice from the beginning to the end, whatever that may turn out to be. In consequence, some horrible cases of suppuration are seen, but one is impressed by their self-limited nature. The people seem to have a wonderful resistance to the toxins, and though the local destruction may be very great, and the suffering must be terrible, they seem to be able to hold out until the necessary antibodies are formed, and the process comes to an end. Though we do not often see at home such cases of advanced suppuration, I have not seen or heard of a death from septiemia following a "gathering," as they call it. With proper incision and drainage, these cases heal up very quickly. The chronic furunculosis of the wrists, kept up by the constant rubbing of the edges of the oil coats, soaked in salt water and fish gurry, is a very great source of misery.

Multiple neuritis is seen in both its forms and all its stages, from a slight weakness of the legs, with loss of knee-jerk, to complete paralysis of legs and arms with contractures. True beriberi is here. In one hut this summer three helpless, and two with swelled, painful legs and beginning of other symp-

toms, were found. Slight cases that apparently have completely recovered, but still have no knee-jerk, are common.

Stomatitis, ulcerative, affecting the lips and buccal mucous membrane is common. The inflammation of the mucous membrane is general. The ulceration starts on the lower lip, generally, and spreads marginally. It is progressive, but not deep, and remains until a change of secretion in the mouth, due to change of food or to some drug (potassium chlorate) constantly held in the mouth, is provided. The spongy and retracted gums, due to scurvy and bad teeth, are very common. Retention of urine is not uncommonly complained of by men in whom careful physical examination and examination of the urine fail to show any cause whatever, so I have supposed it to be a neurosis. These cases always occur among those living on vessels.

Night blindness is frequently met, either as a premonitory symptom of scurvy, or a sign of malnutrition, but sometimes neither of these conditions can be supposed to be etiologic factors. In almost all cases a previous history of snow blindness can be elicited. Night blindness is much feared, and knowledge of its symptoms and occurrence is universal. These last two troubles have been to me so new, and seemed so marked, that I have come to regard them as occupation neuroses.

Cataract seems fairly common, as do all senile sclerotic changes at a fairly early date. As causes of cataract two of the usual etiologic factors—alcohol and syphilis—can be eliminated, and the whole blame must be thrown on hard living and exposure.

That death from peritonitis is not uncommon, I feel sure from the accounts I elicited, but the appendix is something they have never heard of up here.

Hernia is, of course, frequent, but unless one of the serious accidents incident to its presence occurs, the doctor is not consulted. One patient on whom I operated for strangulation could only be made to admit symptoms of any kind dating back ten days, and yet the thickening around the neck of the sac showed its presence for a very long time.

Mental and nervous disorders, from insanity to hysteria, have already been mentioned as being common, and there is no doubt as to their cause.

Except among the Eskimo, venereal disease is practically absent. The only two cases of salpingitis I saw occurred in the same place, as did the one case of gonorrhoea, and I hear from Dr. Stewart that there is one other place on the shore where gonorrhoea was imported by an American vessel. While illegitimate births are common, promiscuous intercourse is rare, and therein, I believe, is the secret of their freedom from this scourge.

Besides the numerous minor operations that are continually necessary, 33 major operations were performed during the months, July to October. Among these we had one death from inhalation pneumonia following a radical operation for cancer of the breast. One result is unknown, the patient, a boy with halux equino varus, having been taken home against advice without retention apparatus. The others are all at home and well. The average of two major operations a week should increase, as the people are beginning to learn what can be done at the hospitals, to lose their fear of anesthesia and to have confidence in surgery. Each patient cured and sent home acts as missionary to that community, and more and more do the mail boats bring surgical cases, and from further and further off.

I think I have said enough to point out the general character of the work from a practical side. There are many chances for work along special lines and for investigation, which have suggested themselves during the summer. Time alone was lacking. One is dependent entirely on oneself up here, and that is a stimulus which should be invaluable, and which, I think, is too often absent in the work at our large centers, to the detriment of those who require a broad foundation for future special work, and also of those who will eventually have to shoulder the responsibilities that the profession sooner or later inevitably entails.

317 Marlborough Street.

New and Non-Official Remedies

THE FOLLOWING ARTICLES HAVE BEEN TENTATIVELY ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY OF THE AMERICAN MEDICAL ASSOCIATION FOR INCLUSION IN THE PROPOSED ANNUAL, "NEW AND NON-OFFICIAL REMEDIES." THEIR ACCEPTANCE HAS BEEN BASED LARGELY ON EVIDENCE SUPPLIED BY THE MANUFACTURER OR HIS AGENT, BUT TO SOME EXTENT ON INVESTIGATION MADE BY OR UNDER THE DIRECTION OF THE COUNCIL. CRITICISMS AND CORRECTIONS ARE ASKED FOR TO AID IN THE REVISION OF THE MATTER BEFORE FINAL ACCEPTANCE AND PUBLICATION IN BOOK FORM.

THE COUNCIL DESIRES PHYSICIANS TO UNDERSTAND THAT THE ACCEPTANCE OF AN ARTICLE DOES NOT NECESSARILY MEAN A RECOMMENDATION, BUT THAT SO FAR AS KNOWN IT COMPLIES WITH THE RULES ADOPTED BY THE COUNCIL.

W. A. PUCKNER, SECRETARY.

(A list of all accepted articles is published on one of the advertising pages of *The Journal* in the first issue of each month.)

(Continued from page 963.)

VEROFORM ANTISEPTIC.

A liquid containing 6 per cent. of formaldehyde gas dissolved in a solution of soap.

Neutral soap is liquefied by heating paraformaldehyde and soap in an autoclave. By filtration a clear stable solution of formaldehyde in soap is obtained.

Veroform antiseptic is a yellowish liquid. If exposed to low temperature it becomes cloudy owing to a crystallization of fatty acid salts, but clears up again in a warm room without decomposition. It is practically neutral; it is incompatible with the alkaline earths and heavy metals, also with acids. It mixes with water in all proportions.

Tests: See veroform germicide.

Actions and Uses.—See Veroform germicide. The preparation is approximately one-sixth the strength of Liquor formaldehydi, U. S. P.

Dosage.—A solution, containing 1.6 per cent., is said to equal in antiseptic value a solution of mercury bichloride, 1 to 1000. A solution containing 1 per cent. and over is used for sterilization of hands and of the field of operation.

Manufactured by the Veroform Hygienic Co., New York. U. S. patent No. 740,424. U. S. trademark "Veroform." No. 44,144. Experiments by the council indicate that the expression "non-irritating" as applied to veroform preparations by the Veroform Hygienic Company must not be taken literally. The minimal concentration advised (corresponding to 0.090 per cent. CH₂O) produces a distinct and persistent irritation in the mouth, and Fischer (*Journal of Experimental Medicine*, vol. vi, p. 500-505), has shown that a 0.04 per cent. solution of formaldehyde causes local histologic lesions when applied to peritoneal, subcutaneous or muscular tissues.

VEROFORM GERMICIDE.

A liquid containing 20 per cent. of formaldehyde gas dissolved in a solution of soap.

Neutral soap is liquefied by the action of formaldehyde gas and the solution filtered.

Veroform germicide is a yellowish liquid. If exposed to low temperature it becomes cloudy owing to a crystallization of fatty acid salts, but clears up again in a warm room without decomposition. It is free from formic acid and practically neutral; it is incompatible with the alkaline earths and heavy metals, also with acids. It mixes with water in all proportion.

Tests: The amount of formaldehyde can be determined by the U. S. P. method of estimating formaldehyde in liquor formaldehydi if the time of interaction between hydrogen dioxide and formaldehyde be extended to one hour, and if to the volume of alkali consumed in the estimation there is added a volume of alkali equivalent to the alkalinity of the Veroform Germicide as determined in a separate experiment.

Actions and Uses.—Bactericidal and detergent. Its bactericidal action depends on the formaldehyde which it contains, but it is claimed that it is superior to other formaldehyde preparations because of the soap in which the formaldehyde is dissolved.

Dosage.—As it is approximately half the strength of Liquor formaldehydi, U. S. P., it should be given or used in twice the strength that is customary for that preparation.

Manufactured by the Veroform Hygienic Co., New York, U. S. patent No. 740,424. U. S. trademark "Veroform" No. 44,144.

(To be continued.)