

He laughed—a happy, ringing laugh—and Crow Laura to his side with an air of ownership that made Louise clasp her eyebrows slightly. "This is where she belongs now," he added, with a view to further explaining the situation.

Laura accepted it so meekly that the impulse to tease was irresistible.

"And your profession?" queried Miss Lennox, with the air of one who seeks information.

"She has concluded that she is content to be my wife," answered Mr. Kirkland; "though I kept my word, I assure you, Miss Lennox."

Laura cast a reproachful glance at her friend, and colored painfully.

"Yes," she said at last, "I confess that I was wrong—not in what I said to you last night, Louise; I meant every word of it then; but in the days when I thought it possible to reconcile both duties. There are other girls—girls in my own class—who will be far more of a credit to the profession than I should ever have been; but I cannot hold my sphere of usefulness as any the less worthy because it is narrower."

Louise bent to kiss the flushed face. "My dear little girl," she, "have I not hoped for this, and this alone?"

Then, turning to meet Walter Kirkland's clear gray eyes, "Take care of her," she said, with an almost imperceptible quiver in her voice, "take care of her; she is very woman, since she is lost to the profession."—*Demorest's Monthly*.

The Fate of the Porker.

Of course, says the writer of a letter to the London *Daily News*, I went to see the stock yards of Chicago. A lively piebald porker was one of a number grunting and quarrelling in a pen, and I was asked to keep my eye on him. And what happened to that porker was this: He was suddenly seized by a hind leg and jerked upon a small crane. This swung him swiftly to the fatal door through which no pig ever returns. On the other side stood a man

That two-handed engine at the door stands ready to smite once, and smite no more. And the dead pig shot across a trough and through another doorway, and then there was a splash. He had fallen head first into a vat of boiling water. Some unseen machinery passed him along swiftly to the other end of the terrible bath, and there a water-wheel picked him up and flung him on to a sloping counter. Here another machine seized him, and with one revolution scraped him as bald as a nut. And down the counter he went losing his head as he slid past a man with a hatchet, and then, presto! he was up again by the heels. In one dreadful handful a man emptied him, and while another squirted him with fresh water, the pig registering his own weight as he passed the teller's box—shot down the steel bar from which he hung and whirled around into the icehouse. One long cut of a knife made two "sides of pork" out of the piebald pig. Two hacks of a hatchet brought away his backbone. And there in 35 seconds from the last grunt, dirty, hot-headed, noisy—the pig was hanging up in two pieces, clean, tranquil, iced.

To Stop Hiccough.

Dr. Martin Burke, of New York city, sends the following item to the *New York Medical Review*: "Perhaps the narrative of these two cases may prove of interest. John C—, was suddenly seized about a year ago with an attack of hiccough. The cause was unknown. All the usual remedies were tried in vain. Dr. John Burke, my father, was then called upon. Noticing the convulsive heaving of the patient's ribs, more particularly upon the left side, he firmly compressed the side between his two hands, and in a short time the hiccough ceased for the first time in days. The second case was that of a Mr. C—, a young man of thirty. He also was attacked, first with vomiting and then with hiccough, most violent and convulsive. Morphine suppositories would produce sleep, but even in sleep the hiccough was distressingly severe. As his vomiting had now ceased, almost every remedy known was called to our aid, but it was not until we had again, by my father's advice, compressed his heaving ribs, that the hiccough almost instantly ceased. It returned indeed within twenty-four hours, but compression again arrested it. The patient is now convalescing, and as hiccough very often proves fatal, perhaps the record of these two cases may prove of service."

Health Department.

Diphtheria.

Although medicine as a whole may now be regarded as an exact science, yet very much remains that is speculative and inexact. Diagnosis and pathology have reached a marvellous degree of perfection. So have physiology and chemistry, although these latter are still fruitful in new discoveries and fresh surprises, and are marching forward at a pace unknown in other departments of science. Considering the difficulties in the way, the wonder is, not how little, but how much we know about the nature and treatment of disease. We must not, however, on this account shut our eyes to the fact that much yet remains to be learned, and that gross darkness prevails in many places where light would be no less a boon to humanity than a joy to the physician. One of the many dark spaces needing lighting up is the space covered by diphtheria.

As cold weather approaches diphtheria may be expected to break out with greater or less severity in many localities, and it is appalling to contemplate our therapeutic armor when brought to face with this terrible scourge. Every intelligent practitioner of experience must confess that all the vaunted remedies fail to meet the necessities of the worst cases. If this be not true, why this fearful slaughter of the innocents from year to year? In this disease, perhaps more than in any other, the profession has been in search of a specific, and there is reason to believe that life has been sacrificed at the shrine of this one dominant idea. Treatment, based on general principles, is much safer than that based on doubtful theory, and in the long run will give better results. That physician who thinks least of specifics and antiseptics, and most of how best to sustain the vital forces, is to be commended, and is certain of his reward. Much of the belief in specific teaching takes its origin in false diagnosis. Of all the reported cases of diphtheria, not a fourth, perhaps is diphtheria at all. Ulcerative tonsillitis and pharyngitis have materially enhanced the value of certain remedies, and have greatly swelled the number of reported recoveries. For these affections nothing could be more suitable than the routine treatment commonly followed in diphtheria. The patients, of course, all recover, and until then, as yet inexperienced practitioner, meets the genuine disease a few times, he considers his remedies infallible. A medical man was called upon to treat diphtheria in a certain family. Two members of the family residing a few miles from home were taken down, one after the other, with a severe type of the disease. After a protracted illness both recovered. They were nursed by the mother. After a time the disease broke out in the family home, presumably from the infection being carried there by the mother. The first taken down was a lad ten years of age. The same physician was called in, but the patient died on the third day. The father and a grown-up son were attacked almost simultaneously with the fatal disease, but they soon recovered. The next attacked was a child, eighteen months old. At this stage a neighboring physician was called in. This gentleman objected to much of the treatment in force, and declared that he "never failed to cure the disease with Tr. ferri mur. and pot. chlor., internally, and turpentine externally." Everything else he regarded as superfluous. In their perplexity and deep distress, the family took the gentleman at his own estimate of himself, and so expressed themselves to the medical

man in attendance, who at once withdrew. Within a few days following, three more of the family died, notwithstanding the attendance of a third physician. At this stage the presumptuous and confident man who had supplanted another and better physician, very properly received his discharge, and the original attendant was recalled to attend the last critical case and close up the sad history. The gentleman who invariably cured with iron and potash had probably never before treated diphtheria, and there is good reason for believing that the fatality which followed, at least in part, was due to his neglect of other and more important points lying within the range of general and sympathetic treatment.

The local lesion is a fruitful source of error in treatment. It too often happens that this is regarded as the disease itself, open and exposed to view, rather than the manifestation of a grave constitutional malady. If this be not so, what means the torture of frightened and struggling infants with tongue depressors, awabs and brushes? Almost every writer on the subject directs us to pencil or brush the throat with various substances, not with a view of disinfecting merely, but also to aid in the "removal of the false membrane," and otherwise exercise a beneficial influence. In view of the fact that the disease is constitutional, general treatment cannot be subordinated to local treatment, not even if the benefits claimed for the latter were true, which they are not. The removal of the "membrane," if accomplished before the disease had spent itself, would most certainly be followed by a new formation. But pathologists now tell us that the so-called membrane is not a membrane at all; that what appears to be such is nothing more nor less than tissue, which has been congested, preëminently by micrococci, swollen by inflammatory products, and dead from being cut off from all nutrition. This discovery is very disconcerting to those who have laid undue stress on local treatment.

If we have much yet to learn about this disease—as indeed we have about all zymotic diseases, yet we know pretty well what it does. We know that it gives rise to certain grave constitutional disturbances, and chief among these a tendency to weakened heart action. We know also that it gives rise to local lesions, marked by a tendency to necrosis of tissue. How best to meet these indications, may form the basis of some future remarks.—*Canada Lancet*.

How to Ward off Consumption.

If a case of incipient consumption yields, as it often will, to careful and unremitting treatment, the person so relieved must be more careful than ever in his habits of life, in what he eats and drinks, and how he dresses. The enemy has made one assault at the strongholds of his life and been repulsed, but there is no reason why he should not return to the attack, especially if he sees the gates left invitingly open for him. I am talking now of individual cases of consumption, where the patient himself has to do most of the battle against the foe. Consumption is, apart from all hereditary influence, the disease of the ill fed, the badly clothed, the breathers of impure air, the dwellers in crowded cities with drainage at fault, the laborers and toilers in crowded shops and factories where ventilation is imperfect, and where the atmosphere is impregnated with obnoxious vapors or dust. It is a disease, therefore that may be prevented, and can be prevented to a very large extent. I shall, therefore, I think, be doing the best by my readers if I lay down some simple rules for the guidance of those who may be consumptively inclined, premising, however, that at the first alarming symptom or sign the advice of medical man be taken.

Consumption, then, is a blood disease, or disease of a constitutional nature. There is a peculiar kind of dyspepsia, characterized by the inability to digest, and probably a distaste for certain articles of diet, such as fatty meat, butter or sugar, and beer or alcohol in any form. These turn sour on the stomach, and heart-burn is the result, and a variety of other distressing symptoms, not the least painful among them being

flatulence. A form of dyspepsia of this kind could not long exist without producing disease of some kind, and in those who have a tendency to the disorder the result is too often consumption, set up or excited, perhaps, by an attack of catarrh from exposure in some way to cold and damp. But indigestion, even in those of strong constitution, should always be taken as a warning of something impending. Dyspepsia is the dark shadow cast before many a coming event that may end in death to the sufferer from this simple but insidious complaint; it should never, therefore, be neglected. But it must not be supposed that it can be removed by a few boxes of pills, a few bottles of mixture, or by medicine alone of any kind. The indigestion will yield only to regulation of the whole system. A change should be made in the method of living. Begin with the food; the diet should be wholesome, simple, and well cooked. Made dishes of every kind should be avoided. For breakfast, which should be taken by eight o'clock, preceded by a short walk, if possible, weak coffee with plenty of milk will be found better than tea, and cocoa is better than either; toast, with butter is preferable to bread, and fish, eggs, ham, or cold meat may be eaten therewith. The meals must not be hurried; if there be no one at the table to carry on agreeable conversation with, a book or a newspaper should be the companion; so will the food be taken slowly enough to produce that due admixture with the salivary juices which prevents the formation of acidity. If breakfast be taken at eight, at twelve or one some luncheon, however light, should be taken. A dyspeptic patient should never fast long, nor ever eat much at one time. Dinner may be preceded by that light and pleasant refectory called the afternoon tea. I think soup for dinner is, as a rule, better avoided. Variety of dishes at any one meal is to be avoided, while fish, game, mutton, beef, and fowl, with well-boiled potatoes and green vegetables, used sparingly, should form the staple of diet. Condiments, rich sauces, pork, fatty dishes, and pastry should not be taken, nor cheese; but a little ripe fruit may, avoiding nuts as poison. Wine, and even beer, should be done without if possible.

The supper should be light and not sloppy, and so-called night-caps should be avoided. The best tonics are—exercise in the open air, the soap-bath, an occasional Turkish bath, and, whenever it can be borne, a cold or, at all events, a tepid sponge-bath before breakfast.

Cod-liver oil will do good if it can be borne, but I question the judiciousness of what I may term cod-liver oil cramming. A bitter vegetable tonic, such as calumba infusion, with some mineral acid, does good by increasing the appetite, but it should be taken in small doses often repeated. Good is done by the use of the extract of malt, or maltine; it may be mixed with milk, or even water, to which a little lime-juice is added. If good lime-juice can not be had, the pure juice of the lemon should take its place.

The bedroom should be quiet and well aired. The bedclothes should be light and warm, but not so much so as to cause sweating. Flannel should be always worn next the skin; and draughts, damp, fog, night air, and east winds avoided like the pestilence.

As to change of climate to other lands, let me just warn the incipiently phthisical to look well before they leap; they may do far better by staying at home.—*Harper's Bazar*.

The Great Dr. Virchow

has resigned from the medical association of Berlin. He won't be forced to keep "his light under a bushel." He approves of advertising any remedy or combination that will cure, regardless of medical ethics. The surgeons of the International Throat and Lung Institute, head office London, England, and branch offices Montreal, Toronto, Winnipeg and Detroit, Mich., using Dr. M. Souvielle's wonderful invention the Spirometer, are curing thousands of cases of bronchitis, consumption, catarrh, asthma and catarrhal deafness, and are making it known to physicians and sufferers all over the world. Physicians and sufferers are invited to call and try the Spirometer free. If impossible to call personally write, enclosing stamp, for list of questions and copy of International News, published monthly. Address Dr. M. Souvielle & Co., 173 Church street, Toronto, or 13 Phillips Square, Montreal.