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Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

All Communications should be addressed to the Editor, 117 Cowan Avenue, Toronto.

Vol. II.]

TORONTO, APRIL, 1894.

[No. 9.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorials.

THE DISPENSARY ABUSE.

The *New York Academy of Medicine* thought fit a few months ago to have a long discussion on this subject, with the best methods for the remedy thereof. This condition of affairs, known by a very large superabundance--if we may be allowed to be tautological--of free institutions for medical treatment, does not only exist in the United States, but over all English speaking countries, especially in the centres of population.

A charitably inclined man, or a few like-minded women, acting either through real kindness, or for the sake of notoriety, at some time or other, think it incumbent on them to supply a place where poor (*sic*) people may obtain medical advice free, with medicine thrown in, as a sop to bring them there. The idea, no doubt, is good, and if carried out properly should be, and is, of great service to the poor. The trouble is that these things are all carried too far. If they could be limited to those unable to pay for the treatment of their ailments, no complaint could possibly be made, but, unfortunately, no limitation is set on them. The great majority of cases which go to these free institutions would be quite easily able to pay their way if requested to do so. Instances of this kind are

everlastingly cropping up, and could be easily enumerated.

One case in point: A physician was called to one end of the city to see a case. The woman said she had been to Dr. ———, and no good had resulted. She then began to deride the physicians in connection with the dispensary she had gone to, etc., and after attendance was over, a bill of over thirty dollars was paid in a lump, and without a murmur. We would like to quote another which happened just the other day. A lady, with carcinoma of breast, living in a large house, was persuaded to go to a hospital for operation, because she would there be attended to for nothing. The known income in this case is \$2,800. These ordinary dispensaries are not the only evil the practitioner has to contend with. A workman, in receipt of good wages, falls and breaks his leg, or his arm, or injures himself in any way; ambulance telephoned for, comes along and carts him off to a hospital, in many instances against the will of both the patient and his friends.

The *New York Times* mentions a case. A man fell from a public building; the ambulance not arriving, he was removed to his home, and paid the attending surgeon \$150 for his extended treatment.

Is there any other profession or trade where men devote so much of their time to work looked

upon as charity? Do lawyers give free consultations; railways, free rides; or anybody, free anything, because the applicant happens to have hard times, or, indeed, in many instances pretended hard times? There cannot be the slightest doubt that thousands of patients who attend these institutions are quite able to pay their way, and why is it not insisted on. Even lately here we have had opened two more free dispensaries.

Contrast this condition of affairs with the present financial position of most medical men. The stock is very much overdone. Benevolent societies claim their share. Payments, as a rule, are slack, in fact at present bad, and yet many who are able to pay their bills are supplied with both medicine and advice free.

SHOULD THESE THINGS BE?

Some time ago we regaled ourselves by reading in a Western newspaper a long account of an operation for appendicitis in a tiger by a New York specialist. Imbedded in the appendix there was found one of the rims of a pair of spectacles: this was removed along with a large quantity of pus, and at the time of the writing of the above mentioned article, both patient and physician were doing as well as could be expected—the patient, physically, the physician, financially. Almost simultaneously with the above there appeared in one of our Toronto dailies a long description of an operation by an Ontario specialist which was quite as unique in character as the one just mentioned. No doubt these two specialists would call down the wrath of the *gods* upon the editors of these papers; but strange as it may seem, an epitomized account of the operation by the Ontario man appeared in the columns of at least one country newspaper for two weeks hand-running. We trust our friend is “doing as well” as the New Yorker.

Since our last article upon this subject appeared, we have received clippings from newspapers as far east as Prince Edward Island, and some from the west. From these one learns of many forms of petty advertising. A favourite plan seems to be to relate the account of an operation, telling who the

patient is, what the operation was, who did it, and who assisted. If such a state of affairs continues, and, like medical (?) science in its various branches, becomes progressive, the leading citizen must not be surprised to find upon his breakfast table some morning, a neatly engrossed envelope, from which he will extract a still neater card of invitation to an operation upon Mrs. Blank by Dr. Blanker and his Blank assistants.

The other day, upon looking into a so-called “album,” we were not a little amused to meet many familiar faces, under which were little explanatory notes telling who they were, what their position in the profession is, and the many difficulties they had to overcome in the attainment of such an altitude. It would be difficult to say just how much each man paid to have his photo printed, or how many books he guaranteed to take in order to be thus honoured among prominent Canadians. Heretofore we had laboured under the delusion that canvassers for these books confined their attention to clergymen and politicians, but, unfortunately for the dignity of our profession, it seems not. Nor are albums the only place where the average reader is likely to see the picture of his family physician, for of late some of our Toronto papers have been entering us—yea, even in a wholesale manner! Doubtless the men whose photos have already appeared are still wondering (?) how those papers obtained *their* picture.

In a subsequent issue we may have something to say about professional cards and, maybe, handbills.

COUNCIL LEGISLATION.

Dr. McLaughlin says rightly that he is using bold words, and evidently, according to his own judgment, he is quite within his province in using them. But there are always two sides to a question, and surely we may be permitted to look at the other side of the shield, and see if it be made of the same metal as that on which our correspondent has his eyes. To begin with, we wish to say nothing of the Doctor's judgment, as we think he, being a reliable man, speaks as he believes,

and to say that we are not going to make a defence of the Council, but simply put a few of our own views on paper. Of course, if they happen to be in favor of one side or the other, we again assert that it is only our own ideas that are being aired.

All close corporations have their basis on pretty much the same ground and have a privilege of guarding their interests. If it were not so, the object of the existence of that corporation would be defeated at its first step.

The law gets a fee, supplies reports to and allows lawyers to practise. If the fee is not forthcoming, a stopper is soon put on the delinquent. The Pharmaceutical Council demands a fee, supplies a journal and its privileges on payment of that fee. Non-payment ensures quick action against the debtor. Enough said.

The Medical Council demands a fee, or did do so up to the time of change in legislation, and in so acting was quite within its powers. Dr. Bergin's motion as to the removal of names from rolls, and Dr. Harris' motion, with reference to sending out of Annual Announcements, were quite within the law, and in no way, in our opinion, could they be cavilled at. The legislation, in spite of Dr. McLaughlin's remark, was not in any way secret. The idea of not sending out the Announcement was simply to fulfil the by-laws, as the statutes only required the privileges of the College of Physicians and Surgeons to be accorded to those who had carried out their part of the contract.

Legislative enactment requires bills to be on paper before the meeting of the House, and if this one of the Council's were late in coming on, it was not from any delay put forward by the members of this body. Surely it is known that delay or otherwise depends entirely on the members of the Legislature itself.

Can Dr. McLaughlin quote a case similar to that of John Smith, M.D.? We would like to hear of it, and are afraid it was an extreme interpretation of the section.

In conclusion, if any member of the medical profession acts as a quack or fakir, why should not he fall under any section of the Act as well as such men from the States?

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. MCGUIGAN, Associate Editor for British Columbia.

CORRECTION.—In the article on the "Thyroid Gland," the title of the pamphlet received from Dr. Osler treated on "Tubercular Pericarditis," and not "Tubercular Periconditis," as it appeared in the JOURNAL.

ANOTHER CASE OF LEPROSY.

Another case of leprosy was unearthed a few days ago in the Chinese quarter in Vancouver. It was of the tubercular variety and had been in the city for three months. The patient had been in Montreal, Toronto and other Canadian eastern points, and finally drifted to Vancouver with the hope of obtaining passage on one of the C. P. R. steamers to Hong Kong. He has a wife and family living in Canton, a hundred miles or so from Hong Kong, but he will never see them again for he is now a resident of the leper colony on Darcy Island. Not that there would be any difficulty in getting away from the colony, as it is only separated by a narrow passage of water from San Juan, a neighbouring island on the American side; but recapture would be inevitable and only a change of prisons would be the result. It would make some difference to the city of Vancouver, however, inasmuch as it has to supply the unfortunate patient with food, raiment and shelter during the remainder of his existence, whatever length that may be. This is the second patient kept at the expense of that city, the Board of Health of New York city having, a few years ago, sent a leper all the way across the continent to foist him upon the people of Vancouver. He is still on Darcy Island, but from last reports he was in a very low condition, and though the city council of Vancouver is far from being composed of unkind or uncharitable men, it is nothing but natural to suppose they would be glad to hear of the good celestial taking his flight to his home beyond the skies. What is wanted in this province is a lazaretto, maintained at the expense of the Dominion Government, such as is the case at Tracadie, Nova Scotia. It is simply an outrage that Vancou-

ver and Victoria should be dumping-grounds for this class of people. With one exception the patients are Chinese, from whom the Dominion Government receives fifty dollars per head on landing here, and it is nothing but simple justice that people of that nationality when afflicted with leprosy should be cared for at the expense of the Dominion at large, more particularly when both the patients discovered in Vancouver were recent arrivals from the eastern parts of Canada and the United States. We trust that the attention of our representatives now at Ottawa will be called to this matter, and efforts should be made to have something done this session to remove this disgraceful condition of things. A couple of good, strong resolutions by the city councils of Victoria and Vancouver, we feel assured, would go a long way just now in strengthening the hands of our representatives in their efforts to obtain redress of our grievance in this respect. We trust they will be forthcoming before it is too late.

THE ROYAL JUBILEE HOSPITAL.

This splendid institution has been in financial difficulties lately, but we are pleased to see that with the combined aid of a city and government annual grant, both of which are to be given it, the Jubilee Hospital's future is assured. The expense of running such an institution was very great, and it was surprising to many when it was learned that a deficit existed of some \$35,000. Hitherto the hospital has been run on private subscriptions almost entirely, and as it was to all intents and purposes the public hospital of the city of Victoria, it seemed rather an anomaly that the corporation of that burgh did not contribute anything to its maintenance. There were some hints thrown out at several of the public meetings on the question of the city taking the hospital over at dissatisfaction with regard to exclusiveness in the medical attendance, but with a recognized board of directors there should be no difficulty in arranging a satisfactory condition of things for all concerned in that particular respect. We do not pretend to know anything at this distance (Vancouver) of the grievances of the medical men at the capital, but we can testify to the good work done by the staff (particularly in surgery) of the Jubilee Hospital.

Some time ago we published an article on that subject to which we refer our readers. We hope we have heard the last of the financial and other troubles of the Royal Jubilee Hospital.

CASES IN PRACTICE—PERFORATION OF ABDOMINAL VISCERA.

H.P., labourer, aged 38, lived with his family; engaged in rolling logs in mill-yard. No previous history of illness. Complained of soreness in lower part of abdomen, after returning from work on Saturday evening. Was seen by a physician Monday evening, when diagnosis of subacute peritonitis was made. No vomiting; temperature normal; moderate tympanitis; constipation. Symptoms continued much the same until Tuesday night, when severe vomiting occurred, with indications of sepsis. Saw patient Tuesday noon: was vomiting, pulse rapid and weak, abdomen distended. Recommended and received permission to adopt surgical measures, as affording the only hope of relief; but upon arriving at the hospital his condition was such that operative interference was considered unjustifiable. Death ensuing three hours after his admission.

Post mortem by Dr. Richardson, house surgeon. Purulent peritonitis; appendix normal; directly anterior to upper part of sacrum was found a well-defined abscess, containing some four ounces of offensive pus, some fecal matter, and a piece of resinous fir wood, one and three-quarters inches in length, irregularly pointed at ends, and as thick as a lead-pencil. Leading into this abscess, and explaining this collection, was perforation of the sigmoid flexure of colon. No information had been offered by patient relative to the swallowing of any such body. The only possible explanation that could be given by the family was that three days previous to the commencement of patient's illness, he had slipped from a log into deep water, and while struggling might have unconsciously swallowed the piece of wood.

W.R., carpenter, aged 51, lived with his family. Had been a sufferer from occasional attacks of "dyspepsia," but during the last two years had enjoyed excellent health, until within the last two months, when he began to suffer from exhaustion, with occasional pain in region of pylorus; also lost

considerable weight. After returning from church Sunday evening, experienced severe pain in stomach. Monday his physician administered sedatives, but without relieving the pain. Was called following day to see patient: temperature, 100½; pulse, 80; some tympanitis, abdomen rigid and hyperæsthetic, bowels costive: was unable to lie down, and in severe agony, no vomiting. Salines failed to cause action of bowels, as also did calomel and croton oil. Next morning patient appeared cheerful, had taken considerable food, but pulse more rapid and compressible. Considering that the gravity of the case justified a section, at least, as an aid to diagnosis, if not to relieve the cause of the trouble, I requested consultation, with this end in view. This was refused, and not until the following day, when patient was in an extreme condition, was my request granted. Patient was removed to Jubilee Hospital, and cœliotomy was performed by Dr. Davie, on afternoon of Thursday. Intestines deeply congested; general peritonitis; appendix normal; abdomen obtained about a pint of greenish, opaque fluid, some pus, and few large flakes of greenish lymph. The anterior part of stomach, liver and parts in contact, were united by adhesive inflammation, and formed an abscess wall complete, except in one part, through which the contents of this cavity passed into the general peritoneal cavity. Upon the anterior surface of the stomach, within one inch of pylorus, was a circular perforation, one-third of an inch in diameter, through which the gastric contents poured into the abscess cavity. There were no additional indications of ulceration, nor were any cicatrices to be seen. The pylorus was found somewhat thickened and contracted, but, to the naked eye, presented no indications of malignancy. The pylorus was dilated by the finger: the abdomen flushed with sterilized warm water: the stomach was brought in contact with the abdominal wound, and the margins of the ulcer united with the surface, thus making a gastric fistula opening externally; an iodoform drainage inserted, dressings applied, and patient removed to bed: passed a satisfactory night; food and stimulants given by rectum. Wound dressed following morning: perfect adhesion had taken place, completely cementing the peritoneum; some little discharge from stomach upon the dressing. Patient expressed himself as

feeling comfortable, notwithstanding the continuance of the general peritonitis. Towards evening heart showed evidence of failure, and death ensued following morning. *No post mortem.*

It seems reasonable to suppose that, had surgical measures been used previous to rupture of abscess wall, which nature had formed by adhesive inflammation of contiguous viscera, and this before the peritoneal cavity had been infected by the contents of the stomach, a satisfactory result might have been obtained, as death was the direct result of general septic peritonitis.

In reflecting upon these two cases it seems opportune to call attention to the fallacy of depending upon the thermometer as indicating the intensity of intra-abdominal inflammation. The history of appendicitis is teaching us this lesson, and goes far towards convincing us that it is not without reason that some of the most successful abdominal surgeons have excluded thermometers and temperature charts from their wards. Again, *æ* opium, it may not be unnecessary to repeat what has been so often told us, yet with such little effect upon our daily practice. We are too apt to resort to opium, as some practitioners of ancient prestige resort to alcohol, as a mantle to cover our ignorance, a sweet nepenthe which, while it may temporarily soothe, renders the patient incapable of giving us that assistance in diagnosis that we too often require. Our mortality would be lessened if opium and its preparations were erased from the pharmacopœia.

The hypodermic syringe, which has become the boon companion of some of our practitioners, should be placed high up on the shelf, and labelled "dangerous." The administration of opiates, if not wholly proscribed, should be used with the greatest caution until a satisfactory diagnosis has been made: and especially should this procedure be followed, where the indications are those of intra-abdominal lesion. In such cases where tenderness or rigidity is too great to allow a satisfactory examination, it is better to give an anæsthetic and make a complete examination. The cases will then usually divide into two classes, the one indicating salines, the other indicating surgical measures. Whatever is done delay is inexcusable, and lives should not be jeopardized by the delay which characterizes the action of many younger practitioners in hesitating to call the assistance of

an experienced surgeon, when such can be had in the locality. By consultation with men of greater experience, not only would the interests of the patients be conserved, but no small profit would accrue to themselves, as our greatest advances are made by coming in contact with those whose information and discipline are greater than our own.

ERNST HALL, M.D., L.R.C.P.E.

AN UNFORTUNATE CITY.

Vancouver, as a centre for the outbreak of epidemic disease, especially small-pox, occupies the worst position of any city on the Pacific coast. It is the western terminus of the Canadian Pacific Railway, and two great foreign steamship lines, one from China and the other from Australia, make it their headquarters on this side. The quarantine station is distant nearly one hundred miles, viz., at Williams' Head, in the vicinity of Victoria. Small-pox is almost constantly present in China, and as every steamship from Hong Kong has numbers of Chinese coolies on board, destined for all parts of Canada, the United States, and Cuba, this city is always in danger of an outbreak of that loathsome disease. Only a couple of weeks ago a case was discovered among the coolies in the custom house pens, where they were in waiting for shipment to Portland, Oregon. The city Board of Health removed him, and is treating him now in the local pest-house, at the expense of the people of the city of Vancouver. After the removal of the patient, the remainder of the coolies, some seventy-five in number, were kept in quarantine, and guards placed over them by the city authorities. The C. P. R. officials had the supreme cheek to write to the City Council, asking that body to defray the expense of feeding those seventy-five Chinamen during the fourteen days they were to be kept in quarantine. That was rubbing it in with a vengeance. Probably it was intended, if the city had not put guards on sheds where the coolies were confined, to have shipped off the whole lot to Portland, and let the Yankees take the risk of the disease breaking out after the Canadian Pacific Railway got rid of them, and being balked in the little game, the officials were angry and wished to bleed the city for the keep of the

suspects. The Canadian Pacific Railway should pay for the expenses of persons like the Chinese, who are immediately under their control till they reach their destination, or insist on the Dominion Government having sufficient quarantine stations for the accommodation of the shipping coming into the ports of the Province. It is a pretty hard thing to accuse the quarantine officers at Williams' Head with carelessness in the discharge of their duty, but there are rumors afloat that a case of small-pox was transferred from the *Empress of India* at Yokohama, and all the passengers vaccinated. If such was the case the steamer should have been detained longer at the quarantine grounds in order to allow any cases that were in a state of incubation to develop at the proper place, but, instead of that being done, a hasty inspection was made, and no cases were actually visible. She was allowed to proceed on her way, with the result that Vancouver had the benefit of the case when it came to maturity. Mr. J. W. Horne, M.P.P., one of the representatives of the city in the Local Legislature, a gentleman who has always the good of Vancouver at heart, introduced a resolution recently asking the Dominion Government to provide greater quarantine accommodation for the protection of Vancouver city, but, strange to say, for one reason or another it was voted down by an overwhelming majority of the Legislature. With foreign lepers and small-pox patients, not to speak of hundreds of suspects annually foisted upon her, the city of Vancouver's cup of grievances ought soon to be overflowing.

Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

SLEEP.

Sleep may be defined as that state of natural unconsciousness in which the voluntary powers are in a condition of insensibility, whilst the involuntary functions of nutrition, secretion, etc., are going on, increased, diminished or unaltered, according to circumstances. The cause of the sensorial inactivity of the voluntary system, and disconnection with thought generally, has been variously explained. The most general idea is that

sleep is the consequence of exhaustion of the usual nervous stimulant in the services of the waking hours, or exhaustion along with the waste of the tissues generally. Liebig puts it thus. "Since in different individuals, according to the amount of force consumed in producing voluntary mechanical effects, unequal quantities of living tissue are wasted, there must occur in every individual, unless the phenomena of motion are to cease entirely, a condition in which all voluntary motions are completely checked, in which, therefore, these occasion no waste. This condition is called sleep." Dr. Carpenter puts it thus: "The occasional suspension of sensorial activity is requisite for the reparation of the destructive effects of that activity; so that, however unfavourable may be the external circumstances, sleep will supervene as a necessary result of exhaustion, when this has been carried very far."

That exhaustion is one, perhaps the one great condition of sleep, is unquestionable; but that it is not the only condition is no less true, unless we adopt the views of Liebig, "that wine, narcotics and other sleep-inducing agents, produce a state of artificial exhaustion, by putting a stop to the regular changes of matter, especially its union with oxygen, which is constantly going on within the body." Moreover, he says: "There is a state of over-exhaustion, both of mind and body which tends to keep off sleep rather than to induce it."

A recent lexicon describes it as "the state of rest and recuperation of the bodily and mental voluntary powers. The consciousness may also be inactive or dreaming, *i.e.*, without the guidance and data of the will and lower centres, and hence illogically functional sleep-walking."

It is customary that the regular practice of sleeping once in the twenty-four hours, be carried on as most suitable and conducive to health. The amount of sleep necessary for an individual depends on the time of life, constitution and acquired habits.

Practically, sleep is a natural condition. Medical men have, by their professional labours, this portion of their time frequently invaded upon. In many places the public recognize the right of the profession to a larger fee, *i.e.*, double that of the regular visit in the day time. We hope some other member of the profession will give us an essay on this

important subject—important to the patient when it is lost, and requires the use of sedatives and narcotics to restore it.

Napoleon, it is said, possessed the power of falling asleep almost momentarily, and this faculty has been quoted to prove that sleep was an active state, rather than a passive one. It is nature's sweet, balmy restorer, and, as such, is of the greatest importance to physician and patient.

SUPRA-PUBIC LITHOTOMY.

We are informed that Dr. Alex. McNeill, of Kensington, and Dr. Taylor, of Charlottetown, performed recently an operation for lithotomy, on a young man under very unfavourable circumstances. The operation was skilfully performed, and so far has proven quite a success. We trust Dr. A. McNeill will give an extended report of the case, and describe the operation, as well as the history of the case. There were two large calculi extracted, and the relief to the poor patient was great—another triumph added to the list of the surgeon's skill. Not having been present, we are unable to enter into details.

Dr. Macleod, of Charlottetown, we are also informed, performed an ovariectomy lately. The case is doing well. Would like very much to have a report of the case. The Doctor is a skilled anatomist and able surgeon.

Original Communications.

DOUBLE EMPYEMA.

BY J. BAUGH, M.D.

On 26th December I was called to see Willie S., aged 2½ years, and found him suffering from inflammation of left pleura. In a few days the cavity became completely filled with effusion. During the second week the right pleura became inflamed and the child's condition had become serious. During the third week the left side became greatly distended and the soft tissues covering the same very oedematous. The right cavity was filled with effusion to a point one inch above the posterior inferior angle of the scapula. On the 20th January, about four weeks from the commencement of the attack, the fluid in right cavity

pointed just below the inferior angle of the scapula, and in four days formed a fluctuating tumour as large as a goose egg, which covered the scapula as high up as its spine. Dr. Miller then saw the case with me, and it was decided to aspirate and draw off the fluid. I used the aspirator immediately, and finding the contents were purulent, the aspirator was withdrawn and a free incision made into the abscess at a point corresponding with the lower angle of the scapula. About fourteen ounces of pus was evacuated and drainage tube inserted. The left cavity was then aspirated and twelve ounces of pus withdrawn. Two days later as the collection of pus seemed to be undiminished, I decided to make free incision, wash out and introduce drainage.

On the 1st February, Drs. Miller and Smith being present, and the child chloroformed, I made an opening in the axillary region in the sixth intercostal space, through which I passed a silver-plated sound till it rested on the diaphragm about two inches from the spinal column. The handle of the sound was then depressed so as to raise the point about half an inch, and then pressed firmly against the back, causing a protuberance in the intercostal space just above the diaphragm. A free incision was then made over this protuberance and the cavity emptied of about three pints of pus. The cavity was then washed out with a very weak solution of boracic acid and drainage tube inserted into lower opening. The axillary opening was closed with sutures at once. The dressings were changed daily for two weeks, leaving the tube undisturbed. During the same time the cavity was washed out twice with warm water. After the first two weeks the tube was shortened daily till at the end of the second two weeks it was completely withdrawn. The sinus was then packed with gauze for two days and then removed, and in two days more the sinus was healed.

It is just one month since the dressings were discontinued, and the child is well and hearty, and is playing and running about. He has a spinal deflection of about an inch to the right side and the left subclavicular space is more depressed than the right. The respiratory murmurs on both sides are normal. The only medicines used in this case were acid phos. dil., quinine and hydrolein.

Hamilton, March 31st, 1894.

Annual Examinations.

QUEEN'S UNIVERSITY

The following passed for the M.D. and C.M. degrees:

James Ross Allin, Bath; William J. Anderson, Glenstewart; Joseph A. Boucher, Charlo, N.B., W. T. Connell, Spencerville; F. J. Farley, Brighton; G. D. Fitzgerald, Peterboro'; Cyril Fulton, Iroquois; P. J. Kinsley, Wolfe Island; B. J. Leahy, Kingston; J. W. Morden, Picton; A. R. Myets, Forfar; F. C. McCutcheon, Seeley's Bay; A. B. Partou, Iroquois; W. W. Sands, Sunbury, James Seager, Ottawa; J. A. Stevenson, Stella; H. G. Williams, Kingston; W. A. Young, Kingston.

University medals—Gold, Walter T. Connell, Spencerville, Ont; silver, J. W. Morden, Picton, Ont.

House surgeons—Walter J. Whittiker, North Williamsburg; Hugh S. McDonald, B.A., Kingston; George Stewart, Elmside.

TRINITY UNIVERSITY.

FINAL EXAMINATION.

Class I.—Gold medal and certificate of honour, C. B. Shuttleworth; silver medal, C. D. Parfit; certificates of honour, A. L. Danard and K. Ferguson, equal; H. R. Frank, G. H. Field, T. G. Devitt, J. S. Goodfellow, equal; E. L. Proctor, J. L. Bradley, C. C. Field.

The following are also in the first class: T. Kerr, J. Macmaster, J. Semple, equal; H. E. Armstrong, J. D. Windell, H. N. Rutledge, equal; J. R. Mencke, W. H. Millen, M. Baker, H. D. Livingstone.

Class II.—S. H. Murphy, C. H. Thomas, M. S. Lane, J. D. Leith, T. C. Hodgson, D. A. McClenahan, W. H. Scott, J. Park, J. T. Somerville, F. W. Smith, C. M. Kingston, J. A. White, P. D. White, G. R. Brown, F. A. White, A. Galloway, T. Agnew, H. W. McQueen, J. S. Matheson, E. D. Graham, A. G. A. Fletcher, T. A. Manes.

Class III.—H. H. Sinclair, Miss J. S. Shirra, G. M. Ferris, W. B. Boyd, Miss N. Rodger, D. Thomson, R. R. Macfarlane, W. H. Alexander, S. N. Insiey, Miss G. W. Hulet, T. Wickett, T. W. H. Young, F. S. Nicholson, W. J. Bray, Miss E. A. A. Burt, W. A. Ball.

PRIMARY EXAMINATION.

First, silver medal and certificate of honour, J. R. McRae; second, silver medal and certificate of honour, H. Clare and V. A. Hart, equal; certificates of honour, F. G. Wallbridge, G. W. Barber, H. H. Milbee, W. H. Weir, G. V. Harcourt, W. J. Beatty, D. Jamieson, J. H. Oliver, W. A. McIntosh, C. R. Sneath, B. P. Churchill, W. McQ. Teetzel.

The following are also in the first class: P. S. McLaren, H. S. Roberts, F. J. Hart, S. J. Caldwell and J. S. Nedd, equal; W. A. Lillie and A. Ruppert, equal; P. J. Goldsmith, J. D. Weir, C. H. Brereton, E. B. Boyes and Miss T. G. Head, equal; F. S. Rounthwaite.

Class II.—C. H. Smith, W. S. Harper, J. H. Dancey and J. J. Elliott, equal; W. V. Kurtz, R. H. Foster, H. Turner, J. A. Butler, Miss A. Verth, P. J. Lee, W. B. Crowe, R. B. J. Stanbury, T. H. Bell, A. A. Beatty and E. Doan, equal; S. H. Corrigan, J. B. McMurrich, H. E. Denmark, C. E. Stanbury, J. B. Thomson.

Class III.—J. H. Allin, T. D. Lockhart, W. P. St. Charles, Miss A. Turner, H. R. Pearce, T. W. Kirby, G. W. Badgerow, W. Brent. Subjoined is the standing of the candidates in the various branches.

FINAL EXAMINATION.

Medicine—Class I.—Danard, Armstrong, Devitt, Shuttleworth, Frank, G. H. Field, Goodfellow, Parfitt, Semple, Ferguson, Bradley, Galloway, C. C. Field, Proctor, Rutledge, Millen, McMaster, Agnew, Mencke, Smith. Class II.—McIlwraith, McClenahan, Scott, J. White, Windell, Hodgson, Boyd, Miss Rodger, Kingston, Thomson, Somerville, Brown, Leith, Ferris, Kerr and Livingstone. Class III.—McQueen, Sinclair, Macfarlane, Matheson, Park, Young, F. A. White, Alexander, Miss Hulet, Lane, P. D. White, Bray, Miss Shirra, Fletcher, Nicholson, Baker, Murphy, Thomas, Ball, Wickett, Miss Burt, Graham, Badgerow, Manes, Brent, Miss Fleming, Insley.

Surgery—Class I.—Goodfellow, G. H. Field, Proctor, Ferguson, Somerville, Thomas, Danard, Shuttleworth, G. C. Field, Baker, Murphy, Semple, Devitt, Frank, Leith, H. D. Livingstone, Mencke, Millen, Parfitt, McClenahan, Kerr, P. D. White, Ferris, Rutledge, Scott, Armstrong, McMaster,

Windell, F. A. White. Class II.—Bradley, Fletcher, Galloway, Manes, Miss Shirra, Miss Hulet, Hodgson, Park, J. A. White, Matheson, McQueen, Smith, Insley, Bray, Sinclair, Thomson, Agnew, Lane, Miss Burt, Wickett, Howard, Boyd, Graham. Class III.—Miss Pringle, Alexander, Ball, Livingstone, Miss Rodger, Miss Fleming, McIlwraith, Brown, Macfarlane, Badgerow, Brent, Nicholson, Kingston, Warbrick, Dow.

Clinical Medicine—Class I.—Shuttleworth, Parfitt, C. C. Field, G. H. Field, Frank, Hodgson, Mc Master, Rutledge, Ferguson, Young, Devitt, Baker, H. D. Livingstone, Murphy, Miss Pringle, Lane, Park, Thomas, Windell, Agnew, Howard, Kerr, Kingston, McClenahan, Sinclair, Armstrong, Mencke, Millen, Smith, F. A. White, J. A. White, P. D. White, Miss Shirra, McIlwraith, McQueen, Bray, Dow, Fletcher, Goodfellow, Graham, Nicholson. Class II.—Proctor, Leith, Semple, Warbrick, Miss Rodger, Scott, F. D. Livingstone. Class III.—Badgerow, Brown, Boyd, Galloway, Manes, Ball, Ferris, Macfarlane, Matheson, Somerville, Danard, Insley, Wickett, Alexander, Miss Hulet, Thomson, Miss Burt.

Clinical Surgery—Class I.—Shuttleworth, Parfitt, Danard, Lane, Matheson, Thomas, Kerr. Class II.—Wickett, Windell, C. C. Field, G. H. Field, Warbrick, Ferguson, Frank, Bradley, McQueen, Mencke, Semple, Devitt, Goodfellow, McIlwraith, Millen, F. A. White. Class III.—Miss Hulet, Miss Pringle, Dow, Galloway, Howard, H. D. Livingstone, McMaster, Miss Shirra, Miss Burt, Ferris, McClenahan, Proctor, Rutledge, Scott, Thomson, P. D. White, Baker, Miss Rodger, Fletcher, Graham, Insley, Kingston, Murphy, Sinclair, Agnew, Alexander, Armstrong, Miss Fleming, Hodgson, Bray, Nicholson, Smith, Boyd, Macfarlane, Park, Young, Manes, Somerville. Brent, Leith, J. D. Livingstone, J. A. White, Brown, Badgerow, Ball.

Obstetrics—Class I.—Kerr, Danard, Baker, Graham, Devitt, Frank, Lane, Ferguson, Goodfellow, Murphy, Parfitt, Proctor, Insley, Brown, G. H. Field, Manes, Armstrong, Leith, Shuttleworth, Kingston, Thomas, H. D. Livingstone, Windell, C. C. Field. Class II.—Bradley, McMaster, Semple, Mencke, Park, F. D. Livingstone, Rutledge, P. D. White, Hodgson, Dow. Class III.—Alexander, Millen, Somerville, Boyd, McClenahan, J. A.

White, Miss Burt, Macfarlane, Matheson, F. A. White, Wickett, Fletcher, Miss Fleming, Brent, McQueen, Nicholson, Miss Rodger, Scott, Miss Shirra, Smith, Thomson, Sinclair, Howard, Miss Hulet, Ball, Agnew, Bray, Galloway, Ferris, Young.

Sanitary Science—Class I.—Shuttleworth, Parfitt, Goodfellow, Danard, Ferguson, Proctor, Frank, McMaster, Bradley, Brown, Macfarlane. Class II. Devitt, Fletcher, Scott, Semple, Windell, Baker, Rutledge, McQueen, Millen, Murphy, Somerville, Thompson, F. A. White. Class III.—Alexander, Hodgson, Kerr, Mencke, Smith, G. H. Field, Lane, Agnew, Ball, Insley, H. D. Livingstone, Manes, Sinclair, P. D. White, Ferris, Miss Fleming, Graham, Leith, Matheson, McClenahan, J. A. White, Boyd, Dow, Galloway, Nicholson, Armstrong, Kingston, Thomas, C. C. Field, Miss Hulet, Miss Rodger, Bray, Miss Burt, Howard, F. J. Livingstone, Park, Miss Shirra, Wickett, Young.

Medical Jurisprudence—Ferguson, McMaster, Agnew, Baker, Bradley, Brown, Devitt, G. H. Field, Kingston, Leith, Manes, Murphy, Park, Parfitt, Miss Pringle, Rutledge, Miss Shirra, Shuttleworth, Windell, Armstrong, Danard, Miss Fleming, Kerr, Millen, Semple, Dow, Ferris, Frank, Galloway, Lane, Goodfellow, Hodgson, Miss Hulet, H. D. Livingstone, Matheson, McClenahan, McQueen, Mencke, Nicholson, Miss Rodger, Scott, Smith, Somerville, J. A. White, Young, Alexander, Brent, C. C. Field, Fletcher, McFarlane, Thomas, Thomson, Wickett, Howard, Badgerow, Ball, Boyd, Miss Burt, Graham, Insley, Sinclair, Warbrick, F. A. White, P. D. White, McLlwraith, F. J. Livingstone.

PRIMARY EXAMINATION.

Physiology and Histology—Class I.—McRae, Dancy, Wallbridge, V. A. Hart, Brereton, Caldwell, Churchill, Miss Head, Nedd, Smith, Harper, Clare, Goldsmith, F. J. Hart, Jamieson, J. D. Weir, Barber, Doan, Harcourt, Lillie, Milbee, Roberts, Rounthwaite, Ruppert, Miss Verth, W. H. Weir. Class II.—Butler, Krausmann, W. J. Beatty, Bell, Boyes, Crowe, Denmark, McIntosh, McLaren, Mills, Row, Sills, Allin, A. A. Beatty, Sneath, R. B. J. Stanbury, St. Charles, Teetzel, Turner. Class III.—Corrigan, Miss Irwin, Foster, Lee, Thomson, Miss Harrison, Miss Macallum, C. E. Stanbury, Miss Wallace, Shaver, Kurtz, Lockhart, Durham, Elliott, McMurrich.

Materia Medica—Class I.—Harcourt, W. H. Weir, McIntosh, Clare, V. A. Hart, Milbee, Sills, Wallbridge, McRae, Boyes, F. J. Hart, Oliver, Brereton, Caldwell, McMurrich, Nedd, Barber, Durham, H. R. Pearce, Lockhart, Miss Head, Kurtz, H. Turner, Goldsmith, Roberts, Sneath, Teetzel, Miss A. Turner, Elliott, Miss Verth, W. J. Beatty, Churchill, Dancy, Jamieson, Krausmann, McLaren, Corrigan. Class II.—Lillie, Mills, Foster, Miss Irwin, Lee, Miss Macallum, Rounthwaite, Allin, Ruppert, Thomson, J. D. Weir, A. A. Beatty, Kirby. Class III.—Crowe, C. E. Stanbury, Miss Wallace, Doan, Shaver, Butler, Bell, Harper, Smith, R. B. J. Stanbury, Brent, Denmark, Reynar, St. Charles, Miss Harrison.

Chemistry and Physics—Class I.—McRae, Barber, W. J. Beatty, Clare, Harcourt, V. A. Hart, McLaren, Churchill, McIntosh, Sneath, Teetzel, Goldsmith, Jamieson, McMurrich, Milbee, Oliver, W. H. Weir, Elliott, Kurtz, Lillie, Ruppert. Class II.—Krausmann, Foster, Harper, Miss Irwin, Nedd, Roberts, Smith, C. E. Stanbury, St. Charles, J. D. Weir, Lee, Boyes, Brereton, Crowe, F. J. Hart, R. B. J. Stanbury. Class III.—Caldwell, Dancy, Miss Head, Miss Macallum, Butler, Denmark, Doan, H. R. Pearce, Shaver, Miss Verth, Miss Wallace, A. A. Beatty, Allin, Bell, Corrigan, Lockhart, Thomson, Turner, Row.

Practical Chemistry—Class I.—Milbee, W. J. Beatty, Clare, McRae, R. B. J. Stanbury, Jamieson, Bell, Kurtz, Roberts, J. D. Weir, Boyes, Lee, McRae, Lockhart, Turner, Sneath, Barber, Churchill, Lillie. Class II.—Foster, W. H. Weir, Brereton, Butler, V. A. Hart, Dancy, Harper, F. J. Hart, Mills, Ruppert, Thomson. Class III.—Corrigan, Goldsmith, Row, Nedd, Oliver, Teetzel, Allin, Caldwell, Crowe, Denmark, Doan, Miss Head, McLaren, McMurrich, Smith, C. E. Stanbury, St. Charles, Harcourt, Shaver, Elliott, A. A. Beatty, Miss Verth.

Descriptive Anatomy—Class I.—Butler, Rounthwaite, Sneath, Teetzel, Barber, Nedd, A. A. Beatty, W. J. Beatty, Caldwell, V. A. Hart, Smith, Wallbridge, Clare, Milbee, Ruppert, Thomson, Bell, Crowe, McRae, Lillie, McLaren, J. D. Weir, W. H. Weir, Harper, Jamieson, Roberts, Oliver, F. J. Hart, Miss Head, C. E. Stanbury, Corrigan, Harcourt, Sills, Allin, Boyes, Churchill, McIntosh, Foster. Class II.—R. B. J. Stanbury, Turner,

Denmark, Doan, Lee, Elliott, Brereton. Class III.—Kurtz, St. Charles, Miss Verth, Dancey, Goldsmith, Miss Harrison, Lockhart, Miss Macallum, Reynar, McMurrich, Row, Mills, Miss Wallace, Miss Irwin, Krausmann.

Practical Anatomy.—Class I.—Teetzel, Bell, Elliott, Caldwell, Wallbridge, Harcourt, V. A. Hart, Kurtz, Nedd, Smith, Turner, W. H. Weir, Boyes, Corrigan, Crowe, Goldsmith, F. J. Hart, Thomson, Miss Verth, Denmark, Jamieson, McRae, Barber, A. A. Beatty, Doan, Harper, Lillie, Roberts, Sneath, W. J. Beatty, Miss Irwin, Foster, McLaren, Milbee, Ruppert, Sills, J. D. Weir, Brereton, Reynar, Butler, Miss Head, Miss Macallum, Krausmann, McIntosh, McMurrich. Class II.—Allin, Miss Wallace, Churchill, Mills, Crowe, Lee, C. E. Stanbury, R. B. J. Stanbury, Dancey, Oliver, Miss Harrison, Rounthwaite, Row, Lockhart, St. Charles.

Toxicology.—Class I.—Denmark, Ruppert, Foster, Turner, Oliver, Roberts, R. B. J. Stanbury, Allin, Brereton, Churchill, F. J. Hart, Miss Head, Miss Irwin, Milbee. Class II.—Barber, A. A. Beatty, V. A. Hart, Lee, Lillie, Reynar, Smith, Sneath, W. H. Weir, Clare, Corrigan, Doan, Harcourt, McLaren, McRae, J. D. Weir, W. J. Beatty, McIntosh, McMurrich, Wallbridge. Class III.—Bell, Durham, Lockhart, Miss Macallum, Nedd, Boyes, Dancey, Goldsmith, Harper, Kurtz, Lee, Mills, Rounthwaite, Sills, C. E. Stanbury, Teetzel, Miss Verth, Elliott, Miss Irwin, Badgerow, Row, Miss Wallace, Caldwell, Crowe, Miss Harrison, Shaver, Thomson, St. Charles.

McGILL UNIVERSITY.

No less than fifty-four gentlemen will receive the degree of M.D., C.M., from the University of McGill this year. The following is the Ontario list: G. M. W. Byers, Gananoque; A. Davidson, Burns; R. E. Davis, Fallowfield; W. F. Drysdale, Perth; C. W. F. Gorrell, Brockville; R. Hamilton, Bright; J. F. Kearns, Metcalfe; G. S. McCarthy, Ottawa; J. T. McLaren, Bell Creek; J. A. McLaughlin, Avonmore; L. Y. McIntosh, Strathmore; G. H. Manchester, Ottawa; E. J. O'Connor, Ottawa; J. Pritchard, B.A., North Wakefield; J. Reeves, Eganville; A. Richardson,

South March; H. J. Richardson, Spencerville; W. H. Scott, Owen Sound; A. T. Shillington, Kemptville, H. E. Fork, Metcalfe. The Holmes gold medal was won by Andrew Armour Robertson, B.A. of Montreal; the Clenosh prize by Allan Davidson, of Burns, Ont.

Meetings of Medical Societies.

At a meeting of the Ottawa Clinical Society, held on Friday, April 6th, Dr. Church, the President, in the chair, the following resolutions of condolence were moved by Dr. Dewar, seconded by Dr. Chabot, and carried:

Whereas, by the death of Dr. William Ianson, the Society has lost one of its most valued members and the wisest of its counsellors;

Resolved, that we will cherish his memory as that of a wise physician, and a chivalrous, warm-hearted friend, whose name will always remain as a synonym for all that is noblest and best in our profession;

Resolved, that we hereby express our grateful recognition of his services and interest in the Society, and that we tender to his beloved wife our deep sympathy with her in her bereavement;

Resolved, that we do now adjourn to attend the funeral services of Dr. Ianson in a body, and that the secretary be instructed to send copies of these to the family and to the ONTARIO MEDICAL JOURNAL.

WEST TORONTO TERRITORIAL ASSOCIATION.

A card called together a large number of medical men residing west of Yonge Street, in Broadway Hall.

Dr. A. A. McDonald was voted into the chair, and Dr. J. A. Creasor appointed Secretary. Dr. McDonald explained that he was unacquainted with the object of the meeting, further than the card of invitation expressed, but that it was understood that a former meeting had been held. Upon enquiry from Dr. A. J. Johnson, it was ascertained that he also knew nothing of the originators of the meeting.

Dr. McDonald therefore explained that, as the

card said a meeting was to be held for the purpose of hearing a report of a committee, he called upon the chairman of that committee to produce his report.

As the chairman was not present, Dr. Carveth explained that he, being a member of that committee, would say something about it. At this time Dr. Spence having arrived, and it being announced that he was chairman of the committee that had been appointed to draw up a constitution, he was asked to read his report.

The report having been read, a motion was put that it should be adopted. It was moved in amendment that the clauses should be read singly. Carried.

The first clause being put, Dr. Orr explained that this society could not assume the name of "Territorial Association," as the Act specified who was to be chairman of that society, and that, not having complied with it, that name could not be accepted. Dr. Carveth explained that this matter had been talked over in committee, and that it had not been understood that the present member for the Council should necessarily be the chairman. Eventually the reports and amendments were read.

A large amount of discussion took place as to the object of this society. Dr. A. H. Hamilton, who was also a member of the Committee, explained that the Society was not one at which papers should be read, or discussions on papers encouraged, but that it was for the purpose, firstly, of collecting debts for medical men; secondly, to discuss such subjects as could not be discussed before the Toronto Medical Society; and he mentioned particularly a question that he thought should be discussed, namely, whether or not tuberculosis should be reported to the Health Office.

Dr. Milner also proceeded to explain the work to be done by this association, claiming it to be purely a business one.

The next order on the card was the election of officers, which resulted in Dr. A. J. Johnson, the present member of the Council for the Division, being unanimously returned as President of this association, whether territorial or otherwise; Dr. A. A. McDonald, 1st Vice-President; Dr. Hamilton, 2nd Vice-President.

On the nomination of Dr. Carveth for the position of Secretary, it was explained by Dr. Machell that he had done a large amount of work for the former committee, and that he had for some years carried on a black list, which contained the names of bad pay patients, but that latterly it had not been kept up, and that he thought the work Dr. Carveth had done in the past, entitled him to the place of secretary of this society in the future.

It was remarked by Dr. Johnson that the fact that Dr. Carveth had at one time carried on a black list, which had failed, was a sufficient reason that a new secretary might be advisable.

It was further explained by Dr. Carveth that the reason that his former association failed, was that some of the medical men or a medical man who had the right to see these lists had taken advantage of the knowledge thereby ascertained, and had represented two patients that he would attend himself, although their names were on the black list.

Dr. Johnson explained that he had been connected with other associations, whose object was the collection of bad debts for medical men, which had been established in Toronto for the last twenty years, and that they were all frauds of the worst kind, and had failed as soon as the profession had made any attempt to support them, and that he did not believe in the establishment of any such society, particularly as at present Messrs. R. G. Dun & Co. had instituted a department especially for medical men. It was his impression that only those medical men who wish to have the advantage of seeing a black list, which was to be kept by the Secretary of the Society, should be asked to pay a fee of \$1 a year to this association.

There being nothing before the chair, the Chairman called upon the President-elect to address the meeting.

Dr. Johnson therefore took the chair, and expressed thanks to the gentlemen present for the honour done him in electing him to that position. He felt that the Society had no other objects than those expressed by the members who sent out the card calling the meeting. There would not be much work to do the coming year.

The remaining officers elected were: Dr. Carveth, Sec.-Treas.; Drs. Orr, McPhedran, Spence, Executive Council.

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

COUNCIL LEGISLATION.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I desire to call the special attention of the profession to the curious methods adopted by the Council in securing the legislation of 1891, which I shall show was the most arbitrary ever obtained by any corporate body in this country. I shall show from the records that from first to last the Council moved so as to keep those affected by the legislation in the dark. It could not possibly have adopted better methods for concealing from its intended victims the crucial powers an irresponsible body, as the Council is, was endeavoring to have placed within its grasp. I am aware these are bold words, and, if not capable of indisputable proof, I render myself liable to censure. But to the proof and the records:

On June 12th, 1890, Dr. Bergin gave notice of motion: "That he will at the next meeting move that some members of the Council do ascertain from the Minister of Education whether he will recommend the Legislature to grant the Council power to remove from the roll all members who fail to pay their annual dues."

And now the lights are turned down. In the same hour it was moved by Dr. Harris, seconded by Dr. Russell, "That 3,000 copies of the Annual Announcement be printed, and a copy be sent to such members only whose dues are paid in full." It must be remembered that the daily newspapers of Toronto did not publish the proceedings of the Council, and consequently the determination to withhold the Annual Announcement, which contained those proceedings, from the medical men in arrears, deprived them of their only opportunity of ascertaining either the existence, or the character and scope, of the proposed legislation. Here, then, is the first step—a determination to secure the guillotine for recalcitrant members of the profession, and a determination to keep the intended victims in the dark.

On the following day, June 13th, 1890, it was moved by Dr. Bergin, seconded by Dr. Bray, "That this Council do petition the Legislature of

Ontario for power to increase the annual fees payable by each member of the College, and for power to erase from the register the names of all members who fail to pay their annual dues."

Again the lights are turned down, and not one medical man in the Province affected by the motion was to have any knowledge of its passage, because by Dr. Harris' motion, given above, he was not to receive the Annual Announcement, which alone would contain this resolution. Here, I must digress for a moment, to call attention to the vote by which this motion was carried. Of the thirteen who voted "yea," five are territorial representatives, viz., Drs. Bergin, Bray, Day, Rogers, Williams. On principle, I accord to these gentlemen the right to vote as they please on every question, for there is a day coming when the general profession can settle accounts with them as their representatives. But what shall be said of the other eight, Drs. Campbell, Fowler, Fenwick, Henderson, Logan, Luton, Oliphant, Thorburn? Over these members of the Council the general profession has no control whatever. They are the appointees of colleges and homœopaths, and these are the major portion of the members who passed the resolution. I fail to catch the spirit which animates the 2,200 medical men of this province if they will longer submit to such domination by men who cannot be reached by their votes. This is the crucial point in the conflict between the profession and the Council which, in a subsequent letter, I propose elaborating more fully.

But let us return to the legislation. Having pointed out from the records the intention of the Council to secure clandestinely the most extreme legislation, the Bill for this purpose was prepared, and passed through the hands of Mr. Osler, the ablest criminal lawyer in the Dominion, and, as I shall subsequently show, bore the impress of his cunning handiwork. Now, if the Council, at this stage of its history, determined to deal openly, fairly, and frankly with the profession, it would have had the Bill introduced into the Legislature in the early days of the session (as the Defence Association did with theirs last year), had it printed, and distributed to every medical man in the Province, with ample time given for its consideration. This would have been the course of honest men, conscious of a just cause, for the con-

sideration of their confreres, and the people's representatives. What was done? Once more the lights are turned down, and in the dying hours of the session, the sixty-fourth day, the Bill, for the first time, sees the light of day. It received its first reading, was printed, received its second reading, was referred to and considered by a special committee, reported to the House, reprinted, considered in committee of the whole House, received its third reading, and was ready for the royal assent in the phenomenally short period of eleven working days of the House. I venture to say that the indecent haste which characterized the passage of this Bill through all its stages can scarcely find a parallel in the annals of legislation. It was impossible, in this short space of time, for the profession to ascertain the purport of the Bill, much less give it due consideration, and this was evidently the intention of its promoters. Moreover, it was impossible, with all the rush of work in the last days of the session, even for the legislators to unravel and detect the extraordinary powers granted by the Bill, so cunningly were they concealed by the crafty hand of the gifted Queen's Counsel who prepared it.

Having thus glanced briefly at the curious and secret methods adopted for securing the legislation of 1891, let us now look at its character and scope so far as it affects the profession. In the first place, the Council took the power of erasing from the register the names of members of the College who failed to pay their annual dues; but the Medical Council, only twelve of whose twenty-seven members are elected by the general profession, being an irresponsible body, like the old Family Compact, determined to go further and grasp greater powers than those possessed by any of the governing bodies of any of the professions in this province, and in its Act of 1891, it surreptitiously seized power by which any medical man became liable to be sent to prison, who did not meekly pay in his annual tribute, and dared to continue to make his bread and butter by his profession. But *irresponsibility* took even greater and more arbitrary power than this. Let me illustrate. John Smith, M.D., has been practising his profession for over fifty years, and now, in the evening of his life, has abandoned his profession completely and his name is dropped from the

register, but "John Smith, M.D.," remains in its historic place upon the door, and for this crime the Council took power by which the old retired practitioner may be taken into court and fined \$100 and costs, and if the money is not paid before leaving the court, the convicting justice "may commit the offender to the common gaol." If this is not tyrannical power, will you, Sir, kindly inform me what is? It may be well before closing this letter to point out the sections of the Act by which these far-reaching powers were accomplished. Sections 45, 47 and 51 were in the old Act and only applied to quacks and villains. The extraordinary powers of section 51 (imprisonment) were given mainly to stop impostors coming over from the United States, plying their unlawful trade, and when fined, "skipping" out without paying the fine. By the notorious section 41 A, all these "quack and villain" sections became applicable to every member of the profession who did not see eye to eye with the Council and obey its behests.

With your permission, Mr. Editor, in my next I shall point out the extent of the revolt in the profession, against the determined effort of a conglomerate council to enforce an annual impost and make rules and regulations for the government of the College of Physicians and Surgeons of Ontario, and the reasons for this resistance.

Yours, etc.,

J. W. McLAUGHLIN.

Bowmanville, April 6th, 1894.

Book Notices.

An American Text-Book of the Diseases of Children, including special chapters on essential surgical subjects, diseases of eye, ear, nose, throat, etc., by American teachers. Edited by LOUIS STARR, M.D., Physician to Children's Hospital, Philadelphia, etc., assisted by T. S. WESTCOTT, M.D., Physician to Dispensary for Diseases of Children. Price, \$8.00, cloth. Sale by subscription only. Philadelphia: W. B. Saunders.

The continuation of the series of works by Americans has its value enhanced by this edition of Starr's on Diseases of Children. The standard of excellence shown in the gynecology and medi-

cine, published by the same firm, is rather heightened than otherwise.

Pediatrics is a large special line of its own, and should be almost as well mastered by the general practitioner as by the specialist. Many of us feel our ignorance when confronted by a puzzling disease in an infant, and we would be greatly the better for a little more knowledge of the literature of the subject.

Here we have a work which fulfils the requirements of both the general man and the pediatricist. Many and varied are the subjects treated, and treated exhaustively, and the editor and publishers are to be congratulated on having got together such a number of very able papers.

The list of contributors is large and contains many eminent names: Ashhurst, DaCosta, Davis, Lyman, Osler, Packard, Pepper, Starr, Shattuck, J. W. White and many others. One Canadian medical man appears in the person of the able Professor of Therapeutics and Lecturer on Diseases of Children, McGill University, Dr. A. D. Blachader.

The work is too large to give any detailed review of its various points, but we cannot pass over the photo-engravings and coloured plates without mention, scarlet fever and its bacteriology being profusely given. Indeed, plates of cultures of all infectious diseases have a place and are extremely interesting.

Seventh Annual Report of Canadian Institute; Session 1893-94. Being part of the appendix to the report of the Minister of Education, Ontario. Toronto: Warwick Bros. & Rutter.

Mr. Boyle, in presenting the report, remarks that no original work has been done this year directly by the Institute, but he emphasizes the fact that a great deal of interest has been shown in the collection of new archaeological specimens, mentioning particularly, Geo. E. Laidlaw, in county of Lindsay, and Dr. T. W. Beeman, of Perth, the former gentleman having added two hundred and fifty new specimens to his already large collection. The line of most interest is that dealing with the addition to the museum of a collection of ancient Mexican relics—the best in British America. The total number of specimens is about 600, and consist of clay or terra-cotta, stone

of various kinds, shell and copper. The first are most numerous and compose human heads, idols and dishes of many shapes. The report is illustrated with cuts of the most important of these articles.

A Text-Book of the Diseases of Women. By HENRY J. GARRIGUES, A.M., M.D., Professor of Obstetrics in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital; Consulting Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynecological Society, etc., etc. Price: cloth, \$4.00; sheep, \$5.00. Philadelphia: W. B. Saunders.

This handsome volume of six hundred and ninety pages, including a very complete index, is the work of one eminently fitted to supply a practical treatise on the present science and methods of Gynecology. The author's aim has been to write a practical work and he has well succeeded. Long theoretical discussions and history are avoided, the pathology is brief and up to date, while everything that would aid in reaching a diagnosis is given, and a clear and succinct description of the *best* modes of treatment. Many minute details are gone into, the knowledge of which often constitute the difference between success and failure in treatment and operation. As the all-important basis of a knowledge of the subject, the development and anatomy of the female pelvic organs are very fully treated. The illustrations, consisting of three hundred and ten engravings and colored plates, form a complete atlas of the embryology and anatomy of the female genitalia, and represent numerous operations and pathological conditions. The work of the publishers is very good.

A Manual of Therapeutics. By A. A. STEVENS, A.M., M.D., Lecturer in Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania, etc. Price, \$2.25. Philadelphia: W. B. Saunders, Publisher.

This book commences with a brief but very complete description of the physiological action of drugs. Then for the reason that a classification, based upon physiological action, is at present almost an impossibility, the drugs are taken up in alphabetical order. The practitioner and student

will find many useful hints regarding drugs in general, and especially will he learn of the composition, mode of administration, and therapeutics of many of the newer drugs. Among the number we will but mention a few that are coming into daily use: Ethyl chloride, as a local anæsthetic; bromoform, and how it is to be used in whooping cough; diuretin, which has been lauded so highly as a diuretic; piperazine, the much vaunted solvent of uric acid, etc.

Then there is a section taken up with an account of remedial measures, other than drugs; another concise, but useful one, is devoted to "applied therapeutics."

There is a chapter, by I. W. England, on incompatibility in prescriptions, which will prove invaluable to the beginner.

Unfortunately, in the "table of doses," the old rule is followed instead of an endeavour being made to determine the dose by the body weight, which seems to be the more scientific method, though sometimes difficult of practical application.

The publishers are to be complimented on the style of the book, the printing, etc.

We can highly recommend this little work to our readers as being fully up to date.

AN EPITOME

OF

CURRENT MEDICAL LITERATURE.

MEDICINE.

Physical Diagnosis of Biliary Calculi.—C. Gerhart calls attention to the early symptoms of biliary colic. The attack begins often four to five hours after a hearty meal, or when the food passes into the duodenum, causing, by a reflex action, an expulsion of bile from the gall bladder. This will produce a temporary sensible enlargement of the sac (supposing that obstruction of the duct exists, and the gall cyst retains its distensibility). This enlargement subsides as soon as the stone has passed; the localized inflammation having produced some peritonitis, a circumscribed area of crepitant râles can be heard with the aid

of the stethoscope. This, together with pain, may exist some little time after the stone has found its way into the intestine. This latter condition is often greatly ameliorated by applications of ice water. An extension of the peritoneal inflammation to the pleura is but rarely observed. As a most frequent complication, we have an appendicitis due to a mechanical or chronic obstruction. If the attack is prolonged, the liver becomes enlarged, and its edges can be easily palpated and often seen, if the patient is emaciated. Transient enlargement of the liver, one of the important symptoms, is also met with in cholelithiasis, or when the ductus communis is obstructed by *ascaris lumbricoides*, or other catarrhal inflammatory exudations. The head of the pancreas is also the seat of a new growth or swelling, thus producing mechanical pressure upon the duct; on the other hand, it is absent in cardalgia or purely nervous hepatic colics.

Cholelithiasis can be excluded if there be an absence of crepitation over the seat of the gall cyst—if there is no enlargement of the same, and if after several attacks there have been no calculi found in the fæces.—*Deut. Med. Wochen.*, No. 46, 1893.

Chronic Rheumatic Throat Diseases.—Dr. A. Hecht (*Wiener Medizinische Presse*, No. 1, 1894) directs attention to the existence of chronic rheumatic throat diseases and records of such a case. A woman of twenty-five years had suffered over two and a half months from difficulty in swallowing, which, however, was not constant. In the morning she could eat her breakfast without pain, but when she worked the whole day in the field, or was exposed to cold weather, pain increased considerably. The pain was not always of the same intensity and changed about, now being on the right and then on the left side. Examination of the throat and larynx revealed nothing, and hysteria could be excluded. She also complained of pain in the muscles of the back of the neck, and the lateral surfaces of the thyroid cartilage were also sensitive to pressure. As the pain was complained of in the one or the other side, the corresponding portion of the faucial arch was painful and reddened. Salicylic acid yielded no results. The disease was first described

by Fletcher Ingais, and its characteristic feature is pain in the small muscles and the connective tissue between them and the cartilage, radiating from here to the clavicles. In most cases the pain does not extend over these bounds, but is limited to special parts, principally the posterior arch of the palate, the hyoid bone, especially its large cornua and lateral surfaces. The pain was intermittent and quite severe during changes of weather. On pressure, painful points could be made out, deglutition was most always, and speaking sometimes, painful. The back and sides of the neck were also occasionally affected. Locally there was more or less redness. Treatment of this obstinate disease is to be directed to the diathesis. Internally salol and the salicylate of soda are to be employed, while locally the following formula is of service:

℞ Muriate of morphine . . . 25 cgms. (grs. iv.).
 Carbolic acid,
 Tannic acid. aa 2 gms. (gtts. xxx.).
 Glycerine,
 Distilled water aa 15 " (ʒiv.)
 To be applied locally every two or three days.

He effected a cure in his case by these means.
 —*Medical and Surgical Reporter.*

Treatment of Biliary Lithiasis.—In cases of acute hepatic colic, Grasset advises:

1. Place the patient in a full, warm bath, where he should remain from three-quarters to one and a half hours.
2. Give every hour, or even every half hour, a teaspoonful of:

℞ Sat. chloroform aq. 150 grms.
 Dill. water 100 "
 Syr. orange 50 "

Or, chloroform may be inhaled and morphia given subcutaneously.

If olive oil is tolerated, 20c cc. may be given in wineglassful doses every quarter hour.

The food should be cold soup or milk, or ice cream. Injections to produce liquid stools should also be used.—*Times and Register.*

Treatment of Neurasthenia.—LIGHT FORM

1. Full diet, as much as can be assimilated; no intellectual work; open air, with bodily exercise.

2. Cold shower bath every morning, followed by rubbing and a quick walk. In the evening before dinner, methodic massage of the entire body.

3. To alternate, monthly, the following treatments (twenty days of treatment and ten days of rest).

(a) At each meal a teaspoonful of:

℞ Hydroalcoholic extract kola 10 grms.
 Syrup bitter orange peel . . . 300 "

Or a coffeespoonful of:

℞ Tr. kola 50 grms.
 Tr. coca 50 "
 Ac. citric 1 "
 Arsenat. sodii05 "

At each meal a cachet of:

℞ Ferri redact. 10 grms.

And a spoonful of:

℞ Acid hydrochlor 1 grms.
 Water 300 "

4. To go to some mineral springs in autumn and spring for a period of six months.

GRAVE FORM.

1. Take the patient from his ordinary surroundings, and place him in a special hydropathic institution.

2. Life in open air combined with rest, as obtained by a wheel-chair. Complete brain rest. Exercise as prescribed.

3. Methodic massage. Electrotherapy, cold baths.

4. Progressive forced alimentation at stated periods. Milk should be used at commencement, eggs, meat puree, etc.

℞ Sulph. strychniæ 0.05 grms.
 Aqua 150 "

Teaspoonful doses, three times a day; when the patient improves use the same treatment as in the light form of the disease.

III. "Sequardian" treatment. When a patient declines the ordinary treatment, this may be tried. First, suspend all other treatment. Make daily, under complete asepsis, a hypodermic injection of 1 cc. of a mixture of orchitic liquid and distilled water. The injections to be increased by a cc. to five or six per day.

Second. Continue these twenty days: wait ten days and resume. These two series will suffice to show whether the treatment will be successful. If hypodermic injections do not succeed, injections by the rectum may be tried. Hot-water injections to cleanse the bowels are first used, then with a special syringe, the injection of one to two cc. of the testicular liquid, be made. The same process and rules are followed unless they produce irritation.

IV. Injections of artificial serum. In cases of lowered arterial tension (lessening of first sound, tachycardia embryo-cardia), make two to four times a day a hypodermic injection of one cc. of

R Sodii phosph. pur. 10 grms.
 Sodii sulph. pur. 5 "
 Sodii chlor. pur. 2 "
 Ac. carbol. cryst. 0.50 c. "
 Aq. distill (boiled) 100 cc.

—Times and Register.

On the use of Bromide of Potassium and Salicylate of Sodium in Headache.—

Dr. Brunton, in *Practitioner*, first alludes to the fact that absorption from the stomach frequently ceases entirely during a headache, and drugs given by the mouth have then no effect. The only treatment in such cases is morphine, hypodermically; but the possibility of establishing the morphine habit must be kept in mind.

He estimates that 80 to 90 per cent. of all headaches are due to defects of vision (uncorrected hypermetropia, myopia, astigmatism, inequality of the focal distance of the two eyes, and imperfect convergent power; 10 per cent. to decayed teeth, and about 5 per cent. to disorders of the nose, throat, ears, scalp, and other cause. Headache due to visual defects is generally frontal, temporal, or occipital; but in one case recorded in the paper it was about 2½ inches below, and 1 inch to the right of, the occipital protuberance. In

those cases associated with unequal visual power of the two eyes, it frequently affects the side of the weaker one.

A very common form of headache begins with unwonted irritability at night, which, however, is not always present. The patient wakes at four, five, or six o'clock in the morning, but feels disinclined to move, turns over, and goes to sleep again. He again wakes at seven or eight o'clock, with a distinct, but not severe, headache, which increases as the day goes on, becoming very severe in the evening, and culminating in vomiting, which is followed by relief. If, however, he gets up when first waking, he generally escapes. These headaches may frequently be prevented by taking pot. brom. grs. 30-35, with sodii salicyl. grs. 10-15, in a tumblerful of water, when the feeling of irritability appears in the evening, or, in the absence of that, when waking early in the morning; and this may be repeated once or twice.

The two drugs combined act much better than either of them separately.

Dr. Brunton concludes his paper by contrasting our present armament of treatment of headache with that of twenty years ago; for whereas then we had slight power over them, now we are able to cure or relieve nine out of ten cases by attention to the eyes and teeth, and the use of bromides, salicylates, antipyrin, phenacetin, exalgine, and other remedies synthetically produced.—ROBERT E. LORD, in *Manchester Med. Chronicle*.

The Treatment of Diphtheria.—An excellent *résumé* of our knowledge of the bacteriology of diphtheria is given in the *Semaine Médicale* of September 30th, by Dr. Veillon. He assumes that it is now generally accepted as proved that the bacillus, first described by Klebs and Löffler, is the main causal agent of diphtheria, although other organisms, such as the streptococcus and staphylococcus pyogenes, and one resembling morphologically the pneumococcus, are frequently to be found together with the pathogenic bacillus. As a result of his investigations, Dr. Veillon maintains that the treatment must necessarily be complicated, for we have to deal not only with the local effects of the Klebs-Löffler bacillus, but also with the constitutional effects produced by the toxins evolved, and the lesions produced by secondary infections.

Various antiseptic agents have been proposed in order to destroy the germ—corrosive sublimate, phenic acid, etc. The most successful seems to have been the first mentioned. Great difficulty has always been found in reaching the parasite, as it is protected by the false membrane. Dr. Veillon recommends removal of the pseudo-membrane by curved forceps having cotton-wool wrapped around the points. If, however, this should produce much bleeding he would advise sprays and irrigations only. The applications should be made to the throat very frequently—at least every hour. With regard to the second point—namely, to combat, as far as possible, the toxic effects—Dr. Veillon is of opinion that swabbing the throat and frequent irrigations are of great value; the poison is soluble in water, and much of it may be thus swept away. Observers have pointed out that the toxins are less active in an acid medium; therefore dilute acids, such as lactic and tartaric, may also be used as sprays. Dr. Veillon suggests a saturated solution of boric acid to which one per cent. of lactic acid is added. Our present knowledge helps us but little with regard to neutralising the toxins already absorbed. The numerous laboratory experiments which are now being made by Behring, Kitasato and Martin may bring about the desired end. A method of attenuating the diphtheritic virus seem to have been successfully accomplished by the first two observers named above, but the investigators have not arrived at that stage when it may be applied to man. Preventive inoculation would seem destined to hold a vastly more important place in the therapeutics of the future than it does at present, but some time must yet elapse before the much-wished-for methods can be definitely formulated.—*Lancet*.

“By the addition of barley or oat-meal to the milk which has been previously prepared in a proper manner, I expect more than a mechanical dilution, because when Moleschott declares that thirty-six ounces of barley-meal are sufficient for the daily fare of a full-grown labourer, the addition of from ten to twenty-five grammes (two to six drachms) of the same material means no insignificant increase in the diet of a child.”—A. JACOB, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

Treatment of Chronic Gastric Ulcer.—Stepp (*Therap. Monatsk.*, November, 1893) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a 33 per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hæmatemesis complicated the affection, the author and the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight to ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week beef-tea could be administered, during the third eggs, and afterwards selected meats could generally be added to the preceding foods.

Movable Liver.—Leube (*Münch. med. Woch.*, January 23rd, 1894) remarks on the rarity of this condition. The ligaments attaching the liver to the diaphragm must become loosened. Pendulous belly due to repeated pregnancies, chronic ascites, etc., predispose. He records a case in a lad, aged 17, with heart disease and general dropsy. The abdomen had to be tapped, a fine trocar being used, and 10, 16, and 10 litres were drawn off at different times. On admission the umbilicus bulged, a fluctuation thrill could be easily felt, and the abdomen was dull all over, except in the region of the stomach. The liver reached 10 cm. below the ribs in the mammary line; the surface was smooth, the consistency hard, and the organ pulsating. Behind, pulmonary resonance extended on both sides down

to the eleventh vertebra. After tapping, a depression was noted in the upper part of the right abdomen, and lower down a projection. This tumour measured 10 to 11 cm. in the middle line, and 15 cm. in the right mammary line, and over it the percussion note was dull. The lower border could be followed from left to right, and the convex upper surface of the liver felt. Between the liver and diaphragm fluctuation could be made out, and the surface of the liver could be dipped upon. The liver could be readily pushed up, the pulmonary resonance behind being then raised 1 cm. The fluid seemed to remain between the liver and the diaphragm, whether the patient was lying down or sitting up. This was also proved at the necropsy, the lad dying some months later. The liver was very movable, enlarged, and of the nutmeg variety, with consequent induration. The suspensory ligament was $7\frac{1}{2}$ cm. long. The pulmonary resonance behind was raised when the liver was pushed up, owing to the displacement of the fluid backwards. An additional cause of the mobility of the liver may lie in the loosening of its posterior attachments, for usually the vena cava is firmly bound with the liver and vertebral column. This case, as well as another seen by the author, occurred in men; hitherto movable liver has been exclusively seen in women.—*British Medical Journal*.

The Compensations of Combined Valvular Lesions.—Baccelli (*Deut. med. Woch.*, January 11th, 1894) remarks that the general condition of the patient may be no worse where more than one valve is involved than in a lesion of a single valve. He relates two cases in illustration: (1) A man, aged 45, had acute rheumatism five years previously, but only complained of symptoms for a year past. Although physical examination showed the heart much enlarged, and both mitral and aortic orifices incompetent, yet when at rest the patient gave little evidence of anything being the matter with him. The pulse presented nothing characteristic. Disturbance of compensation in valvular lesions is a much more complicated problem than is usually believed. Thus a patient after influenza exhibits symptoms of a cardiac lesion previously silent, or in another accustomed to hard work the compensation suddenly breaks

down without apparent sufficient cause. The anatomico-pathological defect does not constitute the whole clinical picture. Murmurs at times disappear, or a fully compensated mitral stenosis may apparently present signs which should be looked upon as of ill omen, and yet they do not prove to be so. The worst damage done to the heart is when two lesions of opposite characters, such as aortic stenosis and mitral regurgitation, exist. When the lesion affecting the valves is similar, the outlook is much less serious. But because the trouble caused by the double lesion is less, it does not necessarily follow that the danger is less. Sudden syncope may occur. The real danger lies in a material and dynamic disproportion. The prognosis must be very reserved, since the capacity of compensation may cease to exist. Prophylactic measures, including the avoidance of mental excitement, too apt to be forgotten nowadays, must be attended to. Digitalis purpurea is the sovereign remedy among cardiac tonics, caffeine and strophanthus being some distance behind it. Caffein, unlike digitalis, increases the heart's action. Strophanthus is used when the others fail or have to be discontinued. (2) A man, aged 51, with no history of rheumatism, and always in good health, was seized with dimness of vision, nausea, and vomiting. He showed the physical signs of mitral and aortic stenosis. Only slight symptoms existed: he had no cough or bronchial catarrh. Here a paradox might seem to exist—namely, that a stenosis of one valve was a more serious lesion than that of two.

The Awakening Effect of Cocaine.—A few days ago a patient who had toothache, wishing to stop it immediately, secured nine grains of cocaine in solution, and took it into his mouth a little at a time, holding it until the accumulation of saliva became so abundant that he had to spit it out. He began using the cocaine in this manner at 5 p.m., and did not cease till 10.22 p.m., same evening. As it was then bedtime, he thought he would make sleep certain by taking 20 grains of chloral. Immediately after taking the latter drug, he took into his mouth some more cocaine and went to bed. He "swashed" the cocaine solution about in his mouth a while, then spat it out, turned on his side, and tried to go to

sleep. Sleep, however, did not come; on the contrary, he did not even become drowsy. Having lain awake till midnight, and not feeling sleepy at that hour, he took, as nearly as he could tell, about *one teaspoonful* of laudanum. He went to bed again, and remained awake till three o'clock. Sleep lasted only four hours. Following this was headache.

I have often had my attention called to the fact that cocaine will keep patients awake at night, when the drug is administered late in the day, but I did not know that 20 grains of chloral and a teaspoonful of laudanum would not overcome "cocaine wakefulness."—J. W. STRICKLER, M.D., in *Medical Record*.

The Diagnosis of Croupous Pneumonia in Infants.—Federic (*Arch. Ital. di Clin. Med.*, September 30th, 1893) states that the urine should be examined in all cases of obscure febrile affections in children with the view of determining the presence or absence of chlorides and peptone. The presence of peptones and the absence of chlorides justify, he states, the diagnosis of croupous pneumonia.

Tumour of the Restiform Body.—Brissaud (*Progres Med.*, January 20th), in a lecture recently delivered at the Salpetriere, discussed a case in which the diagnosis of tumour of the restiform body has been confirmed by a necropsy. A woman, aged 45, had for eight years suffered from general feebleness, headache, rachialgia, vertigo, and incapacity for work, and was at first mistaken to be a case of neurasthenia. In 1885 slowly progressive deafness on the left side commenced; a year later her sight began to be indistinct on both sides, but chiefly on the right, and a year later still she became the subject of paroxysmal non-painful attacks of facial spasm on the left side. In 1891 vague symptoms of asthenia presented themselves, with weakness in the legs, stiffness and pain in the neck, and complete loss of the sense of smell. Last year the headache, which had been relatively tolerable before, became excessively violent; in July œdema of the legs and inability to pass water were noticed, and in August she commenced to have difficulty in walking, the attitude and gait being characteristic of a person the subject of cerebellar

disease. Sensibility to touch, pain, and temperature was intact. The amblyopia was due to double optic neuritis. There was an excessive secretion of saliva. The tumour was localized as situated in the region of the left restiform body, at the point where the external root of the auditory nerve would be seriously altered or destroyed, while the internal root would be relatively free, in which position it was found at the necropsy.—*British Medical Journal*.

Bismuth in Gastric Disease.—Matthes (*Centralbl. f. inn. Med.*, January 6th, 1894) has investigated, both experimentally and clinically, Fleiner's method of treating irritative diseases of the stomach with large doses of bismuth. The results of the treatment were very successful, especially in lessening pain. From experiments on dogs, the author shows that ten to twenty minutes after ingestion the bismuth sinks to the lowest part of the stomach, whereas several hours later it is found spread over and fixed to the stomach wall, being intimately mixed with mucus. Even with a full stomach a large part is also found similarly deposited. Against the action of chemical agents on the stomach wall this deposit of bismuth is most resistant. In men shortly after the ingestion of bismuth, the water used for washing out the stomach returns clear, but if later the stomach contents be expressed, bismuth with mucus is removed. Experimentally bismuth is shown to increase the secretion of mucus. To determine the action of bismuth in cases of erosion, etc., of the stomach, defects were made experimentally in dogs in the stomach mucous membrane and bismuth was then administered. In some experiments nothing particular in regard to the defect could be made out. In two experiments, however, positive results were obtained. In one an adherent crust was found acting as a protection to the defect. Sections taken from both cases showed healing ulcers. In the case of the crust, crystals were found in the granulation tissue, and proved both morphologically and by a colour test to be bismuth crystals. No symptoms of bismuth poisoning occurred. Experiments thus show that bismuth adheres to the defect in the stomach wall, and that healing may take place under a crust so formed. This crust is not always found, but its occurrence once shows the possibility of it. Comparison with control animals

showed that in those treated with bismuth the defects healed more rapidly. Digestion can go on while the bismuth deposit is present. If an artificial digestion, however, be shaken up with bismuth, pepsin will be carried down by the bismuth and digestion is thus hindered. The author says that both experimentally and clinically Feiner's method of treatment is practically and theoretically correct with the exception of the question of position (in reference to the site of the ulcer), which he shows to have no influence in regard to the subsequent deposition of the bismuth.—*Provincial Medical Journal*.

Nitro-Glycerine in Sciatica. Dr. Lawrence (*Revista de Ciencias Medicas de Barcelona*) reports the case of a carpenter of fifty two years, who suffered for several years with sciatica. In order to alleviate the pain, he had become a morphine user, and could not abandon the habit. After trying a multitude of drugs, he gave him a 1.100 solution of nitro glycerine, one drop three times a day, gradually increasing the dose to five drops. Relief was almost immediate, and in ten days he could resume his work, completely cured.—*Lancet Clinic*.

The External Use of Salicylic Acid.—Dr. Ruel, of Geneva, recommends the external use of salicylic acid in rheumatism. He says that: 1st. Salicylic acid is rapidly absorbed by the skin. 2nd. After so applied, it promptly appears in the urine. 3rd. It possesses a positive curative action in rheumatism. He found that the best results were realized when the salt was dissolved in alcohol with about double its volume of castor oil. In the form of a liniment it is the best that has been supplied to our pharmacopœia in years. M Ruel's customary formula is:

R Acidi salicylici	20 grammes.
Alcohol absolute	100
Ol. ricini	200

This is to be applied on a flannel, which is to be covered with some impermeable material, morning and evening. In certain solutions a small quantity of chloroform may be added—say 5 per cent. This addition serves as an analgesic, besides, it favours the absorption of the medicament. About twenty minutes after the salicylic is so employed

it can be found in the urine, and a few minutes after a salicylic liniment is applied pain vanishes, and is replaced by a sense of warmth and comfort. Olive oil may be substituted for castor oil. In lumbago and painful muscular affections, chloroform and opium may be added. *Medical Record*.

SURGERY.

Ichthyol in Diseases of the Genito-Urinary Tract. Dr. Lohnstein (*Allgemein Med. Central Zeitung*, No. 103, 1893) has employed ichthyol in genito urinary affections, and comes to the following conclusions:

1. Ichthyol is an excellent remedy in acute urethritis, in a $\frac{1}{2}$ to two per cent. solution in warm injections, and even in cases where the mucous membrane is especially irritable.

2. In subacute anterior urethritis, and above all, in superficial circumscribed affections, it renders excellent service if it can be applied locally through the endoscope.

3. In infiltrating forms of chronic urethritis it is inactive, but, on the contrary, it will be of value if alternated with mechanical measures of treatment.

4. In prostatitis, in the form of suppositories, in doses of three to five dgms. (five to seven grains) it removes the inflammatory and irritative phenomena.

5. In pyelitis and nephritis it exerts no beneficial action.—*Medical and Surgical Reporter*.

A Case of Alopecia Areata, Producing Universal Baldness.—(On Dec. 20th, I was consulted by N. M., aged 20 years, who related the following history:

Five years ago, after the occurrence of sharp pains over the entire scalp, a small spot on the head suddenly became bald. Others quickly followed, and in three months every hair had fallen from the head, leaving it of a pearly whiteness.

Then followed loss of eye-brows, eye-lashes, and in the six months following every hair on the body had been shed. A thin and downy growth on head had followed in one year from its loss, but was speedily shed again.

The case upon inspection presents a striking appearance, not the slightest trace of a hair being discovered. Even the dorsal aspect of the fingers

presents a shiny appearance, not unlike that of the scalp, while the whole cutaneous surface is of a white semi-transparent cast.

Two points, to which Liering calls attention, I had an opportunity of observing, namely, the existence of a certain degree of anæsthesia, and the lack of response to the action of irritating applications. The prick of a pin elicited little if any pain, and the patient assumed me that his scalp was, to use his own expression, "numb."

I made several applications of "cantharidal colloidum," which did not produce any perceptible effect—a result which seemed to indicate that the part so treated had undergone an important change.

Many causes have been assigned for the production of this remarkable disease, and able men have at times thought it to be of parasitic origin. It is easy to understand how the specific cause of ordinary tinea tonsurans might become engrafted on a patch or area and thus give rise to error.

Most authorities, if indeed not all, are agreed now that it is of nervous origin. In some cases its suddenness, and in all its comparative rarity, preclude the idea of its being of a parasitic nature, while its clinical features give the strongest possible evidence of its being due to trophic disturbance. And this is what we should expect in the light of modern physiology, which has shown the intimate relation existing between normal innervation and healthy nutrition.—C. P. BISSERT, M.D., in *Maritime Medical News*.

Extirpation of Aneurysms. Ransohoff, of Cincinnati, records (*Annals of Surgery*, January, 1894) two cases of aneurysm which had been treated by extirpation. In the first case, a patient aged 22, the aneurysm affected the radial artery of the left side, two inches above the wrist, and was caused by a fall and fracture of the thumb. An incision three inches long was made over the tumour, and the sac completely removed. In order to do this a portion of the tendon of the flexor carpi radialis had to be removed. Union by first intention followed, and the functions of the limb were unimpaired. The second patient, aged 12, suffered from a traumatic aneurysm over the left ankle, which had followed a wound caused by an ice-pick. Measures similar to those adopted in the previous case were carried out, and a like result

followed. From a critical study of these two cases, together with other published cases, the author formulates the following conclusions: (1) Extirpation is the ideal method of treatment; it should be resorted to unless there are weighty reasons against it. (2) In aneurysms of the forearm and of the leg no other treatment should be adopted. (3) Aneurysms which have suddenly grown large from subcutaneous rupture of the sac, and those in which rupture is impending, should be subjected to extirpation. (4) In recent traumatic aneurysms the injured vessel should be divided between two ligatures. When a sac has formed it should be excised. (5) When other methods have failed, extirpation should be tried before recourse is had to amputation. (6) In arteriovenous aneurysms extirpation should be practised if any operation is indicated. (7) Proximal ligation should be reserved for cases of idiopathic or spontaneous aneurysms, in which the age of the patient or an enfeebled condition from other causes would make a prolonged operation hazardous, and for other cases in which the position of the tumour precludes the possibility of extirpation.

Resection of the Cæcum. Sendler (*Munch, med. Woch.*, January 2nd, 1894) reports the following case: A girl, aged 22, had suffered from constipation for some time past. Five months ago she was suddenly seized with severe pain in the right iliac fossa. She had to keep her bed for three weeks, but there was no fever or vomiting. Four weeks later she had a second attack, and later two more. A tolerably hard swelling was felt in the right iliac fossa, which under an anæsthetic was found to have a smooth surface, and seemed to be adherent to the abdominal wall. The diagnosis lay between malignant disease, perityphlitis, intestinal tuberculosis, or some disease connected with the uterine appendages. The first named appeared the most probable, but the age and good condition of the patient were against carcinoma. A vertical incision was made over the swelling. The cæcum, obviously transformed into new growth, was found adherent to the abdominal wall. It also involved a portion of the colon, ileum, and adjacent mesentery. The whole growth was extirpated, the ileum being implanted in to the colon after

the manner of pylorotomy. The parietal peritoneum was so stitched as to make the sight where the tumour was adherent extraperitoneal. The subsequent course was very satisfactory; she was up in three weeks and left the hospital a week later. Four and a half months afterwards she was in perfect health, the bowels acting once or twice a day. The growth had started in the ileo-cæcal valve, and was a carcinoma.

Etiology of Appendicitis. — Hodenpyl (*N. Y. Med. Jour.*, Dec. 30th, 1893) holds that there are two classes of factors in the causation of acute appendicitis: predisposing, which may vary in different cases; and more active factors, of which there seem to be two distinct, but intimately associated elements: (a) bacterial, of which the bacillus coli communis is very probably the most important; and (b) the less well-defined and less understood chemical factors associated with the fecal contents of the intestines. Of the predisposing causes of acute exudative appendicitis, stricture of the appendix is one of the most frequent. This condition, though sometimes probably the result of previous inflammatory processes, is, in a large proportion of instances, the result of partial retrograde evolution, the cæcal opening, which is much dilated in the infant, gradually contracting until adult age, when it is smaller than the rest of the lumen, and sometimes much constricted. The vermiform process, like other organs which undergo retrograde evolution, is very prone to become inflamed. Again, the longer the appendix the more liable it becomes to inflammatory changes. Other predisposing causes are adhesions drawing the appendix into abnormal positions, atrophy of the mucous membrane, and concretions. The last-mentioned cause, though formerly regarded as the usual one, does not exist in more than 10 per cent. of the cases of appendicitis. The author, though led at one time by the results of his own investigations to regard the bacillus coli communis as a most important factor in the causation of acute appendicitis, acknowledges that the recent observations of Barbacci have proved the necessity of caution in attributing a too exclusive rôle to this bacterium. Barbacci has shown

that perforative peritonitis is not due to the introduction of the bacillus coli communis alone, but is the result of (1) the escape of feces and intestinal gases into the peritoneal cavity; (2) the development of other forms of bacteria therein; and of (3) the constant irritation arising from the continued escape of intestinal contents.—*British Medical Journal*.

Joint Tuberculosis.—Parenchymatous and intra-articular medication with anti-bacillary remedies has yielded the best results in tubercular spondylitis attended by abscess formation and tuberculosis of the knee and wrist-joints.—*SEXN*.

Ichthyosis; eczema. — Leon F., a boy five years old, had had for several months an affection of the hands characterized by redness and scaling of the palms with slight fissuring; a moderate amount of itching and burning were complained of. The peculiar dry appearance of the hands led to examination of other parts of the body, and an unusual dryness accompanied by moderate desquamation was found to exist over the entire cutaneous surface. The skin of the elbows and knees and over the tibiae was most markedly affected, being quite thick and covered with an abundance of dirty gray scales. The patient was ordered to be bathed daily and anointed well after the bath with the following ointment:

R. Ol. adipis..... ʒi.
 Lanolin..... ʒvii.
 M.

Under this treatment the skin soon became softer, ceased to desquamate, and the patient's condition was in every way much more comfortable.

The milder forms of ichthyosis, like the one just described, are not very rare, and are frequently accompanied, in the winter season particularly, by eczema of exposed parts. The treatment is entirely palliative, since we know of no remedy which will permanently cure this condition of the skin, which is always congenital.—M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

MIDWIFERY.

The Bimanual Signs of Early Pregnancy.—Robert Dickinson (*N. Y. Journal of Gynec. and Obstet.*, November, 1893) lays great stress on bimanual exploration for the diagnosis of early pregnancy. Bimanual examination, he observes, sometimes reveals a longitudinal furrow or fold on the body of the uterus. A well-marked variation in density or resistance is found in the body of the uterus in some cases, as though a small almond were lodged in the cavity at the point where the resistance is felt. This dense spot probably denotes the location of the ovum. The longitudinal fold or furrow has been found most commonly between five and eight weeks after the beginning of the last menstruation, and the dense spot from the fifth to the fourteenth week. Dickinson gives six bimanual signs of early pregnancy: (1) Bulging of the body of the uterus; (2) elasticity of the body of the uterus; (3) compressibility of the lower uterine segment (Hegar's sign); (4) a transverse fold above the lower segment. These four signs appear between the fourth and sixth weeks. Between the sixth and eighth appear the two signs above mentioned, namely, (5) the longitudinal fold, and (6) the denser spot. Dickinson believes that compressibility of the isthmus and the change in consistency of the body are probably the most important signs.

The Causes of Shoulder Presentation with Report of Case.—The author cited two cases of shoulder presentation in the same patient, the first proving uneventful owing to the prematurity of the child, but the second labour was attended with all the difficulty of this malposition. This was terminated by the delivery of a large child, which could not be resuscitated.

Among the factors given as the cause of shoulder presentation is the doctrine of Hippocrates and Aristotle, which held sway for many years, that the fœtus sat upright, with its back toward the spine of its mother until the seventh month, when it was either suddenly or very gradually rotated so as to assume the opposite position. Playfair considers a number of conditions as predisposing thereto, among them prematurity of fœtus, excess of liquor amnii, undue obliquity of the uterus, low attach-

ment of placenta, irregularity in the shape of the uterine cavity, more common in multipara than in primipara; accidental causes exert most influence, as falls, or undue pressure exerted on the abdomen by badly fitting or tight stays.

Cazeaux and Tarnier add distortions of the superior strait to the above list. Flanging ilia are considered by some as predisposing factors, likewise the wrapping of the funis about the neck of the child, thereby interfering with the descent of the head. Shoulder presentation is also apt to occur in the second born in the case of twins, and is explained by the laxity of the uterine walls, which is apt to exist under such circumstances.

DISCUSSION.

I examined this patient twice with the pelvimeter and found the pelvic measurements normal. After version had been performed in the second confinement, the child, though an exceptionally large one, passed through the parturient canal and pelvis very readily, proving that there was no reduction in the size of the pelvic diameter.

I had hoped that the primary deformity of the uterus, upon which Wigand and Danyan lay such stress, would receive more consideration in the discussion. This observation has received support from such men as Siebold, Naegele, Schroeder and others. Cazeaux and Tarnier are skeptical on this point, however. Subsequent examination of the case presented failed to reveal any evidence of such a condition.—DR. SIGMAR STARK in *Times and Register*.

Ectopic Gestation.—A. Martin (*Berl. Klinisch Wochen.*, No. 22, 1893) has always held the opinion that owing to pathological changes which had occurred in the tube the ovum was necessarily arrested there, in the above condition was always present and acted as the inciting cause. His opinion has, however, changed, and he now believes that the ovum can never find a place for any attachment unless the mucous membrane is healthy.

The pelvic peritonitis, so frequently met with in extra uterine gestation, is regarded by him as a secondary complication, incident to the growth of the ovum.

The cases recorded as primary abdominal preg-

nancy cannot be positively accepted, there being an absence of the necessary proofs. Martin reports a case observed by him in which an ovum of four months had developed on the fimbria ovarica. Further developments would have resulted in the implantation of the placenta on the adjacent peritoneum, giving the impression that it had been from the first a primary abdominal pregnancy, while in reality it was of tubal origin.

The author reports five cases of ectopic gestation—tubo-ovarian—four of these were classified as tubal pregnancy, and one as ovarian. Martin explains his meaning of *ovarialtube*: an adhesion of the fimbriated end of the tube to the ovary, just at the site of the recently burst Graafian follicle. This has been previously described by Buxnier.

M. has operated on 61 cases: of these, 20 cannot be classed strictly under the head of tubal pregnancy. The remaining 41 he divided into three classes.

1. In 14 cases the ovum was found more or less intact in its sac—there was no blood in the abdominal cavity, the ovum being found in various degrees of maceration or resorption.

2. The second group embraces nine cases of rupture.

3. The third of 16 cases is classed under the head of tubal abortion (expulsion of the ovum through the physiological opening of the tube).

M. does not agree with Werth and Veit, whose theory is that the expulsion of the ovum results from a contraction of the muscular fibres of the tube, but believed that its passage is furthered by the hæmorrhage which takes place at the seat of insertion of the ovum.—*Medical and Surgical Reporter*.

Labour and Heart Disease.—Tarnier (*Jour. des Sages-Femmes*, January 16th, 1894) notes that in heart disease all great and sudden efforts put the patient in peril, and labour is no exception to the rule. Running upstairs, racing to catch an omnibus or train and sexual intercourse may all cause fatal syncope. The danger of labour is not special in this sense: it is dangerous in heart disease simply because it involves much effort. Tarnier induced premature labour in a lady who was subject to advanced heart disease. Notwith-

standing all precautions, she became moribund in the course of her labour. Directly she died, he turned and delivered a live child, which survived. A woman was brought into Tarnier's wards in January, 1894, in labour, with advanced heart disease and asystolism; she was apparently dying. Immediately about 300 grammes of blood were withdrawn, and the symptoms of suffocation diminished. The patient grew calmer. As it was extremely advisable to bring on labour quickly, as the forceps is apt to fatigue the patient, and as, in particular, the child was dead, the basiotribe was applied and delivery effected. A few days later the mother was doing very well.

Gonorrhœa in Women.—Carry (*Lyon Medical*, January 28th, 1894) has made extensive researches amongst prostitutes and fallen women of other classes, suffering from vaginal discharge. In only one-third of the number was the gonococcus of Neisser detected. Carry insists that the gonococcus is absolutely specific of gonorrhœa. It is very easy to recognize, being quite different in form from any other microbe. In four out of five cases its seat was found to be the urethra, in one in five the cervix. The periurethral follicles, the vulvo-vaginal (Cowper's) glands, the vagina, and anus are exceptional seats of the gonococcus. Gonorrhœal urethritis in women is the almost exclusive source of gonorrhœa in man, and the absence of discharge, pain, and local tenderness all tend to hide the source of contagion.

Treatment of Eclampsia.—Tarnier (*Jour. des Sages-Femmes*, February 1st, 1894) maintains that eclampsia represents a true poisoning of the blood. It is not caused by retention of urea or carbonate of ammonia in the blood. In eclampsia the blood is absolutely poisonous, as experiment has shown. On this account Tarnier holds that blood must be abstracted in a case of puerperal eclampsia. But then the patient would have less blood (and loss of blood is a great evil under the circumstances), and that blood would be as poisonous from the first as the blood removed. Hence the advantage of milk diet, which is, to a great extent, absorbed, so that the blood becomes diluted, increasing in bulk, with diminution of the proportion of poisonous material. Free purgation

is also desirable for ensuring elimination of poison; Tarnier gives croton oil. Inhalations of chloroform are also beneficial; they calm the nerve centres, which are excited by the circulation of poisonous blood, and thus check, in a direct manner, the tendency to convulsions.—*British Medical Journal*.

High Temperature after Labour.—Tournay (*Journal d'Accouchements*, February 4th, 1894) publishes the statistics of the Brussels Maternity for 1893. The total number of labours was 440. Amongst numerous subjects of interest, Tournay notes that in only 28 cases was there rise of temperature over 38° C. (100.4° F.). The causes of the rise were: various affections of the breasts, 6 cases: acute endocarditis, 3; uterine congestion, 3; septicaemia, 3; obstinate constipation, 2; traumatism, 2; neuralgias, 2; enteritis, 2; bronchitis, 1; eclampsia, 1; tuberculosis, 1; cardiac disease, not precisely defined, 1; cause of rise of temperature unknown, 1.

Radical Cure of Prolapsus Uteri.—Richelot (*Union Médicale*, January 6th, 1894), in reference to the recent discussion on vaginal hysterectomy in the treatment of prolapse, maintains that colporrhaphy is essentially radical. It is efficacious and not difficult. Operations for fixing the vagina high up in the pelvis are based on illusion. They do not prevent future prolapse, and, as sutures have to be passed through the pelvic connective tissue, they are not without danger. Richelot has seen an unsuccessful case, he performed colporrhaphy and cured the prolapse at once. It must be remembered, he observes, that it is not the uterus that pushes down the vagina. The prolapsed vagina drags down the uterus. Sometimes a bulky, bleeding, painful uterus requires removal when prolapsed, though supravaginal amputation of the cervix is often sufficient. Even after recovery from hysterectomy, the vagina is apt to prolapse and draw down the bladder and rectum, so that colporrhaphy is rendered necessary. Such complications, which Richelot has known to occur, only show that, as he maintains, colporrhaphy is alone the true radical operation in prolapse. Hegar's colporrhaphy is the best of its kind. A triangular piece of the posterior, and an elliptical piece of the anterior

vaginal wall are dissected up. Interrupted silk-worm gut sutures are passed from above downwards under both the raw surfaces. Richelot has seen recurrence of the prolapse in patients with extremely lax tissues, but in such cases he has operated a second time, always with success. The needles must be passed well into the prorectal connective tissue.

THERAPEUTICS.

Vinegar in Chloroform Sickness.—Warholm (*Hygiea*, October, 1893) accidentally discovered that vinegar is an excellent remedy for the after-effects of chloroform. He has used it in thirty cases. Not only were the nausea and vomiting relieved, but also the distressing headache. Only in one case, that of an alcoholic patient who had had a large dose of chloroform, the vinegar had no effect. Ten patients had been under chloroform more than an hour: three of them had had chloroform previously, and had suffered greatly from after-effects. On the patient's being brought back to bed, and before he came round, a compress saturated with vinegar was placed over his nose, and left there till he came round, or longer if necessary. A bottle of vinegar was placed at the bedside to be used by the patient as required. Some of the patients were able to drink, and even to take small quantities of food soon after recovering from the narcosis.—*British Medical Journal*.

Pyoktanin in Diphtheria.—Höring (*Memorabilien*, October 19th, 1894) refers to the treatment he adopted early last year in twenty-seven cases of diphtheria, the results of which were published in the *Aerztl. Memorabilien*, vi. and ix., 1892. Since then, Höring has continued to use pyoktanin, and claims excellent results. The practice was to apply a 3 per cent. solution two or three times daily to the pharynx and downwards to the epiglottis, the retention of the liquid in young children being secured by immediately placing their heads low, thus aiding the swallowing of the liquid. Otherwise the drug was not administered internally, nor was it directly introduced into the affected tonsil. Simultaneously the patients are syringed with lime water, or are allowed to use it as a gargle or inhalation, while salicylate of soda is given internally.

When the nose is affected, a tampon soaked with the solution is retained in the cavity, and in milder cases the application of pyoktanin to the pharynx, etc., is the only treatment followed. In support of his practice, Horing says he has found even a 1 in 1,000 solution to destroy the Klebs-Loeffer bacillus, as also the more active streptococcus, the latter in the course of half a minute. In practice, the local effects are antiseptic, healing and destructive to the false membrane, the general results being diminution of pain and pyrexia without the production of toxic symptoms. The present cases enumerated are 112, two of which succumbed for reasons explained; the remaining 110 cured cases included many serious cases which had been despaired of. The symptoms, spread of contagion, and sequelæ, are quoted in support of the diagnosis. The author, in view of his experience, supported by that of others, regards pyoktanin as a specific against diphtheria.—*British Medical Journal*.

GYNÆCOLOGY.

Dilatation of Cervix for Dysmenorrhœa.

—Pond (*Annals of Gynecology and Pediatrics*) considers three cases of dysmenorrhœa according to the etiology.

1. Where the cervix is small and elastic.
2. Where the cervix is long, conical, non-elastic and cartilaginous.
3. Where there are associated flexures.

In the first variety he recommends the use of a light Palmer dilator, one or more times, without anesthesia. It should be carried to the full expansion of the blades, and applications made to the canal, or a strip of iodoform gauze introduced. This can be carried out at the office.

For the second condition he recommends the free division of the stricture on two or more sides, from the internal to the external os, with thorough dilatation, and the introduction of a stem to be worn ten or fourteen days, or longer if necessary. Following this, the cervix should be dilated once or twice a month to avoid subsequent contraction. Very long cervixes require amputation.

In cases of flexion where, at times, it seems impossible to pass the light dilator, the Elliot retractor should be used, the organ carried into retroflexion, when the dilator can be easily passed

beyond the angle of flexure. Should the cervix be dense, a heavier instrument may be used, and if this fail, incision and the stem are resorted to.

He reports seven cases illustrative of the application of the treatment in the different conditions, and suggests that dilatation be adapted to the relief of stenosis even in young girls.—*Medical and Surgical Reporter*.

Personals.

Dr. Mitchell, of Blenheim, has been appointed associate coroner for Kent.

Dr. Cranston has been chairman of the Arnprior School Board for twenty five years.

Dr. H. H. Oldright, on the event of his marriage, on which we congratulate him, has removed to 492 Spadina Ave.

Dr. Keating, the well-known physician and author on pediatrics, died at his home in Philadelphia, on the 18th inst.

Dr. J. M. MacCallum, Professor of Therapeutics in Toronto University, left Toronto on April 13th for Europe, where he intends spending the next six months in study.

Dr. William Pepper has resigned from the position of Provost of the University of Pennsylvania. On retiring he made a contribution of \$50,000 to the fund for the extension of university hospital buildings.

Obituary.

DR. BROWN-SEQUARD.

Dr. Charles Edward Brown-Sequard, the famous physician, died on April 2nd. He was seventy-six years of age.

Dr. Brown-Sequard was born in Mauritius in 1817. His father was born in Philadelphia, and his mother was a native of France. He devoted the most of his time after his graduation as a physician in 1840 to an extended series of experimental investigations on important physiological topics. He visited the United States many times, delivering short courses of lectures and instructing

private classes of physicians in his discoveries. He went to London in 1860, and lived there until 1864, when he came to the United States and was appointed professor of physiology and pathology of the nervous system of Harvard University. He returned to France in 1869, and was appointed professor in the Ecole de Médecin in Paris. He founded in Paris, with Drs. Charcot and Vulpian, *The Archives de Physiologie Normale et Pathologique*, of which he became the sole editor. He received several prizes from the French Academy of Sciences, of which he was a member, and in 1878, was elected to the chair of medicine at the College de France. In 1881 he was awarded the Baly medal by the Royal College of Physicians of London. Dr. Brown Sequard claimed to have discovered a rejuvenating elixir which would restore to its normal condition the exhausted vitality of man.

DR. WORKMAN.

Joseph Workman, M.D., who died in Toronto, at the age of eighty-nine, on April 15th, is a well-known figure gone to the after-land. He was born on a farm: a little west of Lisburn, County of Antrim, on the 26th day of May, 1805, and was given the name of Joseph, borne by his father and grandfather before him. His mother's name was Catharine Goudie. His father's forbears from Gloucester city, got a gift of land from Oliver Cromwell for helping him to cut throats at Drogheda and elsewhere. "The land came from the devil and went back to him," to use a favourite quotation of the man himself. His father was a teacher, and with his brother Benjamin came to Philadelphia when Franklin was in the zenith of his fame. The former taught English, and the latter mathematics in the college that afterwards became the University of Pennsylvania. They returned to Ireland in a short time.

The Doctor was educated at Multacarten, having to walk over three miles to school in all weathers. He was afterwards sent to a school kept by Benjamin Neely and son in Lisburn, and from this entered the Ordnance Survey in November, 1826, remaining almost three years. He always regarded this part of his career to be the best for his education,

his superior officer, G. W. Bootes, being a thorough scholar and gentleman.

At this date the family came to Canada, arriving at Quebec on May 15th, 1829, after a "fast" passage of five weeks. On his arrival in Montreal, his brother, who was head of the Union School, gave it up to him and his brother Alexander. While pursuing his duties, he attended medical lectures at the hospital and private lessons given by Dr. John Stephenson, "a warm-hearted, impetuous man," to use his pupil's words, who always spoke very highly of him. He was unfortunate enough to experience two cholera epidemics in his accepted home.

In 1835, on the 30th of May, he was married to Elizabeth Wasnidge, of Sheffield, Yorkshire. He came to Toronto in 1836, and took up the business of his brother-in-law, a hardware merchant, who had been accidentally killed. He afterwards went into partnership with his brother, on King Street, opposite St. James' Cathedral, and remained there from 1840 to 1846.

From the time of his arrival in Toronto, he kept up his medical reading, and was a member of the Medical Society, and in 1847 he returned to his medical practice, having accepted the chair of obstetrics and therapeutics, under Dr. Rolph, in Toronto School of Medicine. In 1853 he removed to the asylum, where he continued for a long time.

Dr. Workman was corresponding member for and honorary member of many European medical societies, his worth being recognized wherever he was known. He was one of the old school of medical men, which we are fast losing, and of which we will never see the like again.

Births, Marriages, Deaths.

DEATHS.

BOYLE.—Dr. W. S. Boyle, of Bowmanville, died of heart failure on the 6th of April.

IANSON.—Dr. Wm. Ianson, of Ottawa, a graduate of Trinity, 1886, and Licentiate of the Society of Apothecaries, London, died in Ottawa, of acute pneumonia, last week.

Miscellaneous.

The Pharmacopœia is singularly poor in vegetable alteratives, and sarsaparilla, the best known and most frequently prescribed, is most uncertain in action and frequently very disappointing in results. Any well tested addition, therefore, to our materia medica in this class of remedies, will, we are sure, be gladly welcomed by practitioners. Some time ago we received from Messrs. Parke, Davis & Co., of Detroit, U. S. A., a sample of a syrupy compound containing the essential elements of *Trifolium pratense* (red clover), *Stillingia sylvatica* (yaw root), *Lappa officinalis* (burdock), *Phytolacca decandra* (poke root), *Berberis aquifolium* (mountain grape), *Cascara amarga* (Honduras bark), and *Nanthoxylum Americanum* (prickly ash). All these are powerful alteratives, and have been in common use by American physicians in cases of a scrofulous or syphilitic nature. The proportions of each drug contained in the syrup are given with the directions, and to increase its operative action eight grains of iodide of potassium have been added to each ounce. We have used

it with decidedly satisfactory results in some cases of chronic skin diseases of suspected specific origin. Being very palatable, children take it readily, and we have found it exceedingly useful, when combined with small doses of perchloride of mercury, in treating congenital syphilis.—*Hospital Gazette.*

FOR EMPHYSEMA :

R Essence of turpentine 4-5 gms.
Peppermint water 120 gms.
Sugar
Pulv. gum acacia 4 grms. M.
Sig. : Dessertspoonful every two or three hours.
—*Coll. and Clin. Record.*

FOR PRURITUS CUTANÆ :

R Hydrarg. chlorid. corrosiv. . . gr. j.
Aluminis gr. xx.
Pulv. amyli ʒ jss.
Aquæ menth. pipæ ad fʒvj. M.
Ft. lotio.
Sig. : Apply topically.
—*Practitioner.*

[OVER.]

FOR INVALIDS.—Delicious Dishes made in a few minutes at a trifling cost.

WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolæ, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution, when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. Price, 25 cents per bottle.

FERMENTATIVE DYSPEPSIA.

WYETH'S COMPRESSED TABLETS. * BISMUTH SUBGALLATE, 5 GRAINS.

DR. ARSTEN FLINT says:—"In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have been treated by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. Price, per bottle of 100, \$1.00.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration—and serving as a calmative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 minis.

Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other salt of Iron, the Hydrochloric Acid itself being most valuable can be substituted to insure the results desired, is absolutely free from the objectionable effects of the metallic element that medication, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no hurtful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 24 minims Tinct. Chlor. of Iron.

JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal, - - - General Agents.

Mrs. Ernest Hart, the wife of the editor of the *British Medical Journal*, has during the past year become personally known to thousands of Americans, and the knowledge of her work to millions. In carrying to the Irish poor the means and methods of self-help, this most remarkable woman has done a work that is good beyond estimation and compare, and has done it with a self-sacrifice that even those who know her most intimately can but barely guess. What the history of her life would be was well suggested by her refusal, as a girl, to wear fine or expensive dresses to church, and as a young lady, by her return of a gift of diamonds with the request for Ruskin's works instead. Such girls as that, and such women as she, are indeed sadly rare. While teaching the starving Irish to dye and weave, and at the same time carrying on any amount of other work among the poor of London, this many-minded woman has also kept her place in the best society of London, has been an art-lover and worker, and a student of the social life and handicrafts of nearly every country of the world. But our explanation of this allusion in a medical journal consists in the

fact, known to but few, that Mrs. Hart before doing these things had passed with the highest honors the most rigorous examinations of the medical faculties of Paris, and by thorough hospital service had completed a perfect knowledge of medicine, both theoretic and practical. Wherever she goes physicians should vie with others in hastening to do her will, and to do her honor!

Medical News.

AN AGREEABLE SALICYLIC MIXTURE.

R Potassii acetatis, ℥ ij
 Acidi salicyli, ℥ ss
 Syrupi limonis, ℥ ij
 Aquæ menthæ piperitæ, ℥ viij

Sig. One tablespoonful every three hours.—*Ex.*

TO ALLAY ITCHING IN SKIN DISEASES :

R Plumbi acetatis, gr. xvj.
 Acid. hydrocyanic. dilut. . . . ℥jss.
 Spirit. rectificat. ℥iv.
 Aquæ destillat. ℥viijss. M.

Sig. : Use as a wash.

—*Med. and Surg. Reporter.*
 [OVER.]

ROTHERHAM HOUSE

Dr. Holford
 Walker

Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

For Terms, or other information desired, address—

DR. HOLFORD WALKER, Isabella St., TORONTO.

LARYNGITIS:

R Tinct. aconiti rad. 15 grms.

Sig. One drop every hour in water. Best results when following a dose of castor oil.—SARGINS.

R Potassii permanganitis 12 grms.
Aqua destul. 60 "

Sig. Spray larynx with an atomizer several times a day.—*The Times and Register.*

TESTS FOR ALBUMEN.—It is doubtful whether all the tests put together are worth the old nitric acid test; the white characteristic cloud which it forms with albumen is well known, and can hardly be mistaken by anyone. Picric acid, trichloroacetic acid, and others are delicate: in fact, too delicate; besides, they possess other disadvantages. The first must be in concentrated aqueous solution; the second is rather expensive, and both are rare articles, while nitric acid is always handy, and if the strong acid be employed, and care be taken to have two layers (one of acid at the bottom and one of urine above it), then the test leaves nothing to be desired, the urine having previously

been tested by heating a separate portion.—Dr. G. SHARP, Manchester, in *The Times and Register.*

ANTIQUITY OF SYPHILIS IN JAPAN.—Ashmead in the *Journal of Cutaneous and Genito-Urinary Diseases*, quotes from a Japanese account of syphilis published in 1801, which indicates that the disease existed and was included among skin diseases, as far back as the Chu dynasty, between 1100 and 300 B.C.: there being perfect descriptions of chancre and phagedenic ulcer and a distinction between infecting and non-infecting bubo. Among the remedies employed, various preparations of mercury hold a prominent place.—*Philadelphia Polyclinic.*

CHILBLAINS: Dr. James R. Wood made use of:

R Zinc oxide. 1 dram.
Powdered camphor.
Powdered myrrh.
Powdered opium. ̄ā ½ dram.
Lard 1 ounce.

—*Amer. Med. Surg. Bull.*
[OVER.

The Latest and Best.....

HAPPY RELIEF ABDOMINAL SUPPORTER

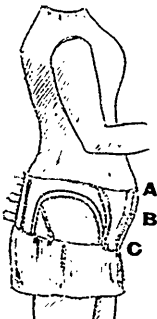
214 SPADINA AVE.,
TORONTO, April 7th, 1891.

I have used Mrs. Pickering's Happy Relief Abdominal Supporter in my practice, and have found it to give entire satisfaction. A patient who had suffered for many years from an enormous hernia, being almost disabled thereby, has found the most complete relief from its use, and is now able to perform her household duties. She had tried other supporters, without the slightest benefit.

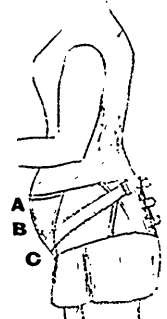
C. McKENNA, M.D.

Physicians or Patients sending measurement, a perfect fit is guaranteed, measurements to be made directly around the body from A, B, C, also distance from A to Navel, and from A to C.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 1.



No. 2.

Address, **MRS. F. L. PICKERING,**

BOX 149,

BRANTFORD,

ONTARIO.

FOR ROSACEA :

- ℞ Ichthyol..... 2 parts.
- Resorcin..... 1 part.
- Collodii. flexil..... 30 parts.

—*Medical Record.*

NEURALGIA : The formula employed by Demonski in sciatica and trigeminal neuralgia of rheumatic origin is :

- R Phenacetin.....
- Salol..... āā ʒss-j.
- Caffeine..... gr. iii-v.

M. Sig. : Two to four such doses in the twenty-four hours.—*La Riforma Med.*

PERSONAL RIGHTS OF PHYSICIANS.—The manufacturers of a certain proprietary remedy recently saw fit to issue a calendar, each page of which was adorned with the picture and name of some prominent physician or surgeon, to which was appended a fulsome eulogy of one of their preparations. One of the gentlemen thus exhibited, Dr. J. D. Bryant, affiliated with the No-code Society of New York, has undertaken to find out whether he has any

personal rights in his own name and features ; and if not, why not.

In a similar case, Judge McAdam recently stated : “ No newspaper or institution, no matter how worthy, has the right to use the name or picture of any one for such a purpose without his consent. An individual is entitled to protection in person as well as property, and now the right to life has come to mean the privilege to enjoy life without publicity or annoyance. The courts will, in such cases, secure to the individual what has been aptly termed, the right to be left alone. The law affords a remedy for the unauthorized circulation of portraits of private persons. Private rights must be respected, as well as the wishes and sensibilities of people.”

If this be the case, such advertisement by photograph, if permitted to go unchallenged, must be regarded as having at least the consent of the person whose portrait is thus circulated. We commend this thought to the American Medical Association and those of its ex-presidents whose features equally with those of Dr. Bryant adorn the circular in question.—*Philadelphia Polyclinic.*

[OVER.]

MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :

“ I have examined MADAM VERMILYEA'S PATENT SPIRAL STEEL HEALTH CORSET, and can recommend it without hesitation as being the **best Corset I have ever seen.** It is constructed on the hygienic and anatomical principles, and is a great boon to ladies.”

PROMPT ATTENTION GIVEN TO ALL ORDERS
WRITE OR CALL

VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

BABY WITH A TAIL.—A correspondent to the *Memphis Medical Monthly* contributes the following:

In December last I was called to attend a lady in the country during accouchement, and seeing that she was likely to have a tedious labour, was very careful in eliciting her history prior to this trying ordeal. She stated she had not felt well for several months—ever since she had worried about some favourite young pigs that were being abused in the yard. Going out she carried the pigs into the house, lifting them fondly by the tail; and that occurrence bore on her mind, being much impressed by this novel way of transferring swine.

But alas! after labour was completed, the fond son was also blessed with a tail—a nice, well-formed tail—a tail just where a tail ought to grow—a five-inch tail. The mother, a primipara, did well, also the child; but the father, who was chagrined at so unusual an anomaly, requested its immediate amputation, which we reluctantly performed; after which he exclaimed: "Now, mine pig-boy does better."

The mother, like most women in whom I have

found this tendency to "spot" their young, was of a very frail and nervous temperament, and more than all, was ignorant.

But in conclusion, I am convinced that such mothers can, and do often, transmit their mental impressions to the child in utero, thus developing the many so-called mother's marks. I could relate several similar instances.—JULIAN BERRY, M.D., in *The Times and Register*.

FOR SWEATING IN PHTHISIS:

R Acid salicylic	2 grms.
Aqua puræ	10 "
Alcoholis.....	6 "
Glycerina pure	4 "

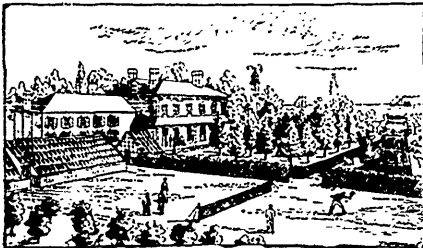
M. Sig. For hypodermic injection at bedtime, 2cc equal to 20 cubic grams of salicylic acid are injected, repeated every four or five days.—E. W. B. in *The Times and Register*.

TO ABORT GONORRHOEA: Wash out anterior urethra for four days with 1 to 4000 permanganate of potassium. JAMIN, *Med. Record*.

[OVER.]

LAKEHURST SANITARIUM

OAKVILLE, ONT.



FOR THE TREATMENT OF

INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some **FIRST-CLASS SANITARIUM**. Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at **LAKEHURST SANITARIUM** rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

LAKEHURST PARK is a well wooded expanse of several acres extent, overlooking Lake Ontario, affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT,
OAKVILLE.

SOME INTERESTING LETTERS.—We are in receipt of the following, which are self-explanatory, from Dr. M. W. O'Brien, who is one of the best known and most reputable of physicians in the State of Virginia. We are glad to have his statement of the treatment accorded such men by the Amick Chemical Company.

ALEXANDRIA, VA.,

February 18, 1894.

Ed. or *Lancet-Clinic*:

After various soliciting letters from the so-called "Amick Chemical Company," I wrote them the enclosed letter. In reply I have the note I enclose you. Knowing them to be frauds, and knowing they had proven it to you, I thought it best to enclose these notes to you. If you see fit to publish this correspondence in your journal, O K. If Mr. Amick wants to tackle me on my professional standing, he can go ahead. As an old subscriber, I am,

Sincerely yours,

M. W. O'BRIEN, M.D.

ALEXANDRIA, VA.,

November 25, 1893.

AMICK CHEMICAL COMPANY,
Cincinnati, O.

I would be glad if you would stop sending me printed matter, letters, terms and various other communications of

a *tommy rot* character about a so-called "consumption cure." You annoy me, and I am tired of it.

In disgust I am,

M. W. O'BRIEN, M.D.

M. W. O'BRIEN, M.D.,
Alexandria, Va.

CINCINNATI, O.,
November 28, 1893.

Dear Doctor: Inasmuch as you have time to write us a letter, which proves conclusively that you are a contemptible puppy, you must take time to read this reply.

Your assurance is the greatest display of narrow-minded, pig-headed conceit that it has been our lot to encounter. You are a pretty specimen to make a pretense of being a physician—it is consummate gall for you to use the word "professional." If you had a spark of manhood in you, you would know who you were writing to before making a consummate ass of yourself.

With due respect,

THE AMICK CHEMICAL CO. (E.L.)

—*Lancet-Clinic*.

BOILS:

- R Zinc. oxid., ʒj.
- Pulv. opii, gr. iv.
- Glycerin, q. s.

Mix and make a paste.

Sig.: Apply a light layer of the paste to each boil two or three times a day.—*La Med. Mod.*

[OVER.]

THE ACID CURE.

HITHERTO our "Guaranteed Acetic Acid" has not been pushed in Canada, and consequently is not generally known. We wish now, however, to press it on the attention of the Medical profession. That "The Acid Cure" is deserving of study is sufficiently obvious from the subjoined professional notices which were published shortly after the Acid Cure was first introduced into America over 20 years ago. The "Guaranteed Acetic Acid" (Acetocura), is absolutely pure and will not injure the skin. To effect the cure of disease, it must be used according to our directions, which are supplied with every bottle. Our larger treatise, "The Manual of the Acid Cure and Spinal System of Treatment," price 50c., will forward to any qualified practitioner for 35c.

TESTIMONIALS.

The late D. CAMPBELL, M.D., Edin., President, College of Physicians and Surgeons, of Toronto.

"I have used your 'Guaranteed Acetic Acid' in my own case, which is one of the forms of Asthma, and in several chronic forms of disease in my patients, and I feel justified in urging upon the medical profession an extended trial of its effects. I consider that it acts in some specific manner, as the results obtained are not only different, but much more permanent than those which follow mere counter irritants."

Extract from "The Physiological and Therapeutic Uses of our New Remedies." by JOHN BUCHANAN, M.D., Professor of Surgery, University, Philadelphia.

"New Cure.—'The Acid Cure' is attracting a great deal of attention at the present time in some parts of Europe. It has been introduced by Mr. P. Couits in a very able Essay on the subject. He begins by stating that the brain and spinal cord are the centres of nerve power; that when an irritation or disease is manifest in any portion of the body, that an analogous condition of irritation is reflected to the cord by the nerves of sensation, so that in diseases of long standing there is a central irritation, or a lack of nerve power, and in order to reach all diseases it is necessary to strike at the original—the root of the nerve that supplies the organ diseased. . . . The Acid seems to stimulate a renewal of life in the part, then to neutralize the poison and overcome the morbid condition; in all diseases the Acid is potential, and as a prophylactic, never found to fail. As a preventive to disease, daily bathing the entire body with the Acid has been found to ward off the most pernicious fevers, infectious and contagious diseases, and is productive of a high grade of animal and mental life."

DR. J. T. COLLIER, Brooks, Maine, Oct. 26th, 1877, writes:—

"With regard to the 'Acetic Acid,' I have used it in my practice until I have become satisfied that it has a good effect, especially in Typhoid Fever and in cases of chronic complaints. I have no hesitancy in speaking in its favor."



ACETOCURA.

We will send One Sample Bottle "Acetocura" to any qualified practitioner, Free.

LONDON, GLASGOW and MANCHESTER,

GOUTTS & SONS,

72 Victoria St., TORONTO.

During the past year 1,652 persons bitten by rabid animals have been under treatment in the seven Pasteur stations existing in Russia. Of these, forty-two have died of hydrophobia. —*Ex.*

CHILBLAINS :

Dr. E. Stern recommends the systematic use of the following ointment :

R Oxide of zinc. ʒss.
Glycerin, ʒiiss.
Lanolin, ʒj ʒiij.

To be rubbed in after washing ; the surplus to be removed with the towel.—*Medical Bulletin.*

A SOCIETY OF ANÆSTHETISTS.—The frequency with which anæsthetics are now used for all manner of professional work makes the employment of anæsthetics one of the most responsible of professional duties.

In every large city anæsthetics are in daily and almost hourly use, and it goes without saying that much recklessness exists in their administration.

Many of the deaths attributed to the anæsthetic agent no doubt result from the method of administration. An unwarranted prejudice has arisen against anæsthetic agents—especially chloroform—from this circumstance.

In London, a Society of Anæsthetists has recently been organized which has for its purposes a more thorough study of the physiology and practical bearings of anæsthesia.

There are a number of medical men in London who give their time to this special feature of work and who gain a living by administering anæsthetics. That such men are more skilful in the use of anæsthetics and more trustworthy can not be disputed.

The organization of a society by such men is a most commendable movement. Practical results can scarcely fail to follow from the observations and studies of these men, and their conclusions will be worth hundreds of investigations by such commissions as are instituted by the Nizam of Hyderabad. A society with a similar purpose in view should be organized in every large city.—*Maryland Medical Journal.*

[OVER.

RELIABLE AND PROMPT

Two Characteristics that Commend SCOTT'S EMULSION to the Profession.

THERE ARE MORE THAN TWO—but the fact that this preparation can be depended upon, and does its work promptly, covers the whole subject.

Physicians rely upon SCOTT'S EMULSION OF COD LIVER OIL WITH HYPOPHOSPHITES to accomplish more than can possibly be obtained from plain cod liver oil. They find it to be pleasant to the taste, agreeable to the weak stomach, and rapid of assimilation. And they know that in recommending it there is no danger of the patient possessing himself of an imperfect emulsion. SCOTT'S EMULSION remains under all conditions *sweet* and *wholesome*, without separation or rancidity.

FORMULA: 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York.

SANMETTO DOES NOT SIMPLY OBSCURE PATHOLOGY BUT IT CURES.—L. L. De Leon, M.D., Wexford, Mich., writes: "I have thoroughly tested Sanmetto, and I find that it cures. It does not simply obscure pathology by covering the symptoms, but it cures with a rapidity and certainty unequalled by any other remedy I have ever used. It is a sure specific for cystitis, ovaritis and dysmenorrhea; also for urethral irritations. Its good effects are prompt and positive. I shall continue to prescribe it.

The *Southern Medical Record* wants to know the difference between a respectable, high-toned, clever doctor, a member of the Georgia Medical Association, who allows a reporter to interview him, take his likeness, give him a front-page, a picture, and a column or two of write-up, just for his cleverness and prominence, and the travelling charlatan who orders these displays and whatever else he wants and pays the publisher for them? Or what is the difference between the flattering accounts given in our newspapers of operations

done at the hospitals and elsewhere by Dr. ———, and the man who comes to our city for a short stay, rents an office, and runs a standing advertisement in the newspapers, in which he displays and recites his surgery and practice?—*American Lancet*.

DIARRHOEA IN YOUNG CHILDREN :

- R Syr. rhei aromat ℥j.
- Tinct. opii camph ℥ss.
- Tinct. cardamom. comp ℥ij.
- Aquæ calcis ℥vj. M.

Sig. : Teaspoonful every hour or two, as needed.
—*Coll. and Clin. Record*.

SWEATING FEET.—Prof. Kaposi (*Med. Neuigkeiten*, No. 32, 1893) recommends the following formula :

- Powdered talc gms. 40 (℥jss).
- Subnitrate of bismuth . . . gms. 45 (℥j¾).
- Pernanganate of potash . gms. 3 (grs. xlv).
- Salicylate of soda gms. 2 (grs. xxx).

Dust into the shoes every morning.—*Pritchard*.

OVER.



Private Sanitarium ... for Inebriety

No. 1 Clarence Square, TORONTO, ONT.

THIS INSTITUTION possesses facilities for the successful treatment of the drink habit on modern principles.

It is situated on the corner of Spadina Avenue and Clarence Square, and facing a beautiful park; is only one block from street cars, only a short distance from the Brock Street boats, and five minutes' walk from Union Station. All the rooms are large, well furnished, and house is heated by furnace and gas.

The medical treatment is superintended by DR. GOODE, whose assistants are competent. As the residence of patients will be from three to four weeks, and as occupation or amusement is almost necessary, it will readily be seen that a first-class place where gentlemen may be treated in the city has great advantages over a like institution in the country.

ASTHMA :

- R Etheris, ʒj.
- Ol. terebinth., ʒiij.
- Acid. benzoic., ʒiij.
- Balsam. toluatan., ʒij.—M.

For inhalation during paroxysm.

- R Sulphate of strychnine, gr. 1 6 1 3.
- Powdered ipecacuanha, . . . gr. ivss.
- Powdered black pepper, . . . gr. ivss.
- Extract of gentian, gr. xx.
- Essence of periwinkle, gtt. j.

Mix and make 20 pills.

Sig. . A pill after each meal when asthma depends upon digestive trouble.

- R Arsenious acid, gr. j.
- Hydrochlorate of quinine, . . gr. xv.
- Sulphate of atropine, gr. ss.
- Extract of gentian, q. s.

Mix and make 60 pills.

Sig. : Take 4 pills daily.

—Lebert, in *Rev. Intern. de Rhinologie*, etc.

Women's Medical College of Baltimore

1100 McCULLOH ST., BALTIMORE, Md.

ANNUAL SESSION BEGINS OCTOBER 1, 1894.
 Three Years' Graded Course. In addition to the usual lectures, quizzes and clinics, personal instruction is given in Obstetrics, Gynecology, Physical Diagnosis, Laryngology, Ophthalmology, Minor Surgery and Bandaging. Laboratory Instruction in Chemistry, Histology, Pathology and Physiology offers superior advantages to students. For Catalogue, etc., address

I. R. TRIMBLE, M.D., DEAN.

DIETZ DRIVING LAMP.



In it you get the results of much experiment and outlay, also of much REFLECTION.

From it you get an astonishing flood of clear white, penetrating LIGHT.

On it we shed still more LIGHT in a little book, for a copy of which address,

R. E. DIETZ CO.,
60 LAIGHT ST., NEW YORK.

SOMATOSE

A new Meat Extract in powder form, tasteless, and very concentrated.
 Specially suited for Invalids.

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE-BAYER and SULFONAL-BAYER.

For particulars, address

DOMINION DYEWOOD & CHEMICAL CO.

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