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A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations.

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VOL. 6.

WINNIPEG, AUGUST, 1898.

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ORIGINAL ARTICLES.

DISCRIMINATION IN METHODS OF GYNÆCOLOGICAL WORK.

By Dr. J. O. Todd, Surgeon, Winnipeg General Hospital.

I have chosen what may, at first glance, seem to be a minor subject to discuss; for this is an age of "ectomies" and our medical journals teem with reports of operative daring. It would almost appear hopeless to attract attention with so trite a heading, nevertheless, it may be refreshing and perhaps not unprofitable to wade for awhile in the shallower depths of simpler things. I do not hope to extract therefrom any world-disturbing ideas, but on the contrary abjure any claim for originality other than attaches to the fact of looking at things from one's own standpoint and in the light of one's own experience.

The "ectomist," as a rule, is a radical of the most virulent sort; and nothing short of the complete tearing out of this organ or that satisfies his demands. It is this spirit of all or nothing that seems to me so damaging to the best progress of gynæcology; for it is in that field we meet the most rabid variety of the type. In general surgery conservation of tissue holds as a basal principle and its great aim is the extirpation of injured with the least cost to healthy substance. But in the pelvis it would almost seem as if a malthusian spectre were at work luring on the not unwilling fingers to the destruction

of vital centres. Anyone following the journals and from time to time inspecting the methods of North American workers must note the tornado-like spirit of positiveness that characterizes the teaching of the mass of gynæcological leaders. As a student, in the darkness of undergraduate times, I can recall the bewilderment with which I would rise from reading the discussions in current journals, and as they were then, so are they mainly now, to such a point, that, in my opinion, one of the most unsettling influences that could be placed in the student's way is the average medical journal.

The discussion is retroversion. Dr. A., a gray haired authority rises to advocate local treatment and the pessary as the best agents to remedy posterior displacements. Dr. B., a product of the antiseptic age, denounces the pessary treatment as "pottering therapeutics" and proclaims ventro-fixation as the method to be generally adopted. Dr. C., likewise a pure culture in antiseptic media and a rival of Dr. B's, disposes of ventro-fixation with contumely and places shortening of the round ligaments as being so far ahead of any other method as to make it almost criminal to adopt anything but it. Each of these men is an author, each has treated probably thousands of these malpositions and each is entitled to unquestioned credit for high percentage of cures. What then is the obvious lesson from all this. Why surely, that there is no royal road to the cure of such displacements but each method has its place and that the true gynæcologist is he who adopts the method to

the indications of the case in hand, that is to say—discriminates. The obstinacy with which these men will hold each to his own favorite line to the exclusion of all others reminds one of the story of the patient in an English insane asylum. His delusion was that he was a dead man and to disprove this, the attending physician one day said to him: "Did you ever hear of a dead man bleeding?" "No." Did you ever see a dead man bleed?" "No." "Then," said the physician, lancing a vein and pointing to the flowing blood, "does not this show you that you are not a dead man?" "By no means, my dear doctor, that simply proves that a dead man can bleed." There are a few, I think, who have the Titan hardihood to oppose the antiseptic spirit of this era in medicine, indeed, it is hard to understand how anyone in the face of overwhelming evidence can be other than a disciple of the gospel of antiseptis; still the impression is forced on one, however earnest he may be in his faith, that it has given rise to much exaggeration in technique. It is not the experience of one of us alone to have wounds heal almost ideally, under conditions that, theoretically, we would be forced to pronounce fatal to aseptic healing; and certainly it is noticeable to the pilgrim to Eastern Medical Meccas, that a more moderate technique is in vogue now than existed a few years back and that while the means proven to best prevent the access of germs to surgeon's wounds are employed, there is less of that fanatic insistence in the use of this method or that. Make a tour of the New York hospitals and we find as good work coming from the German, where the plainest methods are in vogue, as from the Sims or McFarlane operating theatres of the Roosevelt. Dennis, of Bellevue, in his modest way, sends out as well done and successful cases from the wooden walls and deal tables of that old barracks of a building as does McCosh or Briddon from the "marble halls" of their palatial amphitheatre. It is I fancy upon the gynæcologist that we must lay the greatest censure for exaggeration in technique and as an illustration look in any day on Halsted or John Hopkins, operating in the simplest manner possible, with few in

struments, a plain table, whitewashed walls and thoroughly scrubbed floors and then view Kelly in his arena of complications where thoughtful consideration is given to prevent the "nerve strain" of the assistants bent backs and where one hesitates to step for fear of pressing some secret spring that would occasion his being pitched unceremoniously into the Sims or Tradelenburg position. We may make application of this principle of discrimination under the headings of some of the more common features pertaining to the practice of gynæcology and first I am led to touch on physical examinations.

A case coming under my own observation as well as the forcible utterances of Howard Kelly leaves the clear impression that the physical examinations of female patients may be indiscriminately indulged in to their lasting injury. There is, it must be feared, a foundation for the story of the woman who, intuitively, could point out the physicians she might meet by the overpowering influence within her to take the left prone the position on sight. I think we must have all met, in greater or less numbers, victims of this examination habit, and the question arises how far are we, the physicians, responsible for the encouragement of the weakness by insisting on routine manipulations. Obviously, the class of patients requiring the most delicate handling in this respect is the unmarried, and were it not for certain object-lessons that come now to my mind it would seem almost superfluous to appeal for the greatest deliberation in the use of speculum, finger and sound in virginal territory.

MEDICAL THERAPEUTICS.

I am free to admit the wide field for discussion that is opened by this simple heading and I do not propose to enter it at more than one or two points. Positivism is here again active and on one side we have the champion whose faith in medicinal agents unaided by the knife is abiding; while on the other stands the hero of many a knifing and curing, who withers opposition by his exhibitions of a long list of cases thus treated. Between this Hector of the one

side and Achilles of the other, there is steadily taking a firmer position the champion of moderation, whose teaching is that our therapeutical munitions of war are to be gathered from all sources. He will, I am sure, freely admit that with our present knowledge, medicinal agents have to take a much inferior status to surgical, in the treatment of pelvic diseases, but he will also be prepared with his case book in hand to point to recoveries of vicious pelvic conditions under purely medical means, in support of which I wish to give briefly the following cases:

Mrs. R., aïl 24.—Eight months married, missed her first menstruation and at about two months miscarried, from which time she has been invalided with all the symptoms suggestive of pelvic infection. On examination find left side of pelvis blocked with extremely tender, boggy, exudate; temperature runs 100 to 101; husband gives history of having scarcely recovered from an attack of gonorrhœa at the time of his marriage and he is now under treatment for gleet discharge; patient was placed under local hot douching daily for two weeks and tampons bearing boro-glyceride with belladonna. Improvement was steady and treatment was continued with diminishing frequency of tamponade for two months, at which time she left for the country and returned quite well. Examination then revealed a thickened but not tender left tube. She now rides a bicycle and is in excellent shape. This case had been advised for operation before commencing above treatment.

No 2, Mrs. D., aïl 35.—Married several years; had three or four miscarriages, the last one a month ago, since which has had increasing pelvic pain; chills, temperature runs 102 to 103; on examination I found the whole pelvis blocked by exudate but the left side only tender: here I thought I distinguished fluctuation and believing pus to be forming strongly recommended immediate operation; this was refused absolutely. Instituted treatment same as above with the result that she steadily improved and is now free from pain and only has remaining of her former symptoms an irregularity of menstruation with considerable distress for

the first day; a recent examination revealed her pelvis blocked tight on the right side and the left side free from tenderness but thickened along tube. She works hard and has gained in weight.

No. 3, Mrs. K., aïl 39.—Married 13 years, three miscarriages; four living children. Had inflammation following birth of second child about nine years ago; was laid up for two months or more. Had poor health since but never laid up till this attack, which dated from a severe cold or la grippe. Symptoms now all point to pelvic inflammation: examination discloses a double sided mass; extremely tender; uterus displaced downwards, almost to vulva; operation being refused the same treatment as in other cases adopted with marked improvement. This case has improved but never recovered to the same extent as the previous ones. Its feature is the great alleviation of her distress in spite of extremely severe conditions. I would certainly like to operate and would expect to find both ovaries imbedded in solid exudate.

These cases have several points of interest that could be brought out: they are given here to illustrate what may be accomplished by suitable medical treatment. They could be multiplied if necessary. I do not argue that all pelvic inflammatory troubles are to be dealt with medically, on the contrary. I am convinced that the greater number are essentially surgical and a closer discrimination of our cases will doubtless lead us to a clearer selection of appropriate treatment and help us to steer away from that rock in the course of specialism, the tendency to deal with all things by the rules of its particular caste.

REPAIRING LACERATIONS.

There are few operations that give more satisfactory results than plastic work on the torn genitals and it would seem to me from the great vascular and lymphatic richness of the pelvic tissues making infection of so easy accomplishment, the repairs of even what would appear to be trivial abrasions is justified. At the same time one so frequently sees instances of tears that are free from any of the pathological aftermath, that one

questions the right to interfere without more than their mere existence to go on. Two cases will point to each of these phases of our subject.

No. 1, Mrs. L.—Was torn by instruments in her first confinement nineteen years ago; the tear went through perineum into bowels and ran two inches along septum, thus running both canals into a common opening. It will scarcely be credited that nothing has ever been done to repair this destruction and almost less will it be accepted that she is perfectly healthy; that there is not the slightest uterine displacement and that sphincteric action is as effectual as could be wished. She has since borne three children and being so well conditioned absolutely refuses to be repaired.

No. 2, Mrs. M.—A highly nervous organization gives these symptoms pointing to impaired nerve tissue. A complete examination reveals little. There is a unilateral tear of the os, from one quarter to half inch long; no erosion; no discharge; no uterine enlargement or displacement; menstruation as regular as clock work. With such conditions it would hardly be believed that a U. S. specialist positively recommended the repair of this trivial tear as the only means of securing rest to this woman's overwrought nerve cells.

PARTIAL INCISION OF THE OVARIES.

The brilliancy of a rapidly done Battey or Tait Exsection of an ovary, has doubtless fascinated the skillful fingers of too many operators to the exclusion of a reasonable use of their good judgment; but since the field for display has changed to the uterus the opportunity is afforded to the plodder in surgery to demonstrate that a cystic ovary is not perforce a useless one; and that the cystic or diseased portions may be removed, leaving behind the healthy balance to continue its destined function. So, too, the prolapsed, adherent ovary need not, as a matter of course, be plucked from the body after being freed from its imprisoning bonds. Evidence is accumulating that these resected and replaced ovaries do well. It must be candidly confessed that a certain percentage of these conservatively treated cases will re-

lapse, but it seems a risk that, in a great number of cases, it is justifiable to take. Under this heading I shall report one case only, at present, in illustration of what can be done.

Mrs. H.—Age 33: complains of backache and general pelvic distress. Menstruation irregular, and extremely painful. On examination the uterus is found enlarged, tender, retroverted and fastened behind to an indistinguishable mass of hard, excessively tender substance. Operation reveals both ovaries prolapsed, enlarged and bound by firm adhesion to each other and to surrounding parts. After breaking adhesions both ovaries are found cystic, especially the right one which was riddled, soft and flabby. The left had four cysts the size of a nut, but the balance seemed healthy and firm. Right ovary and tube was excised. Left was treated conservatively by elliptically excising cystic portion and stitching together the cut part—altogether less than half of this ovary was left. This same woman, a little over a year later, was confined in the maternity hospital here of a healthy boy.

UTERINE DISPLACEMENTS.

The factors upon which dislocations of the uterus depends are many; from which it may be supposed arises the great variety in treatment, for according to the prominence of one or another of these causes will the means to remove it be adopted. It would seem to be reasonable, and cases in practice bear witness to the fact, that in those displacements due to the heavy, subinvolved uterus, local applications, douching, active curettage, combined with the subsequent support of the tampon or pessary, is the right line of treatment, and I think no one who thus dealt with this variety is disappointed at the immediate benefit derived. As a rule they leave our hands better; and I feel satisfied could they but be placed in healthier circumstances of living and not be subjected to the risk, as soon as they got home, of immediate pregnancy and probable miscarriage, the benefit would be permanent. In Alexander's operation of shortening the round ligaments as in ventro-fixation we have efficient means to deal with those varieties in

which relaxed ligaments or posterior adhesions take a prominent part. Vaginal fixation has its advocates, although the general adoption of this method seems uncertain since it would appear to be inferior to higher operations.

From all of which, although touched on in but a superficial way, it is submitted that from the varied means at our hands to deal with pelvic disease, it is our duty to choose no single one as fitted for all cases; but to study the indications of our case and adopt to them the most suitable method or combination of methods.

PIXINE.

For about five years past there has been a preparation, in the form of an ointment, used amongst a few physicians of this locality which, from its intrinsic merits, demands a more universal introduction to the medical profession.

I wish to use a small space in your journal to relate my experience in its use in the gynæcological field:—I have during the past year used it in preference to all other preparations to reduce the inflamed, ulcerated and engorged conditions of the os uteri due to old and neglected lacerations with a result showing improvement from the first application, that surpasses any other preparation I have ever used.

I will cite one case, to illustrate, the condition of which was such that I was apprehensive of cancer at the time of my first examination: Mrs. A., aged 50, mother of five children, the last confinement eight years ago, has suffered ever since with leucorrhœa, frequent and irregular flow, backache, bearing down pain, etc. Examination revealed bilateral laceration, cervix very much engorged and inflamed, deep induration, tissues soft and broke down readily under manipulation granulation tissue extended up to internal os. Cervical canal about twice normal length. After curetting and cleansing applied Pixine upon tampon, which was renewed every day for three weeks, when ulceration and the tumefaction was gone, the cervix presented an even, smooth surface covered with healthy mucous membrane. This oc-

curred about four months ago, and there has been no discharge since and all other symptoms have disappeared; the patient has improved in general health.

This is one of the several cases I could cite, but it is the worst one I have treated with Pixine and the response was so immediate and complete I take pride in reporting it.

This is rather a new application for the remedy, as it was originally intended as a specific for indolent, varicose and syphilitic ulcers. The result achieved in these cases together with the composition of Pixine led me to apply it in this class of cases with the happy results mentioned.

It is a thoroughly aseptic, antiseptic and stimulating ointment composed of tar, turpentine, beeswax with oleaginous base and the general practitioner is constantly meeting cases calling for just such ointment, and I feel that there are now so many ointments that are worthless that when one finds a good one it is but due the profession to announce it.

GEO. L. MEREDITH, M. D.

Troy, N. Y., April 29, 1898.

SELECTED ARTICLES.

HOW WORRY AFFECTS THE BRAIN.

Modern science has brought to light nothing more curiously interesting than the fact that worry will kill. More remarkable still, it has been able to determine, from recent discoveries, just how worry does kill.

It is believed by many scientists who have followed most carefully the growth of the science of brain diseases, that scores of the deaths set down to other causes are due to worry, and that alone. The theory is a simple one—so simple that anyone can readily understand it. Briefly put, it amounts to this; Worry injures beyond repair certain cells of the brain; and the brain being the nutrient centre of the body, the other organs become gradually injured, and when some disease of these organs or a combination of them arises, death finally ensues.

Thus does worry kill. Insidiously, like many another disease, it creeps upon the

brain in the form of a single constant, never-lost idea: and, as the dropping of water over a period of years will wear a groove in a stone, so does worry gradually, imperceptibly, but no less surely, destroy the brain cells that lead all the rest—that are, so to speak, the commanding officers of mental power, health and motion.

Worry, to make the theory still stronger, is an irritant at certain points, which produces little harm if it comes at intervals or irregularly. Occasional worrying of the system the brain can cope with, but the iteration and reiteration of one idea of a disquieting sort the cells of the brain are not proof against. It is as if the brain were laid bare and the surface of the brain struck lightly with a hammer every few seconds, with mechanical precision, with never a sign of let-up or the failure of a stroke.

Just in this way does the annoying idea, the maddening thought that will not be done away with, strike or fall upon certain nerve cells, never ceasing, and week by week diminishing the vitality of these delicate organisms that are so minute that they can only be seen under the microscope.—Pharmaceutical Products.

NEURASTHENIA AND HOW IT WAS CURED.

By J. S. Kennedy, M. D., Chambersburgh Pa.

There has been much printed lately concerning the cause, pathogeny, and the ultimate results of neurasthenia, that it must be something of unusual value to detain the attention of the busy practitioner. The history of several cases which have come under my care the last two years, may be of some value to others laboring under the dread disease, and to the physicians having them under treatment.

Neurasthenia, as we all so well know, takes on divers and multitudinous aspects, and it may take months of careful study to diagnose it correctly—even specialists have been known to make mistakes, and how much more are we who practice in the inland towns away from hospital facilities, liable to false diagnosis. The name neurasthenia was originally given to this disease by Bouchut, and

as we now understand it, it applies to an exhaustion of the nervous system occurring in persons of a peculiar temperament—the neurotic constitution. The most important factor in this peculiar affection is, as is now generally admitted to be—heredity—from this type we have children who are unusually precocious—very susceptible to moral and intellectual training, have feeble digestion, imperfect secondary assimilation, and a general failing of the excretory organs. They need but little encouragement to expand into a selfish hypochondriac—they are eternally interrogating these organs, imagining this, that, and the other thing, until they have a well developed case of neurasthenia on their hands, aggravated and assisted to a full development by the mistaken kindness of friends and family. The subjects revel in the consciousness of possessing certain incurable diseases, they never (?) sleep, and they are continually—day and night, dwelling in an atmosphere of nervous tension. They are beset with fears that some of the numerous affections may suddenly break out in some unknowable form—all this is increased by petting, and by some foolish parent or some bosom friend—approving and magnifying these symptoms. It is not confined to children or young people—all ages are represented. One of the cases is that of a medical officer in the United States Army. This gentleman was a fellow comrade of mine in the service, and we both spent years in Arizona and New Mexico, both seeing severe Indian scouting, privation and hardships, in winter's cold and summer's heat, under that one great Indian hunter, General George Cooke.

Among the causes above all in my opinion, are self-abuse, sexual excesses after marriage, dyspepsia, excessive study or attention to business, and the alcoholic habit. The spinal pain and tenderness are not present in all cases, consequently there can be no congestion, and in fact there is no change in the nerve centres, and as this disease has shown no tendency to shorten life, we are forced to come to the conclusion that it is functional in character.

Whether this be true or not I think the experiences of all physicians who have been called to treat this special neurosis, tend to—

wards it being functional, because the manifold disturbances are intimately associated with a peculiar mental state, and one chiefly, if not wholly—of the psychic sphere.

The physician above mentioned, after years of alleged suffering, and two years of "sick leave" was compelled to resign, and go on the retired list. He complained of capricious appetite, pain in the left side near the apex of the heart, torpor of the bowels, pale, anemic skin, muscles flabby, pulse quick, heart irritable, and subject to attacks of prostration with semi-unconsciousness, the vasomotor system in a highly mobile state, with chilliness, cold hands and feet. He also experienced great difficulty in reading, with frontal headache, and a peculiar nervous explosion felt in the brain, just at the time of passing from wakefulness into sleep—something not noticed in any of the authorities on neurasthenia. Here symptoms went on from bad to worse, until my friend was a confirmed neurasthenic. In the treatment I first of all tried moral management and hygienic influences. So long as the patient is kept at home, the object of solicitous attentions of some slave of a mother, wife or husband, little or nothing can be accomplished. Removal from friends, and subjected to an entirely new set of impressions, is the first paramount object. Systematic feeding and exercise come next. Electricity comes with favorable notice from some—it failed in mine—as did all other remedies, such as cod liver oil, iron strychnia and picrotoxin, arsenic, nuxvom, phosphites, etc.

I had been reading lately of the discovery of Dr. Barclay, of Pittsburg, in the combination of liq. auri et arsenii bromidi—commonly called arsenauero. (Charles Roome Parmele Co., New York.) As the last resort I commenced giving it to my friend, being almost as discouraged at the action of drugs as he was, I ordered five drops three times a day, after meals, but finding this in his case seemed to create some distress which he attributed to it, but I think was due to too much "fried oysters," I gave it 1-2 hours before meals, and at bed time. The effect was rapid and remarkable, the irritability of temper and restlessness was appeased, and the action of the heart was lowered in beats and lessen-

ed in intensity, and the increased excitability of the nervous system very much calmed, the eyes brightened, the frontal headache ceased, the digestive organs resumed their almost forgotten functions, the skin lost its pallor, and the blood coursed through the arteries with increased vigor. It was but a short time until the neurasthenic was compelled to confess that he not only slept some, but that life seemed brighter with future prospects—the often distressing cerebral symptoms became better, and these improvements continued until now he has quite regained his pristine vigor. This case had been treated by nervous celebrities of national fame with negative results, and I make no claim for a more acute diagnosis than others, but only for the merits of arsenauero, which alone and unaided by other stimuli, caused the cure of this case, which had continued for fourteen years.

The astonishing results of its action in above quoted case, caused me to try its running mate, mercauro, in a female patient who had travelled the road of all other neurotic cases, going from one physician to the other, and finally in the course of natural events, came to me. Here was a case of extreme susceptibility to nervous influences—fright, joy, mental emotions of any character caused her to fall into a cataleptic condition and remain so for hours at a time. Knowing the antecedents of the case, and that the father was a gay young lark browsing in pastures he had no business to be in, I came to the conclusion that this person was a victim of the "sins of the fathers shall be visited upon the children of the third and fourth generation," and suspected syphilitic contamination, I gave her mercauro. It seemed as she said, to "take hold at once." She regained her usual spirits, the attacks stopped with one exception, and that was when her husband was inaugurated as a "Menonite preacher." At the installation services she was seized with one. She was afflicted for seven years, the attacks coming on every week or so, but she is now free, having gained thirteen pounds under treatment.



ULCERS FROM AN EXTENSIVE BURN TREATED WITH BOVININE.

By F. R. Blanchard, M.D.
Lakeview, Mich.

On the morning of April 28, 1897, I was called to W. T. B., aged forty-three years, engineer in a stove factory, who had been injured by the explosion of the mud drum. I saw him an hour after the accident and found him suffering intense pain, and wildly delirious.

Whisky had been administered to overcome the shock, and three-eighth-of-a-grain of morphine pills to relieve the pain. I immediately gave a hypodermic of morphine, a quarter of a grain, which soon quieted him, and then examined his injuries, finding the following conditions: Upper extremities severely burned about the face, neck, and upper portion of the chest, the left eye, ear, and nose being most severe: left arm, at elbow, wrist, and entire hand: right arm, at wrist. Lower extremities: right buttock over one half of the surface: right leg on the patella, calf, and ankle: left buttock, thigh and leg, over the whole posterior surface, patella, and a strip two inches wide running nearly around the ankle.

The burns were all of the second degree and healed without sloughing, except on the left calf and ankle.

The appearance of the left eye was bad, the cornea being cloudy, and my prognosis was guarded, but the eye afterwards cleared up and the sight is normal.

I dressed the wounds with limewater and linseed oil, equal parts, applying it on old linen cloths saturated with the mixture, and covering it with wadding obtained at a dry goods store.

In the evening when I changed the dressings I found vesicles and large bullæ had formed containing clear serum, the largest to the amount of four ounces, all of which I punctured, removing all loose strips and hanging fold of epidermis.

The limewater and linseed oil dressing were used four days and then discontinued, a dressing of plain vaseline being substituted. As soon as pus began to form the wounds were thoroughly cleansed with corrosive

sublimate solution (1 to 3,000), using small pledgets of absorbent cotton, then dusted with acetanilide and boric acid, equal parts, applied with a pepper duster, and the vaseline dressing applied: dressing changed every twenty-four hours.

The corrosive sublimate solution seeming to cause too much irritation, I changed to two-per-cent carbolic acid solution, which worked admirably.

The eyes were treated with ice compresses, the pupils were kept fully dilated with atropine sulphate, and the following eye wash was ordered: R Acidi boric., sodii biborat., aa.

The internal treatment was with morphine to quiet pain, and aconite when the pulse was too full and strong.

May 22nd, twenty-five days after accident, the wounds were all healed except those of the calf and ankle of the left leg: on the calf was an ulcer eight inches long by four inches wide, and on the ankle a strip two inches wide, running nearly all around the leg, both having a very unhealthy appearance, with deeply cut edges. I concluded it would be necessary to try skin grafting, but wished first to get a healthy granulating surface. It was then I conceived the idea of treating it with bovine blood.

23rd.—I first cleansed the ulcers thoroughly with the carbolic solution, then saturated plain aseptic gauze with bovine and covered the ulcers: over this I put a layer of gutta-percha tissue, and covered the whole with wadding. The following morning when I removed the dressings there was no pus, and healthy pink granulations were springing up over the ulcers. I changed the dressings every twenty-four hours, and could see a rapid improvement each time, the new skin extending in more and more from the edges. Improvement was so rapid I concluded grafting would not be necessary, and continued the bovine dressings, dusting the new granulation with calomel if they became at all exuberant.

June 4th, twelve days after beginning these dressings, the ulcers were entirely healed. I then put on a dressing of plain vaseline, applied a bandage, to be worn during the day as a support to the circulation, and dis-

charged the case.

12th.—At this writing there are no signs of any remaining scars.

One thing noticeable with the blood treatment was the absence of pain. Before I used it the ulcers were very painful, but after applying the blood dressing there was immediate relief, and the patient experienced no more pain.

TREATMENT OF CHRONIC CONSTIPATION WITH CREOSOTE.

It is announced that creosote not only breaks up the most inveterate case of constipation but improves the general health. It acts, probably, by neutralizing some toxin that has been paralyzing the nerves of the intestinal tube. Its beneficial action was discovered by V. De Holstein, who has contributed an article to the *Semaine Medicale* on the subject (September 1). He administers seven to eight drops twice a day after the principal meals, in a glass of milk, beer, or water, with or without wine. He uses pure beech creosote, and commences with one drop, increasing one drop a day, until the requisite dose is determined.—*Journal of the American Medical Association*.

Hydroxyl—Free Cod Liver Oil.—Peter Moller, of Christiania, has patented and placed on the German market a form of cod liver oil under the above name in which all the oxyfatty acids (which produce the disagreeable eructations) have been removed from the oil by treatment in an atmosphere of carbon dioxide. The taste of the preparation is said to be very mild and agreeable and it is said can be retained by the most delicate stomachs. It should be protected from air, and is, therefore, put up in bottles only.

Limanol.—This is the name which has been given by a Russian doctor to an extract prepared under a patent from the mud baths of Liman in Russia. These baths are located in the neighborhood of Odessa and have a very widespread reputation for curing rheumatism, gout, migraine, etc. This limanol is intended to

be applied locally in diseases of the class named. In addition to the simple extract of the mud baths, limanol contains chloroform, ammonia liniment, oil of turpentine and spirit of soap. With the assistance which can be rendered by these ingredients it no doubt will make an efficient liniment.

EDITORIAL.

At the expiration of the year we sent out a slip reminding our subscribers that the dollar for the *LANCET*, Vol. 5, was still due. Out of 350 notices we have as yet been favored with but two responses, two gentlemen having taken it for the year, requested to have it discontinued, but forgot to remit their dollars. Now one dollar to a medical man is not a great tax, but \$350 is a serious blow to a young publication, and we can assure our readers that twelve issues of the *LANCET* cost far more than a dollar per year.

Tragedies are multiplying in the Province of Manitoba, and for some time to come, at any rate, are likely to continue to do so, under the present lax system of preliminary investigation, and the setting aside holding Coroner's Inquests in every case of violent death. We give the published notes of the Austin tragedy: The first goes, so the reader will observe, into the minutest details which could only have been given by an eye witness. The subsequent conclusion come to by an official of the Barnardo farm has quite a different complexion, lastly, we reprint the Coroner's remarks, and after perusing the whole, may ask what justifies the conclusions arrived at. Might not a tramp have attacked these boys and chased them about the house? They in their turn knocking down milk-pans, breaking windows to attract attention, and causing all the havoc mentioned? Was the missing cartridge case found? Is it not possible the person who fired the shot pocketed the shell? Was there nothing suspicious in the younger child being killed some time before the elder boy, he less able to escape

a pursuer. Was the body of the boy examined closely for any evidences of sodomy? and by what stretch of imagination is the theory set up that the elder boy in the extremity of his anguish ran through the house, upset the milk pans, broke the windows, and then shot himself. This is verily the height of imagination. The public in consequence of no inquest being held are left in ignorance of these important points and another scandal is credited to Manitoba:—

Austin, Man., June 22.—Johnnie Powell, a Barnardo boy, thirteen years old, and working for Mr. W. C. Wheeler, shot and killed Mr. Wheeler's four-year-old boy Charlie, and then committed suicide last night at Mr. Wheeler's farm about two miles east of Austin.

Mr. and Mrs. Wheeler drove into Austin in the evening, leaving the two boys at home alone. Mrs. Wheeler returned first, and missing the boys, went to a neighbor's to enquire after them, but before she got back Mr. Wheeler had arrived home, accompanied by Mr. Walker, a neighbor. Mr. Wheeler went to the house for a lantern, and in the meantime Mr. Walker lit a match in the stable and saw the two boys lying there dead. The younger boy was shot in the left temple and the Barnardo boy through the heart. The revolver was lying at his feet.

When Mr. Wheeler left the home he left Powell milking the cows. As soon as he was gone Powell must have gone into the house and thrown the milk pail on the floor, then upset nearly everything in the house and broke the windows. He then went upstairs and got Mr. Wheeler's revolver and also some cartridges from a bureau drawer and loaded the revolver. After shooting the little boy he took out the empty cartridge, then opened the breast of his shirt and deliberately shot himself through the heart.

The only motive known for the crime is that Mr. Wheeler refused to allow him to go to a picnic, which is being held at Moose lake, near Sidney, to-day.

Manager White, of the Barnardo home in Winnipeg, returned Thursday evening from Austin, where he had been investi-

gating matters relating to the tragedy at that town on Tuesday night. Interviewed this morning Mr. White said:

"Mr. and Mrs. Wheeler left their residence Tuesday night about 7.30 and returned shortly after 10 p.m. to find their little boy dead, shot through the temple, and the hired boy also dead, the latter evidently having committed suicide. The local doctor, Dr. Curtis, called, telegraphed to Dr. Shaw of Garberry, who at once visited the scene of the tragedy and made full investigation.

"No one connected with the family," said Mr. White, "believes it was a case of murder. The bond of sympathy between the boy, Powell, and the rest of the family, was so great. He always called Mrs. Wheeler 'ma.' I made inquiries as to the boy's moral character and Mr. and Mrs. Wheeler spoke very highly of him in this respect.

"From what I could learn, and judging by the whole circumstances, I believe that the shooting of the four-year old son of Mr. and Mrs. Wheeler was accidental and that the boy, crazed by the terrible result of the accident, lost his reason to some extent, and after smashing things in the house for some time, he ultimately committed suicide by shooting himself through the heart.

"When Mr. and Mrs. Wheeler found their boy he was stiff and had been dead for some time. The accident must have occurred very shortly after they went away. Some time had elapsed between the death of the child and Powell's suicide, judging by the state of Powell's body when found.

Mr. Wheeler, on looking over his cartridges found that 23 were missing, and it is believed that the boy Powell had been in the habit of playing with the revolver on previous occasions during the absence of Mr. Wheeler. There does not appear to be the slightest evidence to show motive for murder.

"As to the picnic incident, none of the family went, as they were so busy and Powell did not feel so disappointed as has been indicated."

After considering all the circumstances

of the case as submitted by Dr. Shaw, of Carberry, the attorney general's department has decided that an inquest would not be necessary.

The funeral of the two boys took place Thursday afternoon, amid great manifestations of sympathy with the bereaved family. Rev. Mr. Taylor conducted the services.

Austin, Man., June 22.—The coroner (Dr. Shaw, of Carberry), visited the scene of the murder this morning, but deemed an inquest unnecessary, as all circumstances point very conclusively that the boy Powell shot Charlie Wheeler, and then committed suicide. The cow that Powell was milking when Mr. Wheeler went away was not finished, so that he must have committed his depredations shortly after Mr. Wheeler left the farm. The milk house was in a badly mixed up state, all the pans being upset on the floor, which was an inch thick with milk and cream. He also upset things in the house, emptied the coal oil can, broke dishes and smashed a window. He then must have proceeded to do his deadly work, first procuring the revolver and cartridges, then led Charlie to the barn and shot him in the left temple. He then took out the empty cartridges and turned the cylinder back, then opened his own shirt, put the revolver to his breast and fired. The cartridge with which Charlie was shot has not yet been found, there being in the revolver only one space and one empty cartridge and two loaded cartridges. The stable in which the murder was committed is a log building about 30 by 40, with a row of stalls along the south side and a door on the east side, right behind the stalls. Charlie Wheeler's body was lying cross-wise of the door about four feet back. Powell's body was partly in the first stall. When Mrs. Wheeler came home she put her horse in this first stall and must have passed within two feet of both bodies.

Dr. Shaw states that both shots could not have been better placed by an expert for their deadly effect, death being instantaneous in both cases, the younger child dying with a smile on his lips, the parents of the murdered child are nearly heart-

broken. Powell was always very much thought of by both Mr. and Mrs. Wheeler. He seemed gentle with the children and was very obedient and well behaved, never showing the least sign of violent temper. He always professed great love for the children but has been known to say to another Barnardo boy living near, that he hated Charlie. No other motive for the crime has been discovered excepting Mr. Wheeler's refusal to allow him to attend the picnic.

Another very sudden death occurred in this city last month. A man, a perfect stranger, walks into an hotel, sits down. It is noticed that for a considerable time he has remained very quiet and on examination he is found to be dead. His name is discovered and his occupation as a late laborer in the Crow's Nest Pass is ascertained, this, and that he is dead is sufficient for the authorities, and the remains are hurried into a grave. Can the civilized world show a place where crime can be so easily perpetrated with the greatest impunity than it can be in the Province of Manitoba under the regime of the present executive, who persistently ignore the law governing inquests, and we regret to add the medical men who accept the office of coroner, and who fail to carry out their solemn and imperative duties.

The Victorian Order of Nurses.

So enthusiastic are the folks of Regina in establishing the above order, that on the proposal of the leader of the Northwest government, seconded by the Mayor of Regina, it was decided to build a hospital in connection with the Victorian Order of Nurses. What this means we are at a loss to understand. Any properly equipped hospital can educate nurses. The mere name of Victorian nurse cannot add to the nurse's efficiency. The training which nurses have to undergo, and the examinations required of them before receiving their credentials at the hospitals where nurses are now educated, is thorough and searching, but how the proposed hospital connection between nurses calling themselves by this name, and the hospital is to be

maintained, we cannot understand. The larger the hospital, the greater facility for training a nurse, and at present, and no doubt for some time to come, the Winnipeg General hospital will afford far greater facilities for the education of nurses, than can any other hospital in Manitoba and the Northwest, and it would be a wise restriction if hospitals containing a certain number of beds with a staff of physician, and surgeons, were the only institutions allowed to issue nurses' certificates. Let the same number of years in attendance in the hospital be required of all nurses before examination, and let the examinations be of the same standard. When having successfully passed the ordeal, let the nurse call herself Victorian or any other prefix she may fancy. But Nurse Jones, or Nurse Brown, etc., will sound more practical. The Victorian order, as it now appears, is very different in construction from the scheme as at first outlined in the public press, rightly or wrongly, and it can be but a cause of regret to medical men, who in the interest of their profession, found themselves compelled to differ in opinion as to the necessity for the establishment of this order on the lines first publicly given, with Her Excellency, the Countess of Aberdeen, whose kind heart and philanthropic spirit is so well, widely known, and thoroughly appreciated. The profession could not countenance the education of nurses at any single institution though they would probably be practically a unit in their opinion as to the hospitals in the Dominion of Canada which should be alone qualified to grant certificates to nurses. This is however, matter of detail, which is readily capable of adjustment. And if the entire scheme, as now matured was given to the medical press for publication it would probably provoke criticism which would be valuable to the stability and interest of the order.

The Industrial Exhibition held annually in Winnipeg, for the year 1898 is among the things of the past and we are glad to know that in every respect it has proved a great success. As a means of drawing people together, a common ground for friendly competition, and last, not least,

as affording the most direct evidence of the rapid progress of this province, patent to all. The Winnipeg annual exhibition is deserving of the greatest encouragement, the most enthusiastic support of every one interested, in the welfare and prosperity of the Dominion of Canada, but more, especially of the advancement of the Province of Manitoba. While rejoicing with the President and Directors, the managing Official and his subordinates whose untiring energy led up to this grand result, we cannot but regret that a time so opportune was not seized upon for the assembling of our Provincial Medical Association; everything was favorable for such a gathering, and it is to be deplored that men will seek for and accept official offices in our medical societies, who by negligence in the performance of the duties in connection with their positions prove of incalculable injury to the local profession. If a man is not determined to give that time and labor to the duties of the office he is chosen to, the least that he can do, while acknowledging, is to decline the compliment, and leave it to others who are willing to assume the responsibility and trouble in connection with the position he accepts, but does not intend to grace.

An Inquest Held.

The body of a man named John Bessley, a brother-in-law of Mr. Chas. McDougall, was brought to Macleod last night, and an inquest was commenced this morning before Coroner Anderton, with Messrs. Kelloch, Dunlop, Bruce, J. Ryan, Murdoch, and E. C. Miller, as jury. Deceased is supposed to have been suffering from typhoid fever. He escaped into the bush and was found by the police who took him to their quarters on Saturday last, where he died on Monday. The inquest is being held to discover whether there was any neglect on the part of those having the care of the patient.—Macleod Gazette.

We with great pleasure, give the above paragraph from the Macleod Gazette. It would be well for our legislators in Manitoba to mark, learn and inwardly digest

the fact that the cause of death is not the only point to be assured of, what led up to the death is an all important point to elicit by a coroner's inquest. The North West Territories are evidently ahead of us in legal procedure.

MISCELLANEOUS.

HOW ONE PHYSICIAN VACCINATES.

Dr. John B. Read, an old practitioner of fifty years' experience and County Health Officer for Tuscaloosa county, Ala., has made public his formula for vaccination, which he says has never known to fail. The process is simple. Take a fine needle and thread, with silk or cotton thread, and moisten about one-fourth of an inch of the thread with vaccine matter or virus; then draw the needle through the skin until that portion of the thread containing the virus is passed under the skin; then clip both ends of the thread, leaving the portion with the virus under the skin. Dr. Read says the idea originated with him in his early practice, and has never been made public before.

INFECTIOUS NATURE OF ACUTE RHEUMATISM.

The infectious nature of rheumatism is shown, according to Jaccoud (*Journ. de Med. et de Chir. Prat.*), by the case of an infant born while the mother was suffering from rheumatism. Twelve hours after birth the child was attacked by a fever and swelling of the joints. These signs disappeared under salicylate of sodium at the end of eight days. In a second case the mother was suffering from polyarticular rheumatism, and the infant became effected.

Instead of as formerly, examining bacteriologically each water supply once a fortnight, we are now examining samples from each water supply daily. This is therefore a much more severe test of the adequate nature of the filtration from day to day, and the mean results of our microbial estimations cannot properly compare with results obtained at periods of a fortnight apart. Further, the samples we collect from the clear water wells of the companies are im-

eight hours, when the colonies are counted. Such a severe examination of the process of filtration at once enables us to warn the companies if any of the filter beds are working abnormally, and already we are in a position to say that the average bacteriological quality of all the London waters has been greatly improved since the commencement of this year.

We are, Sir,

Your Obedient Servants,
WILLIAM CROOKES,
JAMES DEWAAR.

Formaldehyde for the Disinfection of Apartments, etc.—The following methods are recommended as the result of experiments carried on at the Stockholm Hygienic Institute:—1. Spraying.—The walls, furniture, etc., are thoroughly sprayed with a two per cent solution of formaldehyde, and the room is then kept closed for twenty-four hours. From 60 to 70 cc. of this solution are sufficient for every square metre of surface. 2. Evaporation from sheets.—Sheets impregnated with a solution of 500 grammes of calcium chloride in one litre of a thirty-five per cent formaldehyde solution are hung up in the rooms, which are then closed for twenty-four hours. Two square metres of sheeting are sufficient for eight cubic metres; one cubic metre requires from 60 to 70 cc. of the above solution. Formaldehyde is particularly useful for treating furs and books, and the spray method of treating dwellings is quite inexpensive. Care must be had, however, during its use. The eyes should be protected by suitable glasses, the mouth and nose by masks of cotton, and the hands by means of gloves or a coating of vaseline.—*Niles Englund (Pharm. Centralbl., xxxvii., p. 305).*

The Treatment of Chlorosis.—In the *Revue de Therapeutique Medico-Chirurgicale* is a paper by Huchard upon the treatment of chlorosis. He points out that these chlorotic cases can be divided into three classes: Those in which iron is absolutely useless; those in which it is fairly valuable; and those in which it is an absolute necessity. The cases in which it is useless are those which have been deprived of fresh air

mediately cooled to the temperature of melting ice, and this temperature is maintained till the plate cultivation is commenced not later than five hours afterwards, and it is continued at 21 degrees C., for forty-and sunsline, and only need proper food and outdoor life, with stimulant treatment, to retain their health. Those in which it is moderately valuable are the pseudo-chlorotics who have as an underlying cause a tendency to develop tuberculosis with general debility; but as a rule the more dyspeptic the patient the less good will iron do. The cases in which the iron is most useful are those in which the patients are devoid of dyspeptic symptoms, when any one of the common iron preparations may be given in large or small doses with advantage. Should there be a syphilitic dyscrasia underlying the anæmia, mercurials should be administered in addition to the iron, preferably the bichloride of mercury.

Nervous Diarrhea in Pregnancy.—Condio (Centralbl. f. Gynak) has published a monograph in Italian on an interesting complication which he considers to be related to hyperæmesis gravidarum. Whilst the latter is more frequent in the higher ranks of life, diarrhea seems commoner amongst poor pregnant women. Obstetricians note its occurrence in lying-in hospitals in cities where it is hardly ever seen in private practice. Out of 3,674 pregnant women diarrhea was observed in thirty-five. No fewer than twenty-one of these cases occurred in primipara. Temperature has little influence on this affection, but errors of diet are more probably among its causes. Nervous diarrhea begins about the fifth month, and may become formidable; it has been found to continue even in childbed. Nerve tonics are indicated, and as in hyperæmesis, premature labor must be induced if the diarrhea persists and the patient becomes seriously debilitated.—Brit. Med. Jour.

CHROMIC ACID AS A TEST FOR ALBUMEN IN URINE.

Free chromic acid in watery solution is a powerful coagulator of albuminous substances, which it precipitates completely,

without combining with them, and either with or without the aid of heat. M. Guerin (Journ. de Pharm. et de Chim.) gives the following method of employing this re-agent: Place in a test tube of 5 to 6 c. c. capacity, 3 c. c. of the suspected urine, previously filtered; then add a 10 per cent solution of chromic acid, drop by drop. The immediate appearance of a white, flaky precipitate will indicate the probable presence of albumen. Now heat the urine just to boiling: if the turbidity persists, it is certainly caused by albumen, this alone remaining indissolved, while the precipitates yielded by albuminose, peptones, etc., as also by a large number of alkaloids, will not withstand heat. There may be a slight degree of opalescent turbidity due to resinous acids formed after the ingestion of copaiba balsam. This will not be removed by heat, but will disappear on the addition of a little alcohol. The chromic acid test is exceedingly delicate, detecting two milligrams of albumen in 100 c. c. of urine.

The only nutrient portion of meat, is the solid part. Hence beef tea, although stimulating, has no food value. The only portion of the flesh of an animal which is possessed of real nutritive value is that part which has been alive and active before death. These living structures are not soluble; if they were, an animal which happened to fall into the water would dissolve like a lump of sugar. During life there is a small portion of nutritive material in solution in circulation in the body. After death, this small amount of soluble food material is rapidly converted into excrementitious matter; and as the skin, kidneys, and lungs cease their action, these poisonous substances rapidly accumulate within the body, the molecular or cell life of the body continuing some hours after death.

It thus appears that beef tea, as a French physician recently remarked, is a veritable solution of poisons. The only portion of the flesh which has any nutritive value is that which is thrown away in making the beef tea or extract. The popular faith in beef tea as a concentrated nourishment has however, become so thoroughly fixed and rooted that

some time will be required to rid the world of this erroneous idea; but it is highly important that information upon the subject should be disseminated: there is no doubt that many lives are annually sacrificed by faith in the superior nutriment value of meat juices.—Modern Medicine.

Members and officers of the College of Physicians and Surgeons of British Columbia, 1898.

Dr. T. W. Lambert, President; Dr. R. E. McKechnie, Vice-President; Dr. C. J. Fagan, Registrar and Secretary; Dr. John A. Duncan, Treasurer.

Executive Committee:—Drs. Davie, Duncan and McGuigan, with the President and Registrar as ex-officio Members.

Members of Council:—Drs. J. C. Davie, Jno. A. Duncan, C. J. Fagan, T. W. Lambert, W. J. McGuigan, R. E. McKechnie and G. L. Milne.

Solicitor:—A. E. Phillips.

SYNOPSIS OF REQUIREMENTS.

For the information of those who are not acquainted with the requirements for the registration as medical practitioners in this Province, the following synopsis is given:

Sub-sec. C., Sec. 24, Med. act, 1898 provides: The Council shall admit upon the register any person who shall produce from any college or school of medicine and surgery requiring at least four years' course of study, a diploma of qualification, provided that where the college or school of medicine did not require a course of study of at least four years but a post graduate course has been taken which in point of time added to the college or school of medicine course completes a period of four years it shall be deemed sufficient; provided also that the applicant shall furnish to the Council satisfactory evidence of identification, and pass before the members thereof, or such of them as may be appointed for that purpose, a satisfactory examination touching his fitness and capacity to practice as a physician and surgeon.

2. Sub-sec. (B), Sec. 24 provides that: The Council shall admit upon the register every person mentioned in chapter 48 of the Acts of Parliament of the United Kingdom, passed

in the 49th and 50th year of her Majesty's reign, duly registered under the "Medical Act," (Imperial), prior to and inclusive of the 30th day of June, 1897, upon complying with the orders, regulations or by-laws of the Council, and giving due proof of such registration, and that the person applying for registration has not lost the benefit of same by reason of misconduct or otherwise.

3. Every person applying for registration under Sub-sec. C, Sec. 24 Medical Act 1898, shall, on appearing in person before the Registrar of the Council, and paying a fee to the Registrar of one hundred dollars be entitled to be registered, on producing to such Registrar a certificate duly authenticated under the hand and seal of the Registrar of Medical Practitioners in England, Ireland and Scotland, as the case may be, (or other legal evidence,) that such applicant is duly registered Medical Practitioner, and that he was duly registered under the "Medical Act." (Imperial), on or before the 30th of June 1897. Such applicant will also be required to produce a certificate of good standing in the profession of Medicine from the Registrar or other officer of the Medical body having jurisdiction where the applicant has practiced his profession, and evidence by statutory declaration that he has not lost the benefit of his said registration under the "Medical Act" (Imperial by misconduct, or otherwise.)

4. Sub-sec. (d) Sec. 24 provides that: Any homeopathic physician holding a diploma of qualification from any authorized school or college requiring at least a four years' course of study which has been undergone by the applicant may be registered under this Act upon passing before the Council or such of them as may be appointed for that purpose, a satisfactory examination in the following subjects, viz: Anatomy, Physiology, Pathology, Chemistry, Obstetrics and Surgery.

5. The examination shall be orally and in writing, upon the following subjects:

1. Anatomy.
2. Chemistry.
3. Physiology.
4. Pathology.
5. Materia Medica.

6. Medical Jurisprudence.
7. Theory and Practice of Medicine.
8. Surgery.
9. Clinical Medicine.
10. Clinical Surgery.
11. Obstetrics and Diseases of Women and Children.

6. Before examination, the candidates shall pay to the Registrar of the College the fee of one hundred dollars for the examination, fifty of which will be returned if the candidate be rejected.

7. During the year there shall be two regular meetings, and two examinations held, beginning on the first Tuesday of May and the last Tuesday of October.

All examinations are held at the College rooms in the New Parliament buildings, Victoria.

8. Permits are not granted by the Council.

For more particular information apply to the Registrar, New Westminster, B. C.



This plate represents the *Rhus Radicans*, poison ivy, executed by our local talented engraver, Mr. A. E. Hursell of 503 Main St. At this time of the year, and later in the fall, to those fond of acquiring specimens of foliage plants it is well to have a thorough knowledge of this graceful but vengeful vegetable product. The *Rhus Toxicodendron*, poison oak and *Rhus Radicans*, poison ivy

and shrubs of the natural order Terebinthaceæ are indigenous to Canada and in the greater part of the States east of the Rocky Mountains. The *Rhus Radicans* is not a distinct species but is a variety of the erect form. The leaves are trifoliate on petioles four or five inches in length and when wounded exude a milky acid juice actively poisonous, and resembles the leaves of the

hop Ptelca Triflointa. The poisonous principle is Toxicodendron acid and it is also met with in the Swamp Sumach, Rhus Pimila and Rhus Diversilata. The Swamp Sumach is supposed to be the most poisonous. Rhus Toxicodendron is medicinally used in France and is recommended by some English physicians in rheumatism, eczema, herpes soster and pemphigus.

The following gentlemen graduated 1898 and received their degrees at the late examinations of the Manitoba College :

Chambers, J. B., M. D., C. M.
 Chesnut, W., M. D., C. M.
 Duncan, J. D., M. D.
 Edmison, J. H., M. D.
 Halderson, M. B., M. D.
 Kirk, S. J., M. D.
 Lockhart, W. T., M. D., C. M.
 Maclean, N. J., M. D.
 McPhee, Miss L. F., M. D., C. M.
 Perry, D. G., M. D., C. M.
 Ponton, T. R., B. A., M. D.
 Pellar, S. A., M. D., C. M.
 Riddell, R. M., M. D.
 Riggs, H. W., M. D., C. M.
 Ross, D. G., B. A., M. D., C. M.
 Ross, R. L., M. D., C. M.
 Sharpe, C. T., B. A., M. D., C. M.
 Sparling, W. R., B. A., M. D.
 Tripp, J. H., M. D.
 Watt, W. L., M. A., M. D. C. M.
 Wilson, W. B., M. D.

Dr. Chesnut obtained the Isbister Scholarship, the University Silver Medal and the Munroe Proctor Gold Medal; Dr. Riggs the University Bronze Medal, and the Lieutenant Governor's Bronze Medal.

The University of Manitoba now requires a course of eight months for four years. The pass examination was as follows.

1. Surgery.
2. Medicine.
3. Sanitary Science.
4. Gynæcology.
5. Obstetrics.

FOURTH YEAR.

(Final.)

SURGERY.

1. Define Blepharitis, Hypopyon, Paronychia, Ranula, Naevus Dupuytren's contraction.

2. Describe synovitis of knee joint in its various phases, and give treatment appropriate to each.

3. Describe a case of Colles' fracture Give treatment.

4. Diagnose between a case of dislocation of elbow and fracture of lower end of humerus. Give treatment.

5. What forms of cancer usually attack the rectum? What symptoms would lead you to suspect its existence? How would you confirm diagnosis? What operative treatment might you recommend :

(a) For temporary relief, (b) for permanent cure? Give reasons.

6. Write description of cellulitis, and specify dangers peculiar to, and treatment when occurring in (a) submaxillary region, (b) axilla, (c) ischio-rectal forsa, (d) perineum, (e) forearm.

MEDICINE.

1. Describe the lesions in (a) Tabes Dorsalis; (b) Aphasia; (c) Infantile Spinal Paralysis; (d) Spastic Paraplegia; (e) Bell's Paralysis.

2. Describe the different reflexes and their value in the detection of disease.

3. Diagnosis, symptoms and treatment of Broncho-Pneumonia.

4. Briefly describe the conditions giving rise to general anasarca.

5. Distinguish the eruption in the various exanthematous fevers.

6. Causes, symptoms and physical signs of acute and chronic endocarditis.

7. Give quantitative tests for sugar, albumen and urea in the urine and the clinical significance of their presence.

SANITARY SCIENCE.

1. Give the sanitary relations of air currents; some of the distinctly pathological effects of increased atmospheric pressure, and what is meant by the terms "absolute humidity" and "relative humidity?"

2. Give the elements which enter into the study of climate, and the relations of climate to health.

3. Describe quarantine, isolation, and segregation, and state objections to quarantine; also name separately what is to be considered in thermal disinfection.

4. Give classification of natural waters,

and the interpretation of a chemical analysis, naming the lifeless and living forms usually found in water; also the process of softening water.

5. How would you obtain mean age at death; mean duration of life; probable duration of life. Also, construction of life tables (for statistical purposes).

6. Give the most approved methods by which ventilation is secured in large buildings, *i. e.*, audience halls, theatres, and manufacturing; also the best methods of disposing of the refuse of dwellings, *liquid* and *solid*.

GYNÆCOLOGY.

1. Dysmenorrhœa—Give the varieties; etiology and treatment of each.

2. Diagnose uterine fibroid from

- (a) Ovarian tumor.
- (b) Pelvic exudate.
- (c) Hematocele.
- (d) Retroflexion of the uterus.

3. Define sterility, and give its causes and treatment.

4. Point out the indications and contra-indications for the use, respectively, of the uterine sound and curette.

5. Describe briefly the various operative procedures that may be resorted to in the treatment of retroflexion of the uterus; also of prolapse.

6. What would lead you to conclude (a) an abdominal tumor was a dermoid? (b) that disease of the cervix was malignant?

OBSTETRICS.

1. Placenta—

Formation, situation, uses.

2. Labor—

[a] Stages.

[b] Character of uterine contractions.

[c] Causes of dilatation of the os uteri.

[d] How is the placenta detached and discharged?

3. Pelvic Presentations—

[a] Causes.

[b] Diagnosis.

Mechanism of labor in U. S. A.

(d) If necessary to apply forceps to the after-coming head in "C.," give directions for applying and the line of traction, and why.

4. How would you treat:

- (a) Apparent death of the new-born?
- (b) Mastitis?
- (c) Phlegmasia Alba Dolens?
- (d) Constipation of pregnancy?

5. Ectopic Gestation—

- (a) Define.
- (b) Etiology.
- (c) Varieties.
- (d) Diagnosis.
- (e) Treatment.

6. Forceps—

- (a) Indications for use.
- (b) Conditions necessary for use.
- (c) Danger in the use.

7. Thrush—

[a] Describe the condition of the mouth.

[b] What are the causes?

[c] Give the pathological anatomy.

[d] What are the symptoms?

[e] Outline the treatment.

Manitoba Medical College

WINNIPEG

IN AFFILIATION WITH THE UNIVERSITY OF MANITOBA.

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J. WILFRED GOOD, M.D., Dean.

Incorporated 1884.

W. A. B. HUTTON, M. D., Registrar.

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For further particulars address

W. A. B. HUTTON, M. D.

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J. Wilfred Good, M. B., Toronto; L. R. C. P. Edinburgh; member of the medical staff of the Winnipeg General Hospital; Ophthalmic and Aural surgeon to St. Boniface Hospital.

Professor of Clinical Surgery, and Lecturer on Ophthalmology and Otology.

J. R. Jones, M. B., Toronto; L. R. C. P., London; member of the medical staff of the Winnipeg Gen. Hosp., Professor of Principles and Practice of medicine, and Clinical medicine.

R. Johnstone Blanchard, M. B., C. M., Edin University; member of the medical staff, Winnipeg General Hospital.

Professor of Surgery and Clinical Surgery.

H. H. Chown, B. A., M. D., Queen's University; L. R. C. P., London. Member of the medical staff of the Winnipeg General Hospital.

Professor of Clinical Surgery.

Aeneas S. Macdonell, B. A., M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Professor of Surgical Anatomy.

R. M. Simpson, M. D., C. M., University Manitoba; L. R. C. P., Edin; L. R. C. S. Edin; L. F. P. & S. Glasgow;

F. R. G. S., London; member of the medical staff, Winnipeg General Hospital.

Professor of Principles and Practice of Medicine.

W. J. Neilson, M. D., C. M., member of the medical staff, Winnipeg General Hospital.

Professor of Anatomy.

E. S. Popham, M. A., Victoria; M. D., C. M., Univ. Man. med. staff, Winnipeg General Hospital.

Professor of Obstetrics.

E. W. Montgomery, B. A., M. D., C. M. Univ. Man., member med. staff, Winnipeg General Hospital.

Professor of Physiology.

J. S. Gray, M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Professor of Diseases of women and children.

W. A. B. Hutton, M. D., C. M., University Manitoba. Lecturer Pharmaceutical Association.

Professor of Chemistry, General and Practical.

J. O. Todd, M. D., C. M., University of Manitoba.

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