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DOMINION MEDICAL  
MONTHLY

AND

ONTARIO MEDICAL JOURNAL.

VOL. VII.

EDITED BY

REATTIE NESBITT,

B.A., M.D., F.C.S. Lond.

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JULY TO DECEMBER, 1896.

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TORONTO:  
THE NESBITT PUBLISHING CO., LTD.

## CONTENTS OF VOL. VII.

---

### ORIGINAL ARTICLES—

Dislocation of the Acromial End of the Clavicle, with Report of Four Cases . . . . .	33
A Plea for Conservative Oral Surgery, with Practical Illustrations . . . . .	38, 145
An Interesting Case . . . . .	42
Whither are we Drifting? . . . . .	44
Symphysectomy and Craniotomy	149
Secondary Section for Intestinal Obstruction. In the Service Dr. Davie, Surgeon to Jubilee Hospital, Victoria, B.C. . . . .	153
One Hundred Cases of Retroversion of the Uterus Treated by Ventrofixation and Alexander's Operation, with Subsequent Results . . . . .	481
Appendicitis . . . . .	488
The Differential Diagnosis of "Neurasthenia" and its Treatment . . . . .	492
Evisceration of Eyeball, with Sclero-Optic Neurectomy . . . . .	495
A Case of Fracture of the Skull . . . . .	497
Prolapse of Uterus . . . . .	498
Tapeworm . . . . .	593

### ORIGINAL ARTICLES (*Continued*)—

Report on Contagious Diseases for the Quarter . . . . .	595
Clinical Notes . . . . .	600
The Surgical Treatment of Retro-Deviations of the Uterus . . . . .	601

### CORRESPONDENCE—

Why We are Bald . . . . .	54
Sympathetic Ophthalmitis . . . . .	56

### EDITORIAL—

Lodge Practice . . . . .	57
Dispensary Grants . . . . .	58
The Ontario Cabinet . . . . .	58
Cathode Surgery . . . . .	59
Medical Cricket . . . . .	59
The Viavi Medical Company . . . . .	175
Female Cyclists . . . . .	255
Proceedings of the Council . . . . .	367
"Dry Goods Druggists" . . . . .	368
The Canadian Medical Association . . . . .	401
Provincial Board of Health . . . . .	408
Ontario Association of Medical Health Officers . . . . .	409
Council Proceedings . . . . .	513
"Female Cyclists" . . . . .	514
The Toronto Morgue . . . . .	515

CONTENTS

EDITORIAL (*Continued*)—

Uncontrollable Impulses .. .. 516  
 The Klebs Antiphthisin Case . 514  
 Meeting of the Niagara Counties  
 Medical Association .. .. 517  
 Pan-American Congress . . . 518  
 Immorality in Canada .. .. 625  
 Conservative Gynæcology .. .. 628  
 Types of Aphasia .. .. . 629  
 Digitine .. .. . 630  
 Reporting Contagious Diseases .. 630  
 The British Medical Association 632  
 Serum Diagnosis of Typhoid Fever 632  
 The Rabies Cases in Paris, Ont.. 633  
 Salol Dangerous in Nephritis .. 634

REPORTS OF SOCIETIES—

The Waterloo and Wellington  
 Counties Medical Association.. 47  
 Mississippi Valley Medical Asso-  
 ciation .. .. . 53, 157  
 Canadian Medical Association 53, 289  
 Local Medical Societies .. .. 53  
 Niagara District Medical Associa-  
 tion .. .. . 155  
 American Association of Obstetri-  
 cians and Gynæcologists .. .. 156  
 Officers of American Association  
 of Genito-Urinary Surgeons .. 157  
 Executive Health Officers .. .. 294  
 Provincial Board of Health .. 295, 508  
 Meeting of the Niagara Counties  
 Medical Association .. .. . 506

REPORTS OF SOCIETIES (*Continued*)—

Toronto Medical Society .. .. 509  
 Huron County Medical Associa-  
 tion Meeting .. .. . 602  
 New Brunswick Medical Society 602

SPECIAL SELECTIONS—

Sarcoma of the Kidney .. .. 157  
 Strangulated Hernia . . . . 162  
 Casts of the Uriniferous Tubules 165  
 Causes and Treatment of Chlo-  
 rosis .. .. . 172  
 The X Rays and their Application  
 to Practice and Diagnosis 500, 620  
 Dangers of Bicycling .. .. . 503  
 The Evolution of Vertebrates .. 504  
 The Value of Antistreptococcic  
 Serum in the Treatment of  
 Severe Puerperal Septicæmia .. 607  
 Conservative Gynæcology .. .. 615  
 Surgery of the Appendix .. .. 619  
 The Janet Abortive Treatment of  
 Gonorrhœa .. .. . 622

BRITISH MEDICAL ASSOCIATION

COLUMN—

The Montreal Meeting, August  
 31st, 1897 .. .. . 512  
 Montreal Meeting .. .. . 66

OBITUARY—

Dr. W. T. Harris .. .. . 520  
 Dr. Chas. H. Cook .. .. . 521  
 Dr. Bergin, M.P. .. .. . 635

## LIST OF CONTRIBUTORS

TO VOL. VII.

---

- DR. THOS. H. MANLEY, NEW YORK.  
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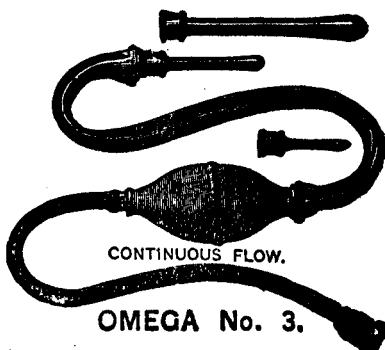
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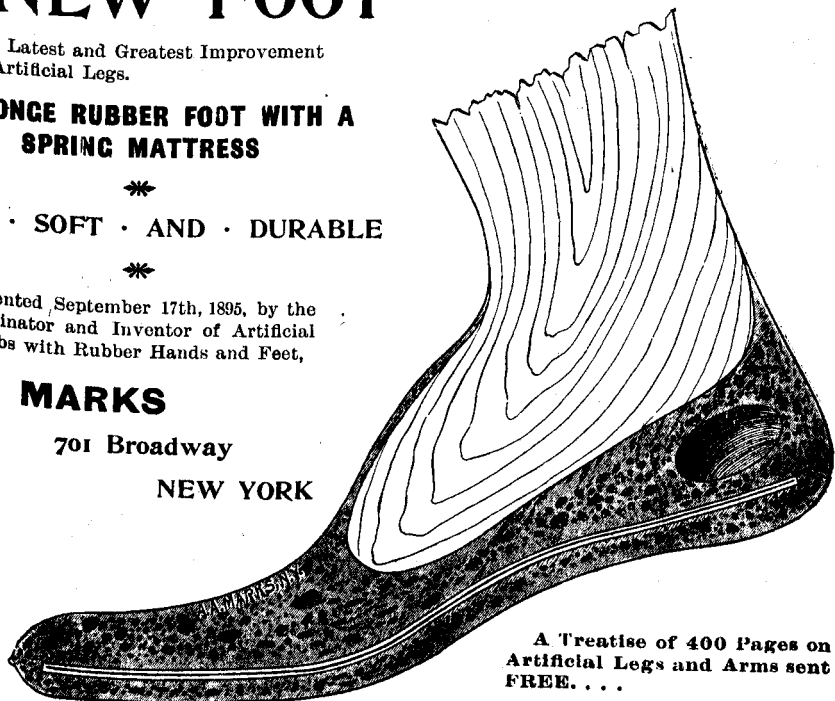
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## CONTENTS.

Original Articles—	PAGE
Dislocation of the Acromial End of the Clavicle, with Report of Four Cases.....	33
A Plea for Conservative Oral Surgery, with Practical Illustrations.....	38
An Interesting Case.....	42
Whither are we Drifting?.....	44
<b>Reports of Societies—</b>	
The Waterloo and Wellington Counties Medical Association.....	47
Mississippi Valley Medical Association.....	53
The Canadian Medical Association.....	53
Local Medical Societies.....	53
<b>Correspondence—</b>	
Why We are Bald.....	54
Sympathetic Ophthalmitis.....	56
<b>Editorial—</b>	
Lodge Practice.....	57
Dispensary Grants.....	58
The Ontario Cabinet.....	58
Cathode Surgery.....	59
Medical Cricket.....	59
<b>The Doctor Himself.....</b>	<b>60</b>
<b>The Physician's Library.....</b>	<b>61</b>

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Kent, B. & H. B.	21
Kennedy, S. H.	92

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Alpine Dairy Co.	85	Lyman, Knox & Co.	87
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Benger & Co.	21	McLeod	83
Bartlett, Wm.	104	Macrae & Macrae	103
Belle Ewart Ice Co.	73	Madison Ave. Hotel	83
Battle Creek Sanitarium	101	Mutual Reserve Fund Ins. Co.	81
Bryce Photographic Studio	82	Missouri Pacific Railway	71
California Fig Syrup Co.	80	New York Polyclinic	91
Chicago Polyclinic	98	New York Pharmaceutical Co.	93
Colt, J. B., & Co.	94	New York School of Clinical Medicine	17
Columbia Phonograph Co.	70	New York Post-Graduate School	96
Cruttenden, Thos., Jun.	91	National Prescription Blank Co.	10
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Church's Auto-Voice School	85	North Shore Navigation Co.	88
Confederation Life Association	109	Od Chem. Co.	77
Cumming, W.	87	Ontario Vaccine Farm	94
Croft, Wm., & Sons	6	Ontario Grape Growing Co.	87
"C. & B. Line" Steamers	98	Parke, Davis & Co.	32, 69
Columbus Phaeton Co.	26	Pickering, Mrs. F. L.	102
Detroit College of Medicine	85	Pember's Turkish Baths	90
Duncan, Flockhart & Co.	16, 18	Provident Savings Life Assurance Society	100
Dietz, R. E., & Co.	28	Pendrieth, G. T.	74
Dixon, J.	90	Pond's Extract	3
Detroit & Cleveland Steam Nav. Co.	103	Rush Medical College	112
Davis, S., & Sons	13	Robertson, Dr. John	107
Dominion Line Steamships	5	Rochester Optical Co.	85
Detroit Metric Granule Co.	84	Sanitarium Health Food Co.	101
Dean, Alf. E.	28	Scott & Bowne	9
Eaton's Brewery	76	Smith Manufacturing Co.	84
Ellis, J. E., Co. Ltd.	31	Schram Water Guard	87
Empire Manufacturing Co.	23	St. Leon Mineral Water Co.	110
Evans and Sons	20	Stearns, F., & Co.	25
Empire Tobacco Co.	78	Sunlight Soap	106
Elliott Illustrating Co.	91	Sutherland, J. A.	101
Everett House, New York	71	Shorey, H., & Co.	72
Eldorado Hotel, Ocean Grove, N.J.	71	Sharp & Dohme	8
Farmer Bros.	101	Scott & MacMillan	12, 21
Farwell & Rhines	101	Sole, Fred	105
Federal Life Assurance Co.	7	Spalding & Bros.	24
Fellows' Hypophosphites	Inside back cover	Slight, H.	105
Fiddes & Hogarth	103	Sante Fe Railroad	105
Forbes, Mr. and Mrs.	82	Toronto Nursing Home and Cottage Hospital	27
Foster, Pender & Co.	97	Toronto Steel-Clad Bath and Metal Co.	89
Fairchild Bros. & Foster	2	Toronto Salt Works	87
Fortier, J. M.	108	University of New York	99
Gibson, R. L.	Front cover	Wampole, H. K., & Co.	19
Griffiths Cycle Corporation	75	Wabash Railroad	109
Gurney Foundry Co.	90	Wheeler, T. B.	103
Gurd, Chas., & Co.	30	Warner, Wm. R., & Co.	Red insert
Grenadier Ice and Coal Co.	100	Walkerville Brewing Co.	81
Hamill, Dr. W. E.	11	Wilson, C. & Sons	73
Hockin, Wilson & Co.	79	Woolrich & Co.	24
Homewood Retreat	86	Wisconsin Central Railway	92
Howard, A. H.	101		
Hyslop, Son & McBurney	111		
Hann, Otto, & Bro.	82		
Hill, E. C., & Co.	77		
Jackson Sanatorium	95		
Jahn, Franz	92		

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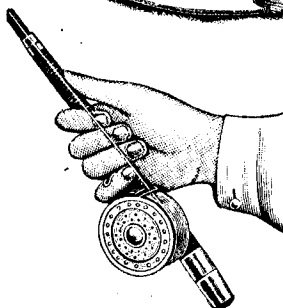
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cavity formation. In larger or smaller areas of irregular outline there was a diminution of the nerve elements, with shrunken ganglion cells without nuclei, and varicose and broken up nerve fibrils. These disintegrating changes were almost limited to the grey matter, and were obviously in connection with disease of vessels. In the lower dorsal region Goll's column was degenerate, apparently in consequence of vascular obstruction, but higher up it was intact. A defect was present in the medulla, and the ascending roots of the trigeminus and glosso-pharyngeal nerves, as well as a portion of the restiform body, were absent. In discussing the characters of the cavities in the medulla, it is mentioned that the bulbar symptoms develop intermit-

tently in this disease, so that ischaemic processes would seem to be the cause. The case shows that vascular disease may play a greater part in syringomyelia than has hitherto been expected. Syphilis does not appear to play so important a part in producing syringomyelia as might have been anticipated. The authors point out (1) that in spite of considerable meningitis with obvious pressure on the posterior roots, there was no degeneration of the corresponding root zone and no lesion resembling that found in locomotor ataxia; and (2) that where no gross lesion, such as softening, glia overgrowth, etc., was present, the ganglion cells were at times seen to be diminished in numbers, shrunken and pigmented. — *British Medical Journal*.

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About \$100,000 have been expended during the last two years in extending the University buildings and laboratories and equipping the different departments for practical work.

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These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the out-door department of the Montreal General Hospital alone last year.

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DOCTORS AND THE WHEEL.—Organization Proposed by the Students and Faculty of a New York Hospital.—An impetus has been given to the sport of bicycling in the call recently issued from Long Island College Hospital, in Brooklyn, asking that members of the medical profession in that city form a bicycle club. A number of physicians and students in the college already ride a wheel and are quite sanguine over the prospect of a very successful organization. Quite a few doctors in this city have already discarded the horse and carriage in favor of the silent steed in making their professional calls. Many enthusiasts on the subject of wheeling regard the advent of the new club as of more than ordinary benefit to the sport, as it will meet

the argument often offered by the enemies of the wheel who insist that the sport is unhealthy. There already exists in Brooklyn an organization of a similar kind, known as the Clerical Cycle Club, which is, as its name implies, composed exclusively of clergymen.

Headquarters Michigan Military Academy,  
ORCHARD LAKE, Mich., June 2, 1896.  
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GENTLEMEN—I have the honor to report for your information some observations in regard to the effect of the kola nut and the liquid preparation (Kola-Stearns) furnished by you for a forced march by a company of cadets from the Michigan Military Academy at Orchard Lake, Mich., to Detroit, Mich., on Saturday,

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while it allays thirst and hunger. The company felt comparatively well after the trip with the exception of some stiffness and sore feet; but they soon recuperated, and no protracted effects of the long march were noticeable. This was my first experience with the kola, and while I could not observe its effects on individuals as closely as I desired, I am of the opinion that it will find favor with those undergoing great physical exertion. Yours truly,

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mend all who have not tried or prescribed it to do so at once.

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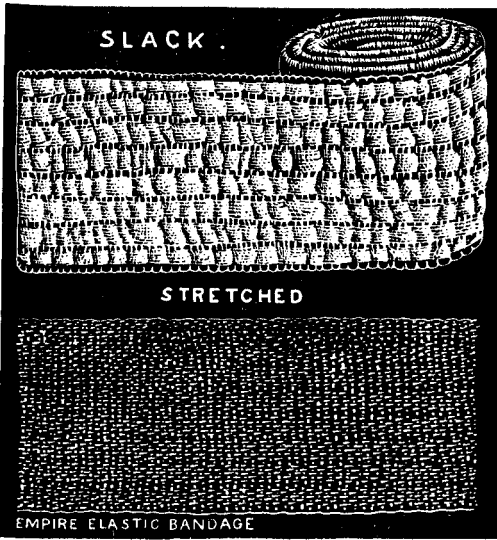
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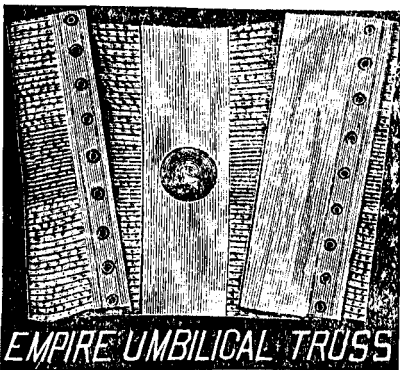
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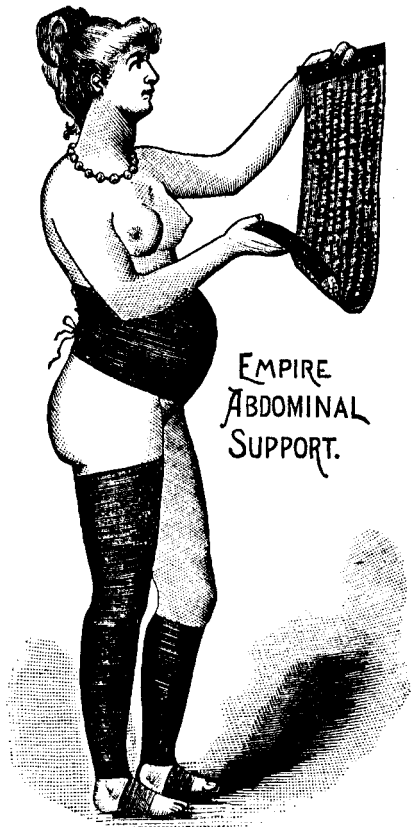
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deposit of suboxide which is marked and unmistakable. If the solution be stood aside for a few moments the reaction deepens. Applied in this manner, the test will detect less than one part in a thousand of urine, or one-tenth per cent. If sugar be present to any considerable extent, a single drop of urine will promptly develop the reaction. The addition of three drops gives a marked reduction when two grains to the ounce are present, and four drops will detect one grain to the ounce, or one in 480. More than eight drops of urine should never be used with this test, since that amount never fails to give a marked reaction when half a grain or more of sugar to the ounce is present, and smaller traces than this in the

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**THYROID TREATMENT.**—Milla (*Riv. Sper. di Fren.*) reviews at length the results of thyroid treatment in various diseases. In myxoedema and cretinism, the gland might fairly be called a true specific, and the chief question is as to the mode of administration. Of the different methods

employed, that is best which enables one to gauge most accurately the quantity given; probably compressed tabloids or pills made up of the dried powdered gland (Melsen's method) are the best form of administration. Thyroid has been given with success in obesity, no change being made in the diet. In these cases one has to be especially on the lookout for cardiac disturbances. In mental diseases good results have also been obtained. For example, Bruce, in twenty-three cases got the following results: Three of acute mania were all cured; four melancholia, two cured and one improved; two chronic mania, one (four years' duration) improved, the other (two years' duration) cured; one syphilitic and one alcoholic psychosis, neither improved; four puerperal psychosis, no cure, but notable im-

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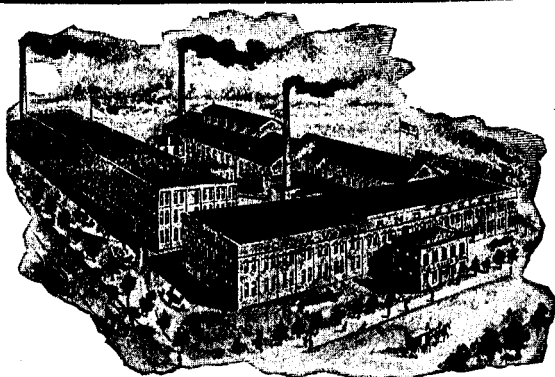
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provement; one mental disturbance from suckling cured in five months; another, in spite of a year's treatment, not improved; three cases of climacteric insanity, two of which were improved by the treatment. In goitre, of sixty cases treated by Bruns, fourteen were cured, twenty noteworthy improvement, and nine moderate. Thyroid treatment generally improves, if it does not cure, simple hypertrophic goitre, whilst it invariably fails in the cystic, colloid or fibrous varieties. In Graves' disease, thyroid appears to give few satisfactory results. In psoriasis and other chronic skin diseases, authorities differ widely as to the results of thyroid treatment. Bramwell is the most enthusiastic in its praise, but few others have had such good results.

Some cases of scleroderma have improved, but the cases are too few to found any judgment upon. Among other diseases for which thyroid has been given with doubtful success one may mention acromegaly, facial hemiatrophy, tuberculosis, leprosy, and even cancer. As the author wisely says, thyroid is not a general panacea —*Brit. Med. Jour.*

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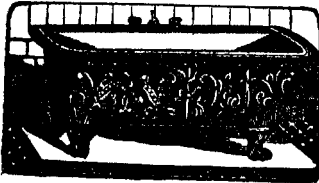
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We have used it successfully with children from birth.—The Post Graduate Journal, New York.  
Endorsed by the best medical authorities in this country.—The N. A. Practitioner, Chicago, Ill.  
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**Ontario • Medical • Journal**

Vol. VII.

TORONTO, JULY, 1896.

No. 1

**ORIGINAL ARTICLES.**

[No paper published or to be published elsewhere as original, will be accepted in this department.]

**DISLOCATION OF THE ACROMIAL END OF THE CLAVICLE, WITH  
REPORT OF FOUR CASES.**

*(Continued.)*

By **THOMAS H. MANLEY, M.D.**, New York.

When the head of the bone leaves its mooring, it rises upward and forward. A downward displacement is impossible; for it is absurd to imagine the head of the bone being driven into the articular end of the humerus, above which it rests. We can conceive of a backward dislocation; but as it here would be driven into the fibres of the trapezius, it is very improbable.

After dislocation occurs, as this point is wholly free of a muscular investment, the head of the bone remains in the position in which it has been forced.

It is a mistake to suppose that either the deltoid or trapezius in any manner influences the position of this bone in their passive state, though, indirectly and in a minor degree, the subclavius and pectoralis major do.

As the head of the bone rises upward it produces a painful pressure against the skin, and a marked deformity. However, by raising the shoulder and carrying the scapula up to the under surface of the displaced bone, every visible trace of deformity is usually, for the time, obliterated. As this position affords the injured, after the accident, the most comfort and relief from cutaneous irritation, it is generally maintained.

If we view the naked body of one so injured, we will observe that there is a downward and inward shrinkage of the affected shoulder. After a month or two we will generally observe a well-marked atrophy of all the muscles which have a scapular origin.

It may be, perhaps, that the degree of shrinkage in muscular volume is no greater in this than in other shoulder dislocations, and that, after the parts have accommodated themselves to the maladjustment, the *shrunk tissues* may recover their normal contour and strength ; but, in the cases here reported, sufficient time has not elapsed to permit me to determine this question.

My own conviction is that, as there are important nerve-trunks or vascular channels contiguous to this articulation, no serious or permanent impairment of function can follow a luxation of it, unless there are other complications present. The truth probably is that after this dislocation remains a time, as in clavicular fractures, which seldom unite without some overriding of the fragments and deformity, there will be a compensatory adjustment of the

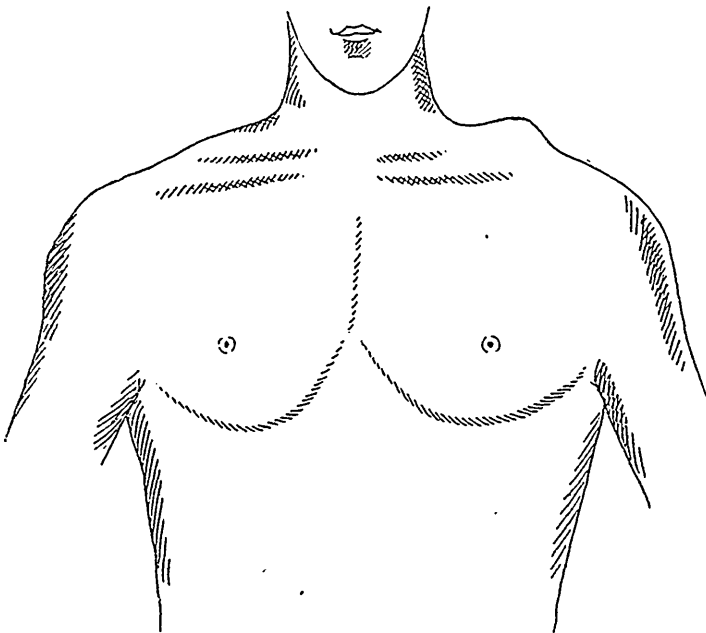


FIG. 1.

adjacent structures, with practically no impediment in the ultimate utility of the limb.

Usually its presence implies the application of great violence to the body rather than any serious permanent damage to the shoulder.

When dislocations at the principal articulations of the extremities are once reduced, muscular action over them, or through the tendons, aids greatly in holding the reduced bone in place ; while here it, indirectly, prevents perfect repose after replacement.

Marked downward displacement has no existence, for apparent physical reasons. Such displacements, described by various authors, applied only to the scapula, which they always regarded as the luxated bone in this class of cases.

The permanently dislodged head of the bone in this dislocation pressing against the integument is a cause of pain and irritation, which becomes less after it is finally fixed ; and, as we might expect, the full, free action of the shoulder is, in a marked degree, restricted.

*Treatment* of an acromial dislocation of the clavicle is highly unsatisfactory.

We cannot return the dislodged bone into an articulation which does not exist, for the arthritic structures must necessarily suffer quite complete disorganization in this injury.

In fractures of the heads of bones and in dislocations the natural tendency of the displaced fragments after replacement and moderate support is to remain in their normal position. A knowledge of this fact will point the way to the most efficient mode of treatment, viz., prompt replacement of reduction, with such support as will hold the luxated head of the bone in place, until such adhesions have formed as will hold the parts together.

However, as few will or can endure the irksome restraint of protracted fixation of the shoulder, union of the overlying arthritic structures will rarely succeed, hence more or less deformity is liable to follow.

In devising an adjustment, we should be guided by the special indications of a given case, rather than select any specialized apparatus. In no case is there any use of persisting with any description of apparatus or dressing for more than one month. Deformity, in varying degrees, will follow ; happily, frequently, with little more inconvenience to the patient than when moderate deflection or shortening succeeds in various fractures of a bone shaft.

#### HISTORIES OF CASES.

CASE I.—Patient, a male, aged 51, was injured on December 12, 1894. While passing through an avenue, the wind blowing hard, he was struck violently on the shoulder by a heavy store sign which hung over the sidewalk.

The shock of concussion was so great that he was unable to rise ; an ambulance was called and he was brought to the hospital. Here he was treated for "general contusions," retained a week and discharged. But his left shoulder remained weak, and in vain he applied liniments and salves ; the impediment in motion remained.

Early in March, 1895, he was sent to me for examination by Dr. Frank McGuire, into whose hands he had now come.

With the chest bared, and by inducing various motions at the shoulder, it was easy to detect the pronounced displacement of the acromial end of the clavicle, which was raised upward and forward, producing a bulging forward of the integument at the point where it was fixed:

In this man's case, on measurement, there was found a general wasting of all the groups of muscles, from the shoulder downward. Whether this atrophic state resulted from non-use of the limb or direct injury to the nerves at the time of the accident was not clear.

In this case the head of the clavicle was so raised, with the shoulder



depressed and inclined inward, as to produce a moderate notching on the surface of the integument (Fig. 1).

CASE II.—Patient, a female, aged 51, was first seen by me, March 12, 1895. Eight weeks previously the patient was in a street-car that had become unmanageable while descending a sharp incline; the braking-gear gave way, the car being overturned on a curve under a hill. Several passengers were seriously injured. This lady had suffered an extensive scalp-wound, a violent wrench of the shoulder, and a bruising of the whole body.

She was a woman, at the time of injury, weighing over 200 pounds, of a large frame, and full muscular development.

When I was called in she had lost much in flesh, in consequence of erysipelas developing in the scalp and spreading over the entire head.

Besides bodily weakness, her constant complaint was a painful, weak and stiff shoulder.

On inquiry she informed me that her shoulder had been treated for a "sprain" only, that there had been no dislocation nor fracture. She removed all her garments from the injured shoulder, which, on first inspection, presented nothing abnormal. Being very fat, the framework of the shoulder was deeply buried, and it was only when I depressed the shoulder that the displaced end of the clavicle came into view.

For a considerable area about this, there was a noticeable tumefaction and tenderness on motion or pressure. When the arm was pressed upward and the trunk well fixed, the deformity was well marked and characteristic (Fig. 2).

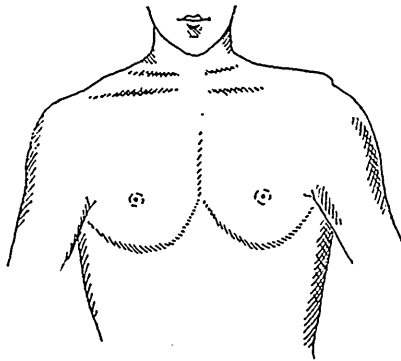


FIG. 2.

By allowing both shoulders to drop and slightly inclining the body, every trace of deformity disappeared.

CASE III.—Patient, a boy, aged 14, seen by me, March 27, was injured by falling from a vendor's wagon, and striking on his shoulder.

After the injury, as his arm on the affected side was quite helpless, he was sent to the hospital. He was seen by me on entrance.

Having within a brief period seen the two preceding cases, I was induced to critically examine his shoulder.

Unlike the other two cases, there was scarcely any visible deformity. It was only when the arm was raised that the luxation was easy of detection. (Fig. 3).

The ligamentous detachment was quite complete, but the muscle fibres were so intact as to most effectually hold the bone in close relation to its lacerated capsule. As this lad left the hospital before the end of the first week and did not return, the final extent of impairment in function could not be ascertained.

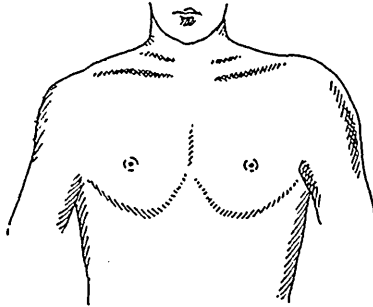


FIG. 3.

CASE IV.—Patient, a male, aged 43, a carpenter, entered hospital on September 14. He was injured by a piece of lumber falling about ten feet and hitting him on the shoulder. He was knocked down and unable to rise. When brought in by the ambulance he was yet in great shock. On admission, nothing specially wrong was discovered about the body, though the examination was only partial, owing to his general condition.

He gradually recovered his strength and ability to walk about. It was only by making a critical examination on the third day after admission, that a distinct upward and forward clavicular dislocation was found. Its general characters were similar to the first case.

The luxation was treated by the Boyer bandage, the shoulder being fixed for six weeks; nevertheless, at the end of that time, although the tendency to forward riding of the clavicle was greatly reduced, yet some deformity remained.

Now, ten weeks after the injury, he says he has the full strength of the shoulder, suffers no pain, and has no stiffness on motion.

#### LITERATURE.

- Boyer*: Luxations Des. Os, Vol. XVI., p. 971.  
*Cooper-Astley*: Fractures and Dislocations.  
*Gross*: General Surgery, Vol. III., p. 217.  
*Hamilton*: Treatment of Fractures and Dislocations, p. 217.  
*Ashurst*: System of Surgery, Vol. II., p. 203.  
*Maclise*: Shoulder Dislocation, *Lancet*, May, 1872.

## A PLEA FOR CONSERVATIVE ORAL SURGERY, WITH PRACTICAL ILLUSTRATIONS.\*

By G. LENOX CURTIS, M.D., New York City.

There is, perhaps, no other department of surgical practice in which the general surgeon, trained in the medical schools alone, is so deficient as in oral surgery. He clings to the ways of the ancients, and makes no effort to improve his methods in oral and facial surgery. The fault is not so much his as it is that of the system under which he was educated. For, notwithstanding all that has been demonstrated by Profs. Garretson and Tomes, the medical colleges persist in declining to annex to their curricula the special line of work regarding the facial region which would seem to be of paramount importance, in view of the esthetic factor involved.

The medical student of to-day receives no training in oral and facial surgery; so that the general surgeon may be excused for not practising that which he has not been taught. Even our modern text books contain many of the identical illustrations and much of the advice upon this topic which were published in the forties. The surgeon trained under such auspices must, in order to advance in oral surgery, create, by his own observation and skill, better methods. To such an one, the Landenbeck operation, the opening through the face for the resection of the jaw, for the removal of tumors and necrosis, trephining below the eye to gain access to the antrum of Highmore, the resection of nerves by cutting through the face, may seem justifiable. But to the man who has seen such operations performed through the oral cavity, so that no visible external scar is left, such practice seems like butchery, and the practitioner who still persists in the old way is almost guilty of malpractice.

That the condition of oral surgery as practised by the average general surgeon is entirely because of the lack of better teaching in the schools, and that he will accept better methods when their value is demonstrated to him, is evidenced by personal experiences. Just prior to the writer's appointment on the staff of the New York Post-Graduate Medical School, every general surgeon of the faculty who had a vote cast it against him, and he was informed that it was because they did not wish to see this specialty established. It was not long, however, before some of these, recognizing the beneficence of the conservative method, applied for instruction and were frequently found at his clinic.

The late Prof. Garretson met with a similar, though more resisting, opposition twenty-five years ago, in consequence of which he was forced to join with a dental college, when the work that he did, great as it was, fell short of what it would have accomplished had he been connected with a medical school.

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\* Read before the Atlanta Meeting of the American Medical Association.

Why the faculties of the medical institutions persist in ignoring the advances which have been made in oral surgery, which it would seem have reached a point to demand their incorporation into the medical curriculum, is past comprehension. In view of the facts, one might almost question whether it is to selfishness, self-sufficiency, or politics that this field is so entirely neglected. Certainly the present course is not in the line of scientific advancement.

It seems now time that America, if she wishes to lead in medicine, as in many other professions, should establish a medical institution devoted to the higher education of students in the department of oral surgery and other neglected subjects, such as nervous diseases, rheumatism, gout, and the treatment of the kidneys, and thus give free and unincumbered scope to the inquiring mind willing to devote itself to this work, and give the world the benefit of the results of its investigations.

To illustrate the need of a better knowledge of oral surgery among general surgeons, allow me to quote the following cases from practice :

April 19th, 1893, Mrs. M., about 35 years of age, was brought to me by her dentist, giving the following history : For several years she had had trouble with her teeth, some of them being abscessed, the trouble coming and going from time to time. About February 18th, the left side of her face became swollen, and a severe pain was felt in the jaw, the swelling gradually extending to the temporal region. A week afterwards the presence of pus was detected. In the meantime her physician applied alternately cold and hot applications, principally poultices, which resulted in the discharge of pus into the mouth. Three weeks later the face was still swollen and hard, and the jaws were closed. The temporal abscess was aspirated, and the pus drawn off ; but as the difficulty showed no abatement, the patient was brought to the city for treatment. My examination showed the cheek slightly swollen, with considerable swelling in the temporal region. The deep fluctuation showed the formation of pus under the temporal muscle. There was a hardened lump of the size of a peanut near Steno's duct, and the jaws were almost closed and rigid. The inferior left bicuspid, which had been abscessed and troublesome for many years, had been extracted some two months previously, but the socket had refused to heal ; there was also periosteal and sub-periosteal inflammation throughout the entire labial and buccal surface of the inferior maxilla on the left side extending from the central incisor back to and up along the ramus of the jaw. From this inflammatory centre, in my opinion, both the temporal abscess and the one in the cheek had formed, and I demonstrated it to the dentist as the cause.

June 1st, the patient again presented herself at my office with the following additional history, begging me to operate for her : She had been advised to go to a general surgeon whom she was assured was a specialist in oral surgery, in fact a specialist in every branch of surgery. He had performed six torturing operations in six weeks without satisfactory results, and stated as an excuse for the seventh operation, which he proposed doing, that he had

not known and did not know the cause of her trouble, and that he would make an incision from the temporal region to the lower portion of the cheek, a distance of about six inches, opening up the face to the bone to ascertain where the cause lay. This she refused to submit to and left the hospital.

Examination revealed the following conditions: The patient showed a great loss of flesh; was feeble, anæmic and feverish, tongue badly coated, bowels constipated; she had been obliged to submit to the loss of her hair to facilitate the dressing of the wounds. The jaws were rigidly set, and the patient swallowed even liquid with great difficulty. The face was badly swollen and indurated, pitted on pressure, and bore a strong resemblance to liver.

*An abscess which pointed in the cheek near the angle of the mouth was almost ready to break through the skin. There was also a deep red spot under the left eye, accompanied by a puffy condition with fluctuation, such as one often observes in antral disease; another of similar nature, about an inch in circumference, was situated at the external angle of the eye. There was an ugly suppurating granulating wound immediately anterior to the ear, and extending from the middle half to an inch above it, gaping open for an inch, from which pus flowed freely. Protruding from this was a drainage tube, which passed down through the wound and opened into the mouth immediately below Steno's duct.*

The zygoma was separated from the malar bone by necrosis, its periosteum was denuded along the entire posterior surface, and the bone also necrosed. While the disease had become greatly aggravated since my first examination, and the patient's health had been much impaired, the most unfortunate complication was facial paralysis confined to this side. This the patient said had followed one of the operations at the hospital.

Realizing that there was no time to lose, we concluded to operate at once. Under ether, an opening was made through the mucous membrane into the cheek abscess immediately below Steno's duct, near where the drainage tube entered the mouth, and several ounces of pus were evacuated.

The granulations and sac were curetted away, leaving only the skin unbroken. The wound was antiseptically packed. An incision was made through the gum and periosteum extending from the cuspid back to and along the ramus of the jaw. This was found full of pus and granulating tissues which extended to the top of the coronoid process, beyond which I could readily pass a probe up to and under the aponeurosis of the temporal muscle. Granulations and debris were also thoroughly curetted away and the wound packed. A similar condition existed under the temporal muscle which was treated in the same manner. Several ounces of pus and debris were removed. The wound which was made at the hospital was treated in like manner. The necrosed bone along the lower border of the zygomatic arch, and the malar bone which had become separated as above noted, was likewise removed. The necrosis here was quite extensive, and extended over the entire tuberosity of the superior maxillary. The inflamed places under

and at the angle of the eye were not opened into at this time, as we hoped that as these greater wounds healed, the minor troubles would also disappear. The wounds were dressed twice daily for a week, during which time large quantities of pus continued to flow until the indurated condition disappeared. As this diminished the wounds were dressed daily. The temporal wound was the slowest to heal. Finding the inflammation under and at the angle of the eye showed little signs of abating, although cold compresses were applied constantly, I concluded to open and remove the cause.

On June 6th, by use of cocaine to relieve pain, I passed a knife through the mucous membrane just above the left superior second bicuspid, and by means of a grooved director, dissected away the tissues until the abscess at the angle of the eye was reached. I then made an incision in the periosteum one-half inch in length, through which I was able to curette and remove fully two drachms of pus and several flakes of dead bone. This wound was treated in a similar manner to the others, and readily healed. The abscess immediately below and near the internal angle of the eye was treated in a like manner, and with like results, the opening through the mucous membrane being made on a line with the lateral incisor. All wounds were healed within two weeks, and the swellings and the induration of the face entirely disappeared. The ugly scar in the temporal region was then dissected out, and the parts were drawn together by sutures and adhesive plasters, until healed, leaving only a slight linear scar.

The patient was dismissed and returned to her home, June 22, with all the wounds healed, the complete use of her jaws and the appearance of her face returned to its normal condition, save the marked paralysis which resulted from the treatment between April 19th and June 1st. Before leaving the city she presented herself at the office of the surgeon who did these first operations, and showed him the results of conservative oral surgery, asking him to note well the facial paralysis which he admitted to her he was the cause of.

Loyal to my fellow practitioner I shielded him from his error, and prevented suit being brought for malpractice by her husband against this surgeon, who claimed to be a specialist in everything, by stubbornly declaring that I would be a witness for the defendant and swear that in my judgment he treated the case as taught in our college and text books and according to his best ability.

To impress more definitely upon the minds of the readers of this paper perhaps the most potent cause of temporal abscess, I will narrate another and similar case to the one already given.

[To be continued.]

## AN INTERESTING CASE.

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By A. M. SUTTON, M.B. (Lond.), M.R.C.S. (Eng.), Resident Physician, Nicola Lake, B.C.

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On the 9th of November, 1895, I saw R. T., aged 47, at a mining camp some sixty miles from home. On examination I found a mass of epithelioma measuring about two inches in diameter by one inch in depth, situate immediately over the upper part of the left infraspinatus muscle. At one spot, about three-quarters of an inch square, the skin had assumed a warty, horny character, but no ulceration was apparent. There was a history of about five months' almost painless growth; the axillary glands were absolutely unaffected, and the general health good. I advised patient to follow me to this village as quickly as possible for operation, which he promised to do. He did not come in, however, until December 2nd, by which time the tumor had increased considerably in size, and a portion of the surface about one inch square had broken down and ulcerated. In the left axilla could be felt an enlarged gland about the size of a pigeon's egg. A general examination showed heart, lungs, digestive organs and kidneys normal.

I felt it wiser to divide the operation, inasmuch as I was single-handed, the nearest brother-practitioner being sixty miles away; so on December 4th, with the valuable assistance of our government agent, I placed patient, first under chloroform, then under ether, and excised the tumor on the shoulder together with a good margin of healthy tissue. It was impossible to bring the edges of this wound together, so it was dressed with strict antiseptic precautions and left to granulate up. This wound continued to heal rapidly and painlessly up to patient's death, of which more hereafter. On December 16th, I again placed patient under anæsthetics and explored the left axilla, and succeeded in removing one cancerous gland the size of a pigeon's egg, and four other smaller ones, leaving the space entirely free. The wound was closed by sutures, and healed soundly within three days.

All went well until December 26th, when, on visiting patient, I found him in bed. He complained of headache, for which he accounted very naturally by the fact that he had eaten two Christmas dinners at the houses of different friends.

On 27th I found patient still in bed, complaining of headache and pain in the lumbar region. Learning for the first time that he had been costive for six days, I gave a large soap-and-water enema, which produced a "barrow-load of relief." Patient exhibited the first signs of mental disturbance in that during the day he insisted that he could not get up, though he would not assign any reason. On getting him out of bed, as a matter of experiment, I found that although apparently all muscular movements were perfect, there was a want of co-ordination, his actions resembling those of a drunken man. A careful examination of the general functions, urine and nervous system revealed nothing. Pupils equal, react to light, discs normal. In the evening I found speech affected in this way: If he wanted anything he

would say, "I want, I want, I want," until after several reiterations, he would get out what he did want. He began to refuse food, except upon persuasion; complained that something was wrong in his head, but could not tell what.

December 28th. Patient in much the same condition.

December 29th. There was a distinct change for the worse. Patient lost his memory and did not know where he was, and failed to recognize me and other friends who visited him. His conversation was incomprehensible, referring to past times, but sometimes he would pass his hand across his brow, and tell me there was something wrong inside his head. I went through a systematic examination, beginning with the thermometer and ending up with the ophthalmoscope and urinalysis, but found nothing. In the evening I found him every now and then moving his occipito-frontalis backwards and forwards, exclaiming as he did so, "It's coming looser now." He expressed himself as being relieved by these movements.

January 1st, 1896. There was a change for the better. For periods of half an hour at a time, patient became quite rational, knowing everyone, recalling recent events, answering questions, and taking food willingly. But he complained of nothing, and said he felt quite well. This continued until January 3rd, when the lucid periods became shorter, and patient manifested great irritability when disturbed, using bad language on the slightest provocation, though such was far from his custom. He failed to recognize me, and towards evening got very drowsy. I forgot to mention that during the period from December 27th to date, patient rested fairly well at night, except that on the night of 30th December he was found wandering about the house during an interval when he was left by himself.

January 2nd. Patient continued drowsy but easily roused, and not resisting food, etc.

January 4th. Patient became comatose, and passed motions and urine involuntarily, but owing to an accident on the previous day, by which I was confined to my bed, I was unable to see him. The coma continued until the 5th January, when patient died.

Of the patient's previous history, or family history, little is known. He was a solitary, temperate, frugal, hard-working miner, who, according to his own account, had never had a day's illness since boyhood.

I confess myself utterly unable to account for the onset of bad symptoms in a case previously doing so well. Was this a rapid case of acute dementia, or was there a secondary cancerous deposit in the brain, and if the latter, where was that deposit? The sole objective physical signs of cerebral trouble that I discovered were, first, constipation, which was constant, and only relieved by enemata; and secondly, on one or two occasions I found the pulse, which was usually about seventy-eight, down to sixty-four. There was neither paralysis, convulsions, pupillary or optic disc abnormality. At no time was there vomiting.

I should be glad to hear any suggestions that my brethren of the Dominion can make to throw light on this, to me, obscure case.



## WHITHER ARE WE DRIFTING?

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By J. H. HAMILTON, Hillsburgh, Ont.

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We are accustomed to speak of the development of the press as indicating an age of enlightenment, marking a step forward in the progress of civilization, but there seems to be an era of debauchery in the lives even of many of the beneficent agencies, and such seems to me to be the state of the press at the present day.

Progress and development in any line of business has a magnetic or alluring influence without respect for qualification, and sooner or later there is of necessity degeneration and a cry by the incompetents for daily bread.

There are many phases in which the press of the present day can be justly attacked, but the one I mean to deal especially with is its methods of advertising patent medicine. It has recently been my good fortune to have reference made to me as the "attending physician" in a testimonial for Pink Pills, that went the rounds from the Toronto *Daily Globe* to the little village scraps throughout the length and breadth of our Dominion. The story starts with a village editor yielding to the promptings of his lower nature and the secret offers of patent medicine firms. He leaves his type-setting and steals to the invalid's home, writes up a lengthy letter with much flattery for the poor victim, and many cloaked as well as uncloaked lies, gets the signature I suppose for the sake of the flattery, and thus obtains material for a prominent column in an advertising sheet known as the *Grand Valley Tribune*.

This testimonial proved, as I will afterward show, to be false. The poor man represented as in the field "able to do a day's work again," is scarcely able to be moved from his sweaty couch; while the vulture wings of the press are heralding this example of "consumption cured," obviously interrupting the reader who has paid his subscription to see at least the truth.

Newspaper men seem to think that in carrying out the designs of these patent medicine vendors they can by their cunning (at times very immodest) so delude the reading public as to make them believe that these advertisements are news of the ordinary stamp, when they are paid, and well paid, advertisements. So well-paid are they that had I followed the appearance of this testimonial in the *Globe* with another setting forth the true facts, it would not be published because I would not send a check for \$100 also. The law takes cognizance of murder in the ordinary form, but to have people first robbed by the patent medicine firms and slowly murdered by deluding them through lying testimonials to waste valuable time in trying this nostrum and that, is also a crime that calls loudly for governmental interference. In

this diabolically premeditated and fiendish work the newspaper man is an accessory.

Now, I have not started this article to ventilate what is sometimes called "spleen," but to simply state a few facts in the hope of setting on foot a movement to demolish this pet of the press, which is a relic of barbarism and superstition. We see coroners' juries return verdicts of manslaughter against Christian Scientists, but as yet no action has been taken against those who, through bribery, corrupt the press to use its power to induce the sick often to cease persevering in a line of treatment that would save their lives.

The patent medicine farce is enacted through the medium of testimonials obtained frequently by bribes in the shape of a big supply of the nostrum "to complete the cure," or of straight cash. But in whatever way obtained, most of those whose signatures appear at the bottom of these testimonials are soundly ashamed of the article when they see it in print, and just as soundly affirm that they never wrote it. I have become acquainted with the method of getting a number of these testimonials, and likewise of the amount of fact and falsehood contained in them, but will only enlarge upon one—the only one ever given from my field, the one from the case of consumption already referred to. This testimonial was set off in bold head-lines, "Consumption Cured." "Three Doctors Baffled!" "—, —, of East Garafraxa, has gained up to his usual weight and is able to do a day's work again," and of course goes on to say that Pink Pills did the work. What are the facts? I have learned that at the time the testimonial was given that — weighed 126 pounds, and his usual weight when well was 160 pounds—falsehood No. 1. He has never done a day's work nor half a day's work since I pronounced him in consumption—which is falsehood No. 2. Then, I have been called to see him repeatedly since the testimonial appeared, and found him in bed all winter, with much progress made toward a fatal issue in the near future—which stamps the lie on "consumption cured."

The spirit of honesty should pervade the agencies for the enlightenment of the people in a country purporting to be somewhat moral and civilized, but when we see these death-bed scenes pictured in our leading papers, prefaced with denunciations of a learned profession, openly teaching the people to look rather to superstition and quackery than to the results of scientific research, and when our eyes glance to another column and see there such suggestive pictures as the "Triumph of love," "No need of divorce," and such like, is it any wonder we ask, "Whither are we drifting?"

The business and profession of the press is degenerated to a craft ever ready to lend itself to the most unscrupulous conduct that man can be guilty of, from the mean editor of the *Grand Valley Tribune*, journeying to the country and soliciting testimonials at \$20 a trip, to the much vaunted *Globe*, where the reader of Dominion political reports is interrupted by an obnoxious ad., "Pierce's Favorite Prescription," emphasizing the reluctance of women to "examinations" and "local treatment." Strange it is that the *Globe* would sell

that coveted space. A respectable paper with no respect for the convenience and valuable time of its readers. The *Globe* should no longer despise Tory methods of raising campaign funds by interlining their proverbs with "Kootenay Cure" ads.

We see these patent medicine testimonials, that are in many cases misleading and false, occupying a prominent place in our church papers. By condoning this phase of moral degeneracy it might not be long until we see our church hymnals got up something after this fashion :

Hark ! the herald angels sing,  
Beecham's Pills are just the thing,  
Peace on earth and mercy mild,  
Two for man and one for child.

Another phase of this monstrous evil can only be surmised in its magnitude. I refer to the trade that is done in a clandestine way between many sharks in the United States and all classes of people in Canada, by which means hundreds of thousands of dollars annually leave our country, and all through the instrumentality of the press. One example of how these sharks do business. An advertisement appears in our Canadian papers that a prescription that has cured the subscriber will be gladly sent free to any victim of same complaint, address "Rev. ——." The bait is nibbled at and the prescription sent for. The enquirer gets in reply not only the prescription, but also a letter telling him the ingredients cannot be procured in a genuine and reliable state in Canada, and to save inconvenience and delay by tariff, etc., he has forwarded a stock that will do three months to nearest express office, for which the fee of \$5.00 is charged, goods sent C.O.D., and in nine cases out of ten the nostrum is taken from the office rather than have his secret malady exposed to the express agent by opening the parcel to find the address for returning same. We need scarcely go over to the other side of the line for boldness on the part of the manipulators of these nostrums. I have had occasion, by reason of owning a drug store, to remove my name from the local papers as agent for the remedy. After refusing to purchase a supply from a traveller, I am surprised when the next issue of our paper appears to read therein, "Dr. Agnew's cure for the heart," "relief in thirty minutes," for sale by Dr. Hamilton, of Hillsburgh. With this deplorable want of honor existing among patent medicine firms and the press, it is no longer a virtue to be silent, it is rather a shame, and must be remedied by the righteous reprobation and unmerciful condemnation of such tactics by the medical fraternity of Ontario, each exposing the bogus testimonials and fraudulent practices as seen in his community.

Who will be the next?

## Reports of Societies.

### THE WATERLOO AND WELL- INGTON COUNTIES MEDI- CAL ASSOCIATION.

The first annual meeting of the Waterloo and Wellington Counties Association was held on June 12th, 1896, President D. S. Bowlby in the chair.

The minutes of the previous meeting were presented by the secretary, Dr. Lindsay, of Guelph.

The following gentlemen were present: Drs. Webb and Bowman, Waterloo; Wardlaw, Vardon, Hawke, Acheson, McKendrick, of Galt; Lindsay and Whitclaw, of Guelph; Nicholls, of Baden; Hilliard, of Morristown; Ratz, New Dundee; Grant, Conestogo; Lundy, Preston; Woodard, Hawkesville; Clemens, Mylius, Honsberger, Arnott, Lackner, Minchin, Hett, D. S. Bowlby and G. H. Bowlby, of Berlin; Geo. Bingham, and J. N. E. Brown, of Toronto.

President D. S. Bowlby said, in his address, that as President of the Association it afforded him very much pleasure to extend to the guests and members a very hearty welcome. He was pleased to be able to state that the Association, taking into consideration its territory, was a progressive one. The nucleus of the Association, he believed, first originated in Galt, some years ago, where the work was satisfactorily conducted. Three years ago, thinking new material would give new life to the work, the professional brethren in the north were invited to unite with them, thus galvanizing into new life the North Riding Society,

which at that time was nearly moribund. This resulted in the formation of the Waterloo County Medical Association. For two years the work of this Association was carried on, the meetings being held alternately in Galt and Berlin. At their last annual meeting, a strong deputation from Guelph had been present, and had urged the advisability and advantages to be derived from an amalgamation of the medical societies in the two counties. This had resulted in the formation of the Waterloo and Wellington Counties Medical Association. He went on to say that although this was the first annual meeting of the Association it would be seen that an organization had been in force for years. He had one serious fault to find with the members of the Association, which was the lack of interest manifested. The average attendance was not as large as it should be, and this was the most serious drawback to the success of any organization. It was certainly most depressing to a member after having spent much time in the preparation of a paper to find at the meeting but a few present to hear and discuss it. The discussion which followed was often as profitable as the paper itself.

He said, with the steady advancement that was taking place in both medicine and surgery, and the increased efficiency in the detection of diseased conditions by methods which a few years ago were scarcely known, it was a duty every professional gentleman owed to the lives entrusted to his care to keep, as far as possible, abreast of the times. These associations were conversational schools working for the benefit of each indi-

vidual and to the profit of the public at large. When he looked back over forty years to the days of universal bleeding ; to what he might term the nearly dry treatment of typhoid fever; to the time when mercury was given to the majority of patients, no matter what the disease, till the teeth would rattle in their sockets ; when the brilliancy of surgery was measured by the rapidity of an operation ; when there were no anæsthetics except where at all admissible, giving brandy to stupefaction ; and when the little destructive germ was never even dreamt of ; and compared what he might call the dark ages with the advanced state of the science of the present day, he felt like Rip Van Winkle awakened from his long sleep into a new life.

In abdominal surgery, the progress was especially great. They could now make an exploratory incision to ascertain the true nature of a diseased condition, without which it was impossible to give a positive opinion. From this incision no harm could result, thanks to Listerism and especially to cleanliness. Often these conditions were amenable to surgical interference, not only preserving the life of the patient, but restoring him to perfect health, to his life-long gratification. There were plenty of fashions and fads in surgery, he had found. Some great man led and the rest followed, but he had found from his experience of over forty years that invariably a reaction sets in. For instance, how many bushels of ovaries had been unnecessarily removed? He was pleased to know that the reaction in this direction for the preservation of our species had at last come, and these little organs,

subjected to as much abuse as the liver had been in his younger days, would be allowed to rest for a time in partial security.

He spoke of the two papers to be read by gentlemen well known to the medical profession in this country. The one on "Hernia in Children" was important to the members of our profession, as this trouble was very prevalent, and when handled in the old style was in most cases most annoying to the medical attendant, as well as the friends of the patient. He was sure, therefore, that all would feel the deepest interest in the paper on that subject. As to the other paper on Prof. Roentgen's new use of the art of photography, affording the power to look into the deeper parts of the body, it went without saying that this was a subject of the greatest possible interest to every man of science, but, on account of the revelations made and hoped for, of profound and widespread interest to all medical men.

Dr. G. A. Bingham read a paper on *The Operative Treatment of Inguinal Hernia in Children.*

While the profession is pretty unanimously agreed as to the advisability of operative interference in the hernia of adults in suitable cases, yet very little is said as to the application of the same measures in children, and the data at our disposal in discussing the operative treatment of hernia in children are as yet inadequate. This must be my excuse for bringing the subject briefly before your Association to-day.

For practical purposes, *inguinal hernia in children* may be divided into two classes, namely, congenital

and acquired. The strangulated form is, I believe, rare, and operation would, of course, be indicated in such a case.

In the congenital variety in which the funicular process is not obliterated before birth, my experience has led me to believe that mere mechanical means will not effect a cure readily; that three or four years of careful attention will be required for such a cure; and, thirdly, that the closure will not be secure, and a return of the rupture may in many cases be looked for.

In many of these cases the hernia is complicated by a hydrocele of the sac, and this, to my mind, is the principal reason for the failure of the mechanical treatment. Again, in children the hernia is not infrequently double, and the mechanical means necessary to retain the double rupture is a source of great inconvenience and irritation to the patient and difficult of application by the nurse. Therefore, if an operation whose mortality is almost *nil* gives promise of immediate cure, we should give the patient the benefit of it. Again, many of the cases met with (in dispensary and hospital practice particularly) are unable to obtain that unremitting attention, patient and intelligent care necessary to the cure by mechanical means; and this class of patients should be given the benefit of operation. In view of the foregoing facts, I would state the indication for operation in children to be as follows:

1. In all cases of hernia complicated by reducible hydrocele.
2. In all cases where mechanical means, after fair trial, have failed.
3. In all cases of strangulated hernia.

4. In all cases unable to obtain proper and intelligent treatment for a prolonged period.

5. In all cases of double inguinal hernia.

Of course, before arriving at these conclusions we must prove approximately (1) that the mortality of the operation is practically *nil*, or at all events not greater than the condition for which it is undertaken; (2) that the percentage of permanent cures is sufficiently large to justify the operation.

The first of these propositions is amply proven by statistics. Coley, of New York, collects 250 operations in children, with two deaths—less than 1 per cent. mortality.

By Kochin's method, 220 cases of all ages were operated on, with no deaths.

Halsted, two years ago, reported thirty cases between the ages of fourteen months and fourteen years, without a death.

In the Sick Children's Hospital, Toronto, during the year 1894-95 we have had twenty-three radical operations, with no deaths. One great stumbling block in the way of this operation has been that until recent times old and imperfect methods have been employed, and therefore the number of relapses has been considerable. During the past five years, however, more intelligent methods have been employed, and the anatomy of hernia more completely studied, with the result that permanent cures may be expected in at least 90 per cent. of the cases operated upon. In fact, as Halsted has said, "the time has come when one may operate upon almost every case of hernia, not only

without danger to the patient, but also with an almost certain prospect of success. Those who, with Bull, have dropped the term 'cure' may take it up again. That the mortality is practically nothing, one may convince himself from the latest statistics."

The methods I have employed in operating on children may be spoken of under three heads, namely, (1) Barker's, (2) Halsted's, (3) Bassini's.

The first two I have almost entirely discarded in children, and use Bassini's method in nearly all cases. While Barker's is an exceedingly easy procedure, it does not appear to sufficiently obliterate the canal, and is, hence, liable to relapse. Halsted's method, while giving excellent results, yet is open to the theoretical objection of converting an oblique into a direct canal. The cord being covered only by skin and fascia, there is little obstacle to the return of the hernia should it once begin to descend. In children, at all events, I fail to see the necessity of transplanting the cord outside the external oblique muscle.

In taking Bassini's method as my model in operating upon children, I have not hesitated to introduce such modifications as might seem admissible for the welfare of the patient, and in the following description you will see that these modifications are incorporated.

An incision about two inches long is made almost parallel with Poupert's ligament, with its centre over the external ring. Cutting down through the structures of the abdominal wall—skin fascia, external and internal oblique and transversalis muscles—we expose the sac. The

finger is introduced through this incision and the sac explored with two objects in view: To ascertain whether the sac be a congenital or an acquired one. If congenital, the lower end of the sac should be left behind for the purpose of forming a tunica vaginalis for the testicle. If acquired, then the whole of the sac should be carefully dissected off the cord by the thumb and finger nails. In the congenital variety the dissection is carried only to the level of the upper margin of the testicle, where the sac is cut off and the lower part of the pouch left to form a tunica. The open mouth of the pouch I was formerly in the habit of suturing. This I have not done for some time, as it is unnecessary, the cut edges adhering readily. Having dissected up the sac to the internal ring, and having freed it thoroughly around that ring, it is drawn down and ligated with silk as high up as possible. The sac being cut off below the ligature, the stump is restored to the abdominal cavity. The cord is then examined, and if there are any superfluous structures contained within it which tend to increase the necessary size of the internal ring, these should be invariably removed. The so-called superfluous veins of Halsted may with advantage be removed in many cases even in children. This is the set of veins which lie at some distance from the vas, and which may be sacrificed with but little danger of future atrophy. When at all enlarged they should be invariably removed, and in doing so one should be careful to tie them off high up so that the whole canal will be entirely free of them. The set of veins lying close to the vas is

undisturbed. I have had no cases of atrophy following the removal of the former, though Halsted reports a very few such misfortunes. This, perhaps, is due to the fact that he insists on their removal in every case operated upon.

The cord, having been reduced to proper size, is then hooked forward by the assistant, and by one or two sutures the pillars and the internal ring are approximated, and then the cut edges of the internal oblique and transversalis muscles are drawn accurately together by means of mattress sutures. These are preferable, because they cause no undue pressure and approximate larger areas of tissue than the ordinary interrupted suture. Thus the whole canal is closed behind the cord, which is allowed to rest on the surface of the internal oblique muscles. Then the incision in the external oblique is closed in front of the cord by a similar suture, and finally the skin and fascia are closed by a running silk suture. In using the buried sutures in the internal oblique and transversalis, one should be careful to avoid transfixing the deep epigastric artery or vein. This may always be avoided by locating exactly the position of the vessel with the finger. As to the material to be used in these buried mattress sutures, Bassini advised silk. This is used largely by operators in this country as yet. Chromicized catgut I have used twice, with excellent results. Kangaroo tendon, first suggested by Marcy, of Boston, is now very generally used by American surgeons. Certainly silk will occasionally cause suppuration, and an absorbable suture which will retain its integrity for a

sufficient length of time is the preferable material to use in buried sutures. For these reasons, chromicized catgut or kangaroo tendon is likely to supersede silk in this part of the operation. (The essayist showed specimens of gut he used.) No drainage tube is used; the wound is dusted with iodoform powder and covered with a strip of iodoform gauze. This is covered with sterilized gauze and absorbent cotton, and the whole secured by a firm bandage. By means of oiled silk, the dressing may be usually protected from urine or fæces. If uncontaminated and no evidence of sepsis, the dressing need not be disturbed until the eighth or ninth day, when the superficial suture may be removed. The child should be kept in bed for at least two weeks, and when allowed to go about should wear a bandage for a month longer. No form of truss, as sold in the shops, should be worn after the operation, as my experience has taught me that the pressure will sometimes lead to too rapid absorption of the cicatrix, and sometimes to active suppuration along the track of the incision. When a double hernia is to be operated upon, an interval of two weeks should, if possible, be allowed to intervene between the operations.

The essayist had notes of twenty-three cases operated on in the Victoria Hospital for Sick Children during 1894 and 1895. In reviewing twelve of these in which he had operated, so far as he had been able to trace them, cure had been complete and permanent. The ages of the patients ranged from six months to fourteen years. One child, aged six months, had a double inguinal hernia



which had resisted all kinds of mechanical treatment. Two weeks elapsed between the operations. Another child was seven months old, but the majority were four or five years of age.

Dr. Vardon said he had seen, a short time since, a case complicated with undescended testicle. He asked what procedure the essayist would advocate in such a case. He asked further if healing by first intention followed in those cases in which operation was done for strangulation accompanied by gangrene.

Dr. Bingham said he had not dealt with any such complication in his cases. Certain American surgeons had recommended that as the non-descended testicle was useless it might as well be removed. English surgeons had advocated separating the testicle, where possible, and fastening it to the bottom of the scrotum. Several of such cases had been recorded.

Dr. Vardon then referred to a case where the testicle had not descended, but at times it came through the external ring, giving the patient great pain. He was called on one of these occasions, and found the temperature had gone up to 101°. There was vomiting and other signs of strangulation. The patient was anæsthetized. An incision was made into the sac. The peritoneum had not entered the scrotum, only reaching to Poupart's ligament. The testicle was gangrenous, the blood supply being cut off. The testicle was removed. A good recovery followed. This case had led him to ask the questions he had asked.

Dr. Wardlaw referred to the report

of a case where the stump had given after-trouble by becoming adherent to the intestines. He asked as to the wisdom of using the stump as a plug, by stitching it into the wound between the two pillars.

Dr. Bingham said he could hardly see how the stump could form adhesions to the intestines on account of its extra-peritoneal position. He would not advocate Barker's method, but rather that of Halsted or Bassini. Where the mattress suture was used the stump was not needed as a plug.

The next item on the programme was to have been a demonstration of Roentgen photography by Edmund E. King, of Toronto. A telegram from Dr. King was received, regretting that it was impossible for him to be present.

An attempt was made to give a demonstration by Mr. E. C. Breithaupt and Dr. Mylius, but unsuccessfully.

The Association then adjourned to the Berlin Club, where a splendid dinner had been prepared for the visitors by their hosts. They ate, drank, and were merry. The toasts of "The Queen," "The Militia," "The Medical Profession," "The Scientists," "Our Guests," "The Press" and "The Ladies," called for speeches from every man at the board. Dr. Vardon, the new president, occupied a seat at the head of the table. He made a strong plea for local medical societies in general, and the Waterloo and Wellington Counties' in particular. From the enthusiasm which prevailed we feel sure that the coming year will be one of good work in this live society. Ere the banqueters dispersed a telegram was forwarded to Dr. L.

Brock, in attendance at the Medical Council, pleading that action be taken to have a maximum medical tariff rate established for the province.

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### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

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A meeting of the Executive Committee of the Mississippi Valley Medical Association was held at Atlanta, on May 6th, and the following gentlemen were appointed to deliver addresses: Dr. H. N. Moyer, Chicago, address on medicine. Dr. Horace H. Grant, Louisville, address on surgery. The indications are that the meeting to be held at St. Paul, on October 20, 21, 22, and 23, will be the largest and most successful in the history of the Association. As all the railroads will offer reduced rates for the round trip, an opportunity will be given to visit St. Paul and Minnesota during the most delightful season of the year.

C. A. WHEATON, M.D., St. Paul, Minn., Chairman Committee of Arrangements.

H. O. WALKER, M.D., Detroit, Mich., President.

H. W. LOEB, M.D., 3559 Olive Street, St. Louis, Secretary.

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### THE CANADIAN MEDICAL ASSOCIATION.

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Judging from the advance list of papers already published, and the arrangements which have been made for the meeting in August at Montreal, we think that this year's

attendance will be the largest for a long time past. We urge upon our confreres from far and near to come and swell the number who will be there, as we know that the meeting will be not only a source of pleasure but will also have great educational advantages from medical and other standpoints.

What will make this year's meeting more than usually interesting is the fact that the subject of inter-provincial registration will be thoroughly threshed out, and, we hope, brought to a happy issue. This journal has always maintained that the sooner this is done the more will the interests of the medical profession all over Canada be blended into one united whole.

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### LOCAL MEDICAL SOCIETIES.

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One of the encouraging signs of the times from a medical outlook is the springing up over Ontario of county medical societies. Particularly has this been noticeable during the past year through western and northern Ontario. We have not heard of this good movement east of Toronto. But we feel sure, in the direction from which wisdom came in the past, the light will still shine.

Beside The Canadian and The Ontario, we have The London, The Simcoe, The Huron, The Lambton, The Chatham District, The Waterloo and Wellington Counties, The Niagara District (all of which occur to us while writing) Societies, officered by active and intelligent practitioners, men who have the genuine scientific instinct.

Now, we heartily wish God-speed to these young societies, and pray that more may spring up. Ten or twelve earnest men (or even "where two or three are gathered together") may commence and keep up a good society. Such contact is stimulating. Men go home and do better work, observe more closely and treat more scientifically after the interchange of opinion these meetings are sure to engender. Then, there is no better way of preventing and curing the little petty jealousies and back-bitings, "the little foxes that destroy the vines" (if we remember correctly) which, sad to say, are to-day too much in evidence in our towns and villages where the twos and threes are. The little luncheon, dinner or supper, which is generally tendered by the men of the place where the meeting is held, at the close of the programme, is a most commendable procedure, where each man responds to some toast, or is compelled in some way to "bear the cross," in Methodist class-meeting parlance. Under the influence of the soda water or ginger ale, as the case may be (for most medical men—they admit themselves—fight shy of intoxicants), a high degree of cordiality and brotherly love is attained. Many a valuable suggestion pertaining to the better management of the organization, and to methods of increasing the interest of the meetings are thrown out, while the chicken is being thrown in—for the doctor is like a preacher in one particular. Add to this the good songs, the laparotomical and diaphragmatical stories, and the convivial medico returns to his practice a wiser and a better man.

## Correspondence.

The Editors are not responsible for any views expressed by correspondents.  
Correspondents are requested to be as brief as possible.

### WHY WE ARE BALD.

*To the Editor:*

The question of baldness is one that forces itself on most men at some time in life, but why women should be almost or wholly exempt is a question that has puzzled me for some time.

The common theory that baldness is due to the wearing of heavy head-dresses has long been held as the correct one. The hatmaker, therefore, places ventilators and other devices to secure a plentiful supply of hair, and the wearer is satisfied that science is doing her part to prevent the small boy from shouting "skating rink" at some future appearances in public. The theory, I believe, is entirely erroneous. We find hair growing on parts of the body, as on the axilla, where air and light is to a great extent absent, and all the conditions apparently unfavorable to a growth of hair; yet we find it persist to the end of life. Again, although women as a rule wear light head-dresses, they nearly always wear a thick mat of hair summer and winter, and yet it is rarely we see a woman with a bald head. Of course, I do not refer to baldness caused by sickness or disease.

The following incident gave me a clue to what I believe is the true theory of baldness: A neighboring farmer had a horse he was going to exhibit at the fall fair, and to add to his appearance he braided the tail,

turned it up on itself and secured it with a rubber band, placed about six inches from the root of the tail. It was only left on a couple of days, and the result was that in a few weeks nearly all the hair had dropped out of the tail. The constriction cut off nutrition from the hair follicles, and they starved, died and fell out. Now, the blood supply to the scalp is conveyed by arteries passing up over the frontal, temporal and occipital regions in just such a position as would be compressed by a hat placed firmly on the head. This constriction gradually starves the follicles and baldness is the result. To prevent this we must, therefore, have a "scientific" hat. The latter must take a course in anatomy, and the front seat landmark will become ancient history.

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*To the Editor:*

SIR,—I desire to call attention to the manner in which prosecutions against illegal practitioners have been carried on during the last year. It has been remarked to me more than once, both by professional and laymen, that quacks have a good time of it now. Perhaps it is not the policy of the new Council to rid the province of unlicensed practitioners, though I know the President to have decided views on the matter. No charge is made against the Council's prosecutor, Mr. Wasson, for he had been an efficient officer until he was placed on a different footing and discouraged in his work by the Council last June. Previous to that time it will be seen by reference to pages 136 and 150 of the last announcement that Detective Wasson was getting a

salary of \$400 per annum in addition to his salary as caretaker of the Council building. The Council were responsible for and paid all expenses and costs in connection with prosecutions and investigations out of the proceeds of fines if that was sufficient to cover them. But the new Council desired to economize, and consequently the prosecutor was placed on a salary of \$600 and the fines, out of which he was to pay all expenses, whether he secures a conviction or fails, after an expensive fight. Three or four failures to convict might easily consume the greater part of his salary when the costs are heavy. And further, under the new arrangement the detective is not likely to prosecute in doubtful cases, for he stands to lose money, and he is not fool enough to knowingly play at a losing game, and it would not be reasonable to expect him to travel to distant parts of the province to make investigation where complaints are made.

Now, I believe that it is the feeling of the profession that the Council should protect them as far as possible from unscrupulous quacks and unlicensed practitioners, and the public has a right to such protection as well. It is for the well-being of the public and the medical profession that vigorous efforts be made to purge the country of such practitioners as have no legal standing, for most of them are densely ignorant, and all of them are unprincipled. If they think themselves harshly dealt with and possess special virtue to practice the healing art, let them qualify—they will be none the worse for it.

I am satisfied that the electorate

almost to a man would support the Council in any reasonable outlay (even more than last year's cost) they make for the purpose. Certain it is that many who do not now pay the annual tax, or do so grudgingly, would do so cheerfully if they felt that they were sufficiently protected, as they have a right to expect.

Now, if the Council are desirous of pleasing the electorate, let them go back to the old arrangement, or better still, pay the prosecutor a fair salary and all his expenses, and have the fines turned into the treasury of the Council to meet the expenses. According to Detective Wasson's reports, the fines will about cover the expenses in connection with prosecutions. That would allow the detective to devote his whole time to the work, and he would stand in different relation to the magistrate, who might charge that he was working for his own interests, since the fine was to be his property.

D. DUNTON.

Paris, May 4th, 1896.

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#### SYMPATHETIC OPHTHALMITIS.

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Laqueur (*Annales d'Oculistique*) relates five cases of sympathetic iridochoroiditis in which fairly good vision was ultimately obtained. In his comments on these cases he notes that, although enucleation was performed as soon as possible, it failed to arrest the progress of the sympathetic inflammation; he holds none the less that it is incumbent to perform it. A favorable termination is more probable in the young, owing to the rapidity of the processes of nutrition in them.

Those cases are the most grave in which iritis is the first symptom, whilst those much rarer cases in which hyperæmia of the retina and optic disc is the initial sign admit of a more favorable prognosis. That is to say, on the microbic theory of sympathetic inflammation, the microbes which travel by the central artery of the retina and posterior ciliary arteries produce less severe disturbances than those which reach the eye by the long ciliary vessels. The treatment recommended is the removal of the wounded eye, if blind; mydriatics locally; inunction with mercury, and the use of pilocarpin injections. Instead of inunction he would allow subconjunctival sublimate injections. In spite of this treatment, large synechiæ usually form and the pupil becomes occluded, and one is obliged to have recourse to iridectomy, and this has frequently to be followed later by extraction of the lens, needling and iridotomy. Operation is rarely successful at first, and is not advisable until the eye has become perfectly quiet and free from injection; the attainment of this is aided by rest in a darkened room and the application of hot compresses. The only indication for immediate operation is rapid increase in the tension of the eye, the result of a ring synechia; this calls for sclerotomy or iridectomy, either of which is difficult owing to the shallowness of the anterior chamber and the friability of the iris tissue. Laqueur is impressed with the comparative rarity of sympathetic inflammation during the last two or three years. Panas attributes this infrequency to the general use of antiseptics.—*British Medical Journal*.

THE  
**DOMINION • MEDICAL • MONTHLY**  
 ... AND ...  
**ONTARIO MEDICAL JOURNAL**

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*Address all business communications to the Publishers THE NESBITT PUBLISHING CO., LIMITED, Rooms 97, 98, 99, Confederation Life Building, Toronto, Canada.*

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VOL. VII.

TORONTO, JULY, 1896.

No. 1.

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**LODGE PRACTICE.**

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We think that without exhibiting any spirit of "brag" or self-adoration, or in any way becoming egotistical, we can say that no medical publication in this country has in the past as stoutly maintained that until lodge and contract practice generally is absolutely done away with, there can be no hope of the profession prospering. We know that the question of this class of work being undertaken by any doctor who wishes to maintain the high standard of the profession has been discussed until every one is getting wearied of it. Every local medical society almost in the country has taken it up, but with no ultimate result. At every meeting almost of both the Ontario and Canadian Medical Associations for years past, a recommendation has been brought up by the Committee on

Ethics, but up till to-day we venture to say that there are just as many medical men undertaking this kind of work as ever before. We are told on all sides that until every doctor who is a lodge physician joins hand in hand with everybody else engaged in "lodge work," nothing can be accomplished. Some, even of the older men, who occupy positions as lecturers in our schools of medicine and universities, and are in every way prominent in the profession, say "Well! if we do give it up it will be no good; some one else will step into our shoes; so why may we not do the work as well as any one else?" That may be all very true, but it is a selfish way to look at the matter. If every one will simply act for himself and give up attending patients at the abominably low rate of \$1.00 per year, or \$1.25

including medicine, we feel sure that it won't be long before work of this kind will for ever receive its quietus.

We regret exceedingly that the Committee on Ethics appointed at the 1895 meeting of the Ontario Medical Association brought in so poor and useless a recommendation at this year's meeting of that Association held last month at Windsor. They had a year to carefully look into the matter, and we think that they might have shown greater result for their labors.

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### DISPENSARY GRANTS.

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Last month Dr. Chas. Sheard, our able Medical Health Officer, undertook to make a recommendation to the Board of Control that the usual city grant to a certain dispensary in the north-western part of Toronto be cut off this year's list. We are given to understand that at this particular dispensary there has not been used that amount of discrimination regarding the financial status of the patients who came there for treatment as should be the rule at such institutions. It is, without a doubt, a most difficult matter in some cases in "sizing up" a particular applicant for medical aid in the out patient departments of hospitals, dispensaries, etc., to decide as to whether that person is or is not a pauper in the true sense of the word, as it is a delicate thing to refuse assistance to such people, but we do feel most strongly on the matter when we know of more than one place in Toronto where medicines are dispensed "free" to the sick and

afflicted; and where, instead of that being done for the really poor and them only, ladies in seal coats, trundling a handsome twenty-five dollar baby carriage after them, get the same aid as the Italians and negroes of St. John's Ward. Such people should be promptly, but kindly, referred to their family physician (whom they are well able to pay), and should not be made paupers of by being granted advice and medicine for the paltry sum of five cents. We think Dr. Sheard did very wisely in making the recommendation he did, if done as we understand for above reasons. Why is it that city physicians, many of them struggling for a bare living, will insist in cutting their own throats by giving their services and time to institutions such as those we refer to, "without money and without price," where in many instances they are called upon to attend to those who otherwise would be amongst their pay patients?

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### THE ONTARIO CABINET.

As Sir Oliver Mowat is about to leave the Ontario Cabinet, it behoves us to look about for a capable man amongst the new and younger blood.

Several names have been mentioned for the position, and amongst them appears one which fills the bill to a nicety, viz., Dr. Angus McKay, of Ingersoll, an old and respected member of the Legislative Assembly. He is an able debater, has a clear head, sound judgment and an unimpeachable character, and no man in the House stands better with all parties than Angus McKay.

Besides, this fact exists, that there has not been a member of the medical profession in the Cabinet since Confederation, and what better representatives have the people in the House than the medical men who are always there as champions of the public, and in the public interest? In the last House out of ninety members eleven were medical men, yet not one of them has even had recognition in the Cabinet.

Who is more conversant than the medical man with laws of sanitation or the laws governing our public institutions, such as asylums, prisons, etc., where some 5,000 of our population have to be cared for annually? Could anyone give more satisfaction in matters of this kind to the public than a reliable medical man, such as Dr. Angus McKay is in every particular? We think that a medical man in the Cabinet would make all the people have confidence in the conduct of public institutions, especially the asylums and hospitals, where the afflicted have to live and be properly cared for—so by all means let the Government take Dr. McKay in, and we verily believe that he will prove a tower of strength to the Liberal Government.

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### CATHODE SURGERY.

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We are sure that it will be a great pleasure to all the members of our profession who have the interests of medicine and surgery at heart, to note that now not a day goes by without still further advancement being made in what we may term cathode surgery. Only ten days ago, at the

Toronto General Hospital, a young lad who was sent in from the country with a previously undiagnosed knee trouble, had the X rays applied to that joint. On developing the negative, there was clearly shown entirely embedded between the tibia and fibula quite a large sized bullet. The cause of the trouble was therefore at once seen, and it only required a whiff of chloroform, and one incision dexterously made with the knife to remove the foreign body, and place the boy on the road to rapid recovery. All we can say is that we hope that the rapid strides already made from this most wonderful discovery will continue to go on until the art of surgery will in a year or two from now be so assisted that any operation which has in past years been considered of too serious a character to be performed will become almost a play toy in the hands of the most ordinary physician.

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### MEDICAL CRICKET.

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Anyone who thinks that the medical fraternity do not possess a grand cricket team did not see the first of the series of matches which took place on the Rosedale oval on June 18th, between the east and west end physicians. When the match began, there were several cases of squeaky joints, but that soon wore off, and then you should have seen the phenomenal catches by Andy Gordon and W. J. Greig, the magnificent stopping of Fred Fenton, Capt. Caven and J. T. Fotheringham, the phantom bowling of Goldsmith and Dawson, and the batting of Scott, Harrington



and Pepler. Every player was pregnant with glee, and the exuberation of granulation joy was a treat to behold. The next match takes place about the middle of July, and every cricket-loving confrere is specially invited to be present.

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### The Doctor Himself.

The Publishers will be pleased to receive at any time, local or personal items from physicians which will prove of interest to the profession generally.

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DR. and MRS. FRASER have left the city for short holiday in Muskoka.

DR. CRAWFORD SCADDING returned to town three weeks ago, after spending some time in Chicago.

DR. C. A. MCRAE, of 598 College Street, had a nasty fall from a street car on the 6th inst., but is recovering.

DRS. R. B. NEVITT and Gibb Wishart are spending their vacation in London and other cities in England.

DR. J. H. CAMERON, Sherbourne Street, left for England ten days ago. He was accompanied by Dr. G. A. Peters.

DR. J. C. GRASSETTE has been promoted to the rank of Surgeon-Lieutenant to the 39th Norfolk battalion.

WE congratulate Dr. W. H. Pepler on his securing the appointment of surgeon to the Canadian Pacific Railway for Toronto.

DR. A. A. MACDONALD, of Simcoe Street, was lately elected President of the R.C.Y.C. Bicycle Club, and Dr. Pepler Secretary.

DR. J. WHITESIDE BRIDGES, of Fredericton, N.B., was in Toronto the first week of this month. The doctor was on his wedding trip.

DR. R. H. SOMERS, son of Frank Somers, Avenue Road, Toronto, left on Saturday the 5th inst. for Senna, Iowa, where he intends taking up practice.

DR. J. H. HAMILTON, of Hillsburgh, has been appointed an Associate Coroner for the County of Wellington in place of the late Dr. Angus McKinnon.

WE understand that Dr. Garratt, Bay Street, is spending a most pleasant holiday in and around London. The doctor is living at 20 Montague Place, Russell Square, W.C.

DR. PETER BRYCE returned the first week in this month from Muskoka, where he had been examining the sanitary condition of the health resorts through that country.

DR. J. A. BURGESS died on June 30th at his late residence on Queen Street east. The funeral was largely attended, as the doctor was not only well liked but highly respected.

DR. S. G. T. BARTON was married to Miss Mabel Peacock, of this city, on the 8th inst. On their return from their wedding trip, Dr. and Mrs. Barton will reside at 678 Spadina Avenue.

PROF. EDWIN KLEBS has been elected to the chair of Pathology in Rush Medical College. This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England. This recognition entitles its alumni to all the privileges accorded to the graduates of other institutions recognized by that board.

DR. AND MRS. R. ADLINGTON NEWMAN, of Detroit, who were visiting in town lately, returned home a week ago. On Tuesday evening, the 7th inst., a small dinner was given for them by Dr. Crawford Scadding at the Golf Club.

DR. G. S. RYERSON returned to Toronto a week ago, after spending some months in Spain, France and England. During his stay in England the doctor passed with honors the examination for surgeon to the British Army, and since then has been appointed representative in Canada of the British Red Cross Society.

WE congratulate our contemporary *The Canada Lancet* upon the excellent appearance and material of their July issue. It contains an extra form of good, substantial, solid reading matter, and judging from the rapid advances made by this old medical publication since Dr. Sylvester assumed its business management, we can safely predict for it a still brighter future.

A CANADIAN AT HARVARD.—The faculty of arts and sciences of Harvard University announce the reappointment of Dr. William Henry Schofield, formerly of Hamilton, as travelling fellow for a fourth year. This is the first time in the history of the University that a Harvard fellowship has been granted to any one person for four successive terms. Dr. Schofield, who has been spending the past year in Paris, Italy and England, will spend the next in Germany and Scandinavia. A large volume, entitled "Studies on the Libeaus Descensus, An Investigation of the Middle

English, Old French, Italian and Middle High German Versions of the Romance of the Fair Unknown, and Their Relations to One Another," has just been published for him by Ginn & Co., of Boston, under the direction of the Modern Language Department of Harvard.

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### The Physician's Library.

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*A Manual of Anatomy.* By IRVING S. HAYNES, PH.B., M.D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University; Visiting Surgeon to the Harlem Hospital; Member of the Society of the Alumni of Bellevue Hospital; of the American Association of Anatomists, etc., etc. With 134 half-tone illustrations and 42 diagrams. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The great practical importance of a thorough knowledge of the viscera and of their relations to the surface of the body has been evidently recognized in preparing this manual, as they have been wisely given a prominent place. A brief history of the development of the most important organs has been also introduced. The descriptions are given in the natural order, the order in which the structures are discovered in dissection. The anatomy of the extremities has been treated as fully as its requirements demand, the description of the bones and joints having, however, been intentionally omitted. Surgical references have also been avoided. The writer's experience as a teacher of anatomy is utilized in stating the "facts of anatomy." This work will be found of great practical benefit.

*On the Pathology and Treatment of Spermatorrhœa.* By J. L. MILTON, Senior Surgeon to St. John's Hospital for Diseases of the Skin. Enlarged and reprinted from the original papers published in *The Lancet* for 1854 and *The Medical Circular* for 1858. Twelfth edition. London: Henry Renshaw, 356 Strand, W.C.

The bulk of this work is essentially clinical, the fruit of observation rather than of reading. Some have found fault with the fact that the author has somewhat overdrawn the effects produced by the disease. This fact would go to show that the statements made by the author are the result of what he has seen in practice and not mere theory. The book is most readable and worthy of careful study. It is printed on good paper and altogether gotten up in good shape.

*The Diagnosis and Treatment of Diseases of the Rectum.* Being a practical treatise on Fistula, Piles, Fissure and Painful Ulcer, Proctidientia, Polypus, Stricture, Cancer, etc. By WILLIAM ALLINGHAM, F.R.C.S. Eng., Ex-member of Council of the Royal College of Surgeons of England, late Senior Surgeon to St. Mark's Hospital for Diseases of the Rectum, etc., and HERBERT W. ALLINGHAM, F.R.C.S. Eng., Surgeon to the Great Northern Hospital, Assistant Surgeon to St. George's Hospital, late Assistant Surgeon to St. Mark's Hospital. Sixth Edition. London: Balliere, Tindall & Cox, 20 and 21 King William Street, Strand. (Paris and Madrid.) 1896.

This work having been now out of print for some time past, the authors have acted most wisely in re-issuing it. They have made such alterations and emendations as the advance of surgical knowledge has rendered necessary. The result of their labor is to place in the hands of the surgeon and general practitioner a work teach-

ing in a most practical way how to treat diseases of the rectum and we are sure that this edition will prove in all respects as worthy of favor with the profession as its predecessors.

*Syphilis in the Middle Ages and in Modern Times.* By DR. F. BURET, Paris, France. Translated from the French with notes by A. H. Ohmann-Dumesnil, M.D., Professor of Dermatology and Syphilology in the Marion Sims College of Medicine; Consulting Dermatologist to the St. Louis City Hospital, to the St. Louis Female Hospital; Physician for Cutaneous Diseases to the Alexian Brothers' Hospital; Dermatologist to Pius Hospital, to the Rebekah Hospital, to the St. Louis Polyclinic and Emergency Hospital, etc. etc. Being Vols. II. and III. of "Syphilis To-day and Among the Ancients," in three volumes. Philadelphia: The F. A. Davis Co., Publishers, and for sale by A. P. Watts & Co., Toronto.

This is one of the "Ready Reference Series" as published by this well-known firm. The former volume took up the subject away back in ancient times, whereas this one deals more with it in the present day. From the perusal of this interesting volume we find that syphilis was comparatively well known amongst the Assyrians and Babylonians, but more by priests and poets than physicians, because it would seem that the medical profession did not then seem to enjoy the confidence which is accorded it to-day. It is shown that syphilis is of the remotest antiquity and belongs to humanity in general. In ancient times the frequency of this disease was greater in Asia and Europe, and why? Because it advanced with civilization. The more it advanced, the more rapidly did syphilis spread. In this respect, syphilis and tuberculosis are alike. We can recommend this book to those interested in this subject.

*Practical Points in Nursing, for Nurses and Private Practice.* With an appendix containing rules for feeding the sick, recipes for invalid foods and beverages, weights and measures, dose list, and a full glossary of medical terms and nursing treatment. By EMILY A. M. STONEY, Graduate of the Training School for Nurses, Lawrence, Mass.; Superintendent of Training School for Nurses, Carney Hospital, South Boston, Mass. Illustrated with seventy-three engravings in the text and nine colored half-tone plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

We have often wondered that as few books on this subject have been written for the assistance of nurses as are at present purchasable. This work will be found invaluable for nurses whose duties permit of little time for perusing larger volumes and who wish to have a resumé of everything connected with nursing confined to a few pages. The book is cheap and within the reach of all.

*Obstetric Accidents, Emergencies and Operations.* By L. CH. BOISLINIERE, A.M., M.D., LL.D. Late Emeritus Professor of Obstetrics in St. Louis Medical College; Consulting Physician to the St. Louis Female Hospital and to the St. Ann Lying-in-Asylum; Ex-President of St. Louis Medical Society, and of the St. Louis Obstetrical and Gynæcological Society; Honorary Fellow of the American Association of Obstetricians and Gynæcologists; Member of the St. Louis Academy of Sciences; Member of the Anthropological Society of Paris, France. Profusely illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street.

This work is not a treatise on midwifery, nor a manual of obstetrics, but, as the author doubtless intended, is eminently well suited for the use of the practitioner who, when away from home, has not the opportunity of con-

sulting a library—but who will find this book of the greatest assistance in guiding him in emergencies. It is divided into parts I., II. and III. Part I. deals with “accidents to the woman,” treating therein of abortion, puerperal hæmorrhages, adhesions and retention of the placenta, obstacles to labor, etc., etc. Part II. is devoted to “obstetric operations,” viz., podalic version, external and combined version, the forceps, Cæsarean and Porro operations and symphyseotomy. Part III. takes up in detail “accidents to the child,” such as prolapse of the funis, obstetric fractures, apparent death of the new born. The book is essentially practical and is a valuable addition to one’s library shelves.

*A Manual of Medical Jurisprudence. Toxicology.* By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia; Member of the College of Physicians of Philadelphia; of the Academy of Natural Sciences of Philadelphia; of the American Philosophical Society, and of the Zoological Society of Philadelphia. Second Edition. Revised. With fifty-five illustrations and three plates in colors. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The second edition of this most excellent book has had added to it by the author several new features, though the text and scope of the work remain essentially the same. The author has been a coroner in active practice in his native city for many years, and he cites cases which have come under his own notice, giving to the work a practical side which every one who is interested in medical jurisprudence will greatly appreciate. The work is short, concise and to the point. The department on toxicology is most practical, and no practitioner can make a mistake in purchasing the book.

*Anatomy, Descriptive and Surgical.*

By HENRY GRAY, F.R.S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical School. The drawings by H. V. Carter, M.D., late Demonstrator of Anatomy at St. George's Hospital, with additional drawings in later editions. Thirteenth edition, edited by T. Pickering Pick, Surgeon to, and Lecturer on Surgery at, St. George's Hospital; Senior Surgeon Victoria Hospital for Children; Member of the Court of Examiners, Royal College of Surgeons of England. London: Longmans, Green & Co. 1893.

When in 1858 Henry Gray published the first edition of this magnificent work, he introduced, under each subdivision, such observations on practical points of surgery as show the necessity of an accurate acquaintance with the anatomy of the part under examination. This was the first time that such an endeavor had been made by any English anatomist. In this, the thirteenth edition, the editor has followed in the lines laid down originally by the author, and has kept before himself the fact that the work was at the very first intended for students of surgery rather than for the scientific anatomist. The work is therefore essentially practical, rather than abstract and theoretical, so that the student, on carefully studying its pages, will be able afterwards to apply his knowledge of anatomy to his practice of surgery. In this edition even more surgical anatomy has been introduced than in the last, and the bearings of anatomy on the practice of surgery have been more prominently pointed out. This we consider the most valuable part of the whole book, and we know that "Gray" will be now appreciated more than ever. The whole work has undergone a most careful revision, and in some minor details a re-arrangement has been

made. A large number of new illustrations have been added, taken from the dissections in the Hunterian Museum of the Royal College of Surgeons. The oldest practitioner of medicine, who may have become a little rusty in his anatomy, and who may not have in his library a late work on this subject, cannot do better than invest in this the latest edition of "the old reliable." It is published by the well-known firm of Longmans, Green & Co., London, England.

*A Manual of Obstetrics.* By W. A. NEWMAN DORLAND, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Instructor in Gynæcology in the Philadelphia Polyclinic; one of the Consulting Obstetricians to the South - Eastern Dispensary for Women; Fellow of the American Academy of Medicine. With 163 illustrations in the text and six full-page plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

This small book is a systematic and rational presentation of the subject of obstetrics as recognized by the leading teachers of the day. The author holds that physiologic obstetrics should most appropriately first command the attention of the accoucheur. A normal pregnancy and labor in a normal woman are depicted from the time of conception to the weaning of the child. A chronologic sequence of events has therefore been followed, so that the various phases of ovulation, insemination, conception, embryologic and foetal growth and development, maternal alterations, signs and stages of labor, the birth of the child and the establishment of the mammary function follow each other in their natural order. As there is, however, an immense variety of pathologic possibilities which mar the features of this physiologic process, such conditions under the head of pathologic obstetrics are presented also in their chrono-

logic sequence in the second and larger part of the book. It will thus be seen that the book will prove most interesting as well as instructive, and we advise all practitioners to expend the small sum of \$2.50 and purchase it.

*Lewis's Diet Charts.* A suggestive set of diet tables for the use of physicians, for handing to patients after consultation, modified to suit individual requirements for 1. Albuminuria; 2. Anæmia and debility; 3. Constipation; 4. Diabetes; 5. Diarrhœa; 6. Dyspepsia; 7. Eczema; 8. Fevers; 9. Gall stones; 10. Gout and gravel; 11. Heart disease (chronic); 12. Nervous diseases; 13. Obesity; 14. Phthisis; 15. Rheumatism (chronic); with blank chart for other diseases. [The figures refer to the corresponding numbers on the charts.] Price 5 shillings per packet of 100 charts, post free. H. K. Lewis, Publisher, 136 Gower street, London, W.C.

The proper regulation of diet as a means of cure plays a most important part in all diseased states; the practitioner, however, often has not the time at the moment of consultation to write out full directions, which each patient is naturally anxious to have, as to the articles of food which should be taken or avoided.

To meet this need these charts have been compiled by a well-known London physician, and embody what are considered the best forms of diet for each disease.

Space for additions, for directions as to quantity, and other particulars, is provided on each chart. The articles already printed if considered undesirable in any individual case can be struck out by simply drawing the pen through them, and any can be emphasized as most suitable, or as specially to be avoided, by being underlined. It is obvious that particular regard must be given to the state

of the digestive functions in adapting the chart to each case.

As to stimulants, space is left so that, when they are requisite, it may be used for giving exact directions in regard to them. From the fact of the readiness with which sometimes the responsibility for the use (and abuse) of stimulants is thrown on the medical attendant, in every case in which they are required, precise instructions should be given as to kind and quantity to be taken, when to be taken, and when to be discontinued.

The work is so arranged that the appropriate chart can be selected by the physician after consultation, and, with such modifications as the case may require, given to the patient with any medicinal prescription.

Patients should understand that the charts are personal, for their special case, and not for general distribution.

*Cutaneous Medicine.* A Systematic Treatise of the Diseases of the Skin. By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin in the University of Pennsylvania; author of "A Practical Treatise on Diseases of the Skin," and "Atlas of Skin Diseases." Part I. Anatomy of the Skin, Physiology of the Skin, General Symptomatology, General Etiology, General Pathology, General Diagnosis, General Treatment, General Prognosis. Illustrated. Philadelphia: J. B. Lippincott & Co. 1895.

So favorable was the reception accorded the author's "Practical Treatise" by the medical profession everywhere, as attested by its very large sale and the fact that it has been out of print for years, that Dr. Duhring, whose name in connection with skin diseases is known now the world over, decided to write a larger and more comprehensive treatise. The author has adhered closely to the practical aspect of the subject, the work resting on clinical observation supported by

pathology and pathological anatomy, as though during the last decade remarkable changes have taken place in the pathology of many diseases of the skin, yet clinical observations are, on this account, none the less valuable and important, as an accurate knowledge of the anatomy and physiology of the skin is absolutely necessary to thoroughly understand the diseases which affect this organ. Part I. is devoted largely to this branch of the subject, and considers specially the etiology, pathology and general diagnosis of diseases of the skin, and judging from Part I., we think that in every way the work will be most readable and instructive.

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### Miscellany.

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#### NOVEL TOUR FOR DOCTORS.

Arrangements are being made in New York for the formation of a touring party of American physicians to visit all the great health resorts, baths and spas of Europe, in order to decide by personal experience the comparative merits of the various places for cure of different maladies.

The tour will be under the direction of Dr. Gowing Middleton, a member of the Paris faculty, and one of the best authorities on the subject in the world. It is expected that the members of the party will be accorded a royal reception by their professional brethren abroad.

In Paris the party will be received by the Consul-General of the United States, the President and Committee of the American Chamber of Commerce, and many prominent physicians and surgeons.

The party will leave New York early in July—about the only time when fashionable physicians can leave town—and go direct to Paris; thence via Bordeaux to Arcachon, Biarritz, Pau, Cauterets, Bagnères-de-Bigorre and the Eaux Bonnes; afterwards via Marseilles and the Riviera to northern Italy. Then they will go over the beautiful Italian lakes to the Engadine, and the most important Swiss baths to Mevan and the Austrian and German baths. From there to Brussels and back to Paris.

The party will be limited to one hundred, all of whom must be graduates of American universities.

The tour is to be entirely independent of any particular school of medicine. No distinctive name will be recognized, no theories of medicine admitted or discussed. The primary object is to afford opportunity for personal investigation, and of seeing the methods practised at the well-known resorts of the old world. The authorities of several towns have already intimated their intention to receive the party officially. The party will return to New York about September 10.

---

J. E. HETT, M.B., in the *New York Medical Journal*, in an article on "A Rapid and Rational Method for Removal of Hypertrophies of the Inferior Turbinate Bodies," advocates the use of a pair of long angular scissors. The lower blade is passed along the lower border of the inferior turbinate bone to the free border, and the overhanging tissue cut off. He condemns the use of caustics of various sorts.

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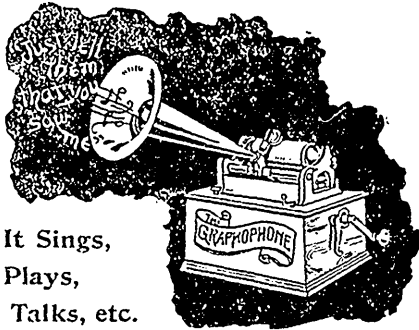
By X. T. BATES, M.D., Poughkeepsie,  
N.Y.

Bromo-chloralum is a concentrated solution of chlorine, bromine, aluminum and potassium. It is a styptic and a most powerful antiseptic, deodorizer and disinfectant. The actions and properties of its several elementary factors are too well known to require elucidation, but its practical value seems to be less understood and less appreciated. My aim, therefore, in this article is to direct attention to its merit as a medicinal preparation, with wide adaptability to diversified indications.

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time I have constantly used it in active practice, and now speak of it alike from observation and experience.

This compound primarily was introduced to the profession as a disinfectant and deodorant. In my hands not only has it maintained itself as such, but further, has proven so efficient and satisfactory as to merit my high laudation. Bromo-chloralum is both odorless and non-poisonous. These features attach to it an importance which ought not to be overlooked either in hospital or general practice or domestic use. While pronounced equally efficacious as the carbolic acid and chloride of lime, or the several metallic substances in like use, it is not open to



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the objections that can be urged, more or less, against all these, such as their odoriferous and toxic properties, which frequently carry with them a significance sufficient not only to render their use questionable, but, under some circumstances, absolutely to interdict their employment.

The stomach, however delicate, never rebels against the presence of "bromo" in the room, or about the person, clothes or stools, nor can any heedlessness on the part of attendants induce through its instrumentality grave or fatal results. In consideration of the possible accidents that may and often do happen to children, when they have access to the sick-room, as well as the casualties that sometimes occur through the inadvertence of an overtaxed nurse or the mistake of a thoughtless caretaker, these properties greatly enhance the desirability of bromochloralum, and go far toward establishing its preferment in the sick-room as a renovator of the air. And properly used I believe it may well

be our main reliance. But in order to make "bromo" most serviceable here, it should be placed freely in chamber utensils previous to their use, and thrown upon the stool, particularly of all contagious maladies. Through its direct application to the excrements it not only prevents foul emanation, but destroys disease germs, and consequently materially lessens the chances of contamination. It should also be exposed on towels suspended in the room. It has a purging effect on the air through its absorbent and neutralizing action on the exhalations from the body and breath of the patient, and in that way also it plays an important part, not only as a restorative factor, but also as a protection of the health of the attendants and the entire household.

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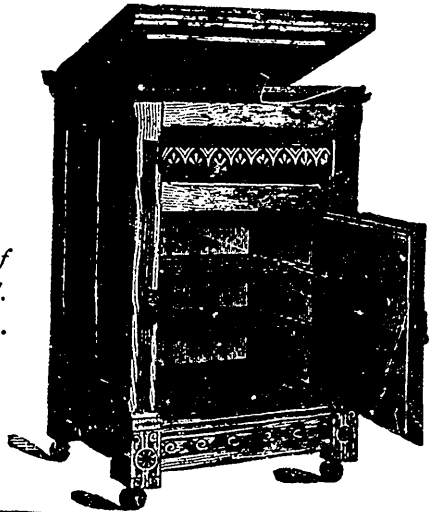
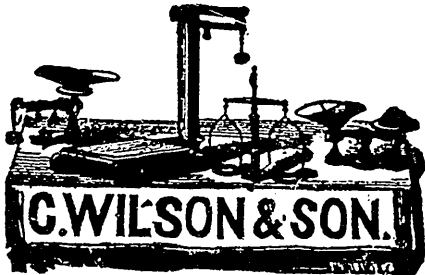
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hyperæsthetical conditions of the throat. It is a most excellent mouth wash to destroy the effect upon the breath of decayed teeth, foul eructations from the stomach, while perhaps nothing equals its efficiency to remove the fœtor in diphtheritic affections. I regard bromo, in combination with a saturated solution of chlorate of potassium, an invaluable remedy in all cases of diphtheria. It should be employed, however, both internally and as a gargle. It also is worthy of attention as an abortive in typhoid fever.

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with anæmia or merely a lax state of fibre. But in leucorrhœa dependent on ulceration of the os, it should be applied on a pledget of wool directly to the seat of the trouble, and there retained for a season. I have found this remedy of signal service as a palliative measure in cancer of the stomach, and in this connection it deserves special notice. Briefly stated, the history and condition of the case were such as to leave no doubt as to diagnosis and ultimate result. I found the patient, an adult, anæmic and emaciated, appetite impaired, marked feebleness and lack of vital force—lancinating pains in the vicinity of the stomach, cancerous cachexia and occasional vomiting of fœtid matter, with eructations so offensive as to demand imperatively

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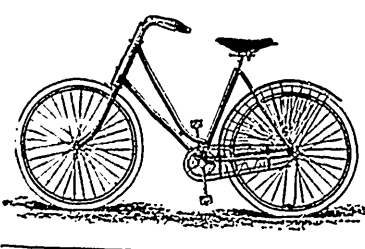
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up to the time of his death, happily subserving the purposes for which it was administered.

"Bromo" also deserves consideration in the lying-in-room. My attention was first directed to the beneficial effects of using it in obstetrical practice in a very tedious and anxious case where the delivery was ultimately effected by perforation, resulting in a lacerated perineum. In consequence of the necessarily long time in labor and the difficulties attending its termination, the material parts had become so œdematous and devitalized as to render introduction of sutures to the perineum quite inadvisable, and to impress me with the fear, lest the injury to these parts might result in extensive sloughing and life-men-

acing septic influences. And I apprehended the acrid vaginal discharge would greatly interfere with, if not altogether prevent, unaided union of the perinæal surfaces.

From my previous knowledge of bromo-chloralum as a palliative to burns and abraded surfaces, and experience with it in scirrhus and hæmorrhoidal fœtor, I was induced to use it here simply as an anti-phlogistic and disinfectant. I directed that it be diluted with soft water, in proportion of one part to eight parts of water, and be used as a topic and injection—the vagina to be thoroughly cleansed with it morning and evening, and a cloth saturated with it to be kept constantly on the vulva.

The result was highly gratifying.

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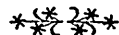


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From E. G. DUTTON, Esq., M.R.C.S., L.S.A., PLYMSTOCK:

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Not only was the air of the apartment kept pure and entirely free from any disagreeable fœtor, but the vaginal discharge was also robbed of its acrid properties, and in the course of a few days the perinæal rupture had quite closed, healing more kindly and quite as satisfactorily as could have been hoped for, even with the early introduction of sutures. I have since been in the habit of advising an injection of bromo-chloralum generally in my confinement cases.

As an adjunct in combating profuse flow of iochia it is a remedy of no little merit. This irregularity we most commonly meet with in women of a debilitated habit and relaxed fibre, producing all the effects of chronic hæmorrhage, a condition

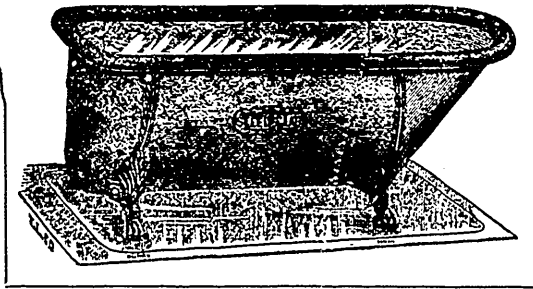
which, in connection with other appropriate treatment, calls for some stimulating agent possessing both disinfectant and antiseptic properties—a demand most happily supplied by bromo-chloralum.

I am also convinced that the early use of this remedy, faithfully and systematically employed, will do much towards preventing toxic emanation and the absorption of putrid matter which at times are the acknowledged causes of septicæmia and puerperal fever.

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Secretary.

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## Alphabetical Index of Formulæ.

(Continued.)

### SKIN DISEASES (Continued).—

℞ Creasoti . . . . . ℥xx.  
 Ol. cadini . . . . . f ℥ ij.  
 Sulphuris . . . . . ℥ ij.  
 Potass. bicarb. . . . . ℥ j.  
 Adipis . . . . . ℥ j.  
 M. Sig.: Use locally. (Tinea carcinata).—*Van Harlingen*.

℞ Acid. sulphurosi . . . . . f ℥ ij.  
 Aquæ . . . . . f ℥ viij.  
 M. Sig.: Apply constantly. (In tinea favosa).—*Sir W. Jenner*.

℞ Sodii hyposulphit. . . . . ℥ ij.  
 Acid. sulphuric. dil. . . . . f ℥ ss.  
 Aquæ . . . . . q. s. ad Oj.  
 M. Sig.: Apply thoroughly to the scalp. (Tinea favosa).—*Startin*.

℞ Sulphuris loti . . . . . ℥ j.  
 Ol. cardini,  
 Hydrarg. chlor. corros. āā gr. v.  
 M. Sig.: Apply four times a day. (Tinea favosa).—*Basin*.

℞ Acid. tannic . . . . . ℥ j.  
 Ungt. aquæ rosæ.  
 Ungt. petrolii . . . . . āā ℥ iv.  
 M. Sig.: Apply. (In pityriasis capitis).—*Van Harlingen*.

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= 107 =

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SKIN DISEASES (*Continued*).—

℞ Potass. sulphuret..... ℥j.  
Aq. destillat..... f℥ijj.  
M. Sig.: Apply once a day. (In pityriasis capitis.)—*Winzar*.

℞ . . . . . iodinii comp.,  
Liq. potass. arsenitis. āā f℥ij.  
M. Sig.: Ten drops, well diluted, three times a day. (In pityriasis.)—*Ellis*.

℞ Zinci carbonat. præcip. ℥iv.  
Zinci oxidi..... ℥ij.  
Glycerinæ..... f℥ij.  
Aq. rosæ..... f℥viiij.  
M. Sig.: Apply locally. (In prickly heat.)—*Tilbury Fox*.

℞ Hydrarg. oleat. (5–10 per cent.)  
Sig.: Paint over the affected part. (Tinea sycosis.)—*Cane*.

℞ Sulphuris iodid..... ℥j.  
Ungt. simplicis..... ℥iss.  
M. Sig.: Apply. (Tinea favosa.)  
—*Donovan*.

℞ Acid. salicylici,  
Acid. chrysophanic. . . āā ℥ij.  
Cretæ præp . . . . . ℥ij.  
Vaselini . . . . . ℥xviii.  
M. Sig.: Remove the crusts and rub the ointment in for fifteen minutes at night. (Tinea favosa.)—*Monroe*.

℞ Iodinii..... ℥i–ij.  
Ol. picis decolorat.... f℥j.  
M. Sig.: Apply every fourth or sixth day. When the mass falls off, wash well and re-apply. (Tinea tonsurans.)—*Coster*.

## Do You Know

that we manufacture a remedy for those cases of functional impotency, called "Pil. Potens," and that success has been attained in every case, so far reported, in which they have been administered, and they may be given with every confidence.

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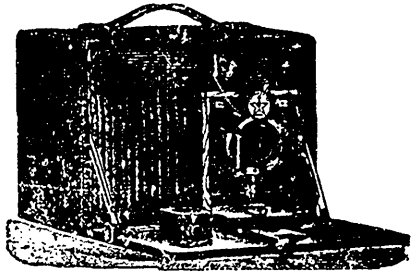
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SKIN DISEASES (*Continued*).—

℞ Hydrarg. chlor. corros. gr. x.  
Aquaë..... f̄ ̄j.

M. Sig.: Apply with camel's-hair brush after epilation. (*Tinea sycosis*).—*Harley*.

℞ Sodii hyposulphitis.... ̄j.  
Aquaë..... f̄ ̄j.

M. Sig.: Sponge the part freely, then apply ungt. sulphur. (*Tinea sycosis*).—*Hughes*.

℞ Naphthol..... ̄i-iiss.  
Saponis viridis,  
Crete præp.,  
Sulphuris loti,  
Lanolini..... āā ̄vi, gr. xv.

M. Sig.: Apply locally. (*Tinea sycosis*).—*Liebreich*.

℞ Sulphuris..... ̄i-ij.  
Ol. rosæ..... gtt. v.  
Vasellini..... ̄j.

M. Sig.: Use locally. (*Tinea sycosis*.)

℞ Acid. carbolic. cryst.,  
Ungt. hydrarg. nitrat.,  
Ungt. sulphuris .... āā ̄ss.

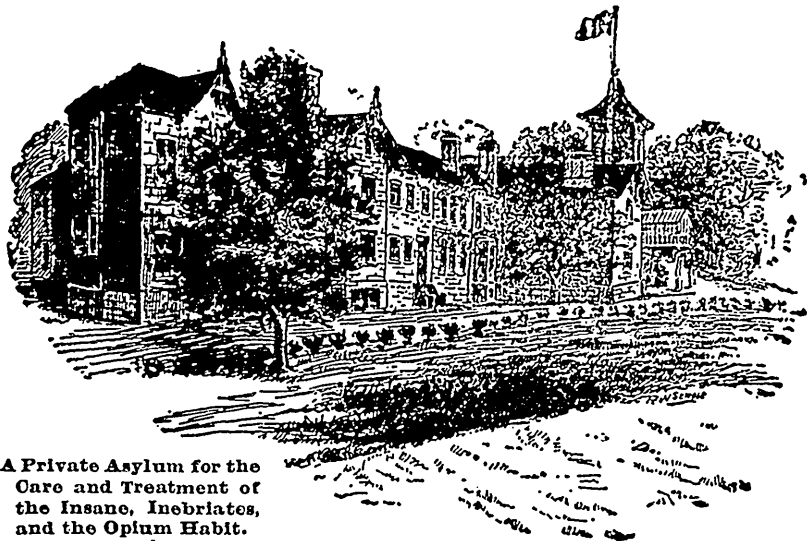
M. Sig.: Apply twice a day. (*Tinea tonsurans*).—*Van Harlingen*.

℞ Hydrarg. ammoniat.,  
Hydrarg. oxidi rub. āā gr. vj.  
Adipis ..... ̄j.

M. Sig.: Use after epilation and washing. (*Tinea tonsurans*).—*Startin*.

℞ Sodii biborat..... ̄j.  
Aceti destillat..... f̄ ̄ij.

M. Sig.: Use locally. (*Tinea tonsurans*).—*Abercrombie*.

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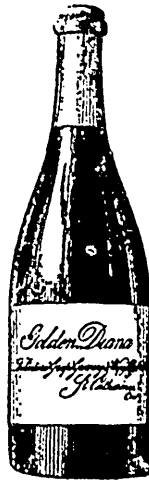
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SKIN DISEASES (*Continued*).—

℞ Acid. carbol. . . . . ℥j.  
Glycerinæ . . . . . f℥ss-j.  
M. Sig.: Rub in well night and morning. (Tinea tonsurans.)—*Tilbury Fox*.

℞ Ol. cadini. . . . . f℥iss.  
Sulphuris. . . . . ℥iss.  
Tr. iodinii . . . . . f℥iss.  
Acid. carbolic . . . . . ℥xx-xl.  
Adipis benzoat. . . . . ℥iv.

M. Sig.: Use night and morning. (Tinea tonsurans.)—*Van Harlingen*.

℞ Hydrarg. chlor. corros. ℥j.  
Saponis viridis. . . . . ℥ij.  
Alcoholis. . . . . f℥iv.  
Ol. lavandulæ. . . . . f℥j.

M. Sig.: To be rubbed in well night and morning. (Tinea versicolor.)—*Van Harlingen*.

℞ Cupri oleat. . . . . ℥ss.  
Sig.: Apply twice a day. (Tinea tonsurans.)—*Weir*.

℞ Hydrarg. chlor. corros. gr. iv.  
Alcoholis. . . . . f℥vj.  
Ammon. muriat. . . . . ℥ss.  
Aq. rosæ . . . . . ad f℥vj.  
M. Sig.: Apply frequently. (Tinea versicolor.)—*Tilbury Fox*.

℞ Acid. salicylici. . . . . gr. xxx.  
Sulphuris loti . . . . . ℥iiss.  
Lanolini . . . . . ℥xxv.  
M. Sig.: Apply with friction. (Tinea versicolor.)—*Liebreich*.

℞ Sodii sulphitis . . . . . ℥iij.  
Glycerinæ. . . . . f℥ij.  
Aquæ . . . . . ad f℥iv.  
M. Sig.: Apply frequently. (Tinea versicolor.)—*Tilbury Fox*.

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SKIN DISEASES (*Continued.*)—

℞ Resorcin..... ℥i-iiss.  
 Ol. ricini..... f ℥ xiss.  
 Alcoholis..... f ℥ xxxviiiiss.  
 Balsami Peruviani.. gr. viiss.

M. Sig.: Apply locally. (Tinea versicolor.)—*Ihle.*

℞ Sodii bicarbonat..... ℥ ii-x.  
 Aq. ferventis (90°-95° F.),  
 cong. xx-xxx.

M. Sig.: Alkaline bath. (In skin diseases where there is much local irritation.)—*Tilbury Fox.*

℞ Potass. carbonat..... ℥ ii-vj.  
 Sodii borat..... ℥ ij.  
 Aq. ferventis (90°-95° F.),  
 cong. xx-xxx.

M. Sig.: Alkaline bath.—*Tilbury Fox.*

SMALLPOX.—

℞ Tr. aconiti rad..... gtt. i-ij.  
 Spt. æth. nitro..... f ℥ ss.  
 Liq. ammon. acetat.... f ℥ ij.  
 Aquæ... .. f ℥ iss

M. Sig.: Take every hour or two. (For the initial fever.)—*Hughes.*

℞ Pulv. iodoform..... ℥ ss.  
 Pulv. camphoræ..... ℥ j.  
 Vaselini..... ℥ j.

M. Sig.: Apply to the affected parts of the skin. (To prevent pitting.)—*Witherstone.*

℞ Tr. aconiti rad. .... gtt. iv-vijj.  
 Liq. potass. citrat.... f ℥ j.

M. Sig.: Teaspoonful every twenty minutes until four doses are taken, for a child from three to eight years. (In the initial fever.)—*Starr.*

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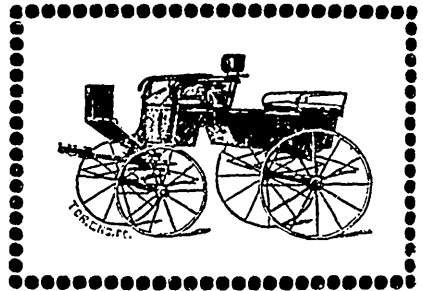
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SMALLPOX (*Continued.*)—

℞ Atropinæ sulphat. . . . . gr. j.  
Aquæ . . . . . f ℥ ss.

M. Sig.: Three to five minims every three or four hours.—*Hitchman.*

℞ Acid. salicylic. . . . . gr. xx.  
Sodii bicarbonat,  
Ammon. carbonat. . . . . āā gr. iv.

M. Et ft. chart. No. i. Sig.: Take in water every two to four hours.—*Prideaux.*

℞ Argent. nitrat. . . . . ℥ ij.  
Aquæ . . . . . f ℥ ij.

M. Sig.: Paint the skin that is exposed to the light. (To prevent pitting.)—*Ringer.*

℞ Ungt. hydrarg.,  
Ungt. aq. rosæ . . . . . āā ℥ ij.  
M. Sig.: Apply on mask night and morning.—*Starr.*

℞ Hydrarg. chlor. corros. gr. ii-iv.  
Aquæ . . . . . f ℥ vj.  
M. Sig.: Wet compresses and apply to the eruption.—*Skoda.*

℞ Acid. boric. . . . . ℥ iss.  
Glycerinæ . . . . . f ℥ j.  
Lysterini . . . . . f ℥ ij.  
Aquæ . . . . . q. s. ad f ℥ vj.  
M. Sig.: Use as mouth-wash.—*Powell.*

℞ Chloral . . . . . gr. xv-xx.  
Mucil. acaciæ . . . . . f ℥ ij.  
Aquæ . . . . . f ℥ ij.  
M. Sig.: Give by the rectum. (In cerebral excitement.)—*Hughes.*



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SMALLPOX (*Continued*).—

℞ Collodii flexilis..... f℥j.

Sig.: Apply every day or two with a camel's-hair brush to the eruption. (To prevent pitting.)—*Ringer*.

℞ Sodii salicylat..... ℥ij.  
Glycerine..... f℥j.  
Aq menthae pip..... ad f℥ij.

M. Sig.: One or two teaspoonfuls three or four times a day. (To abort the pustules.)—*Reimer*.

℞ Liq. ammon. acetat.... f℥iiiss.  
Spt. æth. nitro..... f℥ss.

M. Sig.: Tablespoonful in a wine-glassful of water every two or three hours.—*Hartshorne*.

## SPERMATORRHOEA.—

℞ Tr. cimicifugæ..... f℥ij.

Sig.: Teaspoonful three times a day.—*Morse*.

℞ Potass. brom..... ℥j.  
Aquæ..... q. s. ad f℥ij.

M. Sig.: Teaspoonful, well diluted, three times a day. (In the strong and plethoric.)—*Bartholow*.

℞ Antipyrin..... ℥ij.  
Syr. acaciæ..... f℥ss.  
Aq. cinnam..... ad f℥iv.

M. Sig.: One or two dessertspoonfuls at night.—*Thor*.

℞ Tr. gelsemii..... f℥j.  
Tr. belladonnæ..... f℥ij.

M. Sig.: Fifteen drops at bedtime.—*Bartholow*.

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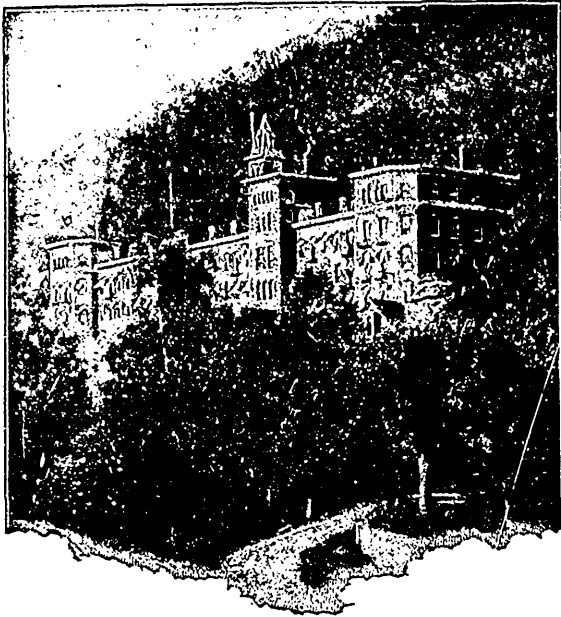
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SPERMATORRHOEA (*Continued.*)—

℞ Digitalinæ..... gr. j.  
Pulv. acaciæ..... ℥ ij.  
Syr. simp..... q. s.

M. Et ft. pil. No. xxxv. Sig.: One pill three times a day.—*Corvisart.*

℞ Tr. cantharidis..... f ℥ ij.  
Tr. ferri chlor..... f ℥ vj.

M. Sig.: Twenty drops in water three times a day.—*H. C. Wood.*

℞ Potass. brom..... ℥ j.  
Sodii bicarb..... gr. xv.  
Infus. digitalis..... f ℥ ss.  
Atropinæ sulphat..... gr. 1-60.

M. Sig.: To be taken at bedtime.—*Gross.*

℞ Infus. digitalis..... f ℥ iv.  
Sig.: One or two teaspoonfuls two or three times a day.—*Ringer.*

℞ Lupulinæ..... gr. x.  
Pulv. camphoræ..... gr. vj.  
Ex. belladonnæ..... gr. ij.  
M. Et ft. pil. No. xii. Sig.: One pill three times a day.—*Bartholow.*

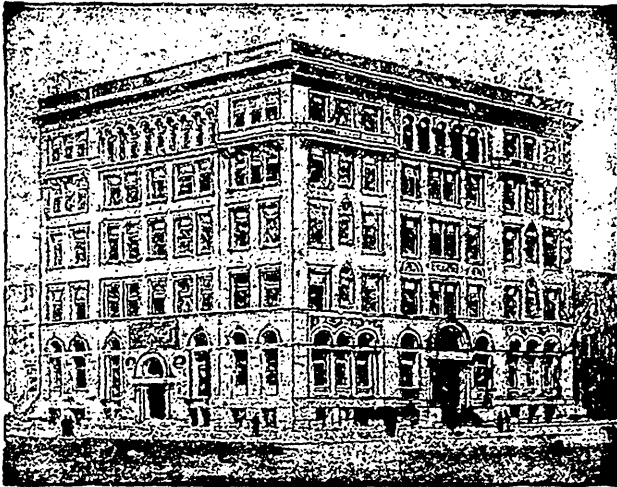
℞ Pulv. opii..... gr. v.  
Pulv. camphoræ..... ℥ iv.  
Pulv. acaciæ,  
Syr. simp..... āā q. s. ut ft. mass.  
M. Et ft. pil. No. xl. Sig.: Two pills three times a day.—*Waring.*

℞ Acid. tannici..... ℥ j.  
Glycerinæ..... q. s.  
M. Sig.: Apply to the deep urethra with a cupped sound.—*Van Buren and Keyes.*

℞ Pulv. digitalis..... gr. ij.  
Lupulinæ..... gr. xv.  
M. Et ft. chart. No. i. Sig.: Take power at bedtime.—*Pescheck.*

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℞ Decoct. uvæ ursi . . . . . f ℥ viij.  
 Liq. potassæ . . . . . gtt. cxxx.  
 Tr. belladonnæ . . . . . gtt. xlvij.  
 M. Sig.: Tablespoonful every four hours.—*Agnæw.*

℞ Balsam. copaibæ . . . . . ℥ ss.  
 Acid. benzoici . . . . . ℥ j.  
 Vitelli unius ovi,  
 Aq. camphoræ . . . . . f ℥ vij.  
 M. Sig.: Take two tablespoonfuls twice a day.—*Soden.*

℞ Aceti scillæ,  
 Spt. æth. nitrosi . . . . . āā f ℥ ij.  
 Aq. anisi . . . . . q. s. ad Oj.  
 M. Sig.: A wineglassful every hour or oftener.—*Waring.*

℞ Ex. belladonnæ . . . . . gr. ii-iv.  
 Ft. suppos. No. ii. Sig.: Introduce one into the rectum, and repeat in four hours if necessary.—*Hartshorne.*

℞ Ex. opii . . . . . gr. iv.  
 Ex. hyoscyami . . . . . gr. ij.  
 M. Et ft. suppos. No. iv. Sig.: Introduce one into the rectum.

℞ Tr. cannabis indicæ . . . f ℥ ij.  
 Sig.: Thirty drops every few hours.—*Ringer.*

## SYNOVITIS.—

℞ Acid. carbolic . . . . . gr. viij.  
 Aq. destillat. . . . . f ℥ j.  
 M. Sig.: Use ether spray, and inject ten minims into joint and repeat every three days. (In chronic form.)—*Martin.*

℞ Ungt. hydrarg . . . . . ℥ ij.  
 Pulv. ammon. chlorid . . . ℥ j.  
 M. Sig.: For inunction.—*Dupuy-tren.*

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**SPECIAL ANNOUNCEMENT.**

The Session of 1896-97 will begin Wednesday, September 30th, 1896.



Attention is called to the fact that the curriculum has recently been again entirely remodeled and greatly improved. It now consists of a four-years' graded course, a brief synopsis of which follows:

- 1st Year.—Lectures and recitations from text-books on Anatomy, Physiology, Histology, and Chemistry. Laboratory work in Histology and Chemistry. Dissection. Demonstration to sections in Anatomy.
- 2d Year.—Lectures on Surgical and Regional Anatomy, Experimental Physiology, Experimental Chemistry, Physics and Hygiene, and Materia Medica. Recitations from text-books on Anatomy, Physiology and Chemistry (continued), and on Pathological Anatomy, Practice of Medicine, Surgery, Materia Medica and Obstetrics. Demonstrations on the Manikin. Laboratory work in Pathology, Bacteriology and Materia Medica. Dissection. Demonstrations on advanced sections, and Demonstration-lectures in Anatomy.
- 3d Year.—Lectures on Practice of Medicine, Surgery, Obstetrics, Gynecology, Therapeutics and Pathology, with Autopsies. Recitations on Practice of Medicine, Therapeutics, Obstetrics, Gynecology and Pathology. Bedside teaching in small classes in the Wards of Bellevue Hospital on Medicine, Surgery and Gynecology. Clinics in Bellevue Hospital and the College Building on Medicine, Surgery and Gynecology.
- 4th Year.—Clinical, Hospital and Dispensary teaching will be the chief feature of the fourth year, combined with lectures on advanced topics. Special clinics will be given in Ophthalmology, Otology, Laryngology, Orthopaedy, Pediatrics, Skin Diseases, Venereal Diseases, Nervous Diseases and Insanity. Also Clinics in General Medicine, Surgery and Gynecology.

NOTE.—There are two remaining years of the original three-years' course. Students coming from other medical colleges of recognized standing will be admitted to either of them, for the last of which examinations are required in such branches only as have already been completed at the time of admission. The curriculum of these two years follows:

- 2d Year.—Lectures on Surgical and Regional Anatomy, Experimental Physiology, Experimental Chemistry, Physics and Hygiene, and Materia Medica. Recitations from text-books on Pathological Anatomy, Practice of Medicine, Surgery, Materia Medica, Obstetrics and Demonstrations on the Manikin. Laboratory work in Pathology; Clinics in Bellevue Hospital and the College Building on Medicine, Surgery and Gynecology, and Practical Clinical work in sections in Medicine and Surgery.
- 3d Year.—Lectures on Practice of Medicine, Surgery, Obstetrics, Gynecology, Therapeutics and Pathology, with Autopsies. Bedside teaching in small classes in the Wards of Bellevue Hospital on Medicine, Surgery and Gynecology. Clinics in Bellevue Hospital and the College Building on Medicine, Surgery and Gynecology.

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SYNOVITIS (*Continued*).—

Paint joint with tr. iodini and apply—

℞ Ungt. hydrarg.,  
Ungt. belladonnæ...āā ℥j.

M. Sig.: Apply on lint.—*Ash-hurst.*

℞ Morphine sulphat. .... gr. viij.  
Hydrarg. oleat. (5 to 10 per cent.)..... ℥j.

M. Sig.: Apply twice daily with a soft brush. (In acute form.)—*Marshall.*

℞ Iodi ..... ℥iv.  
Potass. iodid..... ℥j.  
Aquæ..... f℥vj.

M. Sig.: Apply externally with a brush.—*Martin.*

℞ Saponis mollis..... ℥ij.  
Alcoholis..... f℥j.

M. Sig.: Soak linen rags in the solution and apply about the joint.—*Kappesser.*

STYE.—

℞ Acid. boric..... ℥iv.  
Aq. destillat..... ℥v.

M. Sig.: Apply to the eyelids several times a day.—*Abadie.*

SYPHILIS.—

℞ Hydrarg. prot..... gr. v.  
Pulv. ipecac. et opii... gr. xl.  
Ex. gentian..... q. s.

M. Et ft. pil. No. xx. Sig.: One pill three times a day.—*Simes.*

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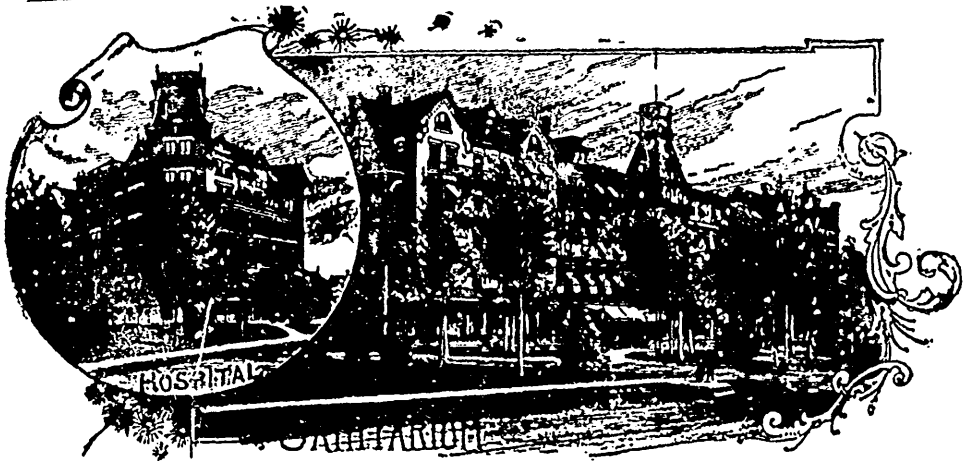
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SYPHILIS (*Continued*).—

R. Ungt. hydrarg. . . . . ℥ j.

Ft. chart. No. viii. Put in waxed papers. Sig.: Rub, after bathing, for fifteen minutes the contents of one paper into the body in the following order: First night, axilla and side of chest; next night, same on opposite side; next night, groin and inner part of thigh; next, same or opposite side; next, chest and abdomen, and repeat. Wear same shirt next to the skin under other clothing.

R. Hydrarg. salicylat. . . . . gr. viij.  
 Confec. rosæ. . . . . ℥ ss.

M. Et ft. pil. No. lx. Sig.: One three times a day, after meals.—  
*Chaves.*

R. Hydrarg. prot. . . . . gr. vj.

Ft. pil. No. xxiv. Sig.: One pill three times a day; every second day increase by one pill until first symptoms of ptyalism appear; then cut down dose one-half and continue for eighteen months this tonic dose; after that give—

R. Potass. iodid. . . . . ℥ iss-iv.  
 Hydrarg. chlor. corros. gr. i-iss.  
 Syr.aurant. cort. . . . . f ℥ j.  
 Aquæ . . . . . q. s. ad f ℥ ij.

M. Sig.: Teaspoonful three times a day for from six to twelve months.—  
*Martin.*

R. Hydrarg. chlor. mit. . . . . ℥ ss.

Sig.: Vaporize by means of heat, beneath a blanket covering, the naked body.

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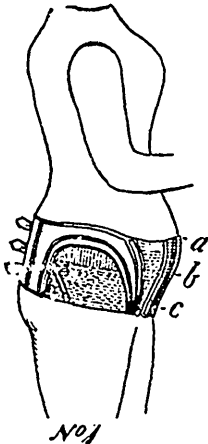
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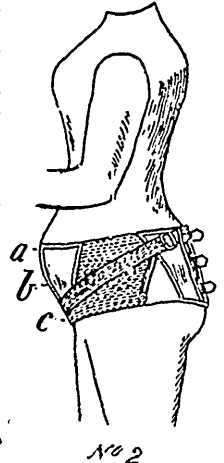
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℞ Mass. hydrarg. . . . . gr. xxiv.  
Pulv. ferri sesquichlor. . gr. xij.

M. Ft. pil. No. xii. Sig.: One pill three times a day; increase one pill every two days up to physiological limit; then cut down dose one-half and continue for eighteen months

Mucous patches in the mouth are healed by application of solid stick of silver or sulphate of copper. If elsewhere, wash with 1-2000 bichloride solution and dust with—

℞ Hydrarg. chlor. mit.,  
Bismuth. subnit. . . . . āā ℥ ij.

M. Sig.: Dusting powder.

After symptoms disappear, observe hygienic mode of living and take—

℞ Ol. morrhuae (Phillip's emulsion) . . . . . f ℥ viij.

Sig.: One teaspoonful three times a day.

℞ Potass. iodid. . . . . ℥ iiss.  
Syr. aq. hydriodic . . . . . ℥ j.  
Aq. destillat. . . . . ℥ ij.

M. Sig.: Dessertspoonful thrice daily in a wineglassful of rice-water. (To detect free iodine.)—*Gerhard.*

℞ Hydrarg. iodid. rub. . . . . gr. j.  
Potass. iodid. . . . . ℥ iv.  
Syr. sarsaparillæ co.,  
Aquæ. . . . . āā f ℥ ij.

M. Sig.: Teaspoonful three times a day after meals.—*R. W. Taylor.*

The mercury may be given by means of vapor bath.

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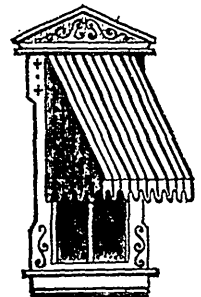
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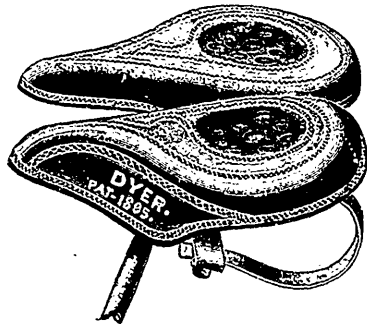
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SYPHILIS (*Continued*).—

℞ Hydrarg. chlor. corros. gr. vj.  
Sodii chlorid. . . . . gr. xxxvj.  
Aq. destillat. . . . . f ℥ x.

M. Sig.: Inject daily from five to eight drops hypodermically.—*Hebra*.

℞ Pil. hydrargyri . . . . . gr. xx.  
Ferri sulph. exsiccata . . . . . gr. x.  
Ex. opii . . . . . gr. v.

Ft. pil. No. xx. Sig.: One pill three times a day.—*Otis*.

℞ Potass. iodid. . . . . ℥ ij.  
Ammonii carbonatis . . . . . ℥ ss.  
Tr. cinch. comp. . . . . f ℥ iv.  
Syr. aurant. cort. . . . . f ℥ iss.  
Glycerinæ . . . . . f ℥ j.

M. Sig.: A teaspoonful, well diluted, after each meal.—*Keyes*.

℞ Tr. myrrh. . . . . f ℥ ss.  
Potass. chlorat. . . . . ℥ iij.  
Aquæ . . . . . q. s. ad f ℥ vj.

M. Sig.: Wash mouth every two or three hours. (For mucous patches.)

℞ Hydrarg. chlor. mit.,  
Lycopodii. . . . . āā ℥ ij.

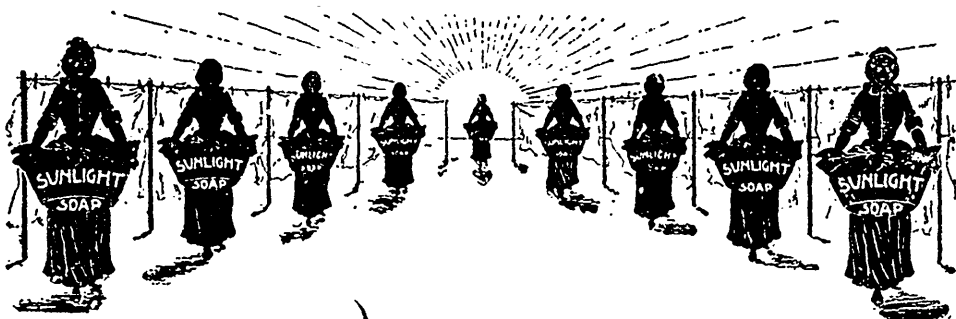
M. Sig.: Use as snuff three times daily, in syphilitic lesions of nose.—*Gross*.

℞ Hydrarg. chlor. mit. . . . . gr. xij.  
Ol. vaselini . . . . . ℥ ccxxv.

M. Sig.: Give twenty to thirty minims hypodermically.—*Balzer*.

℞ Hydrarg. chlor. corros. . . . . gr. j.  
Potass. iodidi . . . . . ℥ ij.  
Tr. gentian comp. . . . . f ℥ iij.

M. Sig.: A teaspoonful three times a day.—*Charity Hospital, N. Y.*



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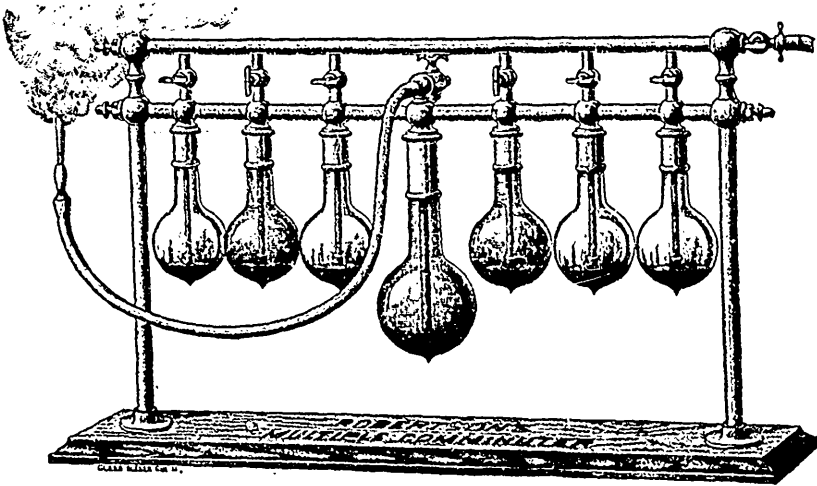
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SYPHILIS (*Continued*).—

℞ Hydrarg. prot.,  
Lactucarii. . . . . āā gr. xv.  
Ex. opii. . . . . gr. ii  $\frac{1}{4}$ .  
Ex. guaiaci. . . . . ℥ ss.  
M. Et ft. pil. No. xx. Sig.: One  
pill at breakfast and after supper,  
followed by a large draught of water.  
—*Diday*.

℞ Acid. nitro-muriat. dil. . f℥ iiss.  
Syr. stillingiaæ co. . . . . f℥ xiiiiss.  
Aquaæ. . . . . f℥ ij.  
M. Sig.: One or two teaspoonfuls  
three times a day. (In cases saturated  
with approved remedies, but still pre-  
sented mucous patches.—*Bartholow*.)

## TETANUS.—

℞ Liq. potass. arsenitis. . . f℥ j.  
Sig.: Five to eight drops, well  
diluted, every three hours.—*Dalton*.

Control the spasm by inhalations  
of ether, chloroform, or nitrite of amyl.  
Give ℥ ij to ℥ iv of bromide of potash  
in divided doses during the day, and  
chloral, gr. xxx to xl, at bedtime.

Also give opium, if necessary.  
Support with food and stimulants.  
—*Wood*.

℞ Potass. bromid. . . . . ℥ iss.  
Div. in pulv. No. xii. Sig.: One  
powder in a half tumblerful of water  
every three or four hours.—*H. C.*  
*Wood*.

℞ Tr. cannabis indicaæ. . . . f℥ ss.  
Syr. acaciæ. . . . . f℥ ij.  
Aq. cinnam. . . . . f℥ ss.  
Ft. haustus. Sig.: Take at once,  
and repeat in two hours, or sooner if  
necessary.—*Neligan*.

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TETANUS (*Continued*).—

℞ Chloral hydrat. . . . . ℥ ss.  
 Syr. aurant. cort. . . . . f ℥ iss.  
 Aquæ. . . . . ad f ℥ iij.  
 M. Sig.: Dessertspoonful as re-  
 quired.—*Bartholow*.

℞ Pulv. opii. . . . . ℥ j.  
 Pulv. camphoræ. . . . . gr. xv.  
 Adipis præp. . . . . ℥ ss.  
 M. Sig.: Rub the parts affected  
 with the spasm.—*Thomas*.

℞ Cocain. muriat.,  
 Morphiæ muriat. . . . . āā gr. xij.  
 Aq. destillat. . . . . f ℥ j.  
 M. Sig.: Twenty to sixty minims  
 hypodermically, as required.—*Lopez*.

℞ Ex. physostigmatis. . . . . gr. iss.  
 Pulv. zingiberis. . . . . gr. iij.  
 M. Et ft. pil. No. iii. Sig.: One  
 pill every hour.—*E. Watson*.

℞ Strychniæ sulphat. . . . . gr. j.  
 Aq. bullientis. . . . . f ℥ j.  
 M. Sig.: Eight to sixteen minims  
 hypodermically, as required.—*Bar-  
 tholow*.

℞ Ex. belladonnæ. . . . . gr. ss-j.  
 Ft. pil. No. i. Sig.: One pill every  
 two hours, to be increased *pro re nata* ;  
 also apply belladonna locally.—*Hut-  
 chinson*.

TINNITUS ARIUM.—

℞ Tr. cimicifugæ . . . . . ℥ clx.  
 Aquæ. . . . . f ℥ iij.  
 M. Sig.: Teaspoonful three times  
 a day.—*Patton*.

# St. Leon Springs Water

DR. SEVERIN LACHAPELLE, Editor-in-Chief of the *Journal of Hygiene*, in two well-written articles, recently published on the virtues of the

## CELEBRATED ST. LEON WATER,

gives a very careful analysis thereof, and he states the various diseases for which this water is positively efficacious; amongst others Dyspepsia, Scrofula, Rheumatism, Hemorrhoides, Liver, Kidney and Skin diseases. He says this Water, drank habitually, is the most powerful agent in destroying the germs of Rheumatism, which undermine the constitution. In cases of Typhoid Fever, St. Leon Water is the basis of treatment.

**ANALYSIS.**

|                              |                  |                                |               |
|------------------------------|------------------|--------------------------------|---------------|
| Chloride of Sodium . . . . . | 677.4782 grains. | Sulphate of Lime . . . . .     | .0694 grains. |
| “ Potassium . . . . .        | 13.6170 “        | Phosphate of Soda . . . . .    | .1690 “       |
| “ Lithium . . . . .          | 1.6147 “         | Bi-Carbonate of Lime . . . . . | 29.4405 “     |
| “ Barium . . . . .           | .6099 “          | “ Magnesia . . . . .           | 82.1280 “     |
| “ Strontium . . . . .        | .5070 “          | “ Iron . . . . .               | .6856 “       |
| “ Calcium . . . . .          | 3.3338 “         | Alumina . . . . .              | .5830 “       |
| “ Magnesium . . . . .        | 59.0039 “        | Silica . . . . .               | 1.3694 “      |
| Iodide of Sodium . . . . .   | .2479 “          | Density . . . . .              | 1.0118 “      |
| Bromide of Sodium . . . . .  | .8108 “          |                                |               |

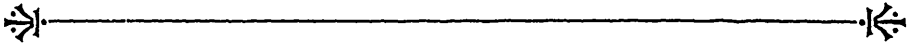
I hereby certify that I have analyzed a sample of “St. Leon Water,” taken from the bulk from the store cellars in Montreal, and I am able to confirm the general result of the analysis published by Dr. T. Sterry Hunt, F.R.S., published in the report of the Geological Survey, 1863; also the analysis of Prof. C. F. Chandler, of Columbia College, New York, made in 1876.

(Signed) JOHN BAKER EDWARDS, Ph.D., D.C.S., F.C.S., and ex-Professor of Chemistry and Public Analyst.

# HYSLOP...

# WHEELS

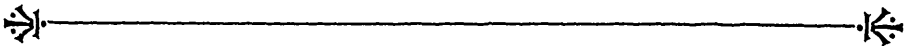
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## TOOTHACHE.—

℞ Collodii flexilis,  
Acid. carbol. cryst. . . . . āā fʒ ij.

M. Sig.: Apply to the tooth-cavity by means of a probe wrapped on the end with cotton.—*Guild.*

℞ Creasoti . . . . . fʒ ij.

Sig.: Moisten a very small pledget of cotton and lay it in the carious cavity; then pack a larger piece of plain cotton over it to retain it.—*Henson.*

℞ Acid. arseniosi,  
Cocaini muriat. . . . . āā gr. xv.  
Menthol cryst. . . . . gr. iiiss.  
Glycerinæ . . . . . fʒ iij.

M. Sig.: A pledget of cotton moistened with this, and placed in the cavity of the tooth, will quickly check the pain.—*L'Union Médicale.*

℞ Morphicæ sulphat. . . . . gr. iv.  
Atropiæ sulphat. . . . . gr. j.  
Aq. destillat. . . . . fʒ j.

M. Sig.: A few drops on cotton placed in the cavity.—*Bartholow.*

℞ Acid. tannic. . . . . ʒj.  
Mastichis. . . . . gr. x.  
Ætheris . . . . . fʒ iv.

M. Sig.: A few drops on cotton placed in the cavity.—*Druitt.*

℞ Ol. caryophylli . . . . . fʒ ij.

Sig.: Moisten a small piece of cotton and place in the cavity.—*Hartshorne.*

℞ Chloroform . . . . . gtt. v.  
Tr. opii (Sydenham's). . . . . gtt. ij.  
Tr. benzoini . . . . . gtt. x.

M. Sig.: Apply on cotton.—*Le Bulletin Médicale.*

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