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THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

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TORONTO, DECEMBER, 1888.

Original Communications.

CASE OF PENETRATING BULLET
WOUND.

BY GEORGE A. KENNEDY, M.B., FORT M'LEOD,
Surgeon to North-West Mounted Police Force.

C. C. M., aged 30, accidentally shot on afternoon of June 23rd, 1887, by the discharge of a colt's revolver which he was unloading. Point of entrance of ball, which was conical forty-four (44) calibre, about an inch and a half to right of median line of chest and immediately over the cartilage of second rib, exit behind the middle third of external border of right scapula.

When first seen, twenty minutes after the accident, patient was suffering from shock. Hemorrhage, mainly from entrance wound, not excessive, and mixed with air bubbles. The wounds were washed, dressed with dry iodoform and covered by pads of absorbent cotton, secured by a firm bandage. The shock yielded to stimulants in small quantities, and morphia sufficient to relieve pain and secure rest constituted the only immediate treatment. Patient coughed up blood during the night, and at intervals in small quantities during the next three days. Pulse ranged from 80 to 100; average temperature 101, and respiration 28 to 30. On Sunday, the fourth day after the accident, I turned him over on the side and re-arranged bandages. No oozing or irritation about either wound. This condition of things continued until the

following Sunday, eleventh day, when on dressing the wounds I discerned an emphysematous patch under right axilla. This, however, disappeared during next day or two. The wound in back never gave the slightest trouble, and a week after this was healed entirely. On Monday night, twelve days after accident, the temperature ran up to 104° and continued high (101°-104°) all next day. There was a good deal of tenderness to right of entrance wound. Back of right lung dull in percussion, bronchial breathing, vocal resonance none or very little. About entrance wound bronchial breathing and increased vocal resonance as from the first. Tuesday night, thirteenth day, pain about wound became excessive, and I therefore dressed it. Finding that pus came up near the surface on certain motions of chest walls and manipulation of skin and muscles, I inserted a canula attached to an aspirator syringe, and working it downwards and outwards about an inch and a half, entered a cavity and drew off a considerable quantity of unhealthy pus. Next day there was considerable discharge on the dressing, and I drew about half an ounce more with the syringe. In the evening I turned him on left side and, after drawing off some bloody pus, washed out the wound with 1-5,000 sublimate solution. Air now entered freely and came out of wound for first time since the first day. Pulse, 115-120; temperature, 103.8°; respiration, 32-40; pain and dyspnoea. During the night he coughed a good deal, causing hemorrhage from the wound, which saturated the

dressings twice. Thursday, the fifteenth day, the hemorrhage gradually ceased, although the pleural cavity seemed nearly filled with fluid. At 8 p.m. chloroform was administered, and assisted by Dr. Mewburn, the entrance wound was enlarged. Hemorrhage was excessive, the blood apparently being pumped out of the pleural cavity by the action of the lungs and chest walls. The bullet was found to have bored through the cartilage besides comminuting it. The piece was comparatively loose, but could not be easily detached. Hemorrhage ceased for a little, and an exploratory puncture in the seventh intercostal space failed to find fluid, the pleura being temporarily emptied. As it seemed impossible to permanently arrest the bleeding, and as it was evident that the pleura was acting as a reservoir, the incisions were sewn up and a compress applied. Friday, sixteenth day, very little hemorrhage. Pulse, 102; respiration, 40; temperature, 103°; pleural cavity again full. During the seventeenth, eighteenth and nineteenth days there was a good deal of bleeding, especially in any movement or coughing. Dressing had to be frequently changed and patient kept very quiet. On the last-mentioned day, a cutaneous erysipelas developed suddenly over front of chest and spread rapidly downwards. This was, no doubt, carried by impure surroundings, a condition of things at that time impossible to remedy. It was quickly got under control, however, by iron internally and iodine and collodion externally.

From this time until Thursday, 21st July, the twenty-ninth day after the accident, the patient's condition may be described as undergoing a gradual change. The character of the discharge slowly changed from blood to blood and serum, and from this to sero-sanguineous pus, a large quantity of which, smelling rather badly, gushed out on this date during a fit of coughing. Patient distinctly tasted this in his throat. Pulse, 75-100; respiration, 28; temperature, 100-101°. In consultation with and assisted by Dr. Mewburn, the patient was then chloroformed, and after an exploratory puncture, an incision was made between sixth and seventh ribs in the mid-axillary line, and a large quantity of foetid pus emanated. The pleural cavity was washed out with warm water and then with

1-80 solution of carbolic acid. It was impossible to connect the two wounds with a bougie or long probe, but fluid passed readily from one to the other. After the cavity had been thoroughly cleansed, therefore, a drainage tube was inserted, and the wound dressed with lint soaked in carbolic solution and covered by a thick pad of iodoformed cotton wool. A hypodermic of morph. sulph. gr. $\frac{1}{2}$ gave him a good night.

After this the pleura was washed out at first three times, then twice, daily with different antiseptic solutions—boracic, salicylic, alcoholic and carbolic. The injections generally excited coughing, and patient could immediately afterwards tell what solution I was using from the taste in his throat. The discharge was at first copious, and on three occasions pieces of disorganized lung tissue came away. From Friday, July 27th, the thirty-fifth day after the accident, there was a perceptible improvement in the quantity and quality of the discharge, and the patient gained strength. His temperature and pulse fell to nearly normal, and the respiration gradually decreased to 24 or 26. On August 15th, the discharge was a semi-transparent, thick and very tenacious mucus-like stuff. He was much troubled at this time with neuralgic pains in right leg, which were first treated with quinine, but yielded only to aconite. The usual difficulties incidental to draining such a cavity were, of course, experienced. On the 21st, however, he was able to be moved to a larger and better room in another house, and the change was beneficial.

The orifice of entrance healed up finally, after the cartilage, to its junction with the sternum had dissolved away, leaving a circular depression about an inch in diameter and half an inch deep. The lower opening was allowed to close when the discharge had become reduced to almost nothing. Rubber drainage tubes were used, a silver one being found painful to insert and difficult to retain in place.

The general treatment consisted at first of complete rest, secured by morphia and attention to details, careful watching of the temperature and other symptoms; and after drainage had been established, the generous use of stimulants and nourishing food with a tonic of iron and quinine.

Convalescence was slow, and it was four

months from the time he was shot before he was able to drive the thirty (30) miles between here and Lethbridge, and make the journey to Toronto. It was delayed after this also by a swelling of the right leg, which required rest and bandaging. He had suffered from phlebitis in this leg some years before, after an attack of typhoid.

I examined the patient a short time ago, and outside of some dullness on percussion around lower and back part of lung, due to thickened and adherent pleura, he appears to be all right. He is not able to indulge in violent exercise, such as cricket or lawn tennis, but for anything requiring a moderate degree of force, says he is as good as ever.

Remarks.—For the first twelve days both wounds were occluded. There was a moderate amount of blood in the pleura, which did not undergo any decided purulent change. On the entrance of air by the emptying of the small pus cavity alluded to in the entrance wound, hemorrhage recommenced. It was probably a mistake to enlarge the orifice, but a pardonable one under the circumstances, one that did not cost much, and one that was of value by affording a better knowledge of the nature of the wound. After this, there was nothing to be done but to control the hemorrhage by complete quietness, compresses, etc., and select the best time for paracentesis. After the counter-opening was possible the case became simple, and illustrated the advantages of cleanliness and thorough drainage.

CARDIAC POLYPUS — CAUSING SUDDEN DEATH.

BY W. H. B. AIKINS, M.D.,

Pathologist to the Toronto General Hospital, etc.

The subject of the autopsy was an old negress, who had been admitted to the Toronto General Hospital, to be operated upon by Dr. Reeve, for the removal of a cataract. The operation was done without the administration of a general anæsthetic, but by the aid of a local application of cocaine. The operation was successful, and the wound healed kindly, but the patient suddenly expired on the sixth

day after operation. No cardiac lesion had been detected upon stethoscopic examination before she underwent operation.

The main features of interest of a pathological character were the fibroids of the uterus—above six pounds in weight—which had undergone extensive calcareous degenerative changes, but of still greater interest was the condition of the heart. The valves were free and the cavities normal, save the right auricle, which was dilated and almost entirely occupied by “a true polypus,” or a true polypoid growth resembling an organized *anti-mortem* coagulum, and attached by a firm pedicle to a point corresponding with the situation of the eustachian valve in the *sinus venosus*. The pedicle, which was half an inch broad, was covered with endocardium, continued also over a portion of the mass. This polypoid, pear-shaped growth was elastic, tough and tenacious, measuring two inches in its long diameter.

There can be no doubt that fibrinous concretions and true polypi are formed in the heart from the blood during life. Rokitsky divides the coagula into three varieties: (a) Polypi; (b) ramifying coagula, and (c) globular vegetations (*végétations globuleuses* of Lænnec); and considers it a remarkable circumstance that polypi are almost always limited to the left ventricle, though he has observed them, in a few exceptional cases, situated in the right auricle and ventricle. In this case the growth was on the right side, and there was no evidence of any endocarditis having existed.

Many of the German pathologists have written exhaustively on the varieties of cardiac thromboses, though all have not taken cognizance of the true polypi. Pearls* mentions the “Herzpolypen,” but would apply the term rather to those clots formed during the death struggle, than to those formed at a considerable period previous to, or independent of, the fatal issue.

Rindfleisch,† likewise speaks of the “Herzpolypen,” which may be called thrombi, usually formed through a roughness of the surface and a lagging of the circulation.

* Lehrbuch der allgemeine pathologischen anatomie und pathogenese.

† Lehrbuch der pathologischen gewehelehre, 1886.

Wilks and Moxon,* also apply the term polypi to *anti-mortem* coagula.

The patient died suddenly, and in all probability from a displacement of the polypus, which completely occluded the auriculo-ventricular orifice.

Walsh† mentions several cases of sudden death from the formation of coagula in the pulmonary artery; and Dr. Goodridge‡ notes three cases in which death occurred with a greater or less degree of suddenness from the formation of cardiac thrombi in acute disease, but I have been unable to find any record in the literature at my disposal where instant death resulted from the displacement of a thoroughly organized pediculated fibrinous coagulum.

68 Gerrard Street East.

PYÆMIA WITH PYELO-NEPHRITIS: A CASE.

BY A. M'PHEDRAN, M.B.,

Lecturer on Clinical Medicine, University of Toronto;
Physician to the Toronto General Hospital, etc.

(Read before the Toronto Medical Society, Nov. 27th, 1888.)

Mrs. S. S. W., aged 24 years, the wife of a physician of this city; family and personal history good. She complained of feeling depressed and not very well, with chilly sensations, on Monday, August 13th last. She was about the same on Tuesday, and on Wednesday, 15th, not being so well, I was asked to see her in the evening. Her temperature was then 101.3°; pulse, 90; skin somewhat hot and dry; there was some pain with tenderness in the region of the cæcum. The bowels not having moved that day, a purgative was given; hot fomentations applied to the cæcal region and small doses of quinine and acid given. She was pregnant, and within two or three weeks of term.

On 16th there was no material change; urine, normal on examination. Her husband had repeatedly examined the urine during her pregnancy, finding nothing abnormal. Tempera-

ture, 100.3° a.m. and 102° p.m.; bowels had moved well.

On 17th, temperature, 101° a.m. and 103.2° p.m.; no chills; no pain in cæcal region, but some about hepatic flexure of colon—the whole colon was considerably distended with flatus. No tenderness in the lumbar region. There was some occasional headache. It was thought the case might prove to be one of irregular typhoid.

On 18th, the morning temperature was normal and continued so till noon, but in the evening it rose again to 103°. The urine was examined, and found now to contain a few pus corpuscles and a trace of albumen. She was very cheerful taking nourishment very well, mostly koumyss and broth. Her nights were somewhat restless, sleep being broken.

On 19th, her condition continued about the same. Antipyrin, grs. 9, was given to relieve some headache and general pains, and to reduce a temperature of 103°. She had vomited a few times. Pus and albumen in urine increased.

On 20th, she was somewhat better all day, though restless at times and vomiting occasionally. At 10.30 p.m. she was awakened out of sleep by a most severe chill. I was hastily summoned, and found her extremely restless; face, anxious; skin, hot and pungent; thirst, great; thermometer in axilla registered 106.2°. Towels wrung out of iced water were at once applied all over front of body and thighs, being changed constantly. Relief was most prompt and gratifying. In half an hour the temperature was reduced to 103.2°; shortly afterwards the cold applications were dispensed with. The temperature continued to fall all night. Urine was drawn by catheter, and contained largely increased pus deposit, which was found, on microscopical examination by Dr. G. A. Peters, to contain epithelium from the pelvis of the kidney, but no casts. In some samples of urine the urea was much reduced, below one per cent.; in others, nearly a normal amount was present. Dr. I. H. Cameron was called in consultation, and was thereafter associated with me in the treatment of the case.

21st. Temperature continued to fall from midnight till noon, when 96.1° was registered in the axilla and 96.4° in the rectum; pulse,

* Lectures on Pathological Anatomy.

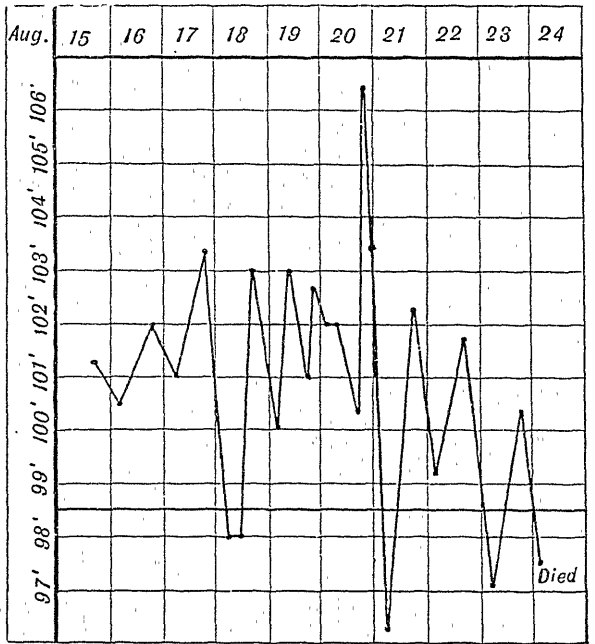
† A Practical Treatise on Diseases of the Heart, 1862.

‡ New York Medical Journal, October 20th, 1883.

regular, from 80 to 118; respiration about 25. During the afternoon, temperature rose gradually, being normal at 3 o'clock and reaching 102.1° at 6 o'clock; then began to fall again. Slight labor pains began in the morning, and continued all day. Flatulence increased, causing great distension of bowels around the enlarged uterus. Salol and papoid with soda were given frequently to lessen formation of gas, but without effect. Urine, 6 oz. was passed at 3 p.m.; specific gravity, 1017. Albumen $\frac{7}{10}$ by volume, and only a slight sediment of pus. Bowels not moving to-day, an enema of castor-oil was given, in anticipation of labor; several slight stools followed during the night. To ease labor pains and quiet restlessness, chloral, grs. 20, were given by the rectum at intervals. The chloral not being sufficiently effective, two doses of antipyrine, grs. 10 and 5 were given, with some benefit. At one time the restlessness was so great that, as the secretion of urine was fairly abundant, morph. sulph., gr. $\frac{1}{8}$, was given subcutaneously, causing good rest for a time.

22nd. Temperature, 99.1° a.m., 101.4° p.m. Complained of pain in right side, and evidences of pleurisy were found. Jacket poultices were applied. Labor pains increased and made her very restless, for which occasional doses of chloral were given by the mouth. No change in urine. Distension of stomach and bowels extreme. Sp. am. arom. was given frequently, to aid in expelling gas from stomach. The head having entered the pelvis, her husband administered chloroform and I applied forceps. She was delivered at 8 p.m. of a living male child. She took chloroform well, and only sufficient was given to render her easily controlled. The uterus contracted perfectly, only two or three ounces of blood being lost, although bleeding was rather encouraged as likely to mitigate the comatose symptoms that were gradually developing. Coma followed delivery, with fairly contracted pupils reacting slowly to light. Breathing somewhat stertorous. Flatulency so extreme that the abdomen was scarcely

reduced in size by the delivery. The breath having the odor of chloral, it was thought possible that owing to flatulency the chloral, of which she took less than 2 drs., had not been absorbed during the day, and was being absorbed now, causing the coma. A stomach tube was therefore introduced, and the stomach emptied of both fluid and gaseous contents, the latter being much the greater. This had the effect of rousing her, and by 3 a.m. she asked for the babe and answered questions. The stupor was still great, and continued so during



all next day, except during one or two short intervals. The abdominal distension again became extreme. An effort was made to reduce it by the Faradic current, Dr. A. R. Pyne kindly assisting with his battery. The success was considerable. A further effect of the current was to strengthen the pulse and improve the circulation materially. Twice during the afternoon, the pulse becoming almost imperceptible, even with the hypodermic injection of stimulants, was restored to good fulness and force by the Faradic current. The urine continued fairly abundant, and of the character already described. Towards evening the coma became complete, and she died rather suddenly at 1 a.m. of the 24th.

Only a partial *post-mortem* examination could be done, and for the following report of it and the marked conditions found I am indebted to Drs. G. A. Peters and J. Caven, by whom the examination was made.

Post-mortem Examination.—The inspection showed slight jaundice, marked bloating, well marked *rigor mortis*. Section showed—Abdomen: Omentum, peritoneum and intestines healthy; peritoneal glands enlarged slightly. spleen softer than normal; kidneys very large and congested, with multiple miliary, yellow foci, showing beneath the capsule as elevated points, and in the substance of the kidney as minute spots surrounded by a narrow zone of intense congestion. These foci were in some parts scattered and separated widely by kidney tissue, in others agglomerated, so as to present on careless inspection the appearance of rather large caseating patches. These agglomerations, when occurring immediately beneath the capsule in the cortex, formed prominent nodules in many places as large as an ordinary white bean. The capsule, when stripped, brought away portions of these nodules and points with it. Bladder contained a small quantity of purulent urine; uterus firmly contracted, no clots; liver softer than normal. Thorax: heart healthy; lungs, considerable œdema, otherwise normal; right pleural cavity contained a small quantity of serous fluid.

Microscopic Examination of Kidneys.—Stained sections of the kidneys presented the following appearances:

1. In certain of the sections the kidney tissue in greater part was normal, with the exception of a slightly granular appearance of the proper kidney cells. Here and there scattered through the sections were very small but dense infiltrations of leucocytes. In some cases the centres of these infiltrations were necrotic, in others not. Masses of micrococci were also found in the vessels or tubules in and around these minute abscesses.

2. In other sections the infiltration of leucocytes was not in patches, but diffuse, the whole of the interstitial tissue being crammed with them. The proper kidney cells, where recognizable, were swollen and the nuclei unstained. Micrococci were found here also.

These sections had the appearance of a commencing diffuse suppurative interstitial nephritis.

This report of the pathologists, in the light of the clinical history, clearly indicates a case of so-called spontaneous pyæmia, in which the brunt of the disease is borne by the kidneys. It is unusual that no foci, suppurative, or hemorrhagic, were to be found in any other organs, especially the liver and spleen. The absence of such foci is due, probably, to the kidney being in the periphery of circulation, the germs thus not gaining access to the general blood current. That the attack was general from the first, and not renal, with subsequent constitutional poisoning, is shown by the fact that it was not till about four days after the illness began that the urine showed the kidneys to be diseased. Had the micrococci fastened themselves on the valves of the heart, malignant endocarditis would have resulted. The kidneys became the seat of attack, probably because pregnancy had rendered them more vulnerable to the germs. The enormous quantities of gas in the stomach and bowels was doubtless derived from the blood being formed there by action of the sepsis. The coma was uræmic; the waste products in the blood were greatly increased, and, at the same time, the kidneys were eliminating much less than normal, hence the uræmia, which was the immediate cause of death.

The cause of the disease in this case is obscure, but the following facts offer a probable solution of the difficulty:—On the day Mrs. W. died, her brother consulted me; he had been unwell for several days. I found his temperature to be 103°, with headache and other symptoms of enteric fever which his illness proved to be, and from which he recovered in due time. On the 26th August, two days later, the youngest brother and sister were taken ill, and both had a typical, though mild attack of lobar pneumonia, the base of the right lung being affected in each case. A day later an older brother and sister were indisposed, with elevated temperature, headache, etc., from which they recovered in a few days. A servant boy took severe sore throat, for which he was sent to the hospital; he recovered in about ten days. The illness of so many persons in the same household simultaneously, pointed to a common source of poison-

ing, and the premises were carefully examined, with the result that a broken tile was found in the drain under the milk pantry. The roots of a tree had grown into it. The odor of peppermint poured into the closet was readily perceived in the milk pantry. The poisoning of the milk by gases escaping from this drain furnishes ample explanation for this general outbreak of sickness.

Mrs. W. spent the afternoon of August 8th at her mother's residence. She drank some fresh buttermilk, of which she was fond; on this occasion it made her sick, and she vomited. This buttermilk, in common with the other milk, must have been poisoned by the gases escaping into the pantry, and the poison gained access to her system probably through a small ulcer or abrasion in the digestive tract, causing general pyæmia, with the suppurative pyelonephritis that resulted.

That there were different diseases in different persons is probably due to the presence of more than one kind of poisonous germs. Typhoid fever is doubtless always due to a specific germ, a bacillus probably; and pneumonia is usually caused by one or more kinds of micrococci, though it may probably be caused in some cases by typhoid poison. These two cases were typical ones, and were probably due to micrococci and not to typhoid poison. The same germ that produces pneumonia in one case, may, probably, in another produce pyæmia, if the conditions are favorable. It is at least certain that micrococci are the active agents in the causation of malignant or ulcerative endocarditis, which is secondary to pneumonia more frequently than to any other disease,* and malignant endocarditis is often but a symptom of pyæmia and the main central factor in its production. In Mrs. W.'s case, the valves of the heart were able to resist the influence of the micrococci, but the kidneys, altered in some way perhaps by pregnancy, fell easy victims to their attack. Of course, the possibility of infection from some old caseous focus, however minute it might be, in a bone or elsewhere, is to be borne in mind; but the absence of symp-

toms in any part of her history, or of *post-mortem* evidence of a caseous mass, and the simultaneous outbreak of kindred diseases in her family from poisoning, to which she also was exposed, renders the causation assigned extremely probable, if not certain.

84 College Avenue.

THE FATAL ILLNESS OF FREDERICK THE NOBLE.

BY SIR MORELL MACKENZIE, M.D.

ANNOTATIONS BY

G. STERLING RYERSON, M.D., L.R.C.S., EDIN.,

Professor of Eye, Ear, and Throat Diseases in Trinity Medical College.

The above is the title of the reply of Sir M. Mackenzie to his assailants. The book is divided into two sections, the historical and the controversial. The political aspects of the case and the inner history necessarily, and at the instance of august personages, are left at present unpublished. The book is well gotten up, and contains twenty-two illustrations, showing the larynx and the growth at different periods, the various tracheal tubes, also the false passage and diffuse abscess cavity by Von Bergmann.

The historical portion deals with Mackenzie's visits to Berlin and Potsdam, the first consultation at which the first hostility was shown him. After making an examination, the physicians retired for consultation. Mackenzie then said, "There is nothing characteristic in the appearance of the growth, and it is quite impossible to give a definite opinion as to its texture without a more searching examination. The first thing to be done is to pick off a piece of the growth through the natural passage, and have it examined microscopically by an expert." Prof. Gerhardt said it would be difficult, Prof. Tobold expressed a similar opinion. I then turned to Gerhardt, and said, "Will you try?" He replied, "I cannot operate with the forceps." I next asked Prof. Tobold if he would make the attempt, but he also declined, saying, "I no longer operate." These replies increased the surprise which I already felt at a case of such a nature having been entrusted to the hands of

* Osler's Gulstonian Lectures. *British Med. Journal*, 1885, Vol. I., p. 578.

these gentlemen, for a throat-specialist who cannot use the forceps is like a physician who cannot use the stethoscope, or a carpenter who cannot use a saw."

Gerhardt on the occasion of the second operation, accused Mackenzie of removing a piece of the healthy vocal cord. Mackenzie denies this absolutely, and says, "I did not, because I could not with his model of forceps."

He thus defines his position: "I repeat that I gave no opinion one way or the other as to the nature of the disease. I did not say that it was not cancer; I only said that that opinion was 'not proven' and in the absence of positive proof I refused to sanction surgical procedures which at present are at the best more or less of the nature of experiments, which are dangerous to life and nearly always destructive to the voice."

Practically Mackenzie claims that the case was originally one of papilloma, which was cured (see fig. 4, p. 47, made June 28th); and which entered on a new phase on or about September 9th.

Things went on from bad to worse until February 9th, when dyspnoea became urgent, and tracheotomy had to be performed by Dr. Bramann, sent from Berlin for that purpose. The canula used was one of extraordinary size and length, and it was not long before it made its presence felt by pressing on the posterior wall of the trachea and causing cough and hemorrhage. On February 28th, a new tube was made in San Remo by a silversmith under Sir Morell's directions. When used this gave great relief. On March 9th the Emperor William died, and next day the new monarch started for the capital. Matters went on for some weeks without much change. On the night of the 12th April, Mr. Hovell noticed that there was a rattling noise apparently in the tube. Several times during the night the position of the tube was altered. The next morning it was determined to change it. Out of courtesy, Von Bergmann was sent for. He did not arrive until five p.m., and then in a state of great excitement. Without making any remark, he pulled the old canula out of the neck and roughly endeavored to push another in. This was followed by a violent fit of coughing and considerable bleed-

ing. Von Bergmann then *pushed his finger deeply into the wound*. Bramann at that moment fortunately arrived on the scene, and introduced a moderate-sized canula into the trachea with ease. The Emperor continued to cough almost incessantly, and lost much blood. After the Professor left, His Majesty said, "Why did Bergmann put his finger into my throat." I replied, "I do not know." His Majesty then said, "I hope you will not allow Professor Von Bergmann to do any further operations on me."

The result of this treatment was the formation of a diffuse abscess, necrosis of the cartilages of the trachea, and indirectly death. Gerhardt is held responsible for the extreme cauterization of the larynx with galvano cautery (every day for two weeks), as having caused a benign growth to become malignant, and Bergmann finished the business. These are the chief counter-accusations.

Controversial.—The truth about the proposed operation, Sir Morell says, "I propose to show (1) that the operation of thyrotomy which it is stated was proposed to be performed on the Crown Prince in May, 1887, is not free from risk, as is pretended by Von Bergmann, but on the contrary, is a dangerous procedure, soon leading to death. (2) That the proposed operation does not afford a fair prospect of eradicating a malignant growth, but, on the contrary, is most frequently followed by recurrence. (3) That the presence of cancer was not ascertained even with approximate certainty until November, 1887, if indeed it really existed before that date."

Palliative Treatment—*Life is preserved* under normal circumstances for at least one year, and under a favorable state for two years.

Radical Treatment (Thyrotomy)—*Life is sacrificed at once* as the result of the operation in 27.2 per cent. of cases, while in 54.54 per cent. death is hastened. *A complete cure has been obtained twice.*

Such is a brief sketch of this remarkable book, which I would advise everyone interested in the case to obtain. It is published by Sampson, Low & Co., London, and can be had in this city.

60, College Avenue.

Selections.

We are indebted to DRs. NEVITT, McDONAGH, and ACHESON *for translations from the Italian, German, and French.*

HALLUX VALGUS.

When a mucus bursa is formed on the prominent part of the hallux valgus and the sac is inflamed, recourse must be had to operation. Ablation of the bursa is insufficient, and therefore, according to the method of Hueter in patients of the laboring classes, it is usual to take away the prominent head of the first metatarsal, even though the suppuration in the bursa may not be diffused into the metatarso-phalangeal articulation. Favorable results have been communicated by Hamilton, Rose and Sayer.

The removal of this bone is insignificant enough, only when there is a flat foot. If one ascended with the entire sole of the foot the head of the first metatarsal bone would have no particular importance; and, indeed, a lady on whom the author excised the entire head of the first metatarsal, on account of suppuration in the articulation, walked without pain, notwithstanding supervening ankylosis, because she had a high grade of flat foot.

Quite otherwise is it in feet of normal conformation, in which the head of the first metatarsal constitutes the principal support of the arch; if this is taken away, the arch is lowered, and contemporaneously the heads of the remaining metatarsals, which then sustain a proportionately greater weight, bury themselves in the sole of the foot, whilst the toes are turned upwards towards the dorsum.

This happened in the case of a young girl of eighteen, in whom the author resected the heads of the first metatarsals in both feet. In the first month following the operation the girl walked well enough, then followed intense pains in the sole of the foot, and the heads of the metatarsals touched the ground very distinctly. One year after the operation she could move only with great difficulty with crutches, and the author was obliged to remove the heads of the remaining metatarsals in order to restore the equilibrium. Fortunately the

operation succeeded well, and the patient has a small, graceful and useful foot, can walk and jump well, no pain in cicatrices. Yet with all this, this operation is to be remembered as a deplorable consequence of an operative act in appearance well justified.

This case demonstrates that Hueter's operation may be followed by unpleasant consequences; and that in normal feet it should be replaced by another process.

In four cases Reverdin took away with the scalpel the exostosis on the internal side of the head of the first metatarsal, and then cut a wedge from this bone above the head, after which the digit was straightened. Yet in the publication of his cases, he had not been able to furnish definite results; but it is not improbable that these may have been favorable, because the heads of the metatarsals remained intact.

It is still more simple to remove the exostosis from the metatarsal, but not to touch the bone of the first phalange and to level somewhat the articular face of the metatarsal bone. This method has given the author good results in four cases. The first operation (Oct. 14, 1885), was done on a girl twenty years of age, with bilateral hallux and inflammation of the mucous bursæ. The head of the metatarsal bone presented a sagittal groove, which divided the old articular surface from the new. The second case (April 13, 1886), was for the same trouble, in a girl of twenty-one years, in whom arthritis was already present, the cartilage injured and the capsule hyperæmic and covered with villi. The other two cases were in men fifty and fifty-five years, with notable arthritis deformans, and in one of these there had been developed spontaneously an acute inflammation of the articulation; in the other, operation was called for by inflammation of the mucous bursa. In the first three operations he obtained movable joints, performing their functions painlessly. Hallux valgus being usually found with the toe strongly abducted against the other toes. After operation it naturally tends to return in slight abduction; but this abnormal position is not augmented by the progress of time, nor does it give rise to trouble.

The patient last operated upon cannot yet

move the joint, and it is possible that it may yet remain ankylosed, which also happens in resection of the head.

Occasionally articular suppuration gives rise to necrosis of the metatarsal head, when extraction only remains. In many cases, however, this necrosis is only partial, and then one must seek to preserve as much as possible the arch of the foot, by sacrificing as little as may be a portion of the first phalange, so as to procure space to drain the joint.—*Riedel in Giornale Internazionale.*

RAILWAY INJURIES.—Dr. E. M. Moore, of Rochester, when speaking on Railway Injuries, at recent meeting of New York State Association, said: He thought we must distinguish between injuries to the limbs of boys and to those of grown men. The tissues had a greater recuperative power in the former case. Where he found the artery at the extremity of a crushed limb beating strongly that decided him. If the vessels were intact, the limb could probably be saved. He cited an instance where an arm had been drawn in and its bones broken into fine pieces between the somewhat loosely set cogs of some machinery. The radial pulse, however, was firm; he did not amputate, and the limb recovered. But in a very great number of railway accidents there was no room for doubt; there were often no bodily injuries of account except the complete destruction which car-wheel and rail, or two buffers, had but too certainly achieved in hand, arm, or leg. Immediate amputation was then everything. He had once removed such a limb, in the days before ether was known. The patient had not seemed to be conscious of any pain connected with the operation, and his first words had been when the arm was off: "Doctor, you don't know how much better that feels."

He would say, in such cases, Give them heat, give them whisky and ether; but give them the knife. The terrible strain on the nervous system from the state of things in the injured limb, where the force had been immense, could not be too soon ended, nor the mental distress, which of itself might soon make the continuance of life impossible. And he had found

the hot bichloride solution an anæsthetic as well as an antiseptic on the surface of the clean amputation wound, which he substituted with all speed in such cases. Where there was uncertainty as to the extent and character of the injury, he placed the limb in hot water and waited perhaps several days.—*New York Medical Journal.*

TREATMENT OF OBESITY.—Mr. Towers Smith, a surgeon of London, in a letter to the *British Medical Journal*, says:—Some three years ago, finding that my weight had increased enormously, I determined to try the following treatment for obesity. On March 1st, 1885, I weighed, in the Jermyn Street Turkish Bath, 15 stones 10 pounds; on the 2nd I commenced the treatment, which was as follows:—Breakfast: one pound of rump steak, without fat. Lunch: another pound of rump steak. At dinner: one pound of grilled cod and one pound of rump steak. I drank at intervals during the twenty-four hours a gallon of hot water. The last thing at night I took two tablespoonfuls of Scotch whisky in cold water, and night and morning 5 grains of bicarbonate of potash. On the 16th I weighed again in Jermyn Street, and I found myself reduced to 14 stones 6 pounds. I then reduced the amount of water, and began to take tea or coffee, reducing the quantity of meat, and taking toast with it. On April 8th my weight in Jermyn Street was reduced to 13 stones 4 pounds. I gradually from that date returned to my usual habits of life as regards diet; and on the 30th I weighed again, and my weight was 12 stones 11 pounds, and since that date up to now has not materially varied; I have eaten and drunk as I pleased. Finding this course of treatment was personally successful, I have since treated forty patients with equal success. Before I placed myself under treatment I found my breathing much oppressed in going up-stairs, and my work as a general practitioner irksome and fatiguing. I have derived enormous benefit from the reduction of fat, and feel infinitely better, and am able to cycle as much as fifty miles a day with comparative ease. I think it may be useful to put my experience before the profession.

DOES THE MENSTRUAL FLOW ORIGINATE IN THE TUBES?—Dr. E. J. Chapin Minard, of Brooklyn, gave in a paper read before the New York State Medical Association a description of a case of inversion of the uterus where a dark, healthy flow, but without epithelia, had come from the tubes, which were under direct observation. The uterus had, during the whole epoch, been congested and bright red, but at no time moist enough to stain a piece of paper rubbed over its surface. The tubes were dilated at their openings. Judging from the anatomical make-up of the womb, and from various clinical facts, she was convinced that this was the natural order of things, and that, while epithelium and *debris* of decidual origin were washed away, no blood escaped from the uterine wall. Sometimes when, in doing Battley's operation, the surgeon failed to remove the tubes close up to the uterus, menstruation had continued, although no ovaries remained.—*New York Medical Journal*.

PREGNANCY AS A REMEDY FOR EXOPHTHALMIC GOITRE.—A contributor to the *Progrès Médical* calls attention to an old observation of M. Charcots, illustrating the ameliorating influence of pregnancy on exophthalmic goitre, and relates the history of a case of his own in which the same effect seemed to be produced. He concludes that this phenomenon points to an additional therapeutical resource in that disease, but admits that it is not always easy to carry out the prescription, although he mentions no other drawback than the fact that the affection is not confined exclusively to women.—*N. Y. Medical Journal*.

TREATMENT OF HYDATIDS BY THE INJECTION OF OX GALL.—Juan Mercat (*Revist. Balear d. cien. med.*), in consequence of the success obtained by Professor Dolbeau and M. Luton, has treated a case of hydatid of the thigh, from which acephalocysts were being discharged by irrigation of six per cent. boric acid solution and injections of ox gall mixed with an equal quantity of lukewarm water. Three injections, he says, sufficed to expel all the hydatids with their membranous envelopes.—(*Lyon Méd.*)—*Medical Chronicle*.

HELLEBOREIN AS A LOCAL ANÆSTHETIC.—Venturini and Gasparini (*Internat. klin. Rundschau*, April, 1888) found by experiments on rabbits and dogs, that instillations of weak solutions of helleborein ($\frac{1}{6}$ gr. per drop) into the conjunctival sac cause after about fifteen minutes anæsthesia of the cornea; half an hour after the first application the first signs of returning sensibility appear. Pupil, eyelids, acuteness of vision, intra-ocular pressure, remain unaffected; no symptoms of irritation are observed. Extract of strophanthus, too, is said to possess anæsthetic properties.—*Medical Chronicle*.

TREATMENT OF PNEUMONIA BY DIGITALIS IN LARGE DOSES.—M. Petresco has treated a large number of acute pneumonias with very great success by the administration of four grammes of digitalis leaves in infusion every half-hour, by mouth. The infusion is prepared with four grammes of digitalis leaves to 200 grammes of water and forty grammes of syrup. Generally the disease is checked in three days. The fever and all the physical phenomena, local as well as general, disappear as by magic. In spite of these large doses he has never seen poisonous effects, tolerance having been incontestably proved by 577 observations published in his work on therapeutics. By this treatment the mortality of pneumonia has been reduced to 1.22 per cent.—*Lyon Médical*, Octobre, 1888.

CHINESE "NERVELESSNESS."—That China is at least in some respects the moral antipodes of America, as well as its geographical one, is shown by a writer in the *North China Herald*, of Shanghai, who has lately been devoting a series of articles to the discussion of Chinese characteristics. Referring to what he calls the "nervelessness" of the Chinaman, this author observes that, although the nerves of the Chinaman as compared with those of a European may be what geometers call "similar and similarly situated," nothing is plainer than that the two sets of nerves are wholly different. It seems to make no particular difference to a Chinaman how long he remains in one position. He will write all day like an automaton; he will stand all day in one place, from dewy morn till dusky eve, working away at his weaving,

gold-beating, or whatever it may be, and do it every day without any variation of the monotony, and apparently without any consciousness of the monotony. Chinese school-children will undergo an amount of confinement, unrelieved by recesses or changes of work, which would drive western pupils to the verge of insanity; even Chinese infants remain as impassive as "mud gods."—*Boston Medical and Surgical Journal*.

TETANINE.—The researches of Flugge, Nicolaire, Rosenbach and others, having proved that tetanus is produced by a bacillus, led to Brieger's experiments by which he succeeded in isolating a special ptomaine from cultivations of the tetanus bacillus. In the present communication he carries the subject a step further by demonstrating the presence of this ptomaine—which he calls tetanine—in the human subject during life. A workman received severe injuries to the right arm, the result of a machinery accident. On the ninth day after the accident the initial symptoms of tetanus set in—trismus and cramps of neck and abdomen—and on the following day clonic convulsions. The injured arm was amputated and immediately transferred to Dr. Brieger for chemical examination. The soft parts were detached and finely divided, and then treated after Brieger's method for the isolation of ptomaines. The result was that a small quantity of an extremely easily soluble, crystalline, double-salt of platinum was obtained, which corresponded with tetanine platinum chloride in percentage of platinum. The physiological action of the ptomaine, after the removal of the platinum, proved the presence of tetanine. Some of the tissues were examined microscopically and various bacilli, as staphylococci and streptococci in addition to the tetanus bacillus were found. The fluid from these tissues when subcutaneously injected into mice invariably produced tetanus; dogs submitted to the same experiment were unaffected, as was also a horse. Cultivation from these tissues yielded tetanine, but no tetanoxine nor spasmotoxine, both of which were present in the original cultivations from Rosenbach. A large dose of tetanine injected into a horse produced violent muscular contractions, but no actual tetanus. It is worthy of remark that in two cases in

which tetanus was the cause of death neither pathogenic organisms nor tetanine were found in brain, cord, or nerves.—*Medical Chronicle*.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE BLADDER.—Dr. Guiard reports several cases of radical cure of vesical tuberculosis by operative interference. The cases best suited for operation are those where the tubercle is primarily vesical and not secondary to tubercular disease of the testis, or prostate. The bladder is laid open by section above the pubes in the middle line, and all the tubercular nodules and masses brought into view, scraped with the curette, and cauterized with the thermo-cautery, so that they are completely destroyed. The results in several cases thus treated have been all that could be desired.—*Journal de Médecine de Paris, Septembre, 1888*.

LESION OF THE GASSERIAN GANGLION.—A young man, age 28; unmarried; shepherd by occupation; in good health previously, was, as the result of severe sun-stroke, seized with fever and headache with loss of consciousness. At the end of three weeks the headache alone remained, but sufficiently severe to cause the patient to apply for admission to the Madrid General Hospital. He then presented the following conditions: pallor, general emaciation, paralysis, insensibility of the left half of the body, ptosis with slightly contractible pupil and absence of vision in the left eye. Examination with the ophthalmoscope showed the right eye to be healthy, and in the left insensibility of the cornea, the histological elements of which were intact, dilatation of the pupil, pallor of the retina with decrease in size of its arteries, and an almost varicose condition of the veins. The rest of his organism was in a normal condition. Dr. Espina, of Capo, diagnosed a *lesion of the left gasserian ganglion*, and gave a grave prognosis after beginning a treatment with potassi iodidum, the patient was carried off by an intercurrent pneumonia.

Post-mortem.—The left gasserian ganglion was found degenerated, and so adherent to the bone that it could not be removed without tearing off with it the periosteum and several fragments of the temporal and sphenoid

bones. The ganglion formed an indurated mass in which all nervous organization had disappeared, and with blackish clots in the nutrient arteries. This degeneration was probably due to an inflammation following sclerosis.—*Resista de Medicina.*

TREATMENT OF ULCERS OF THE LEG BY SULPHATE OF COPPER AND BY ZINC GELATINE.

—I. M. Quénu has obtained good results by dressing these ulcers with compresses of lint or gauze, wrung out of a 1 per cent. solution of copper sulphate. The compress should be large enough to cover the ulcer and the skin for some distance surrounding it. A piece of oil-silk, or other water-proof material, is applied over it, and the whole kept in place by a carefully adapted bandage. Rest in bed may also be necessary. The dressing should be renewed every third day, and the surface of the ulcer should not be touched or even washed, for irrigation is very apt to wash away the islets of epidermis which may be formed.

2. Zinc Gelatine is to be prepared as follows:

Zinc oxide.

Gelatine 5 parts by weight.

Distilled water. 6 " " "

Pure glycerine. 8 " " "

The gelatine is first dissolved in water at a moderate temperature, and when the whole is reduced to a uniform mass, the oxide of zinc, finely powdered and mixed with water, is added along with the glycerine. It is then well mixed, and after evaporating the water, spread out as a paste on a slab. It should have the consistency of glue, and should be white and not sticky. To use it, a sufficient quantity is put in a small vessel kept in boiling water, when it will become syrupy, though it may be necessary to add a little water.

A moderately thick layer of this zinc gelatine is to be applied warm with a brush or feather after the leg has been carefully washed and cleaned. It is to be put on the exact size of the ulcer, and covered with iodoform or some other antiseptic powder, such as subnitrate of bismuth, boracic acid, or naphthaline; a small compress of absorbent cotton or gauze is put over it, and the whole kept in place by a carefully adjusted gauze bandage, making pressure

towards the centre of the ulcer. The dressing soon dries, and the patient may go about his work, not requiring to be kept in bed. It may be changed at the end of three or four days, or a week.—*Gazette des Hopitaux.*

PROLONGED INJECTIONS OF HOT WATER IN EPITHELIOMA OF THE CERVIX UTERI.—M. De Tornery (*France Médicale*), has arrived at the following conclusions:

1. Injections of water at a temperature of 39°-40° C. continued for at least half an hour, and used twice a day—one in the morning and one in the afternoon about 4 o'clock—disinfect the vagina very well, completely cleansing this canal and notably diminishing the ichorous secretion.

2. The injections greatly lessen the loss of blood, so that there results a very marked improvement in the general condition. The well-known hæmostatic action of hot water is perfectly sufficient to explain the arrest of the hemorrhage.

3. In the majority of cases pain is greatly lessened, and there is no longer need to have recourse to hypodermics of morphia.

M. De Tornery has noticed that frequently the progress of the tumor was retarded.—*L'Union Médicale.*

ANTISEPTIC SURGERY AT THE HOSPITAL DE LA SALPETRIERE; USE OF BOILING WATER.—By M. Terrillon, (Paris.) The writer insists particularly upon the value of disinfection of instruments by boiling water. Pasteur's experiments first, and afterwards Roux's, have demonstrated that water at 100° C. destroys all pathogenic microbes. It is true that the spores resist this temperature, but they lose the faculty of developing rapidly, and, besides, a second immersion in boiling water some days afterwards will kill the microbes to which the germs have given origin. Lastly, as a matter of fact, all the surgeons who have made use of this means of disinfection have had marvellous results. After every operation the cleansed instruments should be plunged for ten minutes into boiling water, and before the next operation, they should be again immersed for ten minutes.

Water at 100° C. serves also for the disinfection of silk. After ten minutes' boiling, it is

placed in bottles filled with Van Swieten's solution or carbolic lotion. At the moment of use it is once again plunged into boiling water.

M. Terrillon covers the points of suture with a layer of iodol or iodoform ointment, and strongly recommends the practice.—(*Le Progrès Médicale*)—*Annals of Surgery*.

EXTENSIVE CARBUNCLES TREATED BY ERASION; RAPID CONVALESCENCE. By Edmund Owen (London). The patient, a thin, unhappy looking man, aged 55 years, a carpenter by trade, was admitted on December 9th, 1887, for carbuncles over each shoulder blade. They had been developing for about three weeks. The long diameter of the right sore was five inches; the skin was much undermined; a large central slough was bathed in offensive pus. The left sore was rather larger than the right, but the slough was more adherent. The man was utterly prostrated. Under ether, the sloughs were removed and the sores scraped out, the undermined skin was trimmed and the surface which it covered thoroughly cleaned out with Volkmann's spoon. The wounds were then washed with 1-1000 sublimate solution, and dusted with iodoform and covered with moist perchloride gauze and pads of blue wool. The man made a rapid recovery.—(*Lancet*)—*Annals of Surgery*.

SULPHURIC ETHER IN HEART AFFECTIONS. —In enfeebled conditions of the heart, sulphuric ether has for a long time been used both internally and also by subcutaneous injections. I have myself been convinced, in many cases of hearts weakened by acute disease, of the excellent effects of subcutaneous ether injections: the pulse immediately after the injection becomes stronger, fuller and slower. The effect, however, is generally not of long duration. Not long ago, von Bamberber reported a case in the *Wiener Klin. Wochenschrift*, where in a patient with fatty heart, the dyspnoea, which had increased to a dangerous extent, and the marked symptoms of congestion, all disappeared after the hypodermia injection of a single Pravaz syringe-ful of ether. Högerstedt also recommends, in the *Petersb. Med. Wochenschrift*, the ether injections in insufficiency of the heart.

The results of the ether injection depends, of course, upon the strength or capabilities of the heart muscle. In advanced cases of heart debility, if the general causes on which it depends cannot be overcome or, at least, mitigated, or when the causes have resulted in great degeneration of the heart muscle, then the effect of the ether injection is either *nil* or slight, and of short duration. At the best, under such circumstances, life can only be prolonged by assisting the enervated heart-power. When, however, weakness of the heart suddenly occurs, evidently dependent upon atony or dilatation, with, at the same time, a sufficiency of healthy muscular fibres, then it is only necessary to exert a powerful impulse in order to bring about increased contraction, and thus quickly restore the normal equilibrium. In such cases ether exerts a marvellous and even life-restoring action.—*Dr. M. Heitler, in Centralblatt für Therapie*.

Therapeutical Notes.

- R Petrolei
- Balsami. peruv. aa ʒii.
- Ol. lauri gtt. viij.
- Ft. liniment. ℥

In pediculi pubis to be applied with a camel's hair pencil.

- R Hydrarg. biniodid
- Potass iod. aa ʒ part.
- Aq. distill. 1000 parts.

To be used as a steam inhalation in tuberculosis.—*Miquel & Rueff*.

- R Potass sozoiodol gr. xv.
- Lanolini ʒv.
- Vaselini alb. ʒss.
- A dressing for wounds. ℥

- R Trypsini 200 parts.
- Sodæ. bicarb. 200 "
- Hydrarg. bichlor. 1½ "
- Glycerinæ 400 "
- Aq. rosar. 3000 " ℥

A steam inhalation in diphtheria of children.

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5. Pulverulent substances, like calomel, are by this means especially distributed well, and for the moment suspended throughout the fluid.
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7. They do not harden and become insoluble with time, nor do they crumble, like pills.
8. They afford the advantages derivable from the administration of small doses repeated often, which are: 1. That if the drug be given in but little liquid, the absorbent power of the mucous membrane of the mouth and gullet are called repeatedly into requisition. 2. That if given on an empty stomach (as is generally desirable) unpleasant symptoms are avoided. 3. In case of idiosyncrasy, the doses can be stopped before large amounts have been given. 4. Administered in this way, drugs are better tolerated than is otherwise the case.
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11. If taken whole, one of the Compressed Triturates dissolves and falls to pieces in the stomach at once, and is never voided unchanged.
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14. They are only a few lines in thickness and about one-fourth the circumference of a lead pencil.

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Belladonna Tinct.	1 min.	Apomorphine Mur.	1-50 gr.
Calcium Sulphide	1-10 gr.	Atropin Sulph.	1-10 gr.
Capsicum Tinct.	1 min.	Digitalin	1-100 gr.
Digitalis Tinct.	1 min.	Euonymin Resin	1-8 gr.
Hydrarg. Perchlor.	1-100 gr.	Hydrarg. Iod. Rub.	1-20 gr.
Hydrarg. Cum Cretæ.	1-3 gr.	Eydrarg. Iod. Vir.	1-8 gr.
Hydrarg. Subchlor. (Calomel)	1-10 gr.	Morphine Sulph.	1-20 and 1-8 gr.
Hyoseyamus Tinct.	1 min.	Opium Tinct. (Laudanum).	2 min.
Nux Vomica Tinct.	1 min.	Pilocarpin Mor.	1-20 gr.
Tinct. Camph. Co. (Paregoric)	2 min.	Podophyllin Resin	1-4 gr.
		Santonin	1-2 gr.

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The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing Fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Organic Life.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly-developed Children, Alcohol, Opium, Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used up conditions of the Nervous System should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strichniae of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE—For an adult, one table-spoonful three times a day, after eating; from seven to twelve years of age, one dessert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M.D., Montreal, D. C. Put up in pound bottles,

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The **ONLY** Preparation of its class that will not **SEPARATE** nor **SPOIL** in any climate.

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Acknowledged by leading Physicians in the U. S. and many other Countries to be the most ELEGANT most PALATABLE and EASILY DIGESTED preparation in the World, and can be tolerated longer by children and persons with delicate stomachs than any other.

WE ASK A CAREFUL COMPARATIVE TEST WITH ANY OR ALL SIMILAR PREPARATIONS.

FORMULA: 50 per cent. of Pure Cod Liver Oil, 6 grs. of the Hypophosphites of Lime, and 3 grs. of the Hypophosphite of Soda to a fluid ounce. Emulsified with mucilage and Glycerine.

Messrs. SCOTT & BOWNE:

Gentlemen—After three years' experience, I consider your Emulsion one of the very best in the market. Truro, N.S., Nov. 15, 1880.

W. S. MUIR, M.D., L.R.C.P. & S., Edin.

Messrs. SCOTT & BOWNE:

I have much pleasure in stating that for the last three years I have used your Emulsion of Cod Liver Oil and Hypophosphites in my practice, in cases of Phthisis, Nervous Prostration and Anæmia, and always derived marked benefit from its use. That it does not decompose, is very palatable, and remains in the most fastidious stomach are some of its greatest merits. I have the honor to be, yours truly,

T. J. O. EARLE, M.D.

St. John, N.B.

Messrs. SCOTT & BOWNE:

I have used for some time, and prescribed Scott's Emulsion of Cod Liver Oil, and find it an excellent fixed preparation, agreeing well with the stomach, easily taken, and its continued use adding greatly to the strength and comfort of the patient.

A. H. PECK, M.D., Penn., Med. College.

Petticoadiac, N.B., Nov. 5, 1880

SCOTT & BOWNE, Manufacturing Chemists, New York, and Belleville, Ont.

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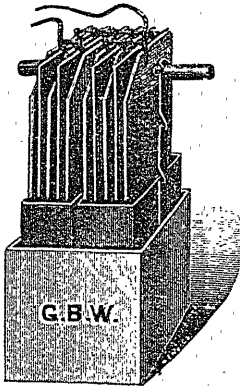
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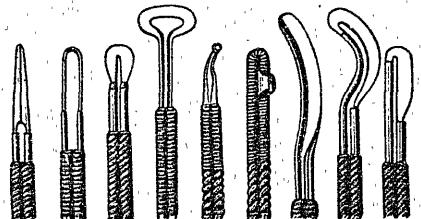
- Plain Handle, with 3 points, and silk covered conducting cords . . . \$ 9 00
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℞ Amyli. }
 Acid borac. } Equal parts.
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 Snuff powders in coryza. ℥

℞ Cocain mur. 5 parts.
 Acid carbol. 5 "
 Mentholi 5 "
 Engenoli 10 "
 Lanolini. 75 "
 A nasal balm. ℥

℞ Zinci. Soziodol. ʒi.
 Aq. distill. ʒvj.
 Injection in blenorrhœa. ℥
 —*Centralblatt für Therapie.*

DRESSING FOR ULCERS.—Besse treats chronic ulcers by sprinkling the surface with antipyrine; over this is placed a layer of salicylated cotton, kept in position by a bandage. The dressing is changed every day. When granulations appear, the ulcer is touched with nitrate of silver, and covered with pulverized iodoform.—*L'Union Médicale.*

PILLS FOR MELANCHOLIA.—Defoe recommends the following formula for administration to nervous women affected with attacks of sadness or melancholy :

℞ Zinci valerianat.,
 Quiniæ valerianat.,
 Ferri valerianat., aa ʒ gramme, (grs. xv.)
 Mucilag, q. s.
 Div. in pill. No. xx.
 Sig. A pill before the two principal meals.—
 (*L'Union Méd.*)—*St. Louis Courier of Medicine.*

UNGUENTUM POTASSII IODIDI.—Apotheker, F. (*Pharm. Zeit.*, July 28, 1888) recommends the following prescription for a perfect ointment of iodide of potassium :

℞ Pot. iod. 20 parts.
 Aq. destill 13 "
 Ung. paraffin. 153 }
 Lanolin 17 } 170 "

F. also states that a mixture of ung. paraffin with lanolin, in the proportion of 9:1 is an excellent ointment base.—*Medical Chronicle.*

HYDROCHLORATE OF APOMORPHIA IN COUGHS.—Dr. Stocquart, of Brussels, has employed this compound with success in certain kinds of coughs characterized by their frequency, and very difficult expectoration. A few days sufficed to bring about considerable improvement. The drug is generally well borne, although some persons show a particular susceptibility; yet one rarely sees colic, nausea, or diarrhœa supervening. The dose is extremely small, for Dr. Stocquart prescribed only three or four milligrammes dissolved in water in the twenty-four hours. As this solution rapidly decomposes, it is well to add a few drops of hydrochloric acid, which in no way influences its therapeutic effect.—*Journal de Médecine de Paris, Septembre, 1888.*

FOR ITCHING.—To relieve the itching of hemorrhoidal affections, pruritus ani, pruritus senilis, etc., wash the part with lukewarm water and good soap; then rub in lanolin in the following combination :

℞ Lanolin puriss. 30 parts.
 Vaselini,
 Olei olivæ āā 20 parts.
 When the itching about the anus is severe, cocaine may be added thus :

℞ Cocainæ hydrochlorat . . . ʒ to ʒ part.
 Lanolin puriss 30 parts.
 Vaselini,
 Olei olivæ āā 20 parts.

The addition of ten per cent. of flowers of sulphur has proved useful.—(*Therapeutische Monatshefte*)—*Medical News.*

ACTION OF IODIDE AND BROMIDE OF POTASSIUM ON MORPHINE.—The experiments of Dr. H. Kunz have proved that when potassium iodide or bromide is added to a solution of a salt of morphine, a precipitate of iodhydrate or bromohydrate of morphine is thrown down. These precipitates are easily soluble in alcohol, but soluble with difficulty in water. The following conclusions are drawn :

1. We should avoid, as far as possible, prescribing iodide or bromide of potassium in a mixture containing a salt of morphine; or if we do, the formation of a precipitate should be

prevented by the addition of alcohol to the mixture.

2. Prescriptions containing these salts should bear the label, "shake before using."—*Journal de Médecine de Paris.*

A USEFUL MENSTRUUM FOR OILY MIXTURES:

R Cort. quilay. sap.....	5 dr.
Bals. tolu.....	7 oz.
Vanillæ.....	1 dr.
Juice of 2 lemons.	
Sp. vin. rect.....	2 O

Bruise the quillaya bark and the vanilla with the balsam, and digest with the lemon juice and spirit for six days, then filter. This tinctura emulsiva holds oils or resins in suspension. With castor oil it may be used thus:

R Ol. ricini.....	1 oz.
Tinct. emuls.....	1 ½ drs.

Rub together in a mortar and add simple syrup 1 oz., aq. flor. aurantii ½ oz., and an elegant mixture will be obtained.—(*Bull. Thérap.*)—*Medical Chronicle.*

TREATMENT OF ACNE VULGARIS.—M. Isaak, at the Society of Medicine at Berlin, strongly recommends for acne vulgaris the use of a resorcin paste, made according to the following formula:—

R Resorcin.....	2-5—3 gram.
Zinci oxidi.....	
Pulv. amyli.....	āā 3 gram.
Vaselin.....	10 gram.

This paste is to be kept constantly applied to the parts affected, if the occupation of the patient will permit; if not, it may be applied at night, and removed in the morning by means of olive oil, after which the affected parts are to be covered with starch powder. It produces no irritation, and its therapeutic effect is very rapid—often in three days.—*Gazette des Hôpitaux, Septembre, 1888.*

The medical practitioners residing in Alsace-Lorraine have been informed that in the future they will have to write their prescriptions either in German or Latin.

THE
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.

TORONTO, DECEMBER, 1888.

Owing to the issue of the index with this number we have to hold over, till next month, much excellent original matter, book notices, etc.

ANNOUNCEMENT.

We desire to announce to our patrons and friends that, from and after the first of January next, THE CANADIAN PRACTITIONER will be published as a *semi-monthly*, instead of a monthly, as heretofore—twenty-four issues in the year being given, instead of twelve.

The history of THE PRACTITIONER, now about to enter on its fourteenth year, has been that of steady progress and development, until now it stands acknowledged as the leading medical journal of Canada, not only for the ability of its editorial management, and in the high character of its contributed articles, but also in the patronage of its subscribers and advertisers.

At the beginning of this year a great improvement was made in the typographical appearance and material make-up of the journal, a complete new font of type being provided for it, and paper of the very best quality obtainable being used for both its inside and its cover pages.

At the same time its business management was entrusted to ourselves; and we may say, candidly, that we have spent both time and

money freely in our endeavors to promote its circulation and increase its intrinsic value. And, we may add, we have had our reward; we are quite satisfied with the results.

For the future, as now for some years back, the editorial management will remain with the three gentlemen whose names stand on the title-page of each number—names well known and esteemed, and in themselves a guarantee that nothing will be admitted to the columns of THE CANADIAN PRACTITIONER not considered of the utmost practical value to its readers, at the same time what is best and worthiest in Canadian medical literature will be sure to seek expression in the pages under their control.

We may say further, that we are assured by our editors, that nothing which they can do to make THE PRACTITIONER useful and interesting to its readers, will be left undone by them; and that they see their way to the presentation of many new features, which both they and we trust will meet with the approval and endorsement of our friends.

In conclusion, we would ask of the present subscribers of THE CANADIAN PRACTITIONER that they remain with us for the future, and help us to make this new venture an assured success. The publication of a large magazine, well printed on high priced paper, and bound, like THE PRACTITIONER, is a much more expensive matter than most people imagine, and can be justified only by the co-operation and goodwill of many loyal helpers. But in trusting to our friends and patrons for their co-operation and goodwill we are sure we shall not be disappointed. The price will remain the same, viz., \$3.00 per annum in advance.

J. E. BRYANT & Co.

The 2,476 physicians of New York City are said to agree that "the profession is overcrowded."

DIDACTIC LECTURES.

The opinions of so able and experienced a teacher and lecturer as Dr. Geikie are worthy of very careful consideration, and we cordially agree with many of his observations on the importance of didactic lectures, contained in a letter published in this issue. The teacher who "rivets the attention of his class" can and does assist very materially his students, and his work will ever be of great value in a medical course. Didactic teaching, in former days, when books were scarce and laboratories also unknown, was practically the only method of imparting instruction in the Medical Schools.

We need not attempt to describe the changes in our methods which have been necessitated by continuous advances in all departments of our science and art. The teaching in the primary subjects has become in the best institutions largely demonstrative and practical in its character. In the final branches the tendency is in the same direction. To take the disease pneumonia, mentioned by Dr. Geikie as an illustration, we should have a knowledge of the physiology, gross and microscopical anatomy of the normal lung; gross and microscopical pathology: then the didactic *rivetter* could with great utility describe the disease and turn the student over to the clinical teacher. Where the importance of every link in the chain is so marked, we need not discuss at length the relative merits of the different kinds of instruction; but we are inclined to the view, which is now generally recognized, that, in the interests of the student, the clinical teaching is the more profitable.

Even if we consider them of equal importance, a serious difficulty remains. We find that the students in Toronto have to attend so many didactic lectures that they have not sufficient time to attend properly to their duties as clinical clerks and surgical dressers. As evidence of this, we may state that at least nine-tenths of the surgical dressing in the Toronto General Hospital is done by the nurses and not by the students. It is rather humiliating to have to make such a statement, but we may as well face the facts and endeavor to provide a remedy.

It happens that we find a strong advocacy

of views similar to ours in the introductory address of Dr. Stewart, of McGill College, published in the November number of the *Montreal Medical Journal*. He refers to that great medical teaching centre, Edinburgh, where only one course of purely didactic lectures is required in each of the subjects. Several years ago the University of Toronto established a similar curriculum, but was induced by the requirements of the Schools and Medical Council to make a change. Perhaps a compromise might be effected by which a second course of 50 instead of 100 didactic lectures, and one course in medical jurisprudence, instead of two, would be demanded.

DENTISTRY IN ONTARIO.

The recent affiliation of the Royal College of Dental Surgeons of Ontario with the University of Toronto, and the formulating by that institution of a curriculum in dentistry leading up to the degree of Doctor of Dental Surgery, is the latest, and perhaps the most important, step in the development of the profession of dentistry in Ontario.

But little more than twenty years ago, dentistry in this Province had no claim to professional standing. Having no legal status, there was no standard of qualification, which students were required to reach. The only means of instruction was pupilage in the office of a dentist. In most cases the terms did not exceed from three to six months, sometimes even less, and the embryo dentist was let loose upon the community ignorant of the very elements of his calling. In the year 1865, a few of the most progressive men organized the Ontario Dental Association, which soon included in its membership more than half the dentists in Ontario.

Incorporation by statute was discussed, and arrangements made for application to the Legislature. The confederation of the provinces in 1867, with local legislatures having control of local matters, greatly facilitated this enterprise.

At the first session of the Ontario Legislature application was made in due form, and on March 4th, 1868, the "Act respecting Dentistry," incorporating the dentists of Ontario as

the "Royal College of Dental Surgeons of Ontario," became law. This statute is the earliest efficient dental legislation in the world, although as early as 1841 an Act regulating the practice of dentistry was passed by the State Legislature of Alabama, which, however, does not appear to have been enforced.

The control of dentistry was placed in the hands of a Board of Directors elected biennially by the legally qualified practitioners, and which holds the same relation to dentistry that the Council of the College of Physicians and Surgeons of Ontario does to medicine. A curriculum fixing the term of pupilage, subjects of study and examination, was immediately prepared and put in force; and system and order commenced to evolve out of the chaos which had previously existed.

Since March, 1868, no one has been permitted to enter upon the practice of dentistry until he had been duly examined and licensed by the proper authority.

In 1872 a matriculation examination was established, and since 1882 this has approximated closely to that required by the College of Physicians and Surgeons.

In 1875 a School of Dentistry was established by the Board of Directors under the provisions of the Dental Act, and regular winter sessions have since been held.

The curriculum includes, besides dentistry proper, anatomy, physiology, chemistry, principles of medicine and surgery, histology, etc. The period of pupilage is three calendar years, under indentures with a Licentiate of Dental Surgery, including attendance on at least two full courses of lectures at the School of Dentistry.

The final examinations, conducted by the Board of Directors, are severe, and each year from fifteen to twenty-five per cent. fail to reach the standard. There are now on the books of the college about 100 undergraduates, fifty-four of whom are in attendance at lectures in the School of Dentistry.

We learn that a considerable number of the graduates and senior students of the Royal College of Dental Surgeons purpose matriculating in the Dental Department of the University at an early date, with a view to presenting them-

selves at the first examination for the degree of D.D.S., which commences March 25th, 1889. The requirements of the curriculum are fully abreast of those of similar departments in the best American universities, and the high standard maintained in the other faculties of our university will no doubt be required in the Department of Dentistry.

We are sanguine that the impetus given to dental education in Ontario will fully justify the wisdom of the university authorities in the "new departure" which they have just made.

THE MEDICAL STUDENTS OF TORONTO.

A party of medical students were engaged a few weeks ago in a foolish escapade which was attended with somewhat serious results. One of the young men received a number of shot in his leg, in consequence of which he was confined to his house for a few days.

The reporters of our city papers, became rather hysterical, and cooked up some sensational reports in a style which was unjust to the vast body of students in the aggregate. We have no desire to discuss the question, which must be decided by the Courts, as to whether any one shall be allowed to fire at a crowd of boys who make unseemly noises in the streets.

Our chief wish is that the great mass of our medical students should be properly understood by the public. We know them to be, as a whole, an industrious, intelligent, and conscientious body of young men, although a large number are mere boys between the ages of 15 and 18. Considering these facts, it is exceedingly unfortunate that a few should bring disgrace on their companions by indulging in silly, childish pranks which are perfectly inexcusable.

In the meantime, would it be asking too much from the citizens of this great and prosperous city to show a little kindness and consideration, or even go further and exercise a little of that charity "which suffereth long and is kind," toward those young men, chiefly strangers, who have left their homes and most that is dear to them, and have paid Toronto the high

compliment of choosing it as the place where they shall prepare themselves for their life's work? We have been perfectly amazed at the venomous tone of a portion of the powerful press of Toronto, which has been cowardly and contemptible.

DISINFECTION OF SURGICAL INSTRUMENTS.

There appears to be no doubt that moist heat is the simplest and most efficient agent at our disposal for the destruction of microbes and spores. Experiments in Germany, especially by Davidsohn, show that a moist heat of 212°F. will destroy all forms of bacteria and spores in five minutes.

We are told in the *Medical News* that the instruments to be sterilized should be kept in boiling water for at least five minutes in a closed vessel—that is, one with a fairly snug-fitting lid, so that the temperature of all portions within may be maintained at an even 212° throughout: otherwise the upper strata of water will be cooler than those lower down.

The whole process recommended is as follows: After operations all instruments are to be well washed in cold water, the hollow ones to be injected and left filled with water. They are then to be kept thoroughly submerged in boiling water five minutes in a closed vessel. Finally, they are to be dried with a sterilized towel, and put away in an aseptic place. Before being used again they should be similarly submerged in boiling water, and used direct from the same water when it has become sufficient cool.

PYOSALPINX CURED BY ASPIRATION.

At the Glasgow meeting of the British Medical Association, Mr. Nicholson, of Hull, reported a case of double pyosalpinx cured by aspiration. When the patient was etherized, examination by the bi-manual method revealed a swelling in each of the broad ligaments. Aspiration removed four ounces of pus from the right tube, and three from the left. She made a steady convalescence, and in two months was declared cured. When the tubes are converted into

simple abscess cavities, the patient is in grave danger from the possibility of rupture and its consequences. If the condition can be cured by aspiration with safety, all would rejoice. Mr. Nicholson seems to think that his one case has settled the question, and very complaisantly concludes that "the result has proved that the less heroic treatment (as compared with opening the abdomen) was the better, and certainly the less dangerous." We regret that we cannot agree with this surgeon, as we think that puncture per vaginam in such cases has proved to be one of the most dangerous methods that can be adopted. In addition, the supposed cure is not always permanent; or, in other words, is no cure at all.

AXIS TRACTION FORCEPS.

All obstetricians are agreed as to the usefulness of the axis traction forceps, as devised by Tarnier, in the "high" operation. Simpson's modification of Tarnier's instrument is the one most commonly used in Great Britain and Canada. Stephenson, of Aberdeen, has made further modifications in a forceps closely resembling Simpson's, but having longer blades and a greater pelvic curve.

In a discussion on the subject at a recent meeting of the Obstetrical Society of Philadelphia, Dr. Goodell claimed priority in the axis traction device. He stated that many years ago, while working in a lying-in-hospital, his back so frequently gave out while pulling on the ordinary forceps, that he tried the following device: He sewed a stirrup to the end of a leather strap and wound the other end of the strap around the forceps handles near lock, and placed his foot in stirrup. He usually hung the strap so near the floor that his heel rested on the latter, and made the traction force with the toes or ball of foot. The patient lay on her back, with nates well over edge of bed. We think this beats anything we have thus far heard of in the axis traction line.

A woman aged thirty-six, living at Castagnola, near Lugano, was recently delivered of six fetuses at one birth.

NOTES.

The number of medical students at the University of Moscow is limited to 250, and in consequence a large number of men have had to go elsewhere.

The Peoria Medical Monthly says that Sir Morell Mackenzie as a diplomat is a grand success, but as an honest physician his methods are not above suspicion.

Prof. V. Esmarch has recovered from his attack of indigestion, said to have been caused by the too free use of water on his visit to the recent Congress at Washington.

The anæsthetist in a fatal case of chloroform narcosis at Sydney, has been found guilty and sentenced to pay £200, on the ground that the anæsthetic had been improperly administered.

The next meeting of the American Medical Association will be held in January, 1889, at Newport, R.I. This will be the 40th annual gathering of this Association, and the 250th anniversary of the settlement of Newport.

THE CHARGE OF THE MEDICAL STUDENTS.

Storm'd at with shot and shell,
While many a student fell,
They that had howl'd so well
Came thro' the jaws of Death,
Back from the mouth of Hell,
All that was left of them,
Left of six hundred.

NEW MEDICAL JOURNAL FOR THE MARITIME PROVINCES.—The practitioners of the Maritime Provinces are to have a journal of their own published in Halifax. The first number, dated November, 1888, presents a creditable appearance. It will be issued bi-monthly, under the name of "The Maritime Medical News." We wish it success.

PRIVATE HOSPITAL.—Dr. Roseburgh, of Hamilton, has had the courage to open up a private hospital of his own. He has had excellent rooms fitted up for ovariectomy cases, and

abdominal surgery, and Apostoli's electrolytic treatment for uterine fibroids. In connection with these, massage and electrical treatment for cases of nervous prostration will be practised.

728 is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies, but if you are not pleased with the first number it may be returned and the order erased. Subscription \$3 per annum. Payment is not asked till end of the year.

Prof. Chiari, of Prague, on the morbid anatomy of catarrh of the Fallopian tube. Out of a large series of autopsies—some 700—Chiari found nodules at the uterine end of the tube. The nodules varied in size from that of a pea to a bean, these were merely diseased portions of the tubal wall. Small cysts visible to the naked eye were to be detected in the nodules. In six cases these spaces contained a serous fluid, in one pus. Chronic catarrh of the tube and uterus was present in every case—Follicular salpingitis, is the term which Martin, of Berlin, used to designate a somewhat similar condition where the entire tube is involved.

SIR WILLIAM JENNER AND THE BRITISH MEDICAL ASSOCIATION.—The following cablegram was received by the Press Association :

LONDON, NOV. 25.—Sir William Jenner has resigned from the British Medical Association. An influential committee has addressed a protest to the council of the association against the publication by the *British Medical Journal* of the late Emperor Frederick's note to Dr. Mackenzie. The protest of the committee denounces the publication of the document as a violation of professional confidence which will throw discredit upon the whole medical profession of the country.

FAREWELL BANQUET.—The farewell dinner to Dr. J. P. Brown by the medical men

of Galt was of a most pleasant and enjoyable character. About thirty-five sat down to the repast, including members of the sister professions and several medical gentlemen from a distance. Dr. Sylvester occupied the chair and Dr. Vardon the vice-chair. Addresses in response to toasts were delivered by Drs. Keefer, Lunday, Smith (Sheffield), Lockhart (Hespeler), Radford, Hawk, Thompson, Ziegler, Reid, and others. The toast of "Our Guest," was enthusiastically received, and Dr. Brown made a very feeling reply, referring at some length to the many pleasing associations which he had formed during his eighteen years' residence in Galt, and the regret which he felt at severing the many ties which bound him to the town and its people. Dr. Brown will shortly locate in Toronto, where he purposes entering upon special practice.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

The meeting of November 9th was devoted to the relation of cases in practice, in which Drs. Burns, Wilson, Spencer, Machell, McPhedran, McKenzie and Atherton took part. Dr. Foxton was elected to membership.

STATED MEETING, Nov. 13th, 1888.

President in the chair.

Dr. McMartin was elected to membership.

Dr. Reeve related a case of patient complaining of severe tinnitus. The patient thought he had an insect in his ear; sent for family physician, who blew in vapor of chloroform, then instilled warm oil, and afterwards used a syringe. Dr. Reeve examined the patient, and found a cockroach, which he removed in pieces; the tentacles were embedded in the membrane. In such cases the best plan is to kill the insect with as little injury to the ear as possible, and afterwards remove it.

Dr. Doolittle reported a case of FRACTURE OF ANATOMICAL NECK OF HUMERUS in an old lady sixty-seven years of age. The fracture had the appearance at first of a dislocation, but a fracture was found three-fourths of an inch from the end of the bone.

Dr. Davidson reported a case where he had removed a pessary from a woman, which had been in situ for ten years. Excrescences had grown up, and embedded the pessary.

Dr. Miller then read a paper on

INFANTILE DIARRHŒA,

which occurs during the summer, and is caused by micro-organisms and ptomaines, as germs increase rapidly only when temperature is above 60° Fahrenheit. Children artificially fed are made subject to the disease, as their food contains germs. The difference in composition between mother's and cow's milk will not account for the milk not agreeing with the artificially fed children. Prophylaxis—Indication is to render food sterile. This is best accomplished by boiling half an hour. Feeding bottles must be thoroughly clean, have no rubber tubing; the atmosphere must be pure, and infant's person kept perfectly clean. Treatment—Calomel and ol. ricini. When stomach is very irritable, mustard blister to epigastrium; ice to suck; linseed meal poultices to abdomen; only barley water in small quantities. Antiseptics internally—Preparations of mercury, sodii salicyl., naphthallin, creosote, salol. Baruch recommends washing out the rectum and colon with warm, sterilized water. Cold baths are recommended when temperature is above 103° in rectum. Diet for first twenty-four or thirty-six hours—Barley water; then sterilized peptonized meat broths; and still later, when necessary, peptonized milk; stimulants must be given when indicated, and in sufficient quantities to overcome exhaustion.

Dr. Oldright asked for the experience of members with Jersey milk. He had exceptionally good results at first, then a change came, and the results varied. He used the morphia and atropia treatment, as the dose could be made so small that the child could not vomit it.

Dr. Wilson thought the only advantage in Jersey milk was that it contained more fat, and less casein, than ordinary milk.

Dr. Carveth mentioned having had good success with egg albumen and one cow's milk.

Dr. Acheson remarked that the casein of cow's milk curdles with a much firmer curd than

that of mother's milk; water will not dissolve it; barley or lime water are sufficient.

Dr. Spencer gave $1\frac{1}{2}$ gr. toasted ipecac. and rhubarb to a child one year old.

Dr. Wilson had used santorin and morphia.

Dr. Atherton had successfully used suppositories of opium instead of enemata.

STATED MEETING, Nov. 20th, 1888.

President in the chair.

Dr. Dobie was elected to membership.

Dr. Graham related the following case of

ATAXIC PARAPLEGIA.

E. T., aged twenty-six, married after birth of first child was troubled with headache from time to time at short intervals. Two months before second confinement it almost completely disappeared. Four months ago she noticed a pain in her back and limbs after exertion, gradually lost power in limbs of left side, pain in pelvis shooting down thighs, patellar tendon reflex increased, cannot stand steady or carry forefinger of left hand to nose with eyes closed, spastic gait, marked ankle clonus, numbness in upper extremity, double sight, left pupil does not respond to light as promptly as the right, ophthalmoscope shows atrophy of optic disc on left side and commencing atrophy on right. Treatment, direct galvanism.

Drs. Oldright, Wilson, Powell and others reported cases in practice.

Dr. N. A. Powell presented a specimen of

SERO-FIBRINOUS FLUID

removed by aspiration from the left pleural cavity of a lady 30 years old. The entire axillary and infra-axillary region was flat upon percussion while marked dullness extended up to the third rib in front. The upper limit of this dullness was a level line. After the removal of six ounces of fluid the curved line of dullness regarding which Peter, of Paris, Garland, of Boston, McPhedran, of Toronto, and other physicians have written, became well marked. As usual, this rose highest toward the axilla, reaching there a point three inches higher than it did near the spine. Only a small quantity of fluid was removed, the object being to reduce the intra-thoracic pressure and pro-

mote absorption. In the practice of one large hospital, not situated in Toronto, in nearly every case when aspiration was resorted to in the treatment of sub-acute pleurisy with effusion, empyema subsequently developed. After a time the plan of purchasing a new needle for each operation was adopted, and the series of cases of empyema came suddenly to an end. The speaker had not himself seen empyema follow thoracentesis. He was in the habit of sterilizing his aspirator needles by scrubbing them in hot water with green soap, boiling them in a *closely covered* vessel after each use and also before they were used again, and finally just as aspiration was about to be done, the needle selected was dipped into alcohol and flashed in the flame of a spirit-lamp. So treated they were reliably aseptic, inside as well as outside, would stand any gelatine culture test, and could be depended upon not to convey germs into or cause purulent decomposition in fluids contained within any of the serous cavities of the body.

GASTRIC ULCER WITH PERFORATION.

Dr. Alex. Davidson presented stomach showing ulceration and perforation, with following remarks: Mr. N., aged 40, mariner; had often suffered from severe attacks of pain in the region of stomach, which had induced a worn expression of the face. He was a spare, ill-nourished man, and a great lover of acid articles of diet, to wit, cider, pickles, and the like. On June 30th, he was taken with sudden and severe pain in the epigastric region, the abdominal muscles were intensely rigid, being of board-like hardness. Subsequently the abdominal muscles became relaxed; pain greatly abated. Abdomen now became distended somewhat, and coils of inflated intestine could be mapped out on its surface. Liver dulness could be obtained, but high up and diminished. Patient vomited, also passed, per rectum, large quantities of greenish-colored fluid. In the vomit were found pieces of broken cherry stones and undigested potato. Death took place July 5th. Autopsy showed distension due solely to distended intestines. Perforation of stomach found at its upper and anterior surface, near pylorus. The stomach at seat of perfora-

tion was united to the structures above by inflammatory lymph, evidently an effort of nature to heal the rent in the stomach. On endeavoring to break down these bands of lymph, the finger passed into the perforation. After tying both ends of the stomach and removing it, several broken and whole cherry-stones, together with some grape seeds, were found in the back of the abdominal cavity, as it were behind the stomach.

Dr. W. H. B. Aikins presented specimens showing

EXTENSIVE CANCEROUS GROWTH

of the œsophagus, with secondary encephaloid deposit involving a portion of the edge of the right lobe of the liver. The notes of the case were furnished him by Dr. McDonagh. J. K., aged 53, by occupation a carpenter. In the family history there was no constitutional trouble. He first noticed a difficulty in swallowing about six months before entering the hospital. During the next four months this difficulty became gradually more and more marked, until he was then able to swallow solids only in the smallest possible quantities. The point of obstruction seemed to him to be just at or below the larynx. He complained of a good deal of cough, and excess of bronchial mucous, but no pain. He also had become considerably emaciated, but attributed this largely to not having had sufficient nourishment. The symptoms became more aggravated during the next two months, when hoarseness set in, and the cough was increased. He entered the hospital about August 1st, 1888. An examination with the laryngoscope proved complete paralysis of the left vocal cord, which was in the cadaveric position. This was thought to be due to pressure on the left recurrent laryngeal nerve. A bulbous œsophageal bougie (Size No. 7) was passed, and detected an obstruction just below the cricoid cartilage of about one-half inch in extent, and another larger obstruction about five or six inches farther down. Dysphagia was less for a few days after this, but gradually returned. The bougie was again passed about three weeks later, and on its withdrawal about a wine-glassful of bloody purulent matter was regurgitated.

This same result followed the third introduction of the bougie. Auscultation over the back proved nothing definite beyond a gurgling sound during the act of swallowing fluids, and also some crepitation. Emaciation was not so extreme, and he was able to swallow fluids and semi-fluids to the end. There was no treatment other than tonics. He died rather suddenly, about two months after entering the hospital, and about eight months after the first symptoms were observed.

R. CUTHBERTSON, M.D., *Sec.*

At the meeting held Nov. 27th, Dr. McPhedran read a paper. See page 380.

The paper read by Dr. Johnson at the same meeting will appear in the next number of the PRACTITIONER.

Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

In your November number there is an editorial article on "Didactic Lectures" on which I would like to make a few observations. With the credit given to our Medical Council and our Medical Colleges, in bringing the medical examinations up to their present high standard, and making them very practical, and in much else your article contains, I entirely agree. It is to your suggestion to reduce the "didactic teaching" required by the Council, that I take exception. It is *well, very well indeed*, that the *clinical* teaching has of late been extended, but it would be a retrograde step, to reduce either the number of courses of lectures now required, or the number required to constitute a full course, at least in any of the principal branches. As none but third and fourth year students do hospital clinical work, I speak only of the final lectures, which they have to attend. Taking the final branches (1) medicine, (2) surgery, (3) midwifery and diseases of women and children, two courses of 100 lectures each are now demanded. Be it remembered, that in both the courses on any one of the three subjects named, all that the very best teacher can do is, to go over the whole of the branch thoroughly *once*, and to go *twice* over those subjects which are most practical, and which every student requires to be

well grounded in, not only before he can be a good practitioner, but before he is capable of studying his clinical work in the hospital to any advantage. For example, a student who does not thoroughly understand all about pneumonia, or pleurisy, or phthisis, *before* he stands at the bedside to study any of these diseases *clinically*, is not, as a matter of fact, in a position to *take in* his clinical instruction, *i.e.*, provided the clinical teacher confines himself to strictly clinical work. And where can he get this needed knowledge, without which, bedside instruction will be comparatively valueless, so well as from a competent, earnest, enthusiastic teacher, who goes over as impressively as possible every important disease? Some say, a student can read this in books—so he can, but *hearing* diseases gone over by a teacher who rivets the attention of his class (and if a lecturer cannot do this, he is the *right* man in the *wrong* place), will create a far deeper and more lasting impression on the memory than can be made by merely reading them over. I am far from disparaging reading, on any, and on every subject, but I maintain without fear of successful contradiction, after an experience as a medical teacher of more than thirty years, that *hearing* a disease gone over at least twice by a *good* professor, enables a student to read it up for himself, and to benefit afterwards by clinical instruction in a way that he could not do had he not been thus prepared.

There are only the three principal final branches named, upon each of which third and fourth years' students are expected to attend *five* lectures per week, *i.e.*, three hours a day for five days. Surely three hours cannot possibly be better spent, and there is abundant time over and above these *three* hours, for all the clinical work a student can get to do, and I freely admit that the more there is of this work the better. You and I are not far apart. You say, "keep up, and even extend the clinical work." I say so, too, with all my heart, but I also say, *on no account lessen the didactic teaching on any one of the principal branches, because it is self-evident that two full courses, as at present required on any one of them, is not at all too many.*

WALTER B. GEIKIE.

TORONTO, November 1888.

THE SANITATION OF RAILWAY STATIONS.

To the Editors of THE CANADIAN PRACTITIONER.

We hear and read a great deal nowadays of sanitation. Sanitary science has been raised to a high rank, and rightly so. Water is analyzed, milk is tested, houses are inspected, hospitals are visited—the whole community is under the eye of the “inspector” or “officer.” But, strange to say, there is one class of buildings which one never hears mentioned in connection with sanitary measures—railway stations; and of all buildings, surely the railway station requires sanitary measures. All sorts and conditions of men, women and children congregate in it; travellers from no one knows what disease-infected localities pass through it; immigrants who, perhaps, for weeks have had no opportunity to attend to matters of personal cleanliness, spend hours in it; it is visited at every hour of the day and night by persons who come either to travel, or to meet or bid farewell to those about to travel; it is an admitted haunt of a low class; trunks and boxes, containing very probably all sorts of bacteria, lie littered about; human excreta infect it; corpses remain for hours awaiting removal—all these things must load the atmosphere with morbid elements. And this atmosphere is breathed by sickly infants and decrepit adults, by weakly persons predisposed to disease—by all who are under the necessity of visiting the station.

There are no places in the city which require greater care in the matter of cleanliness and disinfection, and yet there are probably no places in the city less considered in this respect. Accumulation of dirt is itself dangerous, for accumulated dirt forms a common *habitat* for dangerous germs, and accumulated dirt there always is in abundance at railway stations.

We beg leave to call the attention of the Health Committee of the Toronto City Council to this matter.

ARNOLD HAUTLAIN.

Dr. William T. Lusk has been elected President of the New York State Medical Association.

Book Notices.

Chronic Rheumatic Laryngitis. By E. FLETCHER INGALS, A.M., M.D. (Reprint.)

Report on Hydrophobia. By CHAS. W. DULLES, M.D., of Philadelphia. (Reprint.)

American Public Health Association, 1888. Sixteenth Annual Meeting, Milwaukee, Wis.

Double Ovariectomy during Pregnancy: Subsequent delivery at term. By WM. WARREN POTTER, M.D., Buffalo, N.Y. (Reprint.)

The Failure of Dr. J. B. Thomas' Treatment of Urethral Stricture by Electrolysis. By ROBERT NEWMAN, M.D., of New York. (Reprint.)

Treatise on the Diseases of Women for the use of students and practitioners. By ALEXANDER J. C. SKENE, M.D. New York: D. Appleton & Co., 1888.

The Fatal Illness of Frederick the Noble. By SIR MORELL MACKENZIE. London: Sampson Low, Marston, Searle, and Rivington (Limited), Fetter Lane, Fleet Street, E.C., 1888; Toronto: W. J. Gage & Co.

The Preferable Climate for Phthisis or the comparative importance of different Climatic Attributes in the Arrest of Chronic Pulmonary Diseases. By CHARLES DENISON, A.M., M.D. (Reprint.)

How far can Legislation Aid in Maintaining a proper Standard of Medical Education. By W. A. PURRINGTON, Council of the Medical Society, New York. Boston: Press of Geo. H. Ellis, 1888.

Report of the Sanitary State of the City of Montreal; also an Account of the Operations of the Board of Health and the Vital Statistics for the Year 1887. By DR. LOUIS LABERGE, Medical Health Office, Montreal, 1888.

A Text-Book of Human Physiology. By AUSTIN FLINT, M.D., LL.D., Professor of Physiology in Bellevue Hospital Medical College, New York, etc., etc. Fourth edition. Entirely rewritten. New York: D. Appleton & Co., 1888.

The Physicians' Visiting List for 1880. LINDSAY & BLAKISTON'S. Thirty-eighth year of publication. Philadelphia: P. Blakiston, Son & Co.

A most convenient and pocketable visiting list, and second to none in its general plan and arrangement.

Physicians' Registers.

Those physicians who have been using one or the other of Bernd's Registers, speak of them in the highest terms, as being the best adapted for their purposes of any work with which they have ever met. A work that will enable a physician to so enter all debit and credit accounts in such a manner—very simple—as to allow him to state the indebtedness of a patron at a glance, will save many times its price every year, and prove a valuable acquisition to the office of every physician. See their advertisement.

The "Medical Record" Visiting List, or Physician's Diary for 1880. New York: Wm. Wood & Co., Medical Publishers. Toronto: J. E. Bryant & Co., 64 Bay Street.

Contents—The Metric System, Thermometric Scales, Table of Signs, Almanac, Table for Estimating the probable duration of Pregnancy, Approximate Equivalents of Small Weights, Doses of drugs used for subcutaneous injection, Doses of common and rare drugs, Drugs suited for atomization, Inhalation, Disinfectants, The urine, color, amount, odor and chemical analysis; Poisons and their Antidotes, Emergencies, Facts, Antiseptic Solutions, Treatment of Asphyxia from various cause, etc., etc. Adapted for sixty patients a week, beautifully bound; a gem visiting list capable of irresistibly impressing the most fastidious.

The "Medical News" Visiting List, 1880.

Philadelphia: Lea Brothers & Co., 1888; Toronto: J. E. Bryant & Co., 64 Bay Street.

Contents: Preface, How to keep Accounts, Table to find day of Confinement, Signs of Pregnancy, Signs of Dentition, Weights and Measures, Comparative Scales, Examination of Urine, Disinfectants, Table of the Eruptive Fevers, Some Remedies not yet in general use, Incompatibles, The Heart Sounds, Artificial

Respiration, Poisons and Antidotes, Table of Doses, Therapeutic Tables, Ligature of Arteries, etc., etc.

Finely bound in red morocco. It affords the profession a choice of three styles, the weekly, perpetual, or monthly editions. It adapts itself to all systems of conducting professional business.

The Physician's Pocket Day-Book. Designed by C. HENRI LEONARD, M.A., M.D. Size, 7½ inches long, 3½ inches wide and ¾ of an inch thick. Bound in red morocco, for the pocket; pencil loop and flap, red edges. Price \$1.00 postpaid. The Illustrated Medical Journal Co., Publishers, Detroit, 1888.

This is the tenth year of issue of this exceedingly popular day-book, which contains several new features. Besides accommodating daily charges for thirteen months for fifty families, and the other usual memorandum pages, it has a very complete list of Doses of Old and New Drugs; Poisons and Their Antidotes; Tried Tests for Urinary Deposits, Chemical and Microscopical; Obstetric Calendar; Disinfectants for the Sick Room and Vaults; Tables of Weights and Measures; Table of Eruptive Fevers, and Drops in a drachm of fluid medicines.

Hand-book of Historical and Geographical Phthisiology. Compiled and arranged by GEORGE A. EVANS, M.D. New York: D. Appleton & Co., 1888.

This is a book of some 300 pages, giving in a convenient form for reference a vast number of facts regarding the history of the development of our knowledge of pulmonary consumption, together with a study of the geographical distribution of this disease in the United States and in other countries.

Dr. Evans disowns criticism at the outset, by frankly stating that his treatise is made up to a great extent from the observations of others. He has in this volume brought within our reach knowledge not elsewhere to be reached by the general profession, and in view of this, deserves to receive credit equally with those who record the results of original observations. "The white plague of the North," as Dr. Holmes once called consumption, is certain to fall, and to fall frequently, under the notice of

every practising physician. Its manifestations outside the thorax are equally familiar to the surgeon. To both the data contained in the book before us and the conclusions which from their study the author has reached, cannot fail to be of interest. We do not hesitate to say that a careful reading of the work before us would enable anyone in practice to give more helpful advice to his phthisical patients regarding the selection of a place of residence calculated to prolong life and lessen discomfort or suffering. The work is well printed in good type on clear paper.

A Manual of General Pathology, designed as an introduction to the Practice of Medicine. By DR. J. F. PAYNE, of St. Thomas's Hospital, London. Lea Bros. & Co., of Philadelphia.

The features in this book which seem to call for special notice are, first, that pathological histology has been accorded its proper place; and secondly, an attempt has been made to do justice to the increased importance attached to etiology. With regard to experimental pathology and the highly specialized science of bacteriology, the author has drawn, as far as possible, upon original memoirs. Chapter II. deals with plethora anæmia and spanæmia; III., IV., V., local disturbances of circulation, including neuro-paralytic hyperæmia and neurotonic hyperæmia, venus hyperæmia, œdema and dropsy; VI. treats of hemorrhage, with plates of hæmatoidin and hæmin crystals; VII. deals with thrombosis and embolism; IX., X., inflammation; XI., fever. In following chapters, degenerations, hypertrophies and tumors receive attention. The second part of the work, which is especially interesting, is devoted to the cause of diseases, injuries, poisons, ferments, septic and cadaveric poisons, specific morbid poisons, acute specific fevers, specific inflammation, specific poisons conveyed by pus, infective diseases forming granulative tumors, miasmatic diseases, parasites in general, animal and vegetable, parasites schizomycetes, and a special description of the pathogenic bacteria. The author, in speaking of the relation of tubercle bacillus to the tissues, refers to the well-known observation of Baumgarten, who considered that the bacilli were spread throughout the tissues by means of

leucocytes, while he holds that they pass along the ordinary lymph spaces and channels, and agrees with the German observers in concluding that the bacillus is the cause of tubercle. It would be well to have Dr. Payne's Manual of General Pathology placed on the list of textbooks to be used in our medical colleges.

A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VI. New York; Wm. Wood & Co., 56 & 58 Lafayette Place, 1888.

This volume is quite up to the exceedingly high standard attained by those preceding it—commencing with Prairie itch, it concludes with a description of the well known health resort Teplitz-Schönau. The numerous illustrations are carefully executed and pleasingly accurate. The section devoted to the pulse and sphygmograph, by Baumgarten, is extremely interesting, as is also the section on rabies. Sedgwick clearly deals with reflex actions, and Councilman contributes a concise article on rhinoscleroma. The schizomycetes are carefully handled by Meade Bolton; and pyæmia and septicæmia by Stephen Smith. Sewerage is dealt with in a masterly manner by our own enthusiastic Oldright. Allen Starr graphically presents the spinal cord. Its lesions are discussed by Allan McLane Hamilton, Zenner, Baker, Dana, Archimard, Andrews and Putzel. The chromo-lithographs of the *crotalus adamanteus* and the *heloderma suspectum* are, so far as we are able to judge, true to life. Syphilis is comprehensively treated in an able article by James Nevins Hyde, as previously mentioned, Toronto is represented in this volume by Drs. Graham, Oldright and Bryce, and Montreal by Drs. Stewart, Buller and Roddick.

Manual of Obstetrics, Gynecology, and Pediatrics.

By KENNETH N. FENWICK, M.A., M.D., M.R.C.S. Eng., Professor of Obstetrics and Diseases of Women and Children, Royal College of Physicians and Surgeons, Kingston; Surgeon to the Kingston General Hospital. Kingston, Ontario: John Henderson & Co. For a book of the kind this Manual of Dr.

Fenwick's is all that could be desired. The general plan is excellent, and a great deal of information is given within a small compass. The work will be found useful for cramming purposes, especially for those who have to undergo a purely written examination. If a student has read carefully, and digested thoroughly one of our excellent text-books on midwifery now available, this work will be convenient for "brushing up" at the completion of his course. A better plan, however, for the student, is to make his own synopsis, and use it for review when required. It is well for the lazy student, who likes such *multum in parvos*, to remember that even from his narrow standpoint of success at his examinations, it is dangerous to trust alone to such a weak reed as a syllabus on obstetrics. And yet this is the tendency among a certain proportion, and for that reason we repeat that such works as this one published on a subject like midwifery, where it is of such paramount importance that a practitioner should have a very clear and comprehensive knowledge of the treatment of labor and the various serious emergencies which may arise, together with an intelligent conception of the whys and wherefores.

Brown's Medical Diagnosis. A Manual of Clinical Methods. By J. GRAHAM BROWN, M.D., Fellow of the Royal College of Physicians of Edinburgh, late Senior President of the Royal Medical Society of Edinburgh. Second edition, illustrated.

This work is the embodiment of the thorough and conscientious labors of Dr. Brown of Edinburgh, who has won a just celebrity in his department of medicine. Its contents are summarized as follows: Chapter I. The General Aspect: Condition and Circumstances of a Patient—Preliminary Inquiries. II. Alimentary System: Objective—Subjective—Excretory Phenomena. III. Examination of the Abdomen: Its Palpitation and Percussion. IV. Hæmopoietic System: Lymphatic Vessels and Glands—Examination of the Blood. V. Circulatory System: Subjective Phenomena—Palpitation—Percussion—Auscultation of the Heart—Examination of the Arteries, Capillaries, and Veins. VI. Respiratory System: Subjective

Phenomena—Examination of Nares and Larynx. Palpation—Percussion of the Chest—Auscultation—Respiration. VII. Integumentary System: Subjective and Objective Symptoms—Eruptions. VIII. Urinary System: Subjective Symptoms—Normal Constituents of Urine—Abnormal Constituents of Urine—Urinary Sediments. IX. Reproductive System: The Female Reproductive Organs and Functions—Physical Examination. X. Nervous System: Sensory—Motor—Trophic—Cerebral and Mental Functions—Condition of Cranium and Spine. XI. Locomotory System: Bones—Joints—Muscles.

Personal.

Dr. Hunt has located at 321 Spadina Avenue.

Prof. Heinrich V. Bambridge, of Vienna, is dead.

Dr. Gordon is now in practice at 513 Spadina Avenue.

Dr. Parker has opened an office at 221 Queen Street East.

Dr. James Rea has removed from Pickering to 189 Dovercourt Road, Toronto.

Dr. W. T. Gairdner is the President for the new Sydenham Society for the current year.

Dr. T. McKenzie has been appointed a member of the active staff of the Home for Incurables.

Dr. G. Silverthorne has been appointed resident physician to the Home for Incurables, Toronto.

Dr. John B. Hamilton has been appointed editor of the *Journal of the American Medical Association*.

Dr. John Valentine, of this city, was arrested on the 24th November, on a charge of criminal malpractice.

Mr. Joseph Bell, F.R.S., has been unanimously re-elected to the Presidency of the Royal College of Surgeons of Edinburgh.

Drs. W. P. Caven and Primrose have been appointed assistant demonstrators of anatomy, Medical Faculty, Toronto University.

Dr. Henry Berton Sands, of New York, died suddenly, on Sunday, the 18th of November, at the age of fifty-six, from sudden heart failure.

Dr. Joseph O. Dwyer, the originator of intubation of the larynx, has been appointed Professor of Diseases of Children in the N. Y. Post Graduate Medical School and Hospital.

The following Canadians were recently granted certificates to practise medicine in California: Dr. Henry Arnott (Toronto University, 1870), Los Angeles; and Dr. Chas. Larkin McCracken (Toronto University, 1881), Oakland.

Miscellaneous.

In making vaginal examinations, soap is the best lubricant for the finger. It is cleaner and more slippery than oil or vaseline, and more easily removed from the hand, which is soon needed for something else—besides being more agreeable for the patient.—*Annals of Gynecology.*

SAM JONES ON "FAITH CURE" AND "CHRISTIAN SCIENCE."—"I'll tell you where this faith cure comes in. There's an old brother and sister who have been taking all the nasty, quack patent medicines on the market for the last ten years. Somebody comes along and prays over 'em, and they quit using the patent medicines, and they are well again. They say it was faith that cured. It was faith. It was faith which caused them to quit taking old patent nostrums, which cured them. I don't say I belong to the Christian Science crowd, or anything of that sort; but I thank God that by the side of my sick wife I may kneel down and pray that the remedies given by the physician may prove effective. I don't pray over the supernatural. I pray over the pill.—*N. Y. Medical Record.*

Messrs. Longmans, of London, announce the publication this month of a new novel, by Dr. B. W. Richardson. The work, which is of a classical and historical character, is based on

those events of the second century in which the Jews, long oppressed by the Roman yoke, tried to regain their liberty and their country under the leadership of a fighting Messiah called by them Bar-Cochbas, "The Son of a Star," from which the novel takes its name.—*Ex.*

Acts of heroism in medical life are so frequent and appear to be so natural a part of it, that they are not chronicled as often as they should be. One such deed, however, recently found its way into the *British Medical Journal*, where it is mentioned as an illustration of the self-sacrifice of medical men in behalf of suffering humanity. It is the case of a surgeon in the British army named Landon. Mortally wounded himself, and with the grasp of death rapidly closing down on him, he heard a wounded soldier crying out from the sharp pain of his hurt. Forgetful of self, he crept with difficulty to where the man lay and gave him a hypodermatic injection of morphia to lessen his suffering, and having given it, lay down and died by the side of the soldier.—*Medical News.*

A NEW USE FOR ETHER DURING ANÆSTHESIA.—Very frequently during the early stages of the administration of an anæsthetic, the patient "forgets to breathe" even before the ability to perceive peripheral irritation is lost. Even later in anæsthesia, when the breathing suddenly ceases, we are accustomed to use cold water externally and to slap the patient with wet towels.

Such measures are generally called for hurriedly, and it is not at all uncommon for an exasperating delay to occur before the water arrives. The ether is always at hand, however, and I have found that in a large number of instances, both in man and in the lower animals, the free use of ether poured upon the belly causes so great a shock by the cold produced by its evaporation as to cause a very deep inspiration, which is often followed by the normal respiratory movements. This is, of course, a simple procedure, and one which has probably been used by others, but I have never seen it so employed.—*H. A. Hare, M.D., in Maryland Medical Journal.*

COCAINE IN TONSILLITIS.—By DeHaviland Hall, M.D. (London). Dr. Hall quotes several cases of acute parenchymatous tonsillitis to show the value of local painting with a 20% solution of cocaine which relieves dysphagia promptly, and seems to diminish the tendency to suppuration. It is not wise to use the solution in the form of a spray, on account of occasional alarming syncopal attacks, but it is well to spray the throat with a solution of bicarbonate of sodium (10 grains to the ounce) before applying the cocaine, as the latter appears to act more efficaciously in presence of an alkali. Cocaine is not useful in the follicular form of tonsillitis.—(*Lancet*)—*Annals of Surgery*.

THE LATE DR. AGNEW'S CHARITIES.—In his eloquent eulogy on Dr. Agnew, Dr. Thomas spoke of his constant generosity to the poor and to all kinds of charitable enterprises. He adds: "After thirty years of brilliant professional success, of uninterrupted health, of industry, of frugality, beyond making simple provision for the needs of those immediately dependent upon his labors, he died comparatively poor in this world's goods. Is the reason far to seek? In revealing this I violate no confidence, for this is the climax of his fame, the cap-sheaf of his career, the crowning glory of his life, to which his children point with pride! Had it been otherwise, a want of symmetry would have disturbed the perfect rotundity of his career. As it is, the fair proportions of a beautiful record are left free from blemish and without spot. His income was immense, and he steadily invested it; some will say wisely; for he put it out of reach of moth, of rust, and of thieves.—*N. Y. Med. Record*.

DUTY ON DEAD BODIES.—The proposed reform of the burial laws in France not having yet been carried into effect, cremation is still illegal in that country. Under these circumstances, bodies which it is desired to cremate have to be taken to Italy for the purpose. The Italian Custom House appears to have discovered in this necessity a source of revenue which it was advisable to make the most of while it lasted. The *post-mortem* adventures of a M. Morin, who died recently in Paris, may

be of interest to members of the Cremation Society. He had left instructions in his will that his body should be conveyed by two of his friends to Milan, where it was to be cremated. This was done on July 18th, the incineration being accomplished in an hour and a half, and costing between fifteen and sixteen shillings. The Italian Custom House, however, levied fourteen pounds import duty on the body when it entered the country, and the same amount as export duty on the ashes as they were carried back to France. This, says the *Progrès Médical*, is their way of encouraging cremation.—*British Medical Journal*.

Births, Marriages, and Deaths.

Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.

BIRTHS.

CLAXTON—In Verona, Oct. 27th, the wife of W. C. Claxton, M.D., of a son.

REA—At 189 Dovercourt Road, Toronto, on November 14th, Ethel Isabella, aged 9 months, twin daughter of Dr. and Mrs. Rea, late of Pickering.

MARRIAGES.

BRAY—**TREMER**—At Zion, West Durham, on November 21, Dr. James Bray, Toronto, to Mary S., youngest daughter of John Tremer, Esq., of Staunton.

BROMLEY—**ELVIDGE**—At Toronto, on Wednesday, November 21st, Dr. E. Bromley, B.A., to Miss Elvidge, Beeton, Ont.

FOX—**SHIELDS**—At Mono Road, Ont., Wm. H. Fox, M.D., to Miss Lizzie H. Shields.

MONTGOMERY—**SARGENT**—At San Francisco, Thursday, November 1st, Douglas W. Montgomery, M.D., to Miss Ellen Sargent.

YOUNG—**JENNINGS**—On November 28th, 1888, at the residence of the bride's father, 145 College Avenue, Toronto, by Rev. D. G. Sutherland, M.A., LL.B., of Elm Street Methodist Church, W. A. Young, M.D., to Annie Marguerite, only daughter of James Jennings, Esq.

DEATHS.

BENTLEY—November 16th, at Lugonia, Cal., Frank Bentley, M.D., aged 36 years.

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