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Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,
AND NORTH-WEST TERRITORY.

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All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. III.]

TORONTO, FEBRUARY, 1895.

[No. 7.

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

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

Editorials.

ANODYNES IN MEDICINES.

In the February number of the *American Gynecological and Obstetrical Journal*, Dr. Joseph Price, of Philadelphia, has an article on the use of "Opium in Gynecology," in which he emphasizes the danger of the reckless and indiscriminate use of anodynes and narcotics that is all too common. It is the convenient refuge of the inaccurate in observation and the unskilful in diagnosis. Not in gynecology merely, but in all cases where pain is the most marked symptom, and especially in abdominal troubles, the practice of using some form of opium as a "ready-relief," without a careful examination of the true cause of pain, is prevalent. The pain is damped down, while the condition causing it remains; indeed, is often rather fixed and retained, when otherwise nature unaided would have brought permanent relief. For example, we have known of cases of local peritonitis where the patient has been kept for days with the bowels locked up, and the poor victim in a state of semistupor, only to again awake to pain as the effects of the drug disappeared. A notable physician once

said that he always kept a hypodermic syringe, but he always kept it at home. How often is morphine given and the dose repeated again and again without any knowledge of the condition of the kidneys by which it is principally eliminated? "There is scarcely a remedy," says Dr. Price, "used so recklessly and ignorantly, and none doing more general mischief." One form of the mischief is the number of habitués of the drug that results from its indiscriminate use. This is especially true where nervous disturbances are present. Dover's Powders become "dozing" powders, and adepts in the use of the hypodermic become legion in number. Where sufficient skill is not acquired, the mercenary spirit of the physician is tempted, and one or more visits a day are made by them for the "relief of pain and suffering," where he should rather be employed in determining and removing the cause. But its use is often bad practice also, and in common with the experience of many in abdominal surgery, the writer says: "The management of all surgical cases is easy and the convalescence more satisfactory and speedy when opium preparations are not used. I am satisfied that the use of opium in some form, either by injection, suppository or solution, has been largely

responsible for much of the high mortality in abdominal surgery. I rejoice I have never used it in abdominal work except where cancer existed. I have watched the work of others and compared the mortality of the operators who use it with that of those who reject it—all that condemn it head the list with a low mortality. The use and abuse of it before painful troubles are removed, obscures symptoms, impairs nutrition, and greatly complicates the management of the patient. Without opiates the patient co-operates, the pain lasts only a few hours in all abdominal and pelvic operations. The numerous uncomfortable conditions favored by opium are wholly absent without it."

BUREAU OF MEDICAL HEALTH FOR THE DOMINION.

Early last year a bill was presented to the United States Congress for adoption, entitled "A Bill to establish a Bureau of Public Health within the Department of the Interior, to consist of a Commissioner and an Advisory Council, the duties of this Bureau to be to collect information on matters affecting public health, and publish all information in a weekly bulletin, and prepare rules and regulations for securing the best sanitary condition of vessels from foreign ports, and to establish a national quarantine system."

This bill emanated from the New York Academy of Medicine, and was well worthy of consideration, not only for its innate value to the public, but also for the source from which it sprang. The ablest lights on scientific medicine in the United States are represented in this body, and all and several expressed their opinion in favor of the passage of the bill.

Not from any desire to copy our neighbors across the line, as we are sure that in medical education and in medical standards we, as a rule, surpass them, but from a desire to see our own system placed on a solid, substantial and profitable basis—profitable from the standpoint of the health of the community—ruled over by one body which will have control over the whole of our Dominion, do we undertake to express our opinion on the subject.

It is not new and original on our part, as it has been discussed by many bodies, consisting of lay-

men as well as members of the medical profession, and now is a source of considerable discussion in many medical associations.

It has been brought up in the Dominion House by Dr. Roome, who ably set forth these following statements and arguments in its favor:

1. That the subject was of greater importance to the prosperity of the people than many of the questions that divided the great political parties.

2. Therefore, in the interests of the people, the Federal Government should make provision for a central organization as a Department of Health, presided over by a permanent head, or as a sub-department in association with or under the jurisdiction of the Department of State.

3. The duty of the Health Department would be to collect statistics of the births, marriages and deaths of the Dominion, and also reports or statements monthly or oftener of all epidemics or outbreaks of infectious or contagious diseases throughout the country, and to utilize these statistics and reports in educating as to sanitation and prophylaxis.

4. The establishment of a first-class hygienic laboratory with every facility for bacteriological examination for investigation as to the cause and origin of disease, and for experimenting with diseases communicable from animal to man.

5. To provide for the efficient international sanitation as far as possible by obtaining information relating to any epidemic in foreign countries.

6. To see after the sanitary condition of vessels leaving foreign ports and all quarantine regulations.

7. To analyze all foods and inquire into their adulterations.

At present these duties—so-called from their importance to the general public—are performed by many different bodies, some not badly, some wretchedly, and some not at all. Different heads have charge of small minor details, Provincial and local boards of health and the Dominion Department of Agriculture (which handles the quarantine) being the main factors. This condition necessarily mixes up sadly all the reports and statistics, leaving any seeker after truth on these lines sadly in want of definite information. Large outbreaks of different epidemics could easily be kept away from our shores by a strong satisfactory quarantine

system which would be in touch with all the various conditions of the different provinces.

Long and strong arguments could be made in favor of such an establishment, but we have said enough at present. Later on we will supplement these short remarks by others more convincing. We sincerely hope that the wishes of the majority of the medical men in Canada will be fulfilled by our Federal Government establishing a bureau somewhat after the lines laid down by Dr. Roome. Another matter for consideration in this connection would be the raising of the standard of medical education and examination of the other provinces to equal that of Ontario and make a Dominion Medical Council.

APPOINTMENT OF CORONERS.

Throughout Ontario the Government appoints certain men, generally of the medical profession, to represent them as judges in cases of sudden and suspicious deaths, and calls them coroners. In country places and the smaller towns, a considerable extent of country is covered by one jurisdiction, the nearest man being supposed to be called in, and sometimes the nearest is a long way off. In the larger towns and the cities, it is rather the multiplicity than the scarcity that is the trouble, although how, under existing political circumstances, this could be remedied is more than we could venture to say. Unfortunately, these drawbacks are not the only ones to be found in this official body, and oftentimes cause for complaint, not only in the interests of justice, but also in the interests of individual people, crops up in the many cases which, especially in cities, are being continually brought under their notice.

Where the number is legion, a race takes place for the privilege of being empowered to say whether an inquest is necessary or not, that depending on the first man to issue a warrant. To say the least of it, this is undignified, though such unseemly haste is often *en evidence* from the senior coroner of a city or county down to the very latest junior. Why this is so, it is hard to say, as the remuneration from the authorities is, in most cases, quite insufficient to properly remunerate any busy man. Perhaps it is the advertising in

the affair—a legitimate method, possibly, but certainly not ethical from a medical standpoint—which is looked on to pecuniarily equalize matters that is the catchy point. Even we ourselves might not squirm terribly or feel intensely shocked if some such notice as this appeared in the daily press regarding ourselves: "James Hodge fell down an elevator shaft and was killed instantly, and Coroner ——— was called in. On investigation, he decided that an inquest was not necessary." (This, by the way, entails the issue of a warrant and, naturally, a fee.) Or: "Robert Dodds was struck by a pile-driver on the head and killed instantly. Coroner ——— issued a warrant, called a jury together, and will hold an inquest at ——— Street at 8 p.m. Monday." Still, even if we are not squeamish, this is certainly a deplorable condition to find well-educated men indulging in.

If the whole "box and dice," as we heard a confrère express himself on some such matter, were even to end here, justice would neither be turned aside nor retarded in any way; but—with a capital B—such is not the case. Political influence abounds in the appointment of the men assigned to this duty, and, naturally, to those who know either Dominion or Ontario political bodies, this does not necessitate the appointment of the best man for the place, or, indeed, always even a good man. The very late addition to the staff of a city not more than one hundred miles from here gives a very fair instance of our point.

If the position be one of importance, most decidedly men of some standing, and especially understanding, should be appointed, and not every medical man to whom some party wire-puller, who has a strong pull, owes a large bill to or is a great friend of some such man.

By all means let us have men appointed who are fit to sit in a judicial chair. A coroner, from a medical standpoint, should stand on points in medical jurisprudence on the same basis as judges do from the standpoint of a lawyer.

Just recently a case has been aired where there seems, in the minds of the officers of the law, to be good reason for suspicion of foul play, which happened some two years ago. At that time a coroner was notified, and decided an inquest unnecessary. If these men were guilty, or even if there were the slightest reason to suspect them,

surely an investigation should have been held, and recent events show that there was reason.

With this particular coroner we have no fault to find, as he is head and shoulders in both ability and judgment over most of them; but the instance just proves the strength of our argument. If men—strong medical men, who are accustomed to sifting out such troublesome cases—were appointed without fear or favor, inquests would be held when necessary and left alone when unnecessary. The latter item certainly would save the Government a nice penny, even in one year.

ASSOCIATE EDITORS.

After the late election in medical circles, the directorate of the *ONTARIO MEDICAL JOURNAL* considered the advisability of drawing the different territorial divisions closer together in their relations, and establishing better and more amicable connections between them. They felt that this could not be better done than by the appointment of an associate editor for each division, recommended by the member-elect for that division. Consequently, lately this was done, and responses have been received from quite a number. In Nos. 1, 2, 3, 4, 5 and 9 men were appointed, and in a good many others advice was withheld till the member could pick on a suitable man who cared to undertake the work.

We hope, and in fact expect, that by next issue we will have an editor for each division who will, we are sure, be of the greatest service to us and to the constituency by the publication of local medical items.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

Dr. J. M. Lefevre, of Vancouver, President of the British Columbia Medical Council, left on the 25th January for Vienna, where he has determined to remain for more than a year, for the purpose of studying surgery, of which he is going to make a specialty in future. Mrs. Lefevre accompanies him. We wish them both a very pleasant voyage,

and hope to see them back in Vancouver safe and sound in 1896.

Dr. Octavius Weld, late of London, Ont., has come to Vancouver to settle in practice, and is acting as Dr. Lefevre's *locum tenens*, while the latter is in Europe. Dr. Weld is a genial gentleman, and we feel certain will be popular with the profession and the public.

The vacancy in the Westminster Asylum for the Insane, due to the resignation of Dr. R. J. Bentley, the late medical superintendent, has been filled by Dr. G. F. Bodington, of Hatzie Prairie. The appointment has given considerable dissatisfaction in government political circles, inasmuch as Dr. Bodington was considered a very bitter opponent of the present administration, and during the late general elections took an active part in his constituency against Dr. Lefevre, who was running as a government supporter. The provincial secretary, Hon. Col. Baker, when the matter was brought up in the Legislature by Dr. Walkem, M.P.P., of Nanaimo, said the selection of Dr. Bodington was made on the ground of fitness, and further stated that with the exception of one other medical man in the Province, Dr. Bodington was the only person qualified by experience for the position. How correct that may be it is for the members of the medical profession in British Columbia to decide. Dr. Bodington is, we are told, seventy-two years of age, and, in the course of nature, cannot live forever; and it is to be hoped that if the position of medical superintendent should ever become suddenly vacant that there will be more material in the opinion of the provincial secretary of those days, whoever he may be, than there has been on this occasion; for when only two gentlemen are considered qualified, as is the case now, and one of those looks upon himself as out of the running, it is pretty hard to have to fall back on one single individual, who has passed the years allotted by the Psalmist for the life of man. So far as Dr. Bodington is concerned we have personally nothing to say against him. He has been in British Columbia for some years, and, as a professional man, has a good record. As a specialist in mental diseases he is said to have had considerable experience, having had charge of some asylum in England, the exact

location of which we are not in a position to say. However, the provincial secretary must have thoroughly informed himself on that score before he made the appointment and spoke so strongly about his special qualifications. We wish him length of days to enjoy the position.

We wish to remind the readers of the **ONTARIO MEDICAL JOURNAL** in British Columbia once more that the Associate Editor is not supposed to supply all the reading matter in the space allowed for the insertion of items, etc., of importance to us on the Pacific coast. We were partially promised, for this number, an article by an eminent surgeon in Victoria (Dr. Davie), but up to date (February 6th) it has not made its appearance at this office. If that gentleman, and many others, would contribute only one-tenth of the valuable material they might work up in the shape of articles for publication, medical literature would be benefited to an enormous extent. It has been officially declared that we have only two men in British Columbia who know anything worth speaking about of mental diseases, and presently we may be also told that we have nobody in the profession who know anything about anything else, which would be certainly a most lame and impotent conclusion, though, so far as the literary expression of their knowledge is concerned, it might be readily implied by outsiders who know nothing of the distinguished men we have here, both in medicine and surgery.

The Medical Council of British Columbia met in Victoria on Tuesday, the 8th of January. Four candidates presented themselves for examination, of whom three passed in all the subjects, both primary and final. One candidate did not succeed in passing in medicine, surgery and pathology, and was requested to put in an appearance again in May. Dr. J. M. Lefevre, the President, informed the Council that he was leaving for Vienna, and asked that someone be appointed to act as treasurer in his place till his return. Dr. W. T. McGuigan, on motion, was appointed to the vacant post. The next meeting of the Council will take place the first Tuesday in May.

Original Communications.

TREATMENT OF EPILEPSY.

BY CLARENCE J. H. CHIPMAN, M.D.,
House Surgeon County Carleton General Protestant Hospital.

A paper having been recently published by Dr. W. H. Hattie, of the Hospital for the Insane, Halifax, N.S., in which the treatment is based on the assumption that epilepsy is due to a process of auto-intoxication, and intestinal antiseptics in combination with the bromides have been found of great benefit, Dr. Small, one of the attending physicians, was led to adopt this form of treatment in a case in this hospital.

The patient is a young woman of eighteen years of age. Her parents are living but have had no seizures. A sister of her mother's was subject to epilepsy. She herself has had attacks as far back as she can remember. They have been worse since puberty, and especially since she began to menstruate, at the age of fifteen.

She was under bromides for months previous to her admission, and for a fortnight before had a number of severe attacks in succession.

She was admitted on the 24th November.

On the 14th December she was ordered salol gr. v. *ter die*, and Mist. senn. Co. ʒj. in mane.

She has passed two menstrual periods since and has had no seizure now for over eight weeks.

Her diet has been liberal though she has not been allowed much meat.

During this time she has not even had any preparation of the bromides.

I send you a short note of the case as one worthy of being referred to in the **JOURNAL**.

Ottawa, Feb. 12th, 1895.

TREATMENT OF ACUTE PERITONITIS.*

BY J. A. GRANT, JR., M.D.

I feel sure that it has been the fate of every one of us to meet cases of peritonitis, and in spite of all the medical skill we could bring to bear on the case, to have seen the patient gradually sink under our eyes, the classical symptoms so well known to all of you surely claiming their victim, leaving a sadder man with the hopeless and almost fatal-

*Read before the Medical Society of Ottawa.

istic feeling that nothing can be done. I might read you notes of several of my cases. I am happy to say that within the last year, more than at any other time, has the darkness which surrounds this disease been pierced by a ray of light, and it is again the surgeon who has stayed the fast ebbing life, and given us good reason to hope that ere long he will have firmly entered another field of usefulness, adding this achievement to the already brilliant list.

As etiology is the basis of our treatment as well as our classification, let me say a word about it. There is no disease which has been broken up into more varieties or burdened with more differentiation than peritonitis. It has now become evident that peritonitis depends almost entirely, if not entirely, upon infective processes, and that these agencies are at work directly or indirectly in every form of the disease. In the great majority of cases it depends on what has been called continuity infection; that is, direct spreading of the infection to the peritoneum from a neighboring tissue other than the serous membrane. So we have (1) Infection from intestine, hernia, appendix trouble, etc.; (2) Infection from without, puerperal; (3) Infection due to pneumococcus; (4) Tubercular infection; (5) Doubtful origin.

At the meeting of the American Obstetrical and Gynecological Society in Toronto last September, Dr. W. G. McDonald, of Albany, in his paper on appendicitis, stated that idiopathic peritonitis does not occur, and that many cases diagnosed as such are really perforating appendicitis.

In treating peritonitis, the exhaustion, the rigidity of the abdomen, the pain, the vomiting and the not infrequent signs that the bowel should be relieved of flatus, are suggestions from the therapeutics of nature, and so we have recommended absolute rest, attempts to relieve pain, starvation and purgatives.

Absolute rest in the recumbent position appears to be the first obvious indication.

The feeding is important. The stomach is not in a position to receive nourishment, and what is taken usually remains unchanged and is returned unutilized. Let the patient have as little food as possible by the mouth, and some ice to quench the great thirst, and trust more to rectal feeding.

Opium and morphine should be given as spar-

ingly as possible, and should not form part of a routine treatment. They hamper treatment and mask symptoms.

Aperients, within the last few years, have been revived chiefly by Mr. Lawson Tait. His treatment has been spoken of as "the treatment of peritonitis by aperients," as if it could be used with advantage in every case. What Mr. Tait says is: "I have never said that purgative treatment will cure peritonitis, for once it is established, peritonitis is a practically incurable disease, and almost uniformly fatal."

There is no doubt that there is within the intestine in these cases an amount of noxious matter which becomes septic as soon as the normal condition of the bowel is interfered with, and that these matters can, within certain limits, be got rid of by aperients and enemata. It has been pointed out by Mr. Tait that if an action of the bowel can be obtained at the outset of the symptoms, either by the administration of a purgative or enema, the trouble in a large proportion of cases passes away and the patient makes a good recovery; but a purgative, like an emetic in acute poisoning, can only arrest symptoms within certain limits. Once general peritonitis has established itself, an aperient is without avail.

I might occupy much more of your time on therapeutic measures, but every day peritonitis is becoming more of a surgical disease.

Operative measures are represented by incision, drainage, with or without irrigation, and more recently, puncture or incision of a distended intestine.

Generally speaking we have two series of cases to treat. In one there is a vigorous, well-defined inflammation, the local symptoms are marked, pus is produced in greater or less amounts, and the exudation localized. Examples of this are: Peritonitis started from appendix trouble; pelvic peritonitis and also certain cases started from injury or perforation. In the other series the peritonitis is diffused, the constitutional symptoms are more prominent than the local, the changes in the serous membrane are comparatively slight, and are out of proportion to the general disturbance. This form is illustrated by cases of general septic intoxication starting from the peritoneum, puerperal peritonitis, etc.

In the first series of cases surgical interference by incision or drainage ranks with the opening of a large abscess.

In the second series the incision, flushing and drainage is comparable to washing out the stomach after an acute poison has been taken.

In the one case we have to get rid of the products of a limited inflammation; in the other we have to rid the cavity of a poison which has already done much harm and is causing a progressive poisoning.

In cases of localized purulent peritonitis an incision should be made into the collection by the most direct route. When the pus has escaped, a drainage tube is passed to the bottom of the cavity and a dressing of some absorbent material applied.

Treeves says that he has seen no advantage attend either the fuller evacuation of the pus by squeezing or immediate irrigation of the cavity, that he is confident harm may be done by scraping the wall of the enclosure, by persistent searching for a diseased appendix or other cause of trouble, and by stuffing the exposed space with gauze. At the end of twenty-four or thirty-six hours irrigation of the cavity may be commenced and continued twice daily, and now and then a little iodoform emulsion introduced.

Gilbert Barling, of Birmingham, in the *British Medical Journal* of last January, reports eleven operations with four deaths. In summing up, he says: "Incision in the middle line, irrigation and drainage is a simple procedure and carries with it little risk, and it is a question whether it is resorted to as often as it should be. The profession is, perhaps, fully alive to its advantages, when a very acute onset such as perforation can be recognized; but when the commencement is less acute and the symptoms less alarming in the early days, then I doubt if drainage is adopted as often as it is called for. When the inflammatory collection is localized it is well not to do too much. Simple incision and drainage suffices; anything like forcible irrigation or searching about with the fingers by disturbing limited adhesions is likely to do harm." He says that if a perforative focus is discovered it should be dealt with directly, and even if an incision has been made over the appendix, at the same time median section should be performed for irrigation and drainage of the general cavity.

In cases of generalized peritonitis the procedure adopted must depend upon the cause and degree of the trouble. If the exudation be serous, Treeves says it will suffice if the fluid be evacuated, the peritoneum dried in the most dependent parts with gauze sponge and the abdomen closed without drainage.

When the exudation is sero-purulent or purulent it is in most cases desirable that the cavity be irrigated after washing the depths of the peritoneal cavity and dried as far as possible with sponges, iodoform powder dusted over the portion of the serous membrane most involved, a long drainage tube introduced and the abdominal wound closed. Any treatment directed against the cause of the peritonitis will be independent of these measures.

There are cases in which the peritonitis is more plastic in character. The intestines are found matted together with greyish lymph, which may be present in considerable quantity. The breaking down of these adhesions is certainly distinctive of a desirable process of repair. Still, when it is indicated that the cause of peritonitis has to be searched for and imprisoned exudation between the intestinal coils to be set free, this freeing of adhesion must to a certain limited extent be carried out. A stump of adherent intestine will often cover and protect a perforation, and the lymph close it with much more speed and security than sutures. Treeves says, "As the surgeon reaches what appears to be the starting-point of peritonitis (plastic), he must proceed with the utmost caution, and be not only prepared but inclined to have the actual *fons et origo mali* undemonstrated."

The main purpose of the operation is to allow a noxious exudation to escape, and if possible free the peritoneum of the cause of trouble. Some of the best results in perforated peritonitis have been obtained in instances in which the exact site of the perforation was never ascertained. Kaiser gives six examples with five recoveries.

In this class of peritonitis neither drainage nor irrigation seem to be regarded. The peritoneum is dried with gauze sponges and iodoform dusted over the serous membrane most affected. I will say nothing on the technique of the operation, as Dr. Pucrot's able paper is fresh in our minds.

Irrigation.—The subject of irrigation in peritonitis has received much attention. So many ques-

tions come into play, such as the nature of the exudation, serous or purulent or faecal—whether it is well localized or diffuse, and the condition of the patient—whether able to stand a prolonged operation or not—that it is not surprising that opinions are divided as to its advisability. Treeves said last March that the bias of opinion was against irrigation. Pearce Gould, last October, in a paper on “Operative Treatment of Perforated Ulcer of Stomach and Intestine,” said cleansing of the peritoneum was the important step in the operation. No time or care must be spared to make this flushing absolutely thorough, as upon it chiefly hangs success or failure. Roderick Maclaren, on the same subject, at the B. M. A. meeting last October, said: “Cleansing of the abdominal cavity is all-important. Success depends almost entirely on how this is done.”

Gilbert Barling believes in a very thorough flushing. Ford Cousens says the cavity must be cleansed at all risk, but prolonged irrigation must be avoided. Knowsley Thornton, in speaking of diffuse septic peritonitis, at the Royal Medical and Clinical Society, last October, said “that septic material spread over the surface of the gut rendered thorough irrigation absolutely necessary:” and at this meeting there was not one opposed to this method of treatment. Once having septic material in the peritoneal cavity, it seems that if we care to stop the spread of the peritonitis, it must be got rid of. In Germany it has been done by wiping the surface with aseptic gauze. In England I think I am safe in saying that flushing it out is preferred. It seems to me that the former method is rough, tends to do more damage, and cannot be as effective as irrigation. Certainly it might be used when there was a septic deposit: but for a thin layer of septic serum, or seropus, spread over a large part of the peritoneal surface, I should think it ineffective and possibly harmful, both to the tender peritoneum itself and to any occlusive adhesions formed by nature, should a perforation be the starting-point. The danger in irrigation seems to be that the septic material may be washed to distant portions of the peritoneum: but is not this spreading of the peritonitis one of the bug-bears, in fact, our chief danger? and should the poison be got rid of, the trouble ceases, or rather, we have a simple localized inflammation to deal

with. Should the patient be in a condition of collapse, and not able to stand prolonged and thorough irrigation, then more speedy but less effective measures would have to be adopted.

As to the fluids used, they are many: Carbolic acid solution, boric acid, corrosive sublimate and salicylic acid solutions. Many use boiled water, and some a weak preparation of alcohol. But whatever solution fluid is used it cannot be used as a germicide, and all that can be aimed at is a solution that is sterile and non-irritating. Perhaps the choice is between a sterile 0.6 per cent. salt solution and boiled water at 110 to 105 F.

The fluid is introduced at low pressure, and in a wide stream, with a soft rubber tube, regulated with a clip: the peritoneal cavity to be gently flooded out, and by a movement of the hand and pressure here and there the fluid overflows by the wound.

Let me say here that much success depends on the systematic treatment of shock, as Mr. Lockwood said at the Royal Medical and Clinical Society, last October, in reporting three successful cases of septic peritonitis diffuse, “a systematic attempt was made to meet exhaustion and collapse, by stimulating the patient before the operation, with strychnine, hypophosphites and brandy, rapid and methodical operation, during which there was systematic application of warmth, and by warmth, stimulants and nutrient enemata afterwards.”

Drainage.—All are agreed that when a noxious material is left in the peritoneal cavity, or when it is thought an extensive effusion will follow the operation, drainage is necessary. The drains most used are glass, rubber and iodoform gauze. The latter may cause poisoning if extensively used, and is difficult to remove. Either glass or a stout rubber tube, large size and well fenestrated, are best. If there is likely to be much discharge, requiring the moving of the patient to further its escape, rubber is best.

Puncture and Incision of the Intestine.—A distended intestine is often a difficult thing to replace, and is a cause of not only discomfort but danger to the patient. The cases operated on last month by Drs. Kidd and Small are still fresh in the minds of those who were fortunate enough to be present, and particularly in the former case was there great distention. This distention is due to

paralysis of the intestinal walls. This paralysis, attended, as it is, by vaso-motor changes in the bowel wall, is favorable to the absorption of septic matter from the intestine, and permits (if persistent) of a filtration through the intestinal wall of septic material, of bacteria or of their products. These are readily taken up by the very absorbent peritoneum, and a septicæmia commences. This is the explanation of Olshausen Verchière and others, so that this is the greatest danger of the distention.

The advocates of puncture and incision are many, but I will only quote a few remarks made within the last six months :

C. B. Lockwood says, to empty the distended intestine of gas, each coil is punctured with a fine trocar and canula. diameter $1\frac{1}{2}$ to 2 millimetres, and the fæces let out by an incision which was afterwards closed. He reports three successful cases of diffuse septic peritonitis.

Knowsley Thornton said for many years he had been accustomed to puncture by trocar, and to make incision into distended gut, but not in a detached method.

Mr. Marmaduke Shield says : " It is of immense importance to use a fine trocar and canula, which should be passed obliquely through the muscular coat, so as to produce a valve-like opening, and prevent leakage."

Mr. Barker : " I am in favor of free incisions into the intestine rather than puncture, on account of the immediate relief to the distended intestine."

These remarks were all made in speaking of diffuse septic peritonitis.

In conclusion, let me say that success will be greatest when we direct surgical measures against causes and beginnings of the evil, rather than against effects and drainage done.

A very full discussion of the paper followed, in which Drs. Garrow, Malloch, Sir James Grant Rogers, Small, Horsey and A. T. Shillington took part.

It was agreed that it should be published in the *ONTARIO MEDICAL JOURNAL*.

The consensus of opinion was that troubles in the neighborhood of the appendix, and the surgical interference to which they had given rise, had been instrumental in rationalizing the treatment

of peritonitis, both general and local, and as a consequence many valuable lives had been saved. While all were agreed as to the importance of early interference in appendicitis, some difference of opinion prevailed as to the advisability of searching for and removing the appendix in every case. All were unanimous as to the necessity of flushing out the abdominal cavity and providing free drainage.

Meetings of Medical Societies.

EST TORONTO TERRITORIAL MEDICAL DIVISION ASSOCIATION.

The annual meeting of the West Toronto Territorial Medical Division Association was held in Broadway Hall on January 12th, at which a large representation of the members of the Division was present.

The subjects of lodge practice, account collecting (including a black-list of bad-pay patients), and repetition of prescriptions by druggists were discussed, and committees appointed to consider each of these and report at the April meeting.

The election of officers resulted as follows : President, H. T. Machell ; 1st Vice-Pres., A. A. Macdonald ; 2nd Vice-Pres., A. Hamilton ; Sec.-Treas., Geo. H. Carveth. Council : A. McPhedran, J. Spence, J. Ferguson.

The next regular meeting of the Association will be held in the Broadway Hall, on Wednesday, April 10th, at 4 o'clock.

Correspondence.

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

Re PROSECUTIONS.

To the Editor of *ONTARIO MEDICAL JOURNAL*.

DEAR SIR,—The following have been prosecuted by me during the last month :

John McIntosh (Black Horse), fined \$25 and costs.

F. W. Coulson (Toronto), Manager of M. V. Lubon Medicine Co., \$75 and costs.

Mrs. A. H. Keith, wife of manager of Viavi Medicine Co. (Toronto). Magistrate reserved judgment for a week.

John McIntosh (Kinloss) was fined \$25 and costs. This man was in the habit of examining and giving certificates for an insurance company. A party wrote to me to know if it was legal. I referred the agent and the party to Section 50 of the Ontario Medical Act.

I have a large number of cases in different parts, in which I am engaged with my assistants working up evidence, and hope to get a conviction, but do not at present deem it prudent to give their names.

I have been busily engaged for the past fortnight investigating some serious charges in connection with some medical practitioners, also several for unprofessional conduct.

In the case of F. W. Coulson, I may state that last year I had him before the Police Magistrate for a violation of the Medical Act and fined \$100. He appealed the case, and the conviction was quashed, the reason being that it was an isolated case, only one witness for the prosecution, and he stated to Coulson his disease. In most of my prosecutions the defence generally refer to that case in the law reports. He intends to appeal this case, but I am hopeful the results will be favorable to the Council.

In the case of Mrs. A. H. Keith, of the Viavi Medicine Co., the information was sworn out against her in September last, but as I could not serve her with a summons until January 15th, the case did not come until February 4th for trial. I had eight witnesses summoned, and nearly all were in Keith's favor, as I had reason to believe that some of my witnesses were tampered with.

It came out in evidence that a short time ago they advertised for an old-established doctor, and it was answered by Dr. E. Goode, but when he found out what it was he would have nothing to do with it. It was different with Dr. C. H. Martin; he is employed by them to answer correspondence and recommend Viavi to patients.

During the trial, Mrs. Keith was asked if the Doctor knew what he recommended, and said he did not, that that was a secret.

As they are a wealthy corporation, they had as counsel A. B. Aylesworth, Q.C., and Walter Barwick, Q.C.

In both the Coulson and Keith cases I employed A. Downey, official stenographer, to take down

the evidence, so as to be prepared in the event of an appeal.

I remain yours,

THOMAS WASSON,
Detective C. P. & S. C.

Toronto, Feb. 15th, 1895.

A DENIAL.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—My attention has been drawn to a communication which appeared in a recent number of the JOURNAL over the signature of "Thomas Wasson, Detective," etc., in which my name is brought rather prominently into notice. I wish to state that I am quite prepared to give the fullest explanation, and in fact court the fullest inquiry into anything with which I may have been connected, past or present, and which, I think, will be satisfactory to all concerned—T. Wasson in particular. Will you kindly insert this in your next issue, and oblige.

Yours, etc.,

H. O. MARTIN.

Toronto, January 30th, 1895.

[We publish this letter under Mr. Wasson's list of prosecutions, and our readers may judge for themselves.—ED.]

STUDY IN BERLIN.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—As this region is somewhat of a *terra incognita* to many of your readers, I shall endeavor to portray some of the different phases of medical life in this city. While the German medical student enjoys advantages possibly unsurpassed in many departments, he is also obliged to cope with certain difficulties that would debar many of the best Canadian students from ever obtaining a medical qualification, or at least the conditions here imposed would postpone such qualification until too late in life to be of much value. I refer to those students who must provide the means for their own education. In the first place, the German medical student must be graduated from the *gymnasium*, or high school, whose standard equals that of the arts course of some of our universities; and, secondly, he is not allowed to engage in any business or profession during his student career. These conditions, together with the small remuneration for labor, com-

bine to make the path of the self-supporting student an exceedingly trying one.

The medical course here consists of nine semesters (courses) subsequent to matriculation. The winter semester begins on October 16th and ends on March 15th. The summer semester begins on April 1st and continues until July 31st. During the first four semesters the subjects of study are the "medical sciences"—chemistry, botany, anatomy, etc., and at the close of the fourth semester there is an examination called the *physicum*. Should a candidate fail at this test, a "consideration" is granted him, with the privilege of reappearing at the expiration of six months. The remaining five semesters are spent in clinical studies, and at the completion of the ninth semester the student is eligible for two examinations: that of the State for the license to practise, and that of the university for the degree. The former is conducted by the Government and without expense to the student, and is invariably attempted; while the latter, not being necessary for practice, and entailing an expense to the candidate of some seven hundred marks, is frequently postponed until the finances of the young practitioner are equal to the task. The matriculation fee is eighteen marks, and the fees for each semester from fifty marks upwards, according to the number of lectures and demonstrations taken. Graduates in medicine of recognized Canadian universities receive credit for six semesters upon presentation of their diploma and matriculating, after which they are required to attend three additional semesters, and then may present themselves for examination.

Between each semester there is an intermediate or vacation course, called the "*ferimcourse*," attendance upon which is not exacted by the university nor by the State. These courses are intended to meet the requirements of visiting physicians and those desirous of a brief review in the different departments of special work. The winter course begins on March 4th and continues till the 31st, and the summer course runs from September 22nd to October 31st. Fees, from thirty to seventy-five marks per subject.

No attempt is made to centralise the teaching. The clinics are widely distributed, and are reached not without considerable inconvenience; and herein is Berlin inferior to Vienna, where all the work is confined to the one institution. Some of

the best clinics are conducted in out-of-the-way places on the second flat, requiring two guides, an excellent knowledge of German and a lantern to find them; but, when discovered, they well repay the trouble. The teaching is eminently practical, as would be expected from the convenience of material which is characteristic of this country, and no pains is spared in order that the instruction may be made as interesting and impressive as possible. Clinical lectures are not infrequently illustrated by stereopticon exhibitions of sections of diseased structures, and in Lissar's skin clinic perfect representations of all well-marked cases are made in wax the first day the patient presents, so that the progress of the disease can be noticed by comparison with the primary condition as shown by the cast.

The expense of living in Berlin varies with one's tastes. Comfortable room and board ranges from one hundred to one hundred and twenty-five marks per month, fire and light extra. There are certain boarding-houses patronized by the American students. Of these resorts, possibly one of the most popular is that kept by Fraulein Seitz, No. 39 Elsassar Street—very conveniently located as to clinics and characterized by a fair knowledge of the English language and a better knowledge of Anglo-American cookery. It is very inconvenient for a freshman with little or no knowledge of the language finding himself in an hotel or *pensionnat* where his native tongue is not understood, and in this connection some of the students have rather ludicrous experiences to relate. It frequently happens that the pocket dictionary which has been carefully consulted does not give the expected result, and one is ready to certify to the truth of Mark Twain's statement, that these Germans do not understand their own language. The German hotels are excellent, and very moderate in their charges. The Central, near the Friedrich Strasse station, and the Westminster, in Unter den Linden, will afford Americans every comfort and convenience. The post-graduate students here are principally from the Middle and Eastern States, France and Russia. I have not met a Canadian graduate here, while in Vienna our graduates appear to be in the majority.

A few words to those contemplating a visit to Vienna might not be out of place. As a greater part of the best teaching there is done in classes

of limited numbers, it is of great advantage to "book" some time in advance. This can be done by corresponding with some friend on the field, indicating the subjects required and the purposed time of arrival. Do not bring more luggage than you can carry in one or two grips, unless you are prepared to pay as much "baggage excess" as you pay for your ticket. Keep out of Austrian hotels, if possible; they are simply systemized robbery. Unless you arrive in the evening, leave your *impedimenta* in the parcel-room of the depot and go at once to the *kraukenhaus* (hospital); follow the crowd, and hunt up some Americans. They can almost invariably be detected by their studious and thoughtful expression, the absence of sword scars upon the left side of the face, the cut of their clothes, not forgetting their boots, and last, but not least, the modest manner in which they wear their hair and moustach: (if they possess this latter article). The continental style in these matters is hair "like quills upon the fretful porcupine, and moustache as a miniature representation of the horns of a Texas steer." Any ordinary observer, even if he does not overhear English spoken, will soon locate fellow-countrymen, who are ever ready to extend collegiate courtesies and to assist the new-comer in every possible way.

ERNEST HALL.

Berlin, January 29th, 1895.

A QUERY.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR, -Would you kindly inform me through the columns of your valuable journal how an individual affected with color-blindness can successfully pass all the subjects required by the Medical Council? Can such a person perform operations, tell when a wound is in a healthy condition, distinguish one skin disease from another, etc., etc.; if so, how? Are they not, in fact, as dangerous as engineers, brakemen, etc., afflicted with the same malady? For instance, a young man suffering from a sore throat consulted a medical man (color-blind), who diagnosed his case as quinsy, gave him a gargle and sent him to his home some twelve miles distant in the country where he had four or five brothers and sisters. In the course of a short while the children were all

sick with quinsy(?) *No!* Malignant diphtheria, and four of the family died. Who is responsible? To make a long story short, what I want to know is, Should an individual who is color-blind be allowed to practice medicine any more than run an engine; and, if so, where is his field of usefulness?

Yours respectfully,

INQUIRER.

[Probably some of our readers will answer the question herein asked.—ED.]

Book Notices.

Warner's Therapeutic Reference Book. This excellent little work of over 100 pages will be sent to any practitioner who will forward fifteen cents for expense of sending, to W. R. Warner & Co., Philadelphia.

Syllabus of Gynecology, based on the American Text-book of Gynecology. By J. W. LANG, M.D., Richmond, Professor of Gynecology and Pediatrics in Medical College of Virginia, etc. Price \$1 net. 1895. Philadelphia: W. B. Saunders, 925 Walnut Street.

Some time ago it was our pleasure to review the work of which this is a synopsis, and we are gratified to be able to say that to one reading such a work the latter is an able exposition of the former volume. Each page has the number of pages annotated from its progenitor, and with the blank inter-leaves must and does form a valuable addition to lecture notes of any student. It is gotten up in W. B. Saunders' own excellent style of publication; and adds one more to their already long line of students' aids.

Notes on Newer Remedies. Their therapeutic applications and modes of administration. By DAVID CERNA, M.D., Ph.D., Demonstrator of Physiology and Lecturer on History of Medicine in Medical University of Texas, etc., etc. Second edition, enlarged and revised. Price \$1.25 net. Philadelphia: W. B. Saunders, 925 Walnut Street.

Looking at the title a clue is given to us as to the basis of this work, small in size but large in its quality. The task of collecting data outside of several experiments is in itself a work of considerable magnitude, and in this instance the author

has shown a great amount of work and discrimination in his selection of remedies, which have, in the late years, come before the medical world. His own original studies on many drugs, such as antipyrin, chloramine, chloride of ethyl, iodol, phenacetin, sparteine, and many others, stamp him as a strong man in the pharmaceutical, as well as the physiological world. Any scientific man who wishes to be abreast of the effects and preparations of the "newer" remedies, should be a possessor of this work.

Relations of Diseases of the Eye to General Diseases. By MAX KNIES, Professor-Extraordinary at the University of Freiburg. Forming a supplementary volume to every manual and textbook of practical medicine and ophthalmology. Edited by HENRY D. NOYES, A.M., M.D., Professor of Ophthalmology and Otology in Bellevue Hospital Medical College, etc., etc. Octavo, 470 pp., illustrated, extra muslin. Price \$4.25. 1895. New York: William Wood & Co.

Professor Knies has given to the medical world a work the quality of which is unique. Both the general practitioner and the specialist owe a debt of gratitude to the painstaking author who, in a very concise and practical manner, has furnished us with such a valuable connecting link between general medicine and such an important specialty as ophthalmology. The editor does not aim to add much to the work of the German author, but simply gives his book a larger field of usefulness by presenting it in our own language. The general practitioner, by careful study, will be enabled to see how diseases of the eye often possess important significance in relation to the diagnosis of diseases of other organs. On the other hand the oculist will more clearly realize how local disease may be merely the effect and signal of a lesion of some remote organ or of a constitutional disturbance. If we attempted to specialize we would ask the reader to pay careful attention to the first chapter, which, after giving the anatomical course of the nerves of the eye in a concise but still exhaustive manner, treats of the eye lesions found in diseases of the nervous system. The clearness with which he describes the ocular disorders in *tabes dorsalis* pervades the whole chapter. His work is by no means confined to diseases of the

nervous system, but the succeeding chapters seem to leave nothing to be desired in the relation of the eye and its diseases to all the other local and constitutional diseases.

Middlesex Hospital Reports for 1892. 382 pages, 8vo. Price 2s. 6d. net. London, W.C.: H. K. Lewis.

This is a complete report of the Medical and Surgical Registrars and the Pathologist, for the year 1892.

In the report there is a general table, one for the medical and one for the surgical cases, arranged according to the "nomenclature of diseases," as recommended by the Royal College of Physicians. Then after giving the sex and age of the person affected, the results are classified under the following heads: "Recovered or Relieved," "Unrelieved," "Discharged at own request, or for other reasons," "Transferred to Surgical or Medical Wards," "Died," and "Remained in Hospital January 1st, 1893." So that one endeavoring to look up the statistics regarding any particular series of cases, has them all before him in a nutshell.

A synopsis of individual cases, grouped under certain heads, is given. For example, take typhlitis; a general summary of all the cases is outlined, then an abstract of the salient points in each case follows. This makes a most instructive study. Following this there are abstracts of "exceptional cases," among which the clinical history of two cases of beri beri is recorded, of three cases of infective endocarditis, a case of myxedema, two cases of perforating ulcer of the stomach, and so on. On the surgical side the clinical notes of seven cases of strangulated inguinal, and of three cases of strangulated femoral hernia are outlined. Besides this there are the notes of a number of other cases of hernia.

The most interesting part of all is the pathologist's department. In it there is an abstract of the 296 post mortems held in the hospital during the year.

The production is, as usual, useful, and one may learn much therefrom. It is impossible to make a study of a report like this without lamenting the fact that reports from institutions in this city come few and far between, and that when they do come

they are of little or no scientific value from a clinical, or for that matter, any other standpoint. What is the reason? Are there no registrars, or is there something rotten in the state of things?

—
Dose Book and Manual of Prescription-writing.

With a list of the official drugs and preparations, and also many of the newer remedies now frequently used, with their doses. By E. Q. THORNTON, M.D., Ph.G., Demonstrator of Therapeutics, Jefferson Medical College of Philadelphia; Acting Assistant-Surgeon U. S. Marine Hospital Service. Price \$1.25 net. Philadelphia: W. B. Saunders, 925 Walnut Street.

The general trend of opinion with regard to medical education in Canada and the world over is in favor of the raising of the standard both in matriculation and the studies which follow. Many think, and rightly in our opinion, that every man seeking a diploma should be a graduate in Arts in some university before being allowed to take up his life-work in this the noblest of professions. Although this view is held by many it has never been carried out by any school except the Medical Department of Dublin University. So, therefore, students entering in and carrying on their medical career require certain aids to their studies not supplied by their preliminary education. Although this is a deplorable fact, still it must be faced and their wants supplied in the best manner possible.

Dr. Thornton in this work has gone a long way towards supplying a want to students, although in our opinion he has carried it a little too far for Canadian students. Excellent as they may be, his tables giving the declensions of the many words used in medicine seem to us superfluous to a well-educated man, in spite of the fact that many prescriptions we have seen are sorely wanting in such knowledge as he gives us. This material is certainly useful to any student, and can be and is recommended strongly for their use, but a student should not need it. The fault lies with the student and not with the author who has supplied subject-matter for reading which would be of great use to beginners.

The plates given representing the connection between our ordinary and the metric measure are a lesson in themselves, and should certainly be a

boon to all. We know of nowhere that such a simple and effective illustration could be found. Weights and measures generally, solubilities and incompatibilities are well dealt with, and altogether an enormous expenditure of work is seen in the writer's researches.

The great and best part of the book is the posology, maximum and minimum doses of all and every drug being given with a description of many of the newer remedies. This department alone would justify the purchase, but combined with the remainder, a first-class volume, in fact, one of the best before us, has been issued. The publishers are to be congratulated on the issue of such a handy and useful work for practitioners and especially students.

—
A Practical System of Studying the German Language, for Physicians and Medical Students. For self-instruction. By ALBERT PICK, M.D. In 12 parts. Newtonville, Mass.: E. S. Tanner.

There are few progressive men in the medical profession that have not recognized the great advantage it is to one to have a good knowledge of the German language. Recognizing Germany as the centre from which springs so much *laboratory* thought, one feels that he is hardly in it unless he knows sufficient of the German tongue to carry him safely through an article in that language.

The difficulty of attaining a knowledge of it alas stands in the way of many.

In the system under discussion the parts are divided into a medical part and a practical conversation part.

A German sentence is given; below it there is the key to the pronunciation of each word, and below that again the English translation. At the end of each part in which new idioms have been introduced there is a page or two devoted to "grammatical hints." This method, when a careful vocabulary is selected, appears to be a good one, and it would seem, if one continues to read the parts over and over again, that ere long he would have a very useful knowledge of the subject. Of course everyone knows that there is no high road to learning other than by hard and earnest work; but it would seem as if this would prove a very helpful aid.

Each part is made up of from fifteen to twenty-

five pages, printed on good paper with clear type, and is of a convenient size for carrying in the pocket.

AN EPITOME
OF
CURRENT MEDICAL LITERATURE.

MEDICINE.

Ferratin.—Under ordinary circumstances the liver of a pig contains an acid albuminate of iron which has been styled "ferratin," and this has been used with success for therapeutic purposes. M. Germain Sée states that even when taken for a considerable period it never causes gastric or intestinal disturbance, and never gives rise to the formation of sulphuretted hydrogen in the bowel. Indeed, it improves the appetite and regulates the intestinal functions. The dose of artificial ferratin is from eight to twenty-four grains per diem: it is not soluble in water. In a large number of cases of chlorosis and anemia following acute affections, Banholzer found the hemoglobin increased by 5 per cent. after a week's treatment by ferratin, and at the same time there was a marked increase in the number of red corpuscles. Similar results were obtained in chlorosis and anemia, which were not due to acute diseases, and it was noted that all the patients enjoyed an excellent appetite while under the treatment. When a comparison was instituted between ferratin and Bland's pills it was found that the former produced the greater increase in the hemoglobin.—*The Lancet.*

The Treatment of Diphtheria with the Antitoxine.—At a recent meeting of the Clinical Society of London, Washbourne, Goodall, and Card (*British Medical Journal*, No. 1773, p. 1417) reported the results of observations made at the Eastern Hospital in eighty cases of children under fifteen, submitted for treatment with the antitoxine of diphtheria. Bacteriologic examination was made in all, but diphtheria-bacilli were found in but sixty-one. Eight of the cases in which diphtheria-bacilli were not found would have been considered not to have been diphtheric had a bacteriologic examination not been made; these were

excluded from the statistics. The other eleven at first presented the appearances of diphtheria, but their further progress fully bore out the bacteriologic evidence. Among the seventy-two cases there were fourteen deaths (19.4 per cent.). The significance of this mortality becomes apparent when compared with that of previous years. During the year 1893 there came under observation 397 cases, with 166 deaths (41.8 per cent.); from January 1, 1894, to October 22, 1894, 400 cases, 144 deaths (36 per cent.); from January 1, 1893, to October 22, 1894, 707 cases, with 310 deaths (38.8 per cent.); from September 14, to October 22, 1894, there were seventy-two cases not treated with serum, with twenty-eight deaths (38.8 per cent.); from October 23, to November 27, 1894, seventy-two cases treated with serum, with fourteen deaths (19.4 per cent.). Of the sixty-one cases shown bacteriologically to be diphtheric, thirteen died (21.3 per cent.). Among the whole number tracheotomy was required in nine cases, with three deaths. The serum used was obtained from the British Institute of Preventive Medicine and was administered as follows: In severe cases, 20 c.cm. where injected when the patient was first seen, followed by 10 c.cm. in from eighteen to twenty-four hours, and again another 5 or 10 c.cm. in from another eighteen to twenty-four hours. In moderately severe cases a first dose of 10 c.cm. was injected and followed by one of 5 c.cm. the next day, and perhaps another of 5 c.cm. a day later. In mild or doubtful cases, a single dose of 5 c.cm. was injected if there were reasons to suspect that the condition was likely to become worse. Herringham (*Ibidem*, p. 1428) related that twenty-two cases had been treated at St. Bartholomew's Hospital with the antitoxine, and that in four diphtheria-bacilli were not found. Of the remaining eighteen, seven were mild and all recovered; five were severe: six very severe. Tracheotomy was required in ten of these eleven, with three deaths, and in one intubation. In previous years tracheotomy had been performed in sixty-three cases, with forty-one deaths. Kossel (*Deutsche medizinische Wochenschrift*, 1894, No. 51, p. 946) has made a further report upon the use of the antitoxine in the treatment of diphtheria at the Institute for Infectious Diseases in Berlin. From March 15 to December 1, 1894, there came under

observation 119 cases, of which two were moribund and were not treated with the antitoxine. Among the 117 there were thirteen deaths (11.1 per cent.). There came under observation on the first day fourteen cases, all of which recovered; on the second day thirty cases, with twenty-nine recoveries; on the third day twenty-nine cases, all of which recovered; on the fourth day nine cases, with eight recoveries; on the fifth day eleven cases, with nine recoveries; on the sixth day six cases, with three recoveries; on the seventh day five cases, with three recoveries; on the eighth day six cases, with three recoveries; on the ninth day one case that died; and on uncertain days six cases, with five recoveries. Bacteriologic examination was made in all cases; in two diphtheria-bacilli could not be found, but in one of these a complicating otitis media developed, and was attended with perforation, and in the pus discharged diphtheria-bacilli were present. The mortality in the children's department of the Charite, among cases not treated with antitoxine, was, in 1889-90, 52.4 per cent.; in 1890-91, 60.1 per cent.; in 1891-92, 62.8 per cent.; in 1892-93, 56.4 per cent. In twenty-three of the cases treated with the antitoxine, tracheotomy became necessary, with eleven recoveries (47.8 per cent.). Of the 104 cases in which recovery ensued, fifty-seven were free from albuminuria, which was present in forty-one. Of the latter the albuminuria persisted but a single day in nine cases; for two or three days in eleven; for from four to seven days in nine; and for longer periods in twelve. In ten of the thirteen fatal cases albuminuria was present on admission. Paralysis developed in nineteen of the 104 cases that recovered. In five cases the action of the heart was disturbed. No relapse was observed. As to the dosage, recent cases received 600 immunity-units; cases with doubtful prognosis, 1000 immunity-units; and cases of long duration, 1500 immunity-units. Treymann (*Ibidem*, p. 951) has reported the case of a child, three years old, in which acute hæmorrhagic nephritis developed in the sequence of an attack of diphtheria of moderate severity treated with the antitoxine. The child came under observation on the third day of the disease, and at once received an injection of serum No. 2 (1000 immunity-units), and on the following day an injection of one-half the dose of

serum No. 3 (750 immunity-units), which was repeated a day later. For a time improvement manifested itself, but in the course of two weeks the membrane in the throat reappeared, and a further injection of serum No. 1 (600 immunity-units) was given. On the following day albumen appeared in the urine for the first time; the renal secretion became scanty in amount and hæmorrhagic in character, and microscopic examination disclosed the presence of red and white blood-corpuscles, with tube-casts and epithelial cells. Several days later complete anuria developed for twenty-four hours, with œdema of the eyelids, but the condition gradually subsided and progressed to ultimate recovery. In contrast with the preceding case Schwalbe (*Ibidem*, p. 952) has reported the case of a child, ten and a half years old, in which acute hæmorrhagic nephritis developed in the course of an attack of diphtheria not treated with antitoxine. Rembold (*Ibidem*, p. 963) has reported the case of a girl, seven and a half years old, in which paralysis of accommodation developed in the sequence of an attack of diphtheria treated with the antitoxine. Two injections each of serum No. 1 (600 immunity-units) were made on the second and third days of observation respectively. The visual defect was noted several weeks after recovery upon the primary disease. In a second case in a girl, eleven years old, a single injection of serum No. 1, made on the first day of observation, was followed in nine days by the appearance of a scarlatiniform exanthem upon the upper and lower extremities. Two days later the child complained for a few hours of pain in the sacral region and in the lower extremities, and for five days there was inability to stand. The eruption gradually disappeared in the course of four or five days, and recovery was ultimately perfect.—*Medical News*.

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The Relation between Rickets and Laryngeal Spasm.—Out of 1,600 rickety children observed by J. Comby in a Paris dispensary (*La Pædiatr.*), only one-tenth had convulsions, whilst Henoch attributes two-thirds of the cases of glottic spasm to rickets. Although rickets is so common in Paris, glottic spasm is very rare, and the author believes there is a relation of cause and effect between rickets and

laryngeal spasm. Still less is this so with dentition (even when delayed and perverted by rickets). Among 70,000 children seen during eleven years, Comby never saw convulsions of purely dental origin, and never had occasion to lance the gums. Craniotabes, sometimes assumed as a cause of gastric spasm, if looked for, is found with "extraordinary frequency," and in cases where there has never been any convulsion or glottic spasm. The bond that unites the two morbid states (rickets and convulsions) is dyspepsia (dilatation of the stomach, diarrhoea, constipation, etc.) with auto-intoxication, from which arise all these nervous disorders, and in great part even rickets itself.—*British Medical Journal*.

In the Treatment of Pleural Effusion.—

Ségalea (*La Médecine Moderne*, 1894, No. 101, p. 1580) has employed with success topical applications of guaiacol in the following formula :

R Guaiacol ℞ xxxvi
Glycerin ℥
Tincture of iodine aa fʒss. M.

The applications are made by means of a brush to the entire posterior aspect of the chest, which is then covered with cotton and an impermeable dressing and a bandage. In a case of anasarca, with anuria, in the sequence of scarlatina, in which other measures had failed, applications of the following combinations were soon followed by relief :

R Guaiacol ℞ xvi.
Glycerin fʒss. M.
—*E.v.*

Deaf-Mutism.—Sigmund Szemes (*Internat. klin. Rundschau*) gives some statistics on this subject, after an examination of 124 deaf and dumb scholars whom he had seen during 1891-92. In 27 of these the etiology was unknown, but of the remaining 97, 42 were congenital and 55 acquired cases. The causes of the acquired deaf-dumbness are given, and include contagious and nervous diseases. Scarlet fever, measles and smallpox are examples of the former ; and convulsions, meningitis and encephalitis of the latter class. Rickets, erysipelas, otorrhoea, falls and concussions of the brain are also mentioned as causes. With reference to the question of birth, it was found that

twenty-two were first-born children. In four cases the scholars had brothers and sisters who were deaf and dumb ; of these, one boy and one girl had one, and another boy and girl had two brothers and sisters thus affected. On analyzing the cases, the author finds that deaf-dumbness is extremely seldom found when there is only one child in the family, and that it is most frequently found in first-born children. As to the employment of the parents, most of them were civil officials and country people, while a few were artisans, such as joiners, shoemakers, tailors, barbers, and so on. In each case not only did the author examine the ears with a speculum, but he tested them by other means, as, for instance, Politzer's acoumeter, high and low pitched tuning-forks, speaking directly into the ear, and clapping the hands close to the ear. Eczema of the auricle, wax in the ear, foreign bodies, otorrhoea, polypus, atrophy and cicatrices of the tympanic membrane were the chief abnormal conditions found.—*British Medical Journal*.

Arthritis Complicating Acute Pneumonia.

—Meunier, of Hanot's Clinic (*Arch. Gén. de Méd.*), reports the following case in a man aged sixty : On the fourth day of the disease his knee became swollen and painful. On admission on the twentieth day he still had slight signs of the past pneumonia. The swollen joint was punctured with a fine needle, and a dirty yellowish liquid obtained. This liquid, examined bacteriologically, showed not only the pneumococcus, but also the streptococcus. The joint was laid open by an incision on either side, washed out, and scraped. Notwithstanding this the patient continued to lose ground. Amputation was recommended but declined by the patient, who then left the hospital. A mouse inoculated with a drop of the fluid from the joint soon died of a pneumococcus infection. Bouillon was also inoculated, and after the pneumococcus had perished the streptococcus was found. The author then refers to the recorded cases of this complication of acute pneumonia. A mono-arthritis is the most common, and the shoulder and knee joints are most often affected. Œdema over the joint is frequent. The lesions are strictly limited to the joint, and the prognosis, after incision and washing out, is favorable, if it be a pure pneumococcus infection. But it is also

possible to have a mixed infection, as in the above-named case, and then the prognosis is more serious. Hence the importance of a bacteriological examination.—*British Medical Journal*.

Typhoid Fever and Oysters and Other Molluscs.—The striking array of facts contributed to the *British Medical Journal* of January 12th by Sir William Broadbent, coupled with the further evidence adduced in the editorial article in the same issue, as to the possible or probable connection, in some cases, of typhoid with the consumption of oysters, will necessarily at once challenge the attention of the whole medical profession. And no doubt in every fresh case of this fever occurring just now careful inquiry will be made as to the possibility of these molluscs having been the medium of conveying the infective bacillus into the stomach and intestines of the patient. My object in writing is to point out that the oyster is not the only shellfish to which such suspicion may attach. Some few years ago a considerable epidemic of typhoid disease occurred at Norwich, the poorer classes being those principally affected. As it was prolonged, and no definite cause could be ascertained for its continued prevalence, I took some trouble in the matter, and made many inquiries as to probable causes and sources of the disease. After a time one of the medical officers of the Local Government Board came down and inspected the city sanitary arrangements; and at an interview with him I mentioned a suggestion which had been made to me by a leading surgeon residing in one of our coast towns as to the possibility of *mussels* being a medium of contagion. We could not demonstrate this, and indeed it was then a mere hypothesis, but the suggestion was noted in the subsequent medical report to the Board, and as the epidemic shortly after this died out, the matter dropped. It is well known that mussels are collected in large quantities on our shores, and are stored in the beds of our estuaries until required for sale. I have myself seen them lying stored in the bed of one such tidal estuary, into which the sewage of the adjacent town was (and I believe is) constantly discharged, although, of course, at a little distance from this "living fish warehouse." If, then, oysters be proved to be capable of ingesting

typhoid germs, and of passing them on undigested to human consumers, it seems in the highest degree probable that mussels also may be capable of being such carriers of contagion; and it is well known that these molluscs are constantly on sale on public stalls in our large towns, and are largely consumed by the poorer classes. With the evidence now before us, and considering the seriousness of the matter, I cannot but think that attention should be directed to the mode of storing these, and that medical officers of health should forthwith insist upon their not being allowed to be placed in waters contaminated by town sewage. Doubtless the accepted view has been that current water, and especially sea water, was an immediate and complete destroyer of these living germs, whilst we should certainly have expected that the digestive processes of the mollusc would have destroyed their vitality. But the facts now being adduced appear to render this view doubtful and dangerous. Of course, the typhoid bacillus is specific, and if no local typhoid disease existed, ordinary sewage matters could not propagate this disease; but it would become recurrently dangerous, as cases of this disease from time to time appeared or reappeared in the town draining into the water. I may mention that quite recently I saw, in consultation, in one of our country towns, a case of typhoid, where the patient had visited London some ten or twelve days before his seizure, and had there eaten oysters.—By SIR PETER EADL, M.D., F.R.C.P., in *British Medical Journal*.

Infective Bronchitis.—Duflocq (*Arch. Gén. de Méd.*) relates the following cases. (1) A patient, aged 71, after a chill presented signs of disseminated bronchitis. Later the general condition became much worse, a fatal issue being feared. The urine contained a small quantity of sugar. On the eighth day abundant pneumococci were found in the sputum. The patient eventually improved slowly, and after a long convalescence recovered. The author says that this form of bronchitis always presents the same insidious onset, the same gravity, and the same slowness of convalescence. He has also found it present along with tuberculosis. (2) A patient took cold fourteen days after a fracture of the humerus. He developed a cough with abundant expectora-

tion, and only a slightly elevated temperature. Four weeks later he was wasted, the cough persisted, and the expectoration was profuse and ill-smelling. No tubercle bacilli could be found at any time in the sputum, but a bacillus was present, which proved itself to be both morphologically and by culture the bacillus coli communis. The patient died some two or three weeks later. The author draws attention to the general symptoms in these cases, which somewhat resemble those of cholera. The prognosis is unfavorable. As to the cause of this localization of the micro-organism the author points to the gastro-intestinal dyspepsia which this patient occasionally suffered from. Bacteriological examinations are necessary in these cases of bronchitis. —*British Medical Journal.*

Gastric Ulcer.—Rochemont (*Munch. med. Woch.*) relates the following interesting case bearing on the etiology of this disease. A woman, aged thirty-eight, was admitted with gastric carcinoma. An examination of the stomach contents showed the presence of large quantities of lactic, but only traces of hydrochloric, acid. As the patient steadily lost ground gastro-enterostomy was recommended. The operation went off successfully, but she died with signs of perforative peritonitis on the following day. On the lesser curvature and posterior wall of the stomach there was a large carcinoma, in the middle of which there was a perforation with peritonitis about it. Near the pylorus there was a funnel-shaped ulcer about the size of a 3-mark piece. It was absolutely independent of the carcinoma, as was proved microscopically and otherwise. There was sufficient evidence in the author's opinion to show that the ulcer appeared later than the carcinoma. Thus hyperacidity and increased digestive powers are not essential to the formation of a gastric ulcer: some other cause must be looked for in this case. A tolerably large and thrombosed vessel was here found near the top of the ulcer. This had produced necrobiosis. It could not be ascertained whether this thrombosis had any relation to the carcinoma—that is, whether embolism had occurred from a thrombosed vessel in the region of the carcinoma. There was considerable atheroma of the aorta, and the heart

muscle showed fatty degeneration.—*British Medical Journal.*

Acute Specific Rhinitis.—Brodie and Rogers (*South Africa Medical Journal*) relate a series of cases of acute rhinitis, some of which rapidly caused death, and showed evidence, on post-mortem examination, of purulent meningitis or pneumonia, or both. The cases all occurred among Kaffirs employed in the mines. In all of them the one constant condition was the livid, injected, swollen state of the Schneiderian membrane and of the cells and sinuses connected therewith. The meningitis and pneumonia were evidently secondary to the condition in the nose—a condition of inflammation attended in most cases with profuse purulent discharge. The progress of the disease among those who died was extremely rapid, death occurring in several cases within twenty-four hours of their leaving off work. All the cases admitted to the hospital recovered, suggesting that the unhealthy conditions of life in the compound greatly aggravated the virulence of the disease. It is stated that the Kaffirs, when interrogated on the subject, positively declared that they knew the disease well, that it was prevalent in their kraals, that the symptoms were pain in the chest and running matter from the nose, and that those who were attacked either died in three or four days, or lingered on for a month or two and then recovered. In the cases observed it did not seem to be contagious, neither attaching itself to particular rooms in the compound nor spreading among the patients in the same ward in the hospital.—*British Medical Journal.*

Therapeutic Use of Extract of Bone Marrow.—J. Billings (*Bull. Johns Hopkins Hospital*) gives some results of his experience of the use of extract of bone marrow in the treatment of various forms of anæmia. The preparation he uses is a glycerine extract, made from chopped fragments of twelve sheep's ribs, and then rubbed in a mortar and allowed to macerate in a refrigerator for three or four days and then strained. The dose given was one drachm three times a day. His conclusions are that in the two cases of chlorosis he treated with bone marrow beneficial effects followed. In the

two cases of pernicious anemia it failed absolutely. He remarks that the use of bone marrow is not to be considered analogous to that of thyroid extract in myxœdema: for in the latter disease the atrophy of the thyroid gland suggests the attempt to supply artificially its defective secretion. In pernicious anemia on the other hand there is rather hypertrophy of bone marrow, a condition more analogous to exophthalmic goitre. Moreover, the formation of red corpuscles by bone marrow is rather a process of cell multiplication than secretion. In cases reported by previous observers of pernicious anemia said to be improved by bone marrow, he remarks that the diagnosis was not clear, and that arsenic was given with the bone marrow. With regard to chlorosis, he concludes that the marrow acts by virtue of the iron contained in it, and it is doubtful if it is of more value than the usual preparations of iron: a conclusion which appears justified by a case quoted where the improvement under Bland's pills compared favorably with that under bone marrow.—*British Medical Journal*.

The Clinical Uses of Apomorphine.—In an extended article, J. Boyer and L. Guinard (*Bull. Génér. de Thérapeutique*) write of the physiological action and clinical uses of apomorphine. The authors state that the drug produces two kinds of physiological phenomena, one being characterized by *excitation*, in which spasms, trismus, convulsions, agitation, vertigo, and hyperæsthesia are observed; the other, by *depression*, in which there occur syncope, collapse, hypothermia, general weakness, muscular paralysis, weakness and arrest of respiration, cardiac enfeeblement, and anaesthesia. These various phenomena are the result of the actions of two different kinds of drugs. The writers believe that the crystalline form of apomorphine causes exciting and convulsive phenomena, while the amorphous salts of the drug produce chiefly symptoms of stupor and paralysis. To obviate the production of diverse phenomena, and in order to obtain in the adult a simple and pure emetic effect, the white *crystalline hydrochlorate of apomorphine* should be employed in doses of from 3 to 5 milligrammes ($\frac{1}{10}$ to $\frac{1}{4}$ grain). The authors believe that, judging from the results of the principal

researches so far published, and which they review in a careful and thorough manner, apomorphine is a medicament of real value. Its efficacy and the superiority of its action over other emetics have been established. The easy method of its administration by subcutaneous injections and the rapidity of its action make it an excellent therapeutic agent. If employed in a pure form, apomorphine will not cause serious after-effects.—*Therapeutic Gazette*.

A Case of Cocaine Poisoning.—The patient, R.N., a man of moderate habits and apparently in perfect health, had been suffering from an ingrowing nail of the left great toe for some weeks, and came to me, requesting an operation. Cocaine hydrochlorate was chosen as a local anæsthetic, and, after a ligature was tied about the base of the toe, 20 minims of a 6 per cent. solution was injected at the matrix and along the left border of the nail. The operation was performed successfully, the patient reading a newspaper meanwhile and feeling no pain. Fifteen minutes after the application of a ligature it was removed and the slight bleeding that occurred was arrested, the wound dressed antiseptically, and a bandage applied. A few minutes later the patient complained of feeling faint, and upon closer examination I found the pupils extremely dilated, countenance pale and haggard, respiration increased in frequency, and the pulse thready and irregular, registering 160 beats to the minute. Patient was immediately placed in a recumbent posture, and 2 ounces of whiskey with 10 drops of aromatic spirits of ammonia were given, with but little improvement following, and in a few minutes the dose was repeated, with the addition of 5 minims of the tincture of digitalis and a hypodermic injection of $\frac{3}{16}$ grain of strychnine sulphate. The pulse still remained very weak and at one time was almost imperceptible. The great pallor continued, and the respirations were shallow, numbering 36 to the minute. Whiskey was repeated, and $\frac{1}{100}$ grain of nitro glycerin was given. A few minutes later patient showed some improvement in color, and pulse became 140, with a corresponding decrease in the respiration. During the whole period patient retained complete consciousness, but was greatly impressed with a fear of

impending death. He described a numb sensation that crept up from his feet to his legs and body, which seemed as if it were attacking his brain, and he felt that he could not live did he not exert his will to overcome this sinking into unconsciousness. He also experienced great oppression in respiration, and constantly called for fresh air. No convulsions or convulsive twitchings occurred. After he recovered from the acute effects of the poison, he was much exhausted, and for five or six hours was not able to move his extremities without excessive fatigue following. Insomnia was a marked feature the following night. The immediate effects of the poisoning lasted about one hour, but twelve hours passed before the patient entirely recovered. The quantity of cocaine administered was about one and two fifths of a grain.—J. NELSON TEETER, M.D., in *Therapeutic Gazette*.

Salicylated Iron Mixture.—S. Solis Cohen recommends the following formula in the *Poly-clinic*:

R Sodii salicylatis	ʒiv.
Tinct. ferri chloridi	fʒiv.
Acidi citrici	gr. x.
Glycerini	fʒiiss.
Ol. gaultheriæ	ʒi viii.
Liq. ammon. citratis	q. s. ad fʒiv. M.
Sol. sec. art.	

Dose, 1 to 2 fluidrachms.

Dissolve the citric acid and sodium salicylate in the liquor ammoniæ citratis. To the glycerin add the tincture of chloride of iron, and then mix the two solutions, to which is finally added the oil of gaultheria. One or 2 drachms of mucilage of acacia would be a valuable addition with which to emulsify the oil of gaultheria. In this prescription reaction takes place between the ferric chloride and sodium salicylate, resulting in double decomposition, giving salicylate of iron in first solution. Care should be taken to keep the liquor ammoniæ citratis in slight excess, in order to have a perfectly clear solution of salicylate of iron; dose, 1 or 2 teaspoonfuls. This prescription, known as the *mistura ferri salicylata* (salicylated iron mixture), is used principally in the treatment of chronic cases of rheumatism or rheumatoid

arthritis in which anæmia or other evidence of impaired nutrition is a distinct feature. It is likewise employed in acute tonsillitis of rheumatic origin, and in acute articular rheumatism in anæmic subjects, especially if the patient has suffered from one or more previous attacks. The ordinary dose in chronic cases in adults is a dessertspoonful four times a day; in acute cases the same dose is given every two hours until tinnitus is produced or decided amelioration has occurred, when the dose is diminished or the intervals between doses lengthened.—*Therapeutic Gazette*.

SURGERY.

New Operation for the Removal of Enlarged Cervical Glands.—Dollinger (*Centrall. f. Chir.*) describes an operation for the subcutaneous extirpation of tuberculous lymph glands in the neck and submaxillary region. The posterior half of the scalp having been shaved, and the whole of the scalp and the skin of the affected side of the neck carefully disinfected, an incision is made commencing behind the external ear, and carried in a curved line with the convexity backward and downward toward the middle line of the neck behind. The skin and superficial fascia are divided, and the anterior and lower flap is undermined by finger and elevator until the enlarged glands are reached; these, if they have not broken down or contracted firm adhesions with surrounding soft parts, may now be readily detached by the elevator and drawn through the wound. The skin forming the lower flap is so yielding, especially in women and children, that it is possible by this operation, the author asserts, to reach glands situated near the chin, and even those in the supra-clavicular region. The wound, when made under strict antiseptic precautions, heals quickly, and the scar is hidden by the new growth of hair.—*British Medical Journal*

Bilateral Orchestomy for Chronic Hypertrophy of the Prostate.—At a recent meeting of the Allegheny County Medical Society, at Pittsburgh, Dr. J. D. Thomas reported the case of a man, sixty years old, who for ten years had had progressively increasing frequency of micturition, so that in urinating he was compelled to get upon

his hands and knees, thus emptying his bladder by drops. The straining resulted in prolapse of the rectum. A catheter had been used, but the pain was so intense that the practice was abandoned. The urine was neutral in reaction, and contained a large amount of pus. There were two ounces of residual urine. A soft catheter could be introduced without much difficulty, and on rectal examination both lobes of the prostate were found to be considerably and uniformly enlarged. Bilateral orchectomy was proposed, accepted, and performed. Improvement in urination was perceptible within a few days, and continued subsequently without medical treatment. The urine could be retained for from two to six hours by day and for two hours at night. Micturition was attended with little pain. On rectal examination the size of the prostate gland was found to have appreciably diminished.—*Medical News.*

Two Cases of Cerebral Syphiloma—At a recent meeting of the New York Neurological Society, Dr. Nammack presented two cases of syphiloma of the brain. The first occurred in a cloth examiner, aged thirty-four, who, six weeks after contracting a chancre suddenly became unconscious, and had no recollection of what transpired during the succeeding forty days. Following this there was right-sided hemiplegia, which confined the man to bed for three months. As soon as the initial lesion was discovered the patient was put on specific treatment, and this was vigorously continued for a long time. About six weeks after the treatment was discontinued the patient developed severe occipital headache and bi-temporal hæmianopsia, with ataxia and exaggeration of the knee-jerks. Under specific treatment these symptoms almost entirely disappeared. It is believed that the lesion was probably a gumma situated in the substance of the optic chiasm. The second patient was a man forty-four years old, who complained of dizziness, bilateral occipital headache, tinnitus, absolute deafness of the left ear, and diplopia. He also had the characteristic cerebellar gait. The history of syphilis in this case was rather obscure, but under specific treatment the man's symptoms almost entirely disappeared. The diagnosis was gumma in the cerebellar region.—*Medical News.*

Laminectomy for Fractured Spine.—The following case (*Weekblad van het Nederlandsch Tydschrift voor Geneeskunde*) was treated in the clinic of the late Professor Salzer: About four years ago a house-painter, doing some work on a high building, lost his footing, but in his fall grasped a ledge which projected some way lower down. Rescued from his perilous position, he did not seem at first to have suffered any serious injury, and was able to continue his occupation for some time, his only complaint being of pain in the back. The symptoms, however, gradually became worse, and finally he lost the use of both legs. After admission he was treated for three months by rest and extension, combined with massage and electricity to the lower extremities, without any good results. Compression of the cord was diagnosed and operative treatment decided on. There was a projection at the level of the tenth dorsal vertebra, on each side of which fluctuation was perceptible. The operation was performed in two stages with an interval of eight days. The first consisted in the opening of the abscesses. The incision extended from the sixth to the twelfth vertebra. After cleansing the openings with sublimate (1 in 3,000), the long muscles of the back were kept apart by tampons of iodoform gauze. The second stage began by the removal of the arch of the tenth vertebra, and afterwards those of the ninth, eighth and seventh, especial care being taken for the preservation of the periosteum. The consistence of the exposed dura mater, however, being absolutely normal and the pulsation of the cerebro-spinal fluid distinctly visible, it was clear that the injury had to be sought in the other direction. The removal of the arches of the eleventh and twelfth vertebræ disclosed a dislocation of the spine, the part of the column situated above the fracture having been pushed over the part situated below it. This had caused a narrowing of the spinal canal, and a flattening and compression of its contents. Notwithstanding the removal of six vertebral arches and the fragments of the fractured vertebral body not having been restored to their relative position, the spinal column, either by the renovation of connective tissue, or perhaps by bone regeneration, was now capable of sustaining the trunk without any supporting apparatus. The patient could again move

freely about and perform some light work. In order to lighten the strain on the spinal column he was, however, advised to wear a corset permanently.
—*British Medical Journal.*

Cancer of Ovary Communicating with Cæcum.—Brose (*Centralbl. f. Gynak.*) reports the following case: The patient was forty-eight, an ovarian tumor was detected, and there was suspicion of malignancy. At the operation the tumor was found closely connected with the cæcum and the subserous connective tissue around it. The growth was lifted up out of the pelvis, to allow of better inspection of its relations, but it was ruptured as it was being drawn up. A quantity of feces mixed with clot escaped from its interior. The cancerous growth had extended, after adhesion, to the tissues of the cæcum, and ulceration had followed. The feces which had escaped into the pelvis were carefully removed, the pelvic cavity stuffed with iodoform gauze and the end of the gauze left dependent from the abdominal wound. A large piece of the cæcum around the cancerous portion was excised and an artificial anus was formed. In the course of this proceeding the lymphatics of the mesocolon were found to be infected. The patient recovered from the operation, and the closure of the artificial anus was contemplated.—*British Medical Journal.*

Case of Tetanus Treated by Antitoxine.

—The patient, a butcher, aged 28, was struck on September 24th, 1894, by a missile from a catapult under the chin, about half an inch below the symphysis of the lower jaw. The projectile imbedded itself in the flesh, setting up inflammation and induration round the wound. There was a foul discharge, amongst which portions of the foreign body were expelled, composed of shreds of string cemented with shoemaker's wax. He took no notice of the wound until six days later, when (on September 30th) he found that he could not open his mouth, and had difficulty in swallowing. I was sent for to see him on October 3rd. There was well-marked trismus, the muscles of the neck and back were stiff and prominent, and he could hardly swallow anything. I incised the wound, but found that the whole of the foreign body had been expelled. The wound was then

thoroughly disinfected with carbolic lotion 1 in 20, and dressed with double cyanide gauze. Chloral was ordered, but hardly any could be swallowed. On October 4th pain and stiffness had increased. Slight spasmodic twitchings of the muscles of the face and back were observed. There was no pyrexia. On October 5th the body was rigid, with the exception of the arms and hands. There was slight opisthotonos. Dr. Buszard kindly saw the case with me, and by his suggestion a supply of Tizzoni's antitoxine was telegraphed for to Messrs. Allen & Hanburys. In the evening 1.00 grain physostigmine was given hypodermically. On October 6th the symptoms were more pronounced; there were frequent jerky spasms in the muscles of the back; those at the back of the neck were rigidly contracted, throwing the head backwards. At 4 p.m. 2.5 grammes of antitoxine were given in sterilized distilled water by punctures in the abdominal walls. Each puncture caused considerable pain, and was accompanied by a strong opisthotonic spasm. The punctures were covered with a small piece of waterproof plaster. He was fed with nutrient suppositories. On October 7th antitoxine 1 gramme was injected. There was some improvement in swallowing, tea spoonfuls of milk being given frequently and swallowed after several efforts. There was great trouble in ejecting mucus, which was secreted in considerable quantities, from the throat. Sharp but short spasms in the back and legs were frequent. On October 8th antitoxine $\frac{1}{2}$ gramme was injected. Swallowing was easier. Speech was unintelligible, but the patient could make himself understood by writing in large jerky scrawls. On October 9th he swallowed liquid much better. The suppositories were discontinued. He complained of constant thirst, and was able to gratify it. Spasms in the back were still frequent, and sometimes violent, especially when he was moved or tried to expectorate mucus. The jaws were still tightly closed. Antitoxine $\frac{1}{2}$ gramme was injected. Later in the evening stronger opisthotonic spasms came on, with much distress, cyanosis, and difficulty of breathing. One-third of a grain of morphine with one-fifth of a grain of physostigmine was given hypodermically, followed by marked relief about two minutes later. In a short time the patient was asleep. He passed a

fairly quiet night. There was some difficulty in urination temporarily, but catheterization not required. The wound had cicatrized on October 10th, when antitoxine 1 gramme was injected. The spasms were less frequent. The improvement continued on October 11th, when 1 gramme of antitoxine was given. As the bowels had not acted since the beginning of the attack, 5 grains of compound powder of elaterium were given, and on the following day a castor oil enema; a copious evacuation followed. One gramme of antitoxine was administered. He took fluid nourishment well. The jaws were still immovable, but the opisthotonic spasms were much less strong. On October 13th 1 gramme of antitoxine was injected, but on October 14th only 0.2 gramme. Towards evening the muscular twitchings were slightly more numerous, but only very feeble. On October 15th no antitoxine was given. He passed a comfortable day. The jaws were still clenched. Early on the morning of October 16th, during sound sleep, the jaws opened sufficiently wide for the tongue to be protruded, and the patient waking up, it was caught between the teeth and firmly held. The pain brought on violent spasms all over the body, respiration being much embarrassed and the face cyanosed. Every effort was made by the two nurses to release the tongue, but unsuccessfully. When I arrived, some time after, his condition appeared alarming, violent spasms affecting the whole trunk, succeeding one another with hardly any interval, and the breathing was extremely labored. The tongue was severely lacerated. Chloroform was given, but immediately caused such aggravation of the spasms and difficulty of breathing that it had to be abandoned, and, although the patient appeared to be dying, $\frac{1}{3}$ grain of physostigmine with $\frac{1}{2}$ grain of morphine was hastily injected. The effect was wonderfully rapid, as in less than a minute the jaw opened sufficiently to allow of the tongue being released, and immediately this was done the breathing became quiet, the lividity passed off, and the violent opisthotonic spasms ceased for a short time, being, however, followed by numerous less severe ones later in the day. In fact, the unfortunate accident appeared to give rise to a complete relapse of the symptoms, and it was resolved to again resort to antitoxine, of which 1

gramme was given. An elastic band was fixed round the jaw to prevent its opening during sleep. On October 17th 1 gramme of antitoxine was given. The patient was more comfortable, but spasms were frequent, though not severe, and the tongue, which could not be seen, was very sore. On October 18th 1 gramme of antitoxine was given, and repeated on October 19th, when a rather strong spasm was caused by the puncture. On October 20th half a gramme of antitoxine was given (completing the third bottle used). He took plenty of liquid nourishment through an infant's feeding bottle, the tube of which was passed into the buccal sac outside the teeth. From this date steady improvement took place, the jaws opening, and the stiffness passing away from the back and neck, so that by October 28th he was able to sit out of bed for an hour, and to take soft food, such as bread and butter, eggs, and even fish.

Remarks.—Antitoxine, with the exception of the three injections of physostigmine and morphine, was the only remedy used in this case, as, though chloral was at first prescribed, only a very small quantity was swallowed. The patient certainly seemed to be much relieved by the treatment, and it is to be remarked that the severe and nearly fatal relapse occurred after the diminution of the dose on October 14th, and its suspension on October 15th. On the two occasions on which physostigmine and morphine were given together, the effect in quieting the spasms was most marked and speedy, and on both occasions it appeared to me that the patient's life was saved thereby. The temperature has remained subnormal since the tetanic symptoms have disappeared.—By JOHN MARRIOTT, M.B. Lond., in *British Medical Journal*.

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Stricture of the Œsophagus.—Meyer (*American Jour. Med. Sci.*), discussing the treatment of stricture of the œsophagus, says that there are now three useful and reliable methods of operation at the surgeon's disposal. These are the methods of von Hacker, Witzel, and Ssabanejew-Frank. Of these, those of von Hacker and Witzel are well known. Ssabanejew-Frank's operation is performed as follows: An oblique incision is made pretty close to and parallel with the left costal

cartilages. The muscles should be bluntly separated according to the direction of their fibres. After dividing the peritoneum, the stomach is drawn forward, and a cone of about one to one and a half inches high of the anterior wall of the stomach from near the fundus held outside and in front of the wound with the help of one or two silk slings. The edges of the incised peritoneum are now stitched to the stomach around the base of this cone. Thus the peritoneal sac is at once closed. Frank also advises to stitch the divided muscles to the stomach in order to strengthen and remove tension from the first row of sutures. A second incision is now made above the border of the ribs three-quarters to one inch long, and about one and a quarter to one and a half inches apart from the first one. It only penetrates the skin. The interposed bridge of skin is bluntly undermined, and the stomach cone pulled underneath it and out of the upper wound with the help of the silk slings. The wound of the abdominal wall is closed and the stomach incised with the knife for about one-half inch (very readily done between the two slings), and stitched to the skin. Ssabanejew has done this operation four times. In all the cases regurgitation through the fistula so produced was prevented. Frank also has reported four cases, everyone of which was successful as far as the working of the fistula was concerned. He explains the favorable mechanical effect of the operation as follows: "The external opening of the fistula is raised; only if the stomach be filled to a great extent does the level of its contents reach the line which corresponds with the external opening." In all Frank's cases the fistula closed absolutely watertight at all times without the use of a special apparatus. Witzel's operation, according to Meyer, prevents leakage with absolute certainty, and if von Hacker's or Ssabanejew-Frank's operation be carried out properly, they give rise to the same favorable result. On this account it is advised that gastrotomy should be resorted to early in cases that will sooner or later require this operation. In cases of burn of the œsophagus, primary gastrotomy and timely dilatation of the contracting scar will most probably prevent conditions which at present generally confront the surgeon in this class of cases, and are sometimes incurable. For this

class of case Witzel's method is the best, since, when the tube has been removed, the oblique canal will close spontaneously, and hence no secondary operation will be needed. In cases of cancer of the œsophagus the author advises that a gastric fistula should be established as soon as the weight of the patient commences to diminish. In advanced cases, where the patient is very weak, von Hacker's operation should be performed, cocaine being used if requisite.—*British Medical Journal*.

Thioform.—Thioform is a greyish-yellow, very fine powder, and chemically is a bismuth salt of a dithiosalicylate, therefore a combination of bismuth, sulphur, and salicylic acid. It is odorless and tasteless, insoluble in water, alcohol and ether, but somewhat soluble in alkalis. Alfred Steuer (*Wiener Medicinische Wochenschrift*) has proved it to be non toxic by giving it to dogs and by taking it himself. In five cases of varicose ulcers of the foot, with exuberant granulations, which had been treated for a long time with iodoform, but not cured, surprisingly rapid skinning over was obtained, in spite of the fact that the patients were allowed to go about. Steuer also treated four cases of soft chancre of the penis and prepuce, partly with the powder and partly with a 10 per cent. salve of thioform; a rapid effect was obtained. In two cases of favus, which had failed of cure under all other treatment, cure was obtained after three weeks' treatment, and no relapse has occurred in three months. The treatment consisted in softening the crusts with table oil and removing them daily; then the scalp was covered with 10 per cent. thioform salve in vaseline in a layer as thick as the back of a table knife. Similar excellent results were obtained in ten cases of moist eczema in different parts of the body. A second category of cases was the purulent middle-ear inflammations, non-specific that is, of tuberculous carious nature. In these thioform has proved itself excellent. Steuer treated eight cases of chronic and twelve cases of acute purulent middle-ear inflammation with syringing, inflation, insufflation of thioform, and tamponing with thioform. Of the former, six cases with perforations involving nearly half of the drum-head were brought to cicatrization, and in two other cases the secretion stopped entirely, but the perforation was too large

to admit of closure being obtained. The cases varied in duration (previous to treatment with thioform) from six months to eight or twelve years. In this time the suppuration had never wholly ceased. Finally, the remedy was administered internally in acute intestinal catarrh in two cases in adults and in three cases in children. The children were aged two, four and six years, respectively. The results were successful, but the observations were too few to warrant definite statement. In a case in which, after extraction of a tooth, the socket was packed, the styptic action of thioform, as observed by Hoffmann, was noticed. Schmidt has recommended thioform for burns, but Steuer has had no personal experience with it. He concludes that, (1) Thioform is to be recommended for drying and lessening of secretions, and in all cases of profuse suppuration. It is non-toxic and can be applied locally in large quantity. (2) It is strongly recommended in moist eczema in the form of a 10 per cent. salve; and (3) in acute and chronic otitis media suppurativa, as well as for contracting granulations and small polypi. Thioform is dearer than iodoform, but much lighter, and hence its employment is much more economical.—*Therapeutic Gazette*.

Ligature of the Spermatic Cord in the Treatment of Hypertrophy of the Prostate Gland.—In a paper read before the Philadelphia Academy of Surgery in November, 1894, Ewing Mears held that to obliterate the function of the generative apparatus would be a rational method of treatment in ordinary forms of prostatic hypertrophy. Without doubt, he stated, castration would prove effectual in the production of atrophy; but to this operation patients would naturally refuse to submit unless in advanced stages of bladder disease resulting from prostatic obstruction. Ligature of the vas deferens was suggested as an operation which would probably be as efficacious as castration and be more readily acceptable. The author has seen the report of one case in which this operation had been performed with a successful result. The gradual disappearance of the sexual function, the author pointed out, would not be so liable to disturb the mental condition of the patient if the testes were preserved. In every case the patient should be

informed of the character of the operation and what is intended to be accomplished by it. The author regards it as the duty of the surgeon to urge very earnestly the performance of any operation which will be efficacious in terminating the horrible sufferings of those suffering from the results of prostatic obstruction.—*British Medical Journal*.

MIDWIFERY.

Menstruation, Gestation, and Small-pox.

—Voight (*Volkmann's Samml. klin. Vorträge*), has prepared a monograph on the influence of Variola on Menstruation, Pregnancy, Labor and Fœtus. Small-pox, he says, causes congestion of the endometrium, both when the fever begins and when the rash appears; in consequence, menstruation or metrorrhagia occurs in the non-pregnant subject. Half the cases of pregnancy in small-pox patients vaccinated in youth end in abortion or premature labor. The pregnant woman's condition is desperate in confluent or hæmorrhagic small-pox. These two specially severe forms are very much more frequent in pregnant than in non-pregnant women. The mortality of pregnant small-pox patients once vaccinated in youth varies between 30 and 35 per cent., but 50 per cent. of patients delivered while suffering from small-pox die. The danger of small-pox in pregnancy is found, as might be expected, much worse in women who have not been vaccinated. Nearly all the infants are lost, as they are either born very weak, or contract small-pox before or after birth. When an epidemic of variola occurs, prophylactic vaccination of all pregnant women must be practised, and should an infant be born strong and healthy, it should also be vaccinated.—*British Medical Journal*.

New Operation for the Removal of Myofibromata of the Uterus.—At a recent meeting of the Chicago Gynecological Society, Senn described a new method of removing myofibromata of the uterus by celio-hysterectomy. After ligating the broad ligaments in the usual way a circular incision is made around the uterus, dividing the peritoneum and subperitoneal fascia, then the lower segment of the uterus is deperitonized to

a sufficient extent to make a cuff, which is sutured to the lower angle of the wound, uniting peritonæum to peritonæum, after which the uterine arteries are tied separately, no use is made of elastic constriction. After the uterus has been brought forward into the lower angle of the incision the upper part of the wound is closed by suturing, which renders the part of the uterus to be removed extraperitoneal before the amputation is effected. If the cervix is left after the amputation of the uterus, the cervical canal is closed by one row of buried catgut sutures. Hæmorrhage after ligation of the uterine arteries is very moderate, and is consequently very readily controlled by a number of rows of buried sutures, for which chromicised catgut is invariably used. This leaves a funnel shaped depression in which rests the cervical stump of the uterus. About twenty-four hours after the operation the gauze is removed and the secondary sutures tied, after which, as a rule, primary union of the wound takes place.—*Med. Notes.*

When Should We Operate on Uterine Fibroids?—There was a time, within the memory of living gynecologists, when uterine fibroids were regarded as wholly benign and almost sure to cease growing, if not to diminish in size, after the menopause. Contemporaneous with these views of twenty-five or more years ago, the mortality of abdominal hysterectomy was eighty per cent. These considerations had an important bearing on the question of when to operate for uterine fibroids. Now that the mortality has been reduced to one or two per cent., and it is known that uterine fibroids frequently cause the death of the patient either from repeated hæmorrhage, exhaustion, pressure, renal complications, malignant or necrotic degeneration of the fibroid itself, and that often times the tumors do not cease growing with the menopause, etc., the views regarding early operations have materially changed. Martin, of Berlin, records one hundred and ninety-six cases of fibromata in which thirty-eight were found to have undergone retrograde changes. In two hundred and five cases of extirpation of myomatous uteri, Martin found nine cases which showed carcinomatous, and six cases sarcomatous, degeneration. Leopold claims that fibromata may become fibrosarcomata, and in one of his cases he observed

carcinomatous formation within the myoma. Erendorfer holds that the mucose of a fibroid uterus may become carcinomatous. Emmet states that in several instances under his observation fibroids underwent sarcomatous metamorphosis. Professor Klebs and Sir James Y. Simpson mention several similar cases. I would advise the removal of uterine fibromata whenever they cause any of the following symptoms: 1. Severe menorrhagia or metrorrhagia. 2. Severe pain from pressure. 3. Repeated attacks of pelvic peritonitis. 4. Malignant or necrotic degeneration. 5. Size of tumor so large as to interfere with the patient's movements and usefulness. 6. Cystitis, dysuria, hydronephrosis from pressure on the ureters, severe hæmorrhoids, varicosities of the lower extremities, uncontrollable reflex nervous and nutritive disturbances. 7. Repeated miscarriages, tubal and extra-uterine pregnancies, and where the tumor seriously complicates the labor. In these cases I believe operation is imperative, whether the tumor be the size of a walnut or as large as a fetal head. To allow these symptoms to continue from month to month and from year to year, in the vain hope that the menopause will bring about a desirable result, is merely to reduce your patient's strength and remove her chances of recovery. To wait for a fibroid to grow to the size of a child's head before its removal may mean the death of your patient, either before or immediately after the operation. Dr. Irish records, in the *Amer. Journal of Gynecology and Obstetrics* for December, 1894, ninety-four cases of fibroids, in which forty-three of them "developed dangerous and formidable symptoms, in patients between the ages of forty-two and fifty." Calcerous, necrotic, pus-forming, cystic, sarcomatous and carcinomatous degeneration may occur while waiting for the *vis medicatrix nature*. Abdominal surgeons are agreed that the dangers of the operation increase *pari passu* with the size of the tumor, the age of the patient, the reduction of her vitality, and the nutritive disturbances, etc., and that fatal cases are usually the neglected ones. Repeated severe hæmorrhages, attacks of inflammation and adhesions, salpingitis, ovarian degeneration, incarceration of the tumor in the pelvis, pressure on the ureters, hydronephrosis, extra uterine pregnancy, degeneration of the tumor, or malignant new-formation, are symptoms and complications that

are apt to arise at any time; nevertheless, as Dr. Cushing, of Boston, said in a recent article: "Grim and lamentable cases still occur too often where, either from timidity on the part of the patient, or from bad advice and mistaken ideas on the part of her medical adviser, the time for favorable operation has passed by. The chances of recovery have been cruelly thrown away by miserable delay and worse than useless treatment, until the patient is delivered to the surgeon sinking under her burden, a subject for the hazardous and gruesome operation, and likely then to die, leaving grief to the friends, blame to the surgeon, and disgrace to the profession."—WINSLOW ANDERSON, M.D., in the *Medical Record*.

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The Treatment of Cystitis in Women.—

According to Dr. Lataud, the treatment of cystitis in women presents important characteristics, not only because the etiology of the affection is distinct, but because it often occurs with remarkable suddenness and acuteness. This inflammation is often the consequence of confinement or of the traumatism of an operation. Sometimes a very insignificant matter will cause it, such as the application of a tampon of gauze or wadding to the neck of the uterus, which induces a very painful vesical tenesmus. There are two distinct varieties: the acute and the chronic. In the former, the first indication consists in quieting the tenesmus and the pain. The medication is, above all, local; sedatives are used, opium and belladonna being especially indicated. The following suppositories are prescribed: Morphine hydrochloride, cocaine hydrochloride, each, three-twentieths of a grain; extract of belladonna, three-fortieths of a grain; cacao butter, forty-five grains. One of these should be used every four hours until the tenesmus and the pain have disappeared. Belladonna may be replaced by hyoscyamus if morphine or opiates are not well borne, and the following formula substituted: Cocaine hydrochloride, three-twentieths of a grain; extract of hyoscyamus, three-tenths of a grain; cacao butter, forty-five grains. Three or four of these suppositories may be employed during twenty-four hours. Rectal injections of laudanum are very useful. If there be insomnia, chloral may be given, always in enemata, and the minimum dose should be sixty grains for an adult. This formula

is advised: Chloral hydrate, sixty grains; yolk of an egg; water or milk, two ounces and a half. Hypodermic injections of three-twentieths of a grain of morphine are still better for quieting the paroxysms of pain. Poultices, hip-baths and fomentations on the hypogastrium are useful adjuvants to the local treatment, which is to be preferred to general treatment during the acute pains. Topical applications and anodynes may also be applied in the vagina. When it is a question of combating inflammation of the neck of the bladder, belladonna or cocaine may be employed as follows: Camphorated lanolin, four hundred and fifty grains; extract of belladonna, thirty grains. This is spread on a tampon of wadding and introduced night and morning into the vagina. When the pain is very sharp, a small tampon of wadding saturated with a solution of fifteen grains of cocaine hydrochloride in three hundred grains of distilled water may be employed. Treatment by the stomach should be cautiously employed during this period. Aside from hypnotics, there are very few remedies to suggest. No benefit is obtained from balsams. Oxalic acid has given the author only doubtful results in women, especially during the acute period, although he has seen painful symptoms ameliorated by the prolonged use of the following mixture: Oxalic acid, eight grains; syrup of bitter orange peel, four hundred and fifty grains; distilled water, three ounces. A dessert-spoonful of this is to be taken every four hours. During the chronic period, local and general medication must be employed at the same time. When inflammatory and painful symptoms are diminished, intravesical medication may be applied and afterward irrigation. A rubber or a glass probe, perfectly aseptic, is introduced, and to the end of it a syringe, holding from three to four ounces, is attached. Antiseptic solutions are used in preference, such as: Boric acid, six hundred grains; sodium borate, seventy-five grains; distilled water, a pint and a half. A rapid jet should be pushed through the syringe, which is then drawn away to allow the liquid to escape. Not more than an ounce and a half should be injected at a time, and it is still better, when the bladder is irritated, not to inject more than an ounce. Dr. Lataud does not advise injections of nitrate of silver; he prefers iodiform, the action of which is more efficacious, especially

in cystitis of blennorrhagic origin. He employs the following method: Washing with a solution of boric acid first, then an injection of four ounces of tepid water to which has been added a teaspoonful of the following emulsion: Powdered iodoform, four hundred and fifty grains; glycerine, six hundred grains; distilled water, three hundred grains; tragacanth, four grains. Blue pyoctanin has been suggested by Neucki, of Warsaw, in injections, for blennorrhagic cystitis. As with all vesical injections in women, it should not be used except in chronic cystitis. Dr. Lutaud has obtained good results with the following solution: Blue pyoctanin, fifteen grains; boiled distilled water, a pint and a half. This is to be injected night and morning, and its use should be continued, if it is well borne, during a period of from ten to fifteen days. General medication is useful in chronic cystitis. Dr. Lutaud has had occasion to try pichi (*Fabiani imbricata*) in cystitis following gonorrhœa in women, and obtained good results. The following mixture was prescribed: Extract of pichi, one hundred and fifty grains; tincture of *Cannabis indica*, thirty grains; linden water, three ounces and three-quarters. A dessertspoonful of this is to be taken every four hours. Another formula, in which buchu is associated with hyoscyamus and ammonium bromide, is the following: Ammonium bromide, one hundred and fifty grains; tincture of hyoscyamus, seventy-five grains; fluid extract of buchu, one hundred and fifty grains; distilled water, two ounces. A teaspoonful is to be taken every four hours. If there is pus in the urine, the following drink is prescribed: Benzoic acid, fifteen grains; orange-flower water, an ounce and a half; boiled water, twenty-eight ounces; sugar, three ounces. This is to be taken by the glassful between meals. — *Journal de Médecine de Paris*.

Conception Through an Accessory Ostium: Cæsarean Section.—Saenger (*Monatschrift f. Geburtshülfe u. Gynäk.*) describes a remarkable case where ectopic pregnancy occurred on the right side, followed by uterine pregnancy two years later. The products of inflammation around the extrauterine sac formed a firm resisting mass so that the foetal head was arrested, though the bony pelvis showed normal measurements. A male child was successfully

delivered by Cæsarean section, and reared with the bottle. The uterine wall was closed with sutures; then the parts around it were carefully examined. The right tube ended in a mass which evidently represented the foetal sac, the ostium was lost in old firm adhesions, and the right ovary could not be found; the mesosalpinx was buried in membranous bands. The left tube ended in a tough fibrous mass of old adhesions, which completely closed the normal ostium. The left ovary, however, was found, and close to it lay a large, well-fimbriated accessory ostium. The patient made a good recovery. Saenger reasonably maintains that the normal ostia of the tubes were obliterated by the changes caused by ectopic gestation. The patent accessory ostium, however, readily allowed of the passage of ova from the left ovary into the left tube. *British Medical Journal*.

Pigmentation in Amenorrhœa.—Lawrence (*Bristol Medico-Chirurgical Journal*) reports the case of a girl suffering from amenorrhœa with pigmentation. This became so marked as to suggest Addison's disease. She was treated with wine of iron, 1 drachm, and Fowler's solution of arsenic twice daily, burgundy in moderation, careful diet, the addition of milk, and her life regulated in accordance with general hygienic principles. This resulted in complete cure after many months. — *Therapeutic Gazette*.

Lemonade for Diabetic Patients.—The following lemonade may be prescribed for diabetic patients who suffer from thirst and who beg for a drink with a sweet taste:

℞ Acid citric 5 grammes (77 grains).
Glycerini puri . . . 20 to 30 grammes (310 to
355 grains).
Aquæ puræ 1000 grammes (35½ oz).

To be drunk in small quantities during the twenty-four hours. — *Medical Chronicle*.

Personals.

Thomas Wasson, the Medical Council detective, has been elected Chairman of the proposed Provincial Constabulary Association, which intends holding its convention early next month.

Miscellaneous.

THE FIRST RECORDED DEATH IN HYPNOSIS.—The death of Ella Salamon, in Tuzer, Upper Hungary, at her home, on September 17th, 1894, while in an hypnotic state, has attracted much attention abroad owing to the fact that it is the first recorded instance of death of this kind.—*Journal American Medical Association.*

TREATMENT OF NEURASTHENIA.—Dr. Greene M. Hammond, in an article on "Alcoholics in Neurasthenia," says: "Maltine with coca wine is a preparation agreeable to the palate, is a food in itself, assists in the digestion of starchy and nitrogenous foods, and is also a useful tonic to the nervous system. In this form moderate quantities of alcohol can be administered to the best advantage. It is a mild tonic and stimulant, diminishing irritability and despondency, and promoting the gradual restoration of nervous strength."—*Journal of Nervous and Mental Diseases*, November, 1894.

TWO EXCELLENT HINTS FOR PRACTITIONERS.—Dr. Cocksedge, of Wales, places the following "tips" at the disposal of his brethren: If you have a fatiguingly deaf patient to talk to, place the ear pieces of your binaural stethoscope in the patient's ears and talk into the chest-piece, and you have an excellent ear-trumpet. If you leave your spectacles at home, being old and apresbyopic, make a hole with a pin in the corner of your visiting card, and you can read your clinical thermometer or anything else.—*Medical Press.*

A QUACK REMEDY FOR DROPSY.—The *Lyon Medical* remarks upon the inventiveness of persons who play upon the credulity of the public, and cites the case of a certain German charlatan who vaunted a powder infallible in the cure of dropsy. This powder, which the quack pretended had cost him twenty years' research, and which he sold for a hundred and forty francs a kilogramme, was nothing whatever but the ash of Havana cigars. This was found to be the case both by chemical and by microscopical examination. Some persons affected with dropsy professed to have derived

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Dr. D., of Chatham, writes: "It is a most valuable aid and stimulant to the digestive processes."

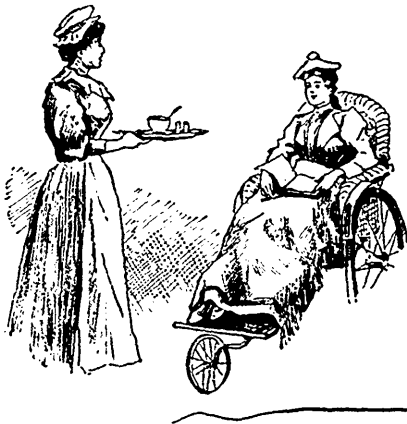
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benefit from the use of the powder. However, says our contemporary, when it is borne in mind that the charlatan, whenever he sold a package, instructed the purchaser to drink freely of certain well-known diuretics, it is unnecessary to inquire further into the way in which the alleged effects of the remedy were produced.—*N. Y. Med. Journal.*

Charcot, like Gull, physicked his patients very sparingly. If he did not, like Sydenham, recommend students to read "Don Quixote" as a part of their medical education, he thought the works of the so-called "naturalist" school of novel writers useful for other purposes. He used to prescribe certain chapters of Zola as the surest emetic known to him; other works of the same master and his disciples were in his opinion valuable as narcotics. He used to say the best shop for narcotics was at Medan (where the author of "Nana" lives); there an infallible "drowsy syrup" could always be got for 3.50 fr. To a student who, after a lecture in which erotomania had been touched upon, asked what was the best remedy for incontinence, Charcot replied, "anæmia—or better still, apoplexy."

As regards anaphrodisiacs, the only one he had any confidence in was that used by the uncle of Heloise in the case of Abelard. *Cela* (he would add with a grim smile) *tranche la difficulte*.—*N. Y. Medical Record.*

BACILLI IN STREET-CARS.—Experiments recently made by Dr. Ezra Wilson, bacteriologist of the Brooklyn Health Department, demonstrate the presence of bacilli in the dust and sweepings of the street-cars in that city. He has reported a fatal case of tuberculosis in a guinea-pig which had been inoculated with bacilli cultivated from dried sputum found in the cars. Health Commissioner Emory has decided, as a means of disinfecting the stations and cars of that city, that they shall be thoroughly cleansed every three days with a solution of bichloride of mercury. A sub-committee on the Prevention of Tuberculosis of the Medical Society of the County of Kings recently recommended that a city ordinance be passed making it a misdemeanor to expectorate in any public conveyance, but the suggestion was not carried out.—*New York Medical Journal.*

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PARASITISM, SYMBIOSIS AND COMMENSALISM.— When one organism lives in or upon another, and feeds at that other's expense, as an unbidden guest, without benefiting its host in any way, we call the condition parasitism. But there are many cases where the two beings form a physiological partnership, and these are generally included under the name symbiosis. The members of the firm may be both animals, or both plants, or one may be an animal and the other a plant. In some the association is so close that it is exceedingly difficult to determine that they are indeed two beings, and not one. For many years, for example, in some radiolarians little yellow bodies had been noticed. They were seen to possess a well-defined nucleus and a cell-wall, and they were looked upon at one time as spores, at another as secretory cells; but later it was found that, though the radiolarian might die, yet the yellow bodies would survive and multiply. They were, in fact, minute algæ, and, though they lived in the radiolarian, the host and the guests both prospered: for the host gave off carbonic acid and nitrogenous products, which formed the best food for his guests, the algæ; and these in their

turn evolved oxygen, and so supplied one of the chief wants of the radiolarian. Each profited by the association. In other cases the union is much less intimate, and these have been differentiated by name under the term Commensalism. There is a hermit crab, who carries about with him attached to his shell, or even his claw, a sea-anemone. When the crab feeds, the anemone shares the feast, and, moreover, enjoys the benefits of free locomotion, though little able to move itself. In its turn it serves to protect the crab by hiding him, and may also aid in killing or numbing his prey: and when the time comes that the crab must seek a new shell, he carefully assists his partner to change his home, also showing how greatly he appreciates the union. To other examples of this sort of partnership we have referred elsewhere in an account of the additions which have been made to the museum of the Royal College of Surgeons of England during the past year. An acacia tree finds itself in danger of destruction by ants and other insects, and enlists in its service a tribe of ants, who are not only innocuous, but ready to fight for the plant and keep off its foes. But the ants

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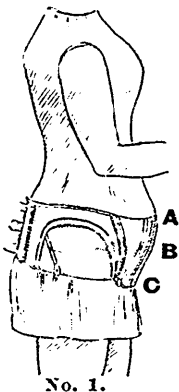
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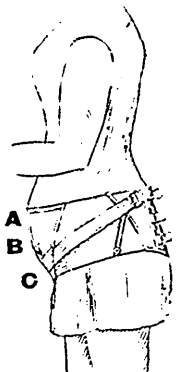
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are true mercenaries, and will not serve without pay, and for them the tree provides food and shelter—hollow appendages (stipules) to live in, and nutrient floods on which they may feed. Then, when the foes appear, they rush out and drive them off. The allied phenomena of parasitism, symbiosis and commensalism illustrate in a marked manner the interdependence of organisms, and bring home to us in a picturesque manner the fact that few are able to live only for and by themselves, but that it is the common lot by serving others to serve themselves.—*The Lancet*.

FOOT-BALL IMPETIGO.—To the opprobrium under which the game of foot-ball already rests is yet to be added the responsibility of causing a peculiar form of cutaneous disorder. For the purpose of obtaining information as to the etiology, nature and treatment of the affection, which was recently prevalent among English foot-ball players, the Council of the Medical Officers of Schools Association of London has issued an appeal asking for data as to (1) the nature of the site upon which the school stands, whether the pupils are affected or

not; (2) whether Association or Rugby foot-ball is played; (3) the nature of the disease, particularly as to its contagiousness; (4) the prophylactic and curative treatment proper to the disease. The disorder is believed to be contagious, and occurs principally on the face, ears and neck, and sometimes on the hairy scalp. It successively passes through stages of erythema, papule, vesicle and purulent crust. *Med. News*.

DISINFECTION OF TUBERCULAR SPUTUM BY PARACHLOROPHENOL.—According to the *Medical Week*, Dr. A. Spengler has found that parachlorophenol infallibly kills Koch's bacillus. He injected into the peritoneal cavity of guinea-pigs one cubic centimetre of an emulsion of tubercular sputum, prepared either with ordinary water or with a 2 per cent. parachlorophenol solution. On killing the animals some time thereafter, those that had been inoculated with disinfected sputum were entirely free from bacillary infection, whereas those into which the emulsion unmixed with parachlorophenol had been injected presented, without exception, tubercular lesions. *N. Y. Med. Jour.*

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THE MURDERER AND THE OCULAR PHOTOGRAPH.—The student of psychology, both morbid and sociologic, finds nowhere better material than in medical superstitions. The immortality of these superstitions is wonderful. They are not affected by civilization, and the growth of science and of common-sense leaves them untouched. Of late the newspapers of the land have been immensely interested in the astonishing exhibitions in the eye of a murdered woman of the photographic image of her murderer. The "local scientist" examines the dead woman's eye, and by "a magnification of four hundred diameters" he finds plainly the image of a "man's form." Coroner, clergymen and others saw the startling photograph. There is something not a little pathetic in the impulsive desire on the part of poor humanity to find that divine retribution has contrived some secret means whereby crime shall be found out. But when we read the account carefully we find that in the present case the "local scientist" examined the dead woman's eye as it rested naturally in the socket. That, of course, means that he examined the cornea, be-

cause without the aid of the ophthalmoscopic principle the retina of the undissected eye is still as invisible as it was before Helmholtz invented the ophthalmoscope. But, unless the woman wore biconvex lenses of some thirty or more diopters, how, in the name of optics, would an image be formed upon the cornea? This leaves out of the count the facts that nobody ever wore such lenses, and that if one did no image could be formed of the murderer a few feet away, and that the cornea is a light-transmitting structure, without any analogy to that of the retina or a photographic sensitive plate. We suppose that this kind of popular science had in mind a vague echo of the experiments with the visual purple of the retina, which seemed to give some warrant for the belief in retinal fixation of the last image seen before death. But the unconscious transferring of the seat of the changes to the cornea was as remarkable for blundering and for jumping to conclusions as such science could well be. It is this condition of mind that makes visible what does not exist and that renders human testimony as regards certain things utterly valueless.—*Med. News.*

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QUACKERY IN BRITISH GUIANA.—A woman, named M. E. Yglesias, was lately convicted on prosecution by the police at Georgetown for obtaining money unlawfully by false pretence. The case presents some peculiarities which are worth noting. The case was reported in the local newspaper under the heading of the "Tapeworm" Fraud, and the history gathered from the magistrate's decision is as follows: The defendant arrived in the colony a short time ago, and by means of a printed handbill gave notice to the public that she was prepared to treat persons suffering from worms. Induced by the advertisement, a Mr. Saltus Jones visited the woman Yglesias to consult her as to whether he was affected or not. In accordance with the directions given Jones went the next day, and, after taking a spoonful of some liquid unknown and a draught of castor oil and beer combined, had an enema administered, and was subsequently shown several small white objects which he was informed were the cause of his disease, and which were stated to be liver worms. Jones paid a fee of twelve dollars and brought away the "worms."

The "exhibits" were examined by Dr. Daniels and found to be sections of tapeworm, and that it was impossible for these to have been expelled from the human body in such a form, the portions being cut longitudinally and transversely. The defendant was convicted of obtaining money under false pretences, and fined one hundred dollars or six weeks' imprisonment. It was made clear from the evidence given that these fraudulent representations of worms were used by the defendant in cases where the action of the enema showed no presence of real worms. It is worthy of note that the woman produced testimonials purporting to be signed by well-known members of the medical profession in other British colonies testifying to the efficacy of her treatment, but these, of course, may be also as fraudulent misrepresentations as the tapeworms were.—*British Medical Journal.*

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Clove ʒiiss.
Orange peel,
Benzoinaa ʒj.
Saffron gr. xv.
Alcohol, 80° Oj.

Macerate for six days and filter. Dose : One or two teaspoonfuls in a glass of water as a mouth-wash.

Lemasson recommends :

R Chloroform,
Pure creasote,
Wine of opiumaa ʒss.
Tincture of benzoin ʒiiss.

M. Sig.: A pledget of cotton saturated in the mixture is placed in the cavity.

A formula given by Charlard is :

R Pellitory ʒij.
Tormentilla ʒiiss.
Vinegar Oj.

Boil. When cool add

Opium,
Camphoraa ʒss.
Hyoscyamus-seed ʒiiss.

M. Powder the opium and camphor ; infuse for an hour and filter.

Handel's mixture is :

R Opium gr. xij.
Camphor gr. iiss.
Oil of cajuput,
Tincture of cantharides...aa gtt. iv.
Extract of hyoscyamus,
Extract of belladonna...aa gr. iiss.
Opium-water q. s.

Make into a paste. To be applied to the carious tooth.

Plenck makes use of :

R Extract of opium gr. v.
Ammonium chloride ʒj.
Pellitory ʒij.
Vinegar,
Lavender-wateraa ʒij.

Digest for four days and filter.

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