

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

Ontario Medical Journal.

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

J. A. CREASOR, ASSOCIATE EDITOR - R. B. ORR, EDITOR.

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

VOL. III.]

TORONTO, SEPTEMBER, 1894.

[No. 2.

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.

ENLIGHTENMENT BY THE "FARMER'S SUN."

Just on going to press we have had sent to us an issue of the *Farmer's Sun*, the organ of the Patrons of Industry. Two of its pages are taken up with an arraignment of the Medical Council, warranted by the resolution passed by the Patrons at their last meeting, and based on the letters of the different members of the Medical Defence Association. This copy, we understand, has been sent broadcast to the medical profession of the province, evidently with the intention of influencing the electorate at the coming medical elections. At least this is the only possible reason we can see for it, as such a sheet as this *Farmer's Sun* decidedly cannot have any interest to an educated body. We have not the slightest doubt but that many of the Patrons, of whom it professes to be the organ, simply toss it into the waste-paper basket as so much useless truck, feeling that their time would be thrown away by taking it up with such matter.

We are rather surprised, with our knowledge of the writers (they are medical men who have been disciplined by the Council for wrongful acts), at the rather peculiar method, to say the least of it, in which this article is made up. Quotations from

other men's letters, from the Medical Act and its amendments, reports of the Medical Council itself, and last, and sad to say, from that immaculate and straightforward (?) paper, *The Mail*. We would certainly have thought that their gift of phraseology was quite large enough, in lines good, bad and indifferent, from medical ethics to horse-racing, to have filled these pages without the aid of other men who had written before, and especially irresponsible editorial matter.

There is no rhyme or reason to doubt that the greatest part of this article was inspired by the Medical Defence men. Quotations big as a house; arguments on the exact line; phrases and expression which in the last two years have been used over and over again, all show on the face of it where these writers got their material.

It is a great truth, one which no one can gainsay—if we may be forgiven for using an old, old adage—that "There is nothing new under the Sun," and never was this borne out better than by these two pages. All these old remarks were used before. All these old arguments have been cast at us many times, though maybe occasionally twisted beyond recognition, and all have been answered, in fact, several times to try and keep pace with our old friend Dr. Sangster's pen. And here we have them again in the columns of a twopenny-halfpenny weekly newspaper!

Finally, the whole matter is boiled down to the remedy given thus :

WHAT IS THE REMEDY ?

By this time the reader asks, What is your remedy? The answer is: Reform the Medical Council out of existence and make the Toronto University or a board composed of the universities of Ontario a graduating board.

And this is what our much-vaunted M. D. A. is bringing us to. Certainly, they do not pretend to carry matters this far in their remarks, but it is easily seen to what the whole agitation tends.

An abolished Medical Council, ruled by the universities, headed by a State institution! Cosmos turned to chaos in these days of civilization! What, indeed, must an ordinary, intelligent reader think the medical profession is coming to? Certainly they are justified, from such acts as these, to hold us as cheaply as oftentimes they seem to do.

We wonder, have these men ever dreamt of the condition of affairs the abolition of the Medical Council would leave—free trade with the world in our medical relations, with strong protection all round us, in fact, everywhere; bickerings between the various schools, with the state on top; a happy hunting ground for all quack medical fakirs with a degree of any kind, begged, borrowed or stolen. This would be a delightful prospect, indeed, not only for us but the general public.

As far as the election is concerned, adherents of the Council will not be much disappointed through the *Sum*, as certainly we think more votes would be turned their way than against them by the reading of it. Nevertheless we would strongly advise the farmer's advocate to stick to farmers' issues.

We would like to make a query. When did the *Mail* transfer to St. Catharines, as we are given to understand here?

PATRONS AND COUNCIL.

There was a meeting of the Grand Board of the Patrons of Industry, held in Toronto a short time ago, with a very large representation of parliamentary members-elect, for the purpose of organization. The feeling is said to have been harmonious, and during the conference on actions to be

taken at the next meeting of the Legislature, the following resolution was passed :

Resolved, That clause 16 of the Medical Act be repealed, and that the power of the Medical Council to annul the certificate of any physician regularly authorized by the faculty of any duly chartered college to practice medicine, be abrogated, and that all charges of fraud or wrong doing made against any medical man shall be tried by the ordinary courts, on the same principles and under the same procedure as applies to criminal acts committed by others.

In dealing with this resolution we wish to be fair, and would like to ask the Patrons in whose interest the present medical legislation was most largely framed? We say, without any hesitation, that of the public. Do the public want an educated profession, or do they not? Do the public want this Province covered, as it was a few years ago, with medical fakirs of K. & K.'s "Great English" staff, American staff, water cure staffs, and sundry others who preyed upon the credulity of an ignorant public? Printer's ink was their road to success, and the hoodwinking of an innocent public their means of making fortunes. Do the people—we mean the thinking people—wish to see a return to the old order of things? We think not. It is time men of Dr. Sangster's type, who have no interest in the great medical profession of this Province, should cease to see fit, in the name of the profession, to make use of the public press, not with any intention of reaching the medical profession, but with the avowed intention of reaching the laity, and through them influence the members of the Local Legislature, not in the interest of building up higher education, but in trying to pull down that which he, owing to his historic record, was not allowed to assist in erecting. At the present time the Province of Ontario is recognized as turning out the best educated class of any Province or State upon this Continent. To whom is this due? Not altogether to the schools—while they are entitled to much—but to the Medical Council of this Province, who for years has, against many odds, been striving to give to the public the best possible class of medical graduates.

If such men as Sangster are allowed to assist in pulling down a fabric that has taken years to build, the young medical men of to-day may be grey-

headed before they see the same standard of education that we have now. The Patrons would abolish the Council and hand back to the schools the power to grant licenses.

Dr. Sangster would abolish all school representation on the Council.

Anyone who has followed up the very verbose letters of the Secretary of the Defence Association for the past two years, can well understand the action of the Patron council concerning those letters, and how the Defence Association is entirely accountable for such action. If the Medical Act is amended as they desire, it will be an evil day for the Patrons, as well as the profession.

COUNCIL PROSECUTIONS.

Among the many official duties of a Medical Council, one of the most important is that of "Discipline." In our Ontario Board this department is one of the best—looked after by a committee under the able chairmanship of Dr. W. H. Day.

In former years this province was overrun with advertising men—men without any sense of the propriety and dignity of the profession, who interfered in many ways with legitimate practice. True, they almost invariably did more harm than good, but they were a vexation both to the public, gullible as it was, and to all legitimate practitioners. Look now; these men have been severely and properly dealt with. To a very large extent we find ourselves free from any such annoyances. Closely connected with the work of this committee is that of the Medical Prosecutor, Thomas Wasson. In a note from him in this issue examples are given of his good work. It is a very short time after the inception of any establishment by any unlicensed person before he has set his line to catch his fish. In a few days we read that "So-and-So" has been fined for breach of the Medical Act.

If many—we think we make a mistake, we should say few—had their way the country, instead of being protected as it is now, would be fully stocked, and the people, instead of having money in their pockets, would have the medicine of fakirs either in themselves or on their shelves.

DIPHTHERIA AND THE NEW YORK BOARD OF HEALTH.

The New York Board of Health has conducted a series of investigations on diphtheria, with regard to the length of time after an affection the bacillus can be found in the throat. They send to each practitioner the medium blood serum, and full directions how to inoculate by applying sterilized cotton wool swab to the throat or other organs, and rubbing the swab on the culture media; these inoculated cultures are then collected by the Bacteriological Department and placed in an incubator. They have already examined some six thousand cases, and have established the fact that one of the most important means of disseminating the disease is from convalescent cases, for long periods after symptoms had disappeared they found virulent organisms in the throat. These experiments have led the Health Department to adopt the rule that no person who has suffered from diphtheria shall be considered free from contagion until a bacteriological examination has been made, and the absence of virulent organisms established.

DISEASE PREVENTION.

The prevention of disease is to-day receiving more attention from the medical profession and from municipalities than ever before. The duty of a physician does not cease with the treatment of the individual immediately suffering from a disease, but his best efforts must be used to prevent the infection of others and to see that everything that might be contaminated with the virus of the disease is disinfected or destroyed. A perusal of the report of the Ontario Board of Health for 1893 shows what has been done by the Health Boards throughout the province, and the good results obtained can only be a source of much satisfaction. But the best possible results are yet far from being obtained. The Ontario Board and many of the local Boards of Health are doing excellent work, but time and patience are required to educate the municipal authorities to a proper sense of their duties and responsibilities. Too often, from selfish motives, or from a policy of false economy and fear of the taxpayer, the municipal Solons burk the efforts of their Board of Health.

To overcome this the physician, in his daily round of work, can do very much more, indeed, than all other educators combined, and through his wise and persistent advice such a change of feeling might soon be brought about as would loosen the general purse-string. The beneficent effect of the action of efficient Health Boards is readily seen in the resulting decrease of disease, and every medical man should further their efforts in every way possible. Not a privy pit should be allowed to exist anywhere. Wells should be so constructed as to prevent the entrance of surface and subsoil water down to an impermeable clay stratum. Dumping grounds should be provided for the proper disposal of refuse and garbage. A pure water supply should be obtained, and thorough cleanliness encouraged of cellar and surface soil. Phthisical patients and their families must be instructed as to the infectious nature of consumption, and taught to employ a proper method of destroying the sputum, thus lessening for themselves and others the danger of contracting the disease. The milk supply should be carefully watched, and wherever tuberculosis shows itself in our herds it should be stamped out. The use of tuberculin forms a ready and sure means of diagnosis. For the very poor at least homes for consumptives should be provided. To accomplish all this is the work of years, but not until typhoid and diphtheria practically disappear, and tuberculosis has become as rare as small-pox, can the best possible results be said to have been attained.

A REVIEW IN BACTERIOLOGY.

At the last meeting of the British Medical Association the President, Dr. Fox, in his able address on the "Medical Man and the State," alluded to some of the more recent advances in medical science during the last few years, prominent amongst which was the subject of "Bacteriology." He said: "It is in this realm of investigation that our profession has given some of the best services to the State." We would like here to recall some of these services, and their practical application both in preventing and relieving suffering.

During the past few years the investigations on enteric fever, typhus, plague, diphtheria, cholera,

pneumonia, phthisis, tetanus, glanders and abscess have, to a great extent, reorganized preventive medicine, and caused a great change in the treatment of those diseases.

The investigations of M. Pasteur have brought the death rate in rabies down to less than one per cent., and Pasteurian institutes are now established in India, Germany, Austria, France, England and America. To the same great scientist's researches, anthrax among sheep is being stamped out by a system of inoculation of an attenuated virus, rendering the animal immune.

Sir Joseph Lister's great discovery (at first only problematic, but now a household word), when applied in the various branches of surgery has not only rendered possible many operations hitherto never attempted, but also has saved thousands upon thousands of lives in the ordinary operations and application of surgical treatments. It is now demonstrated that abscesses caused by the staphylococci have a tendency to remain localized, whilst those due to streptococci are followed frequently by metastatic abscesses, as in erysipelas, puerperal fever and ulcerative endocarditis.

The researches of Koch and Fraenkel, the representatives, as it were, of the two great schools in Germany, have revealed the tubercle bacilli and the pneumococcus, establishing the fact that the diseases tuberculosis and pneumonia are due solely to specific micro organisms which are capable of being cultivated, and on reinoculation of again producing the disease in question, thus proving beyond any doubt the contagiousness of these diseases and the necessity of proper isolation and disinfection. The discovery of Koch, by which he hoped to destroy the tubercle bacilli in the human subject, while not proving as satisfactory as at first expected, yet marks a great advance towards the desired end, having, as it has, a decided curative action on all tubercular skin affections.

Although typhoid fever has been demonstrated as a disease due to a specific bacillus, yet in this disease we find numerous other micro-organisms accompanying, such as streptococci pyogens and the staphylococcus aureus and albus. What part they play in the disease is accounted for by several authors in several ways, but none is generally accepted; in fact, the whole matter is deeply

shadowed by mystery, and as the question is receiving at present the attention of one of Germany's most noted pathologists, some new and valuable light is being anxiously looked for.

The Pfeiffer bacillus is now accepted as the actual cause of influenza, and it might here be interesting to note some of the facts connected with the life history of this important organism. It is most difficult to cultivate, will grow only on blood agar, and will not affect any of the lower animals. It grows only between 23° and 42° C. It will not live in a moist state out of the body; it is killed by drying; it has no spores, consequently it cannot be preserved or propagated outside the human body at ordinary atmospheric temperatures. It affects the respiratory tract only—is never found in the blood, consequently the only source of infection possible is from the respiratory tract. One attack of the disease renders immunity only for a limited time, and this explains with apparent clearness the reason this disease spreads so rapidly, and consequently as rapidly ceases, and in a certain time again reappears.

The germ source of many skin affections has been firmly established, consequently the more recent remedies in dermatology have been in the line of antisepticism. Dr. James Harrison, in his address before the Dermatological Section of the British Medical Association, said: "Bacteriology will not account for, will not explain all phenomena, but look how much light it has thrown upon some forms of eczema, porrigo-contagiosa, boils, carbuncles, acne, lupus and other skin manifestations. Thus, certain skin diseases, hitherto considered incurable, are now relieved and prevented by the treatment so revealed.

It is in diphtheria that the most recent discovery has been made, which is of vital importance, more especially as it is expected not only to reduce greatly the high mortality already existing, but also to prevent the spread of the disease by a system of inoculation producing immunity.

This new remedy consists of an anti-toxin, prepared from the diphtheria bacillus by a special process discovered by Koch, by which an animal is rendered immune to the disease by being inoculated with the diphtheria bacilli. He found that the serum of the blood containing the anti-toxin possessed the power of not only destroy-

ing the organisms when injected in others suffering from the disease, but rendered those not suffering immune to an attack.

A case reported in the *British Medical Journal*, page 326, is one of many exemplifying the wonderful action of the antitoxin. The case is pronounced by two eminent physicians of a very severe type; Klebs-Loeffler bacilli were found in the throat; 8 m. of anti-toxin were injected in the muscles of the thigh; in twenty-four hours the membranes were looser, with undermined edges, and in forty-eight hours the membranes had almost all come away, the nasal discharge had ceased, and convalescence had practically begun. Many cases are reported as satisfactory as this, and before our next issue we hope to be able to report some cases treated in this way in this city.

Those of our readers who take an interest in the practical application of bacteriology, will at once perceive that the day for this science, which Lord Salisbury describes as "The most sober, most absolute and most positive science of medicine," is just dawning, and ere the sun has well risen the present system of treating infectious diseases, both medicinally and preventatively, will have been revolutionized.

THE UNCERTAINTY OF WATER ANALYSIS.

It is now generally admitted that impurities of organic origin are alone the dangerous element in drinking water, and by far the greatest risk to the health of the community is incurred by using water containing certain living organisms which are capable of producing specific effects when introduced into the alimentary tract.

The presence of organic matter can be most certainly demonstrated by chemical analysis, but by this means it is impossible to demonstrate whether the organic matter contains living organisms, as all organic matter does not contain them, so that a chemical analysis of water alone is very misleading. They can most certainly and accurately determine the chlorides, nitrates, phosphates and ammonia of organic matter, and of the amount of oxygen consumed, all of which is of great importance as an index of the purity or impurity, and as to the degree of pollution of the sample

analyzed, but their chief importance is that they throw some light as to the probable source of the impurity. Water from some sources might contain excess of nitrates, and mean nothing, while another sample contains less nitrates and from a different source, be unfit for use. Erroneous conclusions may be drawn from the determination of oxygen consumed and of albuminoid ammonia. Many samples of water are passed by the chemist that are absolutely unfit for use. Although a chemical analysis cannot guarantee pure water, yet it can reveal impurity and danger. A sample of water into which a small quantity of typhoid excreta was introduced could not be detected by the chemist, so that chemical analysis is of use only as indication of the probable source of contamination.

When, however, the specific micro-organism of cholera, typhoid, etc., had been isolated from water, the examination passed out of the hands of the chemist into that of the bacteriologist. But this is even as misleading as the chemical if taken alone. For instance, the cholera bacillus could not be detected in the water that undoubtedly poisoned Hamburg. Neither could the typhoid bacillus be detected in the water that caused the epidemic in Worthing, in the South of England, some few years ago. In water reputedly good, the number of liquifying colonies are few in number, but in sewage-polluted water they are numerous; this fact is of only medium value, because it shows only gross pollution, as most of those liquifying colonies are harmless. Bacteriology, like chemistry, cannot be depended upon to determine absolutely whether a water is injurious to health, since the possibility of accidental pollution is too often overlooked, consequently neither methods alone should be accepted as positive, but both should be combined, indicating more certainly the probable source and effect of contamination.

MEDICAL COUNCIL ELECTION.

The following are the candidates in the various divisions:

- Div. No. 1—Dr. Bray, Chatham; Dr. Samson, Windsor.
 Div. No. 2—Dr. Williams, Ingersoll.
 " " 3—Dr. Roome, London.

- Div. No. 4—Dr. Graham, Brussels.
 " " 5—Dr. Brock, Guelph.
 " " 6—Drs. Henry and Smith, Orangeville.
 " " 7—Dr. G. Shaw, Hamilton; Dr. Heggie, Brampton.
 Div. No. 8—Dr. Philip, Brantford; Dr. T. Armour, St. Catharines.
 Div. No. 9—Dr. Law, Beeton; Dr. Hanly, Wau-
 baushene.
 Div. No. 10—Dr. Barrick, Toronto.
 " " 11—Dr. Machell, Toronto.
 " " 12—Dr. Cotton, Lambton Mills; Dr.
 Sangster, Port Perry.
 Div. No. 13—Dr. McLaughlin, Bowmanville
 " " 14—Dr. Ruttan, Napanee; Dr. T. H.
 Thornton, Consecon.
 Div. No. 15—Dr. Spankie, Kingston; Dr. Dick-
 son, Pembroke.
 Div. No. 16—Dr. Preston, Newboro'; Dr. Red-
 dick, Winchester.
 Div. No. 17—Dr. Bergin, Cornwall; Dr. Rogers,
 Ottawa.

The following are the Homœopathic candidates:

- Dr. Geo. Logan, Ottawa.
 Dr. G. Henderson, Strathroy.
 Dr. Cl. T. Campbell, London.
 Dr. L. Luton, St. Thomas.
 Dr. E. Vernon, Hamilton.
 Dr. W. J. H. Emory, Toronto
 Dr. J. D. Tyrrell, Toronto.
 Dr. E. T. Adams, Toronto.

The following medical representatives have already been elected:

Dr. W. T. Harris, of Brantford, vice-president of the College of Physicians and Surgeons, has been reappointed by the Senate of Trinity University as their representative to the Council.

Dr. Fife Fowler, of Kingston, has been appointed representative to the Medical Council by the Royal College of Physicians and Surgeons of Kingston.

Dr. Jas. Thorburn has been appointed as the representative of Toronto School of Medicine.

Dr. V. H. Moore has been appointed as the representative of Queen's University.

Sir James Grant, M.P., has been selected as the representative of Ottawa University.

Dr. Rosebrugh, of Hamilton, has been appointed representative of Victoria University.

Dr. W. H. Moorhouse will represent the Western University.

EDITORIAL NOTES.

Possibly the sage of Port Perry forgets that he signed the nomination paper and voted for the "young man" who ran against Dr. Alliston ten years ago, and is thus responsible for any experiments then made.

We again state and can prove that the address of Dr. Cl. T. Campbell, which was issued during the session of the Council, was paid for by the individual members of the Council, and the Council neither authorized it to be published nor paid for the same.

Dr. Coburn, of the Medical Defence Association, says that the Medical Council have not raised the standard of education in this province, and his reason for so stating is that in his consultations with recent graduates he finds that they do not know anything.

The Patrons object to the Medical Council because they are a close corporation. We would like to know what the Patrons are? Do they not collect an annual fee, and more, do they not summarily eject every member who does not pay his fees, as well as every member who does not vote right.

The charge reiterated by members of the so-called Defence Association that this Journal is a subsidized organ is utterly without foundation, the printing of the announcement and the paying of the stenographer alone amount to very much more this year than the grant made by the Council for doing the same.

We expected better things from Dr. Armour. When he states that the Council made a \$600 gratuity to the Editor, he knows that he is making a statement that is absolutely false; and, still further, where he states that the same was made to one of their members, he is so utterly at sea that we feel sorry for his ignorance of even the most trivial Council proceedings.

The annual meeting of the British Medical Association was attended by numerous members of the Association practising in Canada, who were warmly welcomed. Among these gentlemen are Dr. Armstrong, Dr. Perrigo, Dr. Birkett, Dr. Roddick, Dr. James Stewart, Dr. Finlay, Dr. McCarthy, Dr. Smith, Dr. Gurd and Dr. Blackader.

Dr. Sangster, in his card to the electors of No. 12 Division, charges Dr. Cotton with being the candidate of the Toronto school men. In making this assertion Dr. Sangster either stated what he knew to be false or else he is so misinformed upon what is going on in his division that he is incapable to represent it. Dr. Cotton is the nominee of a large section of the profession in his division, and has neither asked nor courted school support.

In the last issue of the Defence Association journal, J. H. T. states that there are only six of the old members running in the seventeen constituencies. Unreliable as his *nom de plume*, he should have stated that there were twelve territorial members in the last Council, of whom seven seek re-election, viz., Drs. Bray, Herry, Williams, Phillip, Ruttan, Rogers and Bergin; of the other five, Dr. Fulton retired in favor of Dr. Williams, both living in the same division, Dr. Miller retired because he stated when he ran last time he would not be a candidate at the next election, Dr. Johnston voluntarily retired, for reasons which he gave to the electorate, Dr. Orr has removed from the division in which he lived, and Dr. Day because he had been appointed Registrar of the County of Frontenac.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

Through a mistake which occurred between us and the British Columbia Associate Editor, the matter has been unfortunately left out.

Prince Edward Island.

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

BASSINI'S OPERATION FOR THE RADICAL CURE OF HERNIA.

It was with great pleasure that we witnessed the above operation, performed by Dr. Wm. Stewart, of Lexington Avenue, New York, on the first of the present month, in company with Drs. McLaren and MacNeill. The patient had the same operation performed on the left side about a fortnight previously, and did well. This time the right inguinal hernia was operated upon in a very clever manner by Dr. Stewart. He carefully dissected down to the sac, reduced the hernia, ligated the sac, cut it off so close that it will retract into the abdominal cavity. The internal oblique and transversale, muscle or conjoined tendon, were then sutured by six or seven sutures to poupart's ligament, the cord having in the meantime been drawn aside and carefully laid over these muscles—a new roof and a new canal, formed by stitching the skin to the superficial fascia over the cord, completed the operation, and the patient, who previously had a right and left inguinal hernia, is made happy by an operation which dispenses with trusses and all forms of sham applications that are only palliative at best.

The Doctor was assisted by Dr. Caldwell and Dr. John McKay, of New Glasgow, Nova Scotia, and others whose names escaped us. To Dr. McKay we are indebted for much kindness during our sojourn.

Dr. Stewart is also a Nova Scotian, who is fast earning laurels for himself in his profession, and a report of this and other cases from his own pen will doubtless greet us some day.

Original Communications.

EXTRA-UTERINE PREGNANCY.

BY J. BAUGH, M.D.

May 11th.—Was called to-day to see Mrs. M., aged 25, married. Had one child five years old. No history of any miscarriage. The birth of her child was followed by inflammation of womb and blood-poisoning. She was last unwell February

4th, but saw a little bloody discharge two or three times between that date and March 5th. On the morning of that day, a few minutes after getting out of bed, and while dressing, she was seized with violent pain in pelvic region, accompanied with vomiting and faintness.

Sixty-seven days subsequently I was called to see her. During that period she had been attended by a number of medical men, and morphine had been prescribed to relieve the constant pain. I found her in bed, suffering intensely. Her face was ghastly pale, wan and anxious. Vaginal examination showed a soft, tender mass filling the right iliac fossa, pushing the uterus to the left. She complained of as much pain in left as in right side, due doubtless to uterus pressing on the ovary on left side.

May 12th.—Patient sent to city hospital, and phenacetine, exalgine and belladonna substituted for morphine.

May 13th.—Patient examined under chloroform, Dr. McCabe being consultant, and diagnosis of ectopic gestation confirmed. Friends of patient informed that an operation would have to be done, and their consent obtained. Acid mur. dil., quinine and digitalis prescribed.

May 18th.—Patient again examined under chloroform. Nothing new discovered. Appetite and general condition improving.

May 21st.—Drs. Mallock and Miller saw her with me. Differed from me, and advised expectancy.

May 22nd.—Patient's condition not so good. Suffering more pain, and tumor had increased in size very perceptibly during last six hours. Decided to operate next morning.

May 23rd.—Lower part of abdomen had become very much distended during the night. Pulse 120—very weak. Operated immediately. On making section, a frightful amount of blood and clots rushed out of the abdomen. Having broken through the omental and intestinal adhesions, a male foetus six inches long was found lying in the right iliac fossa, connected with its placenta by a cord seven inches long. The placenta is five inches in diameter. Its attachment was the posterior layer of the right broad ligament, floor of pelvis and posterior uterine space, where it was thickest. The right third of it was found

detached, and was the source of the hæmorrhage. The whole was detached, and the hæmorrhage quickly stopped.

The omentum formed the anterior wall of the cyst, and was adherent below to the free margin of broad ligament and fundus uteri. A portion of the omentum being very friable, was ligated and cut away. The right ovary, being enlarged and fibrous, was removed. The abdomen was then well washed out with hot water, the placental site covered with iodoform gauze, a curved glass tube laid on this, and the usual dressing made.

Patient rallied nicely in a short time, but complained of great pain—morphine, $\frac{1}{4}$ grain, given hypodermically. This was repeated two hours after without my being consulted.

She became unconscious, and passed away six hours after operation.

Hamilton, May 25th, 1894.

Correspondence.

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

PAST-PRESIDENT CAMPBELL'S LETTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR, I am in receipt of yours of the 13th inst. offering me space in your JOURNAL for anything I may wish to write in reply to letters appearing in the public press over the signature of one J. H. Sangster. I have not read anything written by this person since the last session of the Medical Council, but I have been informed of the character of the letters referred to. I confess I would have been deeply humiliated had I been told that he was writing or speaking of me in terms of commendation, and should have carefully reviewed my conduct to discover what offence against ethics or morals I had committed to justify his approval. But, as I understand he has for me nothing save censure, I accept that censure as the highest compliment he is capable of paying me. I am not aware that I have ever done anything to merit the contempt of honest men or the scorn of virtuous women. I have never skulked through a medical college, or received my degree without full attendance on medical lectures. I have never paid my creditors with judgments instead of money. I

have defrauded no man, nor have I wronged any woman. As a private individual and as an officer of any corporate body I have tried to do my duty as an honest man and a gentleman, to the best of my ability.

I am quite ready to admit that there are other men wiser than I am, and I am prepared to respect the opinions of those who honestly differ from me, and whose opinions are worthy of respect, but I am not prepared to enter into any discussion with parties whose only weapons are misrepresentations and personal abuse.

Very truly,

CL. T. CAMPBELL, M.D.

London, Sept. 18th, 1894.

COUNCIL MATTERS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—If asked why I am troubling the readers of your journal, I may say that, being an old practitioner and having two sons in the profession I am interested in its welfare. I well remember the difficulties we underwent before the creation of our present Council, and I know no one who proposes a retrograde movement towards the state of things that existed in 1852, when I commenced practice. In looking at matters then and now, I can see how great are our present advantages, which I need not enumerate as they are present to every person. I have been a constant observer of the measures brought into force by our several Medical Councils, and would not like to say that they have all been judicious, but I believe they were intended to promote the interests of our profession. I am not an admirer of the "Annual Tax," but, after mature reflection, I am unable to see how it can be avoided. It would have pleased me could it have been only imposed upon those who entered the profession after its incorporation; but perhaps our younger brethren would have charged the older members with selfishness, if not with injustice.

But about this tax which has been the cause of most of our troubles, I shall have something more to say further on. I am one of those who favored the so-called Medical Defence Association. I thought, and still think, that the regulation requiring an annual certificate was pre-eminently unwise.

I took out one, and am even now unable to look at that piece of paper without a feeling of annoyance. This difficulty having been removed I think the Council is entitled to our unanimous support. Whether the real estate enterprise was judicious or otherwise is a matter of opinion. The then existent Council thought a building necessary, and, had I been one of its members, I should have thought so, too. I fully approve of the course of study laid down by the present and past Councils. I think the legislation obtained is almost all we could desire, and all those opposed to the Council, including even Dr. Sangster himself—whose efforts have not been unproductive of good—would do wisely in giving it their unanimous support. It is not unlikely that we may soon be called upon to defend the privileges we now possess, and why should we waste our strength in internal divisions over matters non-essential. The medical profession ought to be united in defence of its just rights, so that they who would seek to take them away may feel indisposed for a second attempt. I am in favor of the publishing arrangements of the *ONTARIO MEDICAL JOURNAL*. That is the best way to unite the members of our profession, by ensuring to everyone full information on all matters proposed for its advancement. I hope to see the present agreement made permanent, and I cannot see how any other medical publication can be injured by us having an official organ of our own.

Now, in regard to this vexed "Annual-Tax" matter. The election for a new Council is close at hand—all are fully informed as to the various questions at issue—we may expect the best candidates to be selected. The duty of every medical man is quite clear—to sink his individual opinions and support the enactments of those elected to represent him. That I may finish what I have to say on this "Annual Tax," I would respectfully suggest that, should the incoming Council re-establish it, it should commence *de novo*. If anyone should object that no precedent exists to uphold such a course, or that it would be a kind of *post factum* legislation, or, in short, that it would be highly unjust to those who, having paid up the yearly assessment, it would not be of much consequence, they who have paid the tax have done so conscientiously, while those who opposed it may justify themselves on the ground that what the

medical electorate has now decreed they are willing to support. And then, by quietly letting all tax arrearages sink into everlasting oblivion, what an amount of bad feeling would be avoided without any great loss having been sustained. These, of course, are my own opinions, and may be far from being the wisest or best, but, in conversing with medical men, I have found many who entertain similar views. I remain,

Yours truly,

JOSEPH CARBERT.

Mono Road, Sept. 15th, 1894.

RETIRING CIRCULAR.

The following circular letter is printed by request:

To the Editor of *ONTARIO MEDICAL JOURNAL*.

DEAR SIR,—In this issue of the *ONTARIO MEDICAL JOURNAL* you will learn that I have withdrawn from the contest in Territorial Division No. 12. I have received a great deal of encouragement from the electorate in this division. I have my own views as to those measures which I think are in the interests of the profession. I find that there are two parties in this contest: 1st, Those who support the Medical Council proper; 2nd, those who are direct. opposed to the Medical Council as constituted by Act of Parliament.

I cannot endorse all acts of the Medical Council, neither can I those of the Medical Defence Association. The latter I think too extreme in its proposed radical changes, while the former is weak in some of its parts. The Medical Council is a legally constituted body; it conserves our rights, it protects our privileges, it is a safe-guard of our common interests and it is therefore a necessity for our mutual protection. I do not think that any factious opposition and the doing away with its rights and privileges can be a benefit to the profession. Agitation against any acts that may have appeared questionable, or are open to criticism, have been so fully ventilated that the remedy has been secured. The acts of the Medical Council are now well known, their errors have been fully ventilated. They would not, if they could, in future jeopardize the interests of the general profession. To make any revolutionary changes at this time would be a mistake. Electives,

Homoeopaths and School-men are bound together by a common agreement; it would not do to divorce those interests. It is, therefore, of first importance that we should conserve and protect, and in protecting, conserve our common interests. We have privileges and security, secured by legislative enactment in the incorporation of the Medical Council, which are invaluable to the profession at large, and these we cannot afford to jeopardize. Expressing myself in these words, which are sufficiently plain that all who run may read, and having said I would not be a party to assist or prevent a fair expression of the electorate, I withdraw.

Having heard the expressions of and considering the welfare of the profession, I would ask those who so kindly encouraged my candidature to give their support to Dr. Cotton, as I am satisfied that he will advocate every plank, principle and interest that I have advocated. He will prove in every way, as far as I know and can judge, a faithful and fair representative. The interests of the profession will be safe in his hands.

Yours very truly,

P. PALMER BURROWS, M.D.

Lindsay, Sept. 13th, 1894.

DR. BURROWS' WITHDRAWAL.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Permit me through your columns to inform the Medical Electorate of Territorial Division No. 12, that I have withdrawn from the contest.

Recognizing the fact that there are two parties—one in sympathy with the Medical Defence Association, its aims and objects; the other, those who still have confidence in the old Council—in a former letter I stated that I could not by my candidature assist in influencing the election in favor of either party. I understand that Drs. Sangster and Cotton are in the field; I am content that there be a fair, square fight between them.

In this special Territorial district there has been cultivated a strong feeling against the Medical Council. I am sorry for this, although I am free to confess that some of their past acts are not readily defensible; still, from my point of view, I cannot see that the status of that body will be greatly raised by the election of their opponent.

I have placed before the electorate these subjects which I think should be considered by the new Council as in the general interest, I leave these a legacy to whoever may prove the choice of the electorate.

I cannot close without expressing my regret that so many respectable practitioners have thought fit to air their grievances through the columns of the public press. As I understand it, the medical journals have always been ready and willing to publish any and all correspondence of general interest, there is, then, no excuse for this unseemly display and publicity. I, indeed, hope that after the excitement of our election shall have passed away these good brethren will see their error, and that further correspondence will be conducted through orthodox channels.

I gratefully thank those who have encouraged my candidature, and with these few words hope my withdrawal will be satisfactory.

Yours truly,

P. PALMER BURROWS.

London, Aug. 5, 1894.

MEDICAL ELECTIONS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I am just in receipt of a circular letter from Dr. Samson, in which he announces his candidacy to contest the St. Clair Division in the coming election of representatives in the Medical Council of Ontario. In his plea he speaks of the "dissatisfaction with many of the regulations and proceedings of the Council." Now, I do not concur with this, as I have failed to learn of such, except among a very few, such as Sangster, McLaughlin, *et al.*, who have evidently a case of sour grapes on hand, and are badly afflicted with that malady known as *Caecithes Stribendi*. He announces himself as "heartily in accord," therefore I consider his position untenable. Referring to the charge of "lavish expenditure of funds"—if such refer to the purchase of the Medical Council Building in Toronto, I consider the outlay to have been a very judicious one, as the property has greatly increased in value since its purchase, besides which, it has provided the Council with "a local habitation" as well as a name. The annual tax is one which has been in

existence to my knowledge since 1877, and how long before I do not know, probably since the inception of the Medical Act of 1869. The journal furnished to each member more than compensates him for the tax that is levied. Other similar professional bodies, e.g., the Law Society, impose a much heavier tax. I believe every member of the Ontario College of Pharmacy has also to contribute a certain sum of money to maintain the institution. It is in itself impossible to carry on the affairs of the Council without the "sinews of war," and one of the ways that is feasible is by imposing a tax upon every member of the College. The charge of "apparent helplessness of the Council in banishing barefaced quackery," I consider not proven, either by his accusation or the acts of the Council. I am certain, and feel sure he will admit, that it is impossible for anyone to practise for any length of time without having the qualification demanded by the Council. So far as practising medicine in Ontario without a license is concerned, the charge will not hold good. But that there are *quacks in the profession* who hold as good a license as he or I, I will not deny. Such will always be the case, no odds how strictly the law is enforced, until that happy time when man's moral nature shall have been regenerated and men shall do that which is just and right. For my part I would like to see every man's name who is proved guilty of disgraceful and grossly unprofessional conduct stricken off the register, as has been done in some instances. But I do not wish to see too much paternalism in our laws. The reformation must be effected in the members of the profession, not by Act of Parliament. I consider that during the past twenty years great advances have been made by the Council in matters medical. One of my chief fears is that the standard of admission has been placed so high that many of our brightest young men will be induced to seek their education elsewhere, and thus be lost to the country. It would indeed be a retrograde movement, and one I should very heartily regret to witness, the election of a Council that would undo and render nugatory the great advances which have been accomplished by the Medical Council during the past score of years. And, while personally it would afford me pleasure to help to elect him to an office so dis-

tinguished, I must decline giving him my support on the grounds enumerated. His company, by this I mean those who think as he does, is not in accord with my sentiment. I consider the more prudent course "to bear those ills we have than fly to others that we know not of." Believe me to be,

Yours faithfully,

JAMES NEWELL.

Watford, Ont., Sept. 11th, 1894.

A REPLY.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In the September issue of the *Dominion Medical Monthly*, the Editors seem to think that I have been responsible for "certain editorial matter which recently appeared" in your JOURNAL.

It may be interesting to them to learn that I have not contributed to the editorial columns of the ONTARIO MEDICAL JOURNAL since April last. If they refer to any "editorial matter" that appeared before that time, and will specify the article, I may be able to enlighten them as to whether I had anything to do with its production.

It is unfortunate that these somewhat bumptious editors cannot find some more profitable employment than that of throwing out insinuations for which they have no foundation.

F. N. G. STARR.

Toronto, Sept. 21st, 1894.

A QUERY.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The following history of a case was sent to me some time ago. The history as given is rather unique, and I thought it would be of some interest to your readers in the way of diagnosis and as to the nature of his disease.

I enclose the history as sent to me, and in his own handwriting, and I hope you will be able to give the history with all the marks of punctuation and underlining which is necessary to give the diagnostician an opportunity to form a correct opinion of his case.

HISTORY.

Fifteen months since, had for several days *depression of spirits*, then sudden attack of *weakness with palpitation*.

Chest-disturbance, in both sides kicking and palpitation.

Swelling.—Below ribs and down groin.

Three experiences.—(1st) Shock as if from electrical battery through chest into head; (2nd) shock through abdomen to navel; (3rd) tremor through legs with feeling of syncope and coldness.

Voice.—Unable to speak from pain between ribs.

Walking.—Unable to for several months from failure between small of back to thighs and bodily weakness.

Hands.—Palms of, puffed, fingers raw and joints stiff; unable to close hands.

Eruclation.—Most marked *all through* and still sometimes for eight or nine hours.

Nervo mental.—State of great fear and anxiety.

Head.—Pain in, vertigo, swimming and rocking.

Scalp.—Scabs on (small).

Nose.—Boring at.

Eyes.—Affected and twice became all but blind for some minutes.

Kidneys.—Dirty with indigo matter.

Insomnia.—Some *complete* nights, wakefulness, and *especially after driving.*

J. V.

I might add that the patient is aged about fifty-five years, and a farmer, living not far from this city, and an Irishman by birth. Not devulging my diagnosis, I might say that under the treatment I advised he is now progressing favourably and can take a drive out without producing insomnia.

G. L. MILNE, M.D.

Victoria, B.C., Aug. 10, 1894.

FAKIRS.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The following report speaks for itself: On the 30th of July I laid an information in the Police Court against Eagle Eye, of the Kickapoo Indian Medical Company, and on the 7th of August he was fined \$25 and costs. I also laid an information against A. H. Keith, representing the Viavi Medicine Company, and on the 3rd of August he was fined \$100 and costs.

On the 3rd, David McCarthy, of Paris, pleaded guilty, and was fined \$25 and costs.

I have now on hand thirteen cases against parties that I am working up evidence against, which I will prosecute as soon as the evidences is com-

plete. I am also getting up evidence against seven qualified practitioners for unprofessional conduct, which will be brought to the notice of the Council to deal with.

Enclosed please find copies of the *World* of the 3rd and 4th of August.

THOS. WASSON.

Toronto, Aug. 10th, 1894.

EAGLE EYE FINED.

THE KICKAPOO CONCERN A BREACH OF THE ONTARIO MEDICAL ACT.

Crown Attorney Curry and Detective Wasson yesterday afternoon succeeded in convincing Magistrate Kingsford that Eagle Eye, the Scotchman with an Indian name, in the employ of the Kickapoo Indian Company, had been guilty of a breach of the Medical Act. Although Mr. Curry urged a heavy fine Eagle Eye got off with \$25 and costs. The fine was paid at once. The magistrate, in imposing the fine, warned him that if convicted again he would impose a fine of \$100.

Detective Wasson is determined to stop the business, if possible.

Detective Wasson received a despatch yesterday from Paris announcing the conviction of David McCarthy on a charge of breach of the Medical Act. He was fined \$25 and costs.—*World, Aug. 3rd.*

STILL AFTER THE FRAUDS.

INSPECTOR WASSON DOING A LAND OFFICE BUSINESS THOSE DAYS.

A. H. Keith, manager of the Viavi Medicine Company, whose offices are in the Confederation Life building, was yesterday fined \$100 by Magistrate Kingsford for a breach of the Medical Act. Detective Wasson prosecuted.

The company is represented here by Keith and his wife, who give lectures on charts to families. The patients are then handed over to the husband, who acts as doctor and prescribes for the afflicted.

The headquarters of the concern are located in California and the cost of treatment varies according to the amount the patient is willing to pay, the range being from \$3 to \$15.

The magistrate in convicting Keith said he considered the fraud the most flagrant that had ever been brought to his attention and inflicted a penalty of \$100 and costs, the highest in his power, and expressing regret that he could not send the defendants to jail.—*World, Aug. 4th.*

Book Notices.

Obstetric Surgery.—The well-known house of The F. A. Davis Co., of Philadelphia, will issue, in September, a work which will be most favorably received by the medical profession. It is entitled "Obstetric Surgery," and is written by Drs. EGBERT H. GRANDIN and GEORGE W. JARMAN, gentlemen who, from their long connection with the largest and most widely-known maternity hospital in the United States (The New York Maternity Hospital), are peculiarly fitted to expound the subject from the modern progressive stand-point of election.

There is no work in any language which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antisepsis are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as are guaranteed in well ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and the induction of premature labor properly fall are clearly exemplified. The limitations of the forceps and of version, and the beneficent results to be secured through timely resort to symphysiotomy and the Casarean section, are stated with the accuracy which the marvellous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The work having been prepared from a teaching standpoint, the terse text is elucidated by numerous photographic plates and wood-cuts, representing graphically various steps in operative technique. The student and the practitioner thus, not alone may read what to do, but may also see how to act.

The work is not burdened with literature references. The authors have aimed to teach that which ample and prolonged experience has taught them is good. The net price of the volume will be \$2.50, and it will be printed in large, clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about fourteen in number, will be printed on fine plate-paper, in photogravure ink.

A companion volume, dealing in the same terse,

practical manner with pregnancy, normal labor, and the physiological and pathological puerperium, is in active preparation by the same authors.

Flint's Practice of Medicine. A Treatise on the Principles and Practice of Medicine. Designed for the use of students and practitioners of medicine. By AUSTIN FLINT, M.D., LL.D., Professor of the Principles and Practice of Medicine, and of Clinical Medicine in Bellevue Hospital Medical College, New York. New (7th) edition, thoroughly revised by Frederick P. Henry, M.D., Professor of the Principles and Practice of Medicine in the Woman's Medical College of Pennsylvania, Philadelphia. In one very handsome octavo volume of 1143 pages, with illustrations. Cloth, \$5; leather, \$6. 1894. Philadelphia: Lea Bros. & Co.

This new edition of an old standard work is now out of the publishers' hands. The old familiar and old reliable Flint looks exactly the same on glancing at it, but on deeper inspection there are found many improvements. New chapters, new paragraphs and new ideas crop up under the able editorship of Dr. Henry. It is a pity the arrangement of the chapters could not have been changed to a more modern standard, but we can scarcely expect perfection in all lines.

Young's Orthopedic Surgery. A Manual of Orthopedic Surgery, for Students and Practitioners. By JAMES K. YOUNG, M.D., Instructor in Orthopedic Surgery, University of Pennsylvania, Philadelphia. In one octavo volume of 446 pages, with 285 illustrations. Cloth, \$4; leather, \$5. 1894. Philadelphia: Lea Bros. & Co.

We have just received the latest American work on Orthopedic Surgery, by James K. Young, M.D., of Philadelphia, Instructor in Orthopedic Surgery in the University of Pennsylvania. It is published by the well-known firm of Lea Brothers & Co., and in paper, type, binding and general execution does credit to the house. In this respect it will compare favorably with the best English work.

The subject matter of the volume is also excellent, and it is profusely illustrated with beautiful photo-engravings. We quote the preface, which, by the way, is a model of brevity:

"In the following pages the author has endeavored to provide students and practitioners with a guide to Orthopedic Surgery, in accordance with the most approved knowledge of the present day. Though based largely upon personal experience,

this volume owes not a little to the existing literature of its subject, old as well as new. Systematic treatises on general and special surgery, monographs, and articles in periodicals have been faithfully consulted for material at once valuable and available for a work of the present scope and purpose. Much attention has been devoted to the mechanical part of the subject, to pathology, which it is believed will be found thoroughly modern, and to treatment, which is, of course, the ultimate object of the work."

The author's definition of orthopedic surgery is that it is "that department of surgical science which includes the preventive, mechanical, and operative treatment of chronic and progressive deformities."

This book will be found most useful by the general practitioner. We fully concur in the following extract: "Every student of medicine, upon graduating, or before entering upon the practice of his chosen profession, should be instructed in the fundamental principles and practice of the orthopedic art."

We are glad to see that, on the whole, operative procedures in chronic tubercular joint disease are discountenanced. The author says, in the article "Hip-Joint Disease," page 122: "So efficient is conservative, mechanical treatment in the management of this disease, that operative treatment is seldom or never required in private practice where the patient has been under complete control of the surgeon from the inception of the disease." And again: "Operative treatment should always be preceded by thorough mechanical treatment."

At the same time, very full and explicit directions are given for many of the modern operations, though in this respect the book seems inferior to that of Bradford and Lovett. An exception to this must, however, be made in the article "Club-Foot," where the description of this most common deformity and the methods of its treatment is most full and explicit.

PAMPHLETS RECEIVED.

Medical Archeology. The Sanitary Regulations of Ancient Egypt and Judea, from the work of Dr. BEUGNIES CORBEAU. Translated by THOMAS C. MINOR, M.D.

A New York Dynamometer. For use in Anthropometry. By J. H. KELLOGG, M.D., reprinted from "Modern Medicine." 1894. Modern Medicine Pub. Co., Battle Creek, Mich.

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

Accident from the use of Bromoform in Pertussis.—I simply wish to speak of a peculiar accident I had last Friday evening. I had prescribed for three children in the same family—one aet. one and a half years, one aet. three years, and one not quite five—mixture of bromoform two drachms to four ounces of syrup of tolu to be given sixty drops to the oldest, thirty to the second, and ten drops to the youngest child. All were suffering from pertussis. They took the medicine and I was to be advised how it acted when the supply was exhausted, or sooner if it did not act at all. I learned how it acted when the last dose was given. I was called at seven o'clock in the evening to come at once as one of the children was dying. When I reached the house I found the child was perfectly dead drunk. I thought at first that the child had a spasm and was simply limp from its effects; there was nothing to indicate any serious danger, and the child had gone to sleep. I told the family to let the child sleep, and if they saw anything out the way to let me know. A half-hour later I was called again and found the second child unconscious and perfectly limber, having no control of the muscles whatsoever. In another half-hour the oldest child was taken in the same way. The pulse of each was good, they were quiet, breathing was natural, pupils looked all right, so I enquired whether they had anything about the house that might have been taken by mistake. Investigation revealed that the only medicine they had taken was the bromoform and syrup of tolu which I had prescribed, which I knew could do them no harm. I found that they had taken the last of the medicine that evening, and the mother said: "Doctor, there is something peculiar about that medicine; when you do not shake it there is always a lot of oil in the bottom." I knew then what the trouble was: they had not shaken the medicine and had taken pure bromoform, the last dose left in the bottle.—DR. P. GUNTERMANN, in *Archives of Pediatrics*.

The Antitoxin Treatment of Diphtheria.

—H. Urquhart Walker, L.R.C.P. and S. Ed., late Medical Officer of Health, Worksop, Notts, writes : I was called in to see M. J., a girl, aged 8, on July 27th. I was told she had been ill for a day or two. She had passed a very restless night, and had been quite delirious. In the morning she had complained of her throat. Her temperature was 102° and her pulse 130. On examination, the tonsils and fauces generally were red and swollen, and on the right tonsil was a patch of membrane, but not very large. On the 28th the breathing was more difficult; the throat presented much the same appearance as on the previous day. On the 29th the breathing was worse, and the fauces on the right and left sides were covered with membrane. In the evening the respiration was very quick. On the 30th the membrane was well formed, even extending well over the soft palate and hanging down into the mouth. Up to this time the child had been treated with iron and chlorate of potash internally, and the constant use of the lime-water spray. It was evident that something more must be done, so I resorted to antitoxin, a supply of which I had procured on reading Dr. Goodhart's case in the *British Medical Journal* of July 28th. Eleven minims of antitoxin were injected into the forearm with strict antiseptic precautions. The temperature at the time of injection was 103° and the pulse 140. Four hours after the injection the child was much improved. There was no fever and the pulse quite quiet. She had a good night, and had to be roused by the nurse to receive her nourishment. On the 31st the same improvement continued, although the membrane was still present, although loosening on the right side. The temperature was normal. During the day much of the membrane came away. The last patch to form had disappeared. All that was to be seen was on the uvula and on the left side. On August 1st all signs of membrane had disappeared. From that date uninterrupted recovery took place. I wish to call attention to the fact that within a few hours after using the antitoxin the temperature was reduced 4°, and remained normal. The constitutional disturbance was at once checked, although the membrane still remained on the uvula and left side of the throat. The new patch on the soft palate at once disappeared, and the appear-

ance generally became more normal. The injection was followed neither by local nor by general disturbance. I should add that I was induced to try the effect of antitoxin in this case by Dr. Norman Walker, of the Edinburgh Royal Infirmary, then on a visit to Worksop.—*British Medical Journal*.

How to Compute the Dose for Children.

—Dr. P. Bolognini contends that the formulæ in general use for computing the doses of remedies suitable for different ages are unsatisfactory. He has computed the average weight of children for each month of the first year and for each year thereafter up to the eighteenth, and upon this basis has formulated the following rules :

1. From birth to end of the first year: let d stand for dose and m for the age of the infant in months. Then the fraction of the adult dose will

be represented by $d = \frac{1}{20 + m}$. 2. For a child from two to eighteen years of age the formula is :

$$d = \frac{2 + a}{25}$$

d = dose, and a = age of the child in years.—*Archives of Pediatrics*

Infection of Fresh Wounds. —Schimmelbusch (*Deut. med. Woch.*, July 12th, 1894) relates his investigations into the taking up of bacteria by fresh bleeding wounds. Amputation of a limb several centimetres above such an infected wound, even after a short time, is unable to ward off the fatal event. He refers to Nissen's experiments with reference to anthrax in this respect. Animals were inoculated by the author, along with Ricker, with pure anthrax cultures or anthrax containing tissue. Anthrax was found by means of cultivation experiments in the internal organs when the animal was killed, even as early as half an hour after the infection. The author further made some eighty experiments with saprophytic micro-organisms. In the shortest possible time these micro-organisms could be demonstrated in the internal organs. Five minutes after the infection of a wound in the thigh of a rabbit with *b. pyocyaneus*, these micro-organisms were found in the organs. Large portions of the organs in question must be taken and cut up into the smallest pieces. The

rapid taking up of micro-organisms explains the uselessness of amputation in cases of anthrax of the extremities in mice. This resorption may be compared to the phenomena seen in fat embolism. It is of no importance in case of saprophytes, and of little moment in that of pyogenic micro-organisms which do not settle down in the blood, but in the case of septic diseases like anthrax, etc., it means the death of the individual.—*British Medical Journal*.

Congenital Constipation.—(A. Jacobi, in *New York Medical Record*). The ascending colon, after having been formed about the middle of utero-gestation is quite short in the newly born, as is the transverse portion. The whole length of the colon equals three times the length of the mature foetus, consequently the surplus must be found in the descending portion, mainly in the sigmoid flexure. In 25 per cent. of newly-born children this lower portion is bent upon itself in several sections and crowded out of the narrow pelvis, extending in more than one-quarter of all cases beyond the median line of the body; such abnormal elongation is a condition which must be looked upon as an arrest of development. It accounts for the constipation observed from the first day in a fair number of infants of normal size and weight, who enjoy healthy breast milk. These children never have an easy evacuation, the faeces form in hard round balls of different sizes sometimes unable to pass the sphincter, and some cannot be relieved without mechanical emptying of the rectum. Such cases Jacobi has described as *congenital constipation* (*Am. Jour. of Obstet.*, 1869, and *Intestinal Diseases of Infancy and Childhood*). When understood, the treatment is a simple one, and it can be reasonably expected that a normal relation of the parts will establish itself by the sixth or seventh year of life. In most cases one or two daily enemata suffice to empty the gut, which procedure should be continued year after year, until the natural conditions relieve the described anomaly. Purgative drugs are rarely required; indeed, they are mostly contra-indicated, and when given will do harm, resulting in overstimulation and consequent paralysis, with more costiveness. As the outcome of this congenital constipation we meet with ulceration; fætid diar-

rhea; septic auto-infection or fevers, sailing through months under the flag of malaria and continued fever. These cases indicate a regulated diet; in rare instances only a purgative drug; the regular use of enemata; generally the avoidance of medicines.—*Archives of Pediatrics*.

Treatment of Chronic Gastric Ulcer.—Stepp (*Therap. Monats.*, November, 1893) describes a method which he has successfully followed during the last four years, the object of which has been to prevent fermentative changes in the organ with their damaging influence on the gastric walls, and, further, to exert a beneficial and tonic action on the damaged surface. This he has effected by the frequent use of a 25 per cent. aqueous solution of chloroform, with the addition of subnitrate of bismuth, the latter, however, being of secondary importance. The water is given in quantities of one to two bottles daily. The author says chloroform has no anodyne or narcotic properties when administered internally, its effects being more those of an astringent, a tonic, and an antiseptic. A few cases are recorded showing how early the patients became convalescent under this treatment. When vomiting or hæmatemesis complicated the affection, the author found the chloroform acted effectually in quenching thirst, and arrested nausea and hæmorrhage. A burning sensation, probably at the seat of the ulcer, is always produced at first, but disappears completely in eight or ten days. No unpleasant consequences occurred, but indirectly a clean tongue and improved appetite seemed to be produced. At the end of the second week, beef-tea could be administered; during the third, eggs; and afterwards selected meats could generally be added to the preceding foods.—*British Medical Journal*.

Fever without Pyrexia.—We have on previous occasions called attention to the apparent paradox of the occurrence of febrile conditions without elevation of temperature. In the course of a recent clinical lecture, Teissier (*Semaine Médicale*, No. 25; *Wiener med. Presse*, 1894, No. 23, p. 893) presented a case of pneumonia attended with a subnormal temperature, and made some interesting comments. He pointed out that the temperature may pursue a similar course in un-

doubted cases of scarlatina, as well as in cases of typhoid fever and influenza. He also made reference to two cases of typical malarial fever attended with subnormal temperature. These were not cases of pernicious malaria of algid type, but were intermittents of moderate intensity, and in which quinine brought the temperature to the normal. Several explanations of this anomalous occurrence have been offered. One of these makes it dependent upon the varying reaction of the thermotaxic centers to varying degrees of virulence of the infecting organisms, a slight degree inducing hyperthermia and an intense degree hypothermia. The inadequacy of this explanation is evident from the fact that it is not always the gravest cases that are attended with hypothermia, and *vice versa*. Rather more plausible is the explanation that pathogenic micro-organisms give rise to the production of substances that cause elevation and of others that cause depression of temperature. Finally, it is possible that the hypothermia is due to the accumulation in the body, from failure of elimination, of excrementitious products by reason of hereditary tendencies or of renal inadequacy. The action of quinine in causing elevation of abnormally low temperature is to be ascribed to its vaso-constrictor action, thus preventing undue radiation of heat. Among other measures to be adopted is the stimulation of the cutaneous and renal activity. All in all, the subject is a most interesting and suggestive one. It would seem as though we would have to modify, or at least qualify, the current conception and definition of the febrile process. The problem here propounded is but one of many for the solution of which we must look to chemie physiology.

Medical News.

Glycosuria from Taking Thyroid Extract.

—W. Dale James (*Brit Journ. Derm.*) reports the case of a medical man, aged 45, and an "old psoriatic," who had taken thyroid extract before Christmas without any effect on the disease, probably owing to the small doses swallowed—one Burroughs, Wellcome & Co. tabloid twice a day. On March 22nd, 1894, he began taking four tabloids daily, and at the end of a week complained greatly of depression, with frequent flushings and palpitations. The nervous symptoms increased,

and the patient felt and looked a very old man. Before another week elapsed his thirst became unquenchable; the quantity of urine greatly increased, the breathing became embarrassed, the pulse rose to 132 per minute, and the smell of acetone was detected in the breath. On April 4th the urine had a specific gravity of 1032, and sugar was freely found by all tests. The thyroid treatment was at once stopped, and antidiabetic diet adopted. The quantity of sugar decreased daily, and on April 13th none could be detected. The general condition steadily improved, and on April 30th the patient was quite well, except for the psoriasis, which had not improved. Polyuria following the administration of thyroid has been noted more than once, but, as far as the author has been able to ascertain, this is the first case in which glycosuria has been caused by the treatment.

— *British Medical Journal.*

Tissue Metabolism in Chlorosis.—There is a translation in the *International Medical Magazine* for April, 1894, of a lecture delivered to a private class by Carl von Noorden on "Tissue Metabolism in Chlorosis." The cause of poverty of hæmoglobin in the blood must be due to increased destruction or diminished new formation of the coloring matter of the blood, or to a combination of the two processes. Not one positive sign is known which proves that in chlorosis more hæmoglobin is destroyed than in health. Some distinct points lead to the belief that the normal quantity, and probably much less, is all that is destroyed. The defect is due to some error in new blood-formation. Some restricted exceptions exist in anæmia caused by profuse acute hæmorrhage and by acute nephritis. Here there is an œdema of the blood. The plasma is so diluted that the blood corpuscles swell up and appear relatively poorer in hæmoglobin. In all processes which induce much destruction of this constituent of the blood, as infectious diseases and numerous intoxications, there is principally a destruction of cells (erythrolysis). For a time iron as a remedy fell into disrepute, in consequence of experiments on animals and a few observations on man. These doubts were more often expressed by physiologists and pharmacologists than by practicing physicians. As there was no increase of iron in the urine after

the administration of various iron preparations, it was argued that no iron was absorbed. The weak point of this reasoning is of interest. The intestinal mucuous membrane is the place of excretion for the iron and not the urine, which is capable of removing only a few milligrammes. Iron which gets into the blood-current accumulates in the liver and spleen, these organs, magnet-like, attracting it. They are the warehouse of the body for super-abundant iron, which is given off very gradually by these organs, and is removed by the intestinal juice from the body. How do the iron salts which are absorbed act as remedies? Is the chlorotic organism wanting in atoms of iron around which the hæmoglobin molecule can be built up? Every girl developing chlorosis takes up in daily food more iron than the most extravagant estimate demands. But this iron is exclusively contained in nucleo-albumins. There is no doubt that the healthy organism takes up iron from nucleo-albumins and employs it for the manufacture of hæmoglobin. Why does not the chlorotic patient do the same? Is absorption at fault? On the contrary, absorption is excellent. Iron is absorbed but is not used. There is a diminution of the energy of growth in the hæmatopoietic organs (bone marrow), resulting in the non-utilization of the ferruginous nucleo-albumins which are brought by the blood. So far everything is proved. Now for the region of hypothesis. Let us suppose that the iron salts circulating in the blood effect a stimulation of the hæmopoietic cells of the medulla of bones, and that the result of this stimulus is an amelioration of the constitution of the blood. On the other hand, the nucleo-albumins containing iron which are circulating in the blood exert but a weak stimulus on bone marrow. Experience proves that in the treatment of chlorosis any iron salt is more efficacious than the ferruginous nucleo-albumins, like hæmoglobin, hæmotogin, hæmogallol, etc., which pure theorists have tried to foist on the profession. Arsenic gives good results. Yet success is much greater when combining arsenic and iron. Practical experience proves this is the best plan. At health resorts, where there are carbonated ferruginous springs, resident physicians do not recommend these waters to chlorotic subjects, but advise the mineral waters of Levico or Roncegno, which contain arsenic and iron.

These substances are closely allied chemically, and exert on the cells an effect that is only quantitatively different.—*Medical Record*.

Rheumatic Angina. *Roos (Berl.klin. Woch.)* first relates cases showing the relation between rheumatism and this angina. In the English writings this relation is generally recognised. Rheumatic angina may be a prodromal symptom of acute rheumatism. This latter disease is in all probability an infective process, and the author thinks that the actual cause of the disease may gain access through the faucial mucous membrane. Rheumatic angina is, however, said not to be very common. Pain on swallowing, swelling and redness of the fauces, especially of one or both tonsils, with or without suppuration, the occasional presence of a purulent deposit on the tonsils, and the relatively long duration of the affection are to be noted. Former rheumatism will assist in the diagnosis. This rheumatic angina will probably explain the presence of valvular lesions in some cases in which there is no history of rheumatism. Correct diagnosis is important, as the salicylates rapidly cut short the disease, and perhaps prevent the articular affection. Rheumatic angina cannot at present be distinguished from other forms of angina. Articular rheumatism may appear after the follicular form. It is possible that after certain anginas the infection may involve the joints (polyarthrits anginosa). This polyarthrits after angina sometimes differs from rheumatism by reacting badly to the salicylates, and by its long duration. In this it resembles the polyarthrits seen after scarlet fever and diphtheria. The author thinks that a number of these cases of polyarthrits after angina will resolve themselves into examples of infective processes when the etiology is better known. He refers to cases in which etiologically the disease should be looked upon as pyæmic, and yet no suppuration occurs in the affected joints. Here the micro-organisms may have lost their virulence (modified pyæmia). It appears strange that after suppuration in a tonsil a simple polyarthrits should occur. The author then refers to the researches of Sahli in respect to the causation of rheumatism by the staphylococcus. (*Epitome*, October 22nd, 1892, par. 343). He concludes that either the angina preceding the polyarthrits

is rheumatic, or that after certain forms of angina a pseudo-rheumatic affection may occur, with localization in the joints or serous membranes. There is much to favor this latter view. *British Med. Journal.*

Gout of the Intestine. Many cases of colic, enteralgia, enteritis, and typhlitis are really gouty manifestations located in the intestine, according to Haig, who uses salicylate of soda with great success for such cases, in doses of about fifteen grains every three or four hours. Drugs like lead, mercury, zinc, and even cocaine, when given to gouty patients, form insoluble urates, and an intestinal crisis may be produced. Buckworth observes that persons do not die of gouty intestinal troubles, and, therefore, direct ocular pathological proof is wanting. At the same time he emphasizes the fact of their existence. From Haig and Buckworth's observations it may be inferred that in women who have gout or rheumatic gout the so called recurrent peritonitis, occurring most frequently just after menstruation, is in reality gout of the intestine. There is slight fever or a subnormal temperature, intense pain that gradually diminishes, marked tenderness on pressure, great anxiety and fear of moving or being touched, complete loss of appetite, general prostration and mental depression following, the cycle completing itself in about two or four weeks. Remedies directed to the underlying constitutional state are the only ones that permanently relieve and cure. —*Medical Record.*

Salol in Phthisis. Lutz (*Fortschritte d. Medizin*, No. 23, December, 1893) refers to the frequent failures after the adoption of new remedies for the treatment of phthisis, and proceeds to describe a method he has now successfully employed during more than two years. It consists in giving the patient about $1\frac{1}{2}$ drachm of salol daily, the single dose being 20 to 30 grs. Latterly it was found that 6 to 7 grs. per diem sometimes suffice to give similar results, and the powder is recommended to be given in capsules or wafers. The reactions of salol were found in the urine eight days after discontinuance of the drug. Care is required at first, and renal disease contra-indicates its use. Occasionally nausea, aural symptoms, etc., are produced. The action of the

drug is most obvious in phthisis florida, and details of some twenty cases are given. Cases with high fever and much expectoration at first show no amelioration; later, however, pyrexia and night-sweats disappear totally, this occurring in from several days to one or two weeks. The relative proportion of bacilli is not changed, but the sputum, as remarked by the patients, becomes less, many having difficulty in expectorating a sufficiency for examination purposes. The cough also diminishes. Salol, in the author's opinion, appears to lessen disintegration of tuberculous material, but he does not attribute to the drug an antituberculous action, thinking that the antibacterial complications only are influenced, and that a mixed infection is thus converted into a slower and purer tuberculous process. For instance, increase of local pleuritis, and consequently probably extending in filtration, continued while actual destruction appeared to diminish. Even in severe cases the drug is of use, and should be tried; in one patient, where death appeared imminent, life was prolonged for more than a year, showing that salol is most useful in ameliorating the patient's condition.—*British Medical Journal.*

The Treatment of Lead Poisoning with Monosulphite of Sodium.—M. Perou states that the administration of 40 centigrammes a day of monosulphite of sodium gives rapid relief in lead colic. He states that the elimination of the metal is much hastened by this treatment, and that the sulphite is an efficient prophylactic agent. The employment of the drug, he says, devoid of danger.—*Medical Record.*

The Inhalation of Oxygen in Opium-Poisoning.—The usefulness of potassium permanganate as an antidote in the treatment of opium-poisoning may, in view of the evidence presented, be admitted. Upon what this antagonistic action depends has, however, not yet been demonstrated, though it is reasonable to assume that the oxidizing quality of the potassium salt plays a prominent role in this connection. This supposition would, in some measure at least, seem to be supported by the fact that the permanganate has also proved useful in the treatment of phosphorous-poisoning, cyanid-poisoning, and snake-

bite. Further confirmation of this view appears to be afforded by the recent experience of Merry (*Lancet*, No. 3692, p. 1372), who reports a desperate case of opium-poisoning in which inhalations of oxygen seemed to act as the determining factor in bringing about recovery. The victim, a male, thirty-two years old, had, three hours before coming under observation, taken of a preparation of variable composition an amount supposed to represent eight grains of morphine. The man was unconscious, cyanotic, and breathing stertorously about fifteen times per minute. The corneal reflex was abolished, and the pupils were small and inactive. Flagellation, cold affusion, the use of the interrupted current, the vapor of strong ammonia, the subcutaneous injections of ether failed to bring about reaction. The respirations were labored and had fallen to eight per minute, and the pulse had become almost imperceptible. The cyanosis suggested the use of inhalations of oxygen, and these were forthwith instituted, pure, undiluted gas being employed. In the course of twenty minutes the face had regained its normal color, the respirations were fuller, easier, and more frequent, and the pulse had become perceptible and regular. The patient was still stupid, although there was a slight response to corneal irritation. After an interval of half an hour the inhalation of the gas was resumed, with further marked benefit. Consciousness returned, and after the repetition twice of the inhalations after intervals of three-quarters of an hour, the point of danger seemed to have been passed. The man remained drowsy during the day, but did not relapse into stupor. He made a perfect recovery. The suggestiveness of this experience is entirely obvious, and the safety and innocuousness of the method must surely commend it to favorable consideration and intelligent trial in suitable cases. —*Medical News*.

Chronic Rheumatism.—Sacharjin (*Deut. M. Z. Woch.*) first relates a case usually looked upon as chronic rheumatism. He then remarks that the term "rheumatism" has not as yet been exactly defined. Acute rheumatism is a well enough marked disease just like other infective processes, but the term "rheumatism" as applied above should not be retained. This disease differs in many respects from acute rheumatism. The

involvement of many joints and the shifting character of the articular affection, the fever, and many of the complications are absent. The salicylates have little effect upon it. A few cases follow upon acute rheumatism, but then obvious relapses occur. In the other cases of chronic polyarthritis there is the anatomical and etiological diagnosis. The joints are mostly involved, but at times other tissues thus, periostitis, myositis, neuritis may occur. As to etiology acute rheumatism, the gonorrhoeal poison (polyarthritis gonorrhoeica), syphilis, tuberculosis, gout, cold, slight traumatism, abuse of alcohol are among the many causes. It is mostly due to a combination of causes. In some case there appears to be a predisposition to gout and yet there are no characteristic features of it. The uncovered joints are mostly affected or those but slightly protected, such as the knees and ankles. The soft tissues about the joints are often involved. The prognosis depends on the possibility of removing the causes. In treatment the alkaline waters are recommended, especially when there is any predisposition to gout. Warm (and when not contraindicated hot) saline baths are extremely useful. Salicylates only relieve the pain. Compresses of carbolic acid (2 to 4 per cent.) are recommended, as well as subcutaneous injections of carbolic acid. If the muscles are affected massage is recommended: if the joints, blistering, massage, electricity, and compresses of carbolic acid; and if the periosteum, iodides in alkaline waters. Rest, blisters, etc., and later massage of the neighboring parts are advised when the nerves are involved; electricity is uncertain. Saline baths are useful in all these conditions. *British Med. Journal*.

Bruit de Diable.—Verstraeten (*Centralbl. f. inn. Med.*) says that his researches in determining the lower margin by auscultation, have shown that (1) heart murmurs are not conducted through the liver substance, but only the heart sounds; (2) in certain stomach diseases accompanied by hæmorrhages a systolic arterial murmur may be heard a little to the left of the middle line; and (3) a marked venous murmur (*bruit de diable*) is present in the epigastrium in some anæmiæ. This venous murmur is best heard midway between the navel and ensiform cartilage, about $\frac{1}{2}$ to 1 cm. to the

right of the middle line. It is a continuous blowing, often musical, wavy murmur, and is influenced by respiration and the heart's action. It is mostly heard in anemic women with chronic stomach disease, diarrhoea, phthisis, etc. The author has never heard it in cirrhosis of the liver. It is sometimes difficult to make out. It is inconstant. The site corresponds to the vena cava, and compression of the cava causes it to disappear. A quickening of the blood stream accentuates it. It is a frequent symptom, and the author thinks its clinical value should not be under-estimated.—*British Medical Journal*.

Physio-pathology of Chlorosis.—Murri (*Policlinico*) says that very many children are potentially chlorotic; that is to say, they have blood of low specific gravity, owing to defective nutrition of the red corpuscles, and blood vessels which are very readily distensible, giving rise to great instability of intravascular pressure. At the same time these may appear during their childhood nothing more than a little anæmic. At the onset of puberty, however, when there occurs abnormal stimulation of the utero ovarian functions, leading to disturbances in the normal blood distribution, or when other psychical stimuli may bring about the same results, chlorosis is extremely likely to be produced. The action of cold on the chlorotic has been studied by the author, who has noted the effects of cold baths on such patients, studying in this respect the alteration in number of the red corpuscles, the presence and the amount of urobilin in the urine. He has found that during the bath the number of red corpuscles increases, but that this increase is only temporary, passing after a few hours into an actual decrease, which may persist for a period varying between a few hours and two or three days. Even walking, after a few days of rest in bed, gives rise to a similar diminution of the number of the red corpuscles, which may also persist for some days; the exact explanation of this occurrence is not forthcoming. One thing is certain, namely, that the action of cold causes the blood to circulate in the abdominal viscera rather than in those of the head and chest. It may also well be supposed that such an alteration in the distribution of the blood, as well as in the increased time taken in passing through the

visceral vascular system, may influence the chemical conditions of the circulating fluid, and that this may be at least one of the causes of the destruction of corpuscles. Such a view is in consonance with the fact that in a potentially chlorotic subject such occurrences as fatigue, cold, agitation, suppression of menses, e.c., may either provoke or aggravate chlorosis. It would appear necessary, moreover, to consider these modifications of the blood distribution as due to disturbances of the central vasomotor nerve system, which is notably unstable in such patients.—*British Medical Journal*.

Antipyrin as a Vesical Analgesic.—Vigneron (*Concours Medical*) has found intravesical injections of antipyrin an excellent remedy for pain in the bladder in many cases of cystitis. It is important that the bladder should not be in a condition of over-distension. Before washing out the viscus an injection of 10 to 20 grammes of a 1 in 25 solution of antipyrin is made into it; this is left in the bladder for about ten minutes, so as to allow time for the drug to be absorbed. When the bladder is distended the practitioner should, in order not to prolong the operation, content himself with injecting, after washing out the viscus, from 60 to 120 grammes or more of a 1 in 100 or 1 in 200 solution of antipyrin, and leaving it in the bladder. Vigneron states that the drug is quite harmless in the bladder, even when the use of it is prolonged for months. When left in the bladder the remedy makes the painful contractions cease: it also acts as an antiseptic.—*British Medical Journal*.

Recurrent Appendicular Peritonitis: Removal of Appendix and Mesenteric Gland.—G. A. WRIGHT, in *The Medical Chronicle*, writes: Samuel B., aged $12\frac{3}{4}$ years, was sent to me by Dr. Mackenzie, in January, 1894. The boy had always suffered from constipation. When three years old he had an attack of "inflammation of the bowels," which laid him up for seven weeks. In March, 1893, while wheeling a barrow, he suddenly complained of great pain in the right iliac region, and when he got home his mother noticed a hard swelling at the painful spot. He recovered in five weeks. In June, in September, and in

October he had similar attacks, and since then has had constantly recurring trouble until one week ago, when he was suddenly seized with acute pain, which lasted two days and nights. During this time there was no action of the bowels, but vomiting was said to be constant, and was thought by the mother to be faecal. I saw him towards the close of this attack.

On admission, five days later, there was slight resistance in the right iliac fossa, but nothing else was obviously wrong. On January 25th, under chloroform, a small rounded mass could be distinctly felt in the right iliac area. An incision was made, having its centre in McBurnie's point. On opening the abdomen, a rounded mass, which proved to be a caseous lymphatic gland, was found adherent to the upper and posterior part of the cæcum. This gland was removed. There was abundant evidence of old peritonitis, in the shape of adhesions, and a thick fibrous band was ligatured and removed in view of possible future obstruction. The enlarged appendix was then sought for, carefully dissected, and removed close to the cæcum; the stump was sutured with silk, and covered with a flap from its own mesentery. On opening the appendix after its removal, the mucous membrane was found thickened, and the cavity of the appendix was filled with brownish pus, in which lay a small concretion. The wound was closed by means of deep silk sutures, and recovery was satisfactory. An enema was given on February 7th, and the boy was discharged well on February 22nd, and has remained so since.

Appendicular peritonitis is common enough in children, but, so far as I have seen, it usually rapidly goes on to suppuration, though, no doubt, many cases are seen which do not come into the surgeon's hands. Recurrent "appendicitis" is, I think, rare in children. An interesting point in this case was the enlarged mesenteric gland, which was so obvious on examining the affected area that the question was raised whether the whole trouble was not due to the inflamed gland rather than to the appendix. However, further search revealed the diseased organ, and, no doubt, the inflammation of the gland was secondary to the "appendicitis." This boy had three distinct sources of danger, which were removed at the operation—(1) the risk of general peritonitis by extension from

the appendix; (2) mischief set up by the caseous gland; (3) the possible occurrence of obstruction by the fibrous band which was found and taken away.

Acute Nephritis from Sewer-Air Poisoning.—C. T. Vachell and D. R. Patterson (*Lancet*). Attempts have been made from time to time to show the possibility of sewer air acting as the chief ætiological factor in the production of acute Bright's disease. The by no means infrequent occurrence of albuminuria in association with sewage poisoning, has been specially called attention to by Sir George Johnson.*

The present authors record four cases in which, after a most thorough investigation, they believe an outbreak of acute nephritis stood in some relation to the emanations from a street-sewer ventilator.

All cases occurred in the same street during the summer and autumn of 1893, when, in consequence of the long drought, there was inefficient flushing of the sewers, and very perceptible odor therefrom. Three cases were met with in one house, two being sisters, aged nineteen and twenty-seven, respectively, and the third a male lodger, aged twenty-three. The fourth case was a man, aged thirty-five. In each case there were well-marked symptoms of acute Bright's disease.

An exhaustive enquiry failed to discover any possibility of scarlet fever, diphtheria, food, or lead poisoning, or other definite cause. Opposite the house in which the three cases occurred there was an open grid ventilator, which was the subject of marked complaint. The smell was also perceptible from the house in which the fourth case arose.—*The Medical Chronicle*.

The Physiological and Therapeutical Action of Chloralose.—Ernest Chambard (*Revue de Médecine*). Chloralose is a body having the formula: $C_8H_{11}Cl_6O_6$, and is prepared by the action of anhydrous chloral or glucose; it has a bitter taste, is slightly soluble in cold water, more so in hot water or alcohol; it may be administered in cachets, or in solution, in doses of 3 to 20 grains.

Physiological Action.—Dr. Chambard adminis-

* *Brit. Med. Jour.*, Vol. 1888, I., p. 451; 1888, II., p. 71.

tered chloralose to a number of patients suffering from various forms of mental disease, in the asylum of which he is the medical superintendent, and found that a dose of .25 grammes (4 grains) produced no appreciable hypnotic effect, but in certain excited and violent cases a distinctly soothing influence, which lasted for a considerable time. With doses of .5 grammes (7½ grains) the hypnotic effect was uncertain; with 1 to 1½ grammes (15—22 grains) all the patients experienced a profound sleep, which lasted for many hours. The time which elapsed between the administration of the drug and the onset of sleep varied from 30 minutes to 3½ hours. In most cases sleep came on gradually, but in others the onset was sudden, and the patient dropped asleep while eating, talking, or walking. In a certain number of cases sleep was preceded by various abnormal phenomena, which affected the mental, sensory, or motor functions, such as muscular twitchings, tremors, dizziness, and affection of speech.

The character of the sleep produced does not differ apparently from normal sleep, but it is in reality more profound, and rather resembles the lethargy of the hypnotic state, for the patient is insensible to all forms of external stimulation, such as touching the cornea, pricking or pinching the skin, or the loudest noises. The respiration is calm, the pulse strong and regular, and the temperature is slightly lowered. After a variable period, the patient wakes as from natural sleep, but may suffer from headache or hebetude for some hours.

In a number of cases the period of sleep presents certain complications of great interest as tending to show some close relation between the effect of chloralose and the hypnotic lethargy. The author divides these phenomena into two groupes: (1) Psychological and psychomotor phenomena, closely resembling the automatic actions of somnambulism, the patients getting out of bed, walking about, sometimes answering questions without recognizing their meaning, and performing various automatic actions; pinching, pricking, or loud noises produced no apparent effect, and the patients returned to bed and to sleep: on awakening, there was either no recollection of what had taken place, or a confused sense of having dreamed during the night. (2) Motor complications, in the

form of muscular tremors, were not unfrequent, and presented, ordinarily, a general tremor resembling that seen in certain cases of general paralysis of the insane. In other cases, irregular movements of wider range and of choreic type were present, while a third group presented sudden twitchings of epileptiform character, at times accompanied by reddening of the face and foaming at the mouth.

One patient a girl suffering from hysterical mania—after sleeping two hours became violently agitated by rhythmical tremors of the limbs for twenty minutes: two hours later the tremors reappeared, and persisted until she commenced to sing a kind of improvised chant of mystical and erotic character, which she kept up the whole of the night.

Uses of Chloralose.—(1) As a means of studying the psychical and other phenomena of the hypnotic state, chloralose offers a promising field for further enquiry: it produces a dissociation of the highest and most differentiated functions of the organism, and enables us to study and analyze those conditions of mind and body which are intermediate between the ordinary waking state and complete lethargy.

(2) As a means of diagnosis, chloralose merits further study, as under its influence latent neuroses become manifest: for example, the author relates a case in which there was probably general paralysis, but in which the ordinary symptoms were slight or absent. Under the influence of one gramme of the drug, the typical mental condition and affection of speech appeared. A latent hysterical element in other cases became manifest when chloralose had been given for its hypnotic effect.

(3) As a therapeutic agent, its soothing and hypnotic properties are of great use in suitable cases. In insomnia of a purely nervous character, in states of cerebral excitement, in the insomnia and pain which form so marked a feature in the latter stages of cardiac disease, chloralose is of the greatest value; the absence of depressing influence upon the respiratory functions, and upon the heart, render it especially suitable for the latter class of cases.

On the other hand, it is of little use in sleeplessness due to pain or to alcohol; it aggravates the motor-inco-ordination of ataxic patients, and the tremors of Parkinson's disease.

The drawbacks to its use are that it is somewhat uncertain, and that the motor and somnambulistic complications, though not dangerous, are often alarming and unpleasant for the attendants of the patient — R. B. WILD, in *The Medical Chronicle*.

SURGERY.

Herpes Zoster. — John M., thirteen years of age, presented himself at the University Skin Dispensary with an eruption occupying a large part of the upper half of the anterior and inner surface of the left thigh, and small areas in the left inguinal and gluteal regions. This eruption consisted of numerous groups of pin head to shot-sized, discrete and confluent vesicles filled with a clear fluid, seated on an inflammatory base. The disease was of five days' duration, and the appearance of the vesicles was preceded some days by burning pain of moderate severity. A dusting-powder of equal parts of oxide of zinc and starch, with ten grains of camphor to the ounce, was prescribed, with directions to apply it liberally two or three times a day.

The diagnosis of herpes zoster is easy, the only disease with which it is likely to be confounded being acute vesicular eczema: but it differs from this affection in the grouped arrangement of the lesions, and their occurrence over the course of nerve trunks. The severe pain which frequently accompanies the disease in adults is rarely seen in young subjects. M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

Recurrent Dislocation of the Shoulder.

—At a meeting of the Académie de Médecine (*Sem. Méd.*) Ricard presented a communication on this subject. According to him, the recurrence of a certain number of dislocations of the shoulder is due to the relaxation of the capsular ligament of the joint, and as a result of the primary dislocation the capsule remains depressed in the form of a *cul-de-sac*, so that when the part is moved the humeral head leaves the glenoid cavity and lodges in the *cul-de-sac*. In order to obviate this inconvenience the author has adopted suturing of the sac, an operation which has been successful in two cases. In order to make sure of the consolidation of the sutured capsule it was necessary to

fix the arm in an immovable position for a considerable time; in one of the cases the arm was kept fixed for thirty-eight days, and in the other thirty-one days. After releasing the limb from the immovable position in each case it was kept in a sling for a week, and then gradual use of the limb was allowed. Ricard condemns the practice of manipulating injured joints so as to prevent stiffness and preserve their movements. He says that it is inflammation and not immobility which causes ankylosis, and that artificial movement is likely to increase the inflammatory process, and hence to be one of the surest means of producing ankylosis. On this account he recommends immobility in the treatment of injured joints.—*British Medical Journal*.

Traumatic Myositis of the Sternocleido Mastoid in the New-born.—The attention of the profession was first called to this class of cases by Strohmeyer, who pointed out their etiology and probable pathology. Since that time a number of cases have been reported in recent literature. A case reported by Dr. Booker in the *Johns Hopkins Hospital Bulletin* resembles the following case in several aspects.

L. B., aged five weeks, was brought to the dispensary in January of this year. The history related was as follows: The mother (a multipara) was attended in confinement by a midwife; she was in labor two days and a half; for several hours the midwife made considerable traction, but with no success: she finally called in a physician, who completed the delivery with instruments in half an hour. When the child was two and a half weeks old the mother noticed a swelling on the left side of the neck.

Status præsens: Child well nourished, but restless and irritable; the head is well formed, inclined toward the left side: the chin rotated toward the right; the face looking upward: on the left side of the neck the sternocleido mastoid muscle can be felt as a tense cord. One-half centimetre from the posterior border in the substance of the muscle a hard tumor, the size of a large hickory nut, can be felt, the skin over it is movable, posterior to the tense cord is a depression: the left shoulder is elevated; running upward and outward from the right eyebrow is a depression three and a half cen-

timetres long a mark from the forceps. The right sterno-mastoid muscle is in a state of passive extension. The child was seen at intervals varying from one to three weeks until May 1st. At this time, the head is still inclined to the left side with slight rotation of the chin to the opposite side; the left sterno-mastoid is somewhat contracted but not markedly; the tumor is about one third its original size, somewhat harder than the surrounding muscular tissue, but much softer than it was originally.

The facts concerning the labor are given in detail as Quisling makes the interesting statement that these cases are as a rule attended by midwives, and in case of an ultimate instrumental delivery by a physician, a history of considerable traction by the midwife is not infrequently obtained.

The tumor is not as a rule on the left side, as in the normal occipital presentation the right sterno-mastoid muscle is subjected to the greater strain. In order to have traction greater on the left side, in occipital presentations, as was the case with this child, the head must be in either the second or third occipital position. Henschel has reported a left-sided lesion in six out of twenty-seven cases, Quisling in but one out of seven.

The symptom, however, to which it is most desired to call attention, is the inclination of the head *toward* the side of the lesion. This is contrary to the usual observation. There is no anatomical reason why the head should be inclined to the opposite side, and in this instance facts show a marked exception to a recognized rule.—EMILY LEWIS, M.D., in *Archives of Pediatrics*.

The Frequency and Significance of Middle Ear Diseases in Sick Children.—Rasch. (*Fahrbuch für Kinderheilkunde*, B. xxxvii., H. iii.—iv.) In the Communal Hospital in Copenhagen, in the space of thirteen months, eighty-two autopsies were made upon children under two years of age. Seventy of these were made by the author, and in sixty-one the middle ear was examined. It was found normal in but five. In thirty-two there was suppuration present on both sides. In seven pus was found on one side, a discolored mucous secretion in the other. In seven pus was found on one side alone, the other ear being healthy. In eight there was a discol-

ored mucous exudation in both ears. In one case there was found on both sides a tubercular inflammation associated with caries of the temporal bone. In but eight per cent. of the cases was the middle ear found in an absolutely normal condition. In fourteen and a half per cent. there was a catarrhal inflammation, and in seventy five and a half per cent. there was suppuration either on one or both sides.

Troltsch, in 1862, reported upon the examination of the temporal bones in twenty five children. In but nine were the ears normal. In one there was caries on both sides. In the other fifteen cases either catarrh or suppuration was present. Of these fifteen the youngest was three days, the oldest one year old.

Among eighty autopsies made by Wreden, the ears showed pathological changes in 83 per cent. In fourteen they were normal. Eight of these, however, showed venous hyperemia.

Parrot reported, in 1869, having examined the ears of many children at autopsy, and found almost always a discolored mucous or purulent exudation present in those dying with broncho-pneumonia.

Kutschianz, of Moscow, made a post-mortem examination of the ears of three hundred children. In seventy the ears were normal, in fifty there was a catarrhal inflammation present. Many had bronchitis or broncho-pneumonia. In one hundred and fifty, aged from two to twenty weeks, suppurative otitis was present. Three of the author's cases were under one month of age, nine were between one and three months, thirteen between three and six months, nineteen between six and twelve months, fifteen between one and two years, and two were two years old. Of the three who were less than one month, two were fourteen days, and one one day old. Twenty-one were rachitic, eight had congenital syphilis, ten were athreptic, and fifteen tuberculous. Eleven were convalescing from pertussis. In fourteen there was diarrhoea. In forty-three broncho-pneumonia in some form was discovered. Microscopical examination of the purulent exudation in the ear revealed the presence of the pneumococcus in thirty three out of forty-three. This agrees with Letters' observation, who found the pneumococcus in twenty-nine out of thirty-one cases examined.

The membrane was perforated in but four out of fifty-six cases, and in none of these was the pneumococcus found. Letters found the pneumococcus in thirty-one autopsies, in otitis sup. in twenty-nine, in broncho-pneumonia in twelve, in meningitis in two, in pleurisy, pericarditis and peritonitis each in one. Among the author's cases, forty-two out of forty-three who had pneumonia showed inflammatory changes in the ear. In but one of those afflicted with pneumonia were the ears normal. The association of otitis with inflammatory affections of the respiratory tract has been commented upon by Werden, who believed that imperfect and weakened respiration was a causative factor.

Ninety-nine per cent. of the children dying of broncho-pneumonia in the Communal Hospital had ear disease. In seventy-seven pus was found. The author believes that neither disease, broncho-pneumonia or otitis, depends one upon the other, but that both are due to infection, to invasion of the pathogenic germs in the mouth or respiratory passages.—*Archives of Pediatrics.*

MIDWIFERY.

Palliative Treatment of Uterine Cancer.

—Boldt (*Archiv. of Gyn.*) speaking of cases where operation is impracticable as the malignant deposit cannot be removed entire, recommends as the best form of treatment curetting, and subsequent cauterization. Curetting and packing with pledgets saturated with chloride of zinc will also prove beneficial. If rigid antiseptic precautions be taken piercing of the uterus by the curette may do no harm. The uterus is first curetted, then the cavity is repeatedly sponged with a mixture of commercial acetic acid (1 drachm), glycerine (3 drachms), and carbolic acid (20 grains). Lastly, the cavity is packed with absorbent wool.—*British Med. Jour.*

Relaxation of Sacro-iliac Synchronosis.

—Richard Braun (*Centralbl. J. Gynak.*, Nov. 28, 1894) describes a case of this condition. The patient did hard work for an inn during her first pregnancy. She applied for relief after suffering for a fortnight from pains on the right of the sacral region. On careful exploration the right sacro-

iliac synchronosis was found to be loose. This lesion was easiest to detect when the patient was made to walk; she walked with the legs apart, swinging from side to side. Distinct crepitation was repeatedly detected. The affected joint could not be conveniently explored by bimanual palpation. There was no loosening of the symphysis pubis. Gustavus Braun, in the discussion, said that he also had carefully examined the case, finding that the loosened joint was becoming firmer. Had not the defect begun to mend because the cause (the pregnancy) had passed away? Richard Braun observed that the symphyses of the pelvic bones were always movable in pregnancy; this condition was best marked in young (not older) multiparæ. The mobility was less in primiparæ. Yet in very young primiparæ, especially when of fair complexion, the mobility may be marked. It is least in elderly primiparæ. He had found the symphyses as movable in young primiparæ as when symphysiotomy has been performed.—*British Medical Journal.*

Symphysiotomy in Australia.—Rothwell Adam (*Australian Med. Journ.*, May 20th, 1894) claims to have performed the first operation of symphysiotomy in Australia, or even in the entire Southern Hemisphere. The patient was 33; at the first labor (1886) craniotomy, cephalotripsy, and version were found necessary. At the second (1888) she was delivered of a living male child, 5 pound in weight, by podalic version. The child died in an hour. Over eleven months later premature labor was induced at the end of the seventh month, a stillborn child being delivered by podalic version. The fourth confinement was on May 20th, 1891. The foot presented, and a small dead female child was delivered with difficulty. The measurements shortly before the operation were: Interspinal, $7\frac{1}{4}$ inches; intercrystal, $9\frac{1}{4}$ inches; conjugata vera, $2\frac{3}{4}$ inches. The patient was at term, and Adam, for certain reasons, passed a bougie into the uterus on December 19th, 1883, to induce labor, which set in early on the 21st; then symphysiotomy was performed. The patient was placed in the extreme dorsal position, the thighs flexed on the abdomen and held apart by a Glover's crutch. Pinard's free incision was made. The enlarged venous plexuses about the clitoris

were tied off in batches with phosphorized gut. The urethra was protected by an assistant drawing it downwards and to the right with a metal sound during the whole time of the operation. Directly the symphysis was divided the pubic bones sprang apart with a sharp report. To protect the sacro-lilac synchondroses, an assistant firmly supported the two halves of the pelvis. The child was easily delivered by forceps. It was born, alive but weighed only $4\frac{3}{4}$ lbs., and did not live over half a day. The sole difficulty in delivery arose from the bladder prolapsing and being pushed down by the advancing head. When the legs were extended the pubic came accurately together, care being taken to ascertain that the bladder was not nipped between them. The usual precautions were taken during and after the operation. At the end of four weeks there was firm union of the symphysis. In May, 1894, the patient felt as if nothing had been done to her. *British Med. Journal.*

Accidental Hæmorrhage in Labor.—Bue, of Lille (*Archives de Tocologie et de Gynec.*), describes two cases of premature detachment of the normally situated placenta. The first patient was in her fourth labor at term. She was admitted into a lying-in hospital seven hours after the pains had commenced. She was very anæmic, with a small and rapid pulse. Though a large fetal head presented the uterus still extended very high; the membranes had not broken, but there was not any feeling of liquor amnii; the uterine wall was tense but contracted occasionally; in fact, it was not in a tetanic condition. There had been little flooding, though the patient was admitted with the vagina inefficiently plugged. The membranes being ruptured, some red fluid escaped and the forceps were applied. A large fœtus, dead about twenty-four hours, was delivered with great difficulty. It weighed over ten pounds. Great masses of clot with liquid blood were delivered by introduction of the hand into the uterus. The cord (which had not twisted itself round the fœtus) measured over 20 inches, the placenta 1 lb. 5 ozs. Hot water was injected into the uterus and ergot given. The uterus soon began to contract. Bue thinks that the cause of detachment is obscure in this case; the size of the fœtus probably played a share in this complication. The second patient

was a primipara, aged 19, pregnant since September, 1893. At the fifth month anasarca was observed. Labor pains set in on April 23rd, 1894, and syncope occurred very suddenly, with absolute suppression of urine. The uterus was large and tense, so that the outline of the fœtus could not be felt. The membranes had broken; the head presented well. The child was delivered, dead, spontaneously, but profuse hæmorrhage followed, over a pint of blood escaping. The syncopic condition increased. A totally detached placenta, with 2 lbs. of clot, were removed from the uterine cavity. The placenta weighed nearly 14 ozs., the child nearly 4 lbs. Ether, caffeine and ergotine were injected hypodermically. Hot water was thrown up into the uterine cavity. Blood still escaped, so the cavity was plugged, then the hæmorrhage ceased. Over 4 pints of blood were lost altogether. Artificial serum was injected into the gluteal region, then the pulse improved. Next day there was high temperature: some sloughy fragments were removed by the curette. Albuminuria was marked for some time, but the patient made a good recovery. *British Medical Journal.*

Personals.

Dr. Bruce Smith, of Seaforth, president of the Ontario Medical Association, has been appointed resident physician at Orchard House, in connection with the Asylum for the Insane at Hamilton. Dr. Smith is one of the best-known physicians in the Huron district, and has for years given considerable attention to nervous diseases, so that his appointment is regarded with favor by the members of the profession in the section of country where the doctor has resided. At a meeting of the Huron Medical Association a resolution, introduced by Dr. Campbell, of Seaforth, and seconded by Dr. Macdonald, M.P., of Wingham, was unanimously carried, expressing the satisfaction and pleasure with which the medical men of Huron view the appointment of Dr. Smith to a position on the medical staff of one of the Provincial Asylums. The doctor has for years been an active worker in the Huron Medical Association, and his removal is generally regretted by all his confrères in that district.

Miscellaneous.

MASSAGE ESTABLISHMENTS. A correspondent writes. There seems to me to be very little doubt that many of the massage establishments in London are run practically on the lines which have for some time past been adopted in Chicago. In that city, as is well known, the massage shops are licensed and are the recognized houses of ill-fame. There is no concealment about it, and they do a thriving business. They are advertised quite openly in the daily papers and there are often a score or more of these notices to be seen in a single issue. Here are a few examples selected haphazard from a recent number of the *Chicago Dispatch*. "Massage Parlours. New attendants, young and beautiful, licensed." "Two young actresses during vacation would give treatment; refined party. Apply," etc. "The talented young French lady presents her compliments to all and wishes to state that she is still giving treatments. The little lady is pleasant and cordial" "Two young ladies employed during the day will be pleased to give treatment to a few select gentle

men in the evening." "Miss Amy Amcalle, young (18) and handsome, will give treatment to select parties at her own home." "A genial young lady, educated and refined, still in her teens, will treat a few nice parties." "A prepossessing young widow would treat a few select parties at her own home" One establishment is described as the only genuine Turkish bath in the world with lady attendants; another is "open day and night;" whilst a third boasts of "a pleasant corps of lady assistants." Some of our London daily papers are indiscreet enough, but as yet they do not go quite so far as this.—*British Medical Journal*.

KISSING AS A SANITARY SIN.—Johannes Secundus in his *Basia* might be thought to have dealt with kissing from every conceivable point of view, but he lived in prehygienic days, before the fears of the ubiquitous bacillus had eclipsed the gaiety of nations. Preachers of asceticism used to condemn kissing on the ground of its danger to the soul, but to the "average sensual man" the added spice of sin probably made it all more delightful. Now the apostle of sanitary perfection is denounce

AS A FOOD

and Stimulant in Wasting Diseases and in the Later Stages of Consumption

WYETH'S LIQUID MALT EXTRACT

IS PARTICULARLY USEFUL.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

AS AN AID TO DIGESTION

Dr. C., of Ottawa, writes: "It is an excellent assistant to digestion and an important nutritive tonic."
Dr. D., of Chatham, writes: "It is a most valuable aid and stimulant to the digestive processes."

For Mothers Nursing, Physicians will find

WYETH'S LIQUID MALT EXTRACT

WILL GREATLY HELP THEM

The large amount of nutritious matter renders it the most desirable preparation for Nursing Women. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation, nourishing the infant and sustaining the mother at the same time.

SOLD EVERYWHERE. 40c. PER BOTTLE; \$4.00 PER DOZEN.



ing kissing for its danger to the body. The Japanese, he tells us, are a hygienically-minded people, and they never kiss. The Sanitary Committee of the Orange (New Jersey) Board of Health has recommended that a circular be sent out to all whom it may concern, "urging everyone to desist as much as possible from kissing, as the touching of lips is likely to convey contagion." That foul and deadly disease may be, and often is, propagated in this way is, of course, a fact as to which there can be no doubt. Many a mother has, like the Princess Alice, caught infection from the lips of her child dying or dead of diphtheria. There is every reason to believe that the seeds of tuberculosis may be implanted by kissing, and the too common beslobbering of children by friends of the family and by effusive strangers cannot be too strongly condemned on hygienic grounds. It cannot, therefore, be denied that kissing is dangerous, but will "Sanitary Committees" be able to put it down, as a too sanguine magistrate once undertook to "put down" suicide? Will love-making be conducted on antiseptic principles? "Kissing goes by favor," we are told—it is for the

future to be by favor of the county council? Great, no doubt, is Hygeia, but we will back human nature with some confidence against her.—*British Medical Journal*.

SANMETTO IN CHRONIC CYSTITIS, URETHRITIS AND INCONTINENCE OF URINE.—C. E. Hall, M.D., of Miller Grove, Texas, writes: "I have used Sanmetto in a case of chronic cystitis of many years standing, in an old lady about sixty-five years of age, and to my great surprise a complete cure was the result. I have also used Sanmetto in several cases of urethritis and incontinence of urine. I believe it to be an invaluable remedy in all such cases, and to do all that is claimed for it."

PERFORATION OF THE VERMIFORM APPENDIX.—Demoulin (*Arch. Gén. de Méd.*) relates the following case, complicated by acute generalized peritonitis. A man, aged seventeen, was seized about one month previously with severe colic referred to the right iliac region, and lasting forty-eight hours. This recurred two days before admission. Forty-eight hours after admission

SOMATOSE

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

MANUFACTURED ONLY BY

FARBENFABRIKEN, VORMALS FRIEDR. BAYER & CO.

ORIGINAL INVENTORS OF THE WELL-KNOWN REMEDIES

PHENACETINE=BAYER and SULFONAL=BAYER.

For particulars, address

DOMINION DYEWOOD & CHEMICAL CO.

WHOLESALE ONLY.

Sole Agents for Canada.

TORONTO.

symptoms of general peritonitis supervened, and the condition of the patient soon became desperate. There was vomiting and great abdominal distension and tenderness. Temperature 37° C., pulse 120. The peritonitis was diagnosed as being due to perforation of the vermiform appendix by Dutournier, and operation was decided upon. Demoulin opened the abdomen in the middle line, and found the cæcum of a dark reddish, or almost purplish, color, and covered with exudation. The vermiform appendix was resected. The small intestines were of a similar color to the cæcum, and also covered with lymph, but apparently no pus was present. Drainage tubes were put in. The patient made a good and uninterrupted recovery. The appendix was 5 cm. long, and its walls thickened. The perforation was situated 1 cm. from the tip, and was as large as a pin's head. A coprolith of the size of a hemp seed was found. In collecting statistics of such cases the author finds the percentage of recoveries after operation to be about 33, yet he acknowledges this number to be too high, as many of the fatal cases are not put on record. He concludes

that intervention should be adopted even in desperate cases of peritonitis due to perforation of the vermiform appendix, that median laparotomy should be done and the appendix resected if it can be found without too great difficulty, and that the operation should be performed as expeditiously as possible and the peritoneal cavity drained.—*British Med. Jour.*

SURGERY OF THE PANCREAS.—Nimier (*Rev. de Chir.*) points out that the good results obtained from establishing a fistula between the dilated bile duct and the small intestine suggest the possibility of dealing successfully with obstruction and dilatation of the pancreatic duct by an analogous procedure. Reference is made to a case recorded by Weir of cancerous obstruction of the pancreatic duct, in which it was found that there would not have been any difficulty in fixing the dilated canal to the duodenum. This record shows that cases may occur of dilatation of the pancreatic duct, in which, as the structure of the gland remains in a healthy condition, it would be possible, with good prospects of ultimate success, to establish a com-

The Latest and Best.....

HAPPY RELIEF ABDOMINAL SUPPORTER

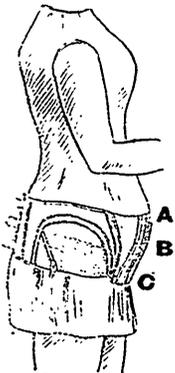
24 SPADINA AVE.,
TORONTO, April 7th, 1894.

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

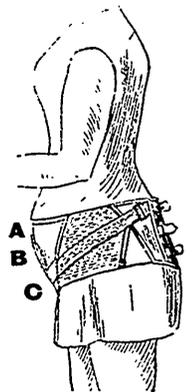
C. McKENNA, M.D.

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

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



No. 1.



No. 2.

Address,

MRS. F. L. PICKERING,

BOX 149,

BRANTFORD,

ONTARIO.

munication between the pancreas and the small intestine. The chief difficulty at present is the impossibility of diagnosing with certainty obstructive dilatation of the pancreatic duct. The presence of fat in the stools, though suggestive of such a morbid condition, cannot prove more than failure of the duodenal digestion due to disturbance of the biliary or pancreatic digestion. The author anticipates that future clinical investigation will enable physicians to diagnose with certainty obstruction of the duct, so that, even if a swelling cannot be made out, the surgeon may confidently practise laparotomy, not as an exploratory measure, but as the first stage of an operation having for its aim the formation of a fistula between the dilated duct and the small intestine. The best way of doing this, he holds, would be to use Murphy's button, which has recently been advocated by Terrier as suitable in all attempts to establish visceral anastomosis. It may be found advisable, sooner or later, to take advantage of the close connection between the pancreas and the duodenum to establish a direct fistula between these two organs, either by opening the intestine at first, and

then puncturing the gland in the direction of the dilated duct, or by opening this first and passing a drainage tube from the cyst into the duodenum.--
British Medical Journal.

TREATMENT OF DIPHTHERIA.—Olson (quoted by the *Universal Medical Journal*) orders the following dissolved in spray in diphtheria :

- R Oil of eucalyptus ℥ii.
- Benzoate of sodium ℥i.
- Bicarbonote of sodium ℥ii.
- Glycerin ℥ii.
- Lime water, enough for a quart.

Sig.—Spray on the membranes for from three to five minutes every half hour.

PULMONARY TUBERCULOSIS WITH DIARRHOEA AND NIGHT SWEATS :

- R Beechwood creasote } āā 8.0 (℥ij).
- Alpha-naphthol } āā 8.0 (℥ij).
- Arsenious acid 0.12 (grs. ij).
- Strychnine nitrate 0.05 (grs. 3/4).
- Atropine sulphate 0.01 (grs. 1/6).
- Extr. gentian.
- Gum arabic, āā. ad. 120 pills.

Four to six pills a day.—*Medical and Surgical Reporter.*

ROTHERHAM HOUSE.

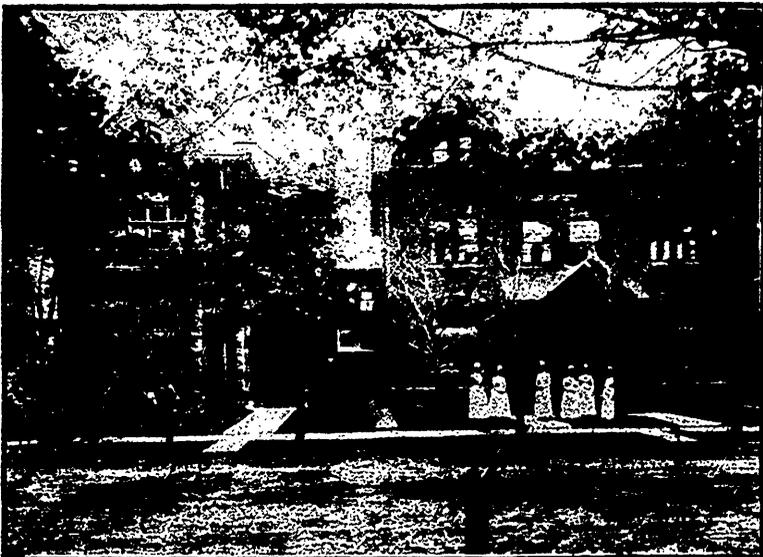
HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street motors, is within ten minutes to centre of city, station or wharfs.



ELECTRICITY in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a * Masseur for the administration of Massage to men.

For Terms, or other information desired, address
HOLFORD WALKER, M.D., Isabella St., TORONTO.

ANATOMICAL ACCIDENTS.—He kissed her passionately upon her reappearance. —*Jefferson Souvenir.*

She whipped him upon his return. —*Burlington Hawkeye.*

He kissed her back. —*Atlanta Constitution.*

She seated herself upon his entering. —*Albia Democrat.*

We thought she sat down upon her being asked. —*Saturday Gossip.*

She fainted upon his departure. —*Lyons Union.*

He kicked the tramp upon his sitting down. —*American Pharmacist.*

We feel compelled to refer to the poor woman who was shot in the oil regions. —*Medical World.*

And why not drop a tear for the man who was fatally stabbed in the rotunda, and for him who was kicked on the highway? —*Medical Age*

Why not mention the fact of the man being shot in the water works? —*Cal. Med. Jour.*

How about the woman who was hurt in the fracas? —*Railway Age.*

WHOOPIING COUGH.—The *Medical and Surgical Reporter* takes the following formulæ from the *Rivista Clinica e Terapeutica* :

℞ Creasote gr. iv.
Sulphonal gr. iij.
Syrup of Tolu ʒv.

M. Sig.: Teaspoonful every two hours.—*Med. Bulletin.*

—
OINTMENT FOR HEMORRHOIDS :

℞ Vaseline ʒi.
Tannin gr. xx.
Muriate of cocaine gr. xv.
Sulphate of morphine gr. iv.
Sulphate of atropine gr. iii.

A NEW REMEDY FOR GONORRHEA.—Dr. Infante recommends *Haplopapus clareta*, a Chilian plant, by means of which he has obtained a radical cure in ten or fifteen days in each case treated. He administers it as follows :

℞ Fluid extract of clareta ℥ xv.
Distilled Water ʒiiss.

M. Sig.: Tablespoonful twice daily.—*La Med. Mod.*

MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says :

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

PROMPT ATTENTION GIVEN TO ALL ORDERS
WRITE OR CALL

VERMILYEA CORSET CO.
489 QUEEN STREET WEST
TORONTO, ONT.

BITES OR STINGS OF INSECTS.—A saturated solution of camphor or salol in ether may be applied with benefit. Or the spot may be painted with :

- R. Collodion ʒiiss.
- Salicylic Acid. gr. xv.
- Benzoic Acid gr. xv.

M.

—*La Med. Mod.*

“BASE INGRATITUDE.”—Suits for malpractice against physicians have grown to an alarming extent in the last few years in this city. We understand that nine suits are now entered on the dockets of the various courts, and the damages claimed vary from ten to seventy thousand dollars in each individual case. One suit which was recently disposed of is about the history of all of them. After the physician had done all in his power to alleviate a blind man (charity patient), he was rewarded for his pains by having a suit for malpractice instituted against him for twenty-five thousand dollars damage.

The suit was that of H. L. Hershey against Dr. L. Webster Fox. The action was brought to recover damages for the loss of an eye after a needle operation for secondary cataract. In 1883, Dr. Fox removed a cataract from the left eye of this patient; two years subsequently a needle-operation was performed, and vision restored. In 1888 a cataract was removed from the right eye successfully; two years later this was followed by a needle operation on the capsule, which obscured the vision in this eye; ten days after the operation inflammation developed, eye lost.

There were several important points brought out in the trial which are well worth preserving in the minds of surgeons :

First. It remains with the plaintiff to prove that carelessness and want of skill and due diligence were manifested on the part of the attending physician.

Second. It is not absolutely necessary for the physician to inform or explain to the patient the character of the operation to be performed.

Third. That the physician is not responsible

LAKEHURST SANITARIUM

OAKVILLE, ONT.



FOR THE TREATMENT OF

INEBRIETY

(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

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

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

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

OAKVILLE.

for the results of an operation so long as he uses a reasonable amount of skill and care.

The medical profession requires the highest skill, constant study, and unselfish devotion to the interest of mankind, and the medical man should be above the sordid acquisition of wealth. His motive for the pursuit of his chosen profession must come from his heart; but when one meets with such "base ingratitude" as these nine physicians are receiving at the hands of unmitigated scoundrels or blackmailers, it is enough to chill the softer feelings within themselves and make Shylocks of them all. With all due respect to those Nestors in the profession who constantly preach that the practice of medicine must be conducted on humane lines, and not by business methods, we say, that the students of medicine and the younger practitioners must realize and accept the fact that that day is passing away. When business methods prevail, then we shall not have suits of malpractice hanging over us to annoy, consume our time, and abstract tribute for defense: for such suits only come from those for whom we

have given time, mental anxiety, even money out of pocket; our compensation—nothing. The unprecedented remarks made by one of our most honored judges, in granting a nonsuit in Dr. Fox's case, are well worthy of being repeated.

Judge Biddle said: "I do not see the slightest evidence in this case of any malpractice whatever. This man was attended for eight years, and a most serious operation performed upon him (and he paid the doctor ten dollars, which was paid the optician for glasses), in addition to attending his wife and giving him prescriptions for other matters. I think it is a case of *base ingratitude* for the services that were rendered. I grant a nonsuit."—*Medical Bulletin.*

THE NAILS.—Sulphur is especially useful in improving the nutrition of the nails. Sulphur is a normal ingredient of nail tissue, in which it exists in a comparatively large proportion. It is consequently an excellent remedy in cases where the nutrition of the nails is perverted. In such conditions sulphur may be justly regarded as a specific

THE ACID CURE.

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

TESTIMONIALS.

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

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

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

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

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

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

GOUTTS & SONS,
72 Victoria St., TORONTO.

COUTTS'



ACETOCURA.

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

LONDON, GLASGOW and MANCHESTER,

nutrient remedy. The mode of administration is an important point. It should be given regularly for a lengthened period in minute doses, such as five grains three times a day. Administered in this manner sulphur not only directly supplies the nail with an element necessary to its healthy life, but it also exerts a beneficial influence upon the composition of the blood. Sulphur is of material assistance in the treatment of the constitutional disorders upon which the trophic changes in the nails depend. This remedy possesses a decided value in the management of chronic rheumatism. From its action upon the liver and intestinal glands, sulphur is noticeable in the treatment of anæmia and chlorosis. I have found sulphur of much value when the nails are brittle or marked by white spots or ridges. As an excellent local application in the same conditions, I can recommend an ointment containing from ten to sixty grains of the oleate of tin to the ounce of excipient. To this, for the sake of elegance, may be added a little carmine. When rubbed along the nail and the surface surrounding it, the ointment of tin oleate improves the structure and lustre of the nail.—*Medical and Surgical Reporter.*

RULES AS TO TIME OF RUPTURING THE AMNIOTIC SAC IN LABOUR :

1. In multipara, rupture when os is fully dilated
2. In primipara, delay until the soft parts are also dilated.
3. In cases of face and breech presentation, delay in rupturing the sac is best.
4. Where the pelvis is small and the fœtus large, delay rupturing.
5. In premature labour, with a dead fœtus, rupture early.
6. Rupture the sac early when the membranes are unusually thick, tough and unyielding.
7. When speedy delivery is demanded, rupture early and dilate with the fingers.
8. Rupture the sac when an excessive amount of amniotic fluid retards labor.
9. When version is necessary, and can be accomplished by bimanual manipulation, perform this operation before rupturing.
10. Remember that a dry labor is always to be deprecated, hence do not rupture at all, unless for good reasons and the case demands it.—*Atlantic Medical and Surgical Journal.*

RELIABLE AND PROMPT

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

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

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

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

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

Prepared by **SCOTT & BOWNE, Chemists,**

132 South Fifth Avenue, New York.