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CONTENTS OF VOLUME VI.

Original Articles—Reports of Societies—Special Selections—Correspondence—Editorials—Personals—Book Reviews.

JANUARY TO JUNE, 1896.

PAGE

Abdominal Surgery 33
Adenitis of the Groin, Suppurative, Iodoform Injections in.. 92
Acroparæsthesia 56
Antipyrine in Tannic Acid Solution as a Styptic 57
Appendicitis 31
Attorney-General's Department 60

Beers', Mrs., Trial 60
Births, Marriages and Deaths, Ready Reference Notes on the Act re 497
Births, Marriages and Deaths..61,180,293,405,511, 627
Black, Dr. M. C. 65
Book Reviews—
Pregnancy, Labor and the Puerperal State 65
A Manual of Organic Materia Medica .. 65
A Text Book of Practical Therapeutics .. 66
A Manual of Syphilis and the Venereal Diseases.. 66
The College and Clinical Record 66
International Medical Annual.. 68
The Physician's Visiting List for 1896 181
Clinical Lectures on Diseases of the Nervous System 181
Consumption: Its Nature, Causes and Prevention 181
Favorite Prescriptions of Distinguished Practitioners, with Notes of Treatment 182
A Treatise on the Science and Practice of Midwifery 182
The Pathology and Treatment of Venereal Diseases.. 183
Materia Medica and Therapeutics.. 183
A System of Surgery 184
An American Text Book of Gynæcology, Medical and Surgical, for Practitioners and Students 186
A System of Surgery 295
A Treatise on the Nervous Diseases of Children.. 295
Twentieth Century Practice, Vol. VI. .. 296
An American Text Book of Obstetrics.. .. 405
The Year Book of Treatment for 1896.. .. 406
The International Encyclopædia of Surgery 406
The Pathology and Surgical Treatment of Tumors 407
Weir's Index to the Medical Press.. 407
The Journal of Experimental Medicine .. 408
Color Vision and Color Blindness 512
Researches into the Anatomy and Pathology of the Eye.. 512
A Manual of Practical Medical Electricity 512
Public Health Laboratory Work 513
Maisch's Materia Medica—New (6th) edition 513
The Diseases of Children's Teeth: Their Prevention and Treatment—A Manual for Medical Practitioners and Students 513
Atlas of Traumatic Fractures and Luxations, with a Brief Treatise 514

PAGE

Book Reviews *(Continued)*—
General Pathology; or, The Science of the Causes, Nature and Course of the Pathological Disturbances which Occur in the Living Subject 514
Human Anatomy 515
A Guide to the Selection and Adaptation of Orthopædic Apparatus, with a Detailed Description of the Salient Points 516
A Treatise on the Diseases of Infancy and Childhood 517
A Text Book on Pathogenic Bacteria, for Students of Medicine and Physicians.. 517
The Theory and Practice of Medicine.. .. 518
The Science and Art of Obstetrics.. 518
Syphilis.. 519
On Diseases of the Vermiform Appendix, with a Consideration of the Symptoms and Treatment of the Resulting Forms of Peritonitis 519
Lunacy Law for Medical Men 520
Injuries and Diseases of the Genital and Urinary Organs.. 520
Text Book of Diseases of the Kidneys and Urinary Organs 625
Clinical Lectures on Diseases of the Nervous System 626
Diagnosis and Treatment of the Diseases of the Rectum and Anus and Contiguous Textures 626
Twentieth Century Practice, Vol. V. 627
Color Vision and Color Blindness 627
Researches into the Anatomy and Pathology of the Eye 627
Bromide Eruptions.. 84
Burrows, Dr. P. P. 64
British Columbia—
Amendments to the Medical Act of 400
The New Medical Council.. .. .. 400, 501
First Meeting of the Medical Council 618
Blastomycetes in Sarcomata 354
By-Law No. 66 500

Cardiac Hypertrophy and Normal Growth .. 104
Cardiac Diseases in Children 98
Cases in Practice 38
Chipman, Dr. C. J. H.—Notes on Treatment of Enteric Fever 39
Chorea and Rheumatism, Relation between .. 145
Cassidy, Dr. J. J.—Carbolic Acid. What is a Fatal Dose of? 488
Committee on Legislation 500
Clavicle, Dislocation of the Acromial End of the 593
Committee on Education 500
Criminal Insane—a Change in the Law Required 481
Correspondence.. .. .. 62, 293, 511
Cowen, Dr. W. B. 63

PAGE
Diphtheria, Laryngeal 485
Diaphragm, Traumatic Rupture of .. 122
Diphtheria of the Skin: Incubation Period .. 65
Diphtheria, Changes in Nervous System in .. 246
Doctors and Liquor Dealers .. 250
Dyspepsia, Treatment of .. 61

Editorials—
"1896" .. 59
Moral Censors .. 177
Huron Medical Association .. 178
New Year's Honors .. 178
Lodge Practice .. 179
Not the Oysters .. 179
On the Value of the Comparative Method in the Study of Pathology .. 289
Leprosy in Nova Scotia .. 290
Editorial Notes .. 291, 402
Medical Legislation .. 401
Roentgen's Rays .. 402
Christian Science Again .. 507
Inspection of Meat and Milk Supplies .. 509
Diphtheria v. Membranous Croup .. 623
Eclampsia, Puerperal .. 505
Education and Training of Girls at and about Puberty .. 171
Enteric Fever, Treatment of .. 39
Epididymitis and Orchitis, New Treatment for 108
Ether Narcosis on the Genito Urinary Tract .. 26
Exophthalmic Goitre, Prognosis of .. 54

Fenwick, Dr. W. Soltau—The Use of Antiseptics in the Treatment of Infantile Diarrhœas 165
Funis Coiled Eight Times around the Fœtus .. 238

Goitre, Thyroid Treatment of .. 110

Hall, Dr. Frank—Cases in Practice .. 38
Hamilton, Dr. W.—Tracheotomy .. 597
Headaches of Extra-cranial Origin .. 88
Horsey, Dr.—Diphtheria .. 485
Hygiene of Canadian Railways .. 263, 371

Ice, To Make Pure .. 130
Infant Feeding .. 159
Infantile Diarrhœas, Use of Antiseptics in the Treatment of .. 165
Influenza, Quinine as a Prophylactic against .. 122
Insured Lives as Affected by Gout .. 20
Immunity .. 231
Inspection of Meat and Milk Supplies 499

Joint Diseases .. 35

Kitson v. Playfair .. 397

Lupus .. 12, 14
Lumbago .. 8
Lung Surgery .. 53

McGuigan, Dr. W. J.—The Criminal Insane .. 481
Macdonald, Dr. J. D.—Chairman's Annual Address .. 257
Medical Examination for Life Insurance .. 285
Medical Council Meeting .. 286
Meningitis .. 74, 76
Melancholia .. 72
Metritis .. 82
Menorrhagia .. 78, 80
Myalgia .. 96
Morning Sickness .. 96
Mumps .. 96
Mumps, Recurrent .. 136
Mitral Stenosis .. 140
Mammary Inflammations .. 18
Mammary Tumors .. 36
Mania, Acute .. 24
Mania, Chronic .. 28
Mania, Puerperal .. 30
Manley, Dr. T. H.—Cases in Practice .. 33
Dislocation of the Acromial End of the Clavicle, with Four Cases .. 593
Marasmus .. 30

Nævus .. 98
Nasal Tablet .. 41
Nasal Catarrh, Chronic Dry .. 134
Nephritis .. 194
Neuralgia .. 198
Non-Instrumental Treatment of Diseases of Women .. 369
Nymphomania .. 201

Obituary .. 293, 520, 628
Obesity .. 206
Onychia .. 206
Ophthalmia .. 208
Opium Habit .. 212
Orchitis .. 214
Otitis and Otorrhœa .. 216
Oxaluria .. 218
Ozæna .. 218

Paralysis .. 298
Peculiar Principles .. 49
Pericarditis .. 298
Periostitis .. 300
Peritonitis .. 302
Personal Items .. 61, 179, 291, 403, 509, 624
Phagedæna .. 304
Pharyngitis .. 306
Phlegmasia Dolens .. 308
Phthisis .. 310
Pleurisy .. 316
Pneumonia .. 324
Prostatitis .. 330
Prostatorrhœa .. 332
Prostatorrhœa .. 410
Prurigo .. 412
Ptyalism .. 416
Purpura .. 420
Pyæmia .. 420
Pyrosis .. 422
Puerperal Eclampsia .. 505
Pettyjohn, Dr. E. S. .. 64

Quinsy .. 424

Rachitis .. 430
Rattlesnake Bite .. 438
Reports of Societies—
Huron Medical Association .. 42, 148
Ottawa Medical Society .. 151
Toronto Medical Society .. 155, 491
Medical Dinner .. 157
Lambton Medical Association .. 271
County of Kent Medical Society .. 283
Trinity Medical Society .. 285
Provincial Board of Health .. 380, 610
Simcoe District Medical Society .. 385
Trinity Alumni Association .. 388
Pasteur Memorial .. 494
American Orthopædic Association .. 496
Canadian Medical Association .. 496, 614
Ontario Medical Association .. 600
Medical Council Meeting .. 614
Renal Diseases .. 138
Rheumatism .. 43
Rheumatic Fever, Heart in .. 52
Rheumatism, Acute .. 438
Rheumatism, Chronic .. 522

Sarcinæ and Torulæ .. 522
Scrofula .. 430
Shaw, Dr. J. W.—Relation between Chorea and Rheumatism .. 145
Struma .. 430
Scarlatina .. 524
Sciatica .. 528
Sclerosis, Posterior Spinal .. 532
Scurvy .. 534
Sea Sickness .. 536
Shingles .. 538
Skin Diseases .. 540
Suicide, Medical and Moral Aspect of .. 57
Suprarenal Capsules, Toxic Substances Taken from .. 175
Spinal Punctures .. 128

Tannin and Iodoform in the Treatment of Wounds .. 192
Tuberculosis, Laparotomy for .. 190
Tryptic Digestion and the Internal Secretions of the Spleen .. 80
Tracheotomy—a few Practical Hints on the Operation .. 597

Ureters, Implantation of into the Intestines .. 248
Urine, To Preserve .. 76
Urticaria, Treatment of .. 16
Uterine Disease Due to Childbearing, Prevention of .. 558

Varicocele, New Operation for .. 58
Visual Perceptions, Subjective .. 188

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CONTENTS.

Original Articles— PAGE
Clinical Notes on a Recent Series of Surgical Cases 33
Cases in Practice 38
Notes on the Treatment of Enteric Fever .. 39
A New Nasal Tablet 41

Reports of Societies—
Huron Medical Association 42

Editorial—
"1896" 59

Personal Items, Deaths 61

Marriages, Correspondence 62

Book Notices 65

Special Selections—
Mammary Inflammation 18
Insured Lives as Affected by Gout 20
Mania, Acute 24
The Influence of Ether Narcosis on the Genito-Urinary Tract 26
Mania, Chronic 28
Mania, Puerperal 30
Marasmus 30
Rheumatism: Its Pathology and Modern Treatment 43
Peculiar Principles 49
Practical Hints as to the Treatment of Dyspepsia 51
The Heart in Rheumatic Fever 52

Special Selections—*Continued.* PAGE
Lung Surgery 53
The Prognosis of Exophthalmic Goitre 54
Diphtheria of the Skin: Incubation Period. 55
Acroparæsthesia 56
Suicide and its Medical and its Moral Aspect 57
Antipyrin in Tannic Acid Solution as a Styptic 57
A New Operation for Varicocele 58
Melancholia 72
Meningitis 74
To Preserve Urine 76
Menorrhagia 78
Tryptic Digestion and the Internal Secretion of the Spleen 80
Metritis 82
Two Cases of Bromide Eruption 84
Headaches of Extra-Cranial Origin 88
Morning Sickness 90
Iodoform Ointment Injections in the Treatment of Suppurative Adenitis of the Groin 92
Mumps 96
Myalgia 96
Nævus 98
The Treatment of Cardiac Disease in Children 98
Cardiac Hypertrophy and Normal Growth. 104
New Treatment for Ephididymitis and Orchitis 108
Thyroid Treatment in Goitre 110

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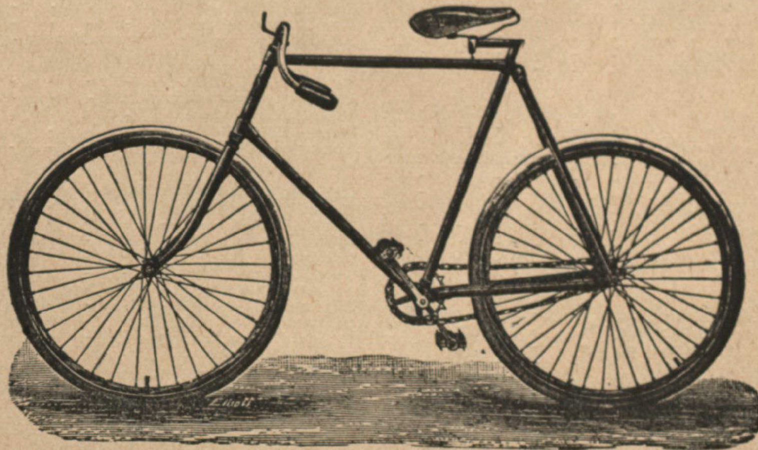

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Publishers' Department.

List of Advertisers.

	Page
Allison, K. J.	31
Alpha Rubber	79
Ammonol Chemical Co.	22
Antikamnia Co.	6
Authors & Cox	26
Alma Sanitarium	67
Auer Incandescent Light Co.	101
Art Metropole	85
Austen, J. E.	30
Bunter, Mrs.	87
Burns, P., & Co.	21
Butler, George E.	99
Bromo Chemical Co.	97
Buffalo University	2
Benger & Co.	21
Borine Chemical Co.	23, 71, 89, 95, 97
Bastedo & Co.	24
Bailey, Fairchild	93
Caledonia Springs	30
Chandler, S. B., & Son	102
California Fig Syrup Co.	83
Chicago Policlinic	31
Chalfonte, The, Atlantic City	85
Colt, J. B., & Co.	88
Cruttenden, Thos., Jun.	23
Carle, John, & Son	31
Church's Auto-VoceSchool	108
Clinton Pharmaceutical Co.	7
Davis, S., & Sons	106
Diehl Manufacturing Co. Ltd.	90
Detroit College of Medicine	13
Duncan, Flockhart & Co.	15, 18
Downs & Gordes	99
Downey, Alex.	108
Dietz, R. E., & Co.	76
Eaton's Brewery	70
Elliott & Son	84
Ellis, J. E., & Co.	23
Empire Manufacturing Co.	23
Evans & Sons	20
Everett House	1
Empire Tobacco Co.	81
Elliott Illustrating Co.	68
Farmer Bros.	95
Farwell & Rhines	95
Federal Life Assurance Co.	14
Fellows' Hypophosphites	Inside back cover
Fiddes & Hogarth	82
Fairgrieve A., & Co.	76
Forbes, Mr. and Mrs.	86
Foster, Pender & Co.	15
Fortier & Co.	74
Fairchild Bros., & Foster	2
Gendron Manufacturing Co.	105
Grip Printing and Publishing Co.	97
Guarantee & Protective Co., The	89
Gibson, R. L.	Front cover
Grange Wholesale Supply Co.	92
Greer, R. F.	71
Hamill, Dr. W. E.	11
Harvard Chair Co. (Ltd.)	107
Hockin, Wilson & Co.	73
Homewood Retreat	80
Hospital Coll. of Medicine & Infirmary, Louisville, Ky.	69
Howard, A. H.	95
Hereward Spencer & Co.	97
Hyslop, Son & McBurney	111
Hann, Otto, & Bro.	76
Illustrated Medical Journal Co.	70
Jackson Sanatorium	109
Jones, J. L., Engraving Co.	79
Keen, Robinson & Co.	19
King and Yorston	87
Kearns, W. P.	95
Laporte, Martin & Cie	69
Lambert Pharmacal Co.	Inside front cover
Lawson, Edward A.	87
Leeming, Thos., & Co.	28
Lochrie, James	3
London Guarantee & Accident Co.	17
Lyman Bros. & Co.	13
Lyman, Knox & Co.	67
Lyon, N. T.	97
Lozier, H. A., & Co.	29
Lakehurst Sanitorium	108
Mason & Risch Co., Ltd.	89
Montreal Optical Co.	24
Moor, J. C.	17
Moyer & Son	87
McGill Medical College	91
McGill, Wm., & Co.	98
Marks, A. A.	1
Mitchell, E. C.	102
McAinsh & Kilgour	69
McKesson & Robbins	Outside back cover
McArthur Hypophosphite Co.	1
Mutual Reserve Fund Life	94
Muerrle, C. A., & Co.	82
McKay, John	23
Nesbitt Publishing Co., Ltd.	89
Nimmo & Harrison	79
New York Polyclinic	85
Noverre, J. H.	82
New York Pharmaceutical Co.	21, 78
Od Chem. Co.	71
Ontario Vaccine Farm	89
Orr, Dr. J. O.	87
Parke, Davis & Co.	32
Pickering, Mrs. F. L.	96
Pyne, Dr. A. R.	92
Pember's Turkish Baths	2
Pope Manufacturing Co.	75
Provident Savings Life Assurance Society	81
Renfrew, G. R., & Co.	10
Reid Bros. Manufacturing Co.	101
Rush Medical College	25
Rogers, Chas., & Co.	72
Rochester Lamp Co.	88
Salvation Army Printing House	87
Sanitarium Health Food Co.	95
Scott & Bowne	9
Smith, Lapthorn, Dr.	82
Shepherd, J. C.	98
Smith Manufacturing Co.	112
Schram Water Guard	17
Spackman & Archbald	12
St. Leon Mineral Water Co.	104
Standard Steam Laundry	99
Stearns, F., & Co.	5
Sunlight Soap	100
Sutherland, J. A.	95
Stevenson, H. M.	98
Shorey, H., & Co.	25
Tilden Co., The	8
Trowern & Co.	99
Thompson Laboratory, Washington, D.C.	93
Toronto Nursing Home and Cottage Hospital	27
Toronto Engraving Co.	87
Toronto Steel-Clad Bath and Metal Co.	110
Truro Condensed Milk	84

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ADVERTISERS—(Continued) PAGE

Taylor's Safe Works - 101
Turner, H. - 2
Toronto Furniture Co. - 77
Toronto Salt Works - 17

Walterhouse, D. - 102
Wampole, H. K., & Co. - 19
Western Pennsylvania Medical College - 112
Westminster Hotel, N.Y. - 81
Whitcomb House - 99
Wilson, C., & Son - 103
Wabash Railroad - 103
Wheeler, T. B. - 97
Women's Medical College, Baltimore - 79

FOR years physicians and sufferers have felt the want of an abdominal supporter which, while it performed its mission in proving a support to the abdomen, was at the same time *comfortable*. It has been the experience of nearly all that the average device is so uncomfortable to the wearer that the "remedy proves worse than the disease." We are pleased to note that the Empire Abdominal Supporter fills this long felt want, as it is cool and comfortable, and at the same time efficient. The Empire Supporter is without doubt superior to all others, as it adapts itself to every movement and position of the body, imparts warmth without irritation, supports the weight of the body from the back bone, is easily applied, and is cheap and durable. The Empire Manufacturing Company also make an Umbilical Truss for infants, children, and adults. This is made of the same material as the supporters, and is, without doubt, the best umbilical truss in the market to-day. The Empire Elastic Bandage, possessing, as it does, porosity, elasticity, and absorbent qualities to a great degree, will commend itself to the profession as being superior to the gum bandage, so long in use, and for treatment of varicose veins they are superior to elastic stockings.

The Treatment of Influenza or La Grippe.

It is quite refreshing these days to read of a clearly defined treatment for the grip. But in an article in the *Lancet-Clinic*, December 28th, 1895, Dr. James Harvey Bell, 251 East 32nd Street, New York City, says he is convinced that too much medication is both unnecessary and injurious. He has few remedies; prescribes them with confidence, and "trusts the rest to nature."

When called to a case of influenza, the patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. Dr. Bell says he then orders that the bowels be opened freely by some saline draught, as hunyadi water or effervescing citrate of magnesia.

For the high fever, severe headache, pain, and general soreness, the following is ordered:

℞ Antikamnia Tablets (5 gr. each), No. xxx.
Sig. One tablet every two hours.

If the pain is extremely severe, the dose is doubled until relief is obtained. Often this single dose of ten grains of antikamnia is followed with almost complete relief from the suffering. Antikamnia is preferred to the hypodermic use of morphia, because it leaves no bad after-effects; and also because it has such marked power to control pain and reduce fever. The author says that unless the attack is a very severe one, the above treatment is sufficient.

After the fever has subsided, the pain, muscular soreness and nervousness generally continue for some time. To relieve these and to meet the indication for a tonic, the following is prescribed:

℞ Antikamnia and Quinine Tablets, No. xxx.
Sig. One tablet three times a day.

This tablet contains two and one-half grains of each of the drugs, and answers every purpose until health is restored.

Occasionally the muscular soreness is the most prominent symptom. In such cases, the following combination is preferred to antikamnia alone:

℞ Antikamnia and Salol Tablets, No. xxx.
Sig. One tablet every two hours.

This tablet contains two and one-half grains of each drug.

Then again it occurs that the most prominent symptom is an irritative cough. A useful prescription for this is one-fourth of a grain sulphate codeine and four and three-fourths grains antikamnia. Thus:

℞ Antikamnia and Codeine Tablets, No. xxx.
Sig. One tablet every four hours.

Dr. Bell also says that in antikamnia alone we have a remedy sufficient for the treatment of nearly every case, but occasionally one of its combinations meets special conditions. He always instructs patients to crush tablets before taking.

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TOWN.......... *COUNTY*..........

PROVINCE..........

LUMBAGO (*Continued*).—

℞ Ex. cimicifugæ fl.,
Syr. acaciæ........āā f℥ ss.
Aq. amygdalæ amar... f℥ iij.

M. Sig.: Teaspoonful every three hours.—*Bartlett.*

℞ Atropinæ sulphatis... gr. j.
Morphinæ sulphatis... gr. xvj.
Aq. destillat.......... f℥ j.

M. Sig.: Five minims injected into muscles of the back.

℞ Tr. iodi.............. fℨ ij.
Tr. aconitii rad....... fℨ iij.
Chloroformi .... fℨ iv.
Liniment. sapon. comp.,
q. s. ad............ f℥ iij.

M. Sig.: Apply every few hours locally.—*Bellevue Hospital, N.Y.*

℞ Chloroformi.......... fℨ ij.

M. Sig.: Twenty minims injected deeply in region of pain.

℞ Antipyrin............ ℥ j.
Syr. tolutani......... f℥ j.
Aq. menthæ pip..q.s.ad f℥ iv.

M. Sig.: A teaspoonful every one to four hours for three to six doses.—*Germain Sée.*

℞ Potass. iodidi,........ ℨ ss.
Tr. opii deodorat...... fℨ ij.
Spts. lavandulæ comp., fℨ j.
Spts. æth. nit......... f℥ ss.
Aq. destillat.......... f℥ xij.

M. Sig.: Take two tablespoonfuls twice daily.—*Brodie.*

℞ Ol. terebinthinæ...... fℨ ii–iij.
Mucil. acaciæ, q. s. ut ft. emul.
Syr. zingiber.......... f℥ j.
Aquæ................ f℥ iij

M. Sig.: Tablespoonful every four to six hours, carefully, lest strangury and nephritis supervene. (When urine is clear and abundant and bowels regular.)—*Waring.*

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50 cents and $1.00 SCOTT & BOWNE, Manufacturing Chemists, BELLEVILLE, ONT.

WATER TESTS.—The August issue of the *Iowa Health Bulletin*, published by the State Board of Health, gives a simple test for sewerage contamination or pollution from privy vaults, which can be used by any one. To a glass of water add four drops of a saturated solution of permanganate of potash and let it stand two hours. If decomposing organic matter is present in a dangerous amount the rose color will change to dull yellow, and if there is a large quantity of decomposed organic matter in the water the rose color will in time completely disappear. If it turns paler but still retains a red tinge, it indicates a slighter degree of impurity. Another simple test of the quality of drinking water is to place twelve grains of caustic potash and three grains of permanganate of potassium in an ounce of distilled water. If to a glass of water one or two drops of the solution imparts a decided color the water is drinkable; but if the solution immediately loses its color and disappears, the water should be rejected for drinking purposes.—*New York Medical Times.*

PHYSICIANS will do well to bear in mind that a preparation eminently suitable for young children is the Reindeer Brand Condensed Milk. It is all ready for use and will be found to be most easily assimilated. The same firm manufacture condensed coffee, and as it contains milk and sugar it can be prepared in a few moments. Samples of either will be sent on application.

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No. 30.—$2,500 and upwards practice, with the doctor's home, goodwill and introduction, in village of 1,000 population in county of Leeds, only weak opposition; would suit a Catholic best, next a Presbyterian, to either of which success is assured. Price, $2,700. Terms, half cash, balance on mortgage.

No. 38.—$3,000 practice, established, and the doctor's fine comfortable home, goodwill and introduction, in village of 500 population, without opposition, county of Bruce; all the work you can do from the very first and collections excellent; the health of the doctor forces him to retire; a great opportunity. Price, $2,700. Terms, $1,000 cash, balance can remain on property. Note the easy terms.

No. 43.—$2,000 to $3,000 practice, fine home, horses, harness, two buggies, office contents, goodwill and introduction in town of 700, without opposition, county of Kent. The finest opening in Canada for a Catholic. To make speedy sale, will accept $500 down.

No. 44.—$2,500 to $3,500 cash practice in town of 7,000 population, about eighty miles northeast of Toronto; established many years; successor may rent the doctor's beautiful home and office. He also holds some of the very best appointments in town, which can be transferred sure. Chief religious bodies — Catholics, Methodists, Presbyterians and Baptists. Goodwill, appointments, one month's introduction, etc., for $550, if taken before January 1st. A great chance for a Catholic or Baptist.

No. 45.—A half interest in property and practice in town of 5,000 population in Michigan is offered. The practice is largely a contract mining and mill one. The doctors holding it at present receive a cheque each month from the mines of $400, and have done so for the past six years; besides, there is a large income from private outside practice. One of the parties has received a professorship at a university, and wishes to dispose of his interest before removing. Price for said half interest, $3,500 cash.

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LUPUS.—

℞ Hydrargyri oleatis
(25½–5 per cent.)... ℥j.
Acidi salicylici....... gr. x–xv.
Ichthyolis........... ♏xv.
Ol. lavandulæ, vel.,
Ol. citronellæ........ q. s.

M. Sig.: Rub in ten minutes in the morning and twenty minutes in the evening.—*Mr. H. G. Brooke.*

℞ Zinci chloridi........ ʒj.
Morph. sulph......... gr. ss.
Pulv. acaciæ......... ʒiij.

Sig.: Make into a paste by adding a few drops of water or alcohol and spread a thin layer over and just beyond the ulcer. Use carefully.—*Agnew.*

℞ Ichthyol............. ʒj.
Adipis benzoat....... ʒv.

M. Sig.: Apply over affected part. —*Hare.*

℞ Tr. iodi.............. fʒij.

Sig.: Paint around the growth; apply to retard its spread over the surface also.

℞ Liq. hydrargyri nit.... fʒj.

Sig.: Use with a glass rod until growth is on a level with the skin; use carefully, protecting surrounding parts with lard or oil.—*Martin.*

℞ Acidi pyrogallici..... ʒj.
Cerati simplicis....... ʒix.

M. Sig.: Apply locally. (For lupus of eyelids and skin.)—*Kaposi.*

℞ Resorcin............. ʒiiss.
Vaselini............ ʒiv.

M. Sig.: Apply locally.—*Bertaerlli.*

℞ Acid. chromici....... gr. c.
Aquæ............... f℥j.

M. Sig.: Apply locally.—*Bartholow.*

[Continued on page 14

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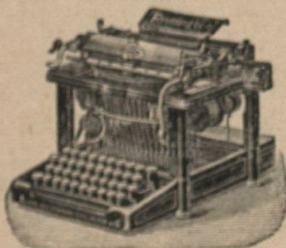

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LUPUS (*Continued*).—

℞ Acid. arseniosi....... ℈j.
Hydrarg. sulphuret. rub............... ʒj.
Ungt. simplicis....... ℥j.

M. Sig.: Spread thickly on cloth, and apply to the patch for two or three days, until the lupus nodules and points are blackish and destroyed. —*Hebra*.

℞ Acid. lactic puri...... f℥j.

Sig.: Soak a pledget of absorbent cotton and apply to the ulcer. Cover with oiled silk and bandage. Protect normal tissue with grease.—*Wichmann*.

℞ Sat. sol. cocaini muriat., f℥ij.

Sig.: Apply locally.—*Fowler*.

THE Harvard Chair Company are making some alterations in the surgical chair they are now building and which will be found of great advantage. The handle used in fixing the chair when the patient is in the recumbent posture is now higher up and much more easily got at. It is also worked on a different system. The pan for antiseptic fluids is not now, as before, under the second cushion, but is attached to the framework of the chair, and a great deal better for laying instruments in during an examination. The folding mechanism of the chair is also altered so that when the patient has her heels in the stirrups the third cushion sinks downwards and backwards and does not interfere with the physician's knees as before. The profession will certainly benefit by those changes, and we think the Harvard Surgical Chair will find an even bigger sale than before.

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TREATMENT OF URTICARIA.—M. C. Berliner (*Rev. de Med. et de Chir.*). To quiet the troublesome itching resulting from the urticarial lesions, the author makes the following recommendation, which in his hands has proved the most successful: The weals are moistened with cold water and rubbed for ten or fifteen seconds with a few grains of kitchen salt, which adhere to the previously moistened pulp of the index finger. One feels at first a slight burning, followed promptly by an agreeable sensation of coolness, and a notable diminution or even cessation of the itching, after which the papules usually disappear rapidly. Upon the area thus treated, one may then apply a little oxide of zinc ointment or rice or almond powder. If the urticaria is extensive, it is better, in order to avoid too much irritation of the skin, to apply the salt frictions to successive portions, and not over the whole surface at one time. It goes without saying that one should not neglect the necessary modifications of the diet, and if the urticaria be of toxic origin, a purgative should be prescribed, the best of which is calomel. Lukewarm baths may also prove useful.—*Am. Med.-Surg. Bulletin.*

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" Mastic.......1 gr. M. ft. one pill.

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HYPODERMIC MEDICATION

In compliance with repeated requests from the Medical profession to manufacture quickly soluble Tablets for subcutaneous medication, we respectfully call attention to the following list.

We desire to emphasize the statement, that in undertaking the manufacture of these delicate agents, we have devoted much time and labor in bringing them to a state of perfection ; in this we have been assisted by the co-operation of our medical friends.

We claim (and a candid comparison will convince anyone) for our soluble Tablets, the following points of superiority, viz.:

1. **They are quickly and entirely soluble.**

2. **They are permanent in form and accurate in does.**

3. **They are safe, and rapid in action.**

NOTE.—Our Tablets are put up in tubes containing twenty and packed in boxes of five tubes and in vials containing one hundred tablets. When ordering please specify WM. R. WARNER & CO.'S HYPODERMIC TABLETS, and describe style of packing.

SOLUBLE HYPODERMIC TABLETS.	Per Bottle 100 Tablets	Per Tube 20 Tablets
ACONITINE, Pure Cryst ....1-120 gr.	$ 70	$ 18
APOMORPHINE MURIATE ...1-20 gr.	60	16
APOMORPHINE MURIATE ....1-8 gr.	1 10	26
APOMORPHINE MURIATE ...1-12 gr.	85	19
ATROPINE SULPHATE ...... 1-60 gr.	40	12
ATROPINE SULPHATE.......1-200 gr.	30	10
ATROPINE SULPHATE.......1-150 gr.	30	10
ATROPINE SULPHATE.......1-120 gr.	35	11
ATROPINE SULPHATE.......1-100 gr.	35	11
COCAINE HYDROCHLORATE..1-8 gr.	50	14
COCAINE HYDROCHLORATE..1-4 gr.	90	22
COCAINE HYDROCHLORATE.1-10 gr.	45	13
COCAINE HYDROCHLORATE..1-2 gr.	1 60	36
CODEINE SULPHATE .... 1-8 gr.	70	18
CODEINE SULPHATE ....1-4 gr.	1 00	24
CONIINE HYDROBROMATE.1-100 gr.	30	10
CONIINE HYDROBROMATE..1-50 gr.	60	18
CONIINE HYDROBROMATE...1-60 gr.	50	14
DIGITALINE, Pure ....1-100 gr.	30	10
DIGITALINE, Pure ....1-60 gr.	50	14

SOLUBLE HYPODERMIC TABLETS.	Per Bottle 100 Tablets	Per Tube 20 Tablets
DUBOISINE SULPHATE .....1-100 gr.	$ 50	$ 14
DUBOISINE SULPHATE.......1-60 gr.	80	20
ERGOTIN ....1-6 gr.	60	18
ESERINE SULPHATE ....1-60 gr.	80	20
ESERINE SULPHATE ....1-100 gr.	45	13
HYOSCINE HYDROBROMATE ....1-100 gr.	75	19
HYOSCYAMINE SULPHATE..1-50 gr.	50	14
HYOSCYAMINE SULPHATE.1-100 gr.	40	12
MERCURY CORROSIVE CHLORIDE............ 1-40 gr.	30	10
MERCURY CORROS. CHLORIDE ....1-60 gr.	30	10
MERCURY CORROS. CHLORIDE ....1-50 gr.	30	10
MORPHINE BIMECONATE ....1-3 gr.	85	21
MORPHINE BIMECONATE ....1-4 gr.	70	18
MORPHINE BIMECONATE ....1-6 gr.	45	13
MORPHINE BIMECONATE ....1-8 gr.	35	11
MORPHINE MURIATE ....1-8 gr.	35	11

SOLUBLE HYPODERMIC TABLETS	Per Bottle 100 Tablets	Per Tube 20 Tablets
MORPHINE MURIATE .... 1-6 gr.	$ 45	$ 13
MORPHINE MURIATE .... 1-4 gr.	50	14
MORPHINE NITRATE .... 1-4 gr.	90	22
MORPHINE NITRATE .... 1-6 gr.	70	18
MORPHINE NITRATE .... 1-8 gr.	55	15
MORPHINE NITRATE .... 1-12 gr.	50	14
MORPHINE SULPHATE .... 1-8 gr.	30	10
MORPHINE SULPHATE .... 1-6 gr.	35	11
MORPHINE SULPHATE .... 1-4 gr.	40	12
MORPHINE SULPHATE .... 1-3 gr.	50	14
MORPHINE SULPHATE .... 1-2 gr.	65	17
MORPHINE AND ATROPINE No. 1, { Morphine Sulph. 1-8 gr. / Atropine Sulph. 1-200 gr. }	45	13
MORPHINE AND ATROPINE No. 2, { Morphine Sulph. 1-6 gr. / Atropine Sulph. 1-180 gr. }	45	13
MORPHINE AND ATROPINE No. 3, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-150 gr. }	50	14
MORPHINE AND ATROPINE No. 4, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-100 gr. }	60	16
MORPHINE AND ATROPINE No. 5, { Morphine Sulph. 1-8 gr. / Atropine Sulph. 1-150 gr. }	45	13
MORPHINE AND ATROPINE No. 6, { Morphine Sulph. 1-8 gr. / Atropine Sulph. 1-100 gr. }	50	14
MORPHINE AND ATROPINE No. 7, { Morphine Sulph. 1-6 gr. / Atropine Sulph. 1-150 gr. }	50	14
MORPHINE AND ATROPINE No. 8, { Morphine Sulph. 1-6 gr. / Atropine Sulph. 1-120 gr. }	55	15
MORPHINE AND ATROPINE No. 9, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-200 gr. }	50	14
MORPHINE AND ATROPINE No. 10, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-120 gr. }	55	15
MORPHINE AND ATROPINE No. 11, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-60 gr. }	60	16
MORPHINE AND ATROPINE No. 12, { Morphine Sulph. 1-3 gr. / Atropine Sulph. 1-120 gr. }	75	19
MORPHINE AND ATROPINE No. 13, { Morphine Sulph. 1-2 gr. / Atropine Sulph. 1-150 gr. }	$ 75	$ 19
MORPHINE AND ATROPINE No. 14, { Morphine Sulph. 1-2 gr. / Atropine Sulph. 1-120 gr. }	75	19
MORPHINE AND ATROPINE No. 15, { Morphine Sulph. 1-2 gr. / Atropine Sulph. 1-100 gr. }	75	19
MORPHINE AND ATROPINE No. 16, { Morphine Sulph. 1-2 gr. / Atropine Sulph. 1-240 gr. }	75	19
NITROGLYCERIN .... 1-50 gr.	40	12
NITROGLYCERIN .... 1-150 gr.	40	12
NITROGLYCERIN .... 1-100 gr.	40	12
NITROGLYCERIN .... 1-200 gr.	40	12
NITROGLYCERIN, 1-100 gr. & STRYCHNINE, 1-50 gr.	40	12
PHYSOSTIGMINE SULPH., 1-60 gr. (See Eserine Sulph.)	80	20
*PILOCARPINE MURIATE .... 1-5 gr.		
*PILOCARPINE MURIATE .. 1-8 gr.		
*PILOCARPINE MURIATE ... 1-20 gr.		
*PILOCARPINE NITRATE .... 1-20 gr.		
*PILOCARPINE NITRATE ..... 1-8 gr.		
*PILOCARPINE NITRATE ..... 1-4 gr.		
SODIUM ARSENIATE .... 1-30 gr.	30	10
STRYCHNINE NITRATE ..... 1-150 gr.	50	14
STRYCHNINE NITRATE ... 1-100 gr.	35	11
STRYCHNINE NITRATE ..... 1-60 gr.	40	12
STRYCHNINE SULPHATE ... 1-150 gr.	30	10
STRYCHNINE SULPHATE ... 1-120 gr.	30	10
STRYCHNINE SULPHATE ... 1-100 gr.	30	10
STRYCHNINE SULPHATE ... 1-60 gr.	30	10
STRYCHNINE SULPHATE ... 1-20 gr.	40	12
STRYCHNINE SULPHATE .... 1-30 gr.	30	10
STRYCHNINE SULPHATE .... 1-50 gr.	30	10
STRYCHNINE AND ATROPINE No. 1, { Strychnine Sulph. 1-50 gr. / Atropine Sulph. 1-150 gr. }	50	14
STRYCHNINE AND ATROPINE No. 2, { Strychnine Sulph. 1-30 gr. / Atropine Sulph. 1-120 gr. }	50	14
STRYCHNINE AND ATROPINE No. 3, { Strychnine Sulph. 1-60 gr. / Atropine Sulph. 1-150 gr. }	50	14

*Prices on application.

PREPARED ONLY BY

WM. R. WARNER & CO.

Manufacturers of Reliable and Soluble-Coated Pills

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PREPARATIONS SUPPLIED BY ALL LEADING DRUGGISTS

The following well-known houses in the Dominion will supply Warner & Co.'s Standard Preparations:

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LYMAN, SONS & CO., - Montreal
EVANS, MASON & CO., "
KENNETH CAMPBELL & CO. "
R. J. DEVINS, - - - "
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LYMAN BROS. & CO., - Toronto
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LONDON DRUG COMPANY, London
R. W. McCARTHY, - St. John
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Superior to Pepsin of the Hog

INGLUVIN

A Powder.—Prescribed in the same manner, doses and combinations as Pepsin.

A most Potent and Reliable Remedy for the cure of

Marasmus, Cholera Infantum, Indigestion, Dyspepsia and Sick Stomach

It is superior to the Pepsin preparations, since it acts with more certainty, and effects cures where they fail.

A SPECIFIC FOR VOMITING IN PREGNANCY

IN DOSES OF 10 to 20 GRAINS.

Prescribed by the most eminent Physicians in Europe and America.

TO PHYSICIANS.

It is with pleasure that we report to you the experience of eminent physicians as to the valuable medicinal qualities of INGLUVIN, and to its superiority in all cases over Pepsin.

VOMITING IN GESTATION AND DYSPEPSIA

I have used Messrs. Warner Co.'s Ingluvin with great success in several cases of Dyspepsia and Vomiting in Pregnancy. In one case of the latter which I was attending a few weeks back, Ingluvin speedily put a stop to the vomiting, which was of a very distressing nature, when other remedies had failed.

ROBERT ELLITHERON, M.R.C.S., Lancaster House, Peckham Rye, S.E.

Dr. F. W. Campbell, of Montreal, Canada, says that with INGLUVIN he cleared three out of four cases of VOMITING in PREGNANCY.

Dr. C. F. Clark, Brooklyn, N.Y., has used INGLUVIN very extensively in his daily practice for more than a year, and has fully tested it in many cases of VOMITING in PREGNANCY, DYSPEPSIA, and SICK STOMACH, and with the best results.

Dr. Edward P. Abbe, New Bedford, Mass., mentions a case of vomiting caused by too free use of intoxicating liquors; INGLUVIN was administered in the usual way—the effect was wonderful, the patient had immediate relief.

A gentleman living in Toronto, Canada, gives his experience. He says: "I was suffering terribly from indigestion. I could eat nothing. Life was almost a burden to me. INGLUVIN was prescribed in five to ten-grain doses; the medicine was taken for about eight weeks. Result, a permanent cure.

In fact, were we to note all remarks of the profession and our experience in relation to this remedy, and report to you the cases in detail, we could fill a volume with expressions as to its great efficacy in the troubles for which it is recommended.

Yours respectfully,

Dispensed by all Druggists. **WILLIAM R. WARNER & CO.**

CHOLERA INFANTUM

TREATED WITH INGLUVIN.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhœa, to a greater extent in the summer period, induces us to call the attention of the medical fraternity to the lately introduced remedy "INGLUVIN." It has been used in practice with very happy results for a considerable time. We find indigestion generally at the bottom of the bowel complaints, which INGLUVIN has almost instantly corrected alone or in combinations. It is given in the following formulas with great advantage:

INFANT FORMULA

℞ Ingluvin .... gr. xii.
Sacch. Lac .... gr. x.
Misce et ft. cht. No. x.

Sig.—One every 4 hours.

℞ Aqua Calcis .... f ℥ ij.
Spts. Lavand. Comp.
Syr. Rhei. Arom. . . aa f ℥ j.
Tr. Opii .... gtt. x.

Misce—Sig.—A teaspoonful every 2 to 4 hours.

In inflammatory affections INGLUVIN is combined with Subnitrate of Bismuth, equal parts, and oleaginous mixtures with Ol. Terebinth, instead of Aqua Calcis. Should the evacuation be suddenly arrested, and Tympanitis supervene, follow with a dose of oil or magnesia, or injections. In many cases of sick headache and indigestion the most happy results follow from the comb ning of INGLUVIN with Pv. Nuc. Vomica, the one-twentieth to one-tenth grain.

HOLLOWAY, ENGLAND, Dec. 29th, 1895.

DEAR SIRS:—I duly received the sample of INGLUVIN you kindly forwarded me at my request. I am very much pleased to inform you that the results achieved by it are most satisfactory. I prescribed one powder, 15 grains, twice a day, in case of obstinate vomiting during pregnancy; after taking six powders the vomiting and nausea had quite ceased, and the patient can now take her ordinary food with relish. I thank you for the sample, and beg to state that you can make what use of this letter you please.

I remain, yours faithfully,

EUSTACE DEGRUTHER, L.R.C.P., L.R.C.S., etc.

JOSH C. MOOR,

DIRECT IMPORTER

Wine and Spirit Merchant

VERY OLD

Malaga and **Marsala Wines.** Highly recommended for **invalids.**

SPECIALLY

Old and fully matured **Port** and **Sherry Wines.** (Vintage, 1860.)
Sir R. Burnett's world-renown **Orange Bitters.**

PURE OLD BRANDIES AND WHISKIES
For Medicinal use.

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Celebrated **Clarets** and **Sauternes,** the most reliable and popular. bottled by themselves in the best condition, in **Bordeaux,** and imported direct **at first cost.** A full assortment in quarts and pints.

CHABLIS', BEAUNE AND MACON BURGUNDIES

All orders from the country promptly attended to.

BOTT'S MALT STOUT

TELEPHONE 625 — 433 Yonge St., Toronto, Ont.

THE DOCTOR'S ADVICE
is all the more valuable when he recommends the use of the purest and best articles obtainable. Sea Salt bathing is very often recommended, and the best results can only be had by using the purest salt.

Surf Sea Salt

analyzes 99 98/100 per cent. of pure salt, the crystals are as clear as glass, easily dissolved and much more convenient to use than any other brand. All druggists sell it. 5lb. package 15c., 60lb. box $1.50.- TORONTO SALT WORKS, 128 Adelaide Street East, Toronto—Importers.

MEDICAL MEN--ATTENTION!

The way to ensure good health to your patients, especially during times of **broken conduits,** is to recommend them to use

THE SCHRAM PATENT WATER GUARD.

It is very easily applied to any tap in the house, **thoroughly filtering every drop of water,** as well as preventing any noise from splashing. The price is within the reach of all—

For Plain Tap . . . . . . **50 cts.**
Where Standard Hose Thread is attached to Tap **75 cts.**

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Four cents per day will carry $3,000 for Accidental Death and $15.00 Weekly for Total Disablement. Forms obtained at any agency throughout Canada, or at . . . .

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Chief Agent

CHIEF OFFICE:
75 Yonge Street, Toronto

MAMMARY INFLAMMATION.—

℞ Morph. sulph .... gr. x.
Hydrarg. oleat .... ʒ ss.
Acidi oleici .... ʒ ixss.

M. Sig.: Anoint three times a day.—*Marshall.*

℞ Ex. belladonnæ .... ʒ j.
Liq. plumbi subacetat. dil .... Oj.

M. Sig.: Use as a lotion.—*Graefe.*

A tablespoonful of granular effervescent citrate of magnesia in water, followed by ten grains of quinine if there be fever. (In incipient mammitis.)—*Starr.*

℞ Cerati resinæ co ...... ℥ j.
Olei olivæ .... ʒ i–ij.

M. Ft. ungt. Sig.: Apply, spread generously on a soft rag. (When suppuration is threatened.)—*Witherstine.*

℞ Hyrarg. chlor. mit.,
Pulv. jalapæ ....āā gr. x.

M. Et. ft. chart. No. i. Sig.: Take at once. (Brisk purge for incipient mastitis.)—*Rush.*

℞ Atropinæ sulphat ..... gr. viij.
Aq. rosæ .... f℥ ij.

M. Sig.: Apply locally, but discontinue is case of dilatation of pupils or dryness of throat.—*Starr.*

℞ Lini camphoræ .... f℥ viij.

Sig.: Apply locally. (In incipient mastitis.)—*Parry.*

℞ Pulv. camphoræ ...... ℥ j.

Sig.: Dampen two pads of oakum and mix with the camphor, and apply under a tight body.—*Gerhard.*

℞ Tr. belladonnæ .... fʒ ij.
Lini saponis camphorat., f℥ viij.

M. Sig.: Use locally.—*Neligan.*

[*Continued on page 20*

BLAUD'S PILL CAPSULES

Equal to 1, 2 or 3 Blaud's Pills, and Capsules of

BLAUD'S PILL with ARSENIC

In boxes of two doz. and one hundred

These far surpass Blaud's Pills in efficacy, as they neither oxidize nor harden

PREPARED BY......

Duncan, Flockhart & Co.,
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Samples free on application

DOCTORS CAN SAFELY RECOMMEND

Robinson's Patent Barley

It is the best flesh and muscle former known, and has a reputation of over one hundred and fifty years. **Used in the Royal nurseries.** Samples mailedfree to doctors and their patients. Send P. C. to

FRANK MAGOR & Co., 16 St. John Street, MONTREAL.

Agents for the Dominion of Canada.

Women Choose the Family Doctor

The Doctor that relieves the women of their functional disorders is the family physician. Asparoline compound has helped many family physicians to relieve their Dysmenorrhœa and Leucorrhœa patients. *We will send enough for one patient, free, to any physician who writes to us mentioning this journal.*

It is a safe and reliable remedy for the relief and cure of Dysmenorrhœa, Amenorrhœa, Leucorrhœa, Menorrhagia and kindred diseases where the Uterine Organs are involved and no organic lesion exists. The formula shows that it is a strictly vegetable compound, and may be used without any reserve, or any injurious tendencies.

FORMULA:

Parsley seed	Grs.	30
Black Haw (bark of the root)	"	60
Asparagus seed	"	30
Gum Guaiacum	"	30
Henbane leaves	"	6
Aromatics		

To each fluid ounce

Prepared solely by

HENRY K. WAMPOLE & CO.

Pharmaceutical Chemists,

PHILADELPHIA PA.

MAMMARY INFLAMMATION *(Cont'd)*.

℞ Ammon. carbonat..... ℥j.
Aquæ............... Oj.

M. Sig.: Apply locally.—*Starr.*

℞ Ungt. belladonnæ..... ℥j.
Pulv. camphoræ...... ʒj.

M. Sig.: Apply locally, supporting the breast with a bandage.—*Witherstine.*

INSURED LIVES AS AFFECTED BY GOUT.—At the suggestion and request of the general manager, I have read the report of the actuary on the experience of the company with gouty subjects, and have carefully considered the medical aspect of the subject. He has subdivided the risks according to the duration of the insurance, the ages and the proportionate height and weight of the insured, and the date at which they were accepted, and in all these divisions finds the same extraordinary increase of loss, and the presumption remains that this increased mortality is due to the fact that the lives of the insured were deteriorated and shortened by their gout. The number of cases, forty-eight, is too small to admit of much generalization, and therefore I have carefully gone over each individual case to see whether this view would be sustained, or whether there were any other circumstances which might account for the loss. The action and rules of the Mutual Life have always been in accordance with the opinion that gout tends to shorten life in the majority of instances, but in a few exceptional cases they have

[*Continued on page 22*

SAVARESSE'S CAPSULES SANDAL WOOD OIL

THEY ARE NOT MADE OF GELATINE

THEY ARE MADE OF MEMBRANE

In consequence of the membraneous coating they are

FREE FROM THE OBJECTIONS TO ALL GELATINE CAPSULES.

They do not dissolve until they have passed the stomach, entered the bowel, hence, avoiding all nausea, eructations, and repeating from the stomach. Savaresse's Capsules have been

PRESCRIBED BY THE FACULTY IN ENGLAND FOR 50 YEARS.

Other copies of Testimonials on application

12 College Square East, Belfast, 25th Feb., 1890.

I have prescribed your Savaresse's Capsules of Copaiba, also of Sandal Wood, and find them *most satisfactory*. I have given them an extended trial, and am quite pleased in every case with the result. I shall continue to prescribe them for my patients, as they neither disturb the functions of the stomach, bowels or kidneys.

THOMAS BALL, L.R.C.P., L.S.A.

Savaresse's Capsules are undoubtedly the best forms in which the oil can be prescribed. The Capsules do not burst until they have passed out of the stomach, and consequently the nauseous eructations, common to all other methods of administration, are entirely avoided.

J. H. SCOTT, F.R.C.S.I.,
Surgeon to the Adelaide Hospital, Dublin.

One Box Free for a trial on application to

EVANS & SONS, LTD.,
Wholesale Druggists,

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EVANS, LESCHER & WEBB, LONDON.

.... Montreal.

"H·V·C." Hayden's Viburnum Compound

Specially Recommended in the

AILMENTS OF WOMEN AND IN OBSTETRIC PRACTICE

Perfectly Safe in all Cases

TWENTY-SEVEN YEARS

Before the Medical Profession with a record never before accorded to any other special remedy in any country.

PROMPT, SAFE AND RELIABLE

Seven thousand physicians in the United States and two hundred in the Dominion of Canada have given it their written endorsements. Dispensed by all apothecaries. Send for Canadian Handbook, FREE.

THE New York Pharmaceutical Co.,

BEDFORD SPRINGS, MASS.

BENGER'S FOOD

For Infants, Invalids, And the Aged

Gold Medal Awarded
HEALTH EXHIBITION, LONDON

First Class Award
ADELAIDE, 1887, AND MELBOURNE, 1888

The Lancet describes it as "Mr. Benger's admirable preparation."

The London Medical Record says: "It is retained when all other foods are rejected. It is invaluable."

The British Medical Journal says: "Benger's Food has by its excellence established a reputation of its own."

The Illustrated Medical News says:—"Infants do remarkably well on it. There is certainly a great future before it."

BENGER'S FOOD Is Sold in Tins by chemists etc. everywhere

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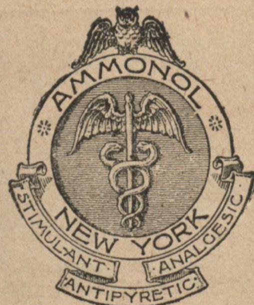
546 QUEEN ST. WEST. Telephone No. 139

recommended the issuance of policies. How carefully such selection has been made appears from the actuary's report that at the end of 1887 of 300,000 policies issued only fifty-eight were to forty-eight persons in whose applications was any statement indicating a history of gout. Of the forty-eight cases reported I think four should be omitted, as one was evidently reported gouty by mistake and the other three had never had an acute attack. Of the forty-four cases insured fifteen have died, a mortality of thirty-four per cent., which far exceeds that of the company's experience in general. We would consider that this might be the result of coincidences rather than cause and effect were it not that our conclusions are borne out by the judgment of the physicians and the experience of other life insurance companies which have had more risks of this class. The question in the mind of Sir Dyce Duckworth in his recent treatise on gout seems to be how far such risks are impaired, and at what rates they should be valued in accordance with the practice of English life insurance companies.—*Med. and Surg. Reporter.*

WE direct the attention of our readers to the new inset of W. R. Warner & Co. appearing opposite page 17 of this issue. It will pay anyone to carefully peruse it, containing, as it does, many valuable preparations.

AMMONOL



..Ammonol

A destroyer of the plasmodium of Malaria. Analgesic. Antipyretic. Cholagogue. Expectorant. A synergist to many drugs over their beneficial action and antidotal over their harmful effects.

..Ammonol Salicylate

A freely soluble salt, which is rapidly absorbed. It is tolerated easily by the most delicate stomach, and can be given when other salicylates cannot be borne.

AMMONOL AND COMBINATIONS.

Ammonol Powdered. Ammonol Salicylate Powdered. In one ounce bottles only.

Ammonol Tablets.
Ammonol Salicylate Tablets.
Ammonol Lithiated Tablets.
Ammonol Peptonate Tablets.

Ammonol Bromide Tablets.
Ammonol Camphorated Tablets.
Ammonol with Camphor and Codiene Tablets.
Ammonol et Ipecac et Opium Tablets.
} In five grain flat oval tablets, put up in one ounce bottles.

To avoid substitution see that the letters "Ammonol Chemical Co." are blown in every bottle and that every tablet is flat oval in form.

Neither Ammonol nor any of the Combinations are ever sold in bulk.

AMMONOL EXCERPTA, a 48 Page Pamphlet, with Samples, mailed free to any physician mentioning this publication.

THE AMMONOL CHEMICAL CO., 36 E. 14th Street, NEW YORK.

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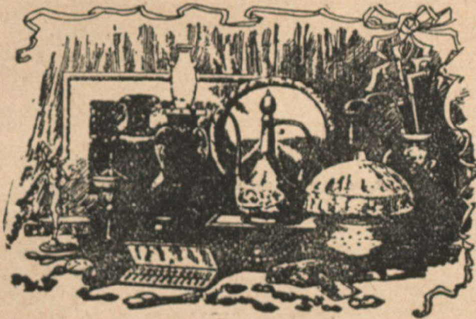

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P.S.—I wish to direct the special attention of medical men to the fact th t I have just laid in a full stock of Parke Davis' fluid extracts, pills, triturates, etc., and am desirous to have members of the profession call and see me.

BORINE

ANTISEPTIC, NON-IRRITANT, PROPHYLACTIC, DEODORANT.
THE MOST PLEASANT ANTISEPTIC FOR DAILY RINSING THE MOUTH. AND USE ON THE BRUSH. BORINE CHEMICAL CO. N.Y.

FORUM PHARMACY TELEPHONE 2537

JOHN McKAY

DRUGGIST

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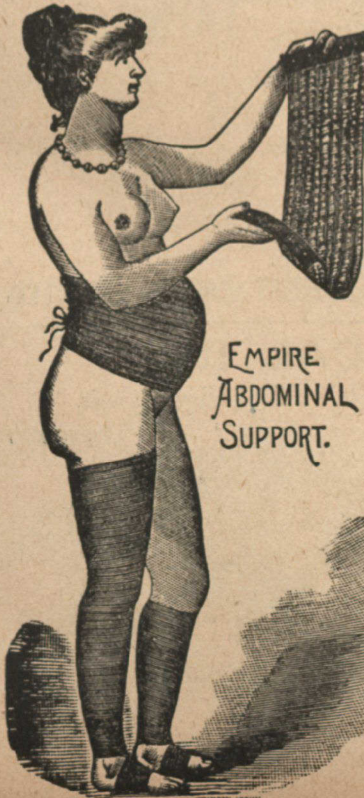
N.B.—I beg to draw the attention of City Physicians to my pharmacy, where I shall be pleased to have a share of their dispensing trade.



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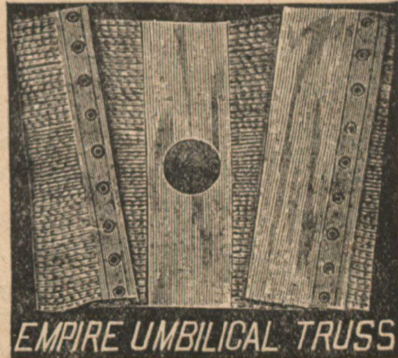

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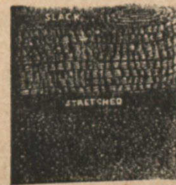

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THE EMPIRE MANUFACTURING CO.

13 Spring St., Lockport, N.Y., U.S.A.

MANIA, ACUTE.—

℞ Hyoscyami sulphat... gr. j.
Aquæ................ f℥ xij.

M. Sig.: Five to twelve minims hypodermically.—*Ward's Island Insane Asylum, N.Y.*

℞ Coninæ.............. gr. ij.
Spt. rectif............ f℥ ss.
Aquæ..........q. s. ad f℥ ss.

M. Sig.: Dose, a teaspoonful.—*Fronmueller.*

℞ Ex. conii fl.,
Ex. hyoscyami fl...āā ♏vij.
Chloral hydrat........ gr. x.
Aquæ................ f℥ ij.

M. Sig.: To be taken at one dose, and repeated if necessary.—*Madigan.*

℞ Potass. bromid....... gr. xxv.
Tr. hyoscyami........ f℥ ss.
Spt. chloroform...... ♏x.
Aquæ..........q. s. ad f℥ iss.

M. Sig.: Take at once.—*Tyler Smith.*

℞ Potass. bromid....... ℥ j.
Tr. cannabis indicæ... f℥ j.
Syr. simp............ f℥ ij.
Aquæ..........q. s. ad f℥ iv.

M. Sig.: Tablespoonful, well diluted, three times a day. (In periodical and senile mania.)—*Clouston.*

℞ Chloral hydrat....... gr. xxv.
Tr. cardamom. comp... f℥ ss.
Syr. simp............ f℥ ij.
Infus.caryophylli,q.s.ad f℥ iss.

M. Sig.: Take at once and repeat dose in an hour if necessary.—*Priestley.*

℞ Ex. gelsemii fl........ f℥ iv-viij.
Syr. limonis.......... f℥ j.
Aquæ..............ad f℥ iij.

M. Sig.: Teaspoonful two or three times a day; increase the dose until the pupils dilate and eyelids droop.—*Bartholow.*

[*Continued on page 26*

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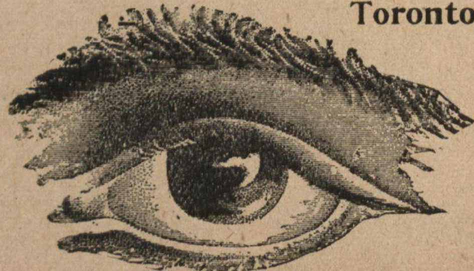

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It does not confine the moisture of the body, thereby producing chills and their attendant ills.

It is sold by all first-class clothiers and furnishing men through the Dominion and the United States. Its sanitary advantages will be seen by the medical profession without further remark.

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Montreal.

MANIA, ACUTE *(Continued)*.—

℞ Paraldehyde . . . . f℥ ss.

Sig.: Thirty to fifty minims in water by the rectum.—*Ringer.*

℞ Methylal . . . . ℥ ij.
Syr. aurant. cort . . . . . . f℥ ij.
Aquæ . . . . ad f℥ iv.

M. Sig.: From a teaspoonful to a tablespoonful, to be repeated if necessary.

THE INFLUENCE OF ETHER NARCOSIS ON THE GENITO URINARY TRACT.—The fact that some patients develop, unexpectedly, unfavorable symptoms after operations of a trivial character, led us to give particular attention to the secretion from the kidneys and to the condition of the bladder. The urine of cases to be operated on was carefully examined for several days previous to observe the effect of the ether. Israel has shown that in one-third of the cases with normal kidneys chloroform anæsthesia will cause irritation for two or three days. In sixty-two operative cases, in which the urine was found normal before etherization, sixteen remained normal, and in forty-seven abnormalities occurred. In eight cases irritation of the kidneys, ureters and bladder were noted, as shown by albumin, cylinders, renal, ureteral and bladder epithelium. In fifteen cases signs of kidney irritation only were observed, and in twenty-four cases the bladder was affected. The irritation lasted for two or three days only in twenty-one cases, while in the remaining forty-two the urine had not returned to the normal con-

[Continued on page 28

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Medical men and others interested are cordially invited to call and see the Institution.

The charges for Rooms, Nursing, and Medical Attendance, will be $25.00 per week in advance.

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For Massage, Electrical Treatment, etc., without residence, the fee will be $1.00 per treatment.

References given when required.

TORONTO. September 4, 1893.

dition at the termination of ten days after the etherization. The effect of etherization on general tissue metamorphosis, apart from any effect on the kidneys, is shown by the effect on the specific gravity of the urine. In fifty cases it was markedly increased. The necessity of examining the urine of every patient to be anæsthetized is again emphasized by these facts. As careless administration of ether may spoil the result of an otherwise perfect operation, we desire to sound a note of warning to etherizers, who often attend to their responsible duty in a somewhat perfunctory manner.

MANIA, CHRONIC.—

℞ Caffeinæ citrat....... ʒ ss.
Syr. acid. citrici...... f℥ ss.
Aquæ............... f℥ iss.

M. Sig.: Teaspoonful three or four times a day.—*Bartholow.*

℞ Tr. ferri chlor.,
Tr. nucis vomicæ....āā f℥ j.
Aquæ.........q. s. ad f℥ vj.

M. Sig.: Teaspoonful three times a day, after meals.—*Ward's Island Insane Asylum, N.Y.*

℞ Tr. ferri chlor........ fʒ ij.
Spt. æther. nitro...... f℥ ss.
Infus. quassiæ..q. s. ad f℥ vj.

M. Sig.: Tablespoonful three times a day.—*Tuke.*

℞ Ex. ergotæ fl........ f℥ iss.
Syr. aurant. cort...... f℥ j.
Aquæ.............ad f℥ vj.

M. Sig.: Tablespoonful in water three or four times a day.—*Crichton Browne.*

℞ Tr. ferri chlor........ fʒ ij.
Syr. zingiber......... f℥ j.
Aquæ ....ad f℥ viij.

M. Sig.: Tablespoonful three or four times a day. (In anæmic cases.) —*Bucknill.*

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Manufactured by
THE UPJOHN PILL & GRANULE CO.
Over 600 Formulæ—B.P.U.S.P. and Special.

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The contents being dry the full force of their action is immediately brought into play.

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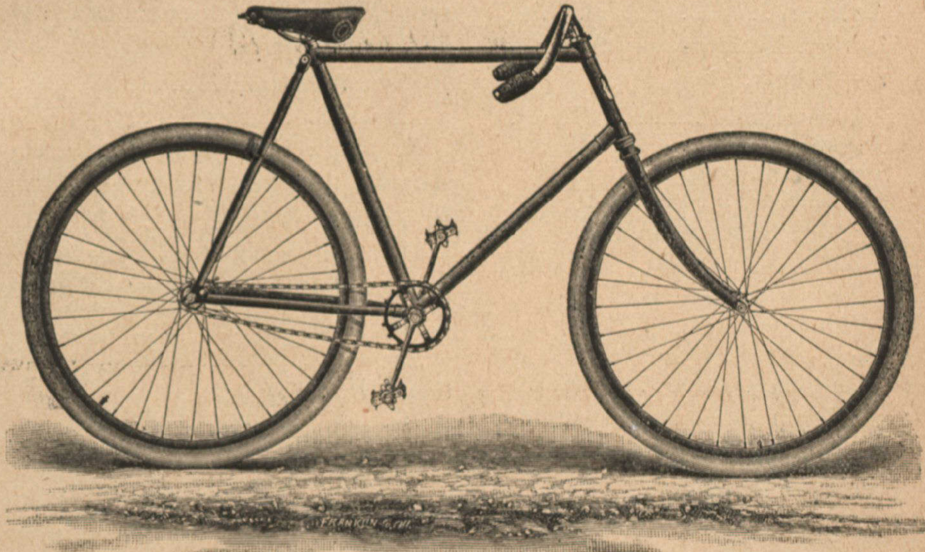

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MANIA, PUERPERAL.—

℞ Ex. cimicifugæ fl. . . . . f℥ iss.
Mucil. acaciæ . . . . f℥ j.
Aquæ . . . . f℥ iiiss.

M. Sig.: Tablespoonful every three hours.—*Ringer.*

℞ Potass. bromid . . . . ʒ ij.
Chloral hydrat . . . . ℥ ss.
Syr. aurant. cort . . . . . . f℥ j.
Aq. fœniculi . . . q. s. ad f℥ vj.

M. Sig.: Tablespoonful every two hours.—*Quain.*

MARASMUS.—

℞ Emul. ol. morrhuæ et lactophos. calcis . . . . f℥ iij.

Sig.: From one-half to one-teaspoonful three times a day.—*Starr.*

℞ Syr. ferri iodid . . . . f℥ j.

Sig.: Three to five drops in water three times a day, after meals.—*Eustace Smith.*

℞ Tr. cinchonæ comp.,
Tr. gentian. comp. . āā f℥ j.

M. Sig.: Fifteen drops to a teaspoonful in water, three times a day.—*J. Lewis Smith.*

℞ Syr. ferri iodid . . . . fʒ ij.
Maltini . . . . f℥ iij.

M. Sig.: From one-half to a teaspoonful three times a day.—*Powell.*

℞ Pepsinæ sacch. . . . . ʒ j.

Div. in chart. No. xii. Sig.: One powder after each feeding.—*Barthez.*

℞ Ol. morrhuæ . . . . f℥ ij.

Sig.: One teaspoonful for inunction.—*Witherstine.*

℞ Pepsinæ pulv. . . . . gr. xij.
Sodii bicarb. . . . . gr. xxiv.
Pulv. aromat . . . . gr. iij.

M. Et ft. chart. No. xii. Sig.: One powder after each feeding.—*Powell.*

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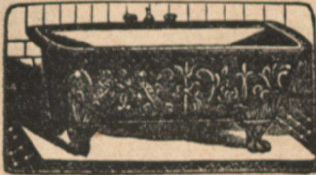

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THE Dominion Medical Monthly
... AND ...
Ontario • Medical • Journal

Vol. VI. TORONTO, JANUARY, 1896 No. 1

ORIGINAL ARTICLES.

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

CLINICAL NOTES ON A RECENT SERIES OF SURGICAL CASES.*—(CONTINUED.)

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

ABDOMINAL SURGERY.

Without doubt, since the dawn of medical science, nothing has equalled the stupendous progress made in *abdominal* and *pelvic* surgery during the past twenty years; and in this advance America has been the pioneer. In 1881 the celebrated Simms gave to the professional world his conceptions of the possibilities of surgery in this direction, though unhappily he did not survive to realize the fruition of his hopes. Biglow had perfected lithotrity; at the International Medical Congress in Washington, 1886, Nicholas Senn presented his thesis on the surgery of the intestine, and startled the rank and file of the profession by the immensity of his original and marvellous researches and experimentation on abdominal surgery in the lower animals, and his lucid demonstration of their application to man. Abbe had been a generous contributor in this line, and posterity is indebted to Sands for opening the way to that operation on the appendix, since perfected by McBurney, through which thousands of lives have been saved. It has rendered necessary the re-writing of the pathology of the peritoneum. To cap the climax the young Chicago surgeon, Murphy, has recently invented an anastomotic button, the very acme of human ingenuity, which has rendered surgery more suitable in lesions of the intestine and safer than ever before.

APPENDICITIS.

Timeliness and Skill in Operation on the Appendix.—During one week, from April 5 to 13, in this year, seven cases of severe abdominal disease came under my notice. Six were cases of appendicitis, four of which were of the perforating type. Two came into the hospital in the advanced stages too late for relief by operation, and both died within twenty-four hours after entrance. Two were operated on ; perforation of the appendix was found in both cases. In one there was a double perforation with general peritonitis. Both recovered. Two mild cases of the recurrent type, treated by palliative measures, recovered. In one abdominal case which was brought into the hospital, great prostration was present. My colleague, Dr. A. Palmer Dudley, was of the opinion that there was mechanical obstruction, though it was my impression that it was the appendix that was at fault, and that obstruction was due to intestinal paresis. The abdomen was so extremely tympanitic that it was impossible to definitely locate the structures. On section the appendix was found healthy and, as Dr. Dudley had predicted, the small intestine was found obstructed by a band at about its centre. The patient rapidly sank under ether, before the incision could be closed.

It was formerly my conviction that as the danger in operation itself was very great, and the larger part of those cases of appendicitis do well under medical treatment alone, surgical interference was not proper in any except rare instances. Later experiences have convinced me that this position is not logical, and that in all cases of appendicitis, which show a tendency to persistently recur, or are of the acute fulminant type, the correct course is prompt operation. The results in operation depend almost entirely on operating at just the right time and performing the operation with skill and celerity. The time for an operation is, and always probably will be, very difficult to determine : its successful performance requires special skill and experience. A small incision, the quick ferreting out of the appendix under the trained finger, the neat and aseptic amputation of it, without the loss of unnecessary time or trauma of the peritoneum, count vastly in the patient's favor.

On the 28th of April, Dr. J. A. Hoffheimer called me, in consultation, to see a case of appendicitis under his charge, with the view of determining the propriety of an operation.

The patient was a boy of twelve, who had had previous attacks. It was the sixth day of his illness when I saw the case. At this time his pulse was 143 per minute, the temperature 103 ; there was some vomiting and severe pain, when morphine was not pressed. The abdomen was extremely tympanitic, and over the appendix tenderness, on pressure, was extremely acute, though all the abdominal areas were hyperæsthetic.

After a careful examination of the case, giving due weight to the various serious symptoms present, the lad's grave condition and the uncertainty of results after radical measures when the advanced stage of the disease is

reached, my opinion was that nothing definite could be promised by operation, and that it was possible that recovery might ensue by energetic constitutional measures. Three days later the boy died, just at a time when it seemed that peritoneal inflammation had subsided. Now my regret is that I did not operate. Indeed, there can be scarcely a doubt that in all these cases, no matter what the stage of inflammation may be, when we are once assured that the appendix is the actual seat of serious disease, an immediate operation should be invariably insisted on.

JOINT DISEASES.

The Influence of Systemic Cachexia on the Arthropathies which Succeed Injuries.—Several cases illustrating the various phases of joint injuries and diseases have lately come into the hospital for treatment. The dominating pathological changes attending these were rheumatism and tuberculosis. There can be scarcely a doubt that various constitutional disturbances impress their stamp on many traumatisms and enhance the vulnerability of various organs and structures. This is especially true of the tissues which enter into the joints.

The articular heads of the bones are the centres of great activity during the processes of growth and development. In order to arrive at an accurate knowledge of the precise pathological conditions which obtain in certain arthritic complaints, it would be well if the terms "hip-joint disease" or "knee-joint disease" were abolished.

A young man, late in the autumn of 1894, sustained a sprain of the knee, in a foot-ball game. He was treated at home and elsewhere for "knee-joint disease." Failing to secure relief from the various fixation appliances which had been applied, he entered Harlem Hospital on the 12th of March, 1895. On a critical examination of the joint there was no evidence of any morbid changes in the capsules or cartilages, but the head of his tibia was enlarged and exquisitely sensitive. A free opening was made in the cancellous tissue of the part, the trephine entering just under the insertion of the tendon of the sartorius. A pus cavity was tapped, and a considerable residue of necrosed bone curetted out. All pain immediately ceased, and the spasmodic contraction of the hamstrings passed off. He returned within four weeks to his trade as a painter, and his "knee-joint disease" was cured. A young man entered later who a few days before had violently wrenched his knee. He was sent in to have the supposed hæmorrhagic distension of the capsule relieved by evacuation through an arthrotomy.

It was found to consist entirely of a hæmatoma in the loose cellular tissue outside the aponeurotic investment of the knee-joint, which wholly disappeared after a few days' rest, with moderate bandage pressure.

A young woman of good physique was sent into hospital for the treatment of acute suppurative synovitis of the right "knee-joint." On inspection, it was found that the patella was displaced inward and deeply lodged under the projecting surface of a large swelling, coming down from above. The case

was clearly one of acute phlegmon under the fascia lata ; its fluid contents being prevented from advancing further downward by the insertion of the fibrous hood of the fascia into the lateral surfaces of the quadriceps tendon. The articulation had wholly escaped. An incision, evacuation and drainage gave immediate relief, and final recovery was rapid.

Rheumatic Pain Sometimes Antecedent to Trauma of the Joints.—Rheumatic affections of the joints of the lower extremities are sometimes preceded by a weakening of the muscles. This precedes the intense pain and swelling. The person about to be seized is conscious of a sense of lameness or unsteadiness in the articulation. He is now liable to a fall or wrench, when all of a sudden all the typical symptoms of acute inflammation set in, and he has a pan-arthritis. To mistake this mixed condition for a joint trauma alone, and concentrate all one's attention on the local trouble may lead to serious results. Protracted fixation of a limb always interferes with its full nutrition, and arrests its growth in growing children.

During the spring months I have seen several cases in which there was supposed to be organic disease of the joints, but in which prompt recovery ensued when all retaining supports were removed, the joints allowed full liberty and rheumatic remedies pressed.

Resection of Diseased Joints, or Conservative Methods.—Formal resection of a joint is never done in my service, unless there is evidence that disease has completely disorganized it. In such cases it remains a question if an amputation is not preferable. Resection of a joint, let it be remembered, means its entire destruction. In the child, under ordinary surroundings, after a time tubercular disease of the head of a bone often tends to spontaneous arrest. My practice in aggravated cases of this type is to open and curette the joint, preserving the ligaments and cartilages. In adult tuberculosis of bone, reaction will not arrest the progress of the malady, which, once established, is usually generalized and progressive.

MAMMARY TUMORS.

Among the cases seen and treated by me within the past quarter were five cases of tumor of the mammary gland. Three of them were malignant, of the epithelial variety, one recurrent. Of the other two, one was a dermoid cyst and the other tubercular.

The Therapy of Mammary Neoplasmata.—The cyst was readily decorticated, the incision promptly healing. Seven years before, she had the opposite breast removed for the same condition, in which, up to the present time, there had been no recurrence. An incision, grattage and drainage cleared away the strumous infiltrate.

The principles which should govern us in the management of cancer of the breast are still *sub judice*, indefinite and unsettled. The reports of the results of tumor extirpation show that a complete removal of all the axillary absorbents, with the diseased mammary gland, is superior to all the other methods in use.

I treated one of three cases by this plan, because there was already an immense secondary growth in the axilla, which had to be removed by a very delicate dissection in order to avoid damage to the main arterial trunk, which was attached to the tumor.

The thoracica longa and the thoracica alaris arteries were divided, and the axillary vein opened ; but all hæmorrhage was readily subdued. The patient ultimately made a good recovery, though with marked limitation of shoulder action, in consequence of the cicatricial contraction in the apex of the axillary space. The direction of dissemination in scirrhus is always centripetal, along the course of the absorbent vessels. The adenomatous structures of the lymphatics serve as outposts to prevent systemic infection, and no doubt are invaded at an early date. The complete operation entails an extensive mutilation of tissue, and is perhaps more dangerous to life than simple mammary excision ; but the promise which it gives us against relapse more than outweighs these objections.

One patient with a small, hard scirrhus refused operation, and later, I was informed, went into the hands of a charlatan.

A case of recurrent cancer had been first operated on by me in November, 1884, and again six months later. She had refused any further cutting operation. In her case I have employed a powerful chemical cautery, with the hope of being able to clear away a fungating crop of pulpy granulations which occupied the site of the scar tissue. It succeeded fairly well at first, but its repetition, in an attempt to destroy the substrata of neoplastic elements, was attended by such agonizing pain and positive shock that life was endangered, and my patient declared she would rather die than undergo the ordeal again.

When arsenical paste was employed, although its activity in charring the tissues was decided, yet there were invariably symptoms of constitutional poisoning. Numbness of the extremities from toxine, neuritis, nephritic irritation, sore throat, and very severe gastric symptoms, followed in every instance.

My unsatisfactory experience with caustics has led me to employ them in malignant growths with caution, and never except on those which occupy the periphery and are of a very limited area. In labial epithelioma, or on senile growths involving the nose or eyelids, the caustic substance will serve a most useful purpose.

The above incomplete notes and comments refer to classes of cases that commonly come under my observation, the treatment of which has been vastly improved of late years. If, in only a limited degree, I have succeeded in calling attention to their most salient features and indicating rational methods in their management, my aim has been accomplished.

CASES IN PRACTICE.*

Polypoid Degeneration of Mucous Membrane of Bladder, under care of Dr. FRANK HALL, Victoria, B.C.

We are sufficiently familiar with growths from the endometrium, the presence of which scarcely demands passing notice, but it is somewhat unusual to find the mucous membrane of the bladder invaded by similar conditions. The literature upon this subject appears to be scant, owing, no doubt, to the fact that facilities for observation of the interior of the bladder have been, and with many of us are still, conspicuous by their absence. The seat of this form of growth appears to be the base of the region of the trigone; here the mucous membrane is thinner, more sensitive, and more closely adherent to the sub-mucous structures than in other parts, and does not participate in the folds or wrinkles which characterize the mucous membrane when this organ is empty. The fact that this part is more apt to be injured during delivery by compression of the child's head in the adjoining passage; also, that it is the most dependent part and more subjected to irritation by the decomposed products of cystitis, may account for this area being the preferred location of such growths as we are considering. Posterior displacements of uterus may also be an exciting cause by producing tension on the parts. A well-known author states that this condition consists of an irregular thickening of the mucous membrane, accompanied, as a rule, by hypertrophy of the muscular and serous coats. There is also an increased blood supply, the membrane being bright red in color, the capillaries dilated and the whole mass bleeding easily to the touch, having somewhat the appearance of fresh granulations. Upon the free surface there is an excessive cell proliferation these cells being in a transitional state—that is, occupying the position between imperfect and perfect condition of development. Upon the surface are often found incrustations of urinary salts.

Mrs. H., aged 36, good family history, and mother of five children, youngest thirteen months old; for seven years had complained of irritable bladder, with frequent and increasing desire to urinate; blood frequently appeared in the urine. Had received well-directed treatment at the hands of her physician, who told her that if she could have another baby her bladder trouble would be a thing of the past; but instead of alleviating, pregnancy increased the trouble to such an extent that her strength was becoming exhausted by loss of rest occasioned by the irritability and irrepressible desire to urinate, which compelled her to rise about every twenty minutes during the night. The desire was less frequent during the day. Vesical strangury and hæmorrhage were added to other discomforts; pain was not a prominent feature except directly after urination.

*Read before Victoria Med.-Chi. Society.

The cystorrhagia was considerable, yet not sufficient to produce marked anæmia. She occasionally passed shreds of membrane covered with phosphatic incrustations.

Microscopic examination of urine showed excess of phosphatic deposit and masses of tissue; physical examination showed mucous membrane of urethra congested and everted; pain upon pressure along urethra increased over the base of the bladder; uterus and appendages normal.

Under anæsthetic the urethra was dilated with sounds and the little finger introduced into the bladder; found the base studded with granulations from the size of a pin-head to a large pea, some of the masses somewhat soft to touch, and partially covered with urinary salts. These growths were easily broken down with finger and bled profusely. As many as possible were removed and the bladder irrigated.

Four days afterwards the patient was again anæsthetized and bladder thoroughly curetted, until examination by the finger showed base relieved of all roughness and irregularity. Patient was placed on lithia and salol internally, with vesical irrigation of boric acid solution and insertion of urethral bougies of cocain, iodoform and boric acid after each urination.

No febrile reaction, neither paralysis of sphincter, and no subsequent hæmorrhage. Patient regained complete control of her bladder, and within five days could retain urine for two hours, and within ten days for three hours. Vesical discomfort had ceased and she left the hospital greatly improved in general health.

NOTES ON THE TREATMENT OF ENTERIC FEVER.

By C. J. H. CHIPMAN, M.D., Ottawa.
House Surgeon, County Carleton General Protestant Hospital.

To be original is difficult, and even the researches of the most careful investigators often reveal nothing but what has already been partly known or conjectured. Most of our views and opinions, moreover, are but the filtrates of those of some of our predecessors more or less modified in the process of percolation.

Enteric fever is one of those diseases the treatment of which, as well as the type of the disease, has undergone considerable modification in late years. Time was when a dry and brown tongue, diarrhœa, delirium, and marked tympanitis were prominent and almost invariable symptoms of the disease. Hæmorrhages were apt to be frequent and severe, and though temperatures were not so carefully recorded in those days the range was often much higher. In the treatment, little was done in the way of using local means to reduce the temperature, there was a decided disinclination to disturb the bowels when not relaxed—the cases were somewhat more protracted and the

mortality increased. Of late years, however, diarrhœa is not frequent and tympanitis is never allowed to go beyond a certain point.

There are two factors which, though they affect to a greater or less extent every case of continued illness, seem to me to exert more influence in this fever than is generally admitted. These are good nursing and the *vis medicatrix naturæ.*

The disease itself is now pretty well understood, its seat is known, its cause is generally agreed on, its symptoms have been carefully studied and its various complications and sequels fully noted. We, have, then to contend against a poison which has been taken into the system and is expending its force on a certain portion of the economy, giving rise in the course of its workings to a certain train of symptoms. Have we any means of counteracting this poison at the outset? In other words, can we abort or, as it is often expressed, "break up" the disease? I think not. Have we any certain means of greatly modifying the disease during its course, or preventing complications by any one method of treatment? I think not. We may modify the severity of the symptoms to some extent, we can prevent the occurrence of continued excessive pyrexia, we may by careful watching ward off complications. Numbers of cases, however, are seen by every practitioner in which the closest watching, the most careful nursing and the most judicious exhibition of remedial measures will fail to shorten the course of the disease or prevent the occurrence of serious or troublesome complications. The course of the disease and the average results are very similar in hospitals everywhere in the present day. And whether the treatment be by baths exclusively, quinine, antiseptic, saline or the new antipyretic; we find by looking over the charts but very little difference in the number of days or in the range of temperature. Though the method as revived by Brand in 1861 (though really advocated and used by Currie, of Liverpool, in 1787) is very much in favor in some hospitals, it cannot well be carried out in private practice, and in any case is, I think, very trying. If there is one form of treatment which seems to promise better results than others, both as regards warding off complications and even, perhaps, shortening the course of the disease, it is, I think, by a combination of cold sponging and an antipyretic such as phenacetin, with an intestinal antiseptic like salol, and the keeping of the bowels regularly acted on by calomel or magnesium sulph.

Burney Yeo has largely advocated the use of chlorine water internally from which he professes to have obtained excellent results. With regard to feeding, though milk diet seems to answer best as a rule, there are cases in which it does not agree even when peptonized. In such cases I have seen a number of instances where barley water *ad lib.* was given with very satisfactory results. As to complications, decided diarrhœa may often be checked by a few turpentine stupes, though subsequent mild astringents may be needed. Hæmorrhage generally yields to turpentine and ice. The later accidents, such as pyæmic abscesses, thrombosis, etc., which may arise will call for appropriate measures. While fortunately not a very fatal affection,

it seems to be one of those diseases which, at certain seasons, invariably turn up. It remains to be seen whether sanitary science and preventive medicine are going to do away with it.

A NEW NASAL TABLET.

By MURRAY MCFARLANE, M.D., Laryngologist St. Michael's Hospital.

Having been for a long time, in common with many others of the profession, dissatisfied with Seiler's and Dobell's solutions for cleansing purposes in nasal work finding them too irritating in the great majority of cases, containing as they do a large number of oils and antiseptics out of place in ordinary diseases of the nasal cavity without pus formation. Looking around for some substitute that would consist of a slightly alkaline solution as nearly of the same specific gravity as the blood plasma as possible, thereby preventing too much osmoses or endosmosis of fluids in the nasal cavity, I was taken with the idea that if the soluble salts of the blood could be made into a tablet which, when added to a certain quantity of water, would result in a solution practically the same as blood plasma, the required result would be obtained. Parke, Davis complied with my desires, making an excellent tablet containing the potassium and sodium salts of the plasma, with the addition of 1-16th of a grain of menthol to each. Having used it and found it of great service as a mild non-irritating solution for cleansing purposes in nasal work, I sent a supply to several medical men, who all report themselves as greatly pleased with its effects. Parke, Davis & Co. will supply those desiring the tablet under the name "Plasma Alkaline Tablet." The tablet is dissolved in two ounces of luke warm water and used as a spray in nose and throat work wherever a cleansing solution is desired.

Reports of Societies.

HURON MEDICAL ASSOCIATION.

The regular quarterly meeting of the Huron Medical Association was held at Clinton, October 9th, 1895, with Drs. Amos, Burrows, McAsh, Shaw, Turnbull, Campbell, Gunn, Murray, Taylor, Sheppard, Mackay, present.

In the absence of President Smith, of Mitchell, Dr. Taylor was appointed to the chair.

The minutes of last meeting were read and adopted.

Dr. Amos spoke at some length in favor of Dr. Rollins' resolution, regarding the evils of masturbation in the schools. After considerable discussion it was decided to hold over till next meeting; in the meantime the Secretary was to send a copy of resolution to Dr. Bryce, Superintendent of Insane Asylums, etc., in order to secure their opinion regarding the subject.

Dr. Gunn gave history of an operation for removal of an ovarian cyst with many adhesions. The opposite ovary was attached to the posterior wall of the cyst. He found the difficulty of separating adhesions much simplified by placing the patient in the Trendelenburg position. The specimen was shown to members.

Dr. Campbell described a case of scirrhus of head of pancreas. The symptoms at first were those of catarrhal jaundice but resisted treatment when, the increased emaciation, pain and cachexia, etc., soon led to diagnosis of neoplasm of liver or duodenum. The clayey stools became of a bloody character. Patient then rapidly sank and died. Postmortem revealed a scirrhus of head of pancreas having involved the common duct and liver. An ulcer at mouth of common duct eating into an artery, explained the hæmorrhage. In this case there was emaciation, jaundice, pain (burning and shooting), cancerous cachexia, fatty stools, no tumor at first, no elevation of temperature and no ravenous appetite. The specimen was shown to members.

Dr. Turnbull presented a case of chronic transverse myelitis resulting from a fall of over thirty feet from a building, which fractured the left leg and at the same time produced paralysis and loss of sensation in both legs, with paralysis of the sphincter ani and retention of urine, followed by cystitis. Symptoms in a few weeks improved slightly. There was gradual return of motion, control over sphincters, etc., but the feet and legs commenced to swell and there were drawing sensations across the hips. Then there was no improvement for the last several months. In the discussion which followed, the general opinion was that the prognosis was bad. The treatment had been ergot, bromides, nux vomica and electricity, etc. An operation had been advised after the first few weeks, but could not be obtained.

Dr. Gunn spoke on spinal lesions, illustrating by drawings.

Dr. Burrows gave a very good history of a case of renal colic with the usual treatment. Drs. Sheppard, McAsh, Shaw and Gunn followed in discussion.

Dr. Turnbull reported a case of tracheotomy in a child two years of age, for relief of strangulation by a foreign body in larynx. The symptoms were relieved as long as tube was left in position, but immediately on removal they became as bad as ever.

The meeting then adjourned. Next regular meeting will be held in Seaforth on Tuesday, Jan. 14th, 1896.

The following is a copy of a resolution brought in by Dr. Rollins at the meeting held in Seaforth, July 9th, 1895, and laid over to be considered at next regular meeting at Seaforth, January 14th, 1896 :

That the Huron Medical Association, assembled, hereby resolve:

1. That in the opinion of this Association, sexual vices in the young, as masturbation, exist to a detrimental extent.

2. That association in school and colleges tends to its development.

3. That its victims physically and mentally deterioriate.

4. That it is a frequent cause of insanity.

5. That its victims are usually ignorant of its effects.

6. That it is a subject urgently calling for discussion, action and education.

7. That education of parents and children affords the only means of permanent improvement.

8. That no false modesty should stand in the way of medical men, school boards, teachers' institutes, health boards and government departments lending their aid to its extinction.

9. That, in our opinion, the most effective way of reaching the evil would be by popular, judicious lectures to the different sexes and ages, under the auspices of school boards or health boards, sanctioned by such provincial department.

10. That a copy of this resolution be sent to associate medical associations, Ontario Board of Health, Minister of Education, and such other bodies as the President and Secretary may deem advisable.

Special Selections.

RHEUMATISM; ITS PATHOLOGY AND MODERN TREATMENT.

By E. S. PETTYJOHN, M.D., Alma, Mich.

Owing to the lack of definite etiological and anatomical bases for the classification of rheumatism as a disease, its study, as yet, is one largely of symptomatology.

Scudamore holds that rheumatism is a disease external to the system which itself becomes affected in a secondary manner by sympathy, but in turn reflects back its influence upon the external parts. He says we may view the effect in the light of a common inflammation modified by the exciting cause (cold) and by the influence of the particular textures affected.

Another theory is that the symptoms of rheumatism are set in motion by the abstraction of heat, which produces contraction of the superficial vessels succeeded by dilation and afflux of blood of the parts,

* Read before the Michigan State Medical Society, Bay City, 1895.

dilation being maintained long enough to result in inflammation. But the capillaries are non-muscular and the regulation of their blood supply is by nerve action.

Dr. J. K. Mitchell believes that rheumatism has its origin in the medullas pinalis and depends upon irritation of the organ.

Prout first suggested that the absorption of lactic acid was the cause of derangement of the secondary assimilating powers and produce rheumatism, catarrh and ague according to exposure to various influences combined with diatheses. This is also supported by Richardson, Todd and Haig. A later view of the same theory promulgated by Senator is that the acid is developed in the muscles of activity, and that a chill causes a retention of this acid with other effects material, the which produces rheumatism. While lactic acid is found in excess in the blood in this disease, Dr. MacLangan holds that this excess is the result of increased metamorphosis of glucose (the non-nitrogenous tissue element of the motor apparatus) as a product of the effect of rheumatic poison on the fibrous textures of the joints. He holds the miasmatic theory of rheumatism and believes the disease to be almost analagous to malaria. He charges the bacillus malaria with the crime of generating both ague and rheumatism. Bertolon and Pell regard a distinct connection between rheumatism and malaria, the latter stating that in Amsterdam in the years when malaria is prevalent there is little rheumatism and *vice versa*.

Still another view is that rheumatism arises from a profound disturbance of the heat-regulating apparatus which especially affects the muscular system, causing the heat to be generated without work ; one of the consequences being that impressions of pain are conveyed to the brain by the articular nerves instead of by work performed. There must be retention of heat to account for rise of temperature, but it is not the heat of work done.

A careful study of the theories just mentioned as to the cause of the group of phenomena called rheumatism will determine that each has some element of truth, supported by experimentation and clinical observation.

The belief that rheumatism is an infectious disease produced by bacteria is the true one, and is rapidly gaining credence. Rheumatism is intimately related to other infectious diseases, especially malaria, endocarditis, meningitis and chorea, and often eventuates in neuroses. It frequently occurs in epidemics, as reported by Eichorst from the hospital at Zurich, and by Pell, of Amsterdam, who cites a case of a patient that was removed to a bed between two others suffering from rheumatic fever. She never having had rheumatism, was attacked with it coincidently with a relapse of this disease in five other patients.

Similar cases are mentioned by Schafer, Salisbury and Thorensen, the latter having observed the spread of the disease by personal contact as Sawyer observed malaria.

Edelfen states that in Kiel it is a house disease like fibronous pneumonia and typhoid fever. He reports

728 cases occurring in 492 houses. Muller has shown that the disease does not occur within a few hours after exposure, but that it has a *prodromal* period, as in other infectious diseases, and that often the fever precedes by days, the articular and other symptoms.

The schizomycete or bacterium which produces rheumatism is taken into the blood where its action or presence is responsible for the rapid diminution of the red corpuscles by robbing them of their oxygen and the greater increase of the white blood corpuscles, also for the increase of the fibrin from three to seven or eight parts to one thousand. The infectious organism seeks the white fibrinous tissue, and the serous tissue of the motor apparatus, because here it finds the best medium for growth and development. The schizomycete acts as a local irritant wherever it lodges. It alters the constituents of the blood stream, which it fills with more of its kind. The parts inflamed form favorable media for the rapid multiplication of the schizomycete, and the contaminated blood carries them along to produce results elsewhere. I believe all the phenomena of this disease and its sequelæ are the result of the morbid state of the blood, produced by the presence of the offending schizomycete and its products. I am persuaded that two or more deleterious schizomycete may exist at the same time in the system as in cases of phthisis where intercurrent attacks of rheumatism occur, or where we have pneumonia in a patient with anthrax. While there are millions of microbes in food, the water and air, and in the blood, and while the blood itself has power to diminish or even destroy, by the million, various bacilli in a few hours, even the typhoid bacillus as shown by Fedor; while the streptococcus pyrogenes of Rosenbach is harmless in healthy saliva so long as the epithelium is intact, each of these same bacteria may produce death.

Careful post-mortem examinations have failed to find altogether adequate lesions explaining the morbid symptoms of rheumatism. Hæmorrhages have been found in the mediastinum, endocardium, pericardium spleen, pleura, in the meninges and peritoneum. Also cloudy swelling of the kidneys, liver and heart with injection of synovial membranes and erosion of cartilages with many morbid states, positive proof of an infectious process.

The exact schizomycete of rheumatism has not yet been found, but proofs are sufficient to warrant thorough experimental research, to isolate, to cultivate, inoculate and demonstrate the constant presence and the positive identity of the microorganism of rheumatism.

However much we disagree in theory, we may all agree as to the clinical history of rheumatism, viz., that it is a disease of youth, especially between the ages of fifteen and thirty years; that those exposed to the weather and bad air, and who are poorly nourished, are especially liable to suffer from this disease; that it is prevalent in warm and temperate climates, and near the sea coast; that there is greater liability, other things being equal, of its recurrence in those who have once been afflicted.

An attack is usually ushered in by a chill or rigor, followed by feverish-

ness, stiffness or pain (which soon becomes intense) in one or more red, swollen, tender joints. This is accompanied by perspiration and prostration. The patient is helpless and restless. The face is flushed, the pupils dilated ; the whole body is hot and bathed in sour-smelling perspiration. The temperature is 100 degrees to 105 degrees F., the pulse rapid, full and soft. The tongue is covered with yellow fur ; there is thirst, anorexia and constipation. The urine is diminished, dark red, and of high specific gravity, highly acid and often contains albumen. The inflammation, with all its accompaniments, migrates from joint to joint, from sheath to tendon, synovial membrane to periosteum, from endocardium to neurilemma, always announcing its arrival by some or all the phenomena known of that condition. The duration is from a few days to weeks or years. The results are: Joints stiff or anchylosed, or nodulated changes in sheath, tendons, ligaments, periosteum, endocardium, pericardium, valves and heart muscles, synovial membrane and neurilemma, with a medley of morbid conditions, such as hematuria, paraplegia, paralysis of the bladder (from implication of the spinal cord), hemiplegia, monoplegia from cerebral diseases, chorea, melancholia, sanity and imbecility.

Few diseases have had so many recommended remedies and vaunted specifics for their alleviation as rheumatism. Nevertheless, there are certain well-recognized principles of treatment directly applicable in this disease. The treatment differs in the acute and chronic forms of the disease only in degree, duration and detail.

We must alleviate pain, reduce temperature, open the emunctories of the system, rid it of the *materies morbi* that it contains as partly the cause, partly the result of the systematic disturbance. The patient's room should be large, well aired, and one where the sunshine is a daily visitor. The air should be at an even temperature of 75 degrees F. Two beds should be used, one during the day and the other during the night. No linen should touch the skin, and the patient should wear woollen under-garments night and day, during and always subsequent to an attack — a light-weight for summer, and medium for winter. I am certain that people wear too heavy under-garments in winter and too thin in summer. Absolute rest of mind, body and eyes should be enjoined.

Affected joints should be enveloped in wool kept in position by a light bandage. If not greatly swollen a plaster-of-paris bandage should be applied, the limb elevated and the joint immobilized. Opiate lotions, evaporation being prevented by oilskin, are to be used when the capsular ligament of the joints resists expansion and the plaster bandage is not used. Blistering, bleeding, leeching and cupping, as practiced by Sydenham, are replaced by general remedies indicated, combined with antiseptics, alteratives, laxatives, diuretics and tonics. The diet should consist of liquid food, custards, lemonade, citrate of potassium in solution, and other acids and cooling drinks,

along with an abundance of water, effervescing waters, koumyss, matzoon and milk. In extreme hyperpyrexia, uncontrolled by moderate doses of drugs, the cold bath, in which the water is cooled rapidly but gradually from 94 degrees F. to 68 degrees F. should be used, its effects being watched carefully. The warm bath should be used daily for twenty minutes with massage while in the water. Alma-bromo water has been most effective in my hands for the past two years. Turkish, hot-air, vapor and Russian baths, with manipulation, aid greatly in elimination. Galvanism and Faradism, in the hands of those who understand their use, relieve pain and help to prevent muscular weakness, atrophy and deformity.

Without discussing the chemical reaction and the therapeutic rationale of modern remedies used, we desire to note the clinical results, as near as ascertainable, of a few of the more valuable drugs used in the treatment of this disease.

Antipyrin, according to See, Guttman and Stezeninski, in doses of from four to six grains per day, and continued for a week or ten days, produces beneficial and satisfactory results. This I would not dare to use where there is heart weakness or valvular lesion. They hold that it is found efficacious where antifebrin and the compounds of salicylic acid have apparently failed. Its use, they say, reduces temperature, alleviates pain, and prevents implication of the cardiac membranes, without producing any of the unpleasant effects caused by salicylates.

The beneficial results obtained by the drugs in these cases are stated to be 41.8 per cent. Fowler's solution in five-drop doses, gradually increased, according to tolerance, and then reduced to one-half of the last dose given, and continued for several weeks or months, as in chorea, seems to have produced excellent results in mild non-febrile cases. Cascara sagrada has been extolled by Dr. Goodwin and others, giving in fifteen to twenty minim doses every four hours. No attempt has been successful in explaining its action, but the results are probably due to the laxative effects helping elimination, salicin and the salicylate compound being among the most powerful antiseptics known, I believe, on this account, to be the sovereign remedies in the treatment of rheumatism. These should be used alone with laxatives, alteratives, eliminants, stomachics, tonics and proper attention to the general rational indications. To Maclagan, Striker and Riess we owe credit for bringing this remedy to the notice of the profession. Salicin produces many similar effects to those of quinia.

In an acute case the treatment with salicylic acid or salicin should be commenced by giving twenty grains of the drug in elixir of lemonade every two hours for the first twelve hours, or until tinnitus aurium is produced. The same dose is to be continued every three hours for the next twelve hours, and thereafter for four or five days the same amount is to be given every four hours. The regulation of the amount given is to be determined by the physiological effect and abatement of the symptoms, *i.e.*, the reduction of the tem-

perature, the relief of pain, and the depression of the heart's action. The most frequent cause of failure in the use of this remedy is in not giving a sufficient quantity at each dose, or not repeating the amount frequently enough. Whenever the symptoms begin to subside the amount of frequency, or both, should be diminished to the point of saturation, but the remedy should be administered for at least six weeks in every case, aided by constant elimination and repair. I have found good results within the first forty-eight hours, and the more acute the case the more effective the results of the remedy. In treating over two hundred cases I have not found any who have not obtained benefit, and sixty per cent. of the primary acute cases have been entirely relieved. The more chronic the case the longer the treatment should continue.

I believe the heart and brain complications sustain the same relation to the schizomycete, or the blood changes produced by its presence, along with a local inflammation, as does the joint affection. I have not often noted heart or brain mischief where the salicyl treatment has been used from the beginning and there was no previous heart lesion; usually later on, in cases where the salicin has not been used until inflammation has already occurred in the cardiac membranes, upon which the salicin preparations have no direct effect.

To cure the rheumatism is not to cure the heart lesion, for the effect may remain after the cause is removed. The appropriate treatment of the rheumatism at its inception ought to prevent the heart from becoming affected. After it is once affected, however, relief is obtained only in the same way as if the inflammation had arisen from other causes. The same is true of inflammation of the dura mater. I speak of these because I believe the only immediate or remote danger to life in cases of rheumatism to be in the implication of these organs.

After the more acute symptoms have subsided, quinia, cod-liver oil, iron, Fowler's solution, and the iodides in small doses should be administered for weeks, and even months, as the inflamed textures do not recover their tonicity so soon as the inflammation ceases. The administration of the salicyl compounds arrest the course of the disease chiefly by their antiseptic and antimicrobic action, destroying or rendering inert the schizomycete concerned in its production. They also have a diuretic effect. They reduce the temperature by removing the cause of the inflammation by which the temperature is produced, and thus relieve tension and pain simultaneously. They thus arrest and shorten the course of the disease by removing its cause.

By the elimination of the *materies morbi* through the emunctories of the body, accomplished by the use of hydro-therapeutics and our ordinary remedies, we have the system again restored to its normal state, save the effect of the attack upon it of the specific schizomycete which has produced the malady, and the possible retention of some of the microbes for future ravages whenever the condition of the system becomes favorable for their multiplication and renewed activity.

PECULIAR PRINCIPLES.

Long before they came in touch with civilization, away back in the palæolithic stage of their existence, the Greenlanders, Laplanders and Esquimaux were acquainted with the fact that cod-liver oil possessed peculiar virtues which distinguished it from all other oils and fats.

Other oleaginous substances, certainly not less nutritious, have not proved equally efficient though taken in much larger quantities. People who live chiefly on milk, which abounds in oil, or on fat pork, do not show a special exemption from consumption and scrofulous complaints. Neither does the advantage it may possess over other oils and fats of a readier entrance into the system, and more easy assimilation, account for its peculiar virtues; for other oleaginous substances, after they are assimilated, do not produce the effects of cod-liver oil.

The true explanation of the peculiar stimulating action of cod-liver oil on tissue metabolism was discovered by the celebrated chemists MM. Gautier and Mourgues, of Paris, France, who found that in consequenee of some "peculiar principles" it contained, cod-liver oil exercised a stimulant and alterative influence on the processes of assimilation and nutrition, thereby aiding in the production of healthy tissues.

When these "peculiar principles" are removed from cod-liver oil it no longer differs in its mode of action from any other oleaginous substance. Its stimulating power upon tissue building is gone. It is now the same as cream, butter, lard oil, or the fat of pork, only with the disadvantage of being extremely disgusting in odor and having a nauseous taste. Moreover, the cod-liver oils from which these peculiar principles have been removed may become dangerous remedies, "for the administration of large quantities of fat retard tissue metabolism, exhaust the oxygen supply, and render the suboxidation of the proteid molecule with all its ill-effects doubly certain.

The fat of the body is *not* (though popular belief has it so) the stored fat of the food. This fact was originally pointed out by Hippocrates in ancient times, and has been reaffirmed in modern therapy in the treatment of corpulency by the methods of Oertel and Ebstein. Further proof is furnished of the truth of this statement in that cows yield milk rich in fat, yet there is very little fat in their food, while bees manufacture wax for building honeycomb out of food consisting principally of carbohydrates. Furthermore, if the fat of the body consisted of the stored fat of the food it would vary in specific gravity, melting point, and chemical composition according to the nature of the fat ingested. The truth is that the fat of the body is made in the body itself from proteids and carbohydrates, and the fat of the food takes very little part in its formation. The function of fat in nutrition is distinctive. Its use as a food supplies the body with fuel. The fat of cod-liver oil can be of no use when taken into the system. It is absurd, therefore, to claim that the fat of cod-liver oil, when deprived of the "peculiar principles" to which it owes its therapeutic efficacy, is of

value as a tissue builder. It not only hinders tissue building, but by its physiological action, as already stated, disturbs the digestion and prevents the utilization of other and more valuable forms of food stuffs.

It is evident, therefore, that to obtain the full benefit of cod-liver therapy, its fatty matter should be discarded and the "peculiar principles" which stimulate tissue metabolism should be employed. These powerful stimulants to nutrition should not be used without administering in conjunction therewith a properly selected diet in which all the elements of nutrition exist in due proportion. By administering Stearns' Wine of Cod-liver Oil containing the organic bases discovered by Gautier and Mourgues in conjunction with a properly selected diet in place of the senseless routine treatment too often adopted, in which patients are often seriously injured by overdosing them with fat, far better results may be expected.

It has been pointed out that the source of the "peculiar principles" referred to existing in cod-liver oil is the fresh liver of the cod, and that their presence in the oil is only incidental and in proportion to their solubility in fat. We sent a commission to the cod fisheries of New England to verify these observations and are now, therefore, using carefully selected fresh livers taken from the living cod under our own supervision, for the manufacture of our Wine of Cod-Liver Oil.

That our recommendations in this connection are in line with the latest therapeutic thought is evidenced in a recent paper by Dr. T. J. McGillicuddy, of New York, who recommends diet and systematic muscular exercise in the treatment of tuberculosis. The plan of treatment was described in the *New York Medical Journal* for October, 1894. It "consists in giving at frequent intervals of considerable quantity of carefully roasted or broiled beef or mutton, raw eggs, steak, bread, butter, sterilized milk and vegetables. After a few days of treatment the meat should not be less in amount than a pound a day, and the quantity of bread and vegetables should be even, if possible, somewhat larger. When there is a disgust for the meat diet the stomach needs special treatment for a short time only, by the addition of a digestant such as dilute hydrochloric acid and hot water to remove irritations."

In the discussion following a paper read by Dr. McGillicuddy on the same subject before the New York County Medical Association, October 21st, 1895, Dr. Max Einhorn said: "Tuberculosis patients should take plenty of food in almost any variety so long as they have not much distress from it. Butter was one of the fats most easily assimilated, and should be given freely. A quarter of a pound of it contained nearly as much heat as a quart of milk, and could be easily taken if it were accompanied by some meat, bread and milk. He usually told phthisical patients to take some milk at each meal, and to take five meals a day. To the milk might be added some meat broth. He would certainly advise exercise, but it was best to take it out of doors. The patient should not overdo."

PRACTICAL HINTS AS TO THE TREATMENT OF DYSPEPSIA.

When the attention of the profession was first called to the use of pepsin, it was thought by many that it would be a universal cure for nearly every case of indigestion, but it has failed to prove its value in so many cases that a great many practitioners have ceased to use it. Then it was thought that pancreatic extracts, either alone or combined with pepsin, would be a great panacea, and there has been a great deal said pro and con as to the use of such compounds; but the situation to-day is that many practitioners have lost all faith in digestive animal ferments, while others have equally as much confidence in their efficacy. These disappointments are mostly due to these and also diastasic preparations being prescribed in unsuitable cases. A very considerable portion of cases of indigestion are due to the insufficient mastication of food, and this is followed by imperfect digestion in the stomach. If the stomach is loaded with fermenting material or mucus, the use of hot water sipped slowly an hour before each meal may be depended upon to give good results. If the secretion of pepsin is defective, pepsin should be administered; if there is a deficient secretion of acid, hydrochloric acid should be administered with the pepsin; if the salivary secretion is deficient in quality or quantity, and the patient will not take time to chew his food slowly, or if he has the bad habit of chewing tobacco after eating, or if he is a smoker who expectorates while indulging in his smoke, it will be necessary to administer diastase immediately after the meal, so as to assist nature in the proper transformation of the starches of the food. In such cases we usually rely for the diastase on maltine plain, or with cascara sagrada if there is constipation. When the process of stomach digestion is incomplete, the acid fermenting material gives rise in time to duodenal catarrh; this produces a congestion of the membranes and interferes with the free flow of the biliary and pancreatic secretions, and also the activity of the glands throughout the entire intestinal tract. This is the most common form of indigestion, and has received the least attention. Many cases of so-called neurasthenia are merely reflex irritations from duodenal indigestion; the "gone" feeling, the malaise, the sensation of being always tired, cold and hot flushes, inability to sleep well at night, but with heaviness during the day, and flatulence, are some of the symptoms of this form of indigestion, and it is sometimes not inappropriately called "nervous dyspepsia." The treatment should be comprehensive, taking into consideration the salivary, stomach and intestinal secretions, and it is of the utmost importance that the alimentary canal be kept clean, and laxatives given if necessary. In cases where there is loss of weight and general debility, with the nervous symptoms prominent, we know of no one preparation that will give more satisfactio nt han Maltine with Coca Wine, which should be taken at, or immediately after, eating. Each ounce of this preparation contains enough diastase to digest fifteen ounces of starch at the bodily tem-

perature, and all the active principles and extractive matter from thirty grains of erythroxylon coca leaf. The beneficial tonic effect of the coca in this combination is felt immediately, and the diastase will so advance the digestion of the starches of the food that the duodenum is relieved of a certain proportion of its work, and good effects follow promptly.

One cause of confusion in treating these cases is due to the impression that the acid in the stomach destroys the action of diastase. On the contrary, diastase acts as well in a neutral or slightly acid medium as it does in alkaline—in fact better—and it takes from thirty to forty-five minutes from the close of an ordinary meal for the percentage of acid in the stomach to reach the point at which diastasic digestion is impaired. —*The Medical Fortnightly*.

THE HEART IN RHEUMATIC FEVER.

Henry Conkling (*Brooklyn Medical Journal*). In severe diseases, the heart, lungs, and brain are affected either as a part of the disease or as a complication; but the term complication, as applying to cardiac affections in rheumatism, is a misnomer. If rheumatism begins in the knee joint, and later the ankle should become affected, it would not be considered a complication. In the same way rheumatic endocarditis or pericarditis is a part of the disease. The tissues in and about the thorax are similar to the tissues of bony articulations. At every visit the heart should be examined in a case of rheumatic fever. The author depends on two methods of examination: (1) Palpation, and (2) auscultation. This applies in the present article only to endocarditis and pericarditis. By palpation is learned the presence of irritability; from auscultation, accentuated sounds. The foregoing symptoms are not found in other fever patients. Endocarditis or pericarditis introduces a new element, either a fulness of the vessels or a swelling of tissue or actual exudation. Any of these can disturb the normal action of the heart. Irritability here means the presence of a foreign body; accentuation, either in the right or left heart, indicates an attempt to get rid of that same body. The author has found few symptoms of aid in diagnosticating endocarditis or pericarditis. Pain is frequently never present, but dyspnœa may be. Facial expression is not always of aid. Restlessness is sometimes absent. No hint is given by gastric or renal disturbance. In a heart with chronic valvular disease there is a changed nutrition. The irritation of the poison in the body, and the fever added, give an extra burden to the heart. Rheumatic pleuritis is painful. If effusion occurs it rapidly disappears. A rheumatic pleuritic effusion is apt to have an attending endocarditis. To detect the beginning inflammatory change in or about the heart, repeated examinations must be made by the methods mentioned above. From palpation may be learned: (1) Irregularity of apical impulse; (2) disturbance of rhythm in diastolic rebound; (3) Friction fremitus; (4)

reduplication of impulse. In fever-hearts there may be a negative increase of impulse, but rapidity of the heart is not always present, the pneumogastric not having lost its full control. The sweeping movement of the heart when it rebounds, makes a movement against the chest wall, and when this is increased, it indicates a new force. The greater the irritability the greater this movement against the chest wall. Friction fremitus is exocardial or pericardial. It may be felt about the base at the great vessels about the right anterior ventricular surface or toward the apex. If very great at the latter position, it prognosticates adhesive bands. The difference in contraction between the right and left ventricles gives two impulses at different times, where normally two should be present at one time. From auscultation may be found: (1) Absence of or change in sounds; (2) friction clicking sounds; (3) Exocardial murmurs; (4) endocardial murmurs. In this connection there seldom is accentuation at the apex, but the aortic or pulmonary second sound, one or the other, seldom both, is accentuated. It means some basic pericardial change, seldom, so early, endocarditis. Frequently occurring rheumatic inflammation about the great vessels will cause a click. One or more short sharp explosions are heard, due to the change of position from movement of the inflamed tissue. If the stethoscope is placed lower the clicking sounds disappear and exocardial murmurs are heard, due to pericardial inflammation. They bear no relation in time to the cardiac sounds. Exocardial murmurs indicate the formation of a "white patch." A swelling of the mitral valve not touching the chords gives rise to a murmurish quality of the first sound, because coaptation is not complete. Endocardial murmurs may be heard about the pulmonary, mitral, or aortic orifice. The inflammation rarely goes to the oarta near the valves, and so no extra valvular sounds are heard. Of all the murmurs, the pulmonary, systolic in time, disappears the quickest. The heart must be watched as is a joint, not caring for arteries or veins, nor for any transmissions. If it becomes diseased it must be treated. If the disease disappear the heart must still be watched. If it continue there must be change of treatment. A rheumatic joint is treated to rest and position by the patient. Is a rheumatic heart so treated? Murmurs of the right heart disappear because the right heart governs only a limited circulation. The pulmonary recoil is slight. The aortic and mitral murmurs remain and become permanent, because as soon as the pain in the joints is gone the patient gets up and goes about, putting extra work upon the heart and movement upon weak tissue. So to prevent valvular disease, keep patients quiet and recumbent until the sounds and rhythm are normal, or, at least, have reached a minimum. Too much stress cannot be laid upon absolute rest. Prevention is better than cure.—*Medical and Surgical Reporter.*

LUNG SURGERY.—Pean (*Presse Med.*) in concluding a lengthy address on the surgery of the lung, gave the

following results of his personal experience and of his study of the numerous published reports on this subject: (1) The surgery of the lung, like that of other viscera, has of late made much progress, thanks to the precision of our knowledge relating to the topographical anatomy of this organ, and to the perfecting of operative procedures of means of arresting hæmorrhage and of antiseptic and aseptic measures. (2) Equally favorable conditions for surgical intervention do not occur in all affections of the lungs. (3) Wounds caused by contusing bodies, by stabbing and cutting instruments, and by gunshot projectiles of small and medium calibre usually heal well and without causing suppuration or troublesome reaction. (4) The danger which results from such injuries is due, not to the injury of the lung structure itself when the lung is traversed, but rather to the multiplicity and extent of the wounds, to their extent, and to the lesion of important neighboring parts (thoracic wall, large vessels, pericardium, heart, spinal cord). (5) The surgeon should not intervene too hastily in these injuries, either by making a simple exploration, or by attempting to extract a projectile which can be seen near the surface. (6) Large projectiles, such as fragments of shell, give rise, especially on the field of battle, to disorders which in a large majority of instances are so severe that it is impossible for the surgeon to ward off danger even by suturing with all the resources of modern surgery the visceral and parietal layers of the pleura. (7) A certain number of spontaneous affections of the lung may be successfully dealt with if the surgeon be careful to make a methodical study of the symptoms and indications, and a careful selection of his operative measures. (8) Simple and gangrenous abscesses, when they are of limited extent, show no tendency to cure, and threaten life, are amenable to surgical treatment. (9) In such case the results are almost always favorable. (10) It is advisable to open, scrape, drain, and even cauterize tuberculous abscesses of the lung when these cause severe pain, or have resulted in fistulæ or contracted extensive adhesions with the pleura. (11) It is often useful in such cases to associate with this treatment partial resection of ribs. (12) No benefit is likely to result from excision of the fragments of lung surrounding the tuberculous cavities, as the tubercle bacillus has already spread beyond the apparent limits of the disease. (13) It is advisable to open hydatid cysts of the lung, the surgeon taking advantage of adhesions when they exist, and establishing still further adhesions if those existing are not of sufficient extent, in order to be able to wash out the cavity with antiseptic solutions. (14) Solid tumors of the lung, the same precautions being taken, should be extirpated when superficial; the occasions, however, for this treatment must be rare, as such growths are almost always secondary.—*British Medical Journal.*

THE PROGNOSIS OF EXOPHTHALMIC GOITRE.—Pribram (*Wien. klin. Rundschau*) insists on the importance of an exact knowledge of the mortality of this disease in relation to the advisability of the new treatment by

operation. There is great discrepancy between the mortality statistics in unoperated cases published by different observers, as also in the proportion improved or cured. Hospital records are untrustworthy in that the patients are not sufficiently long under observation. Pribram bases his arguments solely on those cases which he has been able to follow during a long period outside the hospital. In his hospital experience he has seen three cases end fatally, but cannot exclude the possibility of others having died after their discharge; in the whole of his private practice, however, he has only seen one fatal case, carried off by intercurrent diabetes mellitus, while in the great majority of the others there was a lasting retrogression of the cardinal symptoms. The cases referred to are only those in which all the signs of the disease were present and well marked; in illustration he gives details of a number of instances. The advocates of operative interference consider disordered functions of the thyroid to play the principal part in the causation of the disease; they have yet to reconcile the contradictory results of the favorable influence of feeding with and extirpation of the gland. Furthermore, the toxic basis of the exophthalmic goitre is not established in cases where one or other of the symptoms is unilateral, or where the signs suddenly supervene upon a mental or physical shock. Pribram admits that when the percentage of cures by operative and other means has been reckoned up and compared, there remain a certain number of cases in which surgical interference has been observed to determine a rapid change for the better. It should not, however, be undertaken in cases where the thyroid enlargement is absent or slight, where there is a strong hereditary neuropathic taint, where there is marked cardiac affection with signs of secondary insufficiency, or where circumstances permit of a careful and prolonged hygienic treatment. This latter class is the one in which the severest cases often end in the most marked and complete recovery. Within the limits already laid down, symptomatic treatment, and especially insistence upon the most absolute mental and physical rest, will often ensure a satisfactory termination to the most alarming of cases.—*British Medical Journal.*

DIPHTHERIA OF THE SKIN: INCUBATION PERIOD.—Max Flesch (*Berl. klin. Woch.*) reports a case of diphtheria of the skin in which the period of incubation could be fixed with considerable approach to accuracy. A girl, aged two and a half years, was scalded on the right side of the face and over the front of the neck and trunk down to the umbilical level. The scald was more severe on the trunk than on the neck or face. The scalded surface was treated an hour and a half after the accident with Lassar's salicyl vaseline (2 per cent.), and covered with cotton-wool fixed by a bandage. There was slight fever on the second and third days; but the child did well, and on the eighth day the scald of the face and neck was healed and the dressings were not re-applied there, whereupon the mother kissed the neck where it was covered with young and tender epidermis. This occurred at 11 a.m. on August 10th. The following morning the mother had a sore

throat, and in the evening the diagnosis of diphtheria could be made with certainty. The mother's sister had diphtheria and her husband a sore throat on the following day. The child had not at any time sore throat, but on August 13th, in the morning, there was a notable change in the appearance of the parts which had healed on the face and neck. A little above the right clavicle there was an area about one and a half inches in diameter which was white and swollen, and around it and extending on to the face the skin was œdematous. Cultivations from the white patch yielded typical colonies of diphtheria bacillus. The child was given two injections of antitoxic serum, and on August 16th the white patch had disappeared, leaving in its place a small granulating surface. Flesch considers that any other source of infection but the mother's kiss may be excluded. He comments also on the fact that the diphtherial infection did not extend to the granulating surface on the trunk, which was covered by serous effusion, but involved only the part of the original lesion which had become covered by epithelium. The diphtheria must have commenced in the child between 7 p.m. on August 12th and the morning of the following day—that is, between fifty-six to seventy-two hours after infection. The child had subsequently slight paralysis of the palate.—*British Medical Journal.*

ACROPARÆSTHESIA.—Gilbert Ballet (*Sem. Med.*) describes a disease already noticed by several observers, and which Frantz Shultze proposes to call acroparæsthesia. The etiology of the disease is obscure; it is oftenest seen in middle-aged women. The symptoms are numbness and a feeling of swelling or tightness which begins in the fingers (usually in the region supplied by the median nerve), and spreads to the forearm. The feet and legs are also attacked, and later the tongue and lips. The symptoms come on on lying down at night or during the first sleep, or else on waking in the morning. They occasionally persist through the day, causing the subject of them to become weak and clumsy, so that continuous work becomes difficult or impossible. The disease cannot be confounded with Raynaud's local asphyxia nor with erythromelalgia of Weir Mitchell, for there is no circulatory or vasomotor disturbance, and no modification of temperature or color in the affected part. Though rheumatic pains occur in some cases, there is no deforming arthritis nor reason to class it with chronic rheumatism. Sensibility of skin is slightly if at all affected; there may be hyperæsthesia or the reverse. Slight hypochondriasis or melancholia has been observed, probably in conjunction with loss of sleep or of habitual occupation. The affection cannot be classed with any known disease of the nervous system. It differs profoundly from the ordinary peripheral neuritis. There are no active pains, muscular atrophy, or paralysis. The affection lasts for years and gets well spontaneously. Drugs affect it very little; phosphorus, bromides, ergotin, quinine, phenacetin, antipyrin have been tried, and also sulphur douches and local inunctions with a preparation of tannin, all without any definite good effect.—*Brit. Med. Jour.*

SUICIDE IN ITS MEDICAL AND ITS MORAL ASPECTS.—It has been noted elsewhere that a tendency to suicide has recently been somewhat unusually prevalent. In the *Lancet* of July 28, 1894, we suggested that this tendency might be capable of partial explanation on physical grounds, and in a later issue (August 11) we published a letter by Dr. Alexander Haig bearing upon the same subject. The regular, though happily never frequent, connection between solar heat and this form of crime has been repeatedly observed, and may, without undue straining of logical conditions, be accepted, at all events as far as it goes, as a working hypothesis founded on accurate observation; when we go further and seek to explain the hypothesis itself, however, we are still conscious of the insufficiency of our data. The theory by which Dr. Haig would associate mental depression with blood vascular tension due to uric acid is indeed helpful in its measure, as it is certainly ingenious. The measure of assistance toward a sufficient explanation is nevertheless in both cases very meagre. It is evident that in the case of most persons a wide desert of despondency intervenes between the state of mind which corresponds to a hard pulse and overladen tissues and the last fatal folly of despair. Save in the case of insane or weak-minded persons, it is hardly possible to conceive that men can be impelled to suicide by purely physical conditions, which are, after all, so common as hardly to be regarded as abnormal except by the scientifically educated mind. We would by no means overlook the necessity of treating these cases by appropriate means, but we are none the less assured that the reckless will which induces men to convert a weariness of life into a purpose of self-destruction does not depend upon mere atmosphere or mal-excretion. Where they are free to operate, the reserves of moral sense, thought, and resolution have either been previously exhausted or have not been drawn upon. A feeling of personal loss or a morbid fear of such has obliterated the sense of human relationship. The interest of dependent or associated neighbors and of relatives is forgotten. Self-love, not social duty, is the impelling force. We have not much hope that persons in this mood will be greatly influenced by changes of weather or by purely physical treatment. We would rely more upon the full and frank assertion of the duty and utility of all human beings to each other and to the Providence essentially friendly to men which called them into being. Suicide is, after all, a moral failure, an evidence of the mastery of mistrust, an act of rebellion against the authority of patience. Obviously no drug, no social reform even, can effectually cure it, unless they be aided in the first place by a frank and full recognition of man's moral relation and responsibility.—*The Lancet.*

✓ANTIPYRIN IN TANNIC ACID SOLUTION AS A STYPTIC.—Roswell Park (*Medical News*) has for years used a five per cent. solution of antipyrin in the form of a spray (sterilizing the water before making the solution) in surgical practice. He sprays this on any surface, peritoneal, cerebral, or other, from which parenchy-

matous oozing may be taking place to an extent complicating the operation or jeopardizing the success of an ideal dressing. He uses it also in the urethra and in the bladder in cases of hæmaturia. Even in the eye it may be used without fear, its application being preceded by that of a weak solution of cocaine; in this situation, however, the solution need not be so strong. On the other hand, it may be used in much larger percentage when the five per cent. solution fails; even when small vessels spurt, compression for a few moments with iodoform or acetanilid gauze sopped in the solution will be effective. There are cases of bleeding, however —for instance from the nasal cavities or from divided bone—in which even stronger solutions of antipyrin will be inoperative. Roswell Park now calls attention to a combintation of antipyrin and tannic acid in solution, by which there is precipitated an intensely agglutinative and cohesive substance of which he does not know the chemical composition, but which seems to him to be an ideal styptic. He hit upon the combination by accident in an emergency (intractable bleeding after removal of adenoid growths), when he added antipyrin in powder to an alcoholic solution of tannin, with the result that there was at once formed a gummy mass of surprising adhesiveness. The application to the post-nasal space of a small sponge dipped in this material at once stopped the bleeding. The author has since experimented with these substances, and finds that they may be mixed in almost any proportion. It is possible by pouring the powder of one into the solution of the other, to precipitate so much of the agglutinative composition as to make a gum that may be placed about the margin of the bleeding bone—for instance, in operations upon the cranium; or a small piece of sponge or cotton sopped in this material may be forced into a tooth socket, or in various other ways its use may be advantageous. There is but one attendant difficulty—that it is so remarkably cohesive that when the time comes for detachment or separation of the tampon it is difficult to remove it. It may even be necessary to wait a sufficient time for the formation of granulations and separation by natural processes.—*Brit. Med. Jr.*

A NEW OPERATION FOR VARICOCELE.—Brault (*Lyon Méd.*) describes a new operation for severe cases of varicocele, which he has frequently practised on the cadaver and applied with success to two living subjects. This method consists in removing a large epilleptical portion of skin from the external and posterior surfaces of the affected side of the scrotum. After this flap, the extremities of which are directed upwards and downwards, has been dissected away, the enlarged veins are exposed, and resected separately between the ligatures. The large and gaping wound is finally closed by bringing the lower to the upper angle of the ellipse, and by stitching together the apposed margins of skin. This operation may be performed rapidly, and without much hæmorrhage, and is in many respects superior to that in which a portion of the scrotum is removed by a transverse wound.—*British Medical Journal.*

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"1896."

With the incoming year we extend a fraternal greeting to the profession, with wishes for the best and happiest of New Years; and as this is the season for resolutions, we will take up a short space in explaining briefly our programme for the ensuing year.

We have always endeavored to make the journal a review of what was going on of interest to the profession in the medical world at large and keep it in every respect an independent medium through which the profession might give their views; but with the accession of the *Ontario Medical Journal* came new duties which seriously interfered with our regular plans. For instance, we have had a most prolonged session of the Council; we were at an early date given a lot of type-written material, which we commenced running in the pages of the journal, supposing that the material would be about the same as former years, this being the basis of the contract with the Council. We soon found, however, that it would be an absurdity to run all this material in the journal during the year, besides being an injustice to our readers, as it took up a large amount of space that should have been devoted to current medical literature, especially as the whole proceedings were to be published in the Announcement, which every physician would receive. There are already over two hundred pages of the Announcement in type,

and we expected to have it out this month. Our printers inform us that the Registrar has just handed in sixty-seven more pages of type-written matter, which again delays us; but we hope that we will speedily have this long looked-for volume in the hands of the profession. This disposes of the Council proceedings, and we will for the ensuing year endeavor to give a retrospect every month of the latest medical literature. In addition to this, we will make a specialty of reporting the meetings of the County and Territorial Medical Associations. To do this we have made arrangements with Dr. J. N. E. Brown, who will attend meetings of which we have due notice, and furnish us with a shorthand report of the proceedings (and abstracts of papers such as are not given to us in full). In accordance with this we would request that the secretaries of territorial and county associations send us the dates of their annual meetings, and the programme of such meeting. If any outside talent is desired at their meeting, we will be glad to assist them in making arrangements and will publish a good report of the same in the following issue of the journal. This is a matter which we believe will be of great interest and advantage to the profession throughout the Province, and considering the large expense it will be to us, we feel that we can safely appeal to the profession to assist in bringing to the front these most valuable meetings, which have hitherto been very much neglected. The columns of the journal will be in the future, as in the past, always open to signed communications from the profession.

Again wishing the profession, individually and collectively, the happiest of New Years, we remain,

Your sincere friend,

THE DOMINION MEDICAL MONTHLY.

WE are glad to notice that the Attorney-General's Department has upset the ruling of Chief Justice Meredith, who at the late Hendershott trial refused to admit as evidence depositions made by the prisoners at the coroner's inquest. It would be a serious matter if the ruling of the learned Chief Justice in this matter were to be taken as a precedent, as to some extent then would the Coroner's Court be robbed of its importance. Surely, if the parties implicated or suspected are duly warned before giving their evidence, and given to understand that doing so is purely voluntary on their part, nothing then should interfere with such depositions being admitted as evidence at the Assize Court.

THE profession will watch with interest the outcome of the reserve case now before the Courts as the result of the trial of Mrs. Beers, the Christian Scientist. If it turns out that according to the Criminal Code it is not compulsory to send for a medical attendant in a case of severe illness, then the College of Physicians and Surgeons will have to "act promptly" and see to it that the code is at once altered.

Personal Items.

DR. J. N. E. BROWN has removed to 137 Church Street.

DR. L. M. SWEETNAM returned last month from Baltimore.

DR. THOS. CULLEN, of Baltimore, was in Toronto ten days ago.

DR. W. J. GREIG has received the appointment of Coroner for Toronto.

DR. FOX, the well-known physician of Gravenhurst, died on December 13th.

DR. J. P. CUNNINGHAM, of St. Thomas, was married on November 20th.

DR. SINCLAIR has settled at corner of St. Patrick Street and Kensington Avenue.

DR. D. W. MCPHERSON (Tor. '95) has located at 201 Carlton Street, Toronto.

DR. J. M. JOHNSTON has opened an office at corner of Agnes and Elizabeth Streets.

DR. AUGUSTA STOWE GULLEN has returned from Europe and resumed practice.

DR. ROSEBRUGH has changed his office to the corner of Queen and Church Streets.

DR. WICKSON has started practice on St. Patrick Street opposite Kensington Avenue.

DR. MCPHERSON, the well-known young physician of Prescott, died last month, aged 25 years.

DR. T. VERNER has removed to 561 Church Street, with a branch office at 139 Seaton Street.

MR. and MRS. W. REYNOLDS FORBES, masseur and masseuse, have removed from 20 Ross to 371 Huron Street.

DR. A. J. HARRINGTON returned some weeks ago after spending a holiday of some length shooting west of Winnipeg.

DR. GEO. ELLIOTT has removed from Bay to 186 King Street west, the house until lately occupied by Dr. J. N. E. Brown.

DR. H. C. S. ELLIOTT, son of Dr. C. Schomberg Elliott, of Deer Park Sanitarium, has taken up house at 176 Simcoe Street.

DR. LAKE, of Ridgetown, has been appointed an associate coroner for Kent County, and Dr. Scott, of Seaforth, for the County of Huron.

DR. ALEXANDER ROSS has been presented with a handsome ring by the Emperor of Russia, as a token of appreciation of his services as a naturalist to the Emperor's father.

DR. DONALDA MCFEE, who recently distinguished herself by obtaining in Zurich, Switzerland, the only Doctor's Degree in Philosophy ever conferred upon a lady, was lately visiting Toronto.

Deaths.

DEGRASSI—On Friday, December 6th, at Lindsay, A. W. J. DeGrassi, M.D., aged 64.

McFaul—On December 13th, at 85 Clinton Street, Percival Barron McFaul, infant son of Dr. and Mrs. Henderson McFaul.

Rattray—On Tuesday, November 12th, at Cobden, Ont., James C. Rattray, M.D. (McGill 1874), aged 44 years and 3 months.

Marriages.

Gemmil-Gibson—On November 27th, in St. Andrew's Church, Prescott, by the Rev. James Stuart, stepfather of the bride, E. Welland Gemmill, M.D., of Pakenham, to Edna Jane Beatrice, only daughter of the late Edward B. Gibson, M.D., of Pakenham, Ont.

Anderson-Love—On Wednesday, December 11th, 1865, by the Rev. Thomas Sims, D.D., of Bond Street Congregational Church, John A. Anderson, M.D., of Cleveland, Ohio, formerly of Toronto, to Mary Emily (Mamie), daughter of the late George Love.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Correspondents are requested to be as brief as possible.

To the Editor:

Sir, — Permit me through the columns of your journal to make a few remarks on the admirable letter of Dr. Stevenson, and to point out an error which he as well as very many of the physicians of the homœopathic school fall into when speaking of the preparation of their medicines, by making use of the word *dilution* when *potency* is meant. But I wish it to be distinctly understood that the following remarks are addressed to the homœopathic brethren who are readers of the Dominion Medical Monthly, and that no controversy will follow unless it be amongst the fraternity to whom the following remarks particularly apply. The words *dilution* and *potency* are thoughtlessly used by many as meaning one and the same thing, or as if they were interchangeable terms, or simply a difference without a distinction, and by so using them it is exceedingly misleading and has a tendency to keep our branch of the school of medicine in a false light. Webster defines the word potency to mean power, energy, efficacy, which, when applied to our medicines, is superlatively correct. Therefore it will be seen that potency is something more than dilution, which, according to the same authority, is weak, thin, reduced in strength, etc. Now what homœopathic physician ever thinks of using a dilution in that sense in his practice? I trow none. Why then use a term that must of necessity prove so misleading, particularly to those who have not given the subject a logical consideration, and gives to those " whose ignorance is bliss " an opportunity to shoot their darts of ridicule? But the question will naturally arise in the minds of the uninitiated, How convert a dilution into a potency? Are not all potencies prepared by diluting certain quantities of what is known as mother tinctures with certain quantities of alcohol, either pure or diluted? True, we answer in the

affirmative. That is the starting point in the preparation of the remedies, and the potentization is accomplished and the developing of the latent dynamics, or liberating the medicinal force from the crude material, is accomplished by vigorous succussion, or if it be in solid form, the same object is achieved by prolonged trituration, the object being not merely to mix the medicines with the alcohol or to break up and divide the particles of the drug, as is erronously supposed by some, but to impart to the vehicle with which it is being succused or triturated the immaterial medicinal force of which the material or crude drug is only the custodian. And experience, a most valuable coadjutor, has taught, nay, has proven, that the limit has not yet been reached in which that mysterious unseen medicinal force may be carried forward from one potency to another, and to attempt to determine the limit by chemical analysis or by microscopical investigation is sheer folly. As well try to investigate magnetic force or the force of gravity by the same appliances. Like all the great energies of nature, medicinal force can only be known or measured by its results, and is unlike toxic materials, the function of which is to disturb or destroy according to the quantity administered the physiological action and depress the vital force, and the amount of poison in a given quantity of a crude drug can be determined by the application of chemistry, etc.

Yours very respectfully,

W. B. COWAN.

Guelph, Nov. 29th, 1895.

To the Editor:

DEAR EDITOR,—My little daughter, aged two years and nine months, fell headlong down the cellar stairs and struck the two upper middle incisors on the edge of the step, extracting them as completely as if by forceps. The alveolar processes of the right tooth were fractured and the gum lacerated the entire length of the root. After the fright and the crying, which continued a half hour or more, the child was rocked to sleep in her mother's arms and placed in her buggy. We found the teeth on the cellar steps uninjured. They were placed in a normal saline solution of tepid temperature. On the arrival of an assistant with the chloroform for anæsthesia, the child was sleeping quietly. Chloroform was administered without the child wakening, and the teeth were placed within their sockets and pressed into position, the edge of each tooth fitting firmly in a groove of one blade of a forceps, the hand of the operator being placed on the back of the head with the pressure properly directed. The gums about were cleansed antiseptically and the teeth left in position without further dressing or application. The accident occurred about two o'clock and when the child awoke from her sleep at 5.30, her teeth were in place. Milk and soft food were administered and the lacerated edges of the gums cleansed after eating. Healing of the gums occurred by first intention. It is now over four weeks since the teeth were placed and they are now solid, in good position and of normal color. The gums are normal in color and consistency and the appearance of the mouth quite natural.

I report this as a successful case of transplantation of teeth that had been out of the mouth over an hour and as another demonstration of chloroform anæsthesia during natural sleep.

Yours fraternally,

E. S. PETTYJOHN, M.D.

Alma, Michigan, Dec. 19, 1895.

To the Editor:

SIR,—The consensus of opinion appears to be that the profession in Canada is greatly overcrowded. If that were the greatest fault from our cheap system of education it might be borne with, but it is not. The cramming, jamming, damning process goes on in our schools, and the professions in general are overcrowded, and a very inferior product put on the market. Where to-day is the good old-time doctor? where his honor? where his professional *esprit?* Gone. Throughout the length and breadth of the land the profession is represented by what? Charlatanism, wind and cheek. Do we look on it as a noble profession, a learned profession, an honorable profession? I trow not. I am led to these thoughts by a case of attempted resuscitation from drowning which occurred but lately. The body was immersed but a few minutes, the heart beat for some time after removal from the water. Efforts were employed, continued, dropped; the body removed home, renewed efforts to resuscitate, and ye gods, tracheotomy performed! The history of the case shows that the man struggled in the water some time before going down. He cried out several times. What object in cutting a drowned man's throat? Was it to find out if he was actually dead? Or was it the act of an ignorant, self-inflated ass who by this means wished to impress on the *hoi poli* his great importance? I leave this, sir, to you and your readers for serious cogitation. In my more immediate neighborhood we have the usual medical fakir who "cures whooping cough with a few doses," "never lost a case of diphtheria," and aborts typhoid. *O tempora, O mores!* What is to become of the aged practitioner when such nebulous leminosities appear on the horizon?

Yours truly,

P. PALMER BURROWS.

Lindsay, Sept. 16, 1895.

To the Editor:

SIR,—When custom instituted the position a lady should assume when riding on horseback, it seems to me something more than modesty was calculated with.

Any person with a knowledge of the anatomy of the genital organs will see that their position and formation will not permit of the similar exercise in male and female. In the astride position the clitoris would rest on the pommel of the saddle and an orgasm be generated by the gentle canter. Much worse is the bicycle of to-day, with its pointed saddle projecting forwards to become a promoter of masturbation. The saddle of to-day must be remodelled, for though it may be filling "a long-felt want" it is fraught with danger to the future health of the female bicyclist. I might add that I believe the

danger is made more apparent by the wearing of the new bloomer dress. The saddle of to-day must go.

M. C. BLACK, M.D.

Paisley, Aug. 28th, 1895.

Book Notices.

Pregnancy, Labor, and the Puerperal State. By EGBERT H. GRANDIN, M.D., Consulting Surgeon to the New York Maternity Hospital; Consulting Gynæcologist to the French Hospital, N.Y., etc.; and GEORGE W. JARMAN, M.D., Obstetric Surgeon to the New York Maternity Hospital; Gynæcologist to the Cancer Hospital, N.Y., etc. Illustrated with forty-one (41) original full-page photographic plates from nature. Royal octavo, pages viii., 261. Cloth, $2.50 net. Philadelphia: The F. A. Davis Co., publishers, 1914 and 1916 Cherry Street.

The last decade has witnessed not alone progress in the practice of obstetrics, but also change in the methods of instruction. The clinical teacher is no longer satisfied with grounding his students in the theory of art, but he aims, as far as his opportunity will allow, to give his classes that practical instruction which alone enables them to follow understandingly the normal course of pregnancy and of labor, as also to recognize and to cope with the emergencies. The teaching of obstetrics, therefore, has very properly become more practical and less theoretical, and on those grounds this work has been prepared. It aims at being a guide to practice. It is clinical in its teaching, is direct in its statements, wherever facts warrant such directness. In the matter of illustration, fidelity to nature has been the aim of the authors. This book ought to and will prove helpful to the student in the acquisition of knowledge and to the practitioner as a reliable guide.

A Manual of Organic Materia Medica. Being a guide to materia medica of the vegetable and animal kingdoms for the use of students, druggists, pharmacists and physicians. By JOHN M. MAISCH, Ph.M., Phar.D.; late Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Sixth edition. Revised by Henry C. C. Maisch, Ph.G., Ph.D. Two hundred and eighty-five illustrations. Philadelphia: Lea Brothers & Co. 1895. For sale by their Canadian agents, A. P. Watts & Co., 10 College Street, Toronto.

This manual has been most ably revised by Professor H. C. C. Maisch, son of the author of the work. The previous edition, which met with such a large sale, was issued in the autumn of 1892, previous to the publication of the Pharmacopœia of the United States. All through the manual, specific names have been changed to correspond with those officially recognized. Articles that have received official recognition now appear in large type, while those now dropped are put in small type. Among new illustrations added will be found photomicrographs of the official barks, viburnum opulus, virburnum prunifolium, cinnamomum saigonicum, cinnamomum cassiæ, xanthoxylum, euonymus, etc. The text has received careful revision and the results of great investigations and observa-

tions incorporated. The size of the manual has been reduced by condensation and slight enlargement of the pages, the matter, however, having been increased. We predict for the sixth edition a very large sale.

A Text Book of Practical Therapeutics, with especial reference to the application of remedial measures to disease and their employment upon a rational basis. By HOBART AMORY HARE, M.D., B.Sc, Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia; Physician to the Jefferson Medical College Hospital; Consulting Physician to the Franklin Reformatory Home; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London; Corresponding Fellow of The Sociedad Espanola de Higiene of Madrid, etc. Fifth edition. Enlarged and thoroughly revised. Philadelphia: Lea Brothers & Co. 1895. For sale by their Canadian agents, A. P. Watts & Co., 10 College Street, Toronto.

The mere fact that inside of five short years, from the time the first edition was published, still another and fifth edition of this favorite work was called for by the profession cannot but be most encouraging to the author, and we can safely say that he has put forth special efforts to make the work of practical every-day use to the active practitioner. In the text will be found the very latest advances in the therapeutic world. Each article has been revised, many useful suggestions added, several articles entirely re-written and, what will be found of special interest to physicians, the antitoxin treatment of diphtheria has been fully discussed.

A Manual of Syphilis and the Venereal Diseases. By JAMES NEVINS HYDE, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College; Dermatologist to the Presbyterian, Michael Reese and Augustana Hospitals; Consulting Physician to the Hospital for Women and Children, Chicago, and FRANK H. MONTGOMERY, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, and Chief Assistant to the Clinic for Skin and Venereal Diseases, Rush Medical College; Attending Physician for Skin and Venereal Diseases, St. Elizabeth Hospital, Chicago; with forty-four illustrations in the text, and eight full-page plates in colors and tints. Philadelphia: W. B. Saunders, 925 Walnut Street. 1895. For sale by their Canadian agents, A. P. Watts, 10 College Street, Toronto.

This manual has been prepared with the intent of meeting the special needs of the student and of the practitioner rather than of the expert. The aim has been to supply in a compendious form and with detail all practical facts connected with the study and treatment of syphilis and venereal diseases. Care has been taken to avoid all points in controversy, and to exclude the data which are to be sought for in the more voluminous treatises on these subjects. The colored plates are very fine, the pages printed on a good quality of paper, and altogether the manual is most readable and should have a large sale.

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[Continued on page 70

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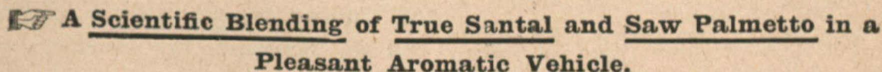

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MENINGITIS.—

℞ Sodii brom.,
Chloral hydrat......āā ʒj.
Syr. aurant. cort. ..... f℥j.
Aquæ ....q.s. ad f℥iij.

M. Sig.: Dessertspoonful well diluted every hour until excitement abates.—*Hermann.*

℞ Tr. opii deod.,
Ex. gelsemii fl. ....āā fʒj.
Syr. limonis.......... fʒij.
Aq. fœniculi .... f℥iss.

M. Sig.: Teaspoonful every two hours.—*Bartholow.*

℞ Hydrarg. chlor. mit.... gr. iij.
Sacch. lact. .... ʒss.

M. Et ft. chart. No. xii. Sig.: One powder every two hours.—*Gerhard.*

℞ Hydrarg. chlor. mit.,
Pulv. jalapæ,
Sacch. alb. ....āā ʒj.

M. Et div. in chart. No. v. Sig.: A powder every hour until free purgation occurs. (*In cerebro-spinal meningitis.*)—*Kobert.*

℞ Tr. aconiti rad. .... fʒij.
Tr. opii deod. .... fʒv.

M. Sig.: Seven drops in water every two hours during the stage of excitement. (*Cebro-spinal form.*)—*Bartholow.*

℞ Pulv. opii........... gr. ij.
Pulv. acaciæ .... gr. iv.
Sacch. alb............ gr. xv.

M. Div. in chart. No. x. Sig.: One every hour until narcotism is produced.—*Gazette Medicale de Montreal.*

℞ Potass. bromid........ ℥ss.
Syr. simp .... f℥ss.
Aquæ............... f℥j.

M. Sig.: Teaspoonful well diluted every two hours. (*In after remaining convulsions.*)—*Ringer.*

℞ Tr. aconit. rad. ...... ♏xlviij.
Tr. opii deod. .... fʒij.
Syr. simp. .... fʒvj.
Aquæ ....q.s ad f℥ij.

M. Sig.: Teaspoonful every two hours in water. (*Before effusion has taken place.*)—*Gerhard.*

[Continued on page 76

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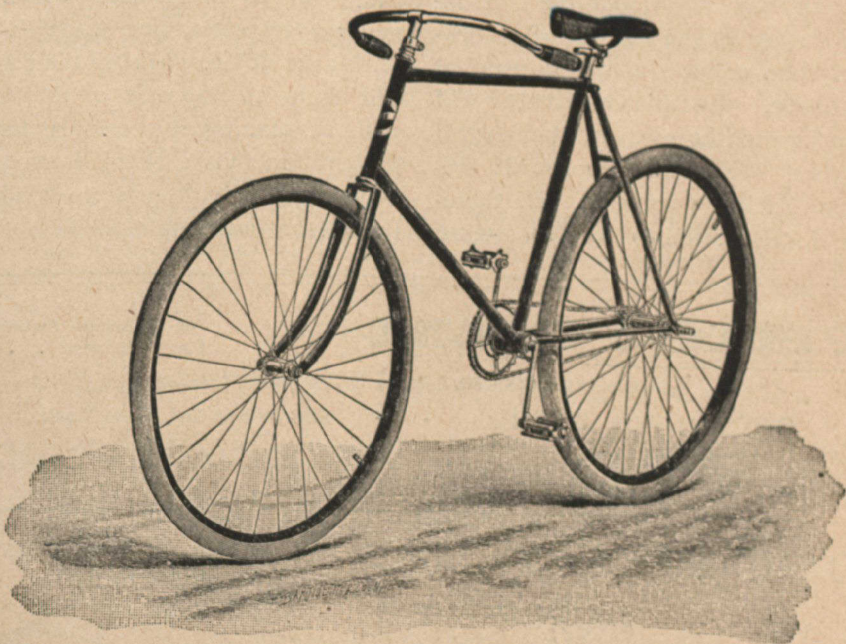

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MENINGITIS (*Continued*).—

℞ Morphiæ sulphat. . . . . gr. ij.
Aquæ . . . . f℥j.

M. Sig.: Five minims hypodermically every three to five hours. (*In cerebro-spinal form.*)—*Leyden.*

℞ Acid. tannici . . . . ʒj.

Div. in capsulas No. xx. Sig.: One capsule every three hours, with ice to the head. (*In simple meningitis.*)—*Lardier.*

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MENORRHAGIA.—

℞ Ex. ergotæ .... ʒ iss.
Acid. salicylic......... gr. viij.
Aq. cinnam........... f ℥ vj.
Syr. cort. aurant. amar.,
Spt. juniperi........āā f ℥ ss.

M. Sig.: Tablespoonful three times a day.—*Rokitansky.*

℞ Ex. geranii maculat. fl. f ℥ iv.

Sig.: Teaspoonful every hour for a few doses; then every three or four hours.—*Shoemaker.*

℞ Ergot. dialysat........ f ʒ x.
Glycerinæ .... f ʒ v.
Acid. salicylic. .... gr. xxx.
Aq. destillat. .... f ℥ iiss.

M. Sig.: Inject into the rectum once a day a teaspoonful of this mixture diluted with three teaspoonfuls of water.—*American Practitioner and News.*

℞ Ex. ipecac. fl.,
Ex. digitalis fl. ....āā f ʒ ij.
Ex. ergotæ fl. .... f ℥ ss.

M. Sig.: One-half to one teaspoonful at a dose, as required.—*Bartholow.*

℞ Acid. gallici .... ʒ ss.
Acid. sulphuric. dil.,
Tr. opii deod. ......āā f ʒ j.
Infus. rosæ comp...... f ℥ iv.

M. Sig.: Tablespoonful every four hours or oftener.—*Bartholow.*

℞ Tr. sabinæ .... f ℥ ss.

Sig.: Five to ten drops in water every half to three hours.—*Phillips.*

℞ Tr. ferri chlor......... f ʒ iiss.
Acid. phosphoric. dil.. f ʒ iiiss.
Syr. limonis....q. s. ad f ℥ iv.

M. Sig.: Dessertspoonful three times a day, well diluted. (*In anæmic cases.*)—*Gerhard.*

[Continued on page 80

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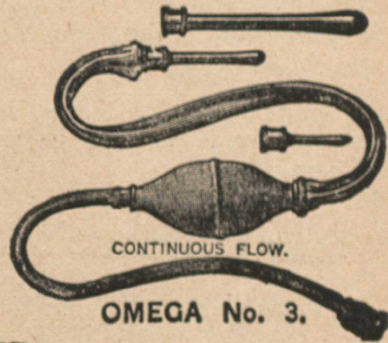

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MENORRHAGIA *(Continued)*.—

℞ Ex. gossypii fl.,
  Syr. simp. . . . . āā f℥ j.

M. Sig.: Teaspoonful every four hours.—*Parvin.*

℞ Acid. gallici . . . . gr. xv.
  Acid. sulphuric. aromat ♏xv.
  Tr. cinnam. . . . . f℥ ij.
  Aquæ . . . . f℥ ij.

M. Sig.: One dose. Take every four hours until bleeding ceases. (*In profuse bleeding.*)—*Hazard.*

℞ Acid. gallici . . . . gr. ij.
  Ex. maticæ . . . . gr. j.
  Ex. opii . . . . gr. ss.

M. Et ft. pil. No. i. Sig.: Take three or four pills during the day.—*Tilt.*

℞ Tr. hamamelis . . . . f℥ ij.

Sig.: One-half to one teaspoonful three times a day.—*Ringer.*

℞ Ex. Rhois aromat. fl. . . f℥ j.

Sig.: Fifteen to sixty minims three times a day.—*Unna.*

TRYPTIC DIGESTION AND THE INTERNAL SECRETION OF THE SPLEEN.—A. Herzen (*Rev. Gen. des Sciences*) revives the theory as to the influence of the spleen on pancreatic digestion, which Schiff was the first to put forward in 1862. It has long been known that the digestive action of pancreatic juice on proteids is not continuous but intermittent, and that it appears regularly with the process of gastric digestion. Schiff showed that in animals from whom the spleen had been removed, neither the pancreatic juice nor an infusion of the pancreas had any digestive influence on proteids. Herzen has

[Continued on page 82

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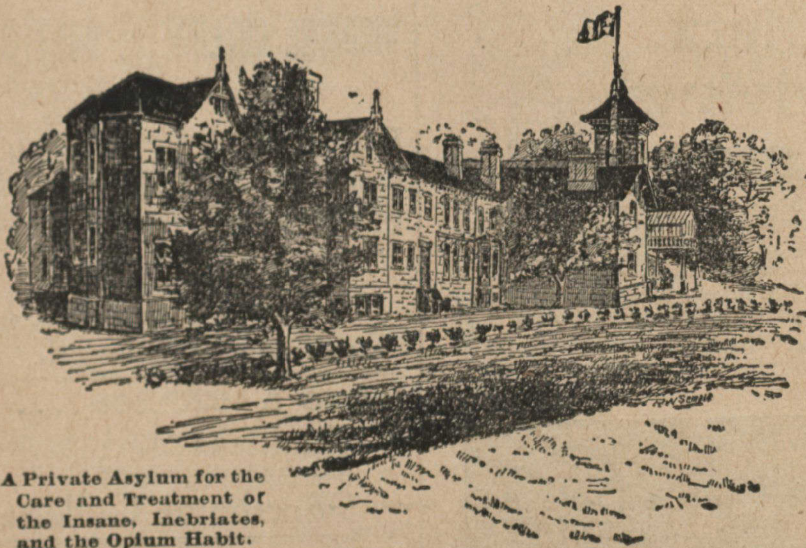

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Paid Policy-holders	1,427,818.32
Assets	1,787,181.85
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Surplus, Actuaries' 4 per cent.	826,251.32
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combined Schiff's views with Heidenhain's researches on zymogens. He finds that the volume of the spleen at any moment varies directly as the amount of trypsine in the pancreatic juice, and inversely as the amount of zymogen. Thus the maximum quantity of zymogen is present during starvation, when the trypsine and splenic dilatation are at their minimum. Six or seven hours after food the conditions are exactly reversed. Furthermore, admixture or infusion of congested spleen greatly aids the pancreatic digestion of proteids. The blood of the splenic vein has a similar action, that from other vessels none. Herzen concludes that in the living pancreas the protrypsine is transformed into active trypsine by the influence of a substance produced in the spleen, in quantity proportional to the intensity of its congestion. The substance finds its way to the duodenum through the general circulation.—*Med. and Surg. Reporter.*

METRITIS.—

℞ Tr. aconit. rad........ gtt. xvj.
Ex. gelsemii fl........ f℥j.
Ex. ergotæ fl.......ad f℥j.

M. Sig.: Teaspoonful every two to six hours. (*Also in uterine tumor.*) —*Bartholow.*

℞ Tr. iodinii comp....... f℥j.

M. Sig.: Use on a probe wrapped with absorbent cotton once or twice a week and place a glycerin tampon against the cervix. In the interval lot patient use hot water as a vaginal injection twice a day.—*T. G. Thomas.*

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[*Continued on page 86*

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red scars were left. When a crust was forcibly removed a surface somewhat like that of a raspberry was exposed, showing a number of bleeding points. The husband of the patient confessed to several attacks of gonorrhœa, but absolutely denied syphilis, but a doubtful diagnosis of syphilis was made. When seen again ten days later a number of the old lesions had healed, leaving scars and stains, but there were some new lesions on the trunk. On the legs the large lesions had formed irregular, sharply cut, painful ulcers, with exuberant granulations. The general health was improved. The case was treated with protochloride of mercury internally and ointment of the ammoniate of mercury and mercurial plaster locally, and made a good recovery in a few weeks. Sometime later she called to ask if the red scars could not be effaced. This case puzzled me until I was shown a little child with a few large pea-sized lesions on the face and buttocks which resembled impetigo contagiosa. I few weeks later I again saw the case and the lesions had assumed the same form as in the previous case, and also showed some large lesions, with a central depression, resembling molluscum. I and my colleague decided that this was either an unusual form of syphilis or a drug eruption. I looked up the previous treatment of this case and found it had been given bromide of potassium in the usual dose for a child of this age, but as in the first case had taken none for some weeks. The child wandered into other hands and made a good recovery in a few weeks under arsenic. There was absolutely no syphilitic history. I am convinced that both of these are examples of a rare form of drug eruption, one of the multiform manifestations of bromide intoxication. The peculiar features

[*Continued on page 88*

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are the length of time between the stopping of the drug and the appearance of the eruption, the long continuance of the appearance of new lesions after the stopping of the drug, and the character of the eruption. None of these things are against the diagnosis, but rather favor it. Crocker gives as one of the diagnosis symptoms of bromide eruptions that the lesions sometimes do not appear for some days after the drug has been stopped, and continue to appear after ceasing to use it.

HEADACHES OF EXTRA-CRANIAL ORIGIN.—By Frank Woodbury, A.M., M.D., Philadelphia, Pa.—Read before the Mississippi Valley Medical Association, at Hot Springs, Ark.—In the discussion following the reading of this paper, Thomas Hunt Stucky, M.D., Ph.D., Professor of Theory and Practice and Clinical Medicine, Hospital College of Medicine, Louisville, Ky., said: "The paper just read is to me one of unusual interest and importance. When we take into consideration the many causes of headache, and look back upon the treatment for the past twenty years for the condition by opium or its alkaloids, chloral, the bromides, etc., and remember their tardiness of producing relief, the danger of having our patients become drug-habitues, 'tis indeed a fact that antikamnia has proven a Godsend to the people, as well as the profession. One fact is evident, and that is that antikamnia has almost entirely displaced opium, its compounds and derivatives. If it has done this and nothing more, its mission is a great one and its useful-

[Continued on page 90

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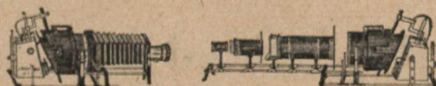

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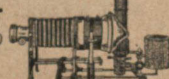

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[Continued on page 9

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form vaseline injected with a glass syringe, previously warmed in hot water. A cold wet dressing is applied to congeal the ointment at the opening. I have satisfactorily employed this method, with the addition of peroxide of hydrogen, as follows: The operative field is shaved and rendered surgically clean. A few drops of four per cent. solution of cocaine are injected beneath the skin at the point for puncture. A straight, sharp pointed bistoury is thrust into the most prominent point of the tumor until pus flows. All the pus is forced through this opening by firm but gentle pressure, as the procedure is painful. The cavity is irrigated with pure peroxide of hydrogen until it returns clear. It is then irrigated with 1.5000 solution of bichloride, and this carefully squeezed out. The cavity is now filled, but not painfully distended, with ten per cent. iodoform ointment by a previously warmed glass syringe. A cold wet bichloride dressing is now applied with a fairly firm spica bandage. In order to secure the best results this method should be employed only when the glands are thoroughly broken down.—*Med. and Surg. Reporter*.

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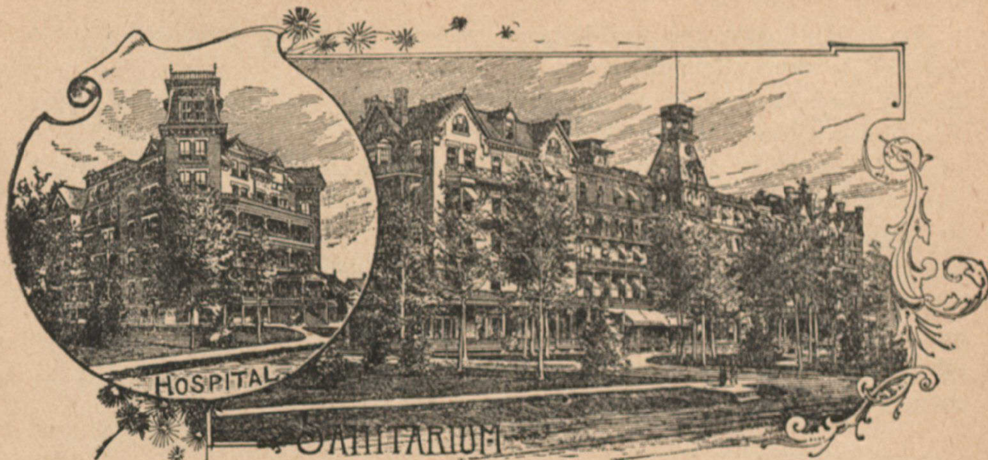

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℞ Ex. xanthoxyli fl..... f℥ j.

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[Continued on page 98

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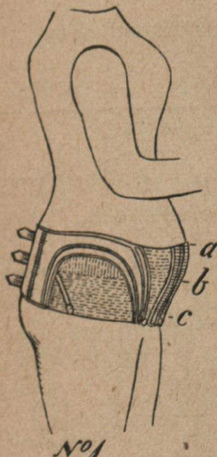

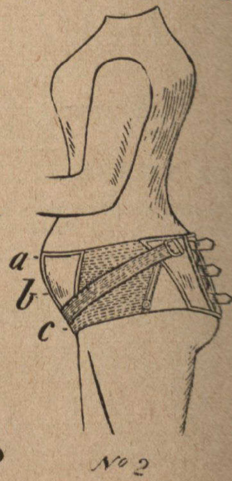

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Dose.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

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Tr. aconit. rad........āā f℥ ij.
Tr. opii .... f℥ ss.
M. Sig.: Use externally.

℞ Ammon. chlor. .... ℥ j.
Ex. cimicifugæ....... f℥ ij.
Syr. acaciæ,
Aq. laurocerasi .....āā f℥ j.
M. Sig.: Teaspoonful three or four times a day.—*Anstie.*

NÆVUS.—

℞ Creasoti............. f℥ ss.
Sig.: Paint the parts daily.—*Waring.*

Electrolysis or galvano-cautery is useful.

℞ Acid. chromici........ gr. c.
Aquæ .... f℥ j.
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[*Continued on page 100*

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cool ones in summer, for all persons with cardiac disease, particularly children, suffer from rapid changes of temperature. Cold sponging followed by dry rubbing is also of value. In the way of tonic treatment, one of the following prescriptions may be used alternately every five days:

Fowler's solution ...... 4 dr.
Sig.—one drop *t. i. d.*

And

Tincture of gentian ...... 1 oz.
Sig.—1 teaspoonsful *t. i. d.*

Often, too, a small glassful of malt extract is of service after meals.

Should there be much cardiac excitability, the following may be used in the dose of a teaspoonful twice a day:

Bromide of calcium ...... 2½ dr.
Syrup of bitter orange... 4 oz.

Should there be a tendency to constipation, a little magnesia should be given once or twice a week.

When there is a well-marked rupture of compensation and the muscle is feeble, an absolute milk diet with rest in bed is advisable, the food being given at frequent intervals in small doses and diluted, if the urine is scanty, with lactose in water or by some alkaline water, such as Sels. Every two hours between the doses of food the following may used with advantage:

℞ Tinc. digitalis... 5 to 10 drops.
Tinc. cinchona.. 7 dr.
Syr. of orange .. 3 oz.

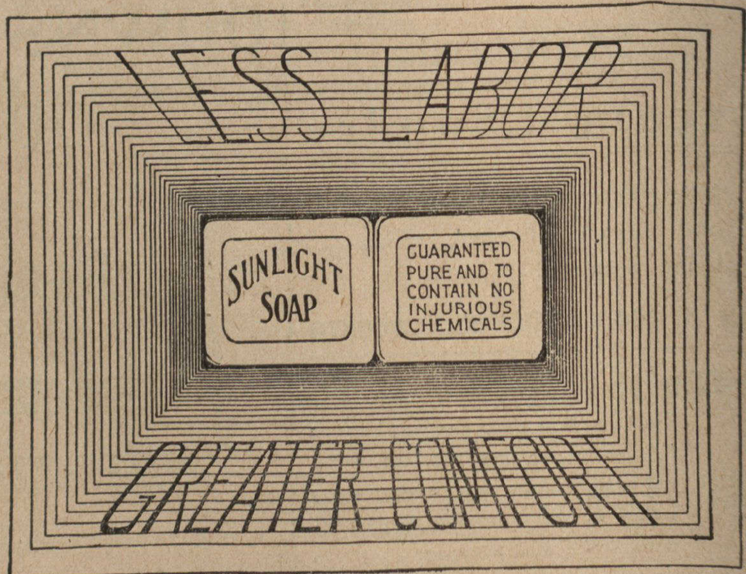
A teaspoonful about half an hour after eating.

Every morning, to avoid straining,

[Continued on page 102

This Soap

has obtained 27 Gold Medals and other awards,



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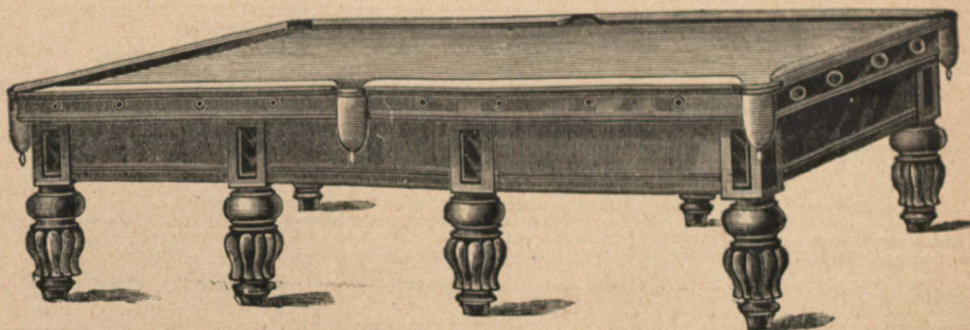

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on enema may be given to move the bowels and to favor diuresis. Once in every two weeks a small blister may be placed over the heart with advantage.

Where the rupture of compression has lasted for some time, the following may be ordered:

Caffeine.	4 to 7 gr.
Benzoate of sodium.	15 to 30 gr.
Syrup.	5 dr.
Peppermint-water ..	3 oz.

Dessertspoonful *t. i. d.* for a child of from seven to twelve years.

Should there be cyanosis, it may be wise to use

Ex. of convallaria majalis..	8 gr.
Syrup	1 oz.
Infusion of cinchona	3 oz.

A warm rectal injection should be ordered night and morning, and every eight or ten days a small blister applied to the præcordium. If there is a tendency to dropsy, hot air baths may be used with caution, and if sudden cardiac oppression comes on hypodermic injections of ether are to be employed.—*Maladies des Enfants*, *Therapeutic Gazette.*

VERY few firms in this country manufacture invalid chairs. An exception to the rule, however, is Chas. Rogers & Sons Co., at 97 Yonge St., Toronto. Physicians are constantly in need of such articles for their patients and they can recollect that the most comfortable invalid carriages in Canada can be procured from that house. Chas. Rogers & Sons Co. also keep all kinds of furniture for home, office or hospital.

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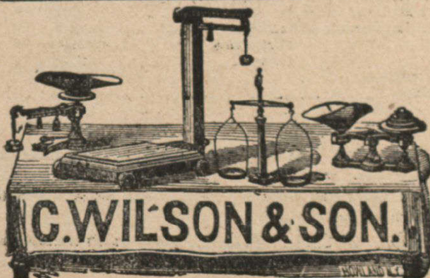

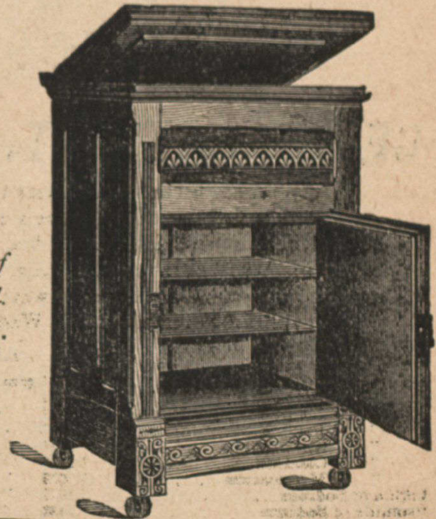

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CARDIAC HYPERTROPHY AND NORMAL GROWTH.—Potain and Vaques (*Sem. Méd.*) deny the pathogenic part said by some authorities to be played by ordinary development in the production of various cardiac conditions, notably hypertrophy. Although rapid growth favors unmistakably the appearance of functional cardiac troubles, especially cardiac irritability, a definite idiopathic hypertrophy cannot be demonstrated. Ordinary estimates of the normal cardiac volume in children have been mainly founded on anatomical researches, without accurate clinical investigation. The flexibility of the thoracic walls and their muscular covering renders the heart impulse in children very apparent, and often so diffused as to make the exact position of the apex a difficult problem. A displaced apex beat is not in itself of diagnostic value; in many normal hearts it extends to the lower margin of the fifth interspace. The nipple, being situated in most diverse positions with reference both to its height and to the middle line of the body, is of little value; in a small heart the apex beat is often found 3 or 4 centimetres below and external to it. Exact demarcation of precordial dulness by percussion is the only certain guide. Examination of one hundred presumably healthy subjects gave very interesting results. Neither body weight nor the general figure of the subject were found to bear constant relation to the size of the heart. Neither

[*Continued on page 106*

St. Leon Springs Water

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

CELEBRATED ST. LEON WATER,

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

ANALYSIS.

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

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

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

CECIL ELLIOTT

Canada's coming Champion, a youth hardly 18 years old, who won his first race on May 24th, '95, won the

TWO-MILE PROVINCIAL CHAMPIONSHIP

ON A

AND

On July 12, at the Exhibition Track, the Two-Mile Handicap was won by Cecil Elliott, on a **Gendron Racer,** with A. H. Reid a close 2nd, on a **Gendron Racer.** There were about 25 contestants in this race, but, of course, could not win. They did not ride a **Gendron Racer and Buckeye Tires.**

July 13th—Kingston Road 10 mile Record lowered by 34 seconds on a **Gendron Racer,** by R. E. McCall.

July 1st, at Brampton, the **Gendron Racer** crossed the tape first SIX TIMES.

July 13th, Island Track, 1 mile 2.40 class, was won by J. H. Gratz, on his **Gendron Racer,** with R. E. McCall, on his **Gendron Racer,** a close 2nd.

The same night the **Gendron Wheel,** ridden by R. E. McCall and J. H. Gratz, crossed the tape 1st three times; 2nd three times; 3rd twice.

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arterial tension nor pulse-rate afforded any explanation of the variations from the normal observed. A much more exact relation was found to exist between the heart volume and the length and circumference of the thorax, though pathological conditions such as rickets occasionally modified this. Exceptional variations in size were found in three leaders of gymnastic exercises, these being evidently due to muscular exercise, and varying in proportion to the time such exercises had been indulged in. In no cases of abnormal-sized hearts did the subjects complain of, nor were there any signs of, functional or organic disease. Any acute illness in growing children, especially if accompanied by rheumatism, may be the origin of a temporary hypertrophy, which does not however persist after the re-establishment of compensation. It is concluded that all such symptoms as exaggerated impulse, murmurs at the apex, irregular pulse, or tachycardia, are mainly due to over-fatigue or neurasthenia, but that they afford no real indication of true hypertrophy.

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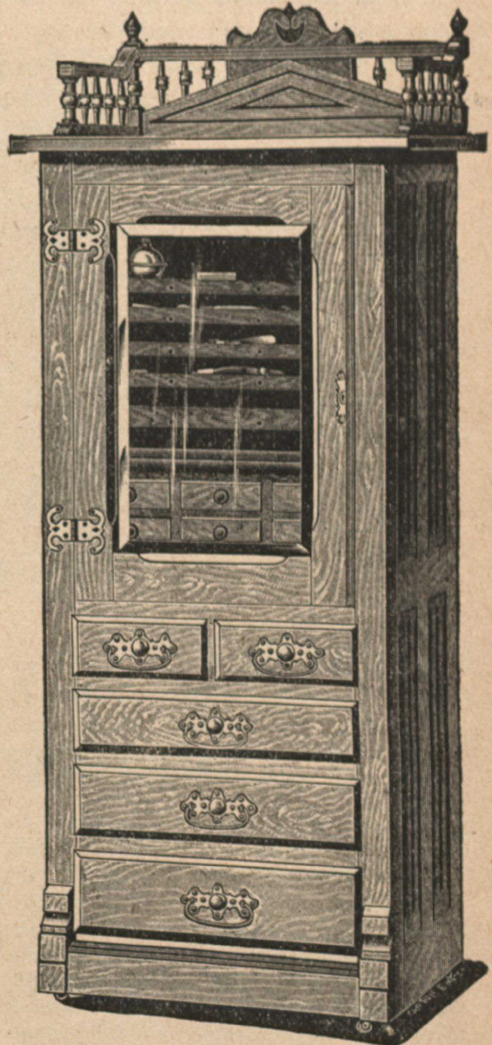

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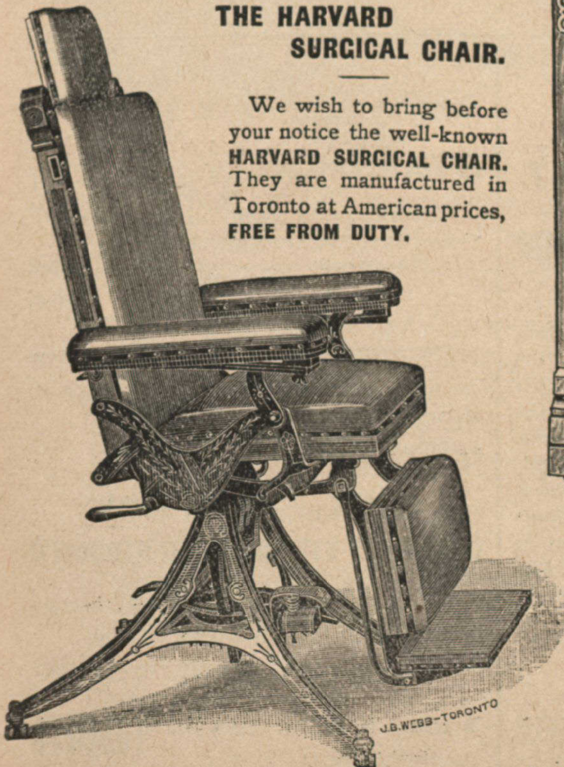

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NEW TREATMENT FOR EPIDIDYMITIS AND ORCHITIS.—In these affections hot poultices, with or without tobacco, together with veratrum viride internally, have given the most relief in my hands until by an accident two years ago I tried the application of guiacol along the upper portion of the scrotum and cord. To reduce temperature and quiet pain I first applied it in a case with a temperature of 104°. To my surprise in two hours afterward the temperature was reduced to 99.5° and the pain, which had been intense, was entirely gone. It is true that hot applications were applied in this case within a half-hour after the application of the guiacol, but I have not seen hot applications alone relieve the pain or reduce the temperature with such rapidity. Ten minims of the drug are dropped into a butter plate or other small receptacle and then painted along the line of the cord and the upper portion of the scrotum. This is left uncovered for half an hour, the testicles and scrotum being elevated in the meantime. After this my own method consists in laying the scrotum upon the abdomen, covering it with a layer of flannel wet with hot water and laying over this an ordinary English icebag filled with water as hot as the patient can bear. This retains the heat much longer than the ordinary poultice, and if not filled too full produces a slight compression without pain. This is kept up until bed-time, when the patient is to apply an ointment of twenty-five per cent. ichthyol in lanolin. This is

[*Continued on page 110*

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surrounded by rubber protective and the organ supported on the abdominal wall. The following morning the hot applications are renewed for half an hour or one hour, and then the ointment reapplied until evening. If pain and temperature return a new application of guiacol may be made, but generally it is best not to do so until thirty-six hours later. After the pain and temperature have subsided the application of the hot bag for one hour twice daily, and the internal administration of a saline cathartic once daily, and small doses of iodide of potassium will hasten the absorption of the induration. The results are no better, so far as the final issue is concerned perhaps, than those obtained by other methods, but the immediate relief of pain, the very short period of confinement and the absence of any untoward symptoms or results, convince me that this method is an improvement. The guiacol should never be painted upon the lower portion of the scrotum or upon the scrotal tissue proper, as it is liable to produce excoriations in some individuals, and only the pure Menck's guiacol should be used.—*Med. and Surg. Reporter.*

THYROID TREATMENT IN GOITRE—Marie (*Sem. Med.*) recently reported to the Paris Societe Medicale des Hopitaux the case of a girl aged nineteen, belonging to La Creuse, in whom a goitre had begun to develop at the age of fourteen. When she came under observation it was of the

[*Continued on page 112*

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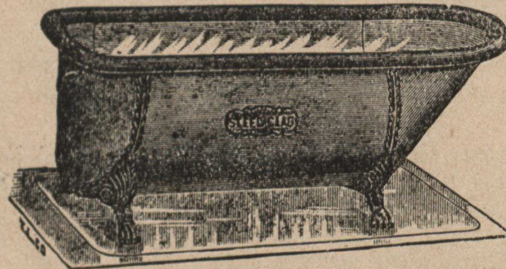

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size of half an average orange, and hard in consistence, but elastic. On September 14th, she began to take two tablets of sheep's thyroid every day. On the 19th the neck was distinctly smaller, and on the 26th it was found by measurement that the swelling had diminished in the transverse diameter (at the level of the clavicles) from eighty to forty-five millimeters, and in the vertical from fifty-five to forty millimeters. The goitre was also much softer. At this time slight symptoms of thyroidism (weakness, trembling of limbs, headache, pains in the limbs, nausea) showed themselves. The patient had to go home, and has not been heard of since. This case, together with similar ones reported by Sene and Bruns, appears to Marie to warrant the conclusion that in a certain number of cases of simple goitre, thyroid treatment is useful. Bruns treated sixty cases in this way with the following results: Fourteen cures, twenty very marked improvements, nine distinct improvements. The indications of the treatment, according to Bruns, are that the tumor shall be of moderate size, of recent origin, and the patient young. Marie's patient lost three pounds in weight during the treatment.—*British Medical Jour.*

MR. HACKING KOFF—" Doctor, didn't you make a mistake in going into medicine instead of the army ?" Dr. Eagle—" Why ?" Mr. Koff—" By the way you charge your friends, there wouldn't be much left of an enemy."—*Wasp.*

Western Pennsylvania Medical College

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