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VOL. VI. TORONTO, APRIL, 1896. No. 4

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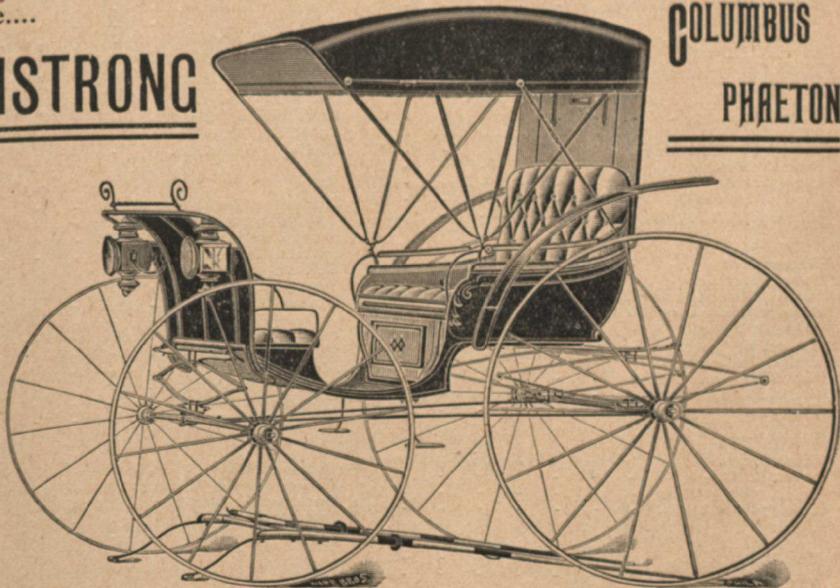
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Is made by combining the active constituents found in Cod Liver Oil with a fine quality of dry wine, in which a proper proportion of peptonate of iron has been previously dissolved. It possesses the alterative properties of the oil combined with the tonic virtues of iron, and is free from the objectionable features of either. The alterative properties of Cod Liver Oil do not reside in its fat, but belong to certain peculiar principles associated therewith found in the oil as well as in the fresh liver.

The United States Dispensatory, in referring to Cod Liver Oil, says: "Some consider it merely a nutritive agent, having the advantage over other oleaginous substances of a readier entrance into the system, and more easy assimilation. But we cannot agree with this opinion. The probability appears to us to be that in consequence of some *peculiar principle or principles* it contains [italics ours] it exercises a stimulant and alterative influence on the processes of assimilation and nutrition, thereby aiding in the production of healthy tissue."

The *peculiar principles* spoken of in the Dispensatory were discovered finally by Messrs. Gautier and Mourgues (*Journal de Pharmacie*, March, 1890), who found in the oil certain active constituents, which, after testing thoroughly on animals, they believe to be the substances which account for the peculiar tonic action of Cod Liver Oil, which distinguishes it from all other oils and fats. Bouillot (Abstract of Thesis read at the French Academie des Sciences, Nov. 15th, 1892) has confirmed these researches and demonstrated the presence of these organic bodies in the fresh liver of the cod in much larger quantities. The secret of the value of Cod Liver Oil is therefore due to the presence of certain principles found in the fresh liver of the cod, which have been taken up by the oil.

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Stearns' Wine of Cod Liver Oil is extensively used in the treatment of consumption, scrofula, chronic rheumatism and gout, and the various morbid affections connected with the scrofulous diathesis, such as external glandular scrofula, diseases of the joints and spine, carious ulcers, tabes,

mesenterica, rickets and phthisis. It has been found useful also in chronic cutaneous eruptions, lupus, and chronic pectoral complaints, and it may be employed with the hope of good in almost all chronic cases in which there is impaired assimilation or nutrition. In pulmonary consumption it is of supreme value. The U. S. Dispensatory calls attention to the fact when administering Cod Liver Oil, that it is necessary, however, to persevere for four or six weeks before looking for decidedly favorable results, though the change does often appear earlier.

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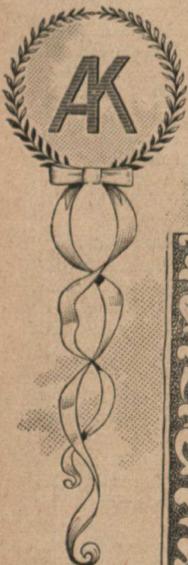


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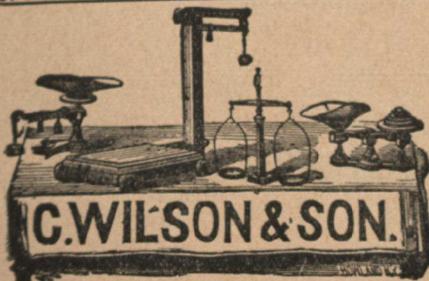
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It may seem strange that we should feel called upon to write an editorial upon such a commonplace subject as water, especially to such a learned and intelligent class as our readers are, but it only goes to show that a person who is brought in contact with diseases, caused by impure drinking water, gets careless and neglects his own health in attending to the hygiene of others. We feel no hesitancy in asserting that impure water is responsible for much more ill health than the average individual ever dreams of. Why, even the Romans seem to have had a much better conception of the importance of pure water than we of the nineteenth century do, inasmuch as they refused to drink the water from the Tiber, running past their doors, but sent away

to the far-off hills for their supply. Yet we, as scientific and learned people, drink the water contaminated by sewage and filth of all kinds. Such being the case, with no immediate chance of a change, why not take necessary precaution and filter all water for drinking purposes? Having made up your mind on that point, the next question is, What filter shall I buy. It must be germ-proof and durable. To aid you we would therefore advise you to see the Pasteur Germ-proof Filter, at the ware-room of the Aikenhead Hardware Company, 6 Adelaide Street East, Toronto, where they have fitted up, at great expense, a separate department for exhibition purposes. Parties not able to call can have particulars sent on application.

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THE Milder or Inhalent Method in Treatment of Diseases of the Upper-Air Passages. — Clinical remarks in the Throat Clinic, Medical College of Ohio. In no field of medical practice, with possible exception of the gynæcological, has there of late years been such an apparently wild race for novel and striking methods of treatment, as in the department of diseases of the upper-air passages. Instruments without number have been devised to cut, drill, bore, saw and burn the parts supposed to be affected. Within the past few years the galvano-cautery has, to some extent, displaced many of the older surgical instruments. So general is the tendency to operate that the sufferer from nose or throat trouble is fortunate, indeed, to emerge from

his physician's office without a fresh wound or burn, which will require a week's careful emollient applications. It is far from my purpose to decry necessary surgical treatment of neoplasms, diseased or deflected nasal bones, hypertrophied tonsils, or superlatively thickened tissue; but I especially desire to direct your attention to the fact that, in a large percentage of simple acute or chronic catarrhal affections of the mucous membrane, the most common treatment of today entirely destroys the function of that membrane. The normal function of the mucous membrane lining the upper respiratory tract is to warm, moisten and cleanse the inspired air. Extensive cauterization deprives it of all these powers, by destroying the epithelial layer and the underlying mucous

[Continued on page 348]

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(Continued on page 350)

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A CLINICAL STUDY OF ANTI-KAMNIA.—The *New York Medical Record* contains an exhaustive article under the above caption by Samuel Wolfe, A.M., M.D., Physician to the Philadelphia Hospital; Neurologist to the Samaritan Hospital, Philadelphia. He summarizes as follows: "I feel justified from my experience, to formulate the following conclusions: That antikamnia is valuable for reducing temperature in febrile complaints. That it is of service in many forms of pain connected with febrile diseases. That it has a field of use in rheumatic and gouty affections. That in neuralgic and myalgic pains, it is not only palliative, but along with other measures, assists in ultimate cures. That in neurasthenia, hysteria and migraine, it is a valuable adjuvant

to the other recognized therapeutic measures. That in organic nervous diseases, it has a field of application. That it is the least depressing of all the drugs that can exercise so extensive a control of pain, and also least disturbing to the digestive and other organic functions." He further states: "The scientific physician prefers always to treat a cause or condition, rather than a mere symptom. If he can remove pain, by abolishing its cause, he will do so, rather than to blunt the sensory structures so that the pain is not felt. The demand for relief from mere symptoms, however, frequently becomes imperative, and this is especially the case when pain is present. We would cease to respect the physician who, in the presence of an acute agonizing pain,

(Continued on page 354)

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ATROPINE SULPHATE1-60 gr.	40	12	ESERINE SULPHATE1-100 gr.	45	13
ATROPINE SULPHATE1-200 gr.	30	10	HYOSCINE		
ATROPINE SULPHATE1-150 gr.	30	10	HYDROBROMATE1-100 gr.	75	19
ATROPINE SULPHATE1-120 gr.	35	11	HYOSCYAMINE SULPHATE1-50 gr.	50	14
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COCAINE HYDROCHLORATE1-4 gr.	90	22	CHLORIDE1-40 gr.	30	10
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CONIINE HYDROBROMATE1-100 gr.	30	10	MORPHINE BIMECONATE1-3 gr.	85	21
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CONIINE HYDROBROMATE1-60 gr.	50	14	MORPHINE BIMECONATE1-6 gr.	45	13
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MORPHINE NITRATE1.6 gr.	70	18	{ Atropine Sulph. 1-120 gr. } ..		
MORPHINE NITRATE1.8 gr.	55	15	MORPHINE AND ATROPINE No. 15, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE NITRATE1.12 gr.	50	14	{ Atropine Sulph. 1-100 gr. } ..		
MORPHINE SULPHATE1.8 gr.	30	10	MORPHINE AND ATROPINE No. 16, { Morphine Sulph. 1-2 gr. } ..	75	19
MORPHINE SULPHATE1.6 gr.	35	11	{ Atropine Sulph. 1-240 gr. } ..		
MORPHINE SULPHATE1.4 gr.	40	12	NITROGLYCERIN1.50 gr.	40	12
MORPHINE SULPHATE1.3 gr.	50	14	NITROGLYCERIN1-150 gr.	40	12
MORPHINE SULPHATE1.2 gr.	65	17	NITROGLYCERIN1-100 gr.	40	12
MORPHINE AND ATROPINE No. 1, { Morphine Sulph. 1-8 gr. } ..	45	13	NITROGLYCERIN1-200 gr.	40	12
{ Atropine Sulph. 1-200 gr. } ..			NITROGLYCERIN, 1-100 gr. & STRYCHNINE, 1-50 gr.	40	12
MORPHINE AND ATROPINE No. 2, { Morphine Sulph. 1-6 gr. } ..	45	13	PHYSOSTIGMINE SULPH., 1-60 gr. (See Eserine Sulph.) ..	80	20
{ Atropine Sulph. 1-180 gr. } ..			*PILOCARPINE MURIATE1.5 gr.		
MORPHINE AND ATROPINE No. 3, { Morphine Sulph. 1-4 gr. } ..	50	14	*PILOCARPINE MURIATE ... 1-8 gr.		
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MORPHINE AND ATROPINE No. 4, { Morphine Sulph. 1-4 gr. } ..	60	16	*PILOCARPINE NITRATE ... 1-20 gr.		
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MORPHINE AND ATROPINE No. 6, { Morphine Sulph. 1-8 gr. } ..	50	14	STRYCHNINE NITRATE1-150 gr.	50	14
{ Atropine Sulph. 1-100 gr. } ..			STRYCHNINE NITRATE ... 1-100 gr.	35	11
MORPHINE AND ATROPINE No. 7, { Morphine Sulph. 1-6 gr. } ..	50	14	STRYCHNINE NITRATE ... 1-60 gr.	40	12
{ Atropine Sulph. 1-150 gr. } ..			STRYCHNINE NITRATE ... 1-120 gr.	30	10
MORPHINE AND ATROPINE No. 8, { Morphine Sulph. 1-6 gr. } ..	55	15	STRYCHNINE SULPHATE, ... 1-150 gr.	30	10
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE SULPHATE, ... 1-120 gr.	30	10
MORPHINE AND ATROPINE No. 9, { Morphine Sulph. 1-4 gr. } ..	50	14	STRYCHNINE SULPHATE, ... 1-100 gr.	30	10
{ Atropine Sulph. 1-200 gr. } ..			STRYCHNINE SULPHATE, ... 1-60 gr.	30	10
MORPHINE AND ATROPINE No. 10, { Morphine Sulph. 1-4 gr. } ..	55	15	STRYCHNINE SULPHATE, ... 1-20 gr.	40	12
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE SULPHATE, ... 1-30 gr.	30	10
MORPHINE AND ATROPINE No. 11, { Morphine Sulph. 1-4 gr. } ..	60	16	STRYCHNINE SULPHATE, ... 1-50 gr.	30	10
{ Atropine Sulph. 1-90 gr. } ..			STRYCHNINE AND ATROPINE No. 1, { Strychnine Sulph. 1-50 gr. } ..	50	14
MORPHINE AND ATROPINE No. 12, { Morphine Sulph. 1-3 gr. } ..	75	19	{ Atropine Sulph. 1-150 gr. } ..		
{ Atropine Sulph. 1-120 gr. } ..			STRYCHNINE AND ATROPINE No. 2, { Strychnine Sulph. 1-30 gr. } ..	50	14
			{ Atropine Sulph. 1-120 gr. } ..		
			STRYCHNINE AND ATROPINE No. 3, { Strychnine Sulph. 1-60 gr. } ..	50	14
			{ Atropine Sulph. 1-150 gr. } ..		

*Prices on application.

PREPARED ONLY BY

WM. R. WARNER & CO.

Manufacturers of Reliable and Soluble-Coated Pills

PHILADELPHIA

NEW YORK

LONDON

PREPARATIONS SUPPLIED BY ALL LEADING DRUGGISTS

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

KERRY, WATSON & CO., Montreal

LYMAN, SONS & CO., - Montreal **LYMAN BROS. & CO., - Toronto**

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KENNETH CAMPBELL & CO. " **LONDON DRUG COMPANY, London**

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J. WINER & CO., - Hamilton **BROWN & WEBB, - Halifax**

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,

WILLIAM R. WARNER & CO.

Dispensed by all Druggists.

CHOLERA INFANTUM

TREATED WITH INGLUVIN.

The prevalence of Cholera Infantum, Cholera Morbus, and Diarrhoea, 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

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

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

Sig.—One every 4 hours.

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 combining of INGLUVIN with P. 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.

GENEVA LITHIA MINERAL WATER

STRONGEST IN THE MARKET

Recommended by Physicians in the United States

**FOR STOMACH
LIVER
KIDNEY
AND
BLADDER
TROUBLES**

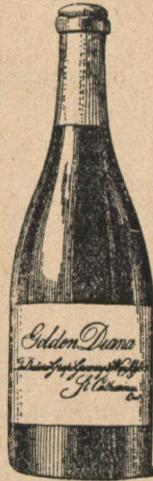
Canadian Agents:

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MEDICINAL WINES



We produce them from the pure juice of the grape. Our wines are highly recommended throughout the Dominion by eminent physicians for their medicinal qualities. We can specially recommend our

FINE OLD PORT

for the use of convalescing patients, and for those preferring a drier wine, we would recommend our

DRY CONCORD.

Ask for our goods, or write us direct.

The Ontario Grape Growing and Wine Mfg. Co. **ST. CATHARINES, 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, 123 Adelaide Street East, Toronto—Importers.**

MEDICAL MEN--ATTENTION!

The way to ensure good health to your patients, is to insist on them using

**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.

Office and Warerooms

87 RICHMOND ST. WEST - - TORONTO.

Special Notice to Physicians!

I contract for all kinds of CRUSHED GRANITE and PORTLAND CEMENT CONCRETE SIDEWALKS and FLOORS.

Drains Repaired on Sanitary Principles. Estimates Furnished.

◆— TERMS MODERATE —◆

W. CUMMING, 739 GERRARD ST. EAST.

which mechanical or other means could not quickly relieve, would withhold the hypodermic morphia. On the other hand, we applaud the sentiment which seeks for measures to combat this symptom, carrying with them less of the remote dangers, which are inherent in the frequently repeated and long-continued use of opiates.

BLASTOMYCETES IN SARCOMATA.—Roncali (*Il Policlinico*) found in five sarcomata taken from different parts and different issues, parasitic forms analogous to those described by Sanfelice, and by the author in cases of ovarian adeno-carcinoma. These parasites (that is, those met with in sarcoma) react to

specific staining reagents, and resist the action of acids and alkalies in the very same way as the blastomycetes found in adeno-carcinoma. They may be intracellular, extracellular and even (exceptionally) intranuclear; they multiply by budding; in the young state may be seen without membrane and with abundant chromatic protoplasm; they may be homogeneous or partly granular or degenerate, that is, wanting in protoplasm, or furnished with protoplasm so modified as to lose all property of staining with aniline dye.—*Brit. Med. Jour.*

FOND MOTHER—"You are very sick, my child; I will send for Dr. Jones." Daughter (quickly)—"Not Dr. Jones, mother dear, he's engaged already."—*Peck's Sun.*

BLAUD'S PILL CAPSULES

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

In boxes of two doz.
and one hundred

BLAUD'S PILL with ARSENIC

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

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Duncan, Flockhart & Co.,
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Samples free on application

This space has been purchased by the well-known

MANUFACTURERS OF
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SCOTT & MACMILLAN

14 and 16 Mincing Lane, Toronto

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See their announcement on page 348 of this issue.

BENGER'S FOOD

For Infants, Invalids,
And the Aged

Gold Medal Awarded
HEALTH EXHIBITION, LONDON

First Class Award
ADELAIDE, 1887, AND MELBOURNE, 1888

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The Lancet describes it as "Mr. Bengers admirable preparation."

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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

Wholesale of all wholesale houses

OVER

2,000

EYES

The Best Lenses in Steel Frames \$1.00. Solid Gold \$3.00.

Last month we told you we'd examined over **1,600** eyes in our optical department.

NOW we've had the experience of examining over **2,000** eyes, and all within the last few months. Careful attention to oculist's prescriptions.

144
YONGE ST.,
TORONTO.

KENTS'

Sign of the Big Clock.

BENGER'S Food for infants, invalids and the aged has been awarded gold medal after gold medal, as well as first-class awards at the Adelaide and Melbourne Exhibitions. This would not be the case if the quality of the food were not of such a character as to deserve those encomiums. This food can be secured at all wholesale houses, and all physicians will have to do is to instruct their chemist to lay in a stock of it, and it will certainly be done. By looking over to page 357 of this number of the JOURNAL, readers will see that the principal English medical periodicals have to say of this excellent article.

S. H. KENNEDY'S WHITE OAK BARK, Q. ALBA.—S. H. Kennedy,

whose name is familiar to the medical profession as the discoverer of "Pinus Canadensis," now manufactured and sold by the Rio Chemical Co., of St. Louis, is inviting the attention of doctors to a new preparation called Concentrated Extract of "White Oak Bark, Q. Alba." For this he claims a greater degree of excellence than he did for "Pinus Canadensis," even when it was manufactured under his own supervision; and backs this opinion by no less an authority than that of Dr. J. Marion Sims. We hope our readers will make an early test of "White Oak Bark, Q. Alba," and report results to the JOURNAL. For information as to securing this most valuable astringent, see new advertisement on page 428.

BEARDSLEY'S Shredded Codfish

Ready in Ten Minutes. Entirely free from any Disagreeable Odor. Restores Failing Appetite. Ask your dealer for a box.

TEN CENTS BUYS IT.

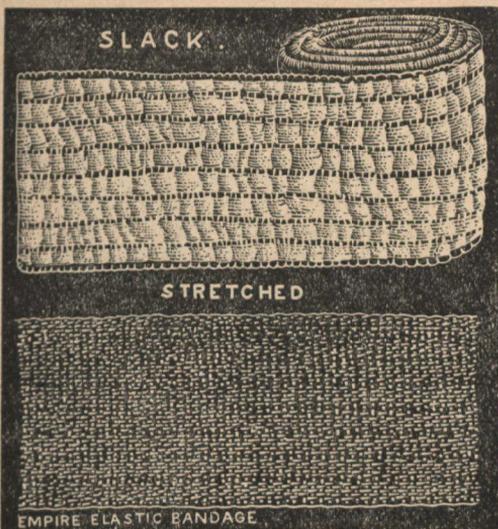
It is imitated. See that you get Beardsley's, the original and only Shredded Codfish.

Your Breakfast for Ten Cents in Ten Minutes

For a two-cent stamp, to prepay postage, we will send you our booklet, "Your Breakfast," which gives you twenty ways of preparing Codfish that you never thought of.

J. W. BEARDSLEY'S SONS,

No. 180 West Street,
New York City.



THE EMPIRE ELASTIC BANDAGE

Specially Adapted for Varicose Veins.

We invite the attention of the Medical and Surgical Profession to the various merits combined in our Bandages:

1st. ITS POROSITY—the greatest in the "Empire." It never causes itching, rash, or ulceration under the bandage.

2nd. ITS ELASTICITY, which will enable the surgeon or nurse to put it on at any required tension, and which will follow a swelling up and down, as the case may be, a feature unknown to any other bandage.

3rd. ITS ABSORBENT PROPERTIES—greatest in the "Empire."

4th. ITS EASY APPLICATION to any part of the body, not being necessary to fold over as with other bandages, as it follows itself with equal uniformity around any part of the abdomen.

5th. ITS SELF-HOLDING QUALITIES. No bother with pins, needle or thread, or string, so tiresome to surgeons, as simply tucking the end under the last fold insures its permanent stay until its removal for purposes of cleanliness.

6th. The only Bandage that is SUPERIOR TO THE ELASTIC STOCKING for varicose veins.

Send \$1.00 for 3 in. by 5 yds. Bandage on approval.



As an abdominal Supporter with Button inserted at the Navel.

Is made of the same material, and possesses the same merits as the Empire Elastic Bandage and Abdominal Supporters, and is pronounced by all who have seen it to be the BEST IN THE WORLD. All of our goods are sent free by mail upon receipt of price, and money refunded if not satisfactory.

Infants, \$1.25. Children, \$2.50. Adults, \$4.00.



The Empire Abdominal Supporter

Is superior to all others for the following reasons :::

1st. It adapts itself to every movement of the body, giving strong and even support.

2nd. It produces warmth without irritation or sweating, as it is perfectly ventilated.

3rd. In pregnancy, corpulency, tumors, for other cases of enlargement of abdomen, it supports weight of body from the backbone, relieving the sinews of their overwork.

4th. Its easy appliance (lace and drawn on over head or feet).

5th. It is cheap; durable. It can be washed when soiled, proper care being taken to cleanse it in lukewarm water and dry in the shade.

In ordering give the measure of the abdomen.

PRICES:

Six inches wide.....	\$2 00
Eight inches wide.....	2 50
Eleven inches wide.....	3 00
Twelve inches wide (double rubber).....	4 00

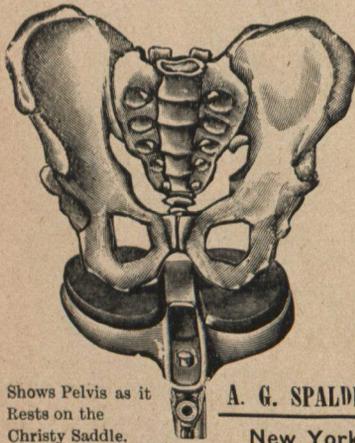
Manufactured by

THE EMPIRE MANUFACTURING CO'Y.

13 Spring Street,
LOCKPORT, N.Y., U.S.A.

Now that the warm weather is rapidly approaching, the mind of the progressive physician will most naturally turn towards thinking over the usual class of cases met with by the general practitioner in the summer months. First and foremost on the list comes the question of the treatment of infants during the hot season of the year, when affected by such dread disease as cholera infantum. Then it is that the doctor has to devise some form of nutritious and easily digested food for the sickly little one. At such trying times, if

the medical man, having that infant's best interests at heart, will make a trial at least of that oldest of all infant foods, Robinson's patent Barley or patent Groats, he will almost surely find that thereafter it will be a case of steady improvement upon the part of that infant. Patent Barley and Groats is manufactured by the well-known firm of Keen, Robinson & Co., of London, England, and any physician sending a post-card to F. Magor & Co., Montreal, will have sent him, free of charge, a large sample tin of either food.



Shows Pelvis as it Rests on the Christy Saddle.

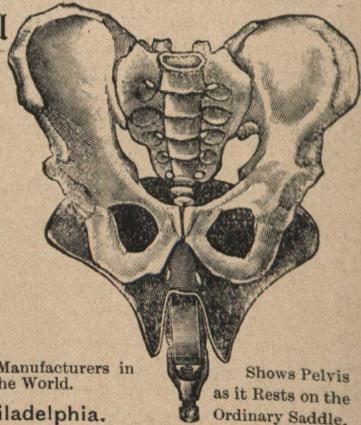
Christy Anatomical Saddle

The only saddle that is built on anatomical principles. Used, recommended and endorsed by physicians. Has thick cushion pads where pads are needed. If it is fitted to your bicycle, there will be no chafing, stiffness or soreness, and riding will be made a pleasure. Especially adapted for women cyclists.

PRICE, \$5.00.

A. G. SPALDING & BROS.,

New York - Chicago - Philadelphia.



Shows Pelvis as it Rests on the Ordinary Saddle.

BICYCLES, BICYCLE SUNDRIES, and BICYCLE CLOTHING.

Send for Illustrated Catalogue

QUEEN CASTOR OIL

ABSOLUTELY TASTELESS

QUEEN CASTOR OIL is prepared from the purest English Castor Oil by separating the disagreeable and nauseating principles without changing its medicinal action. These principles are extracted by an improved process and are not

covered up by added flavors. QUEEN CASTOR OIL possesses the same medicinal properties as the ordinary Castor Oil, with the advantages that it is pleasant both in taste and odor, does not become rancid, and is devoid of all gripping action.

SEND FOR SAMPLES. QUEEN CASTOR OIL CO. BORINE CHEMICAL CO. N.Y. SOLE AGENTS

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BATHS OPEN DAY AND NIGHT

I beg herewith to notify the Medical Profession that I have opened my NEW

TURKISH BATHS

LADIES—Tuesday and Friday Mornings, admit from 9.30 till 12.30, and all day Thursday, from 9.30 a.m. till 9.30 p.m. **GENTLEMEN**—Every Day, Afternoons, and all Night, except Ladies' Hours.

Single Bath \$1.00. Day Tickets—Six for \$5.00, or Thirteen for \$10.00. Evening Tickets (from 6 till 10). Single Baths, 75c.; Eight for \$5.00, or seventeen for \$10.00. Physicians' Tickets, 50c., or Twenty for \$10.00.

AT 127 AND 129 YONGE STREET, TORONTO.

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THOS. CRUTTENDEN, JR.,

DISPENSING

CHEMIST

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Gerrard and Sumach Streets, Opposite the General Hospital Toronto

P.S.—I wish to direct the special attention of medical men to the fact that I have just laid in a full stock of Parke Davis' fluid extracts, pills, triturations, etc., and am desirous to have members of the profession call and see me.

*Graduate Ontario and New York
Colleges of Pharmacy*

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.

The Alpine Dairy Co.

639 YONGE ST. (Cor. Isabella), TORONTO

Absolutely Pure and Tested Milk, in sealed bottles, 6 cents per quart; Rich Table Cream, 30 cents per quart; Whipping Cream, no trouble to whip, 40 cents per quart; Buttermilk, Creamery Butter. Two daily deliveries to all parts of the city.

Phone 4450.

THE ALPINE DAIRY CO.

A Doctor should

Take care of his own health

BY WEARING a Rigby-proofed overcoat. A Rigby Waterproof overcoat is made from ordinary cloth, of any quality or weight, made waterproof by a chemical process which leaves the cloth porous, so that it does not prevent free circulation of air, or change its appearance or feeling. It simply makes the goods repellent to water and non-absorbent, warm, dry and comfortable, without any of the disadvantages of rubber. Any goods may be Rigby-proofed. Manufactured and sold wholesale by

H. SHOREY & Co., MONTREAL

THE Directors of the Post-Graduate Medical School and Hospital have named one of their wards in memory of the late Dr. Charles Carroll Lee, who was for many years a professor in the institution. They have placed a tablet in the ward, giving the names of those who combined to contribute the ten thousand dollars which was given for the purpose of the memorial. These names are as follows: Dr. Robert Abbe, Dr. L. Bolton Bangs, Mrs. James Beales, Dr. Stephen S. Burt, Miss Caldwell, Dr. Charles L. Dana, Dr. Bache McE. Emmet, Dr. George H. Fox, A Friend, Dr. Horace T. Hanks, Mr. and Mrs. Eugene Kelly, Mr. and Mrs. Henry J. Lamarche, Dr. Daniel Lewis, Mr. and Mrs. William Lummis, Mr. and Mrs. Frank A. Otis, Dr. Clarence C.

Rice, Mr. Eli K. Robinson, Mr. Nelson Robinson, Dr. D. B. St. John Roosa, Mrs. Eliza M. Sloan, Dr. Andrew H. Smith, Mrs. M. E. Sparks, Dr. Reynold W. Wilcox. It will be seen that the faculty of the institution participated largely in the memorial gift.

EVERY doctor has to use prescription blanks. One of the most unique and handiest which we have ever had the pleasure of seeing is that manufactured by The National Prescription Blank Company, of Cincinnati, Ohio. The size is all one could wish for, being bound in such a way as to exactly fit an outside coat and waterproof pocket. The quality of the paper is excellent, and when bound the pad differs from a great many of

[Continued on page 364]

AUTHORS & COX

Removed to their New Building, 135 CHURCH STREET, TORONTO.

—Manufacturers of—

ARTIFICIAL LIMBS, TRUSSES AND SURGICAL APPLIANCES.

Poro-Plastic Jackets

For Curvature of the Spine, made to order, and warranted to fit.

We are the only firm in Canada manufacturing these Jackets.



ELASTIC STOCKINGS, **CRUTCHES, Etc.**

THE TORONTO NURSING HOME

AND

COTTAGE HOSPITAL.

27 AND 29 MONTAGUE PLACE (facing Homewood Avenue), TORONTO.

RECOGNIZING the demand which exists for some Institution, other than a public hospital, where the advantage of trained nursing can be obtained under the direction of the medical attendant of the patient, it has been decided to establish

THE TORONTO NURSING HOME AND COTTAGE HOSPITAL

under the following regulations :

Patients admitted to the "Home" may be attended by their own doctor, or by the Medical Superintendent of the Institution, as they may desire.

Where patients are treated by their own physician, his directions will be carried out by trained nurses, and the latter will be entirely responsible to the doctor in charge of the patient for the proper performance of his instructions.

Patients will be admitted for Surgical Operations, Confinements, Massage, Electrical Treatment, and all non-infectious diseases.

Massage, etc., may be obtained at the Home without residence if so wished.

Both male and female patients will be received.

The Institution will be made as comfortable and home-like as possible, and is pleasantly situated close to the Horticultural Gardens, and easily reached by the Carlton Street or Belt Line Cars.

Particulars can be obtained from Dr. Lowe, Medical Superintendent, or Miss Dover, Graduate of Toronto Training School, at the "Home."

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.

For Rooms, Nursing, etc., without Medical Attendance, the charge will be \$6.00, \$10.00 and \$12.00 in advance.

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

References given when required.

the more common and cheaper grade in that the blanks fold in such a manner as to prevent the copying paper from falling out and being lost—a most annoying, and all too frequent an occurrence. We are glad to notice that this Cincinnati firm are introducing their blanks into Canada, and we would recommend that city physicians encourage Dr. E. J. Kaufmann, president of the company, who, by the way, is a member of our own College of Physicians and Surgeons of Ontario, by requesting their chemist to lay in a stock of this particular pad, as once used it will always be used. A full description of this article will be found in the company's advertisement, appearing on page 346 of this number of the JOURNAL.

WHO does more good in the world than they who relieve suffering humanity? I have used Sanmetto in many cases where it was indicated, such as enlarged prostate of old men, and in cystitis and gonorrhœa. I truly believe that I have carefully tested every remedy in the Pharmacopœia for these distressing and painful affections of humanity, and none give relief like Sanmetto. In one case where solid casts from the urethra were voided (resembling chicken guts), where micturition was so frequent as every ten or fifteen minutes night and day, and where the catheter would not pass into the bladder Sanmetto brought relief. I consider it the great reliever of these affections. C. N. BROWN, M.D.
Webster, W. Va.

Free for a Postal

Desirous that every physician may have opportunity to make trial of

Duncan, Flockhart & Co.'s Capsules

I am instructed by MESSRS. D., F. & Co. to send working sample to every physician making application for same. Full List of Capsules will be forwarded at same time.

R. L. GIBSON

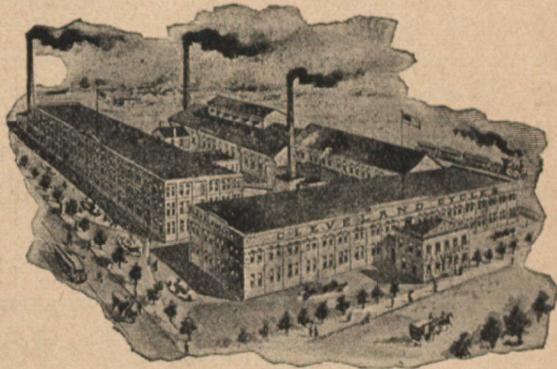
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SWELL-
SPECIAL

Beauty • Popularity • and • Strength



Watch this Name Plate.

The unsolicited opinion of Cleveland
Riders the world over is
That they are perfect
In every way.

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Our Instruction School is now open
Under the able management of
Prof. Stinley, late of
New York.

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H. A. LOZIER & CO.,

169 Yonge St. Toronto

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“Envoy” MEDIUM PRICE “Fleetwing.”
WHEELS

WHEN such well-known practitioners as Mr. J. H. Scott, F.R.C.S., of Dublin, and Mr. T. Bell, L.R.C.P., of Belfast, permit their names to be attached to testimonials, praising up the therapeutic value of any particular preparation, it may be taken for granted that what they say is certainly correct. They do this regarding Savarasse's capsules of Sandal wood oil, and we think that it will more than repay physicians when ordering that somewhat nauseating, but valuable therapeutic agent, to specify "Savarasse's," as in that case they may depend upon it that the oil will be digested without causing the usual disagreeable eructations. A box of the capsules will be sent free to any physician writing for the same to Messrs. Evans & Sons (Ltd.), Montreal, P.Q.

As the snow commences to melt away on the city streets and country roads, many a physician will be thinking of what kind of a trap he will drive during the spring and summer. If he will refer to page 339 of this issue, he will see a first-class cut and description of the Armstrong Columbus Phaeton, a covered buggy, built especially for physicians' use, by the J. B. Armstrong Manufacturing Co. (Ltd.), of Guelph. This easy riding trap is placed on end spring gear. The body is roomy and uniquely stylish. It is trimmed in leather or cloth, over spring cushion and spring back, has a high dash with a silver rail and handsome lamps. It will pay any doctor, who thinks of investing, to write the manufacturers for prices, as they do by far the best carriage work in western Ontario, and their prices are right.

J. E. AUSTEN



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Military

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To freely drink

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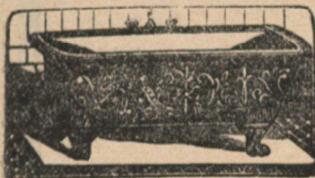
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Vol. VI.

TORONTO, APRIL, 1896

No. 4

ORIGINAL ARTICLES.

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

**THE NON-INSTRUMENTAL TREATMENT OF DISEASES OF
WOMEN.**

By J. D. ALBRIGHT, M.D., Akron, Pa.

The sphere of the gynæcologist is large, his power for usefulness and the accomplishment of good is great, and, I might add, his power for harm even greater. Not one word would I say or write in opposition to the legitimate operative procedures practised by these benefactors of humanity, but yet a comment. Their sphere, as said, is large, but at the same time limited. I would not essay to draw the line of limitation, were such a thing possible; yet it remains that "tinkering," as some have called it, is far too prevalent. The gynæcologist, perhaps blinded or dazzled by the glittering array of silvered instruments that constantly surround him, may at times do too much, and the number of ills that result from such work is legion. When gynæcologists advertise by circular-letter to the profession that ovaries will be removed for from \$25.00 to \$50.00 per pair, for simple dysmenorrhœa, it is highly necessary to call a halt. Painful as this affection may be, it is rarely of such gravity as to warrant such rash measures. Volumes have been written on the different forms of this affection, and yet up to a few years ago it was a problem that few could solve, treatment being simply palliative, and ineffectual as to permanent results. The majority of young women, both single and married, are subject to pain, more or less severe, at their menstrual periods, and on the whole, I daresay, functional derangement of the reproductive organs causes more suffering than any other one cause to which the female sex is liable. If this paper succeeds in attracting the attention of the readers of this journal to a mode of treatment that will in the majority of cases give excellent results, it will have accomplished its purpose. Such treatment is herewith mentioned,

together with a few cases to illustrate. In the successful treatment of this class of affections will be found the key to the family practice, for the woman's doctor is the family doctor, and, what is more, you will leave them with their organs untouched and unharmed, and they may well say of you, "Consider my doctor; he cut not, neither did he sew, yet the reputation-seeking gynæcologist, with all his pomp and instruments, could not have succeeded better than he."

Case 1.—Lady, aged twenty-eight; one child, four years old; had been in rather poor state of health since her child was born, and suffered at each period for almost two years; she had also been the victim of an offensive and obstinate leucorrhœa, with extreme tenderness of the vagina and os. Digital examination revealed nothing except the tenderness. Her pains would usually begin two days prior to the appearance of the flow, were of such severity as to threaten hysteria, and were only relieved by heroic doses of morphine. She had previous to this refused to accept treatment with a view of permanent good, but now agreed to it. I put her on "Liquor Sedans" (P., D. & CO.'S) one teaspoonful four times daily, and the following injection for the local trouble:

℞ Alum,
 Ac. boracic,
 Sodii bor. āā ʒ i.
 Ac. carbol. ℥ xx.
 Hydrastin sulph. gr. x.

M. Sig.: Dissolve one teaspoonful in one pint of water, and inject this amount once daily.

Gave her also "Euthymol" (P., D. & CO.'S). Sig: To one part of this medicine add one part of water, saturate a pledget of cotton with the mixture and insert it well up in the vagina; after each injection let it remain twelve hours, then repeat. In the short space of five weeks the leucorrhœa had entirely disappeared and the tenderness was greatly relieved. The injections were here replaced by simply warm water, following the "Euthymol" applications, which were continued once a day for the tenderness. Under this treatment each period was passed with less pain than the one previous, and after four months' treatment she reported herself well, feeling better, she said, than she had at any time within the last four years. I gave her a bottle of "Kola Cordial" as a bracer, and sent her on her way rejoicing.

Case 2.—Lady, aged thirty-six; married fifteen years; no children; suffered a great deal at each menstrual period, which occurred every five weeks and lasted two weeks, and at times longer, loss of blood being very great, leaving her weak and exhausted; was also troubled with a persistent leucorrhœa, constipation, and pains almost constantly in the thoracic region. This lady had been under treatment by different physicians, off and on, for the ten years previous to the time when she applied to me, and said that some physicians had told her she had a "blood tumor" (hæmatoma), and could expect no relief from anything short of an operation. For the leucorrhœa I gave her

the astringent powder before mentioned, and cotton pledgets saturated with a mixture of "Euthymol" and distilled extract of Witch-Hazel; for the constipation, she took half a teaspoonful of fluid Cascara Aromatic night and morning, which in a short time corrected that, so much that from ten to fifteen drops were sufficient to cause one movement daily; "Liquor Sedans," one teaspoonful four times daily, was taken continuously for four months. Improvement was manifest from the very beginning of the treatment, until at the time of discontinuation of treatment her condition was normal, and has remained so for more than six months.

Case 3.—Young lady, single; menstruation very painful and profuse; examination was refused. Gave her "Liquor Sedans" in the usual doses for two months, and was gratified to learn of her great improvement in that time. She says she no more dreads the approach of the catamenia, and the flow is greatly decreased in quantity and lasts but five days, as compared with seven or eight days formerly, and pain is almost *nil*.

When treatment like this gives such flattering results, it is a matter of importance that every physician should endeavor to persuade his patrons to accept of it, and the gynæcologist's knife will rust for want of use, and many an ovary will remain on this side of the chasm from which none has ever returned.

HYGIENE OF CANADIAN RAILWAYS.* (CONCLUDED.)

To bronze heater pipes: The best and most economical method is to first size the pipes with gold Japan sizing, and when about half dry apply the bronzing powder with a dry camel's hair brush. Bottoms of heater rooms, door sills, closet floors and car roof should be painted from time to time with good paint, and iron door sills, platform trimmings, vestibule face plates and buffers should receive an occasional coat of asphaltum.

To wash head linings: Head linings should be washed in the same manner as woodwork, using the same material; the men standing to do this work on a plank elevated on horses. With the head lining shall be included the wood-work down to the berth fronts, porcelain shades on oil lamps, wart domes and globes of gas lamps, and deck lights and transoms on both sides.

To clean berth lights: When very gummy, so that they cannot be cleaned in the ordinary manner, should be burned off with muriatic acid. This must be done by two men, one applying the acid carefully with a rag or small sponge on the end of a stick, and his assistant promptly washing the berth light off with clean water. Great care must be exercised not to touch any part of varnish work with acid.

To scrub car with modoc cleaner: Stir modoc well before using, then apply with a piece of old plush or curled hair, rub well until dirt is loosened, then wipe thoroughly dry with clean waste.

* Report of Committee on Ventilation. Read before the members of the Provincial Board of Health.

To disinfect car in case of its having been occupied by a person with contagious disease: First remove all spittoons, nickeline water tanks and any other metal that can be removed, then lower upper berths and place pillows on seats. Take a quantity of sulphur and place it in a tin pail over a pail of water, and after shutting car up tight, light the sulphur, having placed it where it can be seen through outside door, then leave car, keeping a close watch until sulphur is consumed, which takes about half an hour; after this keep car shut up tight for about twenty-four hours. This will allow the fumes of the sulphur to penetrate all parts. After this, open up car, remove all bedding, seats, carpets, etc., and allow them to be well aired, after which they can be returned to the car, it having been thoroughly cleaned in the meantime.

To exterminate vermin from cars: Use a mixture of turpentine, wood alcohol and corrosive sublimate, $\frac{1}{2}$ gal. each of the two first to 6 oz. of the latter. The corrosive sublimate and the alcohol should be mixed separately and allowed to stand about three hours, the other ingredient then put in and the whole mixed thoroughly. As this preparation evaporates rapidly only a small quantity should be used in a dish at a time, and the vessel containing the preparation kept corked at all times. This must be applied with a brush to the inside of the bunks, pillow boxes, around seat frames and blocks, and allowed to enter all cracks and crevices and counter-sunk screw head holes; in fact, in every part of the car where bugs are liable to secrete themselves. Before the application of the exterminator, the blankets, mattresses, pillows, seats and backs and carpet must be removed from the car, examined carefully and thoroughly cleaned, and not returned to car until after application of this mixture to the parts mentioned.

The following reply was received from the Pullman Palace Car Company:

PULLMAN PALACE CAR COMPANY.

Peter H. Bryce, Esq., Sec'y Provincial Board of Health, Toronto, Ont.

DEAR SIR,—Your favor of the 7th inst., stating the Committee on Ventilation of the Provincial Board of Health desires information in connection with a study being made of "Car Sanitation," received. I beg to reply to your several queries as follows:

1. What method do you use to secure ingress and egress of air in your railway cars? A. Through openings in the sides of the upper deck of the car, these openings being regulated by means of glazed sashes, which can be opened and closed from the inside of the car. Drop-sashes in the outside doors, when lowered, facilitate the ingress or egress of air. The toilet rooms are ventilated by separate exhaust ventilators. Urinal and hoppers have vent pipes. During warm weather, each car is supplied with so-called air deflectors, one of which placed under the open window causes the air to be deflected from the car, thus producing a current of air from the inside to the outside of the car.

2. What means are taken to clean your railway cars, and how frequently are they cleaned? Give the details of cleaning ordinary passenger cars and sleeping cars, with the cleaning of bedding, carpets, etc., and the disinfection of closets? A. Pullman cars are thoroughly cleaned at the end of each trip. The upholstery, carpets and bedding are removed from the car. The dust is removed from the plush and carpets by means of compressed air, which effectually removes all the dust. The mattresses are beaten, the blankets are shaken and aired, and the pillows beaten and aired. The closets and all fixtures therein are thoroughly washed and disinfectant applied. While the cars are in service on the road, the employees keep the closets disinfected and frequently clean the spittoons.

3. How often are your cars renovated or reupholstered? A. As often as a car is shopped, which, on an average, is once in nine or ten months.

4. What action do you take if an invalid occupies a berth? A. After the berth is vacated, the bedding is removed and thoroughly disinfected. In the event of an invalid, suffering from an infectious or contagious disease occupying the car, the car is thoroughly fumigated and cleaned under the direction of a proper Health Officer, and the car is not allowed to be returned to service, until proper permit has been issued by such Health Officer.

5. Have you inspectors to look after the cleaning of your cars? A. We have inspectors in each cleaning-yard to look after the cleaning of our cars.

8. What are your methods of heating cars? A. Pullman cars are heated by hot water through the medium of the Baker heater, where the water is heated either by a coal fire or by steam from the locomotive.

9. What are your methods of lighting cars? A. Pullman cars are lighted by oil (300 fire test), gas or electricity.

10. What precautions are taken to secure for your cars (a) fresh water for potable use? (b) A pure ice supply? A. An ample supply of water for potable and toilet use is furnished by the railroad companies at terminal stations, and replenished at important stations *en route*. Natural or artificial ice is also supplied by the railroad company at terminal and other stations.

Yours truly,

T. H. WICKES.

Office the Second Vice-President, Chicago, January 22, 1896.

The replies to the first question, respecting the ventilation of carriages, show that all the companies use natural ventilation, fresh air entering through the open door or window of the carriage and escaping principally through the clear-story windows in the roof. The Canadian Pacific Company has specially designed ventilators in lavatories and closets. The Wagner and Pullman carriages also have thorough ventilation in the closets of their cars, and the urinals and hoppers have vent pipes. The closets of the Grand Trunk Railway carriages are also well ventilated, the Bell ventilator being used. These are excellent provisions to prevent fouling of the air; for, if neglected, the open door of the closet in a railway carriage would certainly

permit the odor of that quarter to mingle with the general air of the carriage, before escaping through the clear-story windows.

In the opinion of Professor S. H. Woodbridge, of Boston, Mass., of the Institute of Technology, whose paper was read at the meeting of the American Public Health Association, held at Denver, October, 1895, natural ventilation in cars will, in the near future, be replaced by an artificial system. He holds that ventilation in railway cars is most inefficient, depending, as it often does, upon the speed of the car and the direction of the wind; but the public will be much worse off in this respect, within the next few years, unless the railway companies are compelled to take proper steps for the ingress and egress of a suitable supply of air. The development of high speed in railroad service will soon cause a change, in the construction of cars. As the air resistance will have to be reduced to the minimum, a smooth and unbroken surface will have to be given to the outside of the car; the locomotive, and also the rear car of the train will probably assume a wedge-shaped form. The supply of the air must then be as little as possible affected by the movements of the cars or the wind; the air must be continuous and regularly supplied in generous quantity, the action of the system being plenum rather than vacuum in order to reduce the inward leakage of cold air, smoke, dust and cinders. The air will be filtered, and in cold weather electrically heated, and will probably be sent through the car by the action of a high efficiency fan, run by electric motor, the dynamo being run by a belt from the axle. There will be no draughts, and the temperature of the car will be always under control.

It is found that imagination plays a large part in ventilation effects, and any system planned to give the surest and highest satisfaction should furnish ocular evidence of its existence and its action. Professor Woodbridge is of the opinion that any successful car ventilating system will have to include self-announcing means so as to enlist the imagination in its favor, and to put an effective stop to window raising, that fatal disturber of the working of artificial ventilation.

That the change in railway carriage ventilation suggested by Professor Woodbridge, or some other equally good plan, may soon be introduced is desirable, and all lovers of hygiene will unite in the expression of the wish that, when put on trial, a really good artificial system of railway carriage ventilation may receive the active and intelligent support of the travelling public. As Professor Woodbridge says, however, "human frailties are a greater obstacle to perfect ventilation than mechanical difficulties. The proper function of ventilation begins only after cleanliness has done its perfect work." And again, "it should be remembered in all ventilating undertakings, but one-half of the requirements are fulfilled, when the most perfect apparatus conceivable is furnished. The excellence of a tool does not insure the quality of its product. Quite as much depends on the user as the tool, and not infrequently a superior apparatus is made, on its reputation, to bear the burden of the operator's infirmities. It would seem

to be of more than doubtful utility to equip coaches with carefully designed means for ventilation, unless railway employees are systematically trained to their use, and they and the travelling public are educated to habits of cleanliness, and are free from the trouble-making notions and imaginings which prevail even among cultivated people with reference to ventilation. For a long time to come, to an innocent and dutiful ventilation is likely to be laid the sin of uncleanness of person and environment." All of which is quite true, and it applies equally to the short-comings of natural ventilation.

Whichever system of ventilation, natural or artificial, is adopted in an average railway carriage, in which the *per capita* space is about sixty feet, it is evident that one of the first pre-requisites of comfort and health is cleanliness in the passengers. This naturally leads up to the second question, "What means are taken to clean your railway cars, and how frequently are they cleaned? Give the details of cleansing ordinary passenger cars, and sleeping cars, with the cleaning of bedding, carpets, etc., and the disinfection of closets."

The replies given by the Canadian and American companies are most satisfactory. After reading them one is obliged to draw inferences laudatory of the cleanliness of Canadian railway carriages, as compared with the infrequent cleaning of schools, court-houses, and other public buildings. Who in Canada has heard of school-room floors being washed daily, or even monthly, or of their walls and ceilings being washed every two or three weeks? Very few house-keepers, even in mansions where a good deal of company is seen, or in hotels, think it necessary to have the upholstered seats taken out, beaten and aired about once a week. The attentions paid to the closets and urinals on both the Canadian lines are praiseworthy; but the Canadian Pacific Company, not satisfied with having these conveniences washed out frequently, supplies the urinals in the cars with ice and camphor, as a deodoriser, and uses a special disinfectant in the closets, while most of their first-class sleeping cars are equipped with flush closets.

On looking closely into the answers to this question differences of method in cleaning appear, which are deserving of notice.

The floors of the Grand Trunk cars are washed daily.

The Canadian Pacific local cars are swept out and dusted; the through cars are cleaned out and dusted at the end of the run.

The floors of the Wagner sleeping cars are swept and dusted after the carpets have been removed.

The oilcloth at the ends of the cars is scrubbed.

The floors of the Pullman cars are thoroughly cleaned, scrubbing of floors not being specified. The closets and fixtures are thoroughly washed.

A report published in the *Arbeiten aus dem Kaiserlichen, Gesundheitsamte* 1893, IX. 3, throws a curious light on these answers. Drs. Petri, Kolb and Friedrich examined the dust which had been collected in German railway carriages. For each sample they swept up the dust from one square metre of surface, and with the proceeds inoculated the peritoneum of 117 guinea-

pigs. Three died from tuberculosis. They had been inoculated with dust taken from two sleeping cars. One of these cars seemed fairly clean; the other, though recently restored, seemed badly kept. The other guinea-pigs were inoculated with the dust taken from all sorts of railway carriages. In nearly half the cases there was obvious evidence that the passengers had expectorated on the floors of the carriages, and the presence of the Koch bacillus was, as stated, proved in three cases. There were also numerous other pathogenic microbes found in this dust. In the fourth-class carriages the number of the bacteria in the dust swept up from one square metre of surface was estimated at 12,624; in the third-class, 5,481; the second-class, 4,247; and the first-class, 2,583. On the seats and partitions there were fewer bacteria, from 2,646 to 29, and the roof was almost free. Though the third and fourth-class carriages are the most infected, it was much easier to clean them. When washed with hot water and soap, and then wiped over with a sterilized cloth the bacteria practically disappear; but for the better class carriage, with cloth-covered seats, this is more difficult. Nevertheless, it is recommended to wash the surface of the floor with hot water and soap. (*The Lancet*, July 7th, 1894.)

The reply given by the Grand Trunk Company to Question 2 must therefore be pronounced the most satisfactory. Sweeping and dusting the floor of a railway carriage will certainly not remove bacteria as thoroughly as if it were washed with hot water and soap. In the same connection one is tempted to recommend to the Pullman and Wagner companies, that they discontinue the use of carpets in their carriages, and substitute linoleum, which can be washed every day. The compressed air method of cleaning no doubt does remove a large number of bacteria from the cloth-covered seats, etc., but leather-covered seats could be kept clean by washing the surfaces with a sterilized cloth. The replies to this question also reveal to your committee the strange fact that cleanliness in the management of railway carriages is much more practised in Canada than in England. The London *Lancet* (November, 1894) in an editorial commends the plain wooden seats of the third-class English carriages, which could be so easily kept clean; but asks, significantly, "When are they washed? How often is the inside of the metropolitan third-class railway carriages scoured with soap and hot water? The number of bacteria in the dust of a third-class carriage is certain to be much higher than in a first-class one, and if there is more facility for washing, the need of washing is still greater." After describing a hand pump used on the French railway lines for throwing a mercurial spray with great force on cushions, seats, etc., in an infected car, the writer in the *Lancet* very properly says that "this, though excellent in the case of an infected car, cannot be applied as an every-day practice." He objects to the woollen and stuffed seats, as serious obstacles to sanitation, and commends "Wood's woven-wire spring seat, used by the Great Eastern Railway, and on some of the Highland railways." He says that it is easier to clean, is as soft as horsehair and wool, does not harbor dust, and is ventilated throughout.

As the wire is galvanized and painted, it can without injury be washed with soap and water. The extra covering or cushion placed on this wire spring seat should be of oilcloth or leather, so as to at least allow it to be wiped with a wet cloth. The tourist sleeping cars of the Canadian Pacific Railway approach pretty near the ideal of the English writer. There is no upholstery in them excepting leather-covered seats and backs, which are movable. They are accompanied, as a rule, by a special attendant, are treated in the same way as first-class sleeping cars, and are thoroughly washed out at the end of each run with a hose.

It is quite likely that the stuffy smell noticeable in first-class day-cars and sleeping cars on Canadian lines is partly due to the woollen and stuffed seats and backs, which, in spite of frequent removal and beating, still retain the animal odors emanating from the clothing and persons of their occupants. Until the people can be educated sufficiently to prefer health to seeming comfort and luxury, a well-stuffed seat, covered with red or green plush, will be acceptable to more travellers than leather-upholstered seats and backs, even with a wire spring seat beneath. It would be easy, however, to trim the seats of first-class day and sleeping cars in leather, which would be pleasing to the eye and at the same time would lend itself, along with the woven-wire spring seat, to the purposes of a more effective sanitation.

The replies to Question 3, relating to renovating and upholstering cars, show that that sort of work is done by all the railway lines about once a year. The Pullman Company claim to renovate their coaches in from nine to ten months, and the Wagner Company theirs in from ten to twelve months. For this they are entitled to credit; but it is quite likely that the extensive patronage accorded by the public to these cars calls for frequent renovation, if the appearance of newness and freshness is to be preserved.

The replies to Question 4, "What action do you take if an invalid occupies a berth?" are fairly satisfactory. This question was intended to elicit the methods adopted in cleaning a sleeping car berth which had been occupied by a tubercular patient. Public opinion in Canada nowadays would not permit a patient known to be affected with small-pox, scarlet fever, diphtheria, measles or cholera to travel by day-coach or sleeping car, and if by mischance such a case were to occur, the cleansing and disinfection of the car would be expected to follow as a matter of routine. Consumptives, however, occupy berths without hindrance. This may be due to a survival in the popular mind of the now antiquated idea that phthisis is a constitutional and not a contagious disease. Modern physicians, however, entertain a totally different opinion. Assuming that phthisical invalids are constantly travelling in sleeping cars, the railway companies should provide sleeping compartments for their special use, so constructed that cleansing and disinfection could be rapidly accomplished. After a berth has been occupied by a consumptive patient, the washable surfaces in and about the berth should be washed with a solution of bichloride of mercury, one part to a thousand of water, and

subsequently scrubbed with hot water and soap. The soiled bed linen and blankets, after immersion in a mercurial solution of similar strength, should be boiled for at least an hour. The mattress and pillows, if soiled by the discharges from the patient, should be disinfected by superheated steam. The curtains may also be disinfected by steam. If steam is not available the curtains, pillows, mattress and the woollen stuffs of the seat covers could be disinfected by the hand-pump spray used on the French railway lines in dealing with similar cases. The pump can be wheeled up to a railway carriage, and while one attendant works the pump-handle, another with a hose directs a strong spray on the cushions, seats, etc. This spray generally consists of a bichloride solution, sixty grains to the gallon. A carbolic solution—carbolic acid (90 per cent. strength), seven ounces to one gallon of water—would be equally effectual. Spittoons containing a solution of bichloride of mercury, 1-1000, should also be provided in ordinary and sleeping cars. In the discussion which took place on the report of the Committee on Car Sanitation, A. P. H. A., at Denver, October, 1895, Dr. Kinyoun said that the disinfection of a car could be accomplished in five or ten minutes by the use of the D'Arsonval spray, which we have just described. The closets, he thought, could be disinfected by steam. The upholstery, cushions, backs, curtains, mattress, pillows, etc., can be thoroughly disinfected by an agent called formaline. It can be absolutely depended upon to destroy the germ of small-pox in three minutes. It destroys the bacillus of tuberculosis and diphtheria, even in the dried state, and does little or no injury to fabrics, whether they are dyed with inorganic or organic colors. It is cheap. It can be applied in the form of fumes or by a special apparatus.

Dr. Conn, chairman of Committee of Car Sanitation, of the A. P. H. A., in closing the discussion said, that formaline is a well-known preservative, and like the bichloride of mercury, when dried, produces dust, which is irritating to the mucous membrane or any part of animal tissue. Dr. Conn had no doubt that it could be used as a disinfectant, but owing to its irritating character it would require a special plan of administration. He suggested that the mechanic and sanitarian must work together, and in this way evolve something which will be systematic and easily managed.

The replies to Question 5, "Have you inspectors to look after the cleaning of your cars?" are fairly satisfactory. The ordinary cleaning of the cars is doubtless well attended to, but in the hygienic interest of the travelling public it would be well for the Canadian lines to imitate the Wagner Palace Car Company, who have a school where, among other things, employees are instructed in the proper cleaning of cars.

The replies to Questions 6 and 7 indicate that both the Wagner and Pullman Palace Car companies run sleeping cars over the Grand Trunk line; and that the latter company has no sleeping cars exclusively under its own control. This is a sufficient guarantee that the sleeping car service of the Grand Trunk Railroad is conducted in a sanitary way; the methods adopted in cleaning the sleeping cars exclusively under the control of the C. P. R., are, however, quite as thorough as those used on the American lines.

The replies to Question 8, relating to methods of heating coaches, show that steam from the locomotive is now used, though for obvious reasons the Baker system of hot-water heating still prevails. Owing to the holocausts, which occasionally occur in connection with railway accidents, it would be desirable if coaches could be heated by electricity. Steam, however, is cheaper, and would therefore help along the cause of artificial ventilation.

Question 9 is, "What are your methods of lighting carriages?" The Grand Trunk replies, "oil," and the C. P. R. says, with few exceptions, where Pintsch gas is used, "oil." This is certainly not as it should be. Oil is a poor illuminant and adds to the horrors of a railway accident. In many instances the light is altogether deficient. Time is precious, and much reading has to be done in railway carriages. The eye-sight of many travellers has doubtless been permanently injured by the insufficient light in these carriages.

The Chesapeake & Ohio Railway Co. light their cars by the use of storage electricity, each car being independently lighted and charged for continuous lighting by storage batteries for thirty-six hours.

The replies to Question 10, relating to the precautions taken to secure pure water for potable use in railway carriages, are practically identical, and show that both Canadian lines are alive to the necessity of obtaining a pure water supply.

A perusal of the answers will doubtless convince the public that the interests of health are not only not neglected but safeguarded on the Canadian railways. It may even be said, with perfect fairness, that if a few improvements, such as have been suggested in this paper, were made, travellers in Canada would enjoy better hygiene in railway carriages than in many public or even private buildings.

All of which is respectfully submitted.

Committee { J. J. CASSIDY,
on { F. RAE,
Ventilation. { P. H. BRYCE.

Reports of Societies.

PROVINCIAL BOARD OF HEALTH.

The Provincial Board of Health met in their quarterly session in Secretary Bryce's office, Parliament Buildings, 11 am., Feb. 11. There were present Drs. Macdonald, Covert, Kitchen, Cassidy, Bryce, Rae and Vaux.

Dr. Bryce read a communication from the Board of Health of Magnewan regarding a death by diphtheria in Dunchurch, Muskoka. Dr. Wade had died in a hotel there, and through negligence the disease had spread to many other persons. After consideration by the Board, Dr. Bryce telegraphed that the hotel be at once closed up, and sent on some anti-toxine to be used by all persons affected.

A communication from Dr. Griffith, Brantford, gave further information regarding the outbreak of typhoid in that city. He had ordered 105 wells to be abolished, but many of the citizens had made objections. It was intended, however, to test these wells at some favorable time, and thus expose the dangers lurking therein.

Dr. Bogart, Whitby, wrote asking an opinion about ice taken from Whitby bay. Opinion not yet given.

Correspondence from Gravenhurst, asking if children might attend school from a house where typhoid fever prevailed, and if such a house should be placarded. An opinion was expressed that placarding was not necessary, and that the children might safely attend school.

A complaint was made of soakage of sewage into a well at Almonte.

From Rosseau, Muskoka, came a complaint of diphtheria, which was not recognized or treated as such. It was thought desirable to start a hospital for such cases, but the township being poor desired assistance. Cases of typhoid had also occurred from the use of water contaminated by sewage from the summer hotel.

From Emsdale came a report of a case of peculiar hardship. A man sick with diphtheria had been sent to hospital at Huntsville; but instead of going went to the house of Mr. George Copland. The children of the latter took the disease.

Dr. Sloan, of Annan, requested to know whether a M. H. O. should be expected to visit patients with scarlet fever.

The flour moth was reported present in a mill at Hamilton. A letter from Dundalk was read, asking if infected bedding should be sent by rail to town for disinfection. A negative reply was sent.

At the afternoon session, in answer to a communication from Welland regarding a nuisance there, directions were sent to the local Board of Health.

The Committee on Water Supplies presented plans and specifications for a water supply at Cardinal. These were examined, discussed and adopted, with the provision that, if the intake pipe should at any time prove defective and analysis show pollution from the canal, the village shall change the intake pipe to such position as shall cause it to be free from the danger of pollution.

The Committee on Sewerage submitted plans for an extension of the system of sewerage in the town of Welland. After discussion the

Board approved of the extension, the outflow at present being into the Welland River, with the proviso that the town become responsible for any damages that may arise from the use of the stream for the disposal of the sewage.

A communication was read from Dr. Harvie, health officer of Wyoming, protesting against the proposed site for County House of Refuge. Dr. Bryce referred to information obtained regarding the matter, which seemed to remove the grounds of objection given.

Dr. Evans, medical health officer, Picton, wrote complaining of the insanitary condition of the Royal Hotel in that town. The L. B. H. was advised to introduce a system of sewers.

A petition was received from a number of residents of Brant Township, Bruce County, protesting against the polluting of the Saugeen River by sewage from Walkerton. The petitioners were notified to appear before the Board at this session.

Mr. Thompson, V.S., Walkerville, wrote stating that he had made a tuberculin test of twenty-one cows. Fifteen showed the reaction, and four when killed, showed the disease.

From Invermay a complaint was read about a slaughter-house. A copy of the Ontario Health Act was sent.

It was moved by Dr. Cassidy and seconded by Dr. Rae, that a fee of \$3 be paid Mr. Jas. Cavanagh for clerical services to the Dundalk commission. Carried.

The report of the Standing Committee on Foods was then presented, dealing chiefly with facts and figures; showing the widespread belief in the

contagiousness of tuberculosis resulting from the ingestion of tuberculized meat and milk.

The reading of the report was interrupted by the arrival of a deputation from Stratford. Alan McDougall, their consulting engineer, accompanied the deputation and explained his plans for the sewerage of Stratford, and also for the disposal of the town sewerage. The Board adjourned at 6 p.m.

Wednesday, 10.30 a.m.—A deputation, consisting of Mr. Cole (mayor) and Mr. Mitchell (engineer), Niagara Falls, waited upon the Board and requested permission to discharge their town sewerage into the Niagara River. Permission was granted, the conditions being settled in the afternoon session.

The Stratford deputation waited a second time upon the Board. After consideration of the case, the Committee on Sewerage recommended that the proposed extension of the Stratford sewerage system be approved, subject to the following conditions: That the main outfall be changed according to the plans submitted; that the extension of the system shall provide for carrying off sink water, cellar water, house sewage and roof water; that flushing valves be a part of the system, to be placed in proper positions; that the provision *re* storm water overflows be approved whenever the engineer's report thereon shall satisfy the Board as to the efficient character of these storm water overflows; that the present method of disposal be permitted during the period necessary for the construction of the main line of trunk sewer, to be completed during 1896; that during this period the

city council shall decide upon some method for purification of the town sewage, which shall be satisfactory to the Board of Health, and that the construction of such filtering plant be proceeded with at the earliest possible time.

Communications were read from the Toronto Dental Society and the Hamilton Council of Women, asking that two dental inspectors be appointed to examine school children's teeth.

In the afternoon the committee completed the reading of the report on the inspection of meat and milk, and after discussion decided that the preparation of a bill regarding inspection of animal food be referred to the Standing Committees on Food and Drinks and Legislation, with instructions to take such steps as will bring the matter before the attention of the Government and Legislature.

The chairman, Dr. J. D. Macdonald, Hamilton, presented his annual report. (*Vide* March number, p. 257.)

Dr. Cassidy presented a report from the Committee on Foods and Drinks *re* the dangers and results of carbolic acid poisoning, in which cases were cited to show how easily the poison might be taken in mistake for some other drug. In view of the fact that prescriptions containing carbolic acid were frequently ordered and frequently purchased by people without recommendation, he suggested that physicians prescribing the drug direct it to be dispensed in peculiarly-shaped bottles, which are manufactured for the purpose, and can be readily obtained. The custom among druggists of supplying carbolic acid in unlimited quantities to any persons who apply for it

was strongly denounced, and in view of the dangerous nature of the practice it was recommended that such legislation be passed as will prevent the indiscriminate disposal of it. The committee was instructed to co-operate with the Druggists' Association toward securing greater protection for the public in the sale of this class of poisons.

The proposed extension of the sewerage system of Niagara Falls was taken up and approved, subject to the following conditions: That the discharge of the sewage into the Niagara River be discontinued when found necessary in the interests of other municipalities, and that the discharge into the river be made at such points and in such a manner as shall prevent local nuisances; that all house plumbing be constructed under the supervision of the town engineer, and according to the provisions of a by-law to be passed by the town council and approved by the Board of Health.

The quarterly report of the Committee on Epidemics was then read. (*Vide* page 383.)

The report was adopted.

At 10 a.m., February 13th, the Board met again, and considered the question of dental inspection of the teeth of children. Dr. Herbert Adams was heard on the question. It was finally decided to refer the matter to the Committee on School Hygiene, with instructions to report.

Dr. Covernton then read an English translation of a eulogy pronounced on the late Mons. L. Pasteur, by the French Minister of Education. Dr. Covernton also stated that an International Memorial Committee had been formed with the object of raising

funds to erect a suitable monument to the departed scientist, and that the Government of Sir Oliver Mowat might be requested to contribute to so worthy an object.

On motion of Dr. Bryce, the chairman, Dr. Covernton, and Dr. Cassidy were appointed a committee to interview the Government *re* the Pasteur memorial fund.

Dr. Cassidy then presented the report of the Committee on Ventilation, on "The Hygiene of the Railway." (*Vide* page 263, March number, and page 371 of current number.)

The report was adopted, and the Secretary was instructed to send copies to the various railways interested, and to Dr. Conn, A.P.H.A.

At the afternoon session, J. J. Mackenzie, B.A., read his quarterly report on the work done in the laboratory of the Board. Report was adopted.

On motion of Dr. Cassidy, the Committee on Epidemics was requested to revise the regulations of the Board relating to diphtheria, scarlet fever, small-pox and vaccination, and submit them as consolidated regulations for approval to the Government as an Order-in-Council.

The Board then adjourned.

N.B.—The Brant deputation were delayed, owing to a storm, and did not arrive in Toronto until the 14th. Dr. Bryce heard their objections and promised to lay them before the Sewerage Committee.

QUARTERLY REPORT OF THE COMMITTEE ON EPIDEMICS.

To the Chairman and Members of the Provincial Board of Health.

Gentlemen,—Your committee begs to report on the public health for the past quarter since November.

The Province continues to be free from small-pox, no case having been reported during the quarter.

Reports from Michigan continue to state the presence of small-pox in Detroit, where it has been continuing for the last 20 months. Cases are reported from Indiana, Wisconsin and one or two other neighboring states, it being epidemic in Texas and Tennessee.

One case was reported January 28th by the Quebec Provincial Board as being present in Missisquoi county.

It was without doubt traceable to infected clothing from the United States. No further cases are reported from this district.

Typhoid fever where prevalent in autumn, has almost disappeared, there having been but few cases in Toronto or Brantford, whence recent reports have been received.

The action taken by the members of the Local Board of Health of Brantford is much to be commended, action having been taken to close some 108 wells reported dangerous.

Scarlatina has been found in several places as localized outbreaks. It broke out in the Barnardo Home at Peterboro', some eight cases having occurred up to November 22nd.

From the reports received it is gratifying to state that there has been in no part of the Province where diphtheria has shown the same malignancy or epidemic character that it did in the same period of 1894-95. That it has been present, however, is seen in the several reports herewith presented, as in the Algoma district, Sturgeon Falls, Arnprior or Rentrew, Chesterville district, Dundas county, lumber camps in Hardy county, Mus-

koka, Dunchurch, and Magnetawan districts, Carp district, Renfrew county, Manitowaning district, Manitoulin, etc., etc.

In addition to these districts there have been orders for antitoxine, since September 1st, from 29 municipalities in 19 counties, to the amount of 125 bottles or \$300: Kent, 2; Simcoe, 3; York, 38; Frontenac, 2; Leeds, 3; Prince Edward, 1; Perth, 1; Wellington, 1; Muskoka, 2; Lincoln, 1; Oxford, 1; Lambton, 1; Waterloo, 2; Wentworth, 2; Huron, 3; Brant, 1; Dundas, 1; Middlesex, 1; Bruce, 1.

As compared with this, it may be stated that antitoxine was ordered in the three winter months of 1894-95 to the extent of 300 bottles, or \$675.

The distribution of the antitoxine may or may not indicate the prevalence of diphtheria in any district, as its use must be considered as yet but partial. But it may be stated as a general fact, that those who have used it once are those who use it a second time, in any cases apparently likely to be serious.

The report for the similar quarter in 1894-95 gave 75 municipalities reporting the presence of the disease in many cases as serious epidemics.

Whether owing to the general increasing accuracy of early diagnosis on the part of the profession, or the increasing knowledge on the part of the public of the dangers of infection from diphtheria, we have to note the agreeable fact that the disease shows everywhere apparently a notably less prevalence and virulence than a year ago.

As will be seen in the report of Mr. Mackenzie for the quarter, greater advantage continues to be taken

of the laboratory in the matter of diagnosis.

Arrangements are being made for still further facilitating the forwarding of specimens from the rural districts to the laboratory for examination. The great satisfaction obtained from positive knowledge as to the character of the exudation, on the part of the physicians who have taken advantage of these facilities, can hardly be comprehended except by those who have to treat cases; while the positive support it gives to the Medical Health Officer in maintaining isolation and keeping those infected from school, can only be understood by those who have known the serious disputes regarding cases in former years. In any cases of dispute some medical officers now regularly make use of the laboratory to determine the diagnosis. The practice has, we understand, become positive and regular in Toronto, for the city officer to allow no child to return to school till a culture from the throat prove freedom from the disease.

A year has gone since the use of antitoxine has become general. Its gradually increasing use is seen in the fact that while in Toronto a year ago, only ten medical men purchased a supply from the Board of nineteen bottles out of a total of three hundred bottles sold, the last sales show seventeen M.Ds. purchased thirty-eight out of 125 bottles used in the city, where there have been comparatively few cases of the disease.

The remarkable value of antitoxine in diphtheria has long since passed the experimental stage, and all foreign statistics give unqualified testimony as to its value.

In the extended paper of Prof. Welsh, of Johns Hopkins University, nothing can be more conclusive than the figures there quoted; while the latest statistics of Dr. Monod, of Paris, state that in 106 towns of over 20,000 population, the deaths in the first half-year of 1895, as compared with the average from five previous years, show a reduction of 66 per cent. It would appear most unfortunate that there should exist longer any hesitation on the part of any physician, or medical officer of health, to take the fullest advantage of this result of modern biological research, while in the eyes of those who have studied most widely, it must be placed on the same plane as Jenner's discovery of vaccination. The Paris Academy of Science awarded in December last the prize for the most valuable discovery of recent years, equally to Behring of Germany for its discovery, and to Roux of Paris for the fuller development of the utility in the treatment of the disease.

(Sgd.) C. W. COVERNTON,
J. J. CASSIDY,
PETER H. BRYCE.

THE SIMCOE DISTRICT MEDICAL SOCIETY.

Specially reported for this Journal.

The fifteenth regular meeting of the Simcoe District Medical Society was held in the town hall, Orillia, Tuesday, February 25th, 1896. In the absence of the president, Dr. W. A. Ross, of Barrie, occupied the chair.

The evening was very stormy and the attendance small. The following

gentlemen were present: Drs. A. E. Ardagh, A. P. Ardagh, N. Harvie, J. Gilchrist, G. Corbett, of Orillia; J. Shaw, Gravenhurst; J. Smith, R. Raikes, W. A. Ross, of Barrie; W. Lehmann, Emsdale.

The minutes of the last meeting were received and adopted.

Dr. W. Lehmann presented a baby on whom he had successfully operated for meningocele, and read the following history of the case:

MR. PRESIDENT AND GENTLEMEN,—My only object in bringing this child before you is to provoke a discussion with a view of determining as far as is possible if meningocele is really an affection which merits such a grave prognosis as is awarded it in our text-books.

My experience, which is limited to one case, does not tend to show that it is. This child, which you will notice, is, if anything, above the average, as far as development is concerned, conclusively proving that at least all cases are not fatal.

When born the child had a meningocele at the sight of this scar (lambdoidal suture near post. fontanelle) which protruded two inches above the surface of the head. The tumor was elongated (pear shaped), and tapered to a pedicle about one inch in diameter. The meningocele had ruptured during delivery, allowing an escape of a moderate quantity of cerebro-spinal fluid.

The fontanelles were depressed, probably on account of the loss of the fluid. The bones of the head were very soft, and the fontanelles exceptionally large. The child weighed ten pounds, and save three ruptures which it had, was well developed—

two inguinal in the scrotum, and one umbilical. The ruptured meningocele was aseptically dressed with a view of preventing septic meningitis. The escaping cerebro-spinal fluid dried in the dressing and thus prevented further escape. Now the tumor commenced to fill and increase in dimension. Eczema developed at the summit of the tumor and spread towards the pedicle.

You will remember that eczema of a meningocele is of very grave import as the inflammation of the skin speedily spreads by continuity of tissue to the meninges which lie in contact with the skin in the tumor. This local meningitis soon develops into a general form.

On the evening of the second day the child showed decided signs of cerebral irritation. This with the increasing size of tumor made a very grave prognosis necessary. So grave was it that I felt morally certain that if left to itself the child would not live forty-eight hours. The only chance I saw for the life of the child was held out by the complete removal of the tumor, and all my available text-books gave no encouragement for this. Erickson says in his text-book of surgery: "Surgery can do little in these cases, though Paget in one instance used iodine injections with success, and in another where sloughing of a portion of the tumor had taken place, Annandale applied a ligature to the pedicle and removed the tumor. The child recovered." Walsham as well as Ashley and Wright hold out even less inducement to operate.

Injection of iodine was out of the question in this case, as there was too

much irritation already. Application of a ligature to the pedicle was also impracticable, as the pedicle was too large. Although I could find no authority for performing a radical operation, I decided to do so, as the result would not be worse than if the child were left alone, and moreover the operation seemed quite easy to perform.

On the third day unfavorable symptoms had increased. In the morning of this day the operation was performed. After preparing the site of operation an elliptical incision was made at the base of the tumor down to the periosteum, then horizontally along it till the meninges, where they protruded through the opening in the skull, were reached. Then another similar incision on the other side well up on the tumor, taking in all the healthy skin, was made. The skin was dissected from the meninges beneath, which were contained in the tumor, till again the bone was reached. In other words, the meningocele was enucleated. This left the actual pedicle exposed. Now the tumor was again examined carefully for brain matter, although it had previously been thought to be absent. None was discovered. The pedicle was now cut about an inch above the skull. The lumen of the stump now allowed a free exploration of it down the brain in the skull which, as far as could be seen through so small an opening, seemed quite normal. Now a ligature was applied close to the skull and the portion above removed. The cut end (to be doubly sure) was sutured, then sutured into the opening through the skull to the periosteum with a view of closing this

opening as much as possible and thus prevent a recurrence. Now the skin flap was brought over and sutured, thereby completing the operation.

Hæmorrhage, which was profuse and hard to control, was the only real difficulty met with.

The child showed a very marked tendency to stop breathing after the ligature was applied, and this continued for about two hours. All of this time artificial respiration had to be employed for a short time every few minutes. The loss of blood, which as before said was copious, especially for so young a child, may have had considerable to do with this lack of respiration.

In twelve hours after the operation all signs of cerebral irritation had disappeared, and the child has shown nothing abnormal since.

One of the sutures of skin flap sloughed. This was due, I believe, to too much tension, as there was a little scarcity of skin.

Some difficulty was experienced in keeping the dressings in place. The bones of head were still so soft and were so easily made to override one another that a bandage could not be applied tightly enough to stay on well. Besides, a bandage by compressing the head caused the fontanelles to bulge, showing that an increased intercranial pressure was caused and thereby an increased danger of a recurrence of the trouble.

Adhesive plaster overcame the difficulty completely. It was tolerated remarkably well, causing no irritation of skin, even after three weeks' time.

Some weeks after the operation, a slight bulging again showed itself. This was treated by elastic pressure with good result.

I do not know if the operation was performed in the way it is recommended, or not; but I hope this, among other things, will be brought out in this discussion.

You will remember that one of the accepted theories of the origin of this trouble is increased intercranial pressure, and another, a lack of bone development. Neither of these theories, to my mind, explain this case, as I think you will admit, after the description of the aperture in the skull.

If either of the above-mentioned theories applied to this case, I should have expected that the periosteum of Skead would form one of the covering layers of the meningocele, in the same way that the parietal peritoneum forms one of the covering layers of an intestinal hernia. This was, however, not the case, but instead, the periosteum dipped into the aperture instead of being spread over the tumor.

Then again, the margin of the bone at the aperture was as thick as in other places, and this again, I think, would not be the case if either of the above theories were the true explanation in this particular instance.

The tumor (which was shown) showed rather a peculiar structure. Instead of forming a simple sac, as one would expect, it consisted of a number of small cavities, which opened into a larger central one which extended into the lumen of pedicle.

The child is very well developed—is bright and intelligent. The herniæ, mentioned before, have all healed, the two inguinal by a yarn truss.

The only thing which marks the site of the meningocele, beside the scar, is a long tuft of dark hair such

as is often seen around a spina bifida. In concluding, I will just refer to an instance of the well-known fact that excitement will raise the temperature of a parturient woman. On the morning of operation the mother's temperature was normal, after the operation on her child it was 104°; twelve hours later, again normal.

I might mention that the child took chloroform remarkably well.

Dr. Gilchrist presented for diagnosis the case of a patient with a growth about the size of a small tea-cup in the thyroid region. The patient was an old man. The tumor had been growing for two years. Aspiration gave no information. It interfered with respiration. It moved up and down during the act of swallowing. The patient had suffered from hydrocele as well, which had been cured.

Dr. Shaw presented a case for diagnosis. The patient was a boy who had been injured in the region of the hip some nine months ago. He was slightly lame. There was one-fourth of an inch shortening on the affected side. No displacement could be felt in the joint, but there was some bulging in the gluteal region, with an elastic sensation. The temperature was about 101. The patient was poorly nourished and much debilitated.

Aspiration for the diagnosis of pus was advised.

Dr. W. A. Ross presented some gall-stones for examination. He also showed a tooth which had grown in a horizontal direction along the upper alveolus. The patient suffered from a sinus of the alveolus from which there was a discharge of pus. Dr. McDonagh made an opening into the alveolar ridge and found this tooth as the offending body, which he removed.

In its removal the antrum was invaded from which there has since been a mild catarrh.

A letter was received from Dr. Hanly, of Penetanguishene, the district representative in the Council, asking the opinion of the society as to the question of a provincial medical tariff.

It was resolved that no action be taken until further information on the subject was procured, and that the next regular meeting be held before the coming Council meeting, so that their view might be given on the matter.

It was moved by Dr. Harvie and seconded by Dr. A. E. Ardagh, That in future there be but two meetings of the Association a year, and that the meeting place be Barrie. Carried.

It was moved by Dr. Corbett and seconded by Dr. Shaw, That in future all papers written for the Society be sent to the secretary at least ten days before the date of meeting. Carried.

It was moved by Dr. Smith and seconded by Dr. Lehmann, That the next meeting be held before the June meeting of Medical Council. Carried.

The members then adjourned to the Grand Central Hotel, where they were royally entertained by the Orillia members.

TRINITY ALUMNI ASSOCIATION.

The Trinity Alumni Association held its fourth annual meeting on April 7th, Dr. Stark, Vice-President, presiding.

After the opening business, Dr. N. A. Powell and Dr. J. McMaster gave a demonstration of Shadowgraphy by means of the Roentgen rays.

Mr. J. McClelland, of the University, was also present and assisted at the demonstration.

Dr. Powell referred to the surgical possibilities, while Dr. McMaster gave an explanation of the physical phenomena connected with the production of the rays.

Dr. Teskey read a paper on "Some Cases of Appendiceal Abscess." He said he felt like apologising for presenting a subject about which so much had been said. It seemed to him that there was nothing about it with which they were not all familiar. He reported two cases which he thought presented sufficient special characteristics to make them worthy of attention.

The first case was that of a young man aged 21. He was taken ill for the first time with symptoms of inflammation in the abdomen. In ten or twelve days he, the essayist, was called to relieve him surgically, the medical attendant having satisfied himself that the patient was suffering from inflammation or abscess of the appendix.

The case was an extreme one, life being in great danger. The abdomen was distended, especially in the lower zone, the point of maximum expansion and resistance being about one and a half inches to the right of the middle line and close above the inguinal canal. The whole surface of the abdomen was resonant on percussion. He dare not palpate with any freedom. Suspecting the case was one in which the abscess was in the pelvis, a digital examination of the rectum confirmed the suspicion. In view of the general resonance, it became a question as to where the

incision should be made. Finding some slight resistance just above the anterior superior spine of the ilium, he made a small incision through the abdominal wall and found the intestine adherent to the peritoneum. The finger was passed behind in the iliac fossa, downward over the brim of the pelvis, just beyond the pulsating iliac vessel. Did not reach the abscess. He felt the danger was too great to persist further from that point. He then opened according to the usual rule, at the point of greatest prominence beyond the inguinal canal. Found the small intestines agglutinated, forming the roof of the abscess. By carefully insinuating the finger between them, the abdominal and pelvic wall, and at the same time approaching the general peritoneal cavity by pressing the anterior wall back against the viscera, he found his way into a large abscess, from which ten or twelve ounces of foetid pus escaped with great freedom. Exploring the cavity with the finger, he found that the small intestines had been completely lifted from the pelvic basin, the bladder and the rectum forming the pelvic wall. He washed out and drained, and an uneventful recovery followed, except that after twenty-four hours, the abscess drained partly from the first opening, and the first opening was the last to close.

The second case was also a young man about the same age. It was a primary attack and had lasted seven days before the attendant made up his mind that operative procedure was necessary. The patient then was in an extreme condition, seeing that a very large amount of septic absorption had taken place. He opened

over the point of greatest prominence, resistance and tenderness, about two inches to the right of the umbilicus. The whole area of the abdomen was resonant on percussion. There was no resistance in the right iliac fossa above Poupart's ligaments. Here again he thought the peritoneal cavity would have to be traversed, believing the abscess was behind the colon. He opened the point of greatest prominence above the crest of the ilium, behind the anterior superior spine, making a short, oblique incision, and he found again a free peritoneal cavity. Lifting the small intestines and the omentum, he found the colon and cæcum lifted forward by the pus. The reflection of the peritoneum from the colon to the posterior abdominal wall was protruding, and formed the abscess wall. This was opened fully. The general peritoneal cavity was protected by pressing the anterior abdominal against the viscera. Exploring the cavity, he found a gangrenous slough which came away, and which was probably the extremity of the appendix. By careful examination, found the appendix lying close beside the cæcum and beneath the peritoneum. The patient made a good recovery.

Dr. Teskey said that he wished to refer to one or two points in connection with the case. First, as to the delay in diagnosis. He said those in the habit of meeting with a great number of cases of abscess of the appendix had very little difficulty in diagnosing the condition almost at its first commencement. But there were a large number of physicians whose attention was not so fully drawn to this disease, who allowed

the preliminary symptoms to pass over, the case becoming an extreme one before the surgeon was called to his assistance. As to the cause of delay in the diagnosis, in certain cases it was due to the absence of a certain feature which was spoken of as being constant in appendiceal inflammation—McBurney's point, midway between the umbilicus and anterior superior spine of the ilium. However ready we might be to acknowledge that point as being the tender point in connection with the disease, it was not essential to inflammation of the appendix. Very frequently the tender point was not located in that vicinity but some distance from it. In one of the cases he reported, it was low down near the mid-line, above the inguinal canal. The attending physician for a time thought he was dealing with an inflamed bladder, there being frequency of micturition. The case was allowed to go on because too much stress had been put upon McBurney's point.

In the second case, there was no special tenderness in the iliac fossa, nor any especial fulness or resistance. It was two or three inches behind this. In this case the physician overlooked the nature of the disease, believing he was dealing with some kidney trouble. Another rule laid down was that the spot of greatest prominence and tenderness is the place where the incision should be made. He said it might be found necessary to deviate from that rule in certain instances. Wherever abscess had been diagnosed in the abdominal cavity, it was wise, if possible, to relieve the condition by a sub-peritoneal operation, or, what was equiva-

lent to that, opening into the cavity, the collection of pus having been shut in by adhesions so that the general peritoneal cavity was not invaded. In the first operation he tried to get into the abscess cavity through the first incision, but his finger was unable to reach it. Then he operated directly over the point of greatest prominence, but that he must have been near the cavity in his first exploration, was shown by the fact that it began to drain from that opening within twenty-four hours. In the second case he varied from the rule of incising over the point of greatest tenderness, near the umbilicus, but he made an incision far back near the crest of the ilium, an oblique incision, near the lumbar region, to get down to the side of the colon. He expected, on account of the condition of the lower part of the abdomen, and the iliac fossa, that the abscess was behind the colon, where it proved to be. It was what had been thought the lumbar typhlitic abscess. Opening the peritoneum in that position, he found himself in the free peritoneum cavity, so that in operating he traversed the cavity. This was a dangerous proceeding, but it was not necessarily fatal. The cavity was preserved in this way: There was a degree of tension in the abdomen always exciting. There was a tension from within outward. If one opened into an abscess and made pressure on the upper part of the abdominal cavity, this continued to make the tension from within outwards. He thought the fresh pyogenic germs falling on the wounded surface, if immediately washed off, did little or no harm. It was when the germs had sufficient

time to work beneath the surface and enter the mouths of the lymphatics that the almost irreparable damage was done to the peritoneum. He thought in this case it was unwise to hunt for the appendix or break down the adhesions. He was conservative in this respect. He was satisfied with irrigation and drainage. In the second case, of course, he removed the appendix, as it was easily got at.

Dr. Grasett thought no apology was necessary on Dr. Teskey's part for presenting such a practical paper. He thought McBurney's point was a fairly constant symptom, and that its importance could not be minimized. Personally he found it a question of very great difficulty to know when to operate. He thought this was the difficulty that met the general practitioner rather than the difficulty in diagnosis.

Dr. Bingham referred to the different courses in treating these cases. One was that of removing the appendix as soon as the diagnosis was made. Another was awaiting the formation of the abscess, the third was of watching the patient very closely continuously, so that at the first sign of any severe symptoms, an operation might be performed. These symptoms were referable to the temperature, the pulse and the general condition of the patient. The tender spot was not always under McBurney's point, which he explained by the fact that the seat of pain which was at the tension of the cæcum with the appendix, where the nerve supply was greatest, was a movable point.

Dr. Merritt, of St. Catharines, said in his experience he found it difficult

to know when to operate. Cases in districts remote from the larger cities where a specialist's services could be secured, would not allow of the same line of treatment as those in the city.

Dr. Carstens, of Detroit, said he believed operation could be done as soon as the diagnosis was made. He had come to this conclusion after long experience with this class of cases. He had often lamented his procrastination because it had led to the loss of numerous cases. The danger of cutting down and removing the appendix was very slight. The mortality of cases surgically treated would be very much less than where medically treated. Of course primary attacks were often got over safely, but he believed the final outcome of these cases was serious. The patient was never safe.

AFTERNOON SESSION.

The first paper was read by Dr. P. Goldsmith, of Peterborough; subject, "Broncho-Pneumonia." This was a prevalent and fatal disease in this country, and he deemed it of sufficient importance to bring up before the Association. It was an inflammation affecting the mucous membrane lining the bronchial endings, and the bronchioles and the air-cells in connection with them. In severe cases the inflammation may extend to include any part of the lung tissue. The disease never began in the air vessels—it was bronchial before it was pulmonary. Its extension from the finer tube to the alveoli was very quickly accomplished. It formed the most serious complication of measles, influenza, whooping-cough and diphtheria. It was most frequent in

children of two years, and occurred most only during the winter months, when bronchial affections were predominant. It was quite common in old people and those who were debilitated from any cause, especially from catarrhal affections and chronic Bright's disease. It was most frequent in the young, especially those under five. It was most dangerous before the second year. Age, therefore, was a most important part with reference to the fatality. Exposure to cold, change of temperature and humidity were the most common causes. Unsanitary surroundings and debilitating conditions predisposed. Children were often allowed out of doors too scantily clad, and with stockings which only clothed the leg half way to the knees. The very sick expectorate badly; they lie on the back which favors the accumulation of secretion. This becomes the seat of fungi and bacteria; decomposition and bacterial development readily take place. During inspiration these are drawn downwards into the bronchi. This was the case in such conditions as typhoid fever, erysipelas, meningeal inflammation, chronic diarrhoea, etc. Then there was the tuberculous form of the disease.

The speaker then called attention to the pathological condition. The disease, which consisted mainly in a peri-lobular and peri-bronchial inflammation and congestion of the vessels of the swollen mucous membrane, produced a proliferation of the epithelial cells and quantities of tenacious mucus. The disease then advanced rapidly, involving large lung tracts. These patches are usually irregular. After one attack,

there was increased liability to recurrence. It should be remembered that a very severe attack of bronchial pneumonia might follow a very simple case of bronchitis. Not unfrequently they had seen a child in convulsions with a temperature of 103° , pulse 140, respiration 50 or 60 a minute, follow with a mild attack of bronchitis. In a few hours the temperature had gone up, the respirations had become frequent, there was a constant hacking cough and anxious facial expression, moist clammy skin, and eager desire for air, but the change from one condition to the other was usually not so sudden. Death might come from exhaustion, prolonged fever or the clogging up of the tubes. The heart often found it difficult to stand the strain of respiration and expectoration. The disease was always serious and the more so the greater the consolidation. The Doctor pointed out the differential diagnosis between this disease and lobar pneumonia. If the consolidated patches were centrally placed, the diagnosis of the condition was rendered more difficult. The disease usually affected the posterior margins of the lower lobes and the lower margin of the middle lobe of the right lung. It was sometimes difficult to diagnose tubercular cases. Here the microscope would be found useful. The treatment was of great consequence, and tried the physician's utmost skill and patience. An unfavorable prognosis should always be given, for while the patient appeared to be doing well, he suddenly might become seriously worse and die from the extension of the inflammation. The patient should be occupying an

airy room with a grate fire; the temperature should be kept equable; there should be no draughts; the surroundings should be cleanly; the air in the room should be kept moist. The water should contain a quantity of bicarbonate of soda, Friar's balsam or spirits of turpentine. If the room were large, a tent might be placed over the child and the air under it kept moist. Locally, he liked linseed poultices; in this respect he knew he was opposed by the later authorities. A little mustard should be sprinkled on to keep the skin red. This snugly applied would give the little sufferer much relief, in his experience. After twenty-four or thirty-six hours he would apply, after the poultices, a jacket of cotton batting over the chest. The nursing should be well done. A cup of cold water should be constantly at hand; little sips would prove grateful and beneficial; it would moisten the lips and clean the mouth. Sponging the patient without over-exposure would be grateful. Food should be given regularly at stated intervals; it should be as nourishing as possible. Milk was indicated as long as it agreed with the patient. Egg albumen, with a little sugar and water and brandy added, was good. Food might be administered per rectum if the stomach was irritable. If the tongue coated, constipation is present. Small doses of calomel acted very well. In weakly children an enema might be given instead. Where diarrhoea was present, bismuth and Dover's powder were good. What he found was best to lessen the viscosity of the mucus and aid in its expulsion was ipecac. This answered better than any other drug. It could be

given in small repeated doses, but it should be stopped short of producing nausea. Benzoate of soda stood next. Glycerine and carbolic acid spray played before the child's mouth so as to be partly inhaled would help to get rid of the mucus. Opium he had found to be useful, but it should be given in such quantities as not to interfere with expectoration. Elimination must not be forgotten, and for this citrate of potash was the remedy he used. A favorite prescription of his contained wine of ipecac, benzoate of soda, citrate of potash, aromatic spirits of ammonia and some simple elixir, administered every three hours. If the case was a sthenic one, he was in the habit of ordering a few doses of aconite with spirits of mildererus. Stimulants, such as strychnine, brandy and quinine might be called for. The temperature could be reduced by sponging, fanning the patient, changing the position often and putting a smaller amount of covering over the patient. Mothers too often stacked too great heaps of clothing on children in this disease, which was altogether wrong.

Dr. Davidson agreed with the essayist with regard to poulticing. He preferred whiskey to brandy (for the child), as one could be sure that the drug was pure. He preferred codeine to morphia as a sedative. For the accompanying diarrhoea, in certain cases he recommended five to ten drop doses of liquor hydrarg. perchlor. as an application to the chest in cases of non-resolution. He liked ung. hydrarg. iodide rub. of the B. P.

Dr. J. Shaw said that poulticing did more harm than good, unless properly applied. It was all right to order

them where the nurse kept them constantly and thoroughly applied, but not otherwise.

Dr. J. H. Carstens, of Detroit, read a paper on "The Exploratory Incision in Abdominal Surgery: Its Indications and Technique." He said the reading of this paper brought him reminiscences of the past which probably many of them might remember. A generation ago, while the surgeon was operating, armed men were waiting outside to lynch him for cutting open a woman's belly. He remembered his first case, twenty years ago: a young woman who had hystero-epileptic attacks during her menstrual periods. He removed both tubes and ovaries. She had been under treatment for a long time, with no benefit. He had invited two old medical men to assist, but when they came and found what was on hand they left in disgust, saying they washed their hands of such an operation. However, with the help of a neighbor woman and the Methodist minister, he performed the operation. He saw the woman only the other day, and she was healthy and well, and the happy mother of two step-children. It took years to educate the mass of the general profession to the importance of operating on these prolonged suffering cases of abdominal disease. Of course, progress had been slow and mistakes had been made. The surgeon had sometimes opened the fibroid instead of the ovarian tumor, and closed up the abdomen without removing it. Then, occasionally one would remove a fibroid by the clamp method. Gradually the technique improved, until the modern abdominal hysterectomy was done with com-

parative safety. The gradual growth of knowledge regarding the interior of the abdomen had led to the exclusion of pelvic cellulitis, apart from puerperal sepsis. It took years to prove that gall-stones could exist without jaundice and still cause great digestive disturbance. It took a long time to prove to the general practitioner that ninety-six cases of peritonitis were due to appendicitis; a long time to prove that hernias which were very troublesome, even becoming strangulated, were best treated by an operation with almost no danger. It was only within the last few years that the lives of those suffering from cancer of the rectum could be prolonged and suffering relieved by a lumbar colotomy; so with disease of the liver, renal calculus, splenic disease. Slices could be cut out of the liver when occasion demanded it. This department was now recognized as a special line of work. It claimed all pathological conditions in the abdomen, resurgical as well. Many cases formerly treated by medication were now recognized as purely surgical. The sooner now surgical interference took place the better for the patient, not only as regards the saving of life, but also for the securing of a perfect cure. Its great success was mostly due to aseptic and antiseptic methods. The mortality preceding the introduction of this principle was frightful. Both the abdominal surgeon and the general practitioner had grown step by step. As soon as the surgeon could prove that he could safely operate, the general practitioner sent him the case. To discover troubles abdominal incision was indicated. It could be used like the thermometer

and the stethoscope for diagnosing purposes. Of course, in simple cases it was not necessary, but where the patient, as a result of abdominal disease, grew weak and anæmic in spite of all treatment, this procedure was to be recommended. Very often an operation could follow this exploratory, diagnostic incision. As a general rule, incision should be made as near the site of trouble as possible. He operated on a young man aged seventeen, ten days ago, who had suffered six years from abdominal pain. He had had to leave school. Learned a trade, but was obliged to quit it. Treatment only gave temporary benefit. A year ago he had an attack of jaundice, which lasted ten days. Not knowing whether it was gall-stones, appendix trouble, or adhesions, an exploratory incision was made at the right edge of the rectus, from a point opposite the umbilicus to the crest of the ilium. This enabled an examination of the liver, gall-bladder, stomach, kidney, cæcum. All normal, but the appendix was found to be twisted. Extended the incision half an inch, removed the offending organ, and the patient made an ideal recovery. He had been suffering from catarrhal appendicitis. There was no McBurney's point. Another case was that of a woman who was suffering from some obscure abdominal trouble. Tubercle disease was suspected, but no trouble in the genitive organs could be made out. Some pain around the liver. The history pointed to gall-stones. Exploratory incision revealed adhesions of the intestines to the liver and abdominal wall, but no gall-stones or organic disease. The adhesions were

separated and the surfaces sprinkled with aristol to prevent readhesions. Another case of stomach trouble: Patient visited southern France, had drunk Carlsbad and other mineral waters, and taken all sorts of treatment to relieve the pain below the ensiform cartilage; stomach had been washed out, electricity had been tried, and he had taken gallons of water. Examination revealed nothing to indicate surgical interference when he came under his (the reader's) care. Patient took another trip, but returned home to die. Principal symptom was vomiting. *Post-mortem* revealed stricture of the pylorus, non-malignant. He had always been sorry since that he had not made a resection and done a gastro-enterostomy. Another case was of a man who had been treated by many physicians. Diagnosis not made. Symptoms were referable to the stomach and liver. *Post-mortem* revealed large stone in the pelvis of each kidney. Such a case as that would be suitable for exploratory incision. So, in cases where the diagnosis was not made, the physicians not being able to agree and no treatment being of any benefit, exploratory incision should be made. Eighty-five cases of tubercular peritonitis were relieved by operation, but if allowed to progress, secondary deposits in the lung would kill the patient. If one asked for the symptoms indicating operation, he could not tell, they varied so with the trouble. Incessant, uncontrollable vomiting; persistent pain unrelieved, accompanied with distension; all acute cases of peritonitis (appendicitis); symptoms of obstruction of the bowel—all demanded prompt surgical interference.

As to the technique, it was his plan to cut down where he thought the trouble was located; but he would stretch a point and cut in the median line, because there was less chance of hæmorrhage and a better chance of union. If the trouble seemed to be on either side, he would follow the outer edge of the rectus. He did not like to cut through the rectus or across the oblique muscles. Soft, lacerated tissue was more liable to infection than the fibroids. Usually he made a two-inch incision, which could be enlarged. One stroke went down to the fascia, one or two to the peritoneum, which was opened with a nick, and secured with forceps so that it would not retract; this was stitched with kangaroo tendon. Next, he secured the fascia, muscles, fat, and last, the skin with the buried suture of kangaroo tendon. But in infective cases, including tubercular, he used *en masse* sutures.

Dr. Temple said he was much pleased with the paper. He did not think operation in neurotic cases justifiable. He did not agree with the essayist in regard to the question of pelvic cellulitis. He agreed that 96 per cent. of cases were the result of inflamed appendix. The pulse, in his experience, was a better index to the condition of the patient than the temperature. He usually adopted the *en masse* sutures.

Dr. Hingston said that in his experience, he had not found 96 per cent. of his cases of peritonitis came from appendiceal trouble. He did not believe in making an exploratory incision for diagnostic purposes. The abdomen was entered with too much impunity in these days.

Dr. Teskey said the abdominal surgeon should be a general surgeon as well. He considered cellulitis existed wherever there had been an injury, say, of the vagina or cervix followed by the entrance of the germs in the lymphatic spaces. In obscure cases, he thought incision of the abdomen to discover cause was the proper thing to do; but it was not in neurotic cases. He advocated an incision through the oblique muscles rather than in the midline.

Sir William Hingston then gave an address on "Surgery." He called attention to the progress made in the diagnosis of cerebral lesions. The advance in the diagnosis and treatment of abdominal lesions was wonderful. Surgery had advanced from an art to a science. His practice now regarding the treatment of epithelioma of the face was generally to leave them alone. If that disease occurred in the tongue it should be removed. The removal of the tonsils was not the common operation it was some time ago. For the treatment of empyema, pus being present, he recommended the early removal of a portion of the rib. He called attention to the fallacies that exist, that better results were obtained in surgery in hospital than in private practice. His best results were outside, especially where he had an intelligent physician and nurse to assist and carry out his suggestions. Regarding the stone in the bladder, his preference was for the lateral incision rather than the supra-pubic, unless the stone was too large. He remembered in his early days that the treatment of stricture was by the introduction of a soft bougie from three to five minutes,

and compared this with the present methods of dilatation and urethrotomy.

Sir William touched on the various specialties in surgery. The specialist could never divorce himself from the regular practitioner. He thought the process of analysis had gone far enough, and it was now time to synthesize, to group and bring together. Before any man entered into a special department of surgery, he should spend at least five years in general practice.

The following officers were elected: Dr. J. C. Mitchell, Enniskillen, President, Dr. J. W. McCullough, Alliston, Vice-President for Western Ontario; Dr. Douglas, Cobourg, Eastern Ontario; Dr. Allan Baines, Vice-President for Toronto; Dr. W. H. Pepler, Treasurer; Dr. Elias Clouse, Toronto, General Secretary; Dr. D. J. G. Wishart, Toronto, Assistant Secretary; Vice-President for Manitoba, Dr. W. A. Thompson, Douglas; Prince Edward Island, C. A. McPhail, Summerside; British Columbia, E. A. Hall, Victoria; New Brunswick, Dr. Wade, St. Andrews; Nova Scotia, Dr. Fraser, Halifax; Quebec, Dr. Astley, Quion; United States, T. Williamson, Saginaw.

Medical Jurisprudence.

KITSON V. PLAYFAIR.

Just as we go to press, the result comes to us of this now celebrated case. Physicians in both the Old World and the New have been anxiously awaiting the verdict, as the point at issue is one of honor on the one hand,

and medical ethics on the other. We feel we are not misusing our space in quoting the report of this *cause célèbre* in full, as time will not permit of our commenting thereon in this issue:

The question, whether a physician has any right to betray the secret of a patient was settled Friday, after one of the most extraordinary and sensational trials in the records of English jurisprudence. The case was Kitson against Playfair. The plaintiff is the daughter-in-law of Sir James Kitson, the head of a prominent English family. The defendant is an eminent physician of London and brother of Lord Playfair. He is also a brother-in-law of the plaintiff. The high social standing of the litigants, as well as the astonishing nature of the facts disclosed, aroused an enormous degree of public interest in the proceedings. At the outset of the trial, four days ago, counsel made an earnest endeavor to secure a settlement out of court on account of the painful nature of the case, but defendant refused to make this settlement. The case went on, and the undisputed facts developed were these:

FACTS OF THE CASE.

Mrs. Kitson was seriously ill in London about a year ago. Her husband was then in Australia, and she had not seen him for more than a year. She was attended by Dr. Wm. Williams, who, when the case became serious, suggested a consultation. The plaintiff agreed to call in Dr. Playfair, who is a specialist. She submitted to an examination and also an operation. The latter was performed by Dr. Playfair, who became

convinced that she was not a faithful wife. She protested her innocence, begged for an opportunity to explain, and besought him to withdraw his imputation. Dr. Playfair refused to do so unless she would say that her husband had been in England within a few months. She was unable to do this, but begged Dr. Playfair not to execute his threat to denounce her to his wife and Sir James Kitson until her husband could be sent for. Dr. Playfair made known his convictions to the two persons mentioned. Sir James thereupon cut off the annuity of \$2,500, which he had allowed to Mrs. Kitson. She also found herself socially ostracised. Then she sent for her husband, who staunchly believes in her honor, and brought suit to vindicate her character. Dr. Playfair, instead of pleading the truth of his imputation, set up that his communication of the alleged facts was based upon his honest belief and was privileged. He had a right, he asserted, to inform the members of his family in order to protect them from a woman who, in his opinion, was unfit for their society. The case hung solely upon this point. Incidentally expert evidence was introduced to show that it was possible that the conditions which Dr. Playfair found might exist, and Mrs. Kitson still be an honest woman; but this issue was not directly involved.

MEDICAL ETHICS ONLY.

It was a question of medical ethics, but Mr. Justice Hawkins, who presided, speedily made it clear in a few caustic remarks that where medical and legal ethics clashed, no matter how unanimous the medical profes-

sion might be, the law was supreme. Physicians testified in Dr. Playfair's favor and advanced startling theories.

Sir John Williams, physician to the royal family, declared that it was within the discretion of any of the twenty-three thousand physicians in England, on his own responsibility, to disclose a secret without the consultation of the patient, if he deemed it his duty for the protection of his wife or family, or in the case of a crime. This moved the judge to inquire if he considered it the duty of a physician to inform the public prosecutor in case he found that a patient had submitted to an illegal operation.

Sir John replied that the College of Physicians had answered "yes" to precisely that question.

"Then, all I can say is," replied Justice Hawkins, with some heat, "that it will make me very careful in the selection of my medical man."

Later, in charging the jury on this point, the judge said that the theory that it was always the duty of a physician to inform the public prosecutor when he suspected that a crime had been committed was simply monstrous.

A PHYSICIAN'S DUTY.

Other evidence was introduced bearing on the point of custom, and on professional ethics regarding a physician's duty towards his patients in the matter of guarding their secrets, but Mr. Justice Hawkins tartly observed that if every medical man in the country testified that he had a right to betray a confidence under certain circumstances, it would not alter the law, or his responsibility under the law. In fact, the defence

which was offered has aroused the prejudice of everybody in court. The judge's charge, although leaving the questions both of fact and privilege to the jury, was strongly for the plaintiff. Admitting, he said, the necessity of protecting his family against a woman whom he believed to be unchaste, there were also several courses open. It would have been sufficient to request his wife not to be intimate with Mrs. Kitson, who had herself written him saying that she would not cross his threshold until she had cleared herself. She wrote him a letter saying that that matter concerned only their two selves, and asked: "Why did you not let my unhappy life go? I am hunted out like the veriest outcast. Do, for God's sake, err on the side of mercy, and be my friend." His reply was that he must close the correspondence, and that he would inform his wife the next morning.

THE JURY'S SYMPATHY.

The judge dwelt on these and other pathetic details, but it was not necessary as far as the jury's sympathy was concerned. They awarded the plaintiff \$60,000 damages. The announcement was received with cheers, which even the judge made no attempt to suppress for some moments. Mrs. Kitson fainted, and it was an hour before she recovered consciousness. The judge refused to allow an appeal on the legal question of privilege, saying that the verdict implied express malice. He also refused at first to stay the execution on the ground of excessive damages, but ultimately to defer judgment until Monday.—*Toronto Sunday World, March 29.*

British Columbia.

Under control of the Medical Council of the Province of British Columbia. DR. McGUIGAN, Associate Editor for British Columbia.

AMENDMENTS TO THE MEDICAL ACT.

We are sorry to announce that the amendments spoken of in the last issue of the DOMINION MEDICAL MONTHLY, which it was proposed to ask from the Legislature this year, have come to nothing. The Committee was informed that the medical Act was a private one, and if the profession wanted any changes they should be introduced in a private bill, which meant an expenditure of between five and seven hundred dollars, an outlay which the Committee did not see its way to recommend at the present time. It would seem that the Legislature does not feel disposed to do much for the medical profession unless it is well paid for its services. It looks rather an anomaly to call a medical bill a private one. Do our friends of the legal profession have to put up private funds, or let us rather say society funds, when they want an amendment or alteration? Not having made the due inquiries into the matter we don't know; but it is altogether unlikely. There is this much to be said, that their Act is very complete, having been amended in 1890, 1891, 1893 and 1894; and it is a noticeable fact that all these amendments are under the heading of Public Acts, which rather goes to show that the changes were made at the expense of the Province. Why a medical Act should be of a private nature it seems hard to understand; it deals with public interests which

are as valuable to the community at large, and even more so, than any others. The Provincial Board of Health might just as well be called a private corporation as the medical profession; but to talk of it as such would be a manifest absurdity. The objects of both are similar, and they both should be viewed by the Legislature in the same light. The Committee which had this work in hand was, as mentioned in the last issue, Drs. Davie, Milne and Duncan.

THE NEW MEDICAL COUNCIL.

The elections for the new Medical Council of 1896-99 will take place on the 27th of this month. The old Council consisted of Drs. Lefevre, De Wolf-Smith, McGuigan, Hannington, Davie, Duncan and Milne, who certainly did what they considered best for the interests of the profession at large. Two of them, at this writing, are absent in Europe, and it is very doubtful if they shall return in time for the election. This should not, however, prevent the members of the profession from voting for them if they wish to re-elect them. They are both first-class men and should be returned. The others being at home and able to look after their own interests, it is not necessary to say anything further about them. We may remark, however, that we would like to see as many of them returned as possible; and if the members of the British Columbia medical fraternity have the interests of the profession at heart, they will re-elect a majority of them at least to the new Council.

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EDITORS:

BEATTIE NESBITT, B.A., M.D., F.C.S. (LOND.).

R. B. ORR, M.D.

J. J. CASSIDY, M.D.

W. A. YOUNG, M.D.

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No. 4.

MEDICAL LEGISLATION.

THE entire profession of this country will be delighted to know that, after strenuous efforts on the part of the deputation from the Medical Council, consisting of Dr. Harris (Brantford), Dr. Williams (Ingersoll), Dr. Sangster (Port Perry), Dr. Rogers (Ottawa), and Drs. Britton, Thorburn, Machell, Emory, Barrick and Geikie, of Toronto, who waited upon the Hon. Mr. Ross, a week or so ago, that gentleman has consented to move the discharge of his bill regarding medical registration. Mr. Ross, in his address to the House, said that the medical gentlemen who waited upon him had assured him that they would undertake to see to it that the Medical Council would pass by-laws confirming every clause of the bill he had introduced, either in identical or in equivalent terms, at its next meeting in June. In addition to those clauses, another one is also

to be added, viz., that any person who has been a matriculant in Arts of any Canadian university since Nov. 1, 1895, shall be allowed to register in medicine.

* * *

WE cannot for a moment conceive of a greater folly than that of simplifying—instead of the reverse—the present matriculation examination in medicine. Only the other day ninety out of the ninety-nine final year students in medicine at the McGill University, who presented themselves for examination, passed with flying colors. Such will doubtless be the same at most of the other Canadian universities this spring; and the question naturally arises, where are all the M.D.s. to go? Even now there are 1,500 more doctors in Ontario than are actually required; and yet Dr. Willoughby, M.P.P., wished to aid the Local Legislature in still further

opening the floodgates and increasing, rather than decreasing, the number of graduates in medicine in this country. The Doctor might think he was pleasing his constituency in so doing, but he certainly could not have had the best interests of his profession at heart. The Medical Council has certainly done its duty in the past in standing by and upholding the interests of the profession, and we hope that the day will be far distant when such controlling powers will be taken out of their hands and placed where they have no right to be.

ROENTGEN'S RAYS.

JUDGING from the rapid progress which has been made during the past two months with the Roentgen rays, we feel justified in saying this wonderful discovery is one which will completely revolutionize medical and surgical science. What a wonderful aid the Crooke's tube has already proved itself to be to diagnosis of disease, especially in surgical cases. Already one case has come before the Canadian courts, where the result of this shadow-photography was filed as an exhibit. It was the case of a man who was shot in the leg, and the photograph, made by Professor Cox, of Montreal, was produced showing distinctly the location of the bullet. We see that Professor Salvioni, teacher of Physics at the University of Perugia, has gone a step further and invented an instrument which he has called the Cryptoscope. By means of this wonderful, but comparatively simple arrangement, he has shown that it is possible to render even the retina sensitive to Roentgen's rays. The Cryptoscope consists of a black

cardboard tube enclosed at one end with a disc of black cardboard coated internally with a fluorescent substance (barium platino-cyanide); in the other end is placed a lens which permits one to clearly see the fluorescent surface. The object to be observed is placed before the luminous source given by a Crooke's tube, and then one looks at it through the Cryptoscope placed at a suitable distance. As in the fluorescent cardboard, the parts of the object impermeable to Roentgen's rays are drawn in shadow, thus one clearly sees the contours of the bones of the hand, etc. A model of this instrument was made under the direction of Prof. Blasema, at the Physical Cabinet of the Roman University, on February 11th, and with it one could clearly see the bones of one's own hand, coins in a purse or the clenched hand, etc.

EDITORIAL NOTES.

THE Sixteenth Annual Meeting of the Ontario Medical Association will be held in Windsor, Ontario, on the 3rd and 4th of June. A great number of papers have already been promised for that meeting, and it is to be hoped that a still larger number of medical men will be present at this meeting than at any previous one. The brethren in Windsor and those of Western Ontario will give all visitors a hearty welcome. We would very much like to hear that the Committee of Arrangements had been able to induce the railroads to give the members of the Association a better rate than a fare and a third for a return passage to Windsor. When one bears in mind the fact that the members of the clerical profession

attending synods, etc. (whose expenses are always paid and who don't include anything like as large a number of members as does the medical), get the same return rate when travelling as a fare and a third, surely the medical men who, unfortunately, have to put their hands in their pockets to pay their own expenses, and whose income, on the average, is no larger than that of a clergyman, ought to be treated more liberally by the railway corporations than they have been in the past. We commend this matter to the respective G. P. As. of the two railways, and hope they will take it up with their head offices with some result.

THE ASEPTOLIN TREATMENT FOR TUBERCULOSIS.—Though it is much too early to express any decided opinion regarding this preparation, and the results achieved by its hypodermic use in cases of consumption, yet, from the statistics already gathered, it has been shown that at least the temperature can be brought down and the cough somewhat alleviated. We sincerely hope that further investigation and more extended trial will prove that it will do more for this all too common and fell disease.

WE are pleased to know that the Local Legislature will have brought before it this session a bill to provide coroners after this with the services of an official stenographer at inquests. We feel sure that the coroners will appreciate this, as it is certainly a most difficult matter to take down evidence in such a manner as to render the task of the County Crown Attorney in reading the depositions an easy one.

"CORONER-EXTRAORDINARY."—Some of our confreres have aimed to ape the English custom, and style themselves Mr. Blank, surgeon, but it remained for one of the city coroners lately in a mad rush for an inquest to give as the cause of death to an inquiring reporter, that the girl was "worried to death", and thereby earn for himself the title "coroner-extraordinary."

IN our March issue, in the report of Kent County Medical Society meeting of January 8th, Dr. Macgregor was reported to have read a paper on "Acute Bright's Disease." It should have been, "Chronic Interstitial Nephritis."

The Doctor Himself.

Dr. MERRITT, of St. Catharines was in Toronto last week.

Dr. GEO. MCKEOUGH, of Chatham, has been appointed an associate coroner for the County of Kent.

Dr. JAMES R. DRYDEN, of Rockwood, has received the appointment of coroner for the County of Wellington.

VIRCHOW DECORATED.—The decoration of Commander of the Legion of Honor has been conferred upon Virchow by the President of the French Republic.

Dr. GEORGE PETERS, of Toronto, has succeeded the late Dr. Laughlin McFarlane on the staff of Toronto General Hospital, and as Professor of Clinical Surgery at Toronto University.

Dr. TYRRELL'S (Homeop.) address is 591 Church Street.

Dr. YATES with his bride, *nee* Bunting, left for England two weeks ago.

Dr. A. BOULTBEE is now to be found at No. 54 St. Alban's Street, Toronto.

Dr. HERALD, of Kingston, has been appointed Professor of Clinical Medicine in Queen's.

Dr. T. J. NORMAN, of King, has been appointed an associate coroner for York County.

Dr. L. M. SWEETNAM, is spending the spring at Nassau. Mrs. Sweetnam is with the Doctor.

Dr. G. S. RYERSON, M.P.P., was in Guelph last month and organized an Ambulance Association there.

Dr. J. C. BURT has moved into the residence of the late Dr. James Rea, corner Dundas and Dovercourt Road.

Dr. C. F. MOORE, of College Street, is rapidly recovering from his recent illness, and will resume practice in a day or two.

Dr. F. W. CANE has been put upon the summer session staff, at Toronto University, for mental diseases, and Dr. F. N. G. Starr for physical diagnosis.

Dr. GEORGE ELLIOTT has moved from King Street west to the corner of John and Nelson Streets, the house until lately occupied by Dr. Frank Cowan who has given up practice for the present.

FOR SALE.—Physician's residence in good town. Has been doctor's house for sixteen years. Price of real estate only. Good opening for right man. Address Box A, DOMINION MEDICAL MONTHLY.

Dr. J. H. WESLEY, of Keswick, has removed to Newmarket, Ont.

Dr. J. E. GRAHAM has purchased the handsome Boustead residence on Bloor Street East.

Dr. S. SCOTT, of Newmarket, has just returned after spending three months in England.

Dr. RAE, of this city, has purchased the north-west corner of McCaul Street and Grange Road.

Dr. J. D. THORBURN'S wedding to Miss Meredith, daughter of Chief Justice Meredith, will take place early next month.

Drs. W. B. MCKECHNIE and Thos. W. Jeffs, of Toronto University (1895) have recently passed the British Columbia Medical Council examinations, and have settled on the coast.

Dr. WM. SALMOND, of Glamorgan, Scotland, who recently celebrated his 106th birthday, is said to be the oldest physician and oldest freemason in the world, and is still in wonderfully good health.

Dr. J. THIRD, who was house surgeon at the General Hospital, Toronto, 1891-92, and who has been practising in Trenton for the past year or two, has been appointed Superintendent at Kingston General Hospital.

Dr. A. F. A. KING has resigned from the staff of the Columbia Hospital in Washington because he would not countenance the unjust treatment of a member of the staff by a lay member of the board of directors. Dr. King's course, says the correspondent of the *Journal of the American Association*, is cordially appreciated by the members of the medical profession in Washington.—*N. Y. Med. Rec.*

Dr. BIRDSALL, formerly of Bobcaygeon, has been placed in charge of Jefferson Hospital, Philadelphia. The Doctor has the honor of being the first Canadian to occupy this important position.

Dr. W. M. PATTON, IN CHICAGO.—Dr. William Mathewson Patton, who received the degree of M.D., on the 17th ult. from the Chicago Homeopathic Medical College, is a grandson of the late James Patton, merchant of this city, and a brother to Dr. A. D. Patton and Dr. H. M. Patton, of Montreal. He will reside in Chicago for the present, as he has just been appointed house surgeon to the Cook County Hospital, Chicago's great city hospital. This much coveted position was secured as the result of competitive examination.

Dr. JOHN CAMPBELL, who for years practised in Seaforth, has moved to Brooklyn, N.Y. The Doctor purchased the practice there of Dr. J. A. McLeod, 669 Leonard Street. Dr. Campbell was one of the oldest members and hardest workers in the Huron and Canadian Medical Associations, and we feel sure that every one of his many confreres and friends in the profession will regret that he has moved away from Canada and settled under the banner of the Stars and Stripes. The Doctor was particularly fond of literature, being the author of a cleverly written Scotch book, entitled "The Land of Burns," which sold so rapidly that it is now out of print. We wish him success.

Birth.

ROSS.—On March 17th, the wife of Dr. J. F. W. Ross of a daughter.

The Physician's Library.

An American Text Book of Obstetrics.
For Practitioners and Students. By JOHN C. CAMERON, M.D.; EDWARD P. DAVIS, M.D.; ROBERT L. DICKINSON, M.D.; CHARLES WARRINGTON EARLE, M.D.; JAS. H. ETHERIDGE, M.D.; HENRY J. GARRIGUES, M. D. ; BARTON COOKE HIRST, M.D.; CHARLES JEWETT, M. D. ; HOWARD A. KELLY, M.D.; RICHARD C. NORRIS, M.D.; CHAUNCEY D. PALMER, M.D.; THEOPHILUS PARVIN, M.D.; GEORGÉ A. PIERSOL, M.D.; EDWARD REYNOLDS, M.D.; HENRY SCHWARZ, M. D. RICHARD C. NORRIS, M.D., Editor; ROBERT L. DICKINSON, M.D., Art Editor; with nearly 900 colored and half-tone illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1895. For sale by their Canadian agents, A. P. Watts & Co., 10 College Street, Toronto.

The advances in the science and art of obstetrics have kept pace with the advances which have characterized all branches of medicine and surgery. Although our standard text books of obstetrics have occasionally been revised, an entirely new text book containing the writings of more than one individual has not appeared during the last decade. The American Text Book of Obstetrics is a work which not only embodies the teachings of several of America's most prominent obstetricians, but is also a standard teaching-work for students and a guide to practitioners. All the authors, as will at once be seen from glancing at above list, are those possessing experience as teachers of obstetrics in several of the leading medical schools and hospitals of America. The Text Book will be

found of special value to the medical student, inasmuch as the obstetric emergencies, the mechanics of normal and abnormal labor and the various manipulations required in obstetric surgery are described in the greatest detail, the same being elucidated with numerous illustrations and diagrams gotten up in the best of style. Any physician, who does any obstetric work at all, should subscribe for the Text Book of Obstetrics at once.

White. Some of the more important of the new inventions and therapeutic and dietetic novelties that have been introduced during the past twelve months are noticed in a special supplement. The present edition of this book will without doubt sustain the reputation for practical helpfulness which it has gained for itself in the past among all those who practise the healing art.

The Year Book of Treatment for 1896

A critical Review for practitioners of medicine and surgery. Contributors: Barclay J. Baron, M.B., Dudley W. Buxton, M.D., Albert Carless, M.S. (London), Alfred Cooper, F.R.C.S., Sidney Coupland, M.D., Geo. P. Field, M.R.C.S., Archibald E. Garrod, M.D., M. Handfield Jones, M.D., Reginald Harrison, F.R.C.S., G. Ernest Herman, M.B., J. Ernest Lane, F.R.C.S., Patrick Manson, M.D., Malcolm Morris, F.R.C.S. (Ed.), Edmund Owen, F.R.C.S., Sidney Phillipps, M.D., Henry Power, F.R.C.S., Chas. Henry Ralfe, M.D., F.R.C.P., E. S. Reynolds, M.D., Wm. Rose, M.B., E. Markham Skerritt, M.D., Walter G. Smith, M.D., W. J. Walsham, F.R.C.S., W. Hale White, M.D., B. Arthur Whitelegge, M.D., Dawson Williams, M.D. Philadelphia: Lea Bros. & Co., 1896.

The Year Book of Treatment has now been sufficiently long before the medical profession to make any but the briefest notice unnecessary. In this, the twelfth issue of this splendid little book, a section on Tropical Diseases has been added by Dr. Patrick Manson, and one on Diseases of the Stomach, Intestines, Liver, etc., has been contributed by Dr. Hale

The International Encyclopedia of Surgery.

A Systematic Treatise on the Theory and Practice of Surgery by authors of various nations. Edited by JOHN ASHURST, jun., M.D., LL.D., Barton Professor of Surgery, and Professor of Clinical Surgery in the University of Pennsylvania, Surgeon to the Pennsylvania Hospital, etc. Illustrated with chromolithographs and wood cuts. In seven volumes—Vol. VII. (supplementary volume). New York: William Wood & Co. 1895.

The object of this supplementary volume is accomplished in furnishing to its readers, as it does, a brief but sufficient account of such additions to both surgical science and surgical art as have been brought forward during the seven years which have elapsed since the revised edition of the original book was published. The author does not claim that the work is an ephemeris of theoretic novelties, but rather to be a trustworthy digest of accepted and established facts. We notice one thing, and that is that in this supplementary volume the authors of the various articles have been careful not to repeat what has already appeared in the previous volumes, so that those topics which were elaborately dealt with in the

earlier portions of the work have in this volume been but summarily dealt with; while on the other hand the activity of surgeons and surgical writers has been during the past few years so intense that in some instances more space has been required for the supplementary record than seven years ago was needed for the original article. For instance, the subject of cerebral surgery is dealt with elaborately, as it has practically come into existence since the revised edition of the Encyclopedia was published. This volume will certainly complete and enhance the value of the entire work, and should be possessed by all.

The Pathology and Surgical Treatment of Tumors. By N. SENN, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polyclinic; Attending-Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, Chicago. Illustrated by 515 engravings, including full-page colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1895.

Books specially devoted to this subject are few, and in our text-books and systems of surgery this part of surgical pathology is usually condensed to a degree incompatible with its scientific and clinical importance. Every teacher of pathology and surgery knows how difficult it is to impart to the student a knowledge of the structure and clinical tendencies of the different kinds of tumors, sufficiently accurate to enable him to make a reliable diagnosis at the bedside. The general practitioner

often remains painfully conscious of this defect in his early training, and the surgeon is frequently in doubt when to apply his art, or when to pursue a conservative treatment by patients suffering from obscure tumors, or tumors presenting one or more of the numerous complications to which they are subject. The first part of the treatise is devoted to a general consideration of tumors. Following the section on classification each class of tumors is considered separately, beginning with benign epithelial tumors and terminating with sarcoma, to which is appended a section on retention cysts. In this way, each tumor is brought to the notice of the reader three different times, and which will be most helpful to the student, as repetitions like these cannot fail in permanently impressing the subject upon the memory of the reader. This work will certainly prove most useful as a text-book for the student, a work of reference for the busy practitioner, and a reliable safe-guide for the surgeon.

WE are glad to note the fact that the well-known firm of Frank Weir & Co., Publishers, New York, have decided to issue a monthly periodical commencing April 15th, to be called *Weir's Index to the Medical Press*. Each number will treat the entire medical literature of the month immediately preceding as one vast volume, to which it will be the index or contents table. An editorial staff, the personnel of which has been carefully chosen, will have in charge the work of reviewing the entire medical

press of the United States and Canada every month, including the current number of every important medical periodical published in the two countries. The result will be a monthly magazine of from 112 to 128 pages, to be known by the name above indicated. For greater facility of reference, the science of medicine will be divided into its various departments, and under appropriate sub-heads will be briefly indexed in alphabetical order every leading article, reported case, etc., found in the current press, together with the name of its author or contributor, the approximate space it occupies and the title, serial number and cost of the periodical in which it is to be found. Each monthly part will thus be a reference work of constant value to the author, professor and specialist as well as to the general practitioner, enabling him to follow closely the general trend of medical science, and avail himself at once of any matter of special interest to him. In addition to this the publishers have consented to constitute themselves a depot or supply house for all indexed publications, so that subscribers desiring to purchase single copies of more than one publication at the one time may by a single order addressed to Frank Weir & Co., New York, avoid the necessity of communicating with each publisher direct. The publishers of the DOMINION MEDICAL MONTHLY AND ONTARIO MEDICAL JOURNAL have arranged with Frank Weir and Co. to forward the initial number of the *Index* without charge to any of their readers, provided they send in a written request to the office of this journal

on or before April 25th, mentioning the DOMINION MEDICAL MONTHLY. We feel sure that a very large number of physicians throughout Canada will take advantage of this liberal offer on our part and write us for copies of the *Index*, as once the initial number of this excellent work is read by any progressive practitioner, that reader will certainly be pleased to pay the nominal sum of \$3 a year, and have the *Index* mailed him regularly.

The Journal of Experimental Medicine. Still another medical journal has made its appearance—*The Journal of Experimental Medicine*. Its first issue has just been published, and judging from its appearance and the material it contains, we prognosticate for it a very bright career. It is to be edited by Dr. William Welch, Professor of Pathology in the Johns Hopkins University, assisted by a board of twelve associate editors, viz., three for physiology, three for pathology, three for pharmacology, three for medicine.

ENTERPRISE, BUT A LITTLE "OUTRÉ."—A retail druggist whose store is one of the most prominent on King Street in this city, about three weeks ago, during the time when all the wholesale millinery establishments had advertised their spring openings far and wide, evidently having an eye to business, placed in his front window, where it was bound to catch the eye of every passer-by, a large barrel marked "Epsom Salts." Across the front of the barrel was a large card, "Spring opening."

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Is prepared according to the formula of Victor C. Vaughan, M.D., Ph.D., Professor of Hygiene in the University of Michigan. It increases the number of white blood-corpuses and stimulates the activity of those organs whose function it is to protect the body against infectious diseases. It has been used with benefit in *initial* cases of tuberculosis, in streptococcus diphtheria, typhoid fever, malaria, membranous tonsillitis, etc.

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## Alphabetical Index of Formulæ.

(Continued.)

### PROSTATORRHŒA (Continued).—

- ℞ Potass. citratis.....  $\frac{3}{4}$  ss-j.  
 Spt. limonis..... f $\frac{3}{4}$  ss.  
 Syr. simp..... f $\frac{3}{4}$  ij.  
 Aquæ..... f $\frac{3}{4}$  j.  
 M. Sig.: Dessertspoonful, largely diluted with water, three times a day.—*Van Buren and Keyes.*
- ℞ Tr. nucis vomicæ..... f $\frac{3}{4}$  j.  
 Tr. ferri chlor..... f $\frac{3}{4}$  iij.  
 M. Sig.: Twenty drops, well diluted, three times a day.—*Gross.*
- ℞ Potass. bromid..... f $\frac{3}{4}$  iij.  
 Syr. limonis.....  $\frac{3}{4}$  iss.  
 Aquæ..... q. s. ad f $\frac{3}{4}$  iij.  
 M. Sig.: Dessertspoonful when necessary.—*Gross.*

- ℞ Tr. ferri chlor..... f $\frac{3}{4}$  vj.  
 Tr. cantharidis ..... f $\frac{3}{4}$  ij.  
 M. Sig.: Fifteen drops in water three times a day.—*Bartholow.*

### PRURIGO—PRURITIS.—

- ℞ Hydrarg. chlor. corros.. gr. ij.  
 Acid. hydrochloric..... gtt. x.  
 Aquæ..... f $\frac{3}{4}$  viij.  
 M. Sig.: Apply locally, lukewarm. (For pruritus ani and vulvæ.)—*Laplace.*
- ℞ Chloral camph.,  
 Bismuth. subnit..... āā  $\frac{3}{4}$  ij.  
 Aq. rosæ..... ad f $\frac{3}{4}$  iv.  
 M. Sig.: Apply to the parts.
- ℞ Argenti nitratis..... gr. xx.  
 Aquæ ..... f $\frac{3}{4}$  j.  
 M. Sig.: Paint over the affected parts. (In pruritus vulvæ.)—*Bartholow.*

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PRURIGO (*Continued*).—

- R Morph. sulphatis..... gr. vj.
- Sodii borat..... ℥ ix.
- Aq. camphoræ..... f ℥ vj.

M. Sig.: Wash the parts first with castile soap and warm water and apply the above twice a day.—*Baer*.

- R Hydrarg. chlor. corros. gr. j.
- Pulv. aluminis..... ℥ j.
- Pulv. amyli..... ℥ iss.
- Aquæ..... f ℥ vj.

M. Sig.: Apply locally.—*Goodell*.

- R Acid. hydrocyanic. dil.,
- Tr. opii..... āā f ℥ ij.
- Potass. carb..... ℥ ij.
- Aq. rosæ..... āā f ℥ iv.

M. Sig.: Apply to the parts.—*Reynolds*.

- R Menthol..... gr. xxiv.
- Spt. vini rectific..... f ℥ j.

M. Sig.: Use locally.

- R Naphthol..... gr. CCXXV.
- Saponis viridis..... ℥ xiiss.
- Cretæ præp..... ℥ iiss.
- Adipis..... ℥ CXXV.

M. Sig.: Apply to the parts and then powder them with starch.—*Kaposi*.

- R Acid. carbol..... gr. vj.
- Aquæ..... f ℥ j.

M. Sig.: Use locally.—*Heath*.

- R Ung. oxid. zinc. benz.,
- Campho-phénique... āā ℥ ss.

M. Sig.: Apply as often as necessary. (For pruritus ani.)—*Medical Progress*.

- R Acid. hydrocyanic. dil. f ℥ ij.
- Sodii borat..... ℥ j.
- Aq. rosæ..... f ℥ viij.

M. Sig.: Use locally.—*Fox*.

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PRURIGO (*Continued*).—

℞ Cocaini hydrochlor. . . . . gr. ix.  
Lanolini. . . . . ℥ j.

M. Sig.: Apply a small quantity to the parts.—*M. Scanlan.*

℞ Acid. carbol. . . . . f℥ i-f℥ ij.  
Aq. destillat. . . . . q. s. ad Oj.

M. Sig.: Apply as a lotion several times a day.

℞ Acid. carbolic. . . . . gtt. v-xx.  
Adipis benzoin.,  
Ungt. petrol. . . . . āā ℥ ij.

M. Sig.: Apply as an ointment.

℞ Chloral hydrat.,  
Pulv. camphoræ. . . . . āā ℥ j.  
Vaselini. . . . . ℥ x.

M. Sig.: Use twice a day. (In hemiplegic prurigo.)—*Koebner.*

℞ Liq. carbonis deterg. . . . . f℥ ij.  
Aqua. . . . . q. s. ad Oj.

M. Sig.: Apply as a lotion.

℞ Chloroformi. . . . . ℥ x-xx.  
Adipis benzoin. . . . . ℥ ij.

M. Sig.: Apply as an ointment.

℞ Alumini nitratis. . . . . gr. vj.  
Aq. destillat. . . . . f℥ j.

M. Sig.: Apply with a soft sponge.—*Gill.*

℞ Acid. acetic. . . . . f℥ j.  
Glycerinæ. . . . . f℥ ij.

M. Sig.: Apply locally.—*Goodell*

℞ Cocaini muriat. . . . . gr. v.  
Lanolin. . . . . ℥ j.

M. Sig.: Apply locally after washing with warm water. (In pruritus ani.)—*Besnier.*

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## Liq. Podophyllin (HOCKIN)

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℞ Ex. nucis vomicæ,  
Ex. belladonnæ.....āā gr. iv.

M. Et ft. pil. No. xvi. Sig.: One pill night and morning. (In senile pruritus.)

℞ Sodii hyposulphitis... ℥ viiss.  
Acid. carbolic..... gr. lxxv.  
Glycerinæ ..... f℥ iv.  
Aquæ..... f℥ viiss.

M. Sig.: Bathe with cold water and apply the above three times a day or oftener. (For pruritis ani.)—*Johnston.*

℞ Cocain. muriat..... gr. v.  
Lanolini,  
Ung. aq. rosæ.....āā ℥ ss.

M. Sig.: Apply as often as necessary. (In pruritis ani.)—*Powell.*

℞ Sodii bicarb..... ℥ xvj.

Sig.: Put the above in bath of warm water and bathe two or three times a week until relieved.—*Howard.*

℞ Menthol..... gr. xv-xxx.  
Lanolin ..... ℥ j.

M. Sig.: Apply locally.

PTYALISM (SALIVATION).—

℞ Potass. iodid..... ℥ ij.  
Aquæ ..... f℥ ij.

M. Sig.: Half teaspoonful, well diluted, three times a day.—*Hammond.*

℞ Liq. plumbi subacetat.. f℥ j.  
Aquæ..... f℥ viij.

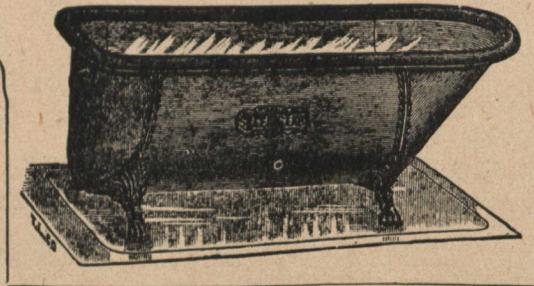
M. Sig.: Use as a mouth-wash.—*Gross.*

℞ Tr. iodinii..... f℥ ij.  
Aq. rosæ..... f℥ viij.

M. Sig.: Use as mouth-wash.

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PTYALISM (*Continued*).—  
 ℞ Tr. myrrhæ..... f℥j.  
 Aquæ..... f℥vj  
 M. Sig.: Use as mouth-wash.—  
*Potter.*

℞ Sodii borat..... ℥ij.  
 Pulv. myrrhæ..... ℥j.  
 Aquæ..... f℥vj.  
 M. Sig.: Mouth-wash or gargle.  
 —*Potter.*

℞ Potass. permanganat.. gr. ii-x.  
 Aquæ..... f℥j.  
 M. Sig.: Mouth-wash. (To cor-  
 rect the fetor).—*Garretson.*

℞ Potass. chlorat..... ℥ij.  
 Infus. rhois glabri rad., Oj.  
 M. Sig.: Mouth-wash.—*Fahne-  
 stock.*

℞ Atropiæ sulphat..... gr. j.  
 Aquæ..... f℥j.  
 M. Sig.: Four minims three times  
 a day.—*Bartholow.*

℞ Acid. tannic..... ℥j.  
 Mellis rosæ..... ℥ij.  
 Aquæ..... f℥vj.  
 M. Sig.: Mouth-wash.—*Bartholow.*

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 Mucil. acaciæ..... f℥ ss.  
 Aq. menthæ pip..... f℥ j.  
 M. Ft. emuls. Sig.: Teaspoonful every three hours.—*Bartholow.*

℞ Strychniæ sulphat.... gr. ss.  
 Quiniæ sulphat..... ℥ j.  
 Ferri sulphat. exsicc., ℥ ij.  
 Et ft. pil. No. xx.  
 Sig.: One pill three times a day.—*Napheys.*

℞ Liq. potass. arsenitis.. f℥ ss.  
 Sig.: Five drops in water after meals three times a day. (When due to iodism).—*Phillips.*

℞ Tr. rhois aromat.,  
 Glycerinæ ..... āā f℥ iss.  
 M. Sig.: Teaspoonful every four hours.—*Munk.*

℞ Sodii sulphatis ..... ℥ ij.  
 Ferri sulphatis ..... gr. iij.  
 Acid. sulphuric. dil.... ℥ xv.  
 Tr. hyoscyami ..... ℥ xl.  
 Infus. calumbæ..... f℥ ij.  
 M. Sig.: To be taken in the morning.—*Tanner.*

℞ Ol. terebinthinæ..... f℥ ij.  
 Ol. amygdalæ express., f℥ j.  
 Tr. opii deod..... f℥ ss.  
 Mucil. acaciæ ..... f℥ j.  
 Aq. lauro-cerasi.... ad f℥ iij.  
 M. Sig.: Teaspoonful every three or four hours.—*Hughes.*

PYÆMIA.—

℞ Acid. salicylici..... ℥ ss.  
 Sodii biborat..... ℥ j.  
 Glycerinæ ..... f℥ j.  
 Aq. menthæ pip.... f℥ v.  
 M. Sig.: Tablespoonful every two or three hours.—*Bartholow.*

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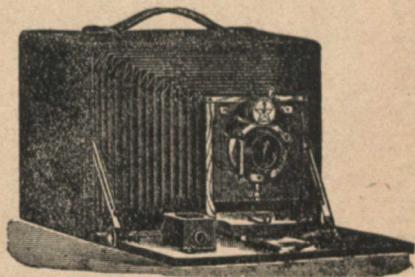
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Aquæ ..... q. s. ad f̄j̄ vj.  
M. Sig.: Tablespoonful three times  
a day.—*Guitéras*.

℞ Acid. gallici ..... f̄j̄ ss.  
Acid. sulphuric. dil.,  
Tr. opii deod. .... āā f̄j̄ j.  
Infus. rosæ comp. .... f̄j̄ iv.  
M. Sig.: Tablespoonful every four  
hours.—*Bartholow*.

℞ Acid. sulphurosi ..... f̄j̄ ss-j.  
Aquæ ..... f̄j̄ ij.  
M. Sig.: Take every two to four  
hours.—*Tanner*.

℞ Potass. permanganat., gr. xii-xxiv.  
Aquæ ..... f̄j̄ ij.  
M. Sig.: Teaspoonful three times  
a day.—*Bartholow*.

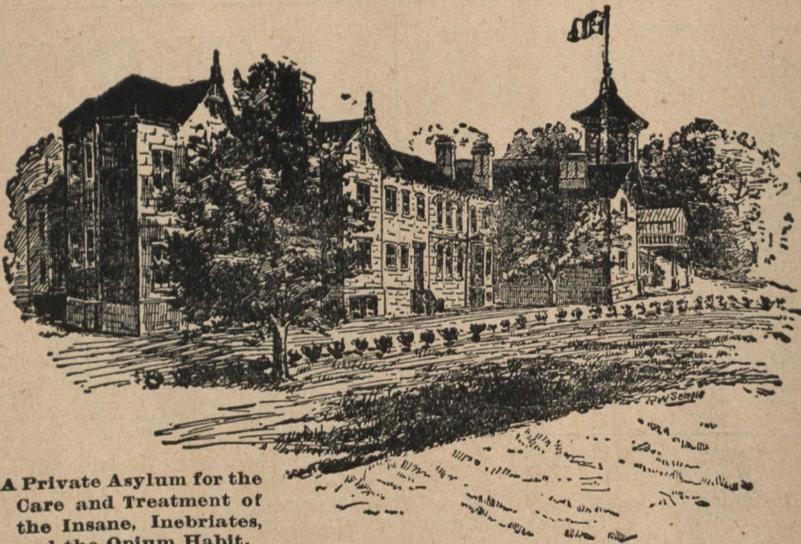
℞ Quiniæ sulphat. .... gr. v-xx.  
Sig: Take at one dose.

PYROSIS.—

℞ Bismuth. subcarb. .... ʒ ij  
Pulv. aromat. .... gr. xxiv.  
M. Et ft. chart. No. xii. Sig.: One  
powder one hour before meals.—  
*Hughes*.

℞ Carbonis animalis ..... gr. xxiv.  
Bismuth. subnit. .... ʒ j.  
Pulv. aromat. .... gr. xij.  
M. Et ft. chart. No. xii. Sig.: One  
at meal hour.—*Ringer*.

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℞ Acid. carbolic..... gr. ij.  
 Aquæ..... f℥ ij.

M. Sig.: Twenty-five drops in water before each meal.—*Jones*.

℞ Sodii bicarbonat..... ℥ iss.  
 Ol. anisi..... gtt. j.  
 Syr. aurant. flor.,  
 Aquæ..... āā f℥ j.

M. Sig.: One dose.—*Piorry*.

℞ Ex. nucis vomicæ.... gr. iss.  
 Argent. nitrat..... gr. ij.  
 Ex. lupuli..... gr. xij.  
 M. Et ft. pil. No. vi. Sig.: One pill three times a day.—*Barlow*.

℞ Tr. nucis vomicæ. ... f℥ ii-iv.  
 Acid. nitric. dil..... f℥ vj.  
 Syr. zingiber..... f℥ iij.  
 M. Sig.: Teaspoonful in a wine-glassful of water.—*Phillips*.

℞ Quiniæ sulphat..... gr. xij.  
 Acid. sulphuric. dil.,  
 Spt. chloroform.... āā f℥ ij.  
 Syr. aurant. cort.... ad f℥ iss.

M. Sig.: Teaspoonful in water three times a day.—*Martin*.

## QUINSY.—

℞ Sodii bicarb..... ℥ j.  
 Sig.: Apply locally to the tonsil in powder or in warm solution.—*Baker*.

℞ Salinaphthol..... gr. xx-xxv.  
 Spt. vini rectificat.. f℥ j.

M. Sig.: One part to twenty of water, as an antiseptic gargle.—*Georgi*.

℞ Argenti nitrat..... gr. l.  
 Aquæ..... f℥ j.  
 M. Sig.: Paint tonsil to abort impending attack.—*Powell*.

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Aquæ . . . . . q. s. ad f ℥ iv.  
M. Sig.: Use as a gargle and take  
a teaspoonful every two hours.

℞ Chloral hydrat. . . . . gr. iv.  
Glycerinæ . . . . . f ℥ j.  
M. Sig.: Use locally.—*The Pacific Record.*

℞ Tr. ferri chlor. . . . . f ℥ iss-iiij.  
Glycerinæ . . . . . f ℥ j.  
M. Sig.: Use locally every two or  
three hours.—*Starr.*

℞ Sodii salicylat. . . . . gr. v-x.  
Sig.: Take every three hours and  
use the following locally :

℞ Hydrarg. cum cretæ . . . gr. ij.  
Sacch. lact. . . . . ℥ ss.  
Et ft. chart. No. x. Sig.: Take one  
powder every two hours.—*Bartholow.*

℞ Potass. chloratis, q. s. ad  
sat. sol.  
Tr. ferri chlor.,  
Glycerinæ,  
Aquæ . . . . . āā f ℥ ss.  
M. Sig.: Use locally.—*Pepper.*

℞ Tr. guaiaci ammoniat. . . f ℥ ij.  
Sig.: Teaspoonful in half a glassful  
of milk three or four times daily.  
(Early stage).—*Sajous.*

℞ Sodii salicylat. . . . . ℥ iiij.  
Syr. acaciæ . . . . . f ℥ ss.  
Aq. cinnam. . . . . ad f ℥ iiij.  
M. Sig.: Dessertspoonful every  
three hours.—*Esby.*



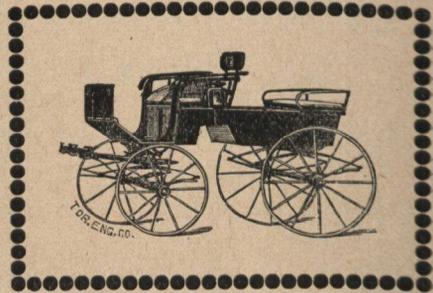
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QUINSY (*Continued*).—

℞ Tr. ferri chlor. . . . . ℥xxiv-xlviiij.  
 Potass. chlorat. . . . . gr. xxiv.  
 Syr. zingiberis. . . . . f℥j.  
 Aquæ. . . . . q. s. ad f℥iij.

M. Sig.: Teaspoonful every two hours for a child of two years.—*Starr*.

℞ Potass. chlorat. . . . . ℥ij.  
 Infus. rhois glabri bac-  
 car. . . . . Oj.

M. Sig.: Use as gargle.—*Gerhard*.

℞ Acid. citric. . . . . gr. xv.  
 Potass. bicarbonat. . . . . ℥j.  
 Tr. guaiaci. . . . . ℥x.  
 Mucilag. acaciæ. . . . . f℥j.

M. Sig.: One dose. To be taken while effervescing. (For children.)—*Hazard*.

℞ Pulv. resinæ guaiaci. . . . . ℥iv.

Sig.: Put as much as will lie on a one-cent piece on the back of the tongue, and let it remain as long as possible.—*Sajous*.

℞ Tr. belladonnæ. . . . . f℥ss.

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

℞ Hydrarg. chlor. mit. . . . . gr. j.  
 Sacch. lact. . . . . ℥j.

M. Et div. in chart. No. xx. Sig.: Powder every two hours.—*Bartholow*.

℞ Tr. aconiti rad. . . . . f℥ss.

Sig.: From one-half to a drop every fifteen minutes for two hours, and afterwards hourly.—*Ringer*.



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QUINSY (*Continued*).—

℞ Tr. verat. viridis (Norwood)..... gtt. xxx.  
 Morphiæ sulphat. .... gr. ½.  
 Aquæ..... fʒ vj.

M. Sig.: Teaspoonful every hour for two hours, and then every two or three hours, as needed.—*Hudson*.

℞ Acid. tannic..... gr. xv.  
 Tr. iodi..... gtt. ij.  
 Glycerinæ..... fʒ ss.  
 Aquæ..... fʒ vj.

M. Sig.: Tablespoonful every three hours. (In chronic cases.)

℞ Acid. tannic..... gr. xv.  
 Tr. iodi..... gtt. ij.  
 Acid. carbol..... fʒ ss.  
 Glycerinæ..... fʒ ss.  
 Aquæ..... fʒ iiss.

M. Sig.: Apply locally. (To abort abscess.)—*Jour. Respiratory Organs*.

RACHITIS (RICKETS), SCROFULA, STRUMA.—

℞ Syr. ferri iodid..... fʒ iss.  
 Mist. ol. morrhuae et lactophos. calcis, q. s. ad fʒ iij.

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

℞ Ol. morrhuae..... fʒ vj.  
 Syr. calcii lactophosphat.,  
 Liq. calcis..... āā fʒ iij.

M. Sig.: One-half to one teaspoonful three or four times a day.—*Smith*.

℞ Syr. ferri iodid..... gtt. iii–xx.  
 Aq. destillat. . . . q. s. ad fʒ iij.

M. Sig.: A teaspoonful every four or five hours during the day. (Child six months or one year.)—*Smith*.

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RACHITIS (*Continued*).—

℞ Syr. calcii lactophos. . . . . f℥ iv.  
 Sig.: One teaspoonful three times a day after meals.—*Bartholow*.

℞ Phosphori . . . . . gr. ½.  
 Ol. amygdalæ . . . . . f℥ viiss.  
 Pulv. acaciæ,  
 Sacchar. alb. . . . . āā ℥ iv.  
 Aq. destillat. . . . . f℥ x.  
 M. Ft. emuls. Sig.: One teaspoonful three times a day after meals.—*Hare*.

℞ Calcii phosphatis,  
 Ferri phosphatis . . . . . āā gr. xxxvj.  
 M. Ft. chart. No. xii. Sig.: One powder morning and noon.—*Neligan*.

℞ Ferri bromid. . . . . gr. xij.  
 Div. in pil. No. xx. Sig.: One pill three times a day.—*Robert Dick*.

℞ Phosphori . . . . . gr. ½.  
 Ol. morrhuæ . . . . . f℥ vj.  
 M. Sig.: One teaspoonful three times a day after meals.—*Kassowitz*.

℞ Ol. morrhuæ . . . . . f℥ iv.  
 Aq. calcis . . . . . f℥ iij.  
 Et ad—  
 Syr. ferri iodidi . . . . . f℥ iv.  
 Ol. gaultheriæ . . . . . f℥ ss.  
 Syr. simp. . . . . q. s. ad f℥ viij.  
 M. Sig.: A tablespoonful three times a day.

℞ Creasoti . . . . . gtt. iv.  
 Ol. morrhuæ . . . . . f℥ iss.  
 Pulv. tragacanthæ comp., ℥ ij.  
 Aq. anisi . . . . . f℥ ivss.  
 M. Sig.: One-half to two table-  
 spoonfuls three times a day.—*Thompson*.

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℞ Syr. ferri et manganesii  
iodid . . . . . f℥ i-ij.  
Syr. simp. . . . . q. s. ad f℥ ij.  
M. Sig.: Teaspoonful three times  
a day.—*Bartholow*.

℞ Ferri et quiniæ citrat. . gr. x.  
Ol. morrhuæ,  
Glycerinæ . . . . . āā f℥ ij.  
M. Sig.: Tablespoonful three times  
a day.—*Hartshorne*.

℞ Morrhuol. . . . . ℥j.  
Div. in capsulæ No. xx. Sig.:  
Three to four capsules daily.—*La-  
fargue*.

℞ Acid. tannic. . . . . gr. vi-xij.  
Div. in chart. No. xii. Sig.: One  
powder two or three times a day.—  
*Alison*.

℞ Carbon. animalis,  
Pulv. glycyrrhizæ . . . āā ℥vj.  
M. Sig.: Half to a whole teaspoon-  
ful twice a day. (In children).—  
*Radius*.

℞ Ex. hæmatoxyli . . . . . gr. xx.  
Vini ipecac. . . . . ℥xx.  
Vini opii . . . . . ℥x.  
Mist. cretæ . . . . . f℥ ij.  
M. Sig.: Teaspoonful every four  
hours. (In diarrhœa).—*Goodhart and  
Starr*.

℞ Potass. iodid. . . . . gr. xxx.  
Tr. iodinii . . . . . gtt. xv.  
Acid. tannic. . . . . gr. xv.  
Syr. quiniæ . . . . . f℥ viiss.  
Syr. acaciæ . . . . . f℥ iv et f℥ vss.  
M. Sig.: A fourth part to be taken  
every two hours until four doses are  
taken.—*Guibout*.

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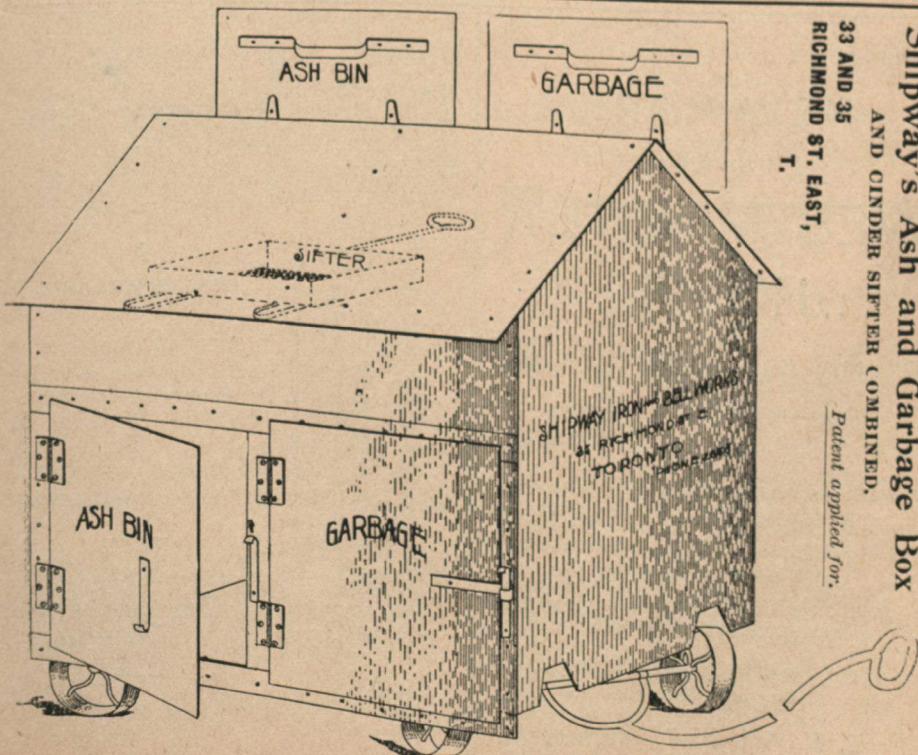
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RACHITIS (*Continued*).—

℞ Potass. iodidi . . . . . ℥ij.  
Tr. stillingiæ comp.,  
Syr. simp. . . . . āā f℥ij.  
M. Sig.: A teaspoonful four times  
a day.—*Mentzer*.

℞ Quiniæ sulphatis . . . . . gr. j.  
Acid. sulphuric. dil. . . . . ℥i-ij.  
Vini ferri . . . . . f℥i-ij.  
M. Sig.: To be taken three times  
a day.—*Jenner*.

℞ Iodol . . . . . gr. xxij.  
Ol. morrhuæ . . . . . f℥viiij.  
Spt. menthæ pip. . . . . gtt. xx.  
M. Sig.: Tablespoonful after each  
meal. (In enlarged glands.)—*Monin*.

℞ Calcii chlorid. . . . . ℥j.  
Aquæ . . . . . f℥iiss.  
M. Sig.: Teaspoonful two or three  
times a day in milk.—*Phillips*.

℞ Acid. hydrocyanic. dil. f℥j.  
Glycerinæ . . . . . f℥ij.  
Acid. nitric. dil. . . . . f℥iiij.  
Infus. quassiæ . . . . . ad f℥xiiiiss.  
M. Sig.: Tablespoonful three times  
a day.—*Aitken*.

℞ Tr. nucis vomicæ . . . . . f℥j.  
Ex. stillingiæ fl. . . . . f℥v.  
Syr. sarsaparillæ comp., f℥ij.  
M. Sig.: Five to fifteen drops  
three times a day in water.—*Bartholow*.

℞ Ammon. carbonat. . . . . gr. xxiv.  
Potass. bicarb. . . . . ℥ij.  
Ex. glycyrrhizæ fl. . . . . f℥ss.  
Aquæ . . . . . q.s. ad f℥iiij.  
M. Sig.: Teaspoonful every three  
or four hours.—*Goodhart*.

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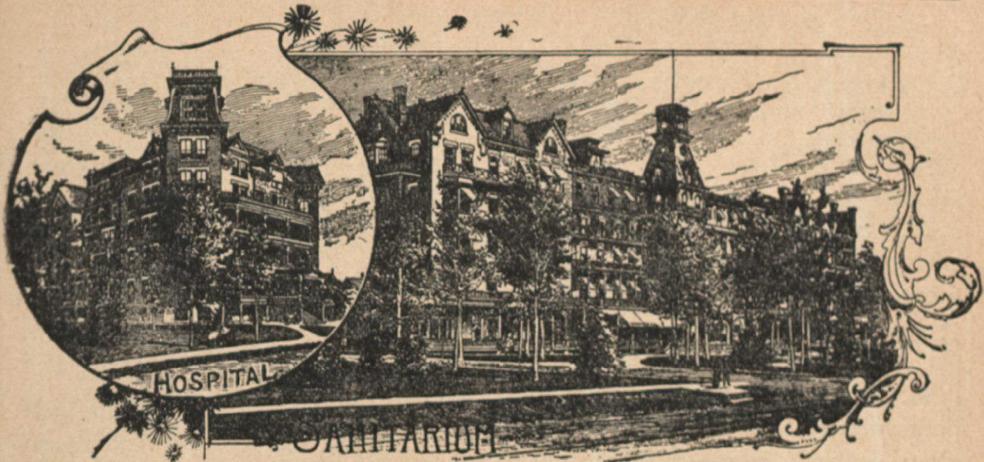
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RATTLESNAKE BITE.—

℞ Hydrarg. chlor. corros., gr. ij.  
 Potass. iodid. .... gr. iv.  
 Aquæ ..... ℥v.  
 Solve et ad—  
 Bromi ..... ℥v.  
 M. Sig.: Take ten drops in a  
 tablespoonful of wine or brandy every  
 fifteen or twenty minutes.—*Bibron.*

℞ Aq. ammoniæ ..... f℥j.  
 Aquæ ..... f℥ij.  
 M. Sig.: Inject thirty minims hy-  
 podermically into a superficial vein  
 above seat of injury.—*Halford.*

RHEUMATISM, ACUTE.—

℞ Sodii bicarb. .... ℥iv.  
 Div. in chart. No. xii. Sig.: Powder  
 in half-tumblerful of water every four  
 hours until the urine is alkaline.—  
*Loomis.*

℞ Sodii salicylat. .... ℥ss.  
 Tr. lavandulæ com. .... f℥iv.  
 Glycerinæ ..... f℥ss.  
 Aquæ ..... q. s. ad f℥viii.

M. Sig.: Tablespoonful every hour  
 or two until pain and fever abate.—  
*Minot (Mass. Gen. Hos.).*

℞ Liq. opii sed. .... f℥j.  
 Potass. bicarbonat. .... ℥iv.  
 Glycerinæ ..... f℥ij.  
 Aq. bullientis. .... f℥ix.

M. Sig.: Soak a piece of flannel  
 in the above hot solution and wrap  
 around painful joint.—*Oster.*

℞ Acid. salicylic. .... ℥ij.  
 Ferri pyrophosphat. .... ℥j.  
 Sodii phosphat. .... ℥j.  
 Aquæ ..... q. s. ad ℥viii.

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

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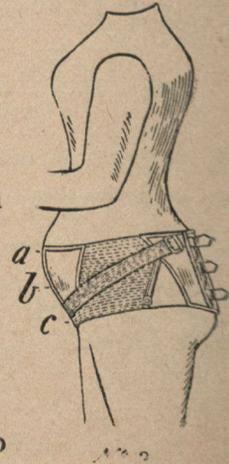
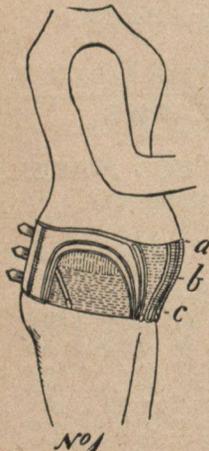
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 to navel, and from A to C, and from C to waist.



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**Wheeler's Compound Elixir of Phosphate and Calisaya.** A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, *acceptable to the most irritable conditions of the stomach*: Say—Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active Principles of Calisaya and Wild Cherry.

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

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by *determining the perfect digestion and assimilation of food*. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best *general utility compound* for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

**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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New Lebanon, N.Y.

RHEUMATISM, ACUTE (*Continued*).—

R Mist. ferri et ammon. acetat. (S. V. P.).... f ̄ iv.

Sig.: Dessertspoonful in water three times a day. (After salicylate of soda has been used.)—*J. C. Wilson*.

R Ammon. bromid..... ̄ iii-iv.

Div. in chart. No. xii. Sig.: A powder in water every four hours. When the acute symptoms abate add twelve to sixteen grains of quinine daily.—*Da Costa*.

R Acid. salicylic..... ̄ iij.  
Sodii borat..... gr. xv.  
Aq. menthæ pip....ad f ̄ vj.

M. Sig.: One-third to be taken during twenty-four hours. If there be no improvement in three or four days, discontinue and use—

R Prophylaminæ ..... gr. xxiv.  
Aq. menthæ pip..... f ̄ vj.

M. Sig.: Tablespoonful every two or three hours.—*James Tyson*.

R Potass. iodid..... ̄ j¼.  
Sodii salicylat..... ̄ v.  
Syr. aurant. cort..... f ̄ x.

M. Sig.: One to two tablespoonfuls daily. For a child, teaspoonful t. i. d.—*Audhuri*.

R Potass. nitrat..... gr. xv.  
Pulv. ipecac. comp.... gr. iij.

M. Et ft. chart. No. i. Sig.: Take one powder every four hours. (In sub-acute cases.)—*Da Costa*.

R Sodii bicarb..... ̄ ij.  
Acid. salicylic..... ̄ iij.  
Glycerinæ,  
Aquæ.....āā f ̄ ij.

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

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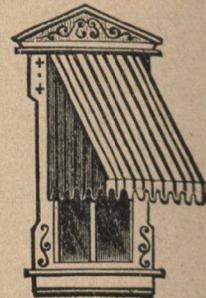
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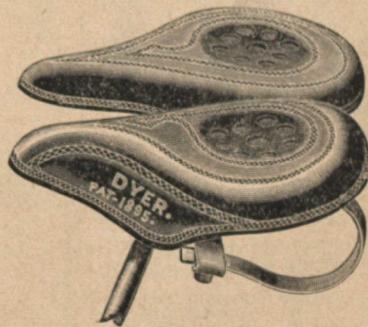
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**The Dyer '96 Automatic Saddle**

RHEUMATISM, ACUTE (*Continued*) —

R Ichthyol. . . . . ℥j.  
 Div. in capsulæ No. xx. Sig.:  
 Three to six capsules during the  
 twenty-four hours.—*Schmidt.*

R Sodii salicylatis,  
 Potass. iodidi,  
 Potass. acetatis. . . . . āā ℥ij.  
 Ex. cascariæ sagradæ fl.,  
 Glycerinæ,  
 Aq. cinnam. . . . . āā f℥ss.  
 Aq. menthæ pip. . . . . ℥iij.

M. Ft. sol. Sig.: Teaspoonful  
 every four hours.—*Prof. E. Marshall,*  
*Louisville.*

R Lithii salicylat. . . . . ℥ii-iiij.  
 Sig.: To be given in water during  
 the twenty-four hours.—*St. Luke's*  
*Hospital, N.Y.*

R Ol. gaultheriæ,  
 Ol. olivæ,  
 Lin. saponis,  
 Tr. aconiti,  
 Tr. opii. . . . . ℥ij.  
 M. Ft. liniment. Sig.: Apply  
 freely and cover with cotton batting.  
 —*Canada Lancet.*

R Ol. gaultheriæ,  
 Spt. chloroform. . . . . āā f℥ss.  
 Lin. saponis. . . . . : f℥iij.  
 M. Sig.: Apply freely and wrap  
 the joint in cotton batting.—*Hatfield.*

R Acid. salicylic. . . . . ℥ss.  
 Ferri pyrophosphat. . . . . ℥j.  
 Sodii phosphatis. . . . . ℥x.  
 Aquæ. . . . . f℥j.  
 M. Sig.: Tablespoonful every two  
 hours until relieved.—*Peabody.*



**MEDICAL MEN  
 DO NOT NEED  
 TO BE TOLD**



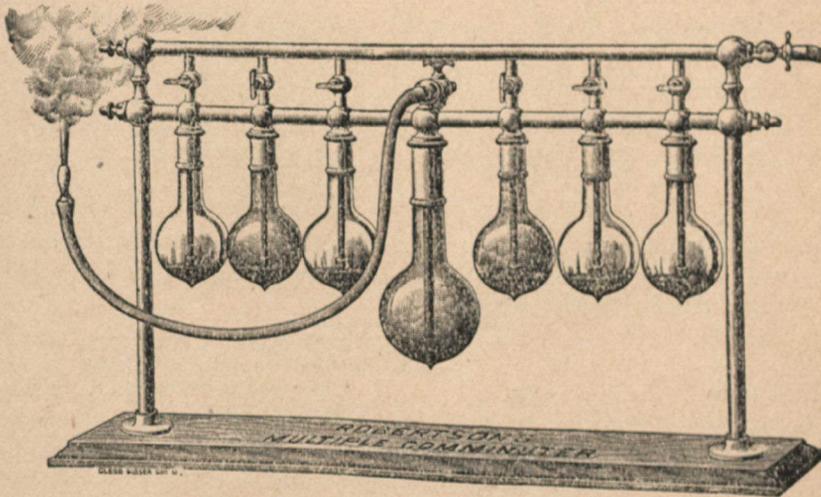
That many skin diseases result from the  
 use of impure and vicious soaps, made  
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It is just as important for doctors and their  
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**SUNLIGHT SOAP**

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## The Ideal Apparatus for Office Practice.

This apparatus, just recently perfected, is the most useful scientific and efficient invention ever offered to physicians for the direct application of remedies to the respiratory tract, and other cavities of the body, and for the administration of anesthetics, etc. It is also the most unique, novel and artistic apparatus any doctor can have in his office.

It is called a comminuter because, by a mechanical process, it reduces the substance acted upon to such infinitesimal particles that it is transformed from the liquid state to the condition of a visible elastic fluid. In this state it is projected through the flexible tube in great volume, and with whatever force it may be desirable or necessary to reach the respiratory tract, eyes, ears, the rectum, vagina, or other passages, cavities, or surfaces of the body, in the most effective manner. Six different prescriptions or single remedies can be put in the apparatus and used separately, or in any desired combination, without changing the medicines or removing the flasks.

Medicine insoluble in each other, or even chemically incompatible in the liquid state, can be administered in perfect combination, without precipitation or decomposition.

The complete apparatus is 30 inches long, 17 inches high and 7 inches wide at the base. It is elegantly finished in nickel, hard rubber and flint glass, with polished hardwood base. All parts are of the best workmanship, and so constructed as not to get out of order. It can be used in connection with any compressed air receiver.

Full directions and many valuable formulæ that have been used successfully with the Multiple Comminuter, by well-known physicians, furnished every purchaser.

Considering the scientific and expensive construction of the Multiple Comminuter, the perfection of its operation, efficiency, utility, convenience, economy of time and medicines, and many other advantages, it is the cheapest apparatus offered on the market. Physicians who are using it have informed us that it has paid for itself in a few weeks.

Ask your instrument dealer or write for full information to the manufacturers.

## Dr. John Robertson,

619 WEST FOURTH ST., Cincinnati, Ohio,

U.S.A.

RHEUMATISM, ACUTE (*Continued*).—

℞ Lithii benzoat. . . . . ℥ss.  
 Sodii bromid.,  
 Potass. carbonat. pura, āā ℥ij.  
 Potass. acetat. . . . . ℥iiss.  
 Sodii phosphat. . . . . ℥ss.  
 Syr. zingiberis,  
 Aq. menthæ pip. . . . . ad ℥vj.

M. Sig.: Dessertspoonful to table-  
 spoonful in half a glass of water every  
 four or six hours, after food.—*Sat-  
 terlee*.

℞ Iodoform deodorat. . . . ℥iiss.  
 Vaselini. . . . . ℥j.

M. Sig.: Apply to the inflamed  
 parts.—*Boteler*.

℞ Euonymin. . . . . gr. ¼  
 Podophyllin,  
 Aloin . . . . . āā gr. ⅛.

M. Sig.: One tablet twice daily  
 as required.—*Satterlee*.

℞ Pimentæ. . . . . ℥vj. ℥ij.  
 Aq. ammoniæ. . . . . f℥iij, f℥j.  
 Ess. thymi.  
 Chloral hydrat. . . . . āā ℥iiss.  
 Spt. vini rectific. (60). . . Oij.

M. Sig.: Use pure or mixed with  
 olive oil. (For friction about the  
 joints.)—*Poulet*.

℞ Acid salicylici. . . . . gr. x.  
 Sodii bicarb. . . . . q. s.  
 Ex. glycyrrhizæ. . . . . gr. iij.  
 Glycerinæ. . . . . f℥ss.  
 Aquæ. . . . . q. s. ad f℥ij.

M. Sig.: Dose, dessertspoonful.—  
*Vanderbilt Clinic*.

## RHEUMATISM, CHRONIC.—

℞ Liq. potass. arsenitis. . . . f℥ij.  
 Potass. iodid. . . . . ℥ij.  
 Syr. simp. . . . . f℥iij.

M. Sig.: Teaspoonful three times  
 a day after meals.—*Da Costa*.

# “Creme de la Creme”

.....AND “La Fayette”

## CIGARS AND CIGARETTES

Are for sale in every store in the City.  
 Give them a trial and convince yourself  
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W. C. MACDONALD,

Actuary.

J. K. MACDONALD,

Managing Director.

RHEUMATISM, CHRONIC (*Cont'd*).—

R Pulv. resinæ guaiaci,  
 Potass. iodidi.....āā ʒj.  
 Tr. colchici sem..... fʒ ij.  
 Aq. cinnam.,  
 Syr. simp. . . . . q. s. ad ft. fʒ vj.  
 M. Sig.: Dessertspoonful three  
 times a day.—*Pepper*.

R Tr. aconiti,  
 Chloroform.,  
 Aq. ammon. . . . . āā fʒ ij.  
 Lini. saponis co. . . . . fʒ viij.  
 M. Sig.: Use locally.—*Jefferson*  
*Hospital, Phila.*

R Potass. et sodii tartratis. ʒ ss.  
 Potass. nitratis. . . . . ʒ v.  
 Vini colchici sem. . . . . fʒ ij.  
 Aquæ. . . . . q. s. ad fʒ ij.  
 M. Sig.: Teaspoonful three times  
 a day.—*Bellevue Hospital, N. Y.*

R Tr. ferri chlor. . . . . fʒ ij.  
 Sodii salicylat. . . . . ʒ ij.  
 Acid. citric. . . . . gr. x.  
 Glycerinæ. . . . . ʒ j.  
 Liq. ammoniæ citratis  
 (B.P.) . . . . . q. s. ad ʒ iv.  
 Ol. gaultheriæ. . . . . gr. xv.

M. Sig.: Dose, one or two tea-  
 spoonfuls every two hours until ring-  
 ing of the ears is produced, and then  
 increase the intervals to four or six  
 hours. (In anæmic cases.—*Philadel-  
 phia Hospital.*

R Potass. iodid.,  
 Salicin. . . . . āā ʒ ij.  
 Ex. manacæ fl. . . . . fʒ ij.  
 Tr. cimicifugæ . . . . . fʒ j.  
 Hydrangeæ lithiat. . . . .  
 . . . . . q. s. ad fʒ vj.

M. Sig.: Teaspoonful, diluted,  
 every three or four hours.

# St. Leon Springs Water

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

## CELEBRATED ST. LEON WATER,

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

### ANALYSIS.

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

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

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

**HYSLOP...**

**WHEELS**

**...STILL LEADING...**



RHEUMATISM, CHRONIC (*Cont'd*).—

℞ Lithii salicylat. . . . . ℥ij.  
 Syr. simp. . . . . f℥ij.  
 Aq. aurant. flor. . . . . ad f℥vj.

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

℞ Potass. iodid. . . . . gr. vj.  
 Tr. cimicifugæ. . . . . ℥iv.  
 Tr. opii camph.,  
 Vini colchici rad. . . . . āā ℥v.  
 Aq. cinnam. . . . . q. s. ad f℥j.  
 M. Sig.: Dose, one teaspoonful.

℞ Ol. monardæ. . . . . f℥iv.  
 Tr. opii. . . . . f℥ij.  
 Tr. camphoræ. . . . . f℥ij.

M. Sig.: Use locally.—*Atlee*.

℞ Tr. iodinii.  
 Snt

℞ Tr. guiac. æth. . . . . f℥j.  
 Tr. cannabis indicæ  
 æth. . . . . f℥vj.  
 Tr. colchici æth. . . . . f℥ij.

M. Sig.: Twenty-five to thirty drops on sugar every four hours.—*Atlee*.

℞ Potass. iodid. . . . . ℥ij.  
 Vini colchici sem.,  
 Tr. opii camph. . . . . āā f℥ij.  
 Tr. stramonii. . . . . f℥vj.  
 Tr. cimicifugæ. . . . . f℥ij.

Sig.: Teaspoonful three times a day.—*St. Luke's Hospital, N.Y.*

℞ Sodii salicylat.,  
 Sodii acetat.,  
 Potass. bicarb. . . . . āā f℥iss.  
 Tr. digitalis. . . . . f℥ij.

# SYR. HYPOPHOS. CO., FELLOWS

**Contains the Essential Elements** of the Animal Organization—Potash and Lime ;

**The Oxidizing Agents**—Iron and Manganese ;

**The Tonics**—Quinine and Strychnine ;

**And the Vitalizing Constituent**—Phosphorus ; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction**.

**It Differs in its Effects from all Analogous Preparations** ; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

**It has Gained a Wide Reputation**, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

**Its Curative Power** is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

**Its Action is Prompt** ; it stimulates the appetite and the digestion, it promotes assimilation and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy and removes depression and melancholy ; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

---

## NOTICE—CAUTION.

The success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, **finds that no two of them are identical**, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution**, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. Fellows."

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles ; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or otherwise—of the contents thereby proved.

---

Medical Letters may be addressed to . . . .

Mr. FELLOWS, 48 Vesey Street, New York.

# NOTES ON THE TREATMENT OF GOUT, RHEUMATISM, ETC.

\* \* \*

It is admitted that the presence of an excess of uric acid in the system gives rise to the symptoms of gout and rheumatism.

It is known that in such cases the normal alkalinity of the blood current is much reduced, while the excretions are strongly acid.

## THE ELIMINATION OF URIC ACID

It is also known that the restoration of the normal alkalinity is followed by excretion of the uric acid and by alleviation of the symptoms.

The difficulty hitherto has been the bringing about of a rapid restoration of the alkalinity of the blood current and at the same time securing elimination of the uric acid in the system. Alkalies and alkaline lithium salts have been employed with more or less success, but the continued administration of alkalies tends to bring about cystitis (B. M. J., July, 1895), whilst lithium when administered in alkaline solution does not exert any great solvent action on the uric acid.

## THE ACTION OF ORGANIC ACIDS

One of the most useful discoveries of recent years is the determination of the fact that in gouty and rheumatic patients the administration of certain organic acids causes a much more rapid and satisfactory restoration of the alkalinity of the blood current than when alkalies are employed.

When the alkalinity is restored, and not till then, lithium will exert its solvent action on the uric acid concretions.

The further discovery has now been made by Dr. E. C. Kirk, and independently by Dr. Haig, that by combining an organic acid with lithium, an ACID salt can be prepared which possesses much greater

## THE ACID SALTS OF LITHIUM

solvent properties in cases of uricacidæmia than is possessed by lithium when administered alone, after exhibition of acids. The reason for this lies in the fact that the lithium is set free in the system at the point where its activity is required, and elementary bodies in the nascent state are always much more active than when in combination.

This acid salt has been termed **TARTAR-LITHINE** and is manufactured by

**McKESSON & ROBBINS, 91 FULTON ST., NEW YORK**

who will be happy to send samples and literature on application.

The results from the administration of **TARTARLITHINE** so far obtained have exceeded expectations. It appears to be a specific in most cases.