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Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO
AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

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

VOL. I.]

TORONTO, JULY, 1893.

[No. 12.

Original Communications.

TREATMENT OF DIPHTHERIA.

BY W. J. WILSON, RICHMOND HILL.

Mr. President and Gentlemen,—Our ideas of the treatment of diphtheria must necessarily depend on our views of its pathology—whether it is of bacterial origin, with its early manifestations in the upper air passages, or whether it is a constitutional disease from the first, with secondary throat manifestations.

As it is not within the scope of this paper to go into this matter, I will at once declare myself a believer in the local origin of the disease in the throat, with secondary constitutional symptoms following from absorption of poisonous matters in the local lesion.

This view of the pathology will materially affect our treatment—especially the local and prophylactic treatment.

The prophylaxis is gradually forcing itself on us, and is so important an element in the treatment that we cannot afford to neglect any part of it in any given case of diphtheria.

Cases have been recorded where there was no membrane found in the throat, only a redness; but the Klebs Loeffler bacilli were found on the surface and secondary symptoms followed, going to prove it a case of genuine diphtheria without membrane. And again, in attending a family with diphtheria it is the usual thing to notice a redness in the throats of the new cases the day before the membrane forms.

The hyperæmia is the first thing noticeable in any case, and any condition producing hyperæmia strongly predisposes to an attack.

I have noticed it set in and membrane form within a few hours after a crying fit, or a slight cold in the head.

These observations lead us fairly to the central idea of prophylaxis, viz.: keep the nose and throat free from all sources of irritation; keep the membrane healthy and clean, and the general condition of the child up to the highest point possible.

More attention should be paid to the mouth and teeth of children, as well as to the nose and throat. A foul condition of these parts makes an excellent culture-ground for germ growth and strongly predisposes to diphtheria.

Children frequently have decayed teeth, and, so far as my observations go, it is only among the better classes in the community that the least attention is paid to them or they are ever cleaned.

Diseased tonsils should be attended to, and, where chronically enlarged, ablated, not only to lessen the dangers of an attack to the child himself, but to prevent the enlarged and unhealthy tonsillar crypts from holding the disease for long periods after the child himself is apparently free, and thus carrying the disease to others.

All conditions favouring post-nasal catarrh should be looked after, and post-nasal growths or advanced vegetations removed.

The diphtheritic membrane seems to have a special tendency to spread over these vegetations, and although I have seen them diminish in size as a result of diphtheria, yet it has always seemed to me that cases of this kind have been more severe

and were more prone than others to die from paralysis.

During an epidemic, cleansing and antiseptic, but unirritating, sprays should be used to nose and throat frequently enough to keep it clean and prevent mucus decomposing in the post-nasal space.

The teeth, mouth and gums should be washed frequently, and especially after food. Cases are on record where patients under treatment of this kind have escaped infection, although equally exposed with others of stronger constitution who contracted the disease, but who were without the protecting influence of the spray and wash.

It is important to not use too irritant fumes or sprays, as the production of irritation may more than counterbalance the germicidal effect of the treatment.

The general condition should at the same time be attended to, and all the excretory organs kept in good condition so that the natural powers of the system for throwing off morbid matters may be at their best.

The sanitary condition of the dwelling should be attended to, and all possible culture-beds for germs removed.

In the country, one fruitful source of disease during the winter months is the family swill-barrel, which, to keep from freezing, is frequently kept in the back kitchen.

In one family I attended last winter, the first patient had the day before been running through the snow, got her feet and legs wet and tired herself out. She had fine dots on the tonsils, resembling follicular tonsillitis, but as they did not readily rub off the case was set down as diphtheria.

There was no known source for the disease. The girl, aged 14, had not been from home, and in fact there had been no cases of diphtheria in the neighbourhood. It proved to be genuine diphtheria, and went through the family. After this girl was better about a month she was down cellar one day sorting onions, and five or six days after this she was taken with well-marked scarlet fever, and this without there being any fever in the neighbourhood and the house still isolated for the diphtheria. Next day I noticed the family swill-barrel in the back kitchen and ordered its removal. I then discovered it had only been placed there that

day, but had been kept down cellar all winter. I had trusted to the statement of the family that the cellar was large, clean and airy, and had not made a personal inspection. If this swill-barrel was not the original source of the trouble, it at least sent its emanations through every part of the house, and was a material factor in aiding the growth and development of the diphtheria germs.

If it be true that the Klebs Loeffler bacillus is found in a non-virulent form and free in nature, may this decomposing swill not have raised the germ to the necessary degree of virulence to produce the disease?

Another matter of prophylaxis is isolation. In cities the diseased members of a family are removed to an hospital, but in the country there is usually no such facility for isolation. We send the healthy children to friends or neighbours, but as they have been exposed there is the danger of them spreading the disease.

Again, cases often occur where there are no friends to take them, and they are forced to remain at home and run all risks. I have frequently seen two or three of a family lost in this way.

If each municipality had some place or places provided for the reception of those who have been exposed but have not yet become infected, many valuable lives might be saved.

The treatment of diphtheria has varied from time to time—new remedies coming up with the reputation of a large number of cases treated without a single death, but when tried for a while they have all proved disappointing and one after another has fallen into disuse and been forgotten. This state of things is the result of our imperfect knowledge of the pathology of the disease, the difficulties of diagnosis in mild cases, and great differences in the malignancy of the disease at different times and in different localities. When we hear of an unusual number of cures we are always in doubt as to the above-named conditions.

With the discovery of the Klebs Loeffler bacillus more scientific notions of the disease have obtained, careful observations on the nature and life history of the bacillus, and on the conditions favourable or otherwise to its development, have been made.

The observations that the bacilli are found mostly in the superficial layers of the false membrane, that the germ itself does not enter the tissues,

and that the systemic effects are in direct proportion to the amount of absorption of the products of the bacilli, have an important bearing on treatment. It is very important that treatment should begin early, so that the germs may be attacked when few in number and before much of their products has found its way into the system. By well-directed local treatment there is a reasonable prospect now of lessening the vitality of the germs, checking their powers of reproduction, and modifying, if not entirely checking, the disease.

When the membrane is small in amount and so situated that it can easily be got at, it may be destroyed by caustics, the electric wire, rubbed off and the surface disinfected, or its vitality destroyed by injecting medicines under its surface as in Seibert's method. These are all methods aiming at the immediate destruction of the disease, but are all applicable only to a limited number of cases. The cautery method is open to the objection that you are apt to burn more than you desire, and if healthy membrane is burned the disease will spread to the full extent of the burn.

It has been objected that the method of rubbing or peeling off the membrane, leaves a raw surface which will allow the germs an entrance into the system; but this objection cannot hold, as you do not rub deeper than the membrane existed and was in intimate contact with the tissues; and again it has been amply shown that the germ itself does not enter the tissues. Of course the membrane will reform on the raw surface, but if the surface is thoroughly rubbed with a 1 to 500 bichloride solution, the newly formed membrane will be thinner and of less vitality and should be kept rubbed clean every few hours.

In the few cases in which I have tried this method I have been fairly well pleased, and thought while the length of the disease was perhaps not diminished, yet the systemic disturbances seemed less and the patients felt better for the treatment. It is of course obvious this treatment can only be pursued where the membrane can easily be got at and is small in amount.

Siebert's method of injecting disinfectants under the membrane has the same object in view, viz., to kill the germ; but unfortunately I have no personal experience with the method, and on that account am unable to speak of it.

Papoid, lactic acid, and particularly the peroxide of hydrogen, are at present extensively used, not only for dissolving the membrane, but as disinfectants and germicides. Solutions of these substances can be applied to the membrane in any situation, and are very satisfactory in their action.

Where the nasal cavities are involved, the peroxide is particularly indicated, keeping down the foul smell and diminishing very materially the amount of poisonous matter absorbed.

We may not be able to kill the bacillus, but we may reasonably hope to interfere with its vitality and growth, and also reduce its virulence.

Cases have recently been reported where the membrane was full of the characteristic bacilli, but with little or no constitutional symptoms, and the vitality of the germ so low that it could barely be called contagious. And if we cannot use remedies strong enough to entirely kill the germ, we may with reason hope to so modify it as to bring it to the condition above described.

In reference to the use of the peroxide of hydrogen, there is a precaution necessary when applied as a spray. The solution may loosen up the superficial layers of the membrane and liberate the contained germs, while the force of the spray during the act of inspiration may carry germs into the larynx and cause deposit there. This has happened in some of my cases, but fortunately they recovered, the secondary deposit not having a very great degree of vitality.

Of the various local remedies used at the present time, preference is given to hydrogen peroxide, solutions of hydrarg. perchloride and carbolic acid.

I like to apply the bichloride of mercury with a swab, of a strength of 1 to 4 or 5, or while I can easily get at all the membrane; but of course this is of too great a strength to allow patients to handle.

Where there has been a good deal of pain in the throat, especially in adults, I have found great benefit from the use of Lester's cold coil. It seemed to limit the spread of the membrane, and to a certainty, gave marked relief to the patient.

When by the coil the larynx may be made anæsthetic, it is quite likely the temperature may be so far reduced as to modify the rapidity of germ growth, which in the case of the Klips Lœffler bacillus, is very much retarded, or almost checked at 64° Fahr.

A very useful plan of local treatment is to saturate the air of the sick-room with vapour of ol. terebinth. and ac. carbol. It is not noticed by the patient, and comes in contact with the diseased parts with each breath. Certainly you cannot do a great deal in this way towards killing the germ, but you render the air, to some degree at least, antiseptic in its properties, and the influence must make for good.

Since the discovery of the germ origin of the disease, the constitutional treatment has not improved as much as the local. Iron, with rest, liquid food and stimulants, forms the main part of the constitutional treatment, some authorities claiming that all we can do is support the system and tide the patient over the critical period. Others believe in shoving the tr. ferri perchlor. to the limit of tolerance, and also giving hydr. perchlor. or ol. terebinth. for their specific effect.

Of course the plan of general support is correct, and no matter what treatment may come, is bound to hold its place; but surely if the germ can be so readily influenced in its growth and appearance by the culture medium on which it is grown, we may yet hope to be able to so saturate the system that the culture ground in the throat and nasus may become much less favourable to germ growth. This may perhaps be accomplished by the blood ferments or tox-albumens on the lines being worked out at present in tetanus, pneumonia and cholera, or perhaps by some of our older remedies.

The treatment with serum from immune sheep has lately been tried by Behring in some thirty cases, with six deaths, and in Koch's institute eleven children have been treated with but two deaths; but the number of cases treated so far is too small, and our knowledge of the condition of the child in each case too meagre to warrant our drawing any conclusions; and, again, even if a specific of any kind be discovered, it must be used before a lethal dose of the diphtheria products has been absorbed into the system.

But in the meantime in the absence of any specific form of constitutional treatment, we must content ourselves with keeping up the strength of our patient by every means in our power, and give nourishment and stimulants frequently, with such remedies of known virtue as ferri perchlor. ac. hydrochloric dil., or quinine. But with whatever

form of treatment we may follow, we may expect, for some time to come, to meet with a large percentage of deaths when we have malignant diphtheria to deal with

ABDOMINAL AND INTESTINAL SURGERY.

BY JAMES BAUGH, M.D., HAMILTON.

Case 1.—Mrs. F., aged 34; mother of three children; youngest, 2 years and 6 months old; consulted me on 19th April, concerning a lump in her side. The night previous she had been seized with a frightful pain in the right side, and immediately after she discovered the lump. She had no knowledge of the lump prior to the painful attack. Medical aid was not sought till next morning, when she came to my office. On examination, I found a large tumour in the right side, and extending towards the left, across the median line in front of the uterus. As her menstrual discharge for two or three months had been very scant, I thought I had an ectopic gestation to deal with. I decided, however, to temporize, and prescribed rest, and tinct. hyoscyamus with pot. iodide. Under this treatment the pain disappeared, and the lump became appreciably less.

On the 5th June, seven weeks after, I was sent for to see her. I found her suffering intense pain in pelvic region; temperature, $103\frac{1}{2}$; pulse, 120. The lump was larger, and seemed to fill the pelvis. She had been out driving during the afternoon, and was seized with pain during the drive. Her symptoms were so alarming, I called in Dr. Miller immediately in consultation. He concurred in my opinion, that an operation was urgently required. The patient and her husband consented to this, and next morning she was removed to St. Joseph's Hospital. Dr. Mallock was asked to see her there with Dr. Miller and myself. When we met there, we found her temperature 99; pulse, 90; no pain. Dr. Mallock examined her, and thought we could safely defer operating, and that it would be better to wait new developments. Dr. Miller, considering the change in the patient from previous evening, concurred with Dr. Mallock. Yielding to the majority, I informed the patient and her husband of the result of our deliberations. Both of them were disappointed at the postponement.

Four p.m., that afternoon, her temperature was 104; pulse, 120. I then assumed all responsibility and began to prepare for operating. I prescribed magnes. sulph., ʒii.; tinct. hyoscyami, ℥xv.; agaric, ʒii., to be given at 6 o'clock, and repeat at 10 o'clock, if required. The repeat was given, and during the night the bowels were thoroughly evacuated.

June 7th, 9 a.m. Temperature, 102; pulse, 104. Tumour more prominent, and very sore if touched. Patient anxious to have the lump taken out.

Four, p.m. Temperature, 104½; pulse, 120. I decided to operate next morning. All the usual antiseptic measures were attended to, and half a pint of hot milk and water ordered to be given patient between 6 and 7 o'clock next morning. The hot milk was given at 6.30, and produced free catharsis.

June 8th, 9.30. Temperature, 102, pulse, 100. The patient was then anaesthetized; and having the valuable assistance of Drs. Mallock, Miller, McCabe and Cockburn, I opened the abdomen. I found the omentum adhered to the tumour, but it was easily detached. The tumour was very firmly fixed to a large surface of the pelvis, and the intestines were adhered to it in a number of places. In my efforts to bring the tumour through the abdominal wound, it burst, when its contents were seen to be dark venous blood and fatty material. The quantity of fluid would be about a gallon, and it gave off a distinct faecal odour. Having drawn the tumour through the abdominal wound as far as possible, the small intestinal adhesions were tied and cut. I then found that the cyst communicated with the intestines by a ragged opening three inches long. I made a clean cut of the cyst from the intestines, tied and cut the adhesions between it and the left broad ligament, then tied the pedicle which sprung from the left iliac fossa, and brought the whole away. The edges of the opening into the intestines were then trimmed, the mucous and muscular layers united by a continuous catgut suture, and the serous layer, the edges of which being well inverted, was united by interrupted catgut sutures. The bowel was then dropped into the abdominal cavity, which was then washed out thoroughly with hot water, and the abdominal wound united and dressed in the usual manner.

Time of operation, two hours. At 4 p.m., patient had rallied nicely. Temperature, 99; pulse, 108. From this time temperature never went over 100. On the morning of the fourth day after operation, the bowels moved four times without pain. On the seventh day, I removed abdominal sutures and found the wound completely healed. On the fifteenth day, patient walked down stairs to hospital door and went to her home in her carriage. Three weeks from the time of the operation she was perfectly well and going about.

Nothing but water and a little beef tea was given for three days after the operation; then milk *ad lib.*

Case 2.—Mrs. Beare, aged 30, mother of three children, youngest aged five years. Menstruated every two weeks during last year; sent her mother on June 14th to my office for medicine to relieve pain in and irritability of the bladder. Sent her a mixture of pot. bicarb. and tinct. hyoscyamus. On the 16th she came herself, and reported no improvement. Made examination per vaginam; found what I thought was an enlarged uterus badly retroflexed, but so firmly fixed I could not replace it. Sent her home, promising to see her there next morning, and put womb in its place. On 17th, visited her, and on further examination, found a tumour as large as an ostrich egg on right side of pelvis, behind the ovary. On 18th, she was anaesthetized and examined by bimanual method, tumour mapped out, and diagnosis of previous day confirmed. An operation was advised, to which patient and her friends consented readily. On the 19th, she was taken to St. Joseph's Hospital and having been properly prepared, on the morning of the 21st, with the assistance of Drs. Mallock, Miller and Cockburn, I opened the abdomen and found the tumour in the folds of the right broad ligament, behind the ovary and slightly adherent to the right posterior aspect of the uterus. I had not much difficulty in enucleating the cyst from between the layers of the ligament with my fingers and bringing it through the abdominal wound. The pedicle was tied with strong silk, dropped into the abdominal cavity, which was thoroughly washed out with hot water, and the usual dressing made. The patient rallied quickly. The temperature never went over 100, and in two weeks she was up and walking about feeling completely well.

British Columbia.

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

DR. McQUIGAN, Associate Editor for British Columbia.

WHITE SLAVES.

As we write this article the teachers' examinations are going on in this Province, and it is to them that we have applied the epithet, "white slaves." It is their misfortune and not their fault that they should be so denominated, and an amelioration of their condition is urgently called for. The man or woman who devotes his life to teaching in our public schools must look forward to many years of heart-breaking drudgery and worry before the haven of comparative rest is reached. It cannot be denied that the British Columbia public schools are a credit to British Columbia and compare favourably with those of the banner province of the Dominion, Ontario, but in maintaining this high standard too much of a burden falls upon the shoulders of the mass of the teachers. The system of examination is arranged in such a way that until a certain grade is reached no permanent certificates are granted. The point at which this is placed is a first class grade B certificate, and as the examination for this grade is difficult, only a comparatively few teachers hold it. All below this have to go up for examination every one, two, or three years, according to the certificates held. The object of this is to keep the teachers "fresh" and up to the mark, as certificates in this Province, like liberty in other places, are only kept at the price of continued vigilance and study. In theory this system is no doubt splendid, but in practice it is injurious to the health and spirit of the teachers—particularly to the females—who for long periods of time before examinations have no rest, night or day. To this is added the fear of failure, in many cases realized, which on the delicate system of a woman is often disastrous. In the earlier examinations it is not so bad, as the candidates are usually young and vigorous, but after years of service the mind loses its tone by such continued efforts, and cases of failure to pass examinations, with the loss of position, after years of service in the profession, have come to our knowledge. The Department of Education does not seem to realize the position,

and nobody thinks it worth while to interest himself in the matter. It is not because the present and past Governments had not their political enemies, and that the Education Department has not had its critics, but this particular grievance has never been touched upon to our knowledge heretofore. The teachers themselves do not seem to realize their position. They are always worrying about their studies, but have become such slaves to a system that they look upon them as a necessary part of their existence. As a remedy, we think that a permanent certificate should be granted at a second class grade A. Many of our teachers hold such qualifications already, and it seems fairly within the reach of all, but after that point has been passed, we are of opinion that a permanent certificate should be granted and the candidate be allowed to rest from his or her labors if inclined to do so. Persons who desired higher honours might continue to ascend the mountain of knowledge, just as some hardy explorers climb the glaciers of Greenland for their own information and the advancement of science; but surely every man who has made scientific studies should not be obliged to "do" the Greenland trip before settling down to a life of usefulness and leisure.

It would not make any worse teachers from the point of view of an educationist of the drill-sergeant class, for it is just as easy for a master of arts or a first class grade A teacher to forget as his less favoured brother; and if these are allowed to live without the dread of examinations before them continually, why not in the case of the second class grade A? The present system is making invalids of the teachers and turning them into machines. Let them become men and women again by inspiring them with hope of one day becoming free, and take our word for it, there will be better teachers and better instruction imparted to our pupils. Old and experienced members of the profession will not be forced to leave when by ripe experience they are most fitted to adorn it. Of all classes of men, the teachers of our youths and maidens should be well read and full of general information. Are they? We must emphatically answer, No. Why is this? Because instead of reading literature they are committing to memory dry text-book definitions, which occupies the time that ought to be employed in general reading. Instead of study-

ing English literature, for example, they spend their time committing the names of authors from Chaucer to Tennyson, and conclude the task with a headache. That is what is called a knowledge of English literature. The teachers are not to blame for this, it is the system. Are the health and best years of men and women to be sacrificed on the altar of folly in this reckless way? "Luke's iron crown and Damiens' bed of steel" were tortures, but they were administered in half-civilized days, when human life and happiness were little thought of. Should we to-day consign noble men and women to life-long misery by a pernicious system which robs them of health and happiness when young, and consigns them to pauperism when they grow too old to learn any more and fit to follow no other occupation? We hope not. We trust there is a brighter future and that it is close at hand.

APOLOGY.

A letter sent to us by Drs. Preager and Wade, of British Columbia, appeared in our last issue, as matter sent by our Associate Editor in that Province. It was a mistake which inadvertently occurred, and demands a strong apology from us to the Council of British Columbia, which we hereby tender. Our regrets at such an occurrence are sincere, and to avoid all further trouble we will send all communications to Dr. McGuigan to be revised.

R. B. O.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In your last issue, which is just to hand to-day, I notice a letter under the British Columbia column, signed by Drs. Preager and Wade. I am quite sure the substance of the introductory part was not dictated or written by Dr. McGuigan, although it would lead your readers to think so, as he is Associate Editor for this Province. I am quite certain, in the first place, Dr. McGuigan would not associate his name in the way your article would lead one to believe, and in the second place, it contains so many statements at variance with the facts that I am certain he would not endorse nor be a party to such misrepresentations. I have already answered Drs. Preager and Wade

in the *Practitioner*, and if it were not for taking up too much of your valuable space, I would show the ridiculous position these men take in endeavouring to advertise themselves. The members of the Medical Council know well what your correspondents are driving at, and Dr. McGuigan, as well as the other members of the Council, consider it nothing more or less than a "tempest in a teapot." I might say, for the information of your readers, it is only the work of a few disgruntled and disappointed men, who imagine that I am the Medical Council, and will try their utmost to find fault with my work, owing to the position I hold, as Registrar and Secretary of that body.

In addition to what I have written on this subject, the statement made, in your introductory remarks, that I issued a list of candidates to the electors is false. The statement also that I failed to carry out the Act, in reference to the list of those entitled to vote, is not according to the statute, and is on a par with many of the statements of your correspondents. The portion of the Act bearing on this subject reads as follows :

Section 16, Consolidated Medical Act of British Columbia : "The Registrar of the Council shall, on the second Monday of the month of April, in which the election may be held, make out an alphabetical list or register of the medical practitioners who are entitled to vote at the election, then about to be held, and such register may be examined at all reasonable times."

Surely this is clear enough, but your informant would endeavour to twist and contort the above clause so as to read that I, as Registrar, should have sent out a list, and he furthermore states that, on these grounds, the election could be upset, were anyone disposed to bring the matter before the courts. Any person who would interpret the law in the way your informants would desire, certainly in face of what I have said and quoted, would have a very poor case indeed. The law is quite clear on this point, and I might say also the law was carried out by me to the very letter. The list was made out and was examined by several practitioners in my office. No matter how desirous your correspondents are to upset the recent medical elections, they will require something more than such statements as they have already made, to do so. They can claim an attempt, at least, so far, by endeav-

ouring to set up a plea founded on a false basis, supported by exaggeration and misrepresentation.

Yours, etc.,

G. L. MILNE.

Victoria, B.C., July 11th, 1893.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR DOCTOR,—I was not a little surprised on reading the leading article from this Province in in this issue of the JOURNAL, entitled "Medical Council Election in British Columbia," inasmuch as it looks like a production of mine from the position which it occupies. I expected this article to appear in another medical journal, and I think Dr. Milne had written a reply, but I was not prepared to find it where it stands now. Dr. Milne flatly denies the truth of the statements made by the practitioner quoted by Drs. Præger and Wade, and as he is a gentleman whom we all respect, I fully believe what he says. I think in future it would be as well to publish nothing from British Columbia unless it comes through me, as I understand the condition of things out here better than you can possibly do in Toronto. In this case you really allowed a member of the Medical Council to be attacked; a gentleman for whom the practitioners of this Province have the highest respect, and who elect him to the Medical Council on every occasion, and at the top of the poll, too. Some time ago I had a conversation with Dr. Milne on the subject of the letter published by Drs. Præger and Wade, and he told me that just before the elections for the Medical Council in April last, a doctor up the Fraser wrote him asking him to send him a list of names of those who were candidates for election. Dr. Milne wrote out a few names on a piece of paper and enclosed it to the practitioner asking the information. This was not an official communication, and the names were only those of medical men who he heard were in the field. Dr. Milne had a perfect right to do this, and you can imagine the meanness of a man who can turn about now and try to injure him for giving him the information he asked for. The medical man who has caused all this trouble is a practitioner who has been quarrelling with the Medical Council for the last four or five years because he was charged one hundred dollars before he was allowed

to register, and because the Council won't give it to him back again, he has taken a spite against Dr. Milne, whom he foolishly holds responsible for what he considers the loss of his hundred dollars, inasmuch as all the correspondence on the subject between him and the Council comes through Dr. Milne, in his capacity of Registrar and Secretary. Drs. Præger and Wade were both candidates at the last election, and so far as I know, are acting in good faith, because they have been persuaded by their Fraser River confrere that something was crooked in the way the election was conducted.

I am sorry that all this trouble has taken place, for there is absolutely nothing in it, and I trust this is the last we shall hear on the subject.

Yours fraternally,

W. J. MCGUIGAN.

Vancouver, B.C., July 11, 1893.

Ontario Medical Journal

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

TORONTO, JULY, 1893.

NEWSPAPER CORRESPONDENCE.

Most newspapers have a few lines at the head of their correspondence column, setting forth the fact that they are not accountable for matter printed in that column.

We must congratulate the *Mail* on this fact in connection with Dr. Bingham's letter in its issue of July 12th, as we do not rate them low enough to hold such opinions expressed in such rhodomontade as the sentiments in this effusion. Our congratulations, nevertheless, are sadly dampened with the thought that a newspaper of to-day would allow such stuff to be printed in its columns.

Even the *Canadian Lancet* repudiates his opinions and rates him soundly for misusing a quotation of theirs by purposely leaving off the latter part so as not to destroy what little proper argument he may appear to have. Appearances are deceitful even then, as his lines are so astray that

slight culling shows how far the doctor is mistaken, to put it mildly, in his views.

His very first sentence is a straight error, in that he speaks of the Council ending its official career on the 16th of June last. If he would only think a moment, if he ever knew as on second thoughts, we probably think it is his gross ignorance, prompted by some spite which is accountable for his sayings, he would remember that the Legislature only required a new election before January, 1895. Thus he would see that they still have another session to hold in which to carry on their work. If we could fathom the depths of his mind we would probably find that his spite, for there surely must be some, was due in part to that same force of indebtedness that is moving Dr. Sangster and his adherents of the Medical Defence Association.

For a "moribund" affair, the Council is still a very lively and able body, quite efficient enough to carry on the business matters of the medical profession for a few more suns, in spite of the ravings of such men as Dr. Bingham.

We relieve Dr. Sangster of any part of the composition of this letter, though his ideas are most likely involved. Dr. Sangster surely would not commit to paper any such swashbucklerism as we have before us in this letter of Dr. Bingham's. He simply attempts to go over the matter in connection with the Defence Association we have answered time and again. The charges made by Dr. Sangster were referred to in previous issues. They were put in front of the House, and through them an attempt was made to cut off the life of the present Council, which failed totally—the members seeing the great injustice that would be done by so acting.

He has made one statement which has truth in it—let us quote: "The subsidy to the ONTARIO MEDICAL JOURNAL has been again granted;" but he leads us through a very wrong track as to the reason for granting it.

Before the JOURNAL was in existence, the Council published the report of the meetings, with the annual statement, themselves, at an expense of a little over six hundred dollars. Now, in place of doing this, they subsidize a paper, to a slightly smaller extent, to do the same work, on the condition that it shall be supplied free to all the medical profession. The amount of the subsidy is practi-

cally used up by the JOURNAL in publishing the announcement, so our readers can see how very much there is in the transaction.

Rightly again, Dr. Bingham quotes that "The *Practitioner* and *Lancet* offered to publish all the proceedings free of charge," etc., but he gives us no clue as to the time or style of the offer. Let us explain: On its being awarded to us, these other papers changed the style of their offer and at the end of the Council meeting made this proposition, when they must have known that it could not be acceded to at that hour. Many valid reasons arose to show the wisdom of their act in giving the JOURNAL the work. As an example one: The other papers are only taken by a limited number of subscribers among the profession, and the JOURNAL is sent to all. That in itself should have carried enough weight to make the Council vote as it did.

Without its usual just method of dealing, the *Lancet* gives Dr. Bingham some right to quote from its article by its manner of showing its spleen. By reference to what they call "the former cliqueism" in the Council, an attempt is made to insinuate that it still exists, with the managing editor as a member of the clique. We think if the *Lancet* would read thoughtfully the reports of the meetings of the Council, both now and formerly, it could hardly fail to see the independent spirit in which each member acts and speaks with very little reference to the thoughts of the others. Not only the elections to the offices, but all appointments to different committees, show an absence of a ruling body of three or four. We presume the thought was brought forth by the fact of the subsidy being given to us instead of to it. We can give a distinct denial to the statement that any member was approached or canvassed for a vote for the subsidy to this paper. As a matter of fact, the only member with whom it was talked over at all, both spoke and voted against the granting of a subsidy to any one. As for the question that it is queer that the managing editor is a member of the Council, we must ask, Why should he not be? Who is in a better position to understand its affairs or to make a defence of any action, if any defence is considered necessary?

Why the *Lancet* should undertake to attack us without just cause is a mystery, as our relations

formerly have been cordial. We do not propose to break them, and feel much inclined to pass over their little outbreak without embittering them by arguing these points out.

ONTARIO MEDICAL COUNCIL.

Dr. C. T. Campbell, President of the Council, in a letter to the *Mail* of July 7th, deals most fairly with the case of Dr. McCully. He shows that the same treatment has been meted out to him as in cases of the same nature which had previously been before the Council. That any clemency has been shown, we fail to see. The Council acted largely upon the advice of their solicitor, and are following the same course as they did in Dr. Washington's case. The latter was tried by the Discipline Committee, and found guilty on a number of charges. Through his solicitor he apologized to the Council, and promised that he would not repeat the offence. His promise, to use a colloquialism, was pie-crusty—apparently only made to be broken—as in a very short time he was acting as he had done before thus treating the Council as if of no authority. In consequence, his name was again before the Committee, and erased from the register of licensed practitioners. The Judge of the High Court sustained this decision on Dr. Washington's appeal.

Now, look at Dr. McCully's case. He is brought before the Council, and his promise to reform means a suspended sentence. If his actions are changed, then see what will come out of it before making complaint.

The *Mail*, in its editorial article of the same issue, asserts that we "have vainly endeavoured to sting the Council into a reply." The *Mail* can rest assured that a defence (if any were needed) has been made. Their egotism should not prevent them from knowing that there are other means of reaching the profession than through their own columns. Had they taken the trouble to read the pages of this journal for the past twelve months, particularly the editorial article in the issue of March, 1893, they would find the entire fabric built by Dr. Sangster in his celebrated circular, which was simply a rehash of his articles in the *Mail*, was dealt with most exhaustively, and in such a way that even to this day he has not seen

fit to answer it. He evidently preferred to appeal to the legislature, but the legislature failed him. And now if he wishes to act an honourable course, he and his followers should accept the legislation of last session, even though as much was not granted them as the Council offered to concede the Defence Association.

We have no hesitation in prophesying that the profession will be satisfied with the amendments to the Act.

There will be, in place of the old twelve territories, seventeen in the new distribution, giving the profession at large the commanding vote in the Council. Thus the electors will be able to express through their representatives their opinion on assessment, whether there shall be one, and if so, to what amount, as surely the profession in this Province can depend on their own ability to elect men who will support their views, and who are, besides, capable of transacting their business and guarding safely all the inroads on the profession.

If Dr. Sangster and the few men who surround him are honest in the course they are pursuing, they will now drop this public agitation and fight out their principle—if they have any—before an intelligent medical electorate, but we fear that much of the animus that has been shown towards the university and school representatives has been inspired by personal grievance. We have no doubt the secretary of the Association thinks that his son has not been fairly treated by the Board of Examiners of the Council. It is only necessary to refer to the report on this case in the Council proceedings in the June issue to satisfy any unbiased person that no injustice was done.

QUARANTINE.

There is undoubtedly a restless dissatisfaction manifest in the public mind regarding the management of the Quarantine stations at the Canadian frontier. From the evidence brought to light by the Medical Health Officer of the city of Toronto, it is quite apparent that the officer in charge of the Canadian Quarantine stations not only seeks to place little importance upon system and thoroughness, as exemplified in the matter relative to the eight Russian Poles, but when examples of actual neglect are brought under his notice he sarcastically

and evasively denies, in various general contradictory statements, any such neglect.

The documents and certificates purported to be issued by the Canadian or American Quarantine Officer, now in possession of the City Health Officer of Toronto, clearly proves that no regular system of inspection and disinfection is carried out, and no official records are kept of such inspection and disinfection for future reference. This want of system and thoroughness is further substantiated by the fact that the Canadian Quarantine Officer, in order to disprove any alleged neglect in his duty, was obliged to call in the assistance of an officer of the United States Marine Health Service, who, it would appear, was equally as negligent, in that his fellow-officer, under the same Government, refused to accept certificates of disinfection issued by him.

The method of tagging baggage, as resorted to by the Canadian Quarantine Officer, might be accepted as the most improved arrangement in the time of William the Conqueror, but with the experience and opportunities of observation afforded since that time, it would not require originality, to any large degree, to conclude that the gum label is the well-tried and most rapid method of tagging baggage of any form or description.

Further carelessness is demonstrated in the issue of certificates, which are neither numbered nor issued in duplicate, the duplicates to be kept in the files of the Quarantine office in the form of a counter-foil.

Here, again, reference might be made to the antiquated method of inserting dates with pen or pencil (largely the latter), adopted by the Quarantine office, instead of using the most modern and decidedly the speediest and most accurate arrangement—the rubber date stamp. The present form of certificate issued by the Quarantine Officer does not prevent it being reused. The excuse offered as to the error occurring in dating the certificates in possession of the eight Poles, the veracity of which will not be questioned here, savours of exceedingly bad management, which would not be tolerated by any banking institution, and why should it be by the public authorities?

It is therefore apparent that the management of the Quarantine stations is so conducted that when errors, whether of a serious character or otherwise,

occur they cannot be proven for the want of proper official Quarantine records.

The circumstances, as stated heretofore, should be sufficient to lead the Dominion Government authorities to arrive at the one conclusion, namely, the appointment of a Dominion Board of Health such as is in existence in all civilized countries of the world, giving it charge over all matters pertaining to life and health of the public, and empowering it with unlimited executive supervision over all Local or Provincial Health Boards. Sanitary science, although in its infancy in the present age of civilization in this fair Dominion, is forcing itself into more prominence daily by reason of the constantly increasing population. For the self-same reason the Imperial Government, more than thirty years ago, appointed a Metropolitan Health Commission which deal with the vital statistics, sewage disposal, water supply, meteorology, ventilation, quarantine, disinfection, zymotic diseases, and hospitals.

The recent difficulty experienced by Canadian cattle shippers on their exportation to Great Britain, on account of the suspected pleuropneumonia, should urge the Government to move in this direction. The interference and strong inconvenience to commerce should be a factor.

It is to be hoped that the Dominion authorities may be awakened to the necessity of establishing a Dominion Board of Health as speedily as possible, in order that the best interests of the country may be served, maintained and protected.

DR. RYERSON HONOURED.

Dr. G. Sterling Ryerson, M.P.P., Surgeon of the Royal Grenadiers, Secretary of the Association of Medical Officers of the Militia, has received a communication from England, saying that at a meeting of the Chapter General of the Order of the Hospital of St. John of Jerusalem in England, he had been elected an Honourary Associate, and that his selection had received the sanction of the Queen, the sovereign head and patron. This is an ancient chivalrous order, whose members devoted their time to humane work. They were formerly the Knights Hospitaller of Jerusalem, organized for the succouring of poor pilgrims at the time of the Cru-

sades. After the Crusades, the Order was divided into several branches. The Order was revived in England in 1865, and received a royal charter of incorporation in 1888. The Prince of Wales is Grand Prior, and the Duke of York, Sub Prior. The Secretary-General is Lord Amherst. It embraces many of the most distinguished officers in the army, navy and auxiliary forces, and members of the medical profession, who have rendered signal services to the sick and wounded in war. It still carries on philanthropic work, maintaining the British Ophthalmic Hospital at Jerusalem, and the St. John's Ambulance Association in England. The only other member of the Order in Canada is Dr. Douglas, V.C., now living at Lakefield, Ont. Dr. Ryerson owes his selection to a recommendation made by Lieut.-General Sir Fred. Middleton, for his meritorious services in the North-West, and for the active interest he has taken in ambulance work. The badge of the Order is a silver Maltese cross, with eight points hung on a black-watered silk ribbon. It is to be worn in uniform. It is rumoured that Dr. Ryerson will be offered the command to the "St. George's Rifles" now being formed in this city.

EDITORIAL NOTES.

There will be seventeen territorial representatives in the new Council. The elections will take place some time after the meeting in June, 1894.

The fall examination takes place in September. This is but fair, as twelve months is too long for a student to wait who has failed only in one or two subjects. The advertisement of the College in reference to the examination may be found on page iii.

While the newly arranged constituencies are not as equitable an arrangement as we would like to see—some having not nearly half the number of practitioners in them as others—yet they will be more compact, and will bring the members more easily in communication with one another.

A lengthy discussion took place on the report of the Finance Committee, and especially that portion of the report referring to the renewal of the con-

tract with the ONTARIO MEDICAL JOURNAL Publishing Company. The Council were almost unanimous in their opinion that the contract should be renewed, but desired that they should not be held responsible for articles or opinions expressed.

The proceedings of the first three days of the Medical Council were given in the June issue. As the last day was taken up largely with reports of committees, many of them very lengthy, we have not thought it wise or economical to publish the balance in this month's issue of the JOURNAL. As the Announcement of the College will be out about the 10th of August, and under our contract with the Council, the full report must appear in it, we refer our readers for the balance of the report to the Announcement.

Correspondence.

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

FREE MEDICAL ATTENDANCE

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In the issue for Saturday, January 14th, of the Toronto *Globe*, almost half a page of advertisement was used by the Independent Order of Foresters, to set forth the claims of this, so-called, charitable Society upon the patronage of the public.

With a great flourish it announced that it had half a million to its credit in the Bank, and, a little further on, it offered as one of the principal inducements to join the Order, "Free Medical Attendance."

From the figures published, if correct, any one may see that the Order is increasing in membership. This increase, in the light of the offer of free medical attendance, concerns the medical profession somewhat seriously. Whose labour, given all but gratuitously, is thus being offered "free" by a wealthy corporation? Certainly not the labour of the officers of the Society whose photographs embellished the advertisement. It is the labour of the lodge-doctor, who agrees to serve as physician for a dollar per annum for each member.

Let me say that the membership of this society

does not embrace the real poor of our country. To the credit of our profession, it can be truthfully said that it is ever willing to attend those in real need, according to their requirements, without fee or hope of reward.

But the members of this Order are chiefly men in good circumstances, some of them wealthy. Where is the charity, nay, where is the common sense in giving professional attendance to these people, "free"? or for the paltry dollar a year they pay?

Do J. A. McGillivray, Q.C., and W. Wedderburn, Q.C., give "free" legal advice to their brethren in the order? What other business man will make such a covenant as the simple medical man who agrees to serve this comparatively wealthy corporation at the nominal sum of a dollar a year for each member? A common cobbler would scorn such a thing.

Yet in every city, town and village in the Province there are medical men willing to take such appointments, and to make such contracts. The motive that lead them to accept such appointments are scarcely a credit to them. They know it is impossible to derive any direct advantage from attendance on such terms; but they hope that, in time, they will obtain the families of members, and in this way increase their own following at the expense of the professional brother who is not the lodge-doctor. This is a most unjust and dishonourable sort of competition in a profession that should be chivalrous. It ruins practice. It teaches the members of these Orders that medical attendance is worth but a dollar a year. They are willing to pay all other bills, but when they are compelled to employ other than a lodge-doctor, they make no effort to pay.

In our Prov. Med. Association this matter has been brought up and discussed. Resolutions, condemning the practice, have been reported by the Committee on Ethics. And the matter has been severely commented upon in letters and editorials in our Medical Journals. Still the evil practice continues.

I am informed that, in Toronto, men who should be held in high professional esteem are not above holding the position of lodge-doctor to some one or more of the innumerable so-called charitable societies. Even here, there are several who hold

such positions. Some who accept them would gladly refuse, if others would. But they do not feel it their duty while Dr. A. and Dr. B. accept, to look idly on and allow these men in an underhand manner to take away their following.

I see no hope of suppressing the practice, unless the Council boldly take the matter in hand. I would suggest that the Medical Act be so amended as to make it illegal for any registered practitioner to accept or hold any appointment as physician to any Lodge or Society, and that authority be given the Registrar to strike off the Register the names of those who persist in holding these positions, as being guilty of unprofessional conduct.

As the matter now stands, those who, on principle, refuse such appointments, are taken an unfair advantage of by the lodge-doctor. By compelling all to refuse, there could be no wrong to any one.

But it will be objected that this action will be harsh to real charitable societies. By no means. If their aims are beneficent and charitable, let them gather funds out of which they can contribute, in some proportion, to the payment of the expenses incurred by the sickness of members and their families. They have as clear a right to offer "free" groceries, "free" fuel, or "free" rent, as they have to offer "free" medical attendance.

I cannot but look upon it as a disgrace to the business sense of our profession, that a Society boasting of half a million in its treasury, should be able to offer "free" medical attendance as an inducement to join the Order.

ANGUS MACKINNON.

Guelph, May 29th, 1893.

To the Editor of ONTARIO MEDICAL JOURNAL.

I thank you for giving me an early opportunity of answering the letter of Dr. Angus MacKinnon, of Guelph, touching the Independent Order of Foresters. As our Order has never posed as a charitable society, the Doctor displays not only want of charity, but more or less of rancour when he speaks of the I. O. F. as a "so-called charitable society."

The I. O. F. is a fraternal benefit society, which aims to secure for its members certain benefits,

among them being insurance and medical attendance, at the lowest possible cost consistent with safety and permanence.

I do not deny that charitable works abound wherever a Court of the I. O. F. exists, and many a husband and father who has been rendered incapable, through illness or misfortune, to provide even the necessaries of life for those near and dear to him, has, with his family, enjoyed "free groceries," "free fuel," "free rent," aye, and "free raiment," at the hands of his brother Foresters, but of these we make no boast. They only make us proud of our noble Order, which evokes so much that is good in humanity.

What we do boast of is, that the I. O. F. has, during the past, been able to give to its members the blessings of insurance at less than one-half the cost at which it is furnished by old line insurance companies. It is true, that men like W. C. Macdonald, the eminent actuary of the Confederation Life, declare that the insurance given by the I. O. F. is not genuine, but spurious. The widows and orphans, however, who have been paid by the Independent Order of Foresters during the past twelve years over one million five hundred and ten thousand dollars, cannot be made to believe that the insurance furnished by the I. O. F. is spurious. No one will deny that the securing of free medical attendance for all our membership is a prudent thing to do, so far as the Order is concerned, and I have no doubt but that this system contributes very materially to keeping our rate of mortality away below the estimates of actuaries. Last year being the eighteenth year of our existence, our mortality was only 5.92 in 1,000. I take it that few, outside of Dr. MacKinnon, would deny that the bringing of the blessings of insurance, and the inestimable benefits of "free medical attendance"—especially if that medical attendance be, as it is in the I. O. F., the best in the country—within the reach of the thousands of workmen in our ranks, is both legitimate and honourable, so far at least as the Order is concerned, even though our membership be not made up of the "real poor" of the land. *En passant* I may observe that we Foresters believe that no one who is sober, industrious and healthy, as are the members of our Order, can be "real poor" in this grand country of ours. As to whether the acceptance of the

office of Court Physician in our Order, at a nominal salary, be "a disgrace to the business sense of our profession" is a matter, I think, which may fairly be left to the judgment of our fifteen hundred Court Physicians who are most interested therein.

Let us, in conclusion, more particularly examine the statements in the doctor's letter. He declares, among other things :

1. That the Independent Order of Foresters is a "wealthy corporation." Granted. It has to-day over \$710,502.90 of trust funds in its treasury. Its monthly income exceeds \$50,000, while its average disbursements are only about \$35,000 per month.
2. That the Order is "increasing in membership." Quite true. We had 2,805 applications for membership during the short month of June last, of whom 2,538 were accepted by our Medical Board, thus pushing our total membership up to over 50,000.
3. That the membership of the I. O. F. is not composed of the "real poor of our country." True again. In the ranks of the I. O. F. are clergymen, lawyers, physicians, judges, professors of colleges, merchants, farmers, sturdy and honest workmen, members of Parliament or Congress, senators and other public men, in fact the very cream of the population.
4. That medical men are paid for their services only a "paltry dollar a year for each member by this "wealthy corporation." Granted. "Yet in every city, town and village in the Province there are medical men willing to take such appointments." Why is this? Perhaps the next paragraph will throw some light on the subject.
5. The competition of the Court Physicians "ruins practice." There is no doubt that it plays sad havoc with the practice of some physicians because our Court Physicians, as a rule, are among the best and most successful practitioners of the country, and their brethren in the Order do not forget to tell this to others.
6. "Do J. A. McGillivray, Q.C., and W. Wedderburn, Q.C., give free legal advice to their brethren in the Order?" Let me answer this by another question, viz., Does the cook of the King of the Cannibal Islands serve up missionaries free? One question is as germane to the subject proper under discussion as the other.
7. Foresters and other lodge men "are willing

to pay all other bills, but when they are compelled to employ other than a lodge doctor, they make no effort to pay." This is simply wholly and absolutely untrue. A large number of Foresters, possibly a majority of the whole Order, contribute their share of the expense of providing "free medical attendance" for all in the Order, and still employ their own family physicians and pay for such services the same as other citizens.

8. Doctor Angus MacKinnon, after having written his "tale of woe," concludes fittingly as follows: "I would suggest that the Medical Act be so amended as to make it illegal for any registered practitioner to accept or hold any appointment as physician to any lodge or society, and that authority be given the Registrar to strike off the register the names of those who persist in holding these positions, as being guilty of unprofessional conduct."

Would not the following better meet the worthy doctor's tribulations, viz.: "It is hereby enacted that twenty-five per cent. of the professional income of the young and successful practitioners be taken and divided equally among the Rip Van Winkles of the profession, whose patients have been nearly all taken away by death or by the young and successful Court Physicians of the Independent Order of Foresters?"

Yours sincerely,

ORONHYATEKHA,

Supreme Chief Ranger of the Independent
Order of Foresters.

Book Notices.

The Therapeutic Gazette for July will contain the following articles:

The Employment of Irrigation of the Bowel in the Treatment of the Summer Diarrhoea of Infants. R. E. Muller, M.D., of Philadelphia.

The Value of Creasote in Tuberculosis. Prof. James T. Whittaker, of Cincinnati.

The Treatment of Croupous Pneumonia. Prof. J. A. Larrabee, of Louisville.

Operative Treatment of Ear Disease. S. MacCuen Smith, M.D., of Philadelphia.

The Treatment of Lachrymal Obstruction. Charles Hermon Thomas, M.D., of Philadelphia.

The Value of Rest as a Therapeutic Measure. J. Madison Taylor, M.D., of Philadelphia.

Public Health: Laboratory Work. By HENRY R. KENWOOD, M.D., London.

A very valuable addition has been made to "Lewis's Practical Series," by Henry R. Kenwood, M.B., D.P.H., F.C.S., Instructor in the Hygienic Laboratory, University College, and assistant to Professor Corfield, etc., who has taken up in a systematic and still explicit manner, the hygienic analyses of water, soil, air, coal gas, and foods. Though not commending it for anything particularly new in the chapters bearing on this work, still it is praiseworthy for the clear and intelligible way it deals with its various items of detail, being easy of comprehension to any practitioner who is desirous of becoming acquainted with this interesting and important branch of medical science. In the latter portion of the work which deals particularly with methods employed in bacteriology, he has had valuable assistance from Rubert Boyse, M.B., Assistant Professor of Pathology in University College, London, who, in some six chapters gives one an excellent idea of the methods to be followed in practical bacteriology, at the same time impressing one with the importance of it as a field for investigation.

A Practical Text Book of the Diseases of Women. —By ARTHUR H. N. LEWERS, M.D., Lond.; M.R.C.P., Lond.; Obstetric Physician to the London Hospital; Examiner in Midwifery and Diseases of Women to the Society of Apothecaries of London; University Scholar and Gold Medalist in Obstetric Medicine, London University. Fourth edition, with 144 illustrations. London: H. K. Lewis, 136 Gower Street, W.C. Size Cr. 8vo. Price 10s. 6d.

This is an excellent and reliable text book, which has passed rapidly through three editions. The author is one who has had a large experience in the subjects he treats, and is a man of quick mental discernment and conservative judgment. It is but a short time since the last edition of this work came out; there are consequently few changes in the present edition. The most noticeable, however, was the late reports on supra-vaginal amputation of the cervix for cancer, which are very satisfactory. We are much pleased with the work.

We have before us a work on local therapeutics showing the actions of drugs in four lines, general surgery, diseases of the skin, diseases of ear and air passages and diseases of the eye. Each department is written by specialists on the subject, and the whole work edited by HARRISON ALLEN, M.D. The idea of the work is new and should be well received. All other works on therapeutics, almost without exception, subordinate the local action of remedies to their general action, and thus give the profession, in searching for some special topic, the trouble of going all through the general work. Here the authors have attempted, and that very successfully, to give us the drugs with only their special actions, making their work a very handy reference for all general practitioners. The Introduction is a short synopsis of local action put generally, showing the different methods of so using remedies. The remainder is after the style of the U. S. P. —all drugs being put alphabetically, with their actions in the different departments given under each. As an example, we will take boric acid, which occurs early in the volume. The method of preparation is first given, then the action in general surgery, giving special stress to its action in bruises, phagedæmic ulcers and cystitis, and so on through. The book is published by Blakiston, Son & Co., of Philadelphia, is well printed and splendidly indexed—doubly one of remedies and one of diseases—a great boon to busy men. We would advise medical men to have a look at it.

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Cholera: Its Causes, Symptoms, Pathology and Treatment. By ROBERTS BARTHOLOW, M.D., LL.D., Emeritus Professor of Materia Medica, General Therapeutics and Hygiene in the Jefferson Medical College of Philadelphia. In one 12mo. volume of 127 pages, with 9 engravings. Cloth, \$1.25. Philadelphia: Lea Brothers & Co., 1893.

Among the new books of interest brought to our notice this month is one entitled "Cholera," edited by Bartholow, and printed by Lea Bros. & Co., of Philadelphia. The work is a handy little volume of some 125 pages, well put together, which should commend itself to the profession both on account of its style and its matter. The print is clear, easy to read, and put on good paper, an advantage in these days of much literature which should not be overlooked. The author divides his work into

chapters, showing clearly the etiology, the pathology, the symptoms and the treatment, with a short historical sketch of the epidemics to open it. In describing the causes he lays special stress on sanitary conditions as a strong secondary agent, as one of the factors, and proves his position conclusively by quoting numbers of examples of epidemics where the sanitation was simply vile. The conditions in India all along the Ganges, and in Mecca and Media, are strongly brought forth, and leave no doubt on the mind of the reader as to the reason of the almost constant raging of cholera in those districts. In this chapter the few plates he has given us are so excellent they make us wish he had extended his energies more in that direction. The symptoms are put plainly before us by a division into four classes, with an accurate description of each, and the varieties are well defined. In the chapter on treatment he also speaks of prophylaxis, giving us ideas on quarantine and personal hygiene which are very valuable. His opinion on vaccination, according to Haffkene, is not strong, as the trial of it has not verified anything that is at all certain. In treatment proper great stress is laid on the use of calomel in one or two large doses, followed by continuous small ones while the diarrhoea lasts, although in Russia it is continued all through the disease. A good description of enterocolysis and hypodermatoclysis and methods of using are given. We are sure every medical man who sees the work will be much pleased with it, and get good points when they are needed.

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Text-Book of Medicine: for Students and Practitioners. By DR. ADOLF SIRUMPELL, Professor and Director of the Medical Clinique at Erlangen. Second American Edition, translated by permission from the second and third, and thoroughly revised from the sixth German Edition, by Herman F. Vickery, A.B., M.D., Instructor in Clinical Medicine, Harvard University, etc., and Philip Coombs Knapp, A.M., M.D., Clinical Instructor in Diseases of the Nervous System, Harvard University, etc., with Editorial Notes by Frederick C. Shattuck, A.M., M.D., Jackson, Professor of Clinical Medicine, Harvard University, etc. Price, \$6. D. Appleton & Co., New York.

This book comes to us in a completely revised form as a harbinger of something refreshing in the

way of reading and of study. In the first section we find added to the work a complete chapter on the subject of influenza. While looking over this part of the book, we may have been a little surprised at not finding "tuberculosis" classified among the general infectious diseases, but the section is otherwise so complete that we can almost overlook this defect, if it be one. In the section on "Diseases of the Respiratory Organs," we notice in the nomenclature of the physical signs some unusual terms, such as "large," "medium" and "small râles." This, we think, is a step in the right direction, for it will enable the student the more readily to grasp their meaning, at the same time keeping in mind the causation of these sounds. The section on "Diseases of the Circulatory Organs" is made especially useful by a somewhat lengthy account of the general sequelæ and complications, together with a description of the general course and prognosis of valvular disease. We were a little disappointed with the description of the causation of the murmur in mitral stenosis, the other portions of the section having been so finished.

In the section on the "Digestive Organs," we notice the addition of considerable new material, and we are particularly gratified with the completeness of that portion of the section devoted to *treatment*, for it is in these cases where carefulness in our directions may lead to the attainment of much success. In a work of its size we cannot but be surprised as well as pleased at the amount of space devoted to diseases of the nervous system; so complete indeed is it, that it may be looked upon as a treatise in itself. In the back there is a useful appendix on poisons, and another on the metric system. The student will find the book a most useful guide to the study of *scientific medicine*, while the progressive practitioner will be more than pleased with it as a library-reference work. As to the book-making, it is but necessary to say that D. Appleton & Co., of New York, are the publishers, to ensure our readers of a well gotten-up work.

Local Anæsthesia may be readily produced in about a minute by a spray of menthol, p. j.; chloroform, p. x.; ether, p. xv.; and will last from two to six minutes.

Selections.

Haven (G.) on the Diagnosis of Extra-Uterine Pregnancy.—The following symptoms suggest ectopic pregnancy :

1. The absence of menstruation, or a flow coming at irregular intervals, and of uncertain duration.
2. Pain of a severe and spasmodic character, which may be permanent at first, then absent for some weeks, to return later with renewed vigor.
3. Vaginal discolouration—a symptom of some importance, yet often noticed in cases where some other form of pelvic tumour is present.
4. General signs of pregnancy, such as nausea, enlarged and tender breasts, increase in size of the papillæ, darkened aureolæ, milk in the breasts, ballottement, the presence of a tumour, irregular menstruation, and, possibly, gait.
5. The history of having had a child or miscarriage. This is important, as cases occurring in nulliparous women are rare.
6. Expulsion of decidua. This symptom is of great importance, although in the majority of cases we are not fortunate enough to have it present; or, if present, the clot and shreds of tissue are thrown away before a microscopic examination can be made.
7. Increase in size of the uterus, with the fundus either pushed forward or to the right or left side.
8. Elongated, soft, and patulous cervix.
9. The appendages on one side containing a thin-walled and tender cyst. The fact, however, that a tumour is felt upon both sides should have no bearing upon the diagnosis, as one of the tumours may be due to extra-uterine pregnancy, and the other to some other form of tubal, ovarian or pelvic trouble.
10. Pulsation of vessels in neighbourhood of cyst.
11. The rapid increase in the size of the tumour.
12. Presence of fetal heart sounds.
13. Presence of placental bruit.
14. Feeling the small parts of the child, either through the vagina or rectum, or by combined manipulation.

With diagnosis made, the author holds that the right policy is to operate.—*Bost. Med. and Surg. Jour.*

Epistaxis—Undoubtedly plugging the nares by aid of Bellocq's canula, says Dr. Phillips, is an excellent method, but occasionally, especially in country practice, a Bellocq's canula is not at hand, and some method, easy, effectual and effected by material always within reach, must be resorted to. Such a method I have found in the following: A piece of old, soft, thin cotton or silk, or oiled silk, about six inches square (a piece of an old handkerchief will answer) is taken, and, by means of a probe, metal thermometer case, or penholder, or anything handy, is pushed centre first, "umbrella fashion," into the nostril, the direction of pressure when the patient is sitting erect being backward and slightly downward. It is pushed on in this fashion until it is felt that the point of the "umbrella" is well into the cavity of the naso-pharynx. The thermometer case or probe, or whatever has been employed, is now pushed on in an upward direction and then towards the sides, so as to pull more of the "umbrella" into the naso-pharynx. The thermometer case is now withdrawn. We have now a sac lying in the nares, its closed end protruding well into the pharynx behind, and its open end protruding at the anterior opening of the nares. A considerable quantity of cotton-wool is now, by means of the thermometer case, pushed well back to the bottom of the sac. Then the thermometer case being held firmly against the packed wool, the mouth of the sac is pulled upon, and thus its bottom with the wool packed in it is pulled forward, and forms a firm, hard plug wedged in into the posterior nares. We may now pack the sac full of cotton-wool, dry or soaked in some astringent solution. The mouth of the sac may now be closed by tying it just outside the nostril with a piece of strong thread; it is then trimmed with scissors, and the ends of the thread secured outside.

The above method is easier than any I know when both nostrils have to be plugged. It might be suggested to oil the cotton or silk in order to render its introduction easy and to prevent it adhering to the mucous membrane, and to render it easy of removal, but I have never found any difficulty without the oil, as the blood renders the material wet and easy of introduction, while the oil does not facilitate removal, and may modify the effect of the astringents that may be used.

The plug may remain *in situ* as long as any other nose plug. In removing the plug, open the mouth of the sac, and with small dressing forceps remove the cotton wool bit by bit; if there is bleeding, simply syringe the sac with weak carbolic lotion or Condy's fluid, and repack with clean cotton-wool, or wool impregnated with some antiseptic. If there is no bleeding when the wool is picked out, gently pull out the sac; or if it be adhering to the mucous membrane, syringe in a little warm water, and it may then easily be removed. This method has many advantages. (a) It is easy, quickly accomplished, and effectual, and the materials are to be found in every house, and indeed, about everybody's person (I have plugged in this manner, simply using a handkerchief, one part of which was used for the sac, and the other torn into narrow strips in place of the cotton-wool. (b) No damage is done to the floor of the nose or back of the soft plate by strings, etc.; (c) no disagreeable hawking, coughing or vomiting takes place while the plug is introduced; (d) there are no disagreeable strings left hanging down the throat, causing coughing or sickness while the plug is in; (e) the plug can be removed gently without any force, so that no damage is done to the mucous membrane, and no return of hemorrhage caused. I employed this method frequently when in country practice, and do so now in bleeding after operation on the nares, and have always found it to be satisfactory. As the method has been of great use to me, and as I am not aware that anyone has spoken of it before, I take the opportunity of mentioning it, in the hope that it may be of some use to some brother practitioner when confronted by an urgent case of epistaxis, and other means of plugging are not at hand. —*Medical and Surgical Reporter.*

Three Cases of Pertussis Treated with Bromoform. —(By Charles G. Kerley, M.D., New York.) Three children aged respectively eight, six and four years, members of the same family, developed pertussis within a few days of each other. They came under my observation at the Babies' Hospital at the onset of the disease, in fact, before the diagnosis was absolutely positive. Pertussis was strongly suspected, however, and they were put on the bromoform treatment at once, which drug has been used in the management of

this affection by many observers with widely varying results.

Concerning the cases in question the youngest, a decidedly rachitic girl of four years, was given five drops four times daily, the other two, fairly healthy boys, each received six drops four times daily. Under the treatment the disease developed apparently about equally severe in all. The paroxysms varied from fifteen to twenty daily; vomiting occurred frequently during the second week, during which time the disease was most severe, the patients presenting the typical appearance; the eyes congested and the faces puffed and swollen. At about the eighteenth day of treatment the disease began to subside, the number and severity of the paroxysms diminished rapidly; the vomiting ceased, and at the end of the fourth week, greatly to my surprise, they were practically well, as far as the pertussis was concerned.

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Brodie, R. C. (Glasgow): Tuberculosis of the Peritonæum and Uterine Appendages in a Child. (*Glasgow Med. Journ.*, 1892.)—

The patient, a girl aged six years, was taken ill a fortnight before admission to the hospital, with a feeling of sickness and pains in the belly and head. Since then the bowels have been loose. On admission she had evidences of well-marked rickets, and she was pale and emaciated. The belly was much swollen, the superficial veins were prominent and there was some fluid in the peritoneal cavity. She remained in the hospital four months, during which time the temperature was of a distinctly tubercular type, but she was much improved when she was discharged.

She was readmitted eight months later. The abdominal symptoms had returned, and there was distinct thickening and tenderness of the peritonæum around the umbilicus. This tenderness increased, and finally an abscess formed and opened, leaving a permanent fistula, which discharged at times pus, and at times formed faecal matter. She died after an illness extending over a period of one year and eight months.

The *post-mortem* examination showed a fistulous opening at the umbilicus which led into a loop of bowel, numerous and well-organized pleuritic adhesions, very extensive abdominal adhesions; the peritoneum presented a very matted appearance,

and the viscera were all firmly welded together. The left iliac region contained two or three pints of semi-gelatinous material, which proved to be fibrinous exudation. The peritoneum and the great omentum contained cheesy, tubercular masses, and there were many caseous mesenteric glands. There were numerous tubercles in the peritoneum, ovaries, and Fallopian tube. The case was essentially one of tubercular peritonitis, with secondary infection of the spleen and reproductive organs.

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Post-partum Appendicitis.—H. M. Neale, M.D., writing in the *Medical Record*, says: "During the past few years several cases of appendicular inflammation in women, which developed immediately after childbirth, have come under my observation. And so frequently have I noticed this condition that I am now thoroughly convinced that there is some cause for this phenomenon other than the extension of an inflammation of either septic or traumatic origin from the organs more directly concerned in the act of parturition. The most reasonable explanation for the occurrence of appendicitis at this particular time, that suggests itself to my mind, is the fact that the cæcum is filled, or partially filled, as the case may be, with faecal matter during the process of labour. When the pains become harder and harder, and the intervals between the pains become shorter and shorter and the contractions of the abdominal muscles are violent, the contents of the abdominal cavity are subjected to a high degree of pressure; this may force the contents of the cæcum, or a portion of them, into the appendix, and an inflammation of a more or less serious character may result. If only a fluid or semi-solid substance enters the appendix, the resulting inflammation will probably be slight, owing to the fact that as the appendix swells and an exudation is thrown out, and as the walls of the appendix begin to distend, the contents will partially or entirely pass back again into the cæcum and the inflammation rapidly subside. When an appendicitis of the nature just described is present we may have scarcely any constitutional symptoms, or they may be very severe, and subject to the same changes and influences that characterize inflammation elsewhere. In most of the cases of this character a tumour can be felt at McBurney's point which is very painful to the touch but disappears

quickly after the acute symptoms begin to subside. Two cases have recently come under my observation of an appendicitis of a very serious nature following labour, in which operation verified the correctness of the diagnosis. In the more serious cases it is safe to suppose that either a solid substance, such as a grape-seed or a lemon-seed or some foreign body not easily got rid of, has found its way into the appendix, or that there has been a rapid extension of the inflammation due to a weak and debilitated condition of the patients, which would render them peculiarly susceptible to the inflammatory process. Having observed these conditions for several years I have come to the conclusion that many of the so-called cases of "pelvic abscess," "pelvic cellulitis," "inflammation of the ovary," "salpingitis," etc., that follow childbirth are in reality appendicitis caused in the manner just described."

A New Departure in Sanitation.—The Board of Health of this city (New York) has instituted a new departure which will prove, we believe, of extreme importance to the community. It has issued a circular in which it is stated that much of what is usually called diphtheria is not such, but is a relatively innocuous malady not needing stringent quarantine and disinfection. The diagnosis of true diphtheria can be made by bacteriological cultures in ten or twelve hours, and the Board of Health will hereafter undertake this work for the practitioner. It is surely a most radical proposition for the State to step in and offer to become the diagnostician of disease. There were, within a given period, 775 deaths from diphtheria and 362 from membranous croup, and this must represent six or seven thousand cases of these maladies, to say nothing of thousands of other suspicious cases. The amount of bacteriological work involved will be enormous if the profession call on the services of the Board. We shall watch the experiment with great interest. It will certainly have a valuable educational effect on the practitioner, and will stimulate him to acquire a practical knowledge of bacteriology, which will no doubt be of great service. Above all, it will put a quietus on those tiresome people who continue to reiterate that "they don't believe in germs." The example set by our Board will no doubt be followed elsewhere

if it is successful. It is estimated that about one-fourth only of membranous sore throats are truly diphtheritic.—*Medical Record.*

Pil. Dipsomania (Dr. Mann).—At a meeting of the American Association for the Study and Cure of Inebriety, held at the New York Academy of Medicine, March 23rd, 1893, Dr. Edward C. Mann, of Brooklyn, N.Y., Medical Superintendent of Sunnyside Private Hospital for Diseases of the Nervous System, Alcoholism, and the Opium Habit, read a paper on "Science vs. Folly in the Treatment of Disease caused by the Abuse of Stimulants and Narcotics: A Plea for the Suppression of the Nostrum, Patent Medicine, and Specific in Rational Therapeutics." After comparing scientific medication with charlatanism and showing the physiological action of alcohol on man and his offspring, as well as the diseases produced by indulgence, Dr. Mann passed to the subject of the Treatment of Disease of Inebriety. He recommended the following as a good tonic and sedative in Dipsomania, having a good effect on the stomach, and tending to antagonize both the degenerative changes in the brain, and the effect of alcohol on the structures of the body:

R.—Quininae sulph grs. ii.
Zinc oxide grs. ii.
Strychnia sulph gr. 1-40
Arsenic gr. 1-100
Capsicum grs. ii.

M. et ft. pill No. i. Sig.: One pill three times a day.

Together with this pill, Dr. Mann uses in his private hospital for sixteen days the following hypodermatic dosimetry:

R.—Strychnia nitrat gr. i.
Aquæ dest. ʒ ss.

M.—Eight minims daily for eight days; four minims daily for another eight days. To quiet the morning nausea of alcoholics, two or three drops of wine of ipecac on the tongue, fasting.

The patient is kept in bed for the first few days, and fed on milk and meat-juice for nourishment. Hydrotherapy and electrotherapy are employed. To induce sleep, the following sedative is administered at night for a few days:

R.—Tr. opii deod. }
 Ext. hyoscy, fld. } äü. ʒ i.
 Chloral hydrat. }
 Pot. bromid. }
 Tr. capsici ʒ ss.
 Tr. aconit. rad. ℥ v.
 Aquæ menth. pip. ad ʒ iv.

M. et Sig.: Two tablespoonfuls at bedtime for a few days only, freely diluted with water.

If the patient is very much excited and is bordering on delirium tremens, the following is useful for two or three nights:

R.—Hyoscin. hydrobromat. gr. i.
 Aquæ dest. ʒ ix.
 Spt. vini rect ʒ i.

M. et ft. hypodermatic solution. Sig.: Dose from 5 to 10 minims *pro re nata*.

The diet table in Dr. Mann's hospital consists of milk, eggs, oysters, meats, fish of all kinds, butter-milk and koumiss, plus a minimum amount of the cereals. Vegetables and starchy foods allowed only very sparingly, the idea being to rely on a diet which requires the least vital force and oxygen to digest, assimilate and appropriate, and to have ingested into the body such material as will, when brought under the influence of oxidation, yield energy, which is the expression of vital activity, and give the largest working power for the amount of food taken. By such a plan of treatment patients are sent out with restored health, the craving for alcohol gone, the lost will-power restored, the shattered nervous system built up, and with a concentration of energy, physical ability and mental activity obtainable by no other plan of treatment. In order to render Dr. Mann's pill available to the medical profession, Parke, Davis & Co., have added it to their list of gelatin-coated pills, which they are now prepared to supply in bottles of 100 or 500.

The Therapeutic Action of Iodide of Strontium.

By John V. Shoemaker, A.M., M.D.
 —This salt occasions no gastric irritability when administered continuously for months in full medicinal doses. It inhibits fermentative processes and the development of micro-organisms. The phenomena of iodism have not been observed to follow the use of this compound. MM. Malbec and Lapique report (*La Tribune Médicale*, June 9,

1892), that when injected into a vein it causes a sudden increase of arterial pressure, which, however, lasts but a few seconds and is followed by a notable retardation of the action of the heart. Large doses reduce arterial pressure and accelerate the cardiac pulsations, these effects being due to the iodine and not to the strontium. The strontium salt is better borne than that of potassium. Iodide of strontium is rapidly eliminated by the kidneys.

Iodide of strontium is an excellent remedy in certain constitutional disorders. I have employed it with very satisfactory results in a number of scrofulous manifestations. In those cases, so common in childhood and adolescence, of sluggish tumefaction of the cervical glands, this salt, if administered in time, will cause a gradual reduction in size of the swollen ganglia. It acts at the same time as a constitutional tonic, improving the appetite and digestion.

Iodide of strontium is likewise serviceable in the treatment of chronic (the so-called "cold") abscess. In this very common scrofulous manifestation, after the cavity has been evacuated and disinfected, the systematic remedy exhibits a powerful influence for good. In strumous disease of bone or joint it arrests the morbid process and restores the normal nutrition of the parts. It is no less valuable in the management of those purulent collections, the result of bone disease, known as psoas or lumbar abscesses. In the early stage of hip-joint and Pott's disease, this remedy, in addition to appropriate local means, is of decided efficacy in checking the progress of the affection. In scrofulous otorrhœa, ozaena, or ophthalmia, its effects are remarkably beneficial.

Diseases of the skin caused by scrofula or occurring in scrofulous subjects are ameliorated by the administration of iodide of strontium. On account of its stimulant effect upon the absorbent system, this remedy answers a good purpose in those cases of chronic eczema, often so amenable to treatment, in which the skin is infiltrated, thickened, hard, and inelastic. It must also be looked upon as a beneficial systemic alterative in lupus vulgaris.

Iodide of strontium has a good effect upon the early stage of tubercular processes wherever located. In pulmonary phthisis it contributes to general nutrition, checks infiltration and degeneration, and enables the affected tissue to resist farther inroads

of the bacilli. I have seen decided improvement in laryngeal tuberculosis follow the exhibition of this salt. Tuberculosis in other situations is equally benefited by the use of this combination.

The various, and in many instances, obscure, manifestations of rheumatism will often be found to yield promptly to the influence of iodide of strontium. This is particularly true of the chronic, subacute, or muscular varieties of the affection.

Iodide of strontium is of worth in the treatment of chronic gout and in the subacute exacerbations from which such patients suffer. Being so much better tolerated than the iodide of potassium, the iodide of strontium can be exhibited for a more prolonged period without embarrassing digestion, and, in fact, will often relieve the digestive derangements to which gouty individuals are subject. It is of special value in gouty bronchitis. The strontium is equally as efficacious as the potassium salt in liquefying and decreasing the secretion of chronic bronchitis. This effect is heightened by its influence upon the cause which underlies the bronchial affection. Skin diseases which depend upon the gouty diathesis are benefited by the administration of the same remedy.

The treatment of psoriasis by heroic doses of iodide of potassium, as originally recommended by the Norwegian physician Dr. Greve, and subsequently by Boeck, Haslund and others, both abroad and in this country, is, according to my experience, most efficacious when the cutaneous disease is dependent upon gout or rheumatism. I have recently had under my care several cases of psoriasis in which marked improvement resulted from the administration of iodide of strontium.

Iodide of strontium is a valuable addition to our medical armamentarium in syphilis. It is especially the late secondary and the tertiary manifestations which are amenable to its influence. Since obtaining a supply of the salt for the purpose of clinical experiment I have observed some satisfactory results from its employment in syphilis.

Diseases of the nervous system originating in rheumatism, struma, or syphilis, are relieved by the iodide of strontium. In chorea dependent, as it so often is, upon a rheumatic diathesis, or, as it may be, upon a strumous taint, the salt may be given with advantage.

I have adverted, in a preceding portion of this

paper, to the value of iodide of strontium in chronic bronchitis. In this affection it has the same effect as the potassium salt. In pulmonary tuberculosis it produces the beneficial effects of iodine. In asthma, especially when associated with chronic bronchitis, it may be employed with advantage. Its resolvent powers constitute it a serviceable remedy in chronic catarrhal pneumonia when the consolidation lingers and threatens to undergo cheesy degeneration. For its absorbent virtues, also, it may be advantageously administered in chronic pleurisy. Hypertrophy of the *breast* may be reduced by the exhibition of this salt, and it will probably be found of avail in the first stage of cirrhosis of the liver or kidney. By promoting absorption and elimination it has been found of utility in chronic intoxication by mercury or lead.

The compound of strontium promises likewise to be of benefit in the treatment of aortic aneurism. If the disease depends, as it often does, upon a syphilitic basis, the indication for its employment is strengthened.

In conclusion, it may be stated that the iodide of strontium is possessed of indubitable therapeutic power, and is well adapted often to take the place of iodide of potassium, over which it has the advantage of being better borne by the stomach and general system.

Calcium Chloride for Pneumonia.—Crombie (*Practitioner*) recommends the employment of calcium chloride in the treatment of lobar pneumonia. Of twenty-two cases of average severity treated with this drug, but one (and that in a child in which both lungs were involved) terminated fatally. From 5 to 15 grains were administered to adults every four hours. The cases ran a mild course and were characterized by the subsidence of the temperature almost to the normal after the lapse of two or three days' treatment (notwithstanding the continuance of the physical signs), and by an absence of the distress and danger associated with high temperature. In several of the cases the disease was arrested in the stage that it had reached at the time the treatment was instituted. In explanation of the action of calcium chloride in the treatment of pneumonia, it is suggested that the drug may neutralize the toxic action of peptones or albuminous circulating in the blood.—*Med. News.*

Don'ts of Rectal Surgery.—1. Don't tell your patient who has fistula that he can put off an operation *ad libitum*; it may at any time assume an active state and do much harm by burrowing.

2. Don't make light of your patient when he or she complains of pain after an operation for fistula, but examine painstakingly; you may find an abscess forming, or already formed, and thereby save both the patient and yourself much trouble.

3. Don't be swift to say you can cure or heal all fistulæ, for the reason that you may (*and will*) meet with tubercular fistulæ which may and do fail to heal.

4. Don't operate on a patient with a well-marked tubercular fistula, who has lost a good deal of flesh, and who is now losing flesh. Defer the operation until your patient improves in strength and flesh. Give your patient vigorous constructive treatment and operate when he begins flesh-making.

5. Don't say to your patient, because he has a number of fistulous openings that he has simple fistula. An examination may prove the existence of a stricture, the fistulous tracts being the result and not the disease *per se*.

6. Don't fail to tell your patient, who has a very bad fistula, that if he gets well of fistula, he may have a weak sphincter, or possibly incontinence.

7. Don't fail to seek out all sinuses when operating for fistula.

8. Don't fail to trim the edges of the sinus after an operation.

9. Don't tell your patient that the operation is absolutely free from all risk, and that it amounts to but little, for the reason that he may not follow out your directions, thereby making the operation which you said "amounted to but little" a *failure*.

10. Don't say to a patient, who belongs to a phthisical family or who even has incipient phthisis, that he or she should not have an operation, but on the other hand urge an operation for the reason that the patient will get rid of a dangerous local point of infection and also get well of a most troublesome and painful disease.

11. Don't delay the opening of a rectal abscess until the pus can be easily reached; but if you suspect pus, reach it with the knife, though it be ever so deeply situated.

12. Don't stuff an abscess cavity too full of cotton, but put loosely carbolized cotton at the bottom

and depend on watching it to make it heal from the bottom.

13. Don't make a positive diagnosis of internal hæmorrhoids as the result of digital examination alone.

14. Don't be too ready to diagnose internal hæmorrhoids because your patient has hæmorrhage from the bowel after actions or on going to stool; not infrequently the hæmorrhage comes from a bleeding surface, there being no piles at all.

15. Don't defer an operation for hæmorrhoids because the attack is acute, for the reason that it will take as much time to subdue the acuteness as it would to get your patient well of the operation.

16. Don't leave any external tags after an operation for internal hæmorrhoids. They often, from cause or another, become irritated, giving great annoyance.

17. Don't do Vernieul's operation, viz.: divulsion for the radical cure of prolapsing hæmorrhoids. You will be disappointed, as well as your patient.

18. Don't neglect to see your patient at bed hour and make him comfortable for the night. Also see to it that there is no hæmorrhage; sometimes a ligature cuts through, opening up a blood-vessel, from which your patient might bleed to death.

19. Don't say to a patient who complains of his rectum without any local lesion, that he has nothing the matter with him. Examine his prostate, urethra and bladder. He may have one of those persistent reflexes which we occasionally meet.

20. Don't tell your patient that he has cancer of the rectum unless circumstances absolutely demand it, for the reason that it is like putting a rope around his neck.

21. Don't temporize with cases that require an operation. Such a course will not benefit the patient nor the surgeon.

22. Don't fail to do all operations on the rectum antiseptically.—*Leon Strauss, M.D., in Medical Brief.*

Frontal Headache and Iodide of Potash.

—A heavy, dull headache, situated over the brow, and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can generally be completely removed by a two-grain dose of

the potassic salt dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A per. . who, a quarter of an hour before, was feeling most miserable and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.—*Alicnist and Neurologist*.

Symphysiotomy.—Dr. Taylor, of Cincinnati, reports a successful case of symphysiotomy, performed by him on March 30th. The patient was aged twenty-eight: primipara shortened in height about five inches by osteomalacia. Examination by the pelvimeter showed that she had a conjugata vera of two and three-quarter inches. After shaving the pubes and applying thorough antiseptic measures, the patient was placed in the lithotomy position, the limbs being sustained by Peter's wrist and ankle band.

The patient having been thoroughly anæsthetized (chloroform), a staff was passed into the urethra (a catheter being first used), and supported by an assistant. The staff being kept down and to the right side, after which a thorough examination of the symphysis was made as directed by Caruso, of Naples.

Dr. Taylor then made a vertical incision through the skin and fat above the pubes, about three inches in length, extending upward one-half or three-quarters of an inch above the symphysis, and passing in a line down to the insertion of the recti muscles. After detaching the recti muscles from the ossa pubes, he then introduced the index finger of his left hand into the opening, separating the retropubis tissue, keeping the palmer surface of the finger close to the posterior surface of the symphysis, and carried it down, so as to hook the inferior margin of the articulation, at which point he introduced the bistoury, hooking it around the articulation, cutting through the interosseous ligaments and cartilage from within outward, and from below upward.

Dr. Taylor states that there was no unusual resistance of the tissue: the urethra was not injured, and there was no hæmorrhage worth men-

tioning. While the head was passing the pubic separation was two inches.

The result of the operation was the safe delivery of a healthy male child, weighing eight and one-quarter pounds, with a bi-parietal diameter of four and seven-sixteenth inches. The wound was closed with seven interrupted silk sutures, and dressed with sublimated cotton.

Dr. Taylor considers the careful bandaging of the pubes and lower extremities a most important part of the after-procedure. The patient made an uninterrupted recovery, the catheter being used for eight days. The sutures were removed on the eighth day. The patient was helped to a chair on the twentieth day, and has been up every day since.—*Lancet Clinic*.

The Hygiene of the Teeth.—All caries of the teeth begins from the outside, no such thing as internal caries having ever been demonstrated: hence if the surfaces could be kept absolutely clean, no decay could take place, however poor the texture of the teeth. This is of course impossible, but much in this direction can be attained by attention to hygienic rules. Parents often ask their dentists and medical attendants: "When ought teeth to be cleaned?" The answer, assuredly is: "As soon as there are teeth." A very small toothbrush charged with some precipitated chalk flavoured with an aromatic drug to make it pleasant, is perhaps the best means.—*The Lancet*.

Vinum Ipecacuanhæ as an Oxytocic.—A contributor to the *British Medical Journal* says: "In the course of general practice extending over many years I invariably carried a bottle of vinum ipecacuanhæ in my midwifery bag, and rarely, if ever, gave a dose of ergot in the first stage of labour. Time after time, on coming to a confinement case where the pains had been feeble and inefficient, or had totally ceased, two or three 10 to 15-minim doses of the wine at intervals of ten minutes had been followed in a surprisingly short time by energetic uterine action, with a rapid termination of the labour. It never produces the quasi-tetanic contraction so often met with as the result of ergot, the pains continuing to recur regularly, just as they do in natural labour, but with greater force and at shorter intervals."

Elliott (S. T.) on Bassorin Paste in the Treatment of Skin Diseases.—Dr. Elliott

calls attention to the substance bassorin, obtained from gum tragacanth, as a base for the preparation of paste or varnish to be used in the treatment of certain skin diseases, and states that it possesses properties which render it surperior to greasy applications, to collodion, etc. Almost any drug can be incorporated with it, and exerts the same effects as when used in an ointment, etc., but the superiority of the varnish is shown by the cleanliness attached to its use, by the fact, that when rubbed upon the surface it dries rapidly, forming a coating, and thus keeping the remedy continually in contact with the skin. It can be removed with a little water or wet sponge without any trouble. The preparation is made with the other ingredients as follows :

R. Bassorin	48 parts.
Dextrine	25 “
Glycerin	10 “
Water sufficient to make	1,000. M.

The result will be a pasty, smooth, jelly-like compound, resembling vaseline in colour. It is odourless, but requires to be kept in a well stoppered jar.

Drs. Unna, Pick, and others recommend it very highly, and are fully convinced that it should be made from gum tragacanth instead of salep (which they experimented with) for the reason that it can be made from the former cheaper and simpler ; when made from salep and starch it becomes sour rapidly, and will rub off as easily as an ointment would.

During the heat of summer bassorin paste proves to be of limited use, as it does not dry completely, therefore is sticky and produces a certain amount of discomfort.

In applying it to the axilla, anal furrow, inguinal regions, and between the fingers, it should have added to it zinc oxide, maylum, or orris, etc., to the amount of five to ten per cent.

In certain forms of acne it proved to be of great value, especially in the acute. When acne pustules complicated a rosacea, that is, when acne rosacea existed, the same local application was used with marked benefit, and no new ones developing under the continued use of the paste. In rosacea, originating from suborrhœic eczema, the effect of

the bassorin-resorcin, or bassorin-aristol, or sulphur, was peculiarly brilliant and rapid. As a rule, it was better than when the process was treated with ointments, or lotions containing the same ingredients as the paste, and was more satisfactory, owing to the continued effect kept by it upon the diseased surface. In all forms of seborrhœic eczema on non-hairy surface it was superior to any other menstruum.

The diseases mentioned are sufficient to demonstrate that its scope of application is an extended one, and that its particular advantages are cleanliness, ease of application and removal. By its means the nastiness of greasy garments is obviated.—*Notes on New Remedies*, April, 1893.

Lithemia.—The reason for the appearance of uric acid in the blood, and secondarily in the urine, may be threefold :

1. An increased production from high living, immoderate use of animal foods, a diet rich in albuminoids, or even in fatty matter, although the latter is not directly an agent.

2. Imperfect oxidation of the nitrogenous foods, dependent perhaps upon the neurotic temperament, upon too little exercise, upon the use of alcohol, especially sweet wines, upon the use of “heady” wine and beer, upon the moderate and continuous use of tobacco, highly seasoned dishes, impaired glycogenic activity of the liver, or the supply of oxygen being relatively insufficient.

3. Impaired elimination by the kidneys.

An increase in the proportion of acids and acid salts in the blood tends to retain uric acid in it, hence, the acidity of the blood is high in winter, but lower in summer, because of the loss of acids in the summer in perspiration ; hence, uric acid is stored up in the winter and excreted in summer, and this is presumably the explanation of why lithemia is more prevalent in the spring-time, even if it is customary for a winter vacation to be taken. Again, in vigorous nutrition in adult life acidity runs high. In coming to a clear conception of the importance of uric acid, it is also well to remember Haig’s law, that all substances which form soluble compounds with uric acid, or increase its solubility in the blood, increase its excretion ; while all substances which form insoluble compounds with it, or diminishes its solubility in the blood, diminish

excretion. The excess of uric acid is stored up in the tissues; it is manufactured in the spleen, and that is the most important reservoir—in the nervous system, in the liver, and in the connective tissue. In only one disease, so far as I know—leucocythemia—does uric acid exist uncombined in the body.—*Medical Brief*.

Injections of Copper Phosphates in Tuberculous Arthritis.—In the *Province Médicale* for April 29, there is a condensed account of the copper treatment of white swelling as practised by Dr. de Saint-Germain. Two solutions are prepared and they are mixed without being filtered. The first consists of five parts of crystallized sodium phosphate dissolved in a mixture of thirty parts each of glycerine and distilled water; the second, of one part of copper acetate dissolved in a mixture of twenty parts each of glycerine and distilled water. Care is taken to shake the mixture of the two solutions before making use of it. All antiseptic precautions being observed, a hypodermic syringe-ful of the mixture is injected deep, preferably behind the great trochanter, and the puncture is sealed with a bit of absorbent cotton dipped in collodion. The injection is not specially painful, but in certain cases quite a sharp pain is felt on the first or second day after the operation. When several injections are required, the author allows about a fortnight to elapse between them. The action of the injection is manifested speedily by a rise of temperature to from 100° to 103° F., and the fever lasts from one to three days; locally, tumefaction, tenderness, and diminished mobility of the tuberculous glands are observed. It is only after a variable length of time that the curative action is apparent. If at the end of a fortnight the pain persists, the injection is repeated.—*N. Y. Med. Jour.*

Heart Failure.—This question was recently discussed by Prof. A. L. Loomis, in a paper read before the American Climatological Association.

Dr. Loomis includes all heart failures in three classes:

1. Those in which the heart has for a long time been called upon to perform an abnormal amount of work, as in valvular or arterial disease.

2. Those in which obstructive changes in the coronary vessels markedly diminish the nutritive supply of the cardiac muscle.

3. Those in which toxic influences act directly upon the nutrition of the cardiac muscle, or so interfere with the cardiac nerve supply as to lessen cardiac resistance. The paper concludes as follows: "A review of the cases which I have presented makes it evident that the term heart failure is misleading, and should be abandoned, for in most instances it does not express the pathological condition. It is equally evident that the term "death by heart failure" is often used to cover the ignorance of medical attendants."—*Med. and Sur. Journal*.

Chloralamide in Nervous Insomnia.—J. S. Leonhardt, M.D. (Heidelberg), writing in *Notes on New Remedies* strongly recommends the use of chloralamide in nervous insomnia.

Chloralamide is especially valuable from the fact that it does not depress the cardiac centres, nor is it depressant to the respiratory centres.

Dr. Leonhardt quotes three cases where chloralamide proved satisfactory, when the more widely known hypnotics had failed. He states that he has used it in a large number of cases and that the results have been uniformly satisfactory, except in those cases where the insomnia is the result of violent mental excitement or physical pain. Dr. Leonhardt prescribes chloralamide in doses from five to ten grains, about an hour before going to bed.

Regarding its action, Dr. Leonhardt writes: "I have never seen the least untoward effect from its administration; its action is prompt and of sufficient duration not to require a second dose the same night; it is not bad to take, the dose is not large, nor in any way repulsive to the most fastidious of this most fastidious class of patients. I always order it to be taken an hour before the usual bed hour, and without any preparatory treatment for its reception. No nervousness follows its use, and it does not have any depressant action on the heart. This last quality is important to those who treat large numbers of weak and organic diseased hearts. I have been sorely perplexed to find a safe hypnotic in such cases—of which I have treated not a few."—*Notes on New Remedies*.

The Inexorable Facts of Heredity.—"I have drunk whiskey every day for thirty-five years," remarked a gentleman of sixty, rather proudly, "and I don't see but I have as good a constitution as the average man of my age; I never was drunk in my life." He was telling the truth, but to learn the whole truth you would have to study his children. The oldest, a young lady, had perfect health; the second, a young man, was of a remarkably nervous and excitable temperament, as different from his phlegmatic father as possible; the third, a young lady of seventeen, was epileptic and always had very poor health. Did the father's whiskey-drinking have anything to do with these facts? The instance may be duplicated in almost every community. Think over the families of your acquaintance in which the father has long been a moderate drinker, and observe the facts as to the health of the children. The superintendent of a hospital for children at Berne, Switzerland, has found by careful observation, that only 45 per cent. of those whose parents used intoxicating liquors habitually had good constitutions, while 82 per cent. of the children of temperate parents had sound bodies. Of the children of inebriates, only 6 per cent. were healthy.—*The Quarterly Journal of Inebriety.*

Atropine.—The sulphate of atropine is dissolved in water, and used as eye-drops.

Weak solutions dilate the pupil; stronger solutions paralyze the accommodations as well.

Atropine sulphate (four grains to the ounce) is often used by the surgeon himself, but a solution of one or two grains to the ounce of water may be given to the patient.

Atropine is of great service in iritis, to relieve the ciliary neuralgia, and dilate the pupil, drawing the iris away from the lens that no attachment, or synechia, may take place.

It is of use in central corneal ulcer, and in corneal diseases in general.

It is much used in refraction to paralyze the accommodation.

In many cases of immature nuclear cataract a very weak solution of atropine is given to the patient as eye-drops (one grain or half-grain to four ounces of water). This dilates the pupil, and

the person is enabled to see around the opaque centre of the lens.

Atropine, as a rule, should never be used in persons over forty-five years of age, except in the latter named case, as it is said to provoke glaucoma.—*Med. Brief.*

Tr. Lobelia for Felon.—Tr. Lobelia is one of the remedies which have come down to us from the eclectics in the treatment of felon. Absorbent cotton, saturated with the tincture, and applied three or four times a day over the affected part before suppuration has commenced, will relieve the intense throbbing pain and active congestion, and frequently abort the felon better than any other remedy.—*Medical Times.*

Dr. Behren makes use of the following in fissured breasts :

R.—Ichthyol..... ʒ i.
 Lanolin } aa..... ʒ i¼.
 Glycerini }
 Olive oil or oil of sweet almonds..... ℥ xv.

—*Lancet Clinic.*

Antidote for Carbolic Acid.—An Italian tailor swallowed by mistake thirty grammes of carbolic acid. Dr. Moreit, of Ancona, using a rubber catheter, immediately introduced by slow degrees into the patient's stomach a strong solution of sulphate of soda, which forms with carbolic acid a harmless mixture. In an hour's time the patient, who had been in a most critical condition, began to revive. Inhalations of ammonia were then used to hasten up the process, and little by little the poisoned man rallied so that an emetic, followed by a dose of lime water, finished the cure.—*Medical Times.*

Iodide of Potassium in Pott's Paraplegia.—Dr. S. E. Milliken, of New York, recommends iodide of potassium in the paralysis following Pott's disease of the spine.

Dr. Milliken states that the paralysis is not due as generally supposed to the angular deformity, but, on the contrary, is caused by the pachymeningitis and infiltration of the surrounding structures which produce compression of the spinal cord.

The treatment should begin by giving ten drops of the saturated solution, one or two hours after meals, and rapidly increased to fifty or sixty drops three times a day. The patient should be kept in the recumbent position with perfect fixation of the spinal column, by means of a brace or plaster of Paris jacket. When the disease is in the cervical or upper dorsal region, it is well to keep up continuous extension, by means of a band round the head, or a jury-mast apparatus from the chin and occiput.—*Buffalo Med. and Sur. Jour.*

A Sign of Breech Presentation.—When, in a woman who has passed the sixth month of pregnancy, a sharp pain is produced by placing the hand on the fundus uteri, it may almost be affirmed that there is a breech presentation. The fact is very frequent, although not constant, being present in about seventy per cent. of cases. The pain is sometimes spontaneous. How is it to be explained? According to Pinard it is due to the irregular distention produced by the rounded mass of the head. If version is performed, the pain disappears.—*Medical Brief.*

Crying in Children.—The cry of children, according to Dr. E. C. Hill, in pneumonia and capillary bronchitis is moderate and peevish and muffled, as if the door were shut between child and hearer. The cry of croup is hoarse, brassy and metallic, with a crowing inspiration. That of cerebral disease, particularly hydrocephalus, is short, sharp, shrill and solitary. Marasmus and tubercular peritonitis are manifested by moaning and wailing. Obstinate, passionate, and long-continued crying tells of earache, thirst, hunger, original meanness, or the pricking of a pin. The pleuritic is louder and shriller than the pneumonic, and is evoked by moving the child or on coughing. The cry of intestinal ailments is often accompanied by wriggling and writhing before defæcation. Exhaustion is manifested with a whine. Crying only, or just after coughing, indicates pain caused by the act. The return or inspiratory part of the cry grows weaker toward the fatal end of all diseases, and the absence of crying during disease is often of graver import than its presence, showing complete exhaustion and loss of power. Loud screaming sometimes tells of renal gravel.

Asphyxia Neonatorum.—The infant being laid upon a table or any other suitable support, the operator stands or sits at either side which happens to be most convenient, he slips the hand, which is toward the head of the child, palm upward under the back, so as to grasp the ribs and be ready to assist in compressing the chest and expelling the air; this hand also raises the chest, and permits the head, supported by the edge of the index finger, to fall back the distance desired to make extension and raise the epiglottis. The operator next grasps the legs of the infant with his other hand, back upward near the ankles; the index finger inserted between the legs serves to give a better grip.

Now by steadying the body with one hand, and with the other raising and bending the legs upon themselves, and pressing the thighs upon the abdomen, the diaphragm will be pressed up into the chest and the air expelled therefrom. This operation may be assisted by making pressure upon the ribs with the fingers of the hand supporting the back.

Upon making contrary movements the air again enters the chest.

Lobelia and Gelsemium.—Dr. Felter, in his excellent paper on Lobelia, says: "Lobelia is of value in obstetrical practice. It powerfully subdues muscular rigidity. It is the remedy to overcome a rigid os uteri during parturition, and at the same time it relaxes the perineal tissues. For its antispasmodic action it may be given by mouth and rectum." The doctor is exactly right. It is an excellent remedy, but as has been pointed out by others, and supported by our experience, it is not the best remedy in *all* cases of rigidity. When the specific conditions are present—*fullness of tissue*—the edge of the os as thick as your finger, doughy, lobelia will do better and quicker work than any other remedy. But in the opposite condition, when the edge of the os is thin, almost as sharp as a knife-blade, closely drawn, specific gelsemium, in full doses, is the better remedy by far. Try these remedies, gentlemen, in your obstetrical practice, using the specific medicine, the standard eclectic drug, and we will stand for the consequences.—*The Medical Gleaner.*

In the treatment of choleraic diarrhoea we are safe, it matters not at what time we may be called, in administering some antiseptic medication, something which will prevent fermentation, and have a destructive effect upon the septic germs more than likely present in the alimentary canal. Happy effects are often secured by the use of Listerine, properly diluted; a favourite prescription is the following:

R. Lambert's Listerine.
Glycerine (c. p.)
Syr. Simple.
Aquæ cinnamon, aa ʒj.

M. Sig. Teaspoonful every one, two or three hours, as may be indicated.

A Popular New Remedy.—There are few of the newer remedies that have met with more approval from the profession than has Pichi (*Fabiana imbricata*). It has proved one of the most valuable of remedies in general vesical and genito-urinary troubles:

R. Fl. ext. pichi ʒij.
Liquor potass. ʒv.
Tr. nuc. vom. ʒij.
Elix. calisayæ q. s. ad ʒiv.

M. Sig. Teaspoonful in hot water every four or five hours.

R. Fl. ext. pichi ʒj.
Potass. nitrate ʒj.
Simple elixir ʒij.

M. Sig. Teaspoonful once in two hours.

For Gall Stones.—

R. Aetheris ʒvj.
Olei terebinthinæ ʒiv.

Misce et fiat liquor.

Sig.—Ten to twenty drops in capsules three times a day.—*Times and Register*.

For Dilatation of the Stomach.—

R. Salol.
Sodii bicarbonatis. ʒā gr. clv.

Misce et divide in pulv. No. xxx.

Sig.—One to three powders to be taken before each meal.—*Times and Register*.

Cholera Infantum.—Prof. Hare recommends the following prescription in cases of infantile cholera:

R. Acid Sulphuric. Aromat. gtt. xxiv.
Tinct. Opii. Camp f ʒj.
Olei Caryophylli mʒij.
Spir. Chloroform gtt. xivij.
Syrup. Zingiberis q. s. ad f ʒij.
M. Ft. solutio.
Sig. Teaspoonful every two hours.

For Membranous Enteritis.—Dujardin-Beaumetz (*Journ. de Méd.*) recommends:

R.—Salol. }
Benzo-naphthol. } ʒā ʒij.—M.
Sodii bicarbonatis. }

Ft. cachet no. xxiv. Sig.—One after each meal.

A quart of a 10 or 20 per cent. solution of naphthol in warm water is also injected daily.—*Medical News*.

In cholera infantum (which seems to be due to a microbe different from that of Asiatic cholera) Jules Simon prescribes the following potion:

R. Salicylate of bismuth 4 grammes.
Prepared chalk 2 grammes.
Paregoric elixir 10 drops.
Tinct. canella 1 gramme.
Peppermint water 10 grammes.
Malaga wine 10 to 30 grammes.
Syrup acacia 100 to 120 grammes.

M. The dose of the above would be a teaspoonful every hour.—*Med. Age*.

Summer Diseases of Children.—L. C. Charbonne, M.D., writing in *Medical World*, says: Experience teaches us that the digestive apparatus of infants and children differ, as with adults, and in artificially feeding children we must meet the idiosyncrasy of the patient. No routine plan of treatment in nourishing children will prove successful. We must adapt the food to meet the requirements of the stomach, and not feed with the expectation that the child's stomach will adapt itself to the food. To-day science opens a wide field for speculation. The pediatricians of to-day differ materially in their mode of dieting children. Some forcibly condemn the indiscriminate use of

cow's milk, and extol the use of pasteurized or special milk preparations. Others, again, proclaim a purely milk diet, etc.

The question of feeding our babes is a vexed one, and when we consider the differences of opinion existing among physicians, one is at a complete loss how to act.

Thousands of babes thrive upon cow's milk pure and simple: thousands, apparently, do well upon condensed milk, and many proprietary milk-foods on the market. If the children thrive, can we enter the household and say, you must not persist in this or that manner of feeding? Can we establish a law governing the mode of artificially feeding and nourishing our children? So long as each child's digestive apparatus differs, so long will we be forced to tolerate the varied articles of food.

Breast-fed children prosper. At times the mother's milk is unfitted for the babe's nutrition, then it becomes imperative upon the physician to correct the secretion by diet, mode of living, exercise, etc.

What food, or foods can substitute mothers' milk? Dr. Ratch, of Boston, has given us a good formula for artificially feeding children, viz.:

Cream	2 parts
Milk	1 "
Lime water	2 "
Sugar-water	3 "

The sugar-water is made by taking $17\frac{3}{4}$ drachms of milk-sugar, and dissolving it in one pint of water.

The next problem to determine is, how are we to treat our sick infants and children medicinally? It must be remembered that I refer to diseases caused by milk fermentation, due to lactic, butyric and numerous other ferments.

Primarily, inquire into the immediate surroundings, mode of nourishment and clothing of the child. Correct the defects, if existing, in as much as lies within the province of the physician. Ascertain the number of passages from the bowels, their nature, colour and odour—examine the vomited matter. The diagnosis being made, what will be the treatment?

Withhold all forms of milk from six to twenty-four hours, or at least diminish the alimentation by milk, give freely of barley, lime or rice water. Stimulate *pro re nata*.

When the symptoms are those of gastro-enteritis,

with vomiting, and stools of a disagreeable odour, prescribe:

R. Bis. subnit. ʒss. to ʒii.
Zinci sulpho. carb. gr. ii to x.
Lactis, sac, q.s. ft. pulv. no x.
Sig. One every two hours.

Or,

R. Salol. gr. xii. ʒss.
Bis. subnit. gr. xx ʒss.
M. Ft. pulv. no vi.
Sig. One every two hours.

If the vomited matter is mixed with bile, give:

R. Hydr. chl. mite gr. ss. gr. iss.
Salol. gr. xx. ʒi.
M. Ft. pulv. no x.
Sig. One every two hours.

If the passages are green,

R. Cupri arsenitis. gr. 1-25 gr. 1-100.
Aque q. s. ad. ʒii.
M. Sig.—ʒi. every twenty minutes.

In mild forms of enteritis and colitis, and in non-inflammatory diarrheas, small doses of the sulphate of magnesia and tincture of rhubarb will give very satisfactory results.

Whenever the symptoms become alarming, evacuations frequent and exhausting, and the above prescriptions fail to accomplish their purpose, don't hesitate to draw out your hypodermic syringe and inject morphine subcutaneously, with brandy.

Obituary.

JAMES McCANN, M.D., LL.D.

Dr. James McCann was born fifty-seven years ago in Penn township, Allegheny county, Pa. He graduated from the Medical Department of the University of Pennsylvania in 1863, and immediately entered the medical service of the army as Assistant-Surgeon of the Fifth Pennsylvania Volunteers. He continued in this service until the close of the war, when he returned to Pittsburgh and began the practice of medicine with Dr. W. C. Reiter.

He was an active and influential member of the Pittsburgh Free Dispensary from its inception, of the Board of Health for many years, of the Allegheny County Medical Society, of the State Medi-

cal Society, of the American Medical Association, of the American Surgical Association, and of the American Association of Obstetricians and Gynecologists, but owing to ill health he was never able to attend a session of the latter.

He died a martyr to his profession—a sacrifice upon the altar of charity. His love for it and devotion to it was the direct cause of his death. He performed an enormous amount of work, and it was in the performance of a surgical operation, a work of charity, in the Western Pennsylvania Hospital, that he received the fatal shaft from the quiver of the fell destroyer. Had he, like many others, turned aside from charity work, and devoted himself strictly to his lucrative clientèle, he would be living to-day.

He never ceased to be a student. He was too broad-minded to make a successful specialist. His mental attainments were too great, his studies and reading too comprehensive, his ambition too high for any single department of his profession to permit free scope to his talents. His mind was alert to grasp and tenacious to retain knowledge, which enabled him to easily keep pace with progress and

improvement, however rapid, in every department of medical science.

He was in the active practice of his profession from 1863 to 1893—a period of but thirty years, yet in those thirty years he accomplished, perhaps, a task as great, and fulfilled a destiny as rounded and complete as the average practitioner of fifty years' standing. A man's life is measured by his works. Judged from this standpoint, although he was but fifty-seven years of age, his death was not premature.

W. SNIVELY,
J. B. MURDOCK,
C. B. KING,

Committee of Faculty, Western Pennsylvania Medical College.
Pittsburgh, June 18, 1893.

Personals.

Dr. Shannon, of Goderich, was in Toronto for a few days.

Dr. Bourinot has been honoured with the degree of Docteur des Lettres from French Canada's old University, Laval.

[OVER.]

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A. E. PLUMMER, MANAGER.

Dr. Brown, of Otterville, has been spending a week in Galt.

We are glad to learn that Dr. Malcolm, of Scotland P.O., is recovering from his late illness.

Dr. Fraser, of Brigiden, has been appointed Associate Coroner for the County of Lambton.

Dr. Allen Cameron, of Owen Sound, who has been ill for some time, is reported to be improving.

Dr. McLellan, of Trenton, has returned from the World's Fair and expresses himself as well pleased.

Dr. Mitchell, of Enniskillen, spent a short time on the banks of the Ottawa. He is much improved by his trip.

Dr. McMahon, M.F.P., of Dundas, spent last week with his old friend, Mr. Speaker Ballantyne, of Stratford.

Dr. T. A. Ferguson has returned to Parkdale from a trip down the St. Lawrence, as far as St. John's, Newfoundland. He is much improved in health by his holiday.

On page 455 of the June issue of the JOURNAL an error appears in reference to the name of Dr. M.

T. McFarlane. It should have stated that his name does appear on the register.

Dr. Robinson has moved from Sutherland's Corners to Newbury—having purchased the practice of Dr. Orton, who has gone to Manitoba.

Mr. A. E. Holden, of Fairchild Bros. & Foster, pepsine manufacturers, of New York, has been making his annual tour of the medical profession of this Province, and he states that his firm are well pleased with the business they are doing in Canada.

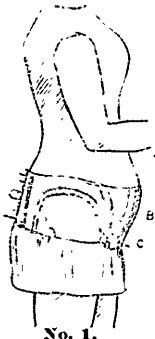
Dr. Granger, associate editor of the New York *Medical Journal*, was the guest of the Ontario Medical Association at their last meeting. The Doctor had some very kind words to say of the medical profession in Ontario, and appeared to enjoy his visit to Toronto most thoroughly.

A few days ago this journal received a clipping from the Hamilton *Spectator* for publication. We cannot think that the gentlemen whose names were used in that article would for a moment allow such a thing to occur if they could prevent it. Selections of a similar nature were received from Kingston and Winnipeg.

[OVER.

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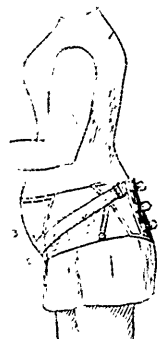


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Miscellaneous.

Dr. Welch, at a meeting of the Association of American Physicians, stated that he had met with six cases of Addison's disease in which there was the characteristic tuberculous lesion of the adrenals. In one there was tuberculous disease of the vertebræ. In a negro pigmentation was discovered in the mouth

THE CREATOR KNOWS.—“Doctor,” said the patient, “I believe there's something wrong with my stomach.” “Not a bit of it,” replied the doctor promptly. “God made your stomach and He knows how to make them. There's something wrong with the stuff you put in it, may be, and something wrong in the way you stuff it in and stamp it down, but your stomach is all right.” And immediately the patient discharged him.—*Amer. Anal.*

AN EPIGRAM CONFIRMED.—Dr. W. E. Anthony, of Providence, R. I., writes as follows: “When I

was a medical student in 1865, I remember hearing Dr. Oliver Wendell Holmes, then Professor of Anatomy at Harvard College, say to his class: ‘When you begin practice you will have twenty remedies for one disease, but after twenty years you will have twenty diseases for one remedy.’ That prediction seems to be fulfilled in the use of antikamnia, which seems to meet so many indications.”

THE STATE AND THE “GOLD CURES.”—It is not creditable to the intelligence of the people of Colorado nor to the discernment of certain of its law-makers, that there should be, as there now are, on the legislative calendar, two bills for the establishment of so-called “gold cures” for inebriety at the expense of the Commonwealth. One favours the original and shameless Keeley method, the others favours the imitation institution bearing the name of a religious mountebank who wears the livery of God in order to better serve Mammon. The two “cures” are, for the moment, fighting each other, because each desires sole possession of

[OVER.]

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the large and juicy bone known as "State patronage."—*Denver Medical Times.*

DO THE SICK EVER SNEEZE?—"Do those who are seriously ill ever sneeze?" This is a point alluded to by Mr. Jonathan Hutchinson in the January number of his *Archives*. He does not recollect himself to have seen any but fairly healthy persons sneeze. He puts the question with especial reference to the widely spread popular superstition that sneezing is a sign of health and good luck. It is possible, he thinks, that this may have had its origin in the fact that it is for the most part an act restricted to those in fair health. Tylor, in his "Primitive Culture," gives interesting facts as to the prevalence of this creed and as to certain customs associated with it, and traces it in part to doctrines of animism, but Mr. Hutchinson thinks the suggestion he has given may also have some value.—*Sheffield Medical Journal.*

THE INTERNATIONAL MEDICAL CONGRESS.—It is officially announced that the rumours are entirely

unfounded that the International Medical Congress to be held at Rome in September is to be postponed on account of the engagement with cholera matters of distinguished participants. The Fifteenth Section of the Congress will be devoted to a consideration of cholera and quarantine. Prof. Koch and Prof. Cunningham are expected to take part in the discussion. In addition to the North German Lloyd Steamship Company, the Hamburg-American Packet Company, and the Compagnie Générale Transatlantique, the Netherland Steam Navigation Company offers reduced rates of transportation to visitors to the Congress. The Hamburg-American Packet Company announces that the concession also applies to the families of members.—*Medical News.*

A MODEL SUBSCRIBER.—Dr. N. J. Thompson, of Graball, Texas, upon being sent a bill for *The Texas Health Journal*, writes: "Your notice of subscription was a surprise to me, as I have not received *The Journal* for four years. Four years ago my post-office was changed to Graball, Wash-

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ington County, and as I had not received *The Journal*, I supposed that you had long since discontinued it. However, as it was *my fault* that I did not notify you of the change, I herewith enclose amount of subscription, which is \$7.00." May the Lord continue in the future, as He is at present, with Dr. Thompson. Although the doctor had not received *The Journal*, he, being an honest man, the noblest work of God, sends the amount and admits that it was his "fault" that *The Journal* address was not changed. We know of some fellows whom this statement should make ashamed.—*Texas Health Journal*.

BOOMING MEDICINE.—The insane rush of young men, and women, too, into the profession is chiefly owing to the extravagant puffing of a considerable portion of its members regarding the financial results of their labour. I have a couple of physicians in mind with whom I was familiar both as a youth and after entering the profession, whose careers are somewhat typical of the "booming" class. The one was the leading physician of a

large town. He claimed and was generally accredited with doing a practice of \$25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years, he suddenly collapsed, leaving his creditors in for over \$20,000. The other practised in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and had rarely time to take his meals; he lived quite inexpensively, except in the matter of horses; he took but one holiday during his whole career; and he affected, and was generally supposed to be possessed of, fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than \$5,000. I can name a score of men in the profession to-day, who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does it more injury than any other affliction to which it is subjected.—*Dr. J. P. Armour, in Medical News*.

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A NEW METHOD OF MEDICATION.—The subject of the employment of animal extracts or tissues in the treatment of disease is exciting very general interest among physicians abroad and in this country. The cosmopolitan professional circles of England and America are enthusing over the results already obtained with certain of these remedies. In an article on "The Treatment of Myxœdema and Other Diseases by the Use of Certain Organic Extracts," Dr. Hector N. G. Mackenzie presents in the *London Lancet*, Jan. 21st, 1893, an interesting *resumé* of the results he has already obtained with this method of medication. Dr. W. A. Hammond also contributes to the *New York Medical Journal*, Jan. 28th, 1893, a paper under the title, "On Certain Organic Extracts: Their Preparation and Physiological and Therapeutical Effects." To physicians interested in this new and promising method of relieving certain diseases hitherto unamenable to treatment by other means, Parke, Davis & Co. announce that they are ready to supply two of these medicaments: Decalcified Thyroids in powder, representing in permanent form the thyroid gland of the sheep; and Cerebrin, prepared after the formula of Dr. Wm. A. Hammond. It is the purpose of this house, who are the first manufacturing chemists of this country, to place these remedies before the medical profession in an eligible form, and who will be pleased to send reprints of Dr. Mackenzie's and Dr. Hammond's articles, and afford all desired information concerning the products now announced, to extend their line of this class of products as fast as experience justifies their therapeutical use.

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions

exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

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A MONTHLY REVIEW

SENT TO EVERY MEMBER OF THE PROFESSION IN CANADA, BRITISH COLUMBIA, AND NORTH-WEST TERRITORY, BY THE MEDICAL COUNCIL OF THE RESPECTIVE PROVINCES

MANAGING EDITOR - - - - R. B. ORR, M.D.

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