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By the Medical Councils of the respective Provinces

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CONTENTS.

Publishers' Department.

List of Advertisers.

SUMMER DIARRHŒA. — In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of listerine, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect. It can be administered at short intervals after eating, as soon as regurgitation, distension or acidity occurs. Its action in arresting excessive fermentation is prompt; besides, it exercises a decided sedative influence on the mucous membranes of the stomach. The thymol, menthol and boracic acid which, with the quota of alcohol necessary to their proper admixture, form the principal elements of listerine, lend to this compound a special value in this class of cases.—*New York Medical Journal.*

CYCLING AND THE SADDLE.—Bicycles have taken the country and the world by storm, and are fast coming into universal use. That they have accomplished no end of good none will dispute; that they have brought with them certain evils, though not perhaps understood by people in general, is distinctly recognized by the medical profession. This does not result from any defect necessarily inherent in the bicycle but from faults in its construction, particularly in the saddle employed. Speed has been quite generally the object primarily aimed at, the health of the rider being given very little consideration. From a medical standpoint bicycle saddles are, as a prominent New York physician expressed it in a recent article, "physically and morally injurious. The entire weight of the body comes on the soft tissue of the pelvic floor. The sensitive tissues, subject to such pressure and irritation, must suffer, and the evil cannot yet be estimated." As all physicians are well aware, few persons afflicted with urethral, prostatic or bladder trouble are able to ride a bicycle without materially increasing the dlfficulty. This must be distinctly charged to defective saddles, and the same cause will produce disease in perfectly healthy people. Hence the importance, the absolute necessity, of using a proper saddle cannot be exaggerated. As the writer referred to aptly expresses it: "A perfect saddle for either man or

[Continued on page 570

woman is one that will maintain the body in an easy and proper position. It must be a surface large enough to receive the tuberosities so that the weight comes on the gluteal muscles. It should have, like an army saddle, a hole in the centre, to relieve any injurious pressure. This will prevent urethritis, prostatis, prostatic abscess and costitis. The saddle should allow pedaling without needless friction. The rider should have a firm yet elastic seat." In the Christy Saddle, Messrs. A. G. Spalding & Bros. have secured a bicycle saddle that fully meets all the demands, and satisfies at once all medical and scientific requirements without losing any possible advantage in other directions. It is modelled in strict anatomical conformity to the parts of the body with which it comes in contact; comfortable yet firm cushions are employed and so adjusted as to properly receive the bony prominences of the pelvis. These cushions, which are removable, rest upon a perforated base, and, with a free circulation of air through the horn of the saddle, insure a cool seat, a most important consideration from the standpoint of comfort as well as hygiene. The frame is made of metal, and maintains its correct position under all circumstances. The saddle is easily adjusted at the proper angle. Numerous testimonials from eminent surgeons declare this saddle to meet all medical requirements, while eminent riders give it the highest praise.

RESIGNED.—Brown was taken suddenly ill. "Your case is a serious one," was the doctor's verdict on being called. "Now, doctor, tell me the truth; I am brave; I can bear it. What cemetery would you recommend?"—*Judge.*

EUROPEAN ENDORSEMENTS.—The *London Lancet* of March 28th, 1896, says editorially: "Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, etc., etc. It is not disagreeable to take, and may be had either in powder or tablet form, the latter being made in five-grain size. It is described as not a preventive of, but rather as affording a relief to, existent pain. By the presence in it of the amine group it appears to exert a stimulating rather than a depressing action on the nerve centres and the system generally. If this be so, it possesses advantages over other coal-tar products." The concise endorsement of the *Edinburgh Medical Journal*, which appeared in the January issue, is equally interesting: "This is one of the many coal-tar products which have lately been introduced into medicine in Scotland. In doses of three to ten grains, antikamnia appears to act as a speedy and effective antipyretic and analgesic."

A DIFFERENCE.—Criticus: "I don't believe there's much difference between genius and insanity." Struggling Author: "Oh, yes, there is; the lunatic is at least sure of his board and clothes."—*Tit-Bits.*

"AN English photographer," says the *Medical News*, "who sent out a picture of a foot showing an embedded needle, received a telegram from a customer, saying: 'Photograms received; very tame. Send more sensational ones, such as interior of belly, backbone, brains, liver, kidneys, heart, lungs, etc.'"

CHOLERA INFANTUM.—Physicians coincide in their views regarding the treatment of the summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, listerine alone, or listerine, aqua cinnamon and glycerine, or listerine, bismuth and mistura creta, will meet many requirements of the practitioner during the summer months. The following well-tested formulæ are submitted:

℞ Listerine ..... ℥ i-ii.
Simple syrup..... ℥ vij-vi.

M. Sig.: Teaspoonful every two or three hours.

℞ Listerine.
Glycerine (c. p.)
Syr. simpl.
Aqua cinnamon, aa ℥ i.

M. Sig.: Teaspoonful every one, two or three hours.

℞ Bismuth sub. nit..... ℥ ss.
Tr. opii ..... gtt. xx.
Syr. ipecac, Syr. rhei arom. } aa... ℥ ij.
Listerine ..... ℥ ss.
Mist. creta ..... ℥ j.

M. Sig.: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

McGILL UNIVERSITY, MONTREAL

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The Collegiate Course of the Faculty of Medicine of McGill University begins, in 1896, on Tuesday, September 22nd, and will continne until the beginning of June, 1897.

The Primary subjects are taught, as far as possible, practically by individual instruction in the laboratories, and the final work by clinical instruction in the wards of the hospitals. Based on the Edinburgh model the instruction is chiefly bedside, and the student personally investigates and reports the cases under the supervision of the professors of Clinical Medicine and Clinical Surgery. Each student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical wards for a period of six months each, and to have presented reports acceptable to the Professors on at least ten cases in Medicine and ten in Surgery.

About $100,000 have been expended during the last two years in extending the University buildings and laboratories and equipping the different departments for practical work.

The Faculty provides a Reading-Room for Students in connection with the Medical Library which contains over 15,000 volumes.

MATRICULATION.—The Matriculation Examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

COURSES.—**The Regular Course** for the Degree of M.D.C.M. is four sessions of about nine months each. **A Double Course**, leading to the Degrees of B.A. and M.D.C.M., of six years has been arranged.

Advanced Courses are given to graduates and others desiring to pursue special or research work in the laboratories of the University and in the Clinical and Pathological laboratories of the Royal Victoria and Montreal General Hospitals.

A Post-Graduate Course is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

Hospitals.—The Royal Victoria, the Montreal General Hospital, and the Montreal Maternity Hospital are utilized for purposes of Clinical instruction. The physicians and surgeons connected with these are the Clinical Professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the out-door department of the Montreal General Hospital alone last year.

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R. F. RUTTAN, B.A., M.D., Registrar,
McGill Medical Faculty.

NEW YORK has about 3,000 physicians, only 600 of whom are native Americans. Paris has 2,922, of whom 521 are foreigners.

THE TRANSCRIPT'S FAMILY CIRCULATION THE MOST DESIRABLE.—It is only necessary to take a look over the newspaper field to be convinced of the truth of the contention that it is character rather than mere size that makes a circulation valuable —character of the readers and character of the paper. There is in Boston, for example, the *Evening Transcript*, which is a most excellent newspaper, making no noise, but pursuing the even tenor of its way, without defiling the minds of its readers or spending a great amount of money for the frothy substance regarded by many papers as important news. It has a large and very lucrative advertising patronage." — *Newspaperdom*, New York, Jan. 30, 1896.

CHRONIC INFLAMMATION OF THE URETHRA COMPLICATED BY OLD STRICTURE.—Arthur Aulad, M.D., M.B., B.Ch., B.A.O., B.A., Rathmines, Defoe Road, Tooting, London, S.W., England, says: "I have very great pleasure in testifying to the extreme efficacy of Sanmetto. The only case in which I have used it was what I would call a test case, viz: one of inflammation of urethra of long standing, complicated by old stricture. I gave it in drachm doses three times a day, and in four days the patient was completely relieved."

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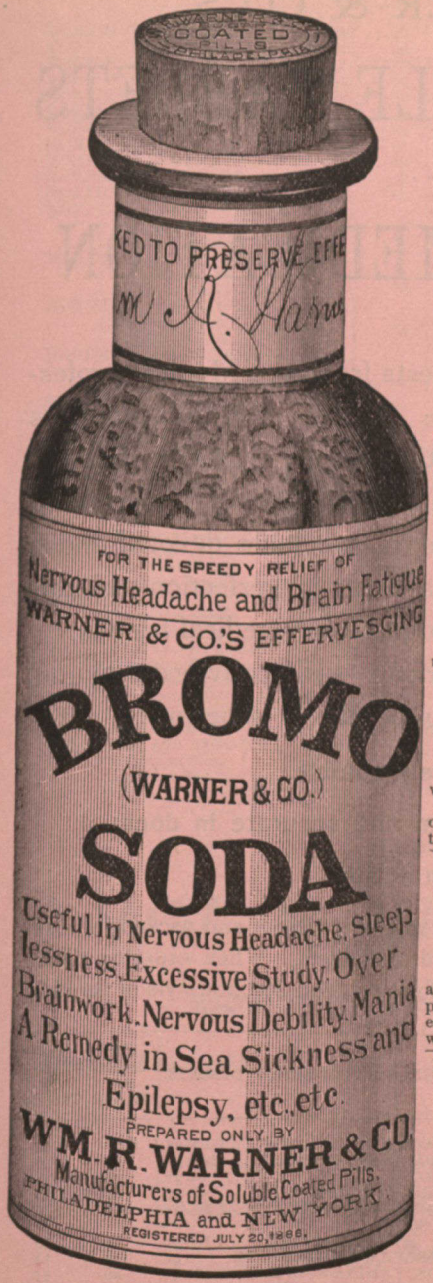

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APOMORPHINE MURIATE....1-8 gr.	1 10	26
APOMORPHINE MURIATE . .1-12 gr.	85	19
ATROPINE SULPHATE .... 1-60 gr.	40	12
ATROPINE SULPHATE.....1-200 gr.	30	10
ATROPINE SULPHATE.....1-150 gr.	30	10
ATROPINE SULPHATE.....1-120 gr.	35	11
ATROPINE SULPHATE.....1-100 gr.	35	11
COCAINE HYDROCHLORATE..1-8 gr.	50	14
COCAINE HYDROCHLORATE..1-4 gr.	90	22
COCAINE HYDROCHLORATE.1-10 gr.	45	13
COCAINE HYDROCHLORATE..1-2 gr.	1 60	36
CODEINE SULPHATE ..... 1-8 gr.	70	18
CODEINE SULPHATE .....1-4 gr.	1 00	24
CONIINE HYDROBROMATE.1-100 gr.	30	10
CONIINE HYDROBROMATE ..1-50 gr.	60	18
CONIINE HYDROBROMATE...1-60 gr.	50	14
DIGITALINE, Pure .....1-100 gr.	30	10
DIGITALINE, Pure .....1-60 gr.	50	14

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

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MORPHINE MURIATE .....1-6 gr.	$ 45	$ 13
MORPHINE MURIATE .....1-4 gr.	50	14
MORPHINE NITRATE .....1-4 gr.	90	22
MORPHINE NITRATE ..... 1-6 gr.	70	18
MORPHINE NITRATE .....1-8 gr.	55	15
MORPHINE NITRATE .....1-12 gr	50	14
MORPHINE SULPHATE .....1-8 gr.	30	10
MORPHINE SULPHATE .....1-6 gr.	35	11
MORPHINE SULPHATE .....1-4 gr.	40	12
MORPHINE SULPHATE .....1-3 gr.	50	14
MORPHINE SULPHATE .....1-2 gr.	65	17
MORPHINE AND ATROPINE No. 1, { Morphine Sulph. 1-8 gr. / Atropine Sulph. 1-200 gr. }	45	13
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MORPHINE AND ATROPINE No. 3, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-150 gr. }	50	14
MORPHINE AND ATROPINE No. 4, { Morphine Sulph. 1-4 gr. / Atropine Sulph. 1-100 gr. }	60	16
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MORPHINE AND ATROPINE No. 7, { Morphine Sulph. 1-6 gr. / Atropine Sulph. 1-150 gr. }	50	14
MORPHINE AND ATROPINE No. 8, { Morphine Sulph. 1-6 gr. / Atropine Sulph. 1-120 gr. }	55	15
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It is with pleasure that we report to you the experience of eminent physicians as to the valuable medicinal qualities of INGLUVIN, and to its superiority in all cases over Pepsin.

VOMITING IN GESTATION AND DYSPEPSIA

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

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

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

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

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

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

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

Yours respectfully,

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

CHOLERA INFANTUM

TREATED WITH INGLUVIN.

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

INFANT FORMULA

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

Sig.—One every 4 hours.

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

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

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

HOLLOWAY ENGLAND, Dec. 29th, 1895.

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

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

THE Bausch & Lamb Optical Co., of Rochester, has published a very fine catalogue of 250 pages, giving special information regarding their microscopes. The firm will be delighted to send it to any physician who intimates his desire to have it by dropping them a post card. The Bausch & Lamb Co. make more microscopes and a higher class of lenses than all the other firms in Canada and the United States combined. Their prices for this country are so reduced as to make them sell at the same price as the European goods can be bought for.

ENGLISH, QUITE ENGLISH, YOU KNOW!—The following is a cutting from the *British Medical Journal* of February 22nd: "*A Knotty Question.* —R. writes: I am an assistant. My chief has under his care a cottage hospital. Yesterday the matron informed me that a female patient was knitting a pair of socks for me—not my chief. Kindly say if I should or should not refuse the socks."

THERE are few firms who can boast of as many gold medals and first-class awards as can Benger & Co., of Manchester, England, manufacturers of the infants' food which goes by the same name. In the hot summer months the physician is safe in specifying this food, as it is absolutely pure and can be retained by the most delicate stomach. Benger's food has been endorsed by such widely known journals as the *London Medical Record*, *Lancet*, and *British Medical Journal*.

A MEMBER OF THE IMPERIAL FAMILY.—The most appalling misadventure befell the physician of the Emperor Rudolph the Second, who, in trying to feel his illustrious patient's pulse under the bedclothes, grasped a different part of the anatomy, and was informed of his mistake by His Majesty, in the following dignified words: "*Erras, amice, hoc est nostrum imperiale membrum.*"

THE DECADENCE OF OPIUM.—Wendell Reber, A.M., M.D., Pottsville, Pa., Oculist and Aurist to the Children's Home, under the above caption in the *Buffalo Medical Journal*, writes: "We would not banish opium. Far from it. There are times when it becomes our refuge. But we would restrict it to its proper sphere. In the acute stage of most inflammations, and in the closing painful phases of some few chronic disorders, opium in galenic or alkaloidal derivatives, is our grandest remedy—our confidential friend But here, the application should cease; and it is just here that the synthetic products step in to claim their share in the domain of therapy. Among the latter, perhaps none has met with so grateful a reception as antikamnia, and justly so; for among all the contributions of pharmaceutic chemistry, none so fully merits our confidence as this one. Given a frontal-temporal-vertical or occipital neuralgia growing out of an uncorrected ocular defect, it will almost invariably arrest the head

[*Continued on page 582*

pain, until such time as the ocular trouble can be corrected with glasses. In the terrific fronto-parietal neuralgia of glaucoma, or in rheumatic or post-operative iritis, it is of signal service, contributing much to the comfort of the patient; and I have sometimes thought, exerting an undeniable influence over the ocular disease. In this last group of cases I have seen the most benign effects follow the hourly administration of ten grs. of antikamnia until the pain is relieved. It will seldom be necessary to exceed sixty grains of the drug. Its range of application is wide. It is of positive value in certain forms of dysmenorrhœa; it has served me well in the pleuritic pains of advancing pneumonia; and in the arthralgias of acute rheumatism, on several occasions I have been able to allay with it the lightning, lancinating pains of locomotor ataxia; but nowhere do I employ it with such confidence as in the neuralgias, limited to the area of distribution of the fifth nerve. Here its action is almost specific, surpassing even the effect of aconite over this nerve."

THE Empire Tobacco Co., of Granby, Quebec, put up a line of cigars which cannot be excelled. Their "Something Good," cigar is very fine, and is made of the pure Havana leaf, and contains nothing in the way of adulteration. The price of those goods is reasonable and consistent with their excellent quality.

WHEN such a publication as the *London Lancet* says of a preparation that it "does not contain a single trace of impurity," the profession can depend upon the statement being true. The *Lancet* does not make a habit of endorsing any particular preparation, but the above statement was made by that paper regarding Imperial Granum Food, manufactured by John Carle & Sons, of New York city. This food is also spoken as highly of by the *New York Medical Record* and the *International Journal of Surgery*. We take pleasure in saying that we have prescribed this article for children from birth, and found that it is all that can be desired.

BADLY POSTED INDEED.—At a meeting of the British Medical Association, the discussion on neurasthenia and its treatment was introduced by Dr. Savage in the following words: "What is neurasthenia? There was once a professor who, on being asked what he knew upon a certain subject, replied: 'Nothing; I have not even lectured on it.'"

THE Everett House, Union Square, New York, is one of the most select hotels in that great city, and being down town close to the shopping district, will be found in every way most convenient. Physicians stay there in large numbers.

BOTT'S MALT STOUT, which received the highest award at the World's Fair in 1893, will be found to be most valuable for the use of patients, whose illness has caused much loss of flesh and weight. This stout was found on Government analysis to be the purest stout in the world, and that is quite enough as a guarantee.

DOCTORS IN ANECDOTE.—Dr. Abernethy, the famous Scotch surgeon, was a man of few words, but he once met his match in a woman. She called at his office in Edinburgh one day and showed a hand badly inflamed and swollen, when the following dialogue, opened by the doctor, took place: "Burn?" "Bruise." "Poultice." The next day the woman called again, and the dialogue was as follows: "Better?" "Worse." "More poultice." Two days later the woman made another call, and this conversation occurred: "Better?" "Well Fee?" "Nothing," exclaimed the doctor. "Most sensible woman I ever met!"

MESSRS. LEEMING, MILES & CO., of Montreal, have been appointed Canadian agents for Seabury & Johnson, of New York. Their advertisement appears on page 574.

MESSRS. LYMAN BROS. & CO. have been appointed Canadian agents for the preparation of Quercus Alba, manufactured by S. H. Kennedy, of Johnstown, N. Y.

THE TORONTO NURSING HOME

AND

COTTAGE HOSPITAL.

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

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

THE TORONTO NURSING HOME AND COTTAGE HOSPITAL

under the following regulations :

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

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

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

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

Both male and female patients will be received.

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

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

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

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

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

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

References given when required.

TORONTO. September 4, 1893.

WE are glad to know that the comparatively young firm of Scott & MacMillan, of Toronto, are meeting with such success with their pharmaceutical preparations. We understand that their cascara aromat. and vitallic syrup are being endorsed by the profession.

TO REMOVE FROM THE HANDS THE ODOR ACQUIRED IN MAKING A POST-MORTEM.—Every physician who has had occasion to make a post-mortem examination is familiar with the peculiar cadaveric odor which clings so tenaciously to the hands. Those also who have treated uterine cancer know the sickening odor of the vaginal discharges and how impossible it is to wash it from the hands. In such cases, the hands should be washed thoroughly with warm water and soap, and then listerine applied full strength. If listerine had no other use than this it would be of great value, but beside this, it is of inestimable value as an antiseptic, either internally or externally.—*Massachusetts Medical Journal.*

BY writing to A. L. Simpson, 270 Queen Street East, Toronto, physicians will be furnished with a sample of the elegant prescription pad gotten up by the National Prescription Blank Co., of Cincinnati, Ohio. This firm turn out every year more blanks than all the other firms in the United States combined. Their aluminum case is the acme of perfection in this line, being light to carry and elegant, yet not "loud" in appearance.

MESSRS. SHARPE & DOHME, of Baltimore, Md., have issued as handsome a catalogue as we have had the pleasure of seeing for some time. The printing and paper are both excellent, and as a reference book will be most useful to the practitioner. The firm will be pleased to furnish any physician with a copy on application.

THE firm of A. A. Marks, of Broadway, New York, are now manufacturing what is the latest and greatest improvement known to the orthopedist. It consists of a sponge rubber foot with a spring mattress. The foot is light, soft and durable, and will be found a most valuable aid to the crippled. There is no firm, either home or foreign, who are so far advanced in the manufacture of orthopedic apparatus of every description as Marks & Co., of New York. We take pleasure in referring our readers to page 561 of this issue, where their advertisement will be seen.

A SPECIFIC FOR HEADACHE.—In Paris a new novel, entitled "A Victim of the Guillotine," is all the rage just now. It is advertised on large posters at the street corners. By a singular chance one of these posters was partially covered by the advertisement of some patent medicine, which made it read as follows: "A Victim of the Guillotine—no more headaches."

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

Vol. VI. TORONTO, JUNE, 1896 No. 6

ORIGINAL ARTICLES.

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

DISLOCATION OF THE ACROMIAL END OF THE CLAVICLE, WITH REPORT OF FOUR CASES.

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

Since the first of the year 1895, four cases of displacement of the acromial end of the clavicle have come under my notice. The coincidence of so many cases of this special displacement induced me to examine the literature on the subject with a view of determining the relative frequency of it, its morbid anatomy, treatment, and functional results.

My own experience had led me to regard this type of clavicular dislocation as much less frequent than that at the sternal end.

The views of surgical authors on the relative frequency of this variety of displacement and the final results after treatment were found to be most discordant.

For instance, Boyer believed it much less frequent than dislocation of the sternal end. Hamilton and Cooper, on the contrary, were quite positive that the acromial type of clavicular dislocation was the more common. Gross stated that it occurred about once for every ten fractures of the same bone. He described three varieties,—the upward, downward, and inward ; the first being the most common. Ashhurst declared that there were but six cases of downward displacement of the clavicle on record. Agnew, Liddell, Maclise, and Key designated this injury a "dislocation of the scapula." Liddell believed it to be the most common dislocation. Agnew strangely observed that the downward displacement was the most common, and adds that for some time the upward displacement was denied.

No author stated the relative frequency of the sex in which this accident occurred, or the side of the body commonly involved. All are quite generally in accord on the difficulties in the way of successful treatment, though some imply that these cases are easy of management.

Of my four cases, there were three males and one female. In all the left shoulder was involved, and in all the dislocation was upward. In all, after treatment, there was a more or less marked displacement upward of the head of the clavicle, and a falling inward of the shoulder; but there was scarcely any diminution of the range of motion at the scapulo-humeral junction, or impairment of muscular strength.

Two were consultation cases, seen more than a month after injury, and two were hospital cases, examined shortly after entrance. In the two former, civil suits were about to be instituted.

These four cases of acromial dislocation presented so many interesting and unusual features that it occurred to me that these injuries deserve a more extended and critical examination than is generally bestowed on them in the average work on general surgery or dislocations.

For instance, we ought to know what the chief factors in causation are: (1) why the bone dislocates rather than fractures; (2) what the extent of restoration will be, under the most approved methods of treatment, and what these were; and (3) the question regarding the ultimate functional utility of the shoulder, in those cases which resist reduction.

We may best answer these questions by first considering the anatomical structures, their functions and relations, the morbid anatomy after injury, and then adding personal experience. This latter is of some importance, I have found, because of the tendency of authors to dogmatize on a special series of cases, which possessed peculiar features and came under their own immediate care; quite often ignoring the opposite opinions of others whose experience was equal to or greater than their own.

It may be set down as an axiom that, after a dislocation, the extent of impairment of function will always be in direct ratio with the diversity of motion and degree of strength in the joint involved.

Now, in order to determine the extent of articular restraint, which so many expect after luxation, we will do well to view the joint involved from a mechanico-anatomical standpoint.

The scapulo-clavicular junction, though permitting of almost constant motion in respiration and shoulder-action, is restricted within a very narrow limit, and is not essential to either.

Anatomically, it very closely approaches a regular arthrodia. Like the shoulder-joint, it rests against a nearly flat surface, but very slightly notched in its centre. Unlike the former, however, it has no muscular or tendinous investment. We sometimes find its capsule bifid, with an intervening fibro-cartilage dividing it. The broad, nearly flat articular surface of the clavicle rests against the outer surface of the acromian process, at a point which would correspond with the head of the coracoid process. It, therefore, lies

immediately over the shoulder-joint. Because of its position and relations, it is capable of displacement in three directions in *complete* luxations, viz., (1) outward ; (2) upward ; (3) downward.

The joint being entirely devoid of any muscular investment, the bones are maintained in position by a powerful tendino-ligamentous covering. Over it the deep cervical fascia is thick and dense, blending and interlacing with the tendinous expansions of the trapezius muscle, which stretches over from the acromial spine along with the thick, overlapping sheath of the deltoid from below. These overlying structures are so knitted and matted together as to fix the joint with all the security that we observe in the tarsus. Besides this defensive investment from without, we have the coraco-clavicular or sigmoid ligament, which does not immediately include the joint, but yet preserves a firm grip on the clavicular shaft, in such a manner as to draw it downward and hold the head of the clavicle in position. The superior and inferior acromial ligaments, so called by most anatomists, are little more than reduplications of the muscular aponeurosis in the vicinity of the joint.

The clavicle serves the purpose of a shaft, or horizontal brace, to press the shoulder away from the centre of the body and steady it in position. Every motion of the shoulder can be exercised without this joint or even the clavicle, as we know from cases in which this bone has been resected for malignant disease, yet full shoulder-action is maintained.

As bearing on this, I might cite the case of a stevedore, who, while intoxicated, completely fractured his clavicle at its outer third. He left the hospital immediately after the adjustments were applied, and drank more liquor that night ; in the morning he tore off all the dressings and went to work, where he continued until union was complete. Then, in consequence of the great overriding of the fragments, so large a hyperostosis formed as to compress the brachial plexus and paralyze the arm.

The causes of luxation at the acromial end of the clavicle are mainly two. The first is the predisposing or determining ; the other is the immediate or proximate.

With a bone so exposed and situated between two fixed points as the sternum and scapula, we would expect to find luxation here much more frequent. But we will observe that the clavicular shaft has a double curve, and is therefore well adapted to resist and diffuse force applied at either end.

In examining several specimens of this bone, we will notice in some the shaft nearly straight, and of disproportionate length. This gives that configuration of the body known as "broad shoulders." This type is badly calculated to resist great force, and readily fractures. In others, again, we will find the sigmoid curve sharply marked, the bone short and very thick. In those who have an inclination to the "round shoulder," but nothing short of great violence will disorganize the bone, though when great force is applied, and something must give, luxation will probably occur. It has been noted that, normally, the extent of motion at the acromio-clavicular articulation is very slight ; but there are instances in which it is distinctively

excessive. In two such cases, after injury, which have come under my notice, the erroneous diagnosis of fractured clavicle had been made. Probably defect of development, an absence of that well-balanced harmony in growth so essential to articular integrity and perfection, may also contribute to bring about this condition.

Active Causes.—These are various forms of physical force,—*i.e.*, something directly striking the body, or the body in a fall coming with great force against some fixed object ; concentration of force being spent over the scapulo-clavicular joint.

In clavicular fractures, indirect violence is commonly in operation ; but here, in order to tear this bone from its firm attachments, we have every reason to believe that the force must be direct.

The under surface of the acromial end of the shaft is suddenly crowded upward, while simultaneously the shoulder is violently pressed downward and inward.

Diagnosis of this injury should not be difficult, when the head of the bone has been torn from its capsule and its deep ligaments have given way ; nevertheless, if one is not cautious in examination an error is easily made, and we may pass the case off for a sprain or fracture. In shoulder injuries, the general impression prevails that when the upper segment of the humerus and the clavicle have escaped fracture, and there is no dislocation of the humeral head, no serious lesion has occurred.

In acromial dislocation of the clavicle, unless we strip our patient and put the shoulder through *various motions*, it may be entirely overlooked. It is my belief that this dislocation is more common than is generally supposed ; but as it is so prone to escape detection and does not materially affect function, it is overlooked. In two of my cases it was not recognized until some weeks after the injury, and then only on a critical and special examination.

It seems highly improbable that it should be confounded with a scapulo-humeral dislocation, clavicle fracture, or a fracture through the acromial end of the scapula. In the latter, as the acromial flange of bone is firmly held in place by the muscles, extensive displacement, as in pelvic fracture, is quite impossible.

The only injury in this anatomical district, which at all simulates it, is a fracture through the acromial end of the clavicle, or epiphyseal separation in the growing immature subject.

Morbid Anatomy.—In all these cases, the act of dislocation completely tears away the capsular envelope, and thus totally destroys the joint.

In all cases the acromial ligaments are probably ruptured, and if the sigmoid escapes, it is only at the expense of extensive laceration or stretching, for, without this, the extent of displacement we encounter would be impossible.

[*To be continued.*]

TRACHEOTOMY—A FEW PRACTICAL HINTS ON THE OPERATION.

By WALTER HAMILTON, M.B. (Tor.), M.D., C.M.

One of the most trying cases which a young surgeon or physician will meet, trying alike in its surrounding circumstances, in the celerity with which its exigencies must be met, and also as a test of the coolness, good judgment and practical knowledge of the practitioner, is that condition indicating the operation of tracheotomy. In fact the great anxiety of the family, the presence, generally, of the entire surrounding neighborhood, critically on the watch, and the serious and critical condition of the patient, demand at once the greatest skill and expediency on the part of the doctor, and no time is allowed in which to temporize, consult, or delay in any form ; he must act promptly and immediately, and on his intelligent management of the case depends, perhaps, his future professional standing in the community, always, in the case of "the young doctor," inclined to be severe, captious and sceptical.

During the last six months it has been my fortune to have met three of these cases, all of them bad ; one, happily, not requiring operative interference, but still necessitating active treatment of an hour's duration in order to insure a favorable termination. In the case referred to, A. S., aged six years, a small pellet of potato had become fixed in the windpipe, seriously obstructing the passage, causing the long-continued, harsh, grating inspirations, attended by convulsive movements of the limbs, followed by protracted periods of complete prostration, the child being in a state of collapse, with death-like pallor and all the concomitant symptoms of asphyxiation. In No. 2, the patient, J. D., aged six years, had swallowed a prune stone, which became impacted in the trachea, immediately under the cricoid cartilage, necessitating the passage of the forceps upwards from the site of incision and the removal of the offending morsel. But in No. 2, and in my third case, a woman, M. E., aged twenty-eight years, there was hardly even the amount of respiratory movement, or even attempts at it, that there was in the first case, No. 3 being almost strangled by the impaction of a large-sized piece of meat, which she had drawn into the trachea while laughing at dinner.

Now in these cases, where there is still somewhat encouraging attempts at respiration, although slight, and which we may hope to further strengthen, with the necessary treatment of access to fresh air, etc., as called for, we, in case of such a patient as No. 1, by invigorating and strengthening the sufferer, may hope to have the matter ended by the coughing up of the cause of the trouble as the patient improves ; but in cases Nos. 2 and 3, action, and that immediate, is indicated.

As regards this operation, in the dead, it is an easy and simple matter to open the trachea, but in the living it may be attended with the greatest difficulties, differing in character and circumstances in different cases. The attendant dyspnœa is of the most serious type, the patient being found with head bent forward and chin dropped, so as to relax the parts as much as possible, and on the surgeon's attempting to raise the head the action is attended with, in almost every case, a severe paroxysm of dyspnœa, presaging instant suffocation. The muscles of elevation and depression, acting spasmodically, draw both the trachea and larynx up and down with such force and rapidity as to bring the cricoid cartilage within half an inch of the sternum. And here it may be well to state that there is not much space between these parts normally, as in a person of average height, sitting in an easy position, the distance is barely one inch and a half, and by stretching the neck three-quarters of an inch may be gained, but even then we have not more than seven or eight rings above the sternum. None of these rings may be ascertained by external manipulation, the second, third and fourth being covered by the isthmus of the thyroid gland. Also in the passage of the trachea downwards, it recedes more and more from the surface, and in the space immediately above the sternum, in a short, thick-necked adult, it would be nearly one inch and a half from the skin.

Among the complications to be perhaps met with are (1) the distention of the great thyroid veins descending in front, (2) the presence of a middle thyroid artery, while in children (3) the lobes of the thymus gland may extend up in front of the trachea, and (4) the left vena innominata may cross it unusually high ; so that all considered the least difficult and the best mode of procedure is, as advised by the English surgeons, to make the line of incision just below the cricoid cartilage ; and if more space is required, to pull down the isthmus of the thyroid gland, or if the case be that of a child, to divide the cricoid cartilage itself, always remembering that in the median line is the line of safety in all incisions.

Now, in this operation we are generally told to stand by preference on the right side of the patient, and having determined the exact relation of the parts, to fix the trachea by the left hand, with fingers on one side and thumb on the other, at the same time stretching the skin at the side of incision. Now, the manipulation in regard to these directions in most cases brings forward effects very different from those aimed at, especially in the attempts to keep the windpipe steady, causing the following : (1) the fore-fingers and thumb upon the right side of the larynx pressing with more or less force backwards in order to keep the organ in place, has the effect of considerably aggravating the dyspnœa (especially if no anæsthetic is being employed), also (2) flattening the pipe against the vertebral column to some extent, (3) of increasing the depth at which the part to be incised can be reached, also (4) frequent failure to fix the larynx which, susceptible of motion from the slightest pressure, is pushed still more out of reach by the increased pressure made to secure it. All of this inconvenience is the result of pressure exerted

backwards by the fingers placed upon the skin immediately on either side of the windpipe.

The point of importance to which I desire to draw attention was first broached by W. Leonard Braddon, F.R.C.S.E., and although the matter seems so simple as to provoke a doubt as to its value, yet anyone who tries it will find it so effectual in practice as to have little doubt as to its advantage. Let the surgeon place his left hand, as widely expanded as possible, over the neck of a child in the position for tracheotomy ; then resting his fingers upon one and the thumb upon the other side firmly upon the skin, as far to the side of the neck as they will reach, gradually draw in the thumb and fingers and the skin (and loose tissue underneath) with them, towards the median line ; as the sides of the windpipe are approached, a little more pressure, made in a backward direction, will place the ends of thumb and fingers in a position in which they almost meet behind the larynx, which is thus firmly held by the encircling hand in a position in which all the great blood vessels, etc. (which *have* been wounded) and the vertebral bodies (which it is recorded, have *blunted a knife-point*) are far out of harm's way, the windpipe itself starting forward and standing out prominently under the skin, which is yet fairly stretched (and can be stretched more tightly) over the site of incision, and lying both as superficially as could be desired, and as perfectly under control, while the necessary pressure is distributed all around, instead of acting directly backwards upon the tube so as to flatten or displace it.

211 Bathurst Street, Toronto.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The annual meeting of the above association was held in Windsor, June 3rd and 4th. Dr. F. LeM. Grasett presided.

Dr. Machell opened the discussion on Obstetrics by a paper on

The Treatment of Puerperal Sepsis.

Since the introduction of antisepsis and asepsis the mortality of lying-in institutions had dropped from 10 per cent. to 0.5 per cent. or less.

For 1893, he had noted by the returns that deaths from "puerperal diseases" (not puerperal sepsis) were: Toronto, two in 4,153 births; Hamilton, 1,109 births with none; Ottawa, 1,089 births, with one; London, 604 births, none; County of York, 5,559, one. These reports did not give us any idea of the frequency of "puerperal deaths" in these places.

It was to be remembered, too, that there were many cases of mild puerperal sepsis which do not kill the patient, but leave her a physical wreck. It was pretty well established that puerperal is really a surgical fever (that is, a fever produced by the introduction of bacteria), modified by the puerperal state.

The patient should have a well-ventilated, perfectly clean room, and clean linen. The accoucheur's hands and nails should be made thoroughly aseptic and then soaked in an antiseptic solution for several minutes. For often, this was done very imperfectly. It was recommended that the external genitals should be cleansed. A healthy woman, clad in clean clothing, lying upon clean bedding, on a clean bed and in a clean room, was quite ready for labor, and it would be the fault of those who touch her if she had puerperal fever. The uterus should be well emptied. Portions of membrane were sometimes left behind; they should always be removed when this can be done easily and without much force. As routine practice he does not recommend douches before or after labor. Lacerations of the perineum cervix or vaginal walls should be attended to at once. The essayist called attention to the importance of a correct diagnosis early in the disease. For often it was the rise in temperature was diagnosed as constipation, mammary disturbance, or some intercurrent non-obstetric disease as tonsilitis, epidemic influenza, typhoid fever, and pre-existing inflammatory disease of the pelvis. The principal points in the differential diagnosis of these were referred to. The treatment of the various types and degrees of sepsis was outlined. Examination of lacerations for signs of infection and exploration of the endometrium would usually show where needed to be done.

The essayist detailed the technique of curetting and douching. This thoroughly done would give satisfactory results in most cases. There was a class of cases, though, in which the amount of poisoning was very great, which seemed to resist any and all treatment. A third variety was that complicated with pus tubes, or ovarian disease, in which the septic trouble was generated by the trauma of labor, the uterus being involved. In such cases abdominal section was

indicated. The general constitutional treatment was described; but the essayist contended that if less medication and more local attention were given our records would be better. Theoretically, the staphylococcus antitoxin should be of use in these cases. Whether it would become so practically remained to be seen.

In discussing this paper, A. A. Macdonald said that the profession should not allow the impression to get abroad that cases of sepsis resulted from their negligence, as many cases were auto-infected, as in patients with pus tubes. The thermometer was not always to be depended upon in the diagnosis of these cases, for in some cases fever was not a prominent symptom. The pulse and other physical signs should be noted as well. Before curetting the uterus in a septic case, he irrigated with hot sterilized water.

A. McPhedran presented a paper on

Tongue-like Accessory Lobes of the Liver.

Some authors had stated that these mal-formations were the result of tight lacing or the dragging of an enlarged gall-bladder. This he had not found to be the case in the seven cases reported. The first case was that of a woman aged forty-two, who complained of irregular pains in various parts of the body, was very nervous and dyspeptic. The pulse rate was rapid, but the temperature normal. The abdomen was tender and somewhat distended. A tumor-like mass was found below the right costal margin. It was smooth and somewhat elastic and movable. From behind its lower border a second mass could be felt adherent to the main mass, the whole descending somewhat with inspiration. Operation revealed a broad thin process of the liver reaching below the umbilicus, and behind it and adherent to it was the right kidney, which formed the rounded secondary mass. Cases two and three were somewhat similar as to symptoms, but the processes, instead of being broad and thin, were long and narrow. Case four: Mrs. F., the wife of a physician. Menses painful. Had symptoms of miscarriage in 1895, followed by pelvic abscess, which discharged in the urinary tract. A mass in the right lumbar region led to the probable diagnosis of abscess in connection with right kidney. Operation exposed a tongue-like lobe of the liver behind which lay the right kidney, healthy. The abscess was not discovered. Case six was a baby aged eleven months. Symptoms, acute indigestion, fever, constipation, anæmia, great thirst, distended and tender abdomen, defecation of green mucus with a little fetid matter. On operating, a tongue-like mass was found attached to the liver. Death occurred next day. Post mortem revealed a condition of hæmorrhagic pancreatitis. Two other interesting cases were also reported.

Dr. J. P. Armour, of St. Catharines, read a paper on the

Rational Treatment of Typhoid Fever,

which he briefly summarized as follows: During the stage while the appetite is greatly impaired, milk, beef tea and broth would form a satisfactory diet, but if milk is distasteful, oatmeal gruel, soda biscuit and

egg, with coffee, would give satisfactory results. The administration of alcohol depended on the condition of the pulse and the avidity with which the patient took it. For the relief of neuralgic pains, he recommended the coal-tar products. During the first week he advised a brisk purgation—calomel for three hours alternately once in twenty-four hours by a dose of salts. During the second week administer diluted intra-muriatic acid in sweetened water. Purgatives should be given at considerable lengthened intervals. By the purgative treatment the temperature was kept in check, but tepid bathing once or twice a day would do much to the comfort of the patient. The rationale of this treatment was that in typhoid the various alimentary secretions were held in check, but the alkaline glands of the intestines were over stimulated by the bowel lotions. In this alkaline medium the germs throve, and its presence favored laceration and sloughing. The action of the acid and purgatives was to stimulate the various secretions — the bile, etc., nature's antiseptic, and these relieved the condition. This treatment had given him the most satisfactory results.

Dr. Wm. Burt opened the discussion in surgery on

The Treatment of Mammary Carcinoma.

The results of the surgical treatment of cancer of the breast were so startling, as compared with our former achievements and aspirations, that he might say a new era had dawned upon us. It was well, however, to advance cautiously. It was well to have a critic, and no doubt he had already censured Halstead for basing his statistics on the three years' limit. The reader then described the degree of completeness which characterized the modern operation as done by well known operators. Early diagnosis and the wide operation accounted for the good work that was now being done. Few women would refuse to submit to operation if they knew that the death rate was practically nil—none at all in Halstead's fifty cases, and only one in Cheyne's sixty-one. The essayist then cited cases of his own where he had used the wide operation with good results.

Dr. Welford, in discussing this paper, said that the great lessening in the mortality of operations for cancer of the breast was due to the introduction of antisepticism, ascepticism and a greater perfection in the surgical art. But what, he asked, was the cause of the high mortality from recurrence? Was it because the disease was so insidious? That it was hard to recognize early? Because the surgeon delayed too long in advising removal even after diagnosis had been made? Or was the question of operation not too often left to patients to decide, who did not understand the danger? Or was it due to a faulty operation? Ninety per cent. of all mammary tumors being carcinomatous, the benefit of the doubt should be given to the procedure of early removal. The speaker then dwelt on the pathology of this disease and its manner of growth, both of which lead him to conclude with the leader of the discussion that early and complete removal was imperative. This he also proved as the result of experience. His first case was one in

which he did the complete operation sixteen years ago without any recurrence. The doctor recited some of the interesting features of cases he had under observation.

Dr. McKeough discussed this paper. He said the same antiseptic and aseptic precautions should be taken in the operation for cancer of the breast as in an abdominal operation. If they were thoroughly carried out and an operation done early and thoroughly, and by thoroughly he meant the complete operation, the chances for cure would be exceptionally good. The amount of skin sacrificed should correspond to the prominent part of the organ. It should be undermined and all lobules, some of which extend in the fatty tissue as high as the clavicle inward to the sternum, and downward to the abdominal muscles and outward to the latissimus dorsi, should be carefully removed. Pectoral fascia in which the lymphatics run should also be removed. Cheyne recommends shaving a layer of the pectoral muscle. This was usually sufficient. Halstead, however, removes the whole muscle. Of course if the nodules of Cowan are to be felt the whole muscle should be removed. To reach the result, incision is made along the lower border of the pectoral muscle, the fingers or a blunt dissector should be used to clear out the axilla. Keen, who had operated on over two hundred cases, says he cannot detect the enlarged glands of the axilla once in ten times until it is opened. He called attention to the importance of removing the structures *en masse* and emphasized the rule that diseased structure should be cut into.

The Preservation of the Perineum.

A paper of this title was read by C. D. Oliver. This was a subject of vast importance, because the failure on the part of the obstetrician to care for the perineum during labor led to many painful after histories recorded by the gynæcologist. Many women dated an epoch of suffering from the first confinement. Lacerations of the perineum were of far too frequent occurrence. A good deal of credit was due to the man who successfully repaired a torn perineum properly. Where it did not do so, his practice was to stretch the perineum in advance. As full expansion occurred, with two fingers above the occiput, he drew it down, thus introducing the thin edge of the wedge, so to speak. He had followed Olchausen's plan of expelling the head in the interval between the pains by means of the thumb and finger in the rectum. Four years' careful study had convinced him that this was the method par excellence. The second finger of the right hand was introduced into the rectum beyond the child's chin. The disengaged left hand should be used to press the perineal tissues from each side towards the medial line. The patient is cautioned not to bear down and the head is brought into the world at the will of the operator.

Dr. Harvey, of Wyoming, Ont., read an excellent paper on

Bronchopneumonia in Children.

The doctor said that bronchopneumonia is confined principally to the two extremes of life, the child and the aged, and he would deal alone with that affecting the former. He

began by describing the structure of the lung in fœtal life, infancy and adult life, and explained how the connective tissue, which at six months old constituted more than fifty per cent. of the embryo lobule, at five years of age is a fibrous stroma, containing nerves, blood-vessels and lymphatics. At this state the lobule is in a condition to be easily irritated and inflamed with consequent symptoms of bronchopneumonia.

After stating that bronchopneumonia is an essentially different disease from the croupous pneumonia in adults, Dr. Harvey divided his essay into the pathology, cause, symptoms, termination and treatment of the disease. He described the pathological state of the minute bronchi, the bronchi proper and the blood-vessels invested by the disease. As to cause, the doctor said it was either primary or predisposing, or secondary, or exciting. He mentioned the predisposing causes, such as bad sanitation, damp, vitiated atmosphere, etc., and the many diseases whose effect is especially marked on the mucous membranes. Among the exciting causes were chills, draughts, inhalation of foreign material, etc.

With regard to symptoms the doctor said that, of course, they would be mainly febrile in the earlier stages of the disease, with physical symptoms of bronchitis, and later those of pulmonary collapse and discharge of purulent sputum. He dealt briefly with the termination of the disease, and continued by stating that as far as treatment was concerned the object should be three-fold: (1) To equalize the temperature; (2) Liquefy the exudate and assist in throwing it off. (3) To keep up the system until the first two objects are attained.

The doctor then, after advising that the patient should be kept in a steam-moistened room, gave an excellent system of treatment, the salient points of which are these: The bowels should be constantly relaxed, preferably with mercury; emetics should be given when the child becomes cyanosed; stimulants he advocates all through the disease; expectorants when the sputum becomes tenacious, and he advocates the use of nervous stimulants to regulate the heart's action.

Dr. Harvey then concluded by stating that diet, most carefully and systematically prescribed, was of great consequence.

Dr. Charteris, of Chatham, then read a paper entitled

Diphtheria and Its Treatment.

The doctor began by stating that the object of his paper was to elicit a discussion upon the treatment of diphtheria, particularly by antitoxine. After describing the general symptoms of diphtheria, he said that he looked upon it as a purely local disease, and treated it accordingly. He had great faith in a gargle as follows:

℞ Tinct. ferri mur.
Pot. chlor.
Glycerine.
Aqua.

Sig.: To be used every two hours. The doctor also spoke of the use of listerine and carbolic acid, a spray of peroxide of hydrogen solution, and the administration of quinine in fair sized doses, and strychnia in small doses. After treating briefly with

the use of mercurial inhalations, he turned his attention to antitoxine. This drug, he said, had been before us since 1891. The doctor gave some statistics of the many cases treated with antitoxine with favorable results, but thought that although the solution should be given every attention, it should not be used indiscriminately in all cases. He advised its use in those malignant cases where the larynx is involved. He said that he had used the remedy in some cases with gratifying results, obtaining complete resolution in from fifty to sixty hours. The doctor explained that the administration of the remedy was most easy, and should be repeated within twelve hours. He said he preferred the gluteal region as the site for injection. In conclusion, the doctor drew attention to the fact that the sick-room should be kept in an antiseptic condition, and that the patient should be given a thoroughly nourishing diet.

Wednesday Evening Session.

Dr. E. E. King gave a demonstration of the Röntgen photography, taking a skiagraph of a hand. He gave an account of its discovery, and pointed out its utility in surgical diagnosis.

Dr. H. Crawford Scadding gave an exhibition of Dr. Frederic Hewitt's apparatus for the administration of nitrous oxide gas and ether, and the apparatus for the combined administration of nitrous oxide gas and oxygen, and spoke of the safety and efficiency of anæsthesia produced in this way.

Surgical Section.

Dr. T. K. Holmes reported three surgical cases. The first patient was a man aged forty-four, who for some years suffered from pain in the right hypochondrium, dyspepsia, and had become greatly emaciated. He was in great fear of impending death. Examination of the abdomen revealed an enlarged movable right kidney. Nephrorrhaphy was resorted to. The usual lumbar incision was made, exposing the kidney. The capsule was stripped back to secure a fresh surface about an inch wide. Three silk sutures were passed through the muscles and fascia of the denuded kidney and through the fascia and muscles of the opposite side. The symptoms gradually disappeared. The patient regained his former weight. Opinion was divided as to the propriety of operation in these cases, but where symptoms were so distressing it was surely justifiable. Often failure resulted from the insecure anchoring of the kidney.

The second case was the report of the removal of a renal tumor by an anterior operation, the kidney itself being involved. The ureter and renal vessels were tied separately. An uneventful recovery followed.

Case three was a pelvic tumor in a young woman aged thirty, slightly movable but firmly connected with the uterus. Abdominal hysterectomy was recommended and after a time consented to. After opening the abdomen, the ovarian vessels were ligated near the pelvic brim on either side, clamped towards the uterus and severed between. Next the round ligaments were ligated near the uterus, cut through and the two incisions

connected, to open the top of the broad ligament. Incision was then made through the vesico-uterine peritoneum from the severed round ligament across to its fellow, freeing the bladder. It is pushed down with a sponge so as to expose the supervaginal cervix. The body of the uterus was then pulled to the opposite side to expose the uterus artery on the side opened up. The vaginal position of the cervix was located with the thumb and forefinger, and uterine artery, seen or felt, tied just where it leaves the uterus.

Drs. Carstens, Eccles, McGrau, McLean and Metcalfe discussed the paper.

The Treatment of Abortions.

A paper thus entitled was read by Geo. T. McKeough, Chatham. Upon the proper management of cases of abortion the patients usually would do well; if improperly managed the patient would become a chronic invalid, a victim to the gynæcologist. The essayist dealt with the prophylactic side of the question first. All local or constitutional causes should be sought for and removed. In threatened cases opium and rest were the indications. Morphia would control the pain and hæmorrhage, arrest the uterine contractions, and prevent the expulsion of the fœtal contents. The technique of tamponage, where demanded for hæmorrhage, was then fully explained.

Dr. Longyear, of Detroit, discussed the paper.

THURSDAY MORNING.

Dr. G. R. Cruickshank, of Windsor, read the next paper, entitled

The Diagnosis of Typhoid Fever.

The doctor began by stating that next to phthisis and diphtheria, there was no disease which received so much consideration as typhoid fever. He said that only a short time ago a mortality of nineteen per cent. was considered a good result, but that now Dr. Woodbridge, of Ohio, claims a plan of treatment and a list of cases to show that the mortality is only a fraction of one per cent., but whether, as some physicians assert, a good many of these cases are not typhoid at all, or not, there is no doubt that the diagnosis of the disease becomes a matter of great concern. The doctor then stated that not long ago Windsor offered a peculiar opportunity for studying the disease. By an unusual combination of circumstances manure slightly diluted was pumped into the water mains, and there was a consequent outbreak of fever, concerning the diagnosis of which the local medical men differed in opinion. Dwelling on direct diagnosis, he said, "The occurrence of the parasite in the red blood corpuscle is sufficient and pathegnomonic." The doctor said that he procured the blood from the lobe of the ear, the part being first washed well with soap and then with alcohol. He said that if this specimen be immediately sealed it would last for hours. The parasite may be seen in any stage of development, from a small spot to one almost filling the corpuscle, and that without the microscope the diagnosis of malaria and typhoid fever was difficult. He quoted Dr. Osler, who says, "Among 333 cases of malaria and 389 of typhoid treated at Johns

Hopkins University, in no instances have the diseases been concurrent." In the before-mentioned outbreak of fever, some of the 150 to 200 cases were, the doctor said, typhoid without doubt, but that others, though showing many typhoid symptoms, lacked others. He stated that cases of typhoid have been reported where there was no rise of temperature, and that instances might be produced to show that no one symptom is infallible. The doctor continued by saying that it was of little use to examine for the bacillus in the fæces, as it could be present in the system and not in the excretæ.

The next paper read was that of Dr. Hodge, of London, on

The Treatment of Phthisis.

The doctor, quoting from Dr. Barney Yeo, stated that, "To effect a cure in phthisis, the conditions of cure must exist, viz.: (1) Early recognition of the disease; (2) The early occurrence of hæmoptysis is favorable, as it draws attention to the pulmonary condition; (3) A natural tendency to a fibrous rather than a caseous metamorphosis of the exuded products; (4) Absence of excessive tissue sensitiveness or irritability; (5) Absence of hereditary taint; (6) Introduction of few bacilli or of bacilli of low energy or of mitigated virulence; (7) The channel by which the bacilli is introduced is of importance; (8) A sound organic state of patient." Dr. Hodge, continuing, said, "There can be no doubt that Koch's discovery, that phthisis is due to specific bacillus, is correct." He therefore divides the treatment into two styles, by attacking the bacillus or by the adoption of measures of which the great aim is the promotion of nutrition. The doctor said, first, How can we best promote the nutrition of the patient, and thus increase the number and activity of the phagocytes, thereby rendering more probable the destruction of the bacilli? and second, How can we best influence the virulence of the bacilli? First, promotion of nutrition: (*a*) By a careful system of diet; and (*b*) By favorable surroundings. Dr. Hodge expressed his opinion with regard to change of climate, which he thought was at times cruel, especially in an advanced case, but he advocated unrestricted fresh air. And after dealing eloquently with the subjects of exercise, bathing and clothing, he said, with regard to medicinal treatment: Medicines are used for the following purposes: (1) To improve the nutrition of the patient; (2) To influence the virulence of the bacillus; and (3) To relieve special symptoms. In conclusion, the doctor said that he believed the best results to be obtained by careful dieting, by seeing that the surroundings of the patient are such as will conduce to his comfort and vigor, and at the same time exhibiting such medicines as cod liver oil, hypophosphites, arsenic, bismuth and malt preparations. Lastly he said, "While conducting the treatment on these lines, I think, in view of the high testimony borne to the efficacy of creasote, we would not be justified in withholding it, but should give it in as large doses as the patient can bear."

Dr. Geikie opened the discussion on the treatment of phthisis. The doctor contended that medical men should discountenance marriage

between members of consumptive families. He had often given this advice, but had often found it ignored. He condemned the practice of tubercular mothers nursing their children. It should be seen to that the wet nurse was not tuberculous. He emphasized strongly the abundance of pure air and good food. Digestion should be carefully looked to. Speaking of specific medicines, he gave the first place to cod liver oil, quinine in small doses, iron in soluble form and strychnine were of much benefit. He referred to the use of atropine in very small doses with strychnine, hypodermically, as of much value. He placed creasote and its various preparations in a high place in the treatment of phthisis. The doctor referred to the climatic and other lines of treatment in a long and exhaustive address.

Dr. Stewart, of Detroit, said: I desire to corroborate what has been said in regard to the value of strychnine in the treatment of phthisis. Dr. Thomas J. Mays, of Philadelphia, in an article on "Fat in Pulmonary Consumption," published in the *Times and Register*, May 25th, 1895, calls attention to the same fact and states that he finds strychnine to be a more powerful stimulant to the processes of tissue metabolism than cod liver oil. In the section on materia medica, pharmacy and therapy, of the American Medical Association, of which I was chairman, during the recent meeting in Atlanta, quite an interesting controversy occurred between the followers of Klebs and Paquin. Dr. Ambler, of Asheville, N.C., read a paper on "Antiphthisin," which was discussed by Dr. Klebs, who was present in person. During his discussion, Dr. Klebs said that he had tried Paquin's horse serum, but had found no benefit from its use. The followers of Paquin got back on him the next morning, however, by passing a condemnatory resolution in regard to "Antiphthisin," which it seems was open to ethical objections, the name being registered as a trade mark, and a patent being applied for at the Patent Office in Washington.

I noticed recently a very interesting paper by the past assistant surgeon, W. D. Bratton, published in the annual report of the supervising surgeon-general of the United States Marine Hospital Service for 1895, in which the author called attention to the necessity of high, dry, and mild climate. His paper was entitled "Arid Region Sanitarium for Tuberculosis Patients of the Marine Hospital Service." He recommended a mild climate in connection with dryness and altitude as opposed to those who advocate a high, dry and cold location. He said the only part of the country where we may reasonably expect to find the desired condition of climate is the southern end of the elevated, dry, mid-continental region, viz.: in New Mexico, Arizona, Western Texas and South-western Kansas. In such a location he advises that the Government should build a sanitarium, to which should be sent incipient cases of phthisis and those not far advanced and in fairly good condition.

Dr. M. V. Mann read a paper on

The Absorbable Ligature in Abdominal Surgery.

This paper advocated the sterilized catgut ligature for treating the

pedicle after abdominal sections particularly, and in all other abdominal and gynæcological work, except intestinal sutures. He pointed out the difficulties in cauterizing the pedicle, an old method revived by Mr. Tait, who had become dissatisfied with the silk ligature.

Two Cases of Slow Pulse.

This was the title of a paper by Dr. P. A. Dewar, of Essex. (Patients shown.) The first patient had had malaria and acute rheumatism. Last two years had become dyspeptic and emaciated. Pulse 20, which dropped for a time to 16, going as high at times as 36. Epilepsy ensued. The second patient was a man in fair health. The pulse was irregular, and running 25 to the minute. The reader of the paper asked if there was any relation between the epilepsy and the slow pulse.

Dr. A. A. Macdonald read a paper on

Occipito-posterior Positions.

Some writers claim that this position is very frequent, others that it is very rare. The essayist believed that in many cases which began as such, turning took place during the descent of the head. Penron was quoted as saying that he thought this was the obstetric difficulty, in his experience, that had caused the most maternal and fœtal deaths, and the most maternal and fœtal accidents—where the occiput had rotated into the hollow of the sacrum, and which had been improperly treated. In cases where this position of the head was suspected, Dr. Macdonald recommended the administration of an anæsthetic and the introduction of the anointed, aseptic hand into the uterus if necessary, first to definitely establish the diagnosis, secondly to turn the head into a O. L. A. or O. R. A. The essayist reported several cases where he had adopted this procedure with gratifying results.

Missed Abortion

was the title of a paper presented by Dr. F. R. Eccles, London. He defined missed abortion or missed miscarriage to be a neglect of the uterus to empty itself after the ovum has perished. The signs were irregular pains and hæmorrhage following amenorrhœa of pregnancy, followed by the disappearance of pregnancy. A failure in health usually followed. Dr. Eccles reported several cases which had come under his observation and treatment.

Dr. Primrose read a paper on "Amputation at the Hip for Advanced Tuberculous Disease."

Dr. R. A. Reeve read a paper on "Conservative Surgery of the Eye."

To the Ontario Medical Association:

Your Committee appointed last year to consider the question of lodge practice, begs to report: That it cannot propose any fixed scheme yet applicable to this whole Province, but it strongly condemns the growing evil and recommends that an effort be made to have each society in the province take the subject into its consideration and purge itself in any way whatever by making lodge practice by any physician *discreditable.* All of which your Committee herewith begs to present.

J. D. SPENCE
Chairman Int. Com. Lodge Practice.

Report of Committee on Nominations: President, Dr. Coventry,

Windsor; 1st Vice-President, Dr. F. R. Eccles, London; 2nd Vice-President, C. K. Clarke, Kingston; 3rd Vice-President, H. T. Machell, Toronto; 4th Vice-President, J. P. Armour, St. Catharines; General Secretary, J. N. E. Brown, Toronto; Assistant Secretary, E. H. Stafford, Toronto; Treasurer, G. H. Carveth, Toronto.

Place of next meeting, Toronto.

The profession of Windsor were indefatigable in their efforts to entertain the members of the Association. The first evening's entertainment consisted of a cruise up and down the Detroit river. Music, dancing and refreshments *ad lib.* composed the prescription. In the afternoon of the second day they took their guests in hand and showed them "The various points of interest in Windsor and vicinity." The entertainment was thoroughly enjoyable.

PROVINCIAL BOARD OF HEALTH.

The second quarterly meeting of the Provincial Board of Health convened in the Parliament buildings at 11 a.m., April 28. The members present were Dr. Macdonald, Dr. Rae, Dr. Covernton, Dr. Kitchen, Dr. Cassidy and Dr. Bryce. After the minutes of the previous meeting had been disposed of Dr. Bryce drew attention to several important changes which have come into force under the new Act relating to births, marriages and deaths. Any person wishing to examine the records of births, marriages and deaths must now do so at reasonable hours, and pay a fee of 25 cents. The clerk of every municipality other than counties is now constituted the division registrar, who must on or before the 15th days of January or July in each year make his returns for the preceding half year to the Registrar-General. He must also keep a local index book, in which all the original returns are to be entered.

Another important change, as pointed out by Dr. Bryce, is one connected with the health department of the Act. Every division registrar is required to make a return on or before the fifth day of every month, on post-cards supplied by the Registrar-General prepared for the purpose, of all deaths from contagious disease occurring within the municipality during the preceding month. This clause was inserted in the Act owing to the fact that accurate returns had hitherto been almost an impossibility.

In regard to the registration of births, in future every medical practitioner attending at the birth of a child is required to give notice forthwith to the registrar of the division.

The only change in regard to marriages is that anyone performing the marriage ceremony must report to the registrar within thirty days instead of ninety days as heretofore.

Changes in Registration.

The changes in regard to the registration of deaths were pointed out by Dr. Bryce as of the utmost importance, the clauses inserted to guard against premature burials being most stringent. The occupant of a house in which a death takes place, or if the occupant be the person who has died then some person residing

in the house, must before the interment of the body supply the division registrar according to his or her knowledge all the particulars required to be registered in the form provided under the Act, and the medical practitioner last in attendance must forthwith send to the Medical Health Officer of the municipality a certificate under his signature of the cause of death.

Dr. Bryce also pointed out that in future it will be illegal for a pallbearer to act at a funeral unless he has first seen a certificate of registration, clause 23 of the Act stating "that no removal for burial of the dead body of any person shall take place, and no undertaker, clergyman, sexton, householder or other person shall engage in the burial of the dead body of any person unless a certificate of registration has been previously obtained and shown to the person so removing or engaging in the burial of the dead body; provided that when death from a contagious disease has occurred in any township a certificate of registration from the nearest division registrar after revision by the Medical Health Officer of the township, and his certification thereof endorsed thereon, shall be sufficient; but such division registrar shall forward the certificate to the registrar of the division in which the death occurred."

The caretaker or owner of any cemetery or burial ground, or the clergyman having charge of a church to which a burial ground is attached, is also held liable under the Act unless he has first received a certificate from the division registrar that the particulars of the death have been duly registered. To facilitate the work of reporting all particulars, Dr. Bryce stated that every medical practitioner in the Province would be furnished with forms for the purpose, which they will be required to fill up and send to the proper officer.

The reading of correspondence was next taken up, and occupied the time until the noon adjournment.

At the afternoon session considerable time was taken up in disposing of the large amount of correspondence accumulated since the last meeting.

Among the many communications received was one from Dr. James W. Oliver, Niagara Falls, drawing the attention of the Board to the practice of embalming bodies previous to interment. Apart from the fact that the injection of antiseptic solutions prevents the speedy decomposition of the bodies after burial, which he stated was most desirable, he mentioned a further objection to this practice, viz., the possible interference with the claims of justice. The solutions used, he said, contain certain poisons, so that in poisoning by any of these a post-mortem investigation would be futile.

On the motion of Dr. Cassidy, seconded by Dr. Kitchen, the following resolution on the subject was unanimously adopted:—"That the evil which exists from the increasing and very prevalent practice of embalming previous to sepulture of dead bodies calls for action on the part of the Board, and that it be hereby recommended to the Lieutenant-Governor in Council to adopt a resolution of the Board requiring the permit of the Medical Health Officer of the municipality in every case

before the operation can be carried out."

A batch of correspondence was also submitted from Dr. C. R. Maclean, of Meaford, in regard to the water supply of that town. From the samples submitted for analysis the results showed that the water they were drinking was not Georgian Bay water, as was expected. The water contained forty-nine parts of chlorine per million, while the Georgian Bay water only contains two. Mr. John Mackenzie, who made the analysis, conjectures that the source of the town's water supply is an underground water flowing along the hard pan from the higher ground to the well instead of coming in by the pipe from the bay. After some discussion the matter was referred to the Committee on Water Supply.

Several communications were received from municipalities in different counties regarding the prevalence of lumpy jay in cattle. This matter, on the motion of Drs. Cassidy and Kitchen, was referred to the Committee on Epidemics to investigate and report upon.

A petition from the ratepayers of Himsworth, Muskoka, that an account of $71.77, incurred in taking care of diphtheria patients from lumber camps, be paid, was approved on motion of Dr. Cassidy and Dr. Kitchen.

Mr. Joseph Wrigley, Secretary of the North Dumfries Board of Health, wrote on behalf of that body stating that the town of Galt, contrary to a resolution adopted by the Provincial Board, was preparing to empty the sewage of that place into the Grand River, which would be injurious to the health of the people living along its banks. The matter was left over for future consideration.

The report of the committee on the Windsor outbreak of typhoid fever was then taken up clause by clause, but as there were forty-five pages of closely written copy only a small portion of the report had been considered at the hour of adjournment.

The Board reassembled at 11 a.m., April 29. Present: Drs. Macdonald, Covernton, Cassidy, Rae, Vaux, Kitchen and Bryce. The morning session was spent in listening to and discussing the elaborate report on the question of the Windsor and Walkerville water supply, it having been shown that an outbreak of typhoid fever had occurred through the pollution of the Detroit river by sewage. It was decided to recommend the Councils of Windsor and Walkerville to construct an intake pipe to a point in Lake St. Clair at which the sewage would be avoided.

When the Board met in the afternoon a communication was read from Dr. John R. Stone, Medical Health Officer of Parry Sound, giving particulars of an outbreak of diphtheria in that place, and enclosing a resolution of the Local Board of Health refusing to quarantine the houses in which the disease existed. The letter asked for the intervention of the Board, and Dr. Stone's action was approved.

A report was received on the condition of the Simcoe county jail, and a number of sanitary changes suggested were adopted.

Dr. Cassidy, chairman of the Committee on School Hygiene, presented

a report on the project of Dr. J. G. Adams to inspect school children's teeth. The following recommendations were adopted: That dental inspectors be appointed by local Boards of School Trustees to periodically visit schools and examine children's teeth; that a dental hospital be started in Toronto for the benefit of poor children, who would not be able to pay dentists for necessary services, which work, it was considered, would be as useful and necessary as that performed by other public hospitals; that the attention of the Minister be drawn to the matter.

Mr. Michael Nesbitt, of Brant Township, County of Bruce, representing the Reeve, was present on the part of petitioners of the township against the use of the Saugeen river for an inflow of the sewage of the town of Walkerton. He was heard after the Secretary had related the circumstances of the case and read the correspondence. It was decided in this case that the Secretary inquire into the whole matter and report to the Board.

After the reading of some correspondence it was decided that the Committee on Abattoirs be instructed to continue its work, and prepare a model by-law to aid municipalities in putting into force the Act passed last session for the inspection of meat and milk supplies of cities and towns.

The Board then adjourned.

Special Meeting.

A special meeting of the Provincial Board of Health was held June 9th at the Parliament buildings. Drs. Macdonald, Cassidy, Covernton, Kitchen, Vaux and Bryce were present at the morning session. The Secretary reported the present position in the matter of the public water supply of Windsor, and indicated the steps being taken in the matter. Dr. Bryce presented the report on sewerage *re* the inspection of the sewage farm at Berlin. The following recommendations were made: (1) That the fields of the sewage farm be ploughed about once a fortnight; (2) that the distributing pipes be covered; and (3) that an acre of the farm be covered with sand, so as to act as a filter and prevent a nuisance, particularly when, as during the day, a large quantity of sewage is discharged on the field. The report was adopted, and copies directed to be sent to the town of Berlin and the townships of Waterloo County.

A report was read by Mr. McKenzie respecting a nuisance at Port Dover. The nuisance is caused by fouling of Patterson creek. The recommendations of the report were adopted.

The Committee on Sewers reported on the disposal of the sewage of the town of Galt. A system of precipitating and purifying the sewage in tanks was recommended. The report was adopted.

On motion of Dr. Covernton, the following resolution of condolence with the family of the late Dr. Rae was passed: "The members of the Provincial Board of Health are desirous at the present meeting to express their deep sorrow at the death of their much respected friend, Dr. Rae, whose inestimable qualities, as a representative and most valued member, were by all held in the

greatest esteem, not only as a much-cherished friend, but also on account of his ripe judgment and great experience in all matters brought before his fellow-members. The members of the Board desire to express to the members of his family their deep sympathy in the great loss they have experienced."

At the afternoon session there were present Drs. Macdonald, Kitchen, Cassidy and Bryce. The Secretary submitted the plans for the proposed extension of the water-works intake of Goderich. After a discussion of the matter it was postponed for fuller investigation, and the Committee on Water Supplies was instructed to examine into it and report at the next meeting.

The report of the Joint Committee on Food and Drinks, and legislation on the regulations and recommendations for the establishment of abattoirs and cattle yards in Ontario was submitted, and, on the motion of Dr. Bryce, seconded by Dr. Cassidy, the report was received and adopted, and the regulations forwarded to the Government for approval.

The Secretary submitted the plans for the extension of the old and the establishment of a new cemetery for Southampton, and the application of the Council of that village for the sanction of the Board to such purchase for cemetery purposes. On motion of Dr. Kitchen, the proposed site for the new cemetery was approved of.

On motion of Dr. Cassidy the Board went into Committee of the Whole to consider the report of the Committee on Sewers on the plumbing by-law of the City of Stratford. The report of this committee approving of the by-law was adopted.

The Board then adjourned.

THE CANADIAN MEDICAL ASSOCIATION.

The following gentlemen have promised to read papers at the August meeting in Montreal of the above Association: Prof. Adami, Montreal; Prof. Osler, Johns Hopkins University; Dr. John Stewart, of Halifax; Dr. Lapthorn Smith, Montreal; Dr. Geo. Wilkins, Montreal; Drs. J. E. Graham, McPhedran, Primrose, and Price Brown, of Toronto. Dr. Jas. Thorburn, the worthy President, is doing everything in his power to make the meeting a brilliant success. Committees have been appointed by the Medical Councils of several of the Provinces to meet with the Association's Committee on Inter-Provincial Registration, to see if something can be done to bring about the greatly to be desired reciprocity between the Provinces.

MEDICAL COUNCIL MEETING.

The Medical Council of the College of Physicians and Surgeons of Ontario commenced its thirty-first annual meeting at two o'clock on Tuesday, June 9th. President Dr. Harris, of Brantford, occupied the chair. The other members of the Council present were: Dr. Armour, St. Catharines; Dr. Barrick, Toronto; Dr. Bray, Chatham; Dr. Britton, Toronto; Dr. Brock, Guelph; Dr. Campbell, London; Dr. Dickson, Pembroke; Dr. Emory, Toronto; Dr. Fowler, Kingston; Dr. Geikie, Toronto; Dr.

Graham, Brussels; Dr. Hanly, Waubaushene; Dr. Henderson, Strathroy; Dr. Henry, Orangeville; Dr. Logan, Ottawa; Dr. Luton, St. Thomas; Dr. Machell, Toronto; Dr. Moore, Brockville; Dr. Moorhouse, London; Dr. McLaughlin, Bowmanville; Dr. Reddick, Winchester; Dr. Rogers, Ottawa; Dr. Rosebrugh, Hamilton; Dr. Sangster, Port Perry; Dr. Shaw, Hamilton; Dr. Thorburn, Toronto; Dr. Thornton, Consecon, and Dr. Williams, Ingersoll.

Dr. Harris, the President, in opening the meeting, made an address of some length, in which he expressed his appreciation of the hearty co-operation he had received during his term of office from his fellow-members of the Council. The kindly and unfailing support which had ever been given to him would continue to remind him of the feeling of unity and loyalty which existed in the profession. He congratulated the Council on the material progress it had made during the year in matters affecting the profession in legislative halls. In closing his address, which was highly applauded by the meeting, he wished the Council every prosperity for the future.

The following officers were then elected for the ensuing year: President, Dr. A. F. Rogers, Ottawa, acclamation; Vice-President, Dr. Jas. Thorburn, Toronto; Registrar, Dr. R. A. Pyne (re-elected); Treasurer, Dr. W. T. Aikins, Toronto (re-elected); Solicitor, Mr. B. B. Osler, Q.C., Toronto (re-elected); Official Stenographer, Mr. Alex. Downey, Toronto (re-elected). The following committee was then appointed to strike standing committees: Drs. Geo. Logan, Ottawa; B. Moore, Brockville; W. W. Dickson, Pembroke; H. T. Machell, Toronto; L. Brock, Guelph; J. H. Sangster, Port Perry; E. J. Barrick, Toronto; J. Henry, Orangeville; W. H. Moorhouse, London; James Thorburn, Toronto; J. L. Bray, Chatham; R. Reddick, Winchester; J. A. Williams, Ingersoll.

The committee adjourned for an hour to allow the work of striking committees, and on reassembling the following report, which was adopted by the Council, was presented:

Registration Committee — Drs. Rosebrugh, Campbell, Dickson, Barrick, Hanly, Roome, Shaw.

Rules and Regulations — Drs. Emory, Hanly, Luton, Reddick, Machell.

Finance—Drs. Dickson, Armour, Bray, Brock, Henderson.

Printing — Drs. Luton, Emory, Henry, Barrick, McLaughlin.

Education—Drs. Britton, Fowler, Graham, Harris, Logan, Moore, Moorhouse, Sangster, Williams.

Property—Drs. Emory, Barrick, McLaughlin, Machell, Thorburn.

Complaints—Drs. Shaw, Armour, Reddick, Henry, Geikie.

A number of notices of motion, which will come up for consideration to-day, were given, and the meeting adjourned.

The New President.

Dr. Amos Frankford Rogers, of Ottawa, was born at Bradford, Ont. He was educated by a private tutor at the Bradford Grammar School, and afterwards attended Upper Canada College. He received the degree of M.D.C.M. at McGill University, and

has also the degrees of L.R.C.S. Edin., and L.R.C.P. Edin. He commenced practice in Ontario in 1876, and has been President of the Medical Society of Ottawa, and of the Bathurst and Rideau Medical Association. He was elected Vice-President of the Council in 1895.

THE NEW VICE-PRESIDENT.

Dr. James Thorburn has long been a hard worker in the Council, and deserves the honor conferred upon him. He was born in Queenston, Ont., in 1830, and received his early education from the late Dr. Russell, of Stamford. He studied at Toronto University and at Edinburgh University, and graduated in medicine in 1855. Since then he has resided in Toronto. Dr. Thorburn has taken an active part in militia affairs, having been a surgeon in the Queen's Own, going to the front with his regiment in 1866 at Ridgeway. He retired in 1878 with the rank of surgeon-major. He is consulting physician of the General Hospital, Boys' Home, Upper Canada College, and other institutions.

At the meeting on Wednesday morning the per diem allowance for the members while attending its sessions came up for discussion. As things are now, each member receives $12.50 per day during the sessions, but there were some members who thought this was too much of a good thing. Dr. Shaw, seconded by Dr. Henry, introduced the motion to reduce the allowance to members of the Council while in session from $12.50 to $10. In the discussion which ensued the whole question was thoroughly gone into and took up the whole of the afternoon session. The motion was finally defeated, so that the allowance remains the same as before. It was moved by Dr. Emory, seconded by Dr. Williams, that the following be appointed to take into consideration the question of the examinations, with a view to make them a more equable and genuine test of the attainments of the candidates and report upon the same to the Council during its present meeting, viz., Dr. Harris, Dr. Moore, Dr. Sangster and the mover and seconder. This was carried without much discussion.

On Thursday morning a communication was read from Dr. Charles O'Reilly, house physician of the General Hospital, inviting the members of the College to visit the institution. This communication was received and the invitation accepted.

Dr. Armour, of St. Catharines, moved, seconded by Dr. Sangster, that the legal advice of Mr. Christopher Robinson, Q.C., be obtained on the following questions:—(1) Had the Medical Council at the annual session of 1895 the legal right to assess an annual tax on the medical profession for the years 1893 and 1894, as enacted in clause 3 of by-law 69? (2) To what proportion of the arrearages of the annual tax which are outstanding at various dates from 1874 to the present time can section 41*a* of the Medical Act be legally applied for their collection? (3) Are there any members of the medical profession as it now exists exempt from the operation of section 41*a*? Also that Drs. Williams, Henry, Campbell, Armour and Sangster be appointed a delegation to wait on Mr. Robinson and secure the above advice.

There was considerable heated discussion, and the question at last

hinged upon whether the Council should overlook the advice of Mr. B. B. Osler, their own solicitor. Drs. Armour, McLaughlin, Sangster and Thornton spoke in favor of the motion, urging that its adoption would in all probability result in a saving of litigation and expense to the Council. Drs. Barrick, Britton, Graham, Machell, Moore, Shaw and Williams opposed the resolution, alleging that it was unwise in one year to attempt to undo the work of the previous year and unwise also to disinter that which had been a bone of contention at the previous session and which it had been fondly hoped had been safely buried last year, never to be again resurrected, and characterized seeking advice from Mr. Robinson (whose ability and acumen none could question) as a direct affront to Mr. Osler, who has acted as counsel for the College for many years and whose advice has always been sustained by subsequent events, a counsel in whom the members of the College possess every confidence. The motion was defeated by a majority of twenty-one to five.

That afternoon's session was devoted to committee work, the time of all the committees being fully occupied up to the hour of adjournment. At the evening session a number of committees reported, and a large amount of routine businees was transacted. The case of Dr. S. E. McCully was taken up but no action was taken.

When the Council met at their fourth session on Friday the 12th, they took up the question of establishing a general medical tariff for the Province. This will be prepared by a committee appointed for the purpose and will be submitted for approval to the High Court of Justice before being adopted. The resolution to this effect was moved by Dr. Henry and seconded by Dr. Dickson. Dr. Geikie, Dean of Trinity Medical College, moved a resolution to lower the necessary percentage for students to graduate from 60 to 50 per cent., and in chemistry from 50 to 40 per cent. The Dean thought the present system unjust. The resolution was referred to the Educational Committee.

The President opened the meeting sharp at 10 o'clock Saturday morning, June 13th, and the members were all in their places prepared for and looking for a hard day's work. On motion of Dr. H. T. Machell it was decided, in view of the use made by the profession of the Ontario Medical Library, to reduce the rent of the library room to the nominal figure of $1 per annum. Dr. Bray moved that the rules be suspended for the remainder of the session. On motion of Dr. Williams, seconded by Dr. Moore, a bill was introduced levying the annual fee and reinstating clause 41*a* of the Medical Act relating thereto. This bill provoked some discussion, but was finally adopted by a substantial majority of votes. The effect of this is that members who do not pay their annual fee of $2 to the Council will be struck off the register. The reports of the Registration, Finance and Printing and Education Committees were presented and adopted. It was decided to leave the question of publication of the announcement in the hands of Drs. Barrick and Emory, tenders to be called for.

Dr. Geikie presented his report as

delegate to the British Medical Association, which met in London, Eng., in August last year. The Doctor spoke of the very kind reception accorded to him in England as the representative of the College of Physicians and Surgeons of Ontario. On motion of Dr. Williams it was resolved that the annual meeting of the Council should commence on the first Tuesday in July, instead of as heretofore on the second Tuesday in June. On motion of Dr. Machell the chair was taken by the Vice-President, Dr. Thorburn, and a vote of thanks was tendered to Dr. Rogers, the President, for the able, impartial and dignified manner in which he had presided over the deliberations of the Council. Drs. Williams, McLaughlin, Luton and Sangster paid a very high tribute to Dr. Rogers in speaking to this motion. The President replied in his usual happy style, thanking the Council for the honor done him in electing him to the office, and for the earnest and hearty support given him by the members of the Council in assisting him to get through the business of the meeting on Saturday. Detective Wasson was reappointed prosecutor for the ensuing year. The minutes of the last meeting were read and adopted and the Council adjourned.

[We regret that owing to lack of space we cannot go more fully into Council matters this issue.]—ED.

THE International Conference of State Boards of Health met at Chicago, June 10th, 1896. Dr. Bryce represented the Ontario Board of Health.

British Columbia.

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

FIRST MEETING OF MEDICAL COUNCIL.

The first meeting of the new British Columbia Medical Council took place in Victoria on Monday, May 4th, and the following officers were elected: President, Dr. J. A. Duncan, Victoria; Vice-President, Dr. R. E. McKechnie, Nanaimo; Treasurer, Dr. W. J. McGuigan, Vancouver; Registrar and Secretary, Dr. G. L. Milne, Victoria.

Three candidates presented themselves for examination, viz., Drs. Hartin, Gomm and Campbell, all of whom passed successfully. Drs. Hartin and Campbell are going to practice in Rossland, and Dr. Gomm is intending to settle in Three Forks. The interior will now be pretty well supplied, as there are seven physicians practising in Rossland alone, a town of from two to three thousand inhabitants. Were it not for the existence of our present Medical Act, defective though it is, that whole district would be overrun by American adventurers calling themselves physicians and surgeons, but they have no encouragement given them now; wherever they are found practising they are pounced upon and fined from $25 to $100. During the last year, however, a couple of them have been able to conceal themselves in a remote mining camp, but one of them came up for examination and is now a licensed practitioner. In future there will be little chance for them, as the registered men are scattered all

through that country, and will report them to the Council as soon as they appear upon the scene; and it will not be long after that till some myrmidon of the law swoops down upon them and gathers them in.

In a future article we will give a further report of this session of the Council.

To the Editor:

SIR,—I am very much pleased to observe a letter from Dr. A. J. Emmerson, of Claude, Ont., referring to my article of the November number of this journal. I had intended to say nothing further on the subject, as I have no desire to obtrude views which might be distasteful to many readers. I am practically out of the field, at present at least, and I think I can calmly regard the situation and recognize no "sides" to the question. This question, be it distinctly borne in mind, is as to whether drugs or any agent or force is most successful in the relief or cure of disease when given on the homœopathic principle without reference to quantity. The small or infinitesimal dose does not enter into the matter at all, only incidentally.

Experience alone can decide as to the principle or the dose. Those who don't wish to avail themselves of the enormous experiences collectively of many thousands of doctors, may travel over the well trodden but long abandoned ground of substantial doses. Hahnemann himself did not dream of the direction in which experience led him, much less of the storm which broke over him as a sequence.

Those who may be interested to know the basis of the current posology would do well to read Herbert Spencer's article in the June, 1895, number of the *Popular Science Monthly*. He shows that ghosts and demonopathy played a prominent part in the matter, and while the ghosts have disappeared as an etiological factor, the devilish (that is the right word) posology survives!

Now for Dr. Emmerson's queries and suggestions. I am gratified by the spirit in which his letter is written, and I will try and answer in the same manner. He fears to trust the belladonna in so serious a case as some of the symptoms would indicate: intense headache, violent delirium, flushed face, throbbing carotids, intolerance of light and noise. But after a single trial he will never trust anything else. Moreover, excepting the delirium, the other symptoms in a moderate degree are found frequently in the headaches of plethoric persons generally, especially women—ante menstrual for instance, when there is no danger at all. I chose the symptoms indicating belladonna, because they are well marked, of frequent occurrence, and have no suspicion of hysteria.

I know how this proposition, especially the posology, looks from the ordinary standpoint, but I know well how it really is. Mind you, it will not do to diagnose the case as congestive headache, or meningitis, etc., and then give belladonna. It must be a headache with the symptoms named. But the more serious the case the more imperative the need of the belladonna. Many a case of puerperal eclampsia has been aborted by belladonna. And in acute

meningeal or cerebral inflammation, no remedy can take its place. Even if tubercular it will palliate. I make no qualification, and do you think I would likely court the derision of all the doctors?

In regard to the particular cases described, I will not risk any prescription when so much may depend on success—I mean as a test of the treatment in general.

Case (*a*) is probably one of lithiasis. Surely the urine should have been examined. If there is a "brick-dust" sediment—bright red crystals of uric acid, the homœopathic preparation of lycopodium clavatum will relieve promptly, and eventually cure the case.

Case (*b*). This may a subacute catarrh, and likely belladonna will promptly cure it. But I do not know this, as all the symptoms are not, I think, given. The subjective symptoms are usually the most important in selecting the remedy, and sometimes very trivial ones will decide the choice.

Case (*c*). This case is not sufficiently described. In all cases the sex is important, and the conditions of aggravation or amilioration. The temperament, the emotions, the mental condition, even the dreams are important. It would seem to be a case of gastrodynia, the clean tongue indicating with the well-nourished body a neurotic pathology mainly. If this be the case, and the sufferings are mitigated by warm or hot applications, which is likely, magnesia phosphorica, about No. 6 trituration, will cure. This is a remedy introduced by a Dr. Schussler, of Oldenburg, Germany, as one of his twelve tissue remedies. These remedies represent the inorganic constituents of the tissues. The others are calc. phos, natr. phos., kali phos., kali mur., natr. mur., calc. fluor, silicea, calc. sulph., natr. sulph., and kali sulph.

These remedies, it is claimed by Dr. Schussler, are not homœopathic, as he directs to apply them. This ought to encourage those whose sentiment has been cultivated against the very name homœopathy. And it is significant that this disclaimer of Dr. Schussler is made in face of the fact that he insists that his remedies be prepared according to the method of homœopathy, that is, by trituration in or with sugar of milk. Ten grains of the drug are added to ninety of sugar of milk, and this is thoroughly triturated in an unglazed mortar. This is marked 1x. Ten grains of this are added to ninety more of sac. lac., and triturated as before, and so on till No. 6 trituration is reached. If a larger quantity is wanted, which will be the case, the calculation needs only to be made on the ten per cent. basis, taking care not to add all the sugar of milk at one time, but about one-third at a time, to insure thorough incorporation. There should be a mortar and pestle for each drug. Hence very few doctors prepare their own remedies in the primary stages.

But notwithstanding that these biochemic remedies are prepared by the homœopathic mode, and are prescribed in infinitesimal doses, still it is claimed that they do not cure on the homœopathic principle. Dr. Schussler may be right, and for myself I affirm I do not care whether Dr. Schussler or his critics is right. What I do know is that both Dr. Schussler's

remedies and those of Hahnemann and his followers are splendidly effective in the cure of disease, and I don't care in the least whether anyone can explain the facts. The uniform testimony of those who have been educated in the ordinary channels, and of great experience, is that in comparison the ordinary treatment is the merest quackery.

This process of trituration develops some latent qualities of drugs subjected to it, and so does the process of dilution. They both convert inert substances into active medicinal agents, hence these processes have been called potentiation, and some doctor in Guelph wants to argue with the brethren in homœopathy in regard to the matter. Let me gently hint that argument is deprecated. I wish the initiated to remain neutral in this matter, or to communicate with me privately.

Now, what it is that takes place during the processes of dilution and trituration I do not know, nor do I care. I know something wonderful happens, and something which enables thousands of doctors to do wonderful things at the bedside.

Does the "regular" doctor know how or why opium produces narcosis and analgesia? Why does it affect the brain at all? How little we all know in regard to such matters. No one waits until he can know before he makes a practical use of a knowledge of facts. Who knows what electricity is? What is force or energy?

In regard to homœopathic pharmaceutics, all the drugs and vehicles of homœopathy are prepared as though no "regular" doctors or pharmacies existed. Every drug is kept religiously secluded or segregated from every other drug. The same vessel is not used for any two things. If the ordinary drugs and vehicles were used it is easy to see that a dozen or more drugs might be used at the same time. Still, I do not know that tinct. belladonna diluted with spiritus vini rect. of the shops would not be efficacious. But I would not trust it. In so serious a business absolutely pure drugs are imperatively required. There is a homœopathic hospital and pharmacy in Toronto, and anyone can witness the treatment and procure the reliable preparations for a few dollars—a complete outfit. By the way, there is also a Toronto Clinical Society. I challenge it to test belladonna. If nothing else will rouse it to action I dare it, schoolboy fashion, to test it! I defy it to fail, and this, too, even if belladonna tincture is diluted *ad infinitum*. There must only be the prescribed method in the madness.

A word to those whose prejudices restrain them, who still cling to the old idea that homœopathy is mere expectancy. There is only one honest course for all such, and that is to take down their signs and go into some other calling for a livelihood.

Fifty years ago Prof. Henderson, of the University of Edinburgh, said this: "It is often said that the success of homœopathy is owing to the omission of medicine altogether. But this opinion should be reconsidered if it leads to the conclusion, which I think it does, that some eighty or ninety per cent. of patients who employ medical practitioners would be better off without them."

"If it is nature," said Sir John

Forbes, "that cures in homœopathy, do we not by this admission inevitably expose ourselves defenceless to the shock of the tremendous inference that the treatment of disease on the ordinary plan is, to say the very least, useless?"

But, will some of those who think homœopathy is merely the *vic medicatrix naturæ* go forth to combat, say a case of neuralgia of a certain type, and see how long he will hold his patient. Others think that ordinary remedies are used on the sly. But thousands of doctors like myself don't know how to do so, and don't want to know. As well go back to Galen and his hot and cold, and dry and moist diseases and remedies. Turn this matter over as you may, the ordinary treatment is condemned. Mind you, I speak of it as a body of doctrine and practice.

Vaccination, antitoxine, Hg. in the lues, to say nothing of the various extracts of kidneys, thyroids, nerves, Pasteur's almost literal hair of the dog that bit you, etc., are all homœopathic.

But I will not insist on a mere name. Let every man form his conclusions in that respect, after knowing the facts. It is to these that I appeal. A few trials will settle the matter. A whisper from some patient out from under the bed clothes, whose brain has been racked with pain—the awful throbbing pain of acute inflammation—whispered into the ear of the anxious, kind-hearted doctor in answer to the usual enquiry, "better," and from the nurse, "she was better soon after you left," will do more, infinitely more, to convince than anything else.

I would reassure the doctors that I am in earnest. Will the simple test be made? I will be happy to hear again from Dr. Emmerson, privately or otherwise. My advice to all who would know the truth is to procure a moderate outfit of the homœopathic remedies. They are to be had already prepared for use, and some work on practice. Any simple work will do for a start. The road will soon open out. Any neighboring homœopathic doctor, I feel sure, will gladly assist in this matter. And I hope that the time is near when no physician will have to call himself "homœopathist," or in any way indicate sectarianism. If my advice shall be taken that time is almost at hand.

E. STEVENSON.

Vancouver, B.C., May, 1896.

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DIPHTHERIA VS. MEMBRANOUS CROUP.

In the Ohio *Sanitary Bulletin* for June appears a brief note which deserves the attention of physicians and sanitarians. It is as follows:

"In a small village near Columbus two children died of membranous croup. The local physician said it was not diphtheria and not contagious. A woman nursed one of these children, and it died in her arms. Her boy, a lad of nine, went with his mother to see the child. The lad was sick for two weeks with sore throat, which was not considered diphtheria; but about the time he recovered his mother developed an exceedingly severe case of diphtheria. The marked paralysis in her case left no doubt as to the nature of the disease. Boards of Health should treat all cases of membranous croup as diphtheria."

Quite so. But to make such a course operative and of service in preventing diphtheria, membranous croup should be made a notifiable disease. The work of a local Board of Health begins after a contagious disease has been reported. Medical science must take the first step by declaring membranous croup a contagious disease, and therefore notifiable.

Excluding its occurrence as a complication of diphtheria, it is everywhere a rare disease. This was Austin Flint's opinion as far back as 1884. It is said to be sometimes developed in connection with the affection of the pharynx in scarlatina, and it occasionally follows measles. In such associations, however, diphtheria probably exists and is the direct etiological factor in the production of membran-

ous croup. A cold, humid, changeable climate has been also considered causative, but that such conditions alone can produce the disease in question is extremely doubtful.

A real difficulty in estimating its etiology is that it sometimes proves fatal in young children between two and seven years of age without any exudation appearing in the pharynx. For instance, Dr. Horsey, of Ottawa, reports in our May number that the exudation appeared on the tonsils eight hours after an intubation, which he had done to save his patient from impending death by apnœa. Had this patient died at the time the intubation was done, the cause of death would, as Dr. Horsey says, be probably thought by some physicians to be membranous croup, *i.e.*, not a contagious disease, which is required to be reported to the Medical Health Office.

The inflammation and exudation, however, generally involve more or less of the pharynx, the point of departure being in some cases the larynx and in other cases the pharynx, oftener the latter.

If diphtheria, therefore, is not generally recognized as the causative factor in membranous croup, it proves that physicians neglect to make a bacteriological diagnosis, which would doubtless settle the question beyond a doubt.

It may be asking a good deal of a practitioner to intubate, or tracheotomize, a patient, and also make a culture of the exudation, but the index of modern medicine points in that direction, and only by such thoroughness can medical science be made worthy of her proud name.

The Doctor Himself.

The Publishers will be pleased to receive at any time, local or personal items from physicians which will prove of interest to the profession generally.

DR. MOFFATT has moved to 311 Parliament Street.

DR. R. C. COATSWORTH has moved to 341 Queen Street East.

DR. R. H. MASON, of Parkdale, lately visited Barrie and Allandale.

DR. J. S. HART, of Macdonell Avenue, Parkdale, has left for England.

DR. GEO. A. PETERS has been promoted to the rank of lieutenant in the Body Guards.

DR. HERBERT YATES and Mrs. Yates (nee Miss Bunting, Toronto), have returned from England.

DR. L. M. SWEETNAM resumed practice June 1st, having returned from an extended visit to the south.

DR. JAS. D. THORBURN was married on the second of this month to the daughter of Chief Justice Meredith.

DR. T. A. GREER, F.R.C.S., of Halifax, paid a flying visit ten days ago to his brother, A. E. K. Greer, barrister, Toronto.

DR. F. J. BURROWS, of Seaforth, has been appointed Associate Coroner for the County of Huron in place of Dr. Campbell, who removed to Brooklyn, N.Y.

DR. JOHN M. STEWART, of Chesley, has been appointed an Associate Coroner for Bruce County. Dr. Alfred Skippen, of Grand Valley, has been appointed an Associate Coroner for Dufferin and Dr. Michael James, of Mattawa, an Associate Coroner for the District of Nipissing.

DR. J. A. TEMPLE left for England the last week of May.

DR. BERTHA DYMOND, of College Street, lately spent a few days with her parents at Brantford.

DR. NORMAN WALKER and Mrs. Walker, Huron Street, have moved to Centre Island for the summer.

DR. G. S. RYERSON was lately presented at a levee held by the Prince of Wales at St. James' Palace, London.

DR. CLARENCE L. STARR, of 95 Bloor Street West, was last month elected a member of the American Orthopedic Association at its recent session in Buffalo, N.Y.

WE regret to know that Dr. Lang, of Vancouver, B.C., was severely injured in the awful bridge disaster near that city on the 24th ult., but we are pleased to announce that he is steadily improving.

SIR J. RUSSELL REYNOLDS, M.D., F.R.S., etc., physician in ordinary to Her Majesty's household, and the author of many valuable medical works, died in London, May 28th. The doctor was 68 years of age.

IN our report of the last meeting of the Simcoe District Medical Society, through a typographical error Dr. W. Lehmann, of Emsdale, instead of Dr. J. E. Lehmann, of Elmvale, was reported to have read a paper. We beg to correct this.

DR. JAS. H. RICHARDSON has been deposed from his position as Toronto Jail Surgeon by the Board of Control, a position he has filled honorably for over forty years. His duties are to be filled by Dr. Chas. Sheard, and to be included as part of his work as Medical Health Officer.

DR. K. C. MCILWRAITH has moved from College Street to No. 10 Carlton Street.

DR. WILLIAMS, of Ingersoll, and Dr. Wood, of Mitchell, were in Toronto the middle of the month.

DR. F. W. STRANGE is at present spending his time in North York, and will be there more or less till after the general elections on the 23rd. We wish the doctor success in the fight. In the meantime Dr. J. W. Lesslie is attending to his practice.

THE National Sanitarium Association, which is now putting up buildings on Lake Muskoka, gives notice that applications will be received up to the 1st of July, 1896, for the position of resident physician or medical superintendent. The Secretary, Dr. N. A. Powell, 167 College Street, is authorized to receive such applications. It is expected that the Sanitarium in Muskoka will be ready for occupation next fall.

The Physician's Library.

Text-Book of Diseases of the Kidneys and Urinary Organs. By PROFESSOR DR. PAUL FURBURGER, Director of the Friedrichshain Hospital, Berlin; Royal Medical Councillor and Member of the Royal Medical Council of the Province of Brandenburg, etc., etc. Translated by W. H. GILBERT, M.D., Physician in Baden Baden, etc., with commendatory letter from SIR THOMAS GRAINGER STEWART, M.D., F.R.S.E., Physician-in-Ordinary to Her Majesty the Queen, for Scotland. H. K. Lewis, Publisher, 130 Gower Street, London.

The book is divided into two parts, the one making some "general remarks" upon the subjects of Albu-

menuria, Hæmaturia, Hæmoglobinuria, Renal Casts, Dropsy and Uræmia; the other is the "special part" which deals exhaustively with the Circulatory Disturbances of the Kidneys, Inflammation of the Kidneys, Diffused Nephritis, Affections leading to Suppuration. Chapter I. carefully considers the various tests to be employed in looking for albumen, and it points out the pit-falls into which the unwary may walk. Attention is called to the fact that a physiological albumenuria may occur, and the bearing of this condition on life insurance. All through the book the author is most careful to give his authority for every paragraph. The discussion of the pathology and the symptomatology is very excellent, while the treatment is handled in an exhaustive manner. The translation is as a rule well done, but many paragraphs are decidedly German in their construction. The bookmaking, like all of Lewis' publications, is of the best quality, and the practitioner who wants a complete synopsis of the literature on diseases of the kidneys will do well to add this to his library.

Clinical Lectures on Diseases of the Nervous System, delivered at the National Hospital for the Paralyzed and Epileptic. By R. W. GOWERS, M.D., F.R.S. Philadelphia: P. Blakiston, Son & Co. 1895.

The already great reputation of the author will be enhanced by the publication in book form of the twenty clinical lectures here collected. Only a master of the intricate and complex subjects, the study of which Dr. Gowers has so materially advanced, could possibly have presented the matters dealt with in such a clear and forcible manner. One attribute of the man strikes us in reading almost the first of these lectures. He is too broad to hesitate about the recognition of eminence in others or to fail in appreciation of the work done by them. For example, in referring to Sir William Jenner, he says, "Among the many aphorisms I heard from the lips of the greatest bedside teacher whom any living person remembers, was this: 'Gentlemen, more mistakes are made, many more, by not looking than by not knowing.'" The range of subjects covered in these lectures, most of which have already appeared in medical journals, is quite comprehensive and the book cannot fail to interest and instruct those who have, as well as those who have not, read Dr. Gowers' masterly treatise on the diseases of the nervous system.

Diagnosis and Treatment of Diseases of Rectum and Anus, and contiguous Textures. By S. G. GANT; with chapters on Cancer and Colotomy, by HERBERT WILLIAM ALLINGHAM, F.R.C.S. Philadelphia: F. A. Davis Co. 1896.

To invade a field so fully occupied by recent editions of the works of Allingham, Harrison, Cripps, Kelsey, Ball and others, requires considerable courage, and the author who does so should have a conviction that he has something of value to say to those whom he addresses. The book before us is an octavo of 400 pages, printed on excellent paper, in clear type, and is embellished with many cuts which help to make clear the text, and by a number of chromo-lithographs. Regarding the latter of these it is only fair to say that while a number are satisfactory, there remains a large proportion in which the coloring is overdone, and the result is unlike anything actually seen in practice. While the author has drawn largely upon the writings of others, the work is in all particulars thoroughly up-to-date and contains enough original matter to make it well repay the reading even by one who has been closely following the advances of rectal surgery.

Twentieth Century Practice. An International Encyclopedia of Modern Medical Science. By Leading Authorities of Europe and America. Edited by THOMAS L. STEDMAN, M.D., New York City. In Twenty Volumes. Volume V. "Diseases of the Skin." New York: William Wood & Company. 1896.

Vol. V. of this series takes up the subject of "The Anatomy of the Skin and its Appendages," written by Chas. W. Allen, New York. Among the other contributors are such names as Dr. J. T. Bowen, Boston, Mass.; Dr. Brocq, Paris; Dr. Bulkeley, New York; Dr. Crocker, of University College Hospital, London; Dr. J. Nevins Hyde, Chicago, and others just as well known. The book is divided into distinct chapters, the first treating of the anatomy of the skin and its appendages, then parasitic diseases, erythematous affections, eczema and dermatitis, squamous affections, popular affections, bullous affections, etc. Each subdivision is a book in itself, comprising as it does the latest views regarding each affection, and the latest methods of treatment. Volume V. is one of the best of the series.

Color-Vision and Color-Blindness. A Practical Manual for Railroad Surgeons. By J. ELLIS JENNINGS, M.D., St. Louis, U.S.A.

This somewhat neglected subject is treated in a practical way, and if (as the author hopes) it will stimulate to further effort in making our railway and ship companies more exacting in their examinations regarding the color sense in their employees, it will, no doubt, prevent many of the serious accidents which are proven to be due frequently to this defect. It contains much useful knowledge and is plainly put, making it a handy little book for the surgeon. Philadelphia: F. A. Davis Co. 1896.

Researches into the Anatomy and Pathology of the Eye. By E. TREACHER COLLINS, F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

This book is composed of three Hunterian lectures which the author gave the Royal College of Surgeons in 1894, together with some additions and ten plates and twenty-eight figures in the text. Mr. Collins, during his six years of office as curator, and since as assistant surgeon to the above hospital, has had excellent chances for research, as they have the largest number of eye cases of any institution in the world. The book helps to clear up many knotty points for the eye surgeon, and shows the author to have been painstaking and persevering, and that he made good use of his opportunities; resulting in a very interesting and scientific work. London: H. K. Lewis, Gower St. 1896.

Birth.

MCKAY—On June 6, 1896, at Woodville, the wife of Dr. McKay, M.P.P., of a son.

Marriage.

BOYD — FARNSWORTH — At the home of the bride's brother, Charles F. Farnsworth, Memphis, Tenn., on the 2nd inst., by the Rev. Dr. Patterson, Ethel, daughter of the late Thos. Ripley Farnsworth, to Dr. Geoffrey Boyd, of Toronto. No cards.

Deaths.

RUTHERFORD—At Aurora, June 12th, Agnes Scott, wife of J. R. Rutherford, M.D.

CHECKLEY—At Blenheim, Ont., on Friday, June 5, 1896, Kathleen, daughter of the late Robert Checkley, M.D., of St. Vincent, West Indies.

Obituary.

DR. ANDREW JAMES CATTANACH.

The Denver *Republican* of June 1 contains the following notice of the death of a former resident of Wellington County, who will yet be widely remembered and regretted in the vicinity of his old home :

Dr. Andrew James Cattanach, whose death occurred in Denver, Col., on Saturday, May 30th, was born at Fergus, Canada, forty-nine years ago. At an early age he became a school teacher, but in a few years turned his attention to the study of medicine. He entered McGill University, Montreal, from which institution he graduated at the age of twenty-one, taking a post-graduate course in the Royal College of Physicians, Edinburgh, Scotland.

He applied himself to the practice of his profession in his native town, but impaired health compelled a change of scene. He engaged as surgeon on an ocean liner, and in this capacity or as practical physician in the English metropolis nine years of his life were spent.

During these years he enjoyed rare opportunities for travel. As an ocean surgeon he crossed the Atlantic more than one hundred times. The British Isles, from John o' Groat's to Land's End, he travelled thoroughly. The countries of western Europe, northern Africa, Central and South America, were visited at different times. The knowledge gleaned from these travels, combined with a mind deeply read, gave an added charm to his personality.

In 1881 he went to Colorado, making Denver his home. Although at times in feeble health he soon established for himself a good practice. Quiet and retired in disposition, he made many warm friends, who to-day mourn the loss of one who was indeed true.

Dr. Cattanach was a type of manhood unhappily rare. Of Scottish parentage, he inherited the distinctive traits of that race. He was a man of strong convictions and inflexible honesty. To friend or foe—if such he had—there was no mistaking his attitude. Although a bachelor, few men were more domestic by nature than he. As a physician he was kind and wise, uniting in his nature those virtues which raise the profession of medicine from the mercenary to the humane. Of him it might truly be said : " His life was gentle ; and the elements so mixed in him that nature might stand up and say to all the world, ' This was a man.' "

THE following compose the new house staff of the General Hospital : S. R. McRae, W. H. Weir, J. J. Elliott, P. H. Reardon, Trinity ; J. J. Ranney, G. Graef, S. H. Westman, W. J. O. Mallock, Toronto.

CHECK FOR $10,000.—Part of Mr. Massey's subscription to the Consumption Home. Mr. W. J. Gage, treasurer of the National Sanitarium Association, acknowledges the receipt of a cheque for $10,000 from the executors of the estate of the late H. A. Massey, as a payment on account of the subscription of $25,000 given by Mr. Massey towards the establishment of the Muskoka Home for Consumptives.

Alphabetical Index of Formulæ.

(Continued.)

SKIN DISEASES (*Continued*).—

℞ Pulv. zinci carbonat. præcip.,
Pulv. zinci oxidi,
Pulv. amyli,
Glycerinæ ..... āā ℥iv.
Aquæ ..... Oss.

M. Sig.: Apply twice a day. (Erythema.)—*Van Harlingen.*

℞ Bismuth. subnit..... ℥ss.

Sig.: Dust the affected parts. (In erythema about the genitals.)—*Bartholow.*

℞ Hydrarg. chlor. mit... gr. xx.
Lycopodii ..... ℥ij.

M. Sig.: Use as a dusting powder. (In erythema intertrigo.)—*Powell.*

℞ Acid. lactic,
Glycerinæ ..... āā f℥ss.

M. Sig.: Use locally. (Freckles.) —*Dixie Doctor.*

℞ Calcis præcip..... gr. iss.
Bismuth. subnit..... gr. ij
Sacch. alb..... gr. iij.

M. Et ft. chart. No. i. Sig.: One three times a day. (Erythema intertrigo.)—*Van Harlingen.*

℞ Quiniæ sulphat..... ℥ss.
Acid. sulphuric. aromat., f℥ss.
Ex. taraxaci fl..... f℥vj.
Aquæ.....q. s. ad f℥iv.

M. Sig.: A dessertspoonful three times a day. (In erythema nodosum.) —*Bartholow.*

℞ Morphiæ sulphat..... gr. viij.
Collodii ..... f℥j.

M. Sig.: Paint affected surfaces. (In herpes zoster.)—*Van Harlingen.*

SKIN DISEASES *(Continued).*—

℞ Potass. carbonat..... ℥iij.
Sodii chlor..... ℥ij.
Aq. aurant. flor..... f℥ij.
Aq. rosæ .....ad f℥viij.
M. Sig.: Use night and morning. (For freckles.)—*Bartholow.*

℞ Hydrarg. ammoniat.,
Bismuth. subnit.....āā ℥j.
Glycerit. amyli..... ℥iv.
M. Sig.: Apply every second day. (For freckles.)—*Pharmaceutical Record.*

℞ Zinci sulpho-carbolat.. ℥j.
Glycerinæ ..... f℥ij.
Alcoholis..... f℥j.
Aq. aurant. flor..... f℥iss.
Aq. rosæ.....q. s. ad f℥viij.
M. Sig.: Apply twice a day.—(For freckles.)—*Pharmaceutical Record.*

℞ Potass. iodid..... gr. xii-xv.
Ungt. hydrarg. nitrat.. ℥ss.
M. Sig.: Apply twice daily. (In herpes exedens.)—*Blasius.*

℞ Pulv. morphiæ sulphat., gr. ij.
Pulv. zinci oxidi,
Pulv. amyli.....āā ℥ss.
M. Sig.: Use as a dusting powder. (In herpes zoster.)—*Van Harlingen.*

℞ Cocainæ hydrochlorat.,
Morphinæ .....āā gr. ij.
Sodii borat..... ℥iss.
Mellis..... ℥j.
M. Sig.: A portion the size of a pea to be applied on cotton several times a day. (For herpes of the mouth and lips.)—*Hugenschmidt.*

℞ Aluminis..... ℥j.
Aquæ..... f℥j.
M. Sig.: Saturate a piece of lint and apply to the glans penis. (In herpes preputialis.)—*Waring.*

℞ Ferri arseniat ..... gr. iv.
Ex. gentian,
Ex. glycyrrhizæ....āā q. s.
M. Et ft. pil. No. lx. Sig.: One pill three times a day. (In herpes.)—*Duparc.*

℞ Hydrarg. chlor. mit.... gr. x.
Adipis benzoat..... ℥j.
M. Sig.: Apply three times a day. (In chronic herpes labialis.)—*Neligan.*

℞ Pulv. camphoræ,
Chloral hydrat.....āā ℥iv.
M. Sig.: Apply locally with a camel's-hair brush. (In herpes labialis and preputialis.)—*Jamieson.*

SKIN DISEASES *(Continued).*—

℞ Potass. chlorat..... ℈ ij.
Acid. muriat. dil.,
Spt. chloroform.,
Liq. cinchonæ.....āā f℥ j.
Aq. destillat....q. s. ad f℥ vj.

M. Sig.: Two tablespoonfuls three times a day. (In herpes zoster.)—*Sturges.*

℞ Zinci oxidi..... ℥ ij.
Glycerinæ..... f℥ ij.
Liq. plumbi subacetat. dil..... f℥ iss.
Liq. calcis..... f℥ vi-viij.

M. Sig.: Apply locally. (In herpes.)—*Tilbury Fox.*

℞ Adipis benzoat..... ʒ ij.
Ungt. petrolei..... ʒ ss.
Glycerinæ..... ℈ ij.

M. Sig.: Apply night and morning. (In ichthyosis.)—*Van Harlingen.*

℞ Acid. tannici..... ℥ j.
Alcoholis..... f℥ viij.

M. Sig.: Use as a lotion. (In hyperidrosis.)—*Van Harlingen.*

℞ Ungt. picis (U. S. P.),
Ungt. sulphuris (U.S.P.),āā ʒ ss.

M. Sig.: Use twice a day. (In hyperidrosis.)—*Van Harlingen.*

℞ Pulv. camphoræ..... gr. x.
Ungt. zinci oxidi..... ʒ j.

M. Sig.: Apply night and morning. (In ichthyosis.)—*Erasmus Wilson.*

℞ Zinci sulphat..... ℥ j.
Adipis..... ʒ j.

M. Sig.: Use locally. (In ichthyosis.)—*Erasmus Wilson.*

℞ Resorcin..... gr. xv.
Adipis..... ʒ j.

M. Sig.: Rub in twice a day. (In ichthyosis.)—*Andere.*

SKIN DISEASES *(Continued)*.—

℞ Cupri sulphat..... gr. xx.
Ungt. sambuci..... ʒ j.

M. Sig.: Apply night and morning. (In ichthyosis.)—*Erasmus Wilson.*

℞ Sodii bicarbonat.... gr. xx-ʒ ss.
Adipis benzoat..... ʒ j.

M. Sig.: Use twice a day. (In ichthyosis.)—*Devergie.*

℞ Ulmi corticis..... ʒ iiss.
Aq. bullientis..... Oj.

M. Sig.: Wineglassful two or three times a day. (In ichthyosis.)—*Lettsom.*

℞ Potass. iodid..... ℈ j.
Ol. pedis bubuli,
Adipis.....āā ʒ ss.
Glycerinæ..... f ʒ j.

M. Sig.: Apply twice a day. (In ichthyosis.)—*Van Harlingen.*

℞ Sulphuris..... gr. xxv–l.
Ungt. simp..... ʒ j.

M. Sig.: Rub in at night. (In ichthyosis.)—*Unna.*

℞ Bismuth. subnit..... ʒ ss–j.
Ungt. aquæ rosæ..... ʒ j.

M. Sig.: Apply night and morning. (In impetigo.)—*Van Harlingen.*

℞ Acid. salicylici..... ʒ ss.
Ex. cannabis ind..... gr. x.
Collodii..... f ʒ j.

M. Sig.: Paint the surface twice daily. (In ichthyosis hystrix.)—*Van Harlingen.*

℞ Acid. carbol..... gr. x.
Glycerinæ,
Aq. rosæ.....āā f ʒ j.

M. Sig.: Apply locally. (Impetigo.)—*Headland.*

SKIN DISEASES *(Continued)*.—

℞ Tr. ferri chlor..... f℥ ss.
Magnesii sulphat..... ℥ ij.
Tr. calumbæ..... f℥ iss.
Infus. quassiæ..... f℥ xviij.

M. Sig.: Wineglassful every morning. (In impetigo of old people.)—*Neligan.*

℞ Syr. hypophos. comp.. f℥ iv.

Sig.: Teaspoonful in water three times a day. (Impetigo.)—*Jamieson.*

℞ Acid. hydrocyanic. dil., f℥ iij.
Spt. rectificat..... f℥ ss.
Aq. destillat..... f℥ vij.

M. Sig.: Apply with lint and cover with oiled-silk. (Impetigo.)—*Plumbe.*

℞ Creasoti..... ℥ ss.
Aq. destillat..... Oj.

M. Sig.: Use as a wash. (In impetigo sparsa.)—*Dunglison.*

℞ Hydrarg. chlor. corros., gr. iss.
Ol. theobromæ,
Vaselini .....āā gr. ccxxv.

M. Sig.: Use twice a day. (In impetigo of the scalp.)—*Jorissenne.*

℞ Glyceriti acid. tannic.. f℥ ij.

Sig.: Apply with a camel's-hair brush during the day and poultice at night. (Impetigo.)—*Ringer.*

℞ Hydrarg. ammon..... gr. v.
Adipis ..... ℥ j.

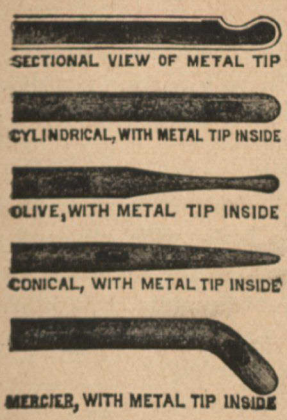
M. Sig.: Apply to the surface beneath the scabs after poulticing. (Impetigo contagiosa.)—*Tilbury Fox.*

℞ Ungt. zinci oxidi..... ℥ j.

Sig.: Apply locally. (Impetigo.)—*Ringer.*

℞ Lini aq. calcis..... f℥ vj.

Sig.: Use locally. (Intertrigo.)—*Tilbury Fox.*



"A NEW TIP"

FOR THE

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Belfast Linen . . .

Flexible Catheters

Antiseptic **Makes the point firm and Facilitates the Insertion** **Non-Breakable**

THE BELFAST LINEN CATHETERS, Etc., are made of the purest linen thread, are better finished than any flexible instrument. They are coated with an extremely flexible and smooth velvety material.

By the use of the metal eye the weakest and most dangerous part of a Catheter is made the strongest, a piece of German silver is inserted at the eye, so that it not only protects the weak part, but makes it thoroughly **aseptic**.

In the olive and conical patterns additional strength is given to the slender points by means of a piece of catgut, which extends from the metal eye to the extreme tip, and makes the point firm and solid. The following speaks for itself:

The following letter appeared in the "**Medical Times and Gazette,**" of April 1st, 1893, which is the best testimony as to their excellence:—

SIR,—Reading your article on new surgical instruments, I noticed particularly the Belfast Linen Catheters. I can testify to their excellence, and should like to draw the attention of the profession to the following test to which they have been subjected. I quote the opinion of the *American Medical Journal*, St. Louis. * * * * I understand they now command a great sale, being widely used by all the principal hospitals alike in England and on the Continent. Deemed by competent authorities by far the most scientific Catheters in the market, they were submitted by DR. SULLEY (Royal Free Hospital, London) to the trying test of an entire month's immersion in a solution of Hyd Perch (1 to 1,000). They came out of the test in splendid condition, the varnished coat being absolutely unimpaired thereby, while the coat of an ordinary gum Elastic Catheter thus tested for one week was entirely destroyed, and the instrument rendered useless. This test was the most stringent known, and I think will point to the invaluable character of the Catheters introduced by the above-named firm.

I am, Sirs, yours, etc.,

London, March 27th, 1893. G. H. HILLS, M.R.C.S., ENG.

The Belfast Instruments are made in **Cylindrical, Olive, Conical,** and **Mercier Catheters, Bougies, Stomach, Æsophagus,** and **O'Burns' Tubes.** With Metal Eye. No. 4 is the smallest size made.

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Patterson & Foster,

BOX 1343

MONTREAL, P.Q.

SOLE MAKERS

Hocken, Wilson & Co.,

LONDON.

SKIN DISEASES *(Continued)*.—

℞ Hydrarg. chlor. mit... gr. xx.
Lycopodii ..... ℥ j.
M. Sig.: Use as a dusting powder. (Impetigo.)—*Powell.*

℞ Acid. tannic ..... ℥ ss.
Glycerinæ ..... f℥ ij.
M. Sig.: Use locally. (Intertrigo.) —*Bartholow.*

℞ Acid. boracic..... ℥ iss.
Vaselini..... ℥ j.
M. Sig.: Apply locally. (Intertrigo.)—*Waring.*

℞ Hydrarg. chlor. mit... gr. xv.
Vaselini..... ℥ j.
M. Sig.: Use night and morning. (Intertrigo.)—*Starr.*

℞ Bismuth. subcarb..... ℥ ij.
Sig.: Use as a dusting powder. (Intertrigo.)—*Bartholow.*

℞ Pulv. camphoræ..... ℥ iss.
Pulv. zinci ox.,
Pulv. amyli.....āā ℥ j.
M. Sig.: Use as a dusting powder. (Intertrigo.)—*Van Harlingen.*

℞ Ol. anacardii..... f℥ iv.
Sig.: After bathing with soap and water, rub the body with olive oil; then wash off and apply the above to a small portion of the skin. In a week or ten days repeat the operation. (Lepra.)—*Van Harlingen.*

℞ Ol. gurjon..... f℥ j.
Liq. calcis..... f℥ iij.
M. Sig.: Apply to ulcers. (Lepra.) —*Van Harlingen.*

℞ Acid. carbol. cryst.... ℥ j.
Ol. amygdalæ dulc.... f℥ ij.
M. Sig.: Apply to the tubercules. (In tuberculous lepra.)—*Fleming.*

SKIN DISEASES *(Continued)*.—

℞ Chrysarobin..... gr. x-xx-ʒj.
Ætheris et alcoholis,
.....ad q. s.
Collodii..... fʒj.

M. Sig.: Rub the chrysarobin with a little alcohol and ether and add the collodion.

Paint the affected patch with a camel's-hair brush. (In chronic lepra.) —*G. H. Fox.*

℞ Acid. arseniosi..... gr. x-xxx.
Adipis..... ʒj.

M. Sig.: Apply over a small patch of skin once a day for two weeks; then treat a fresh portion. (Lepra.)—*Tilbury Fox.*

℞ Sodii arseniat..... gr. iss.
Aq. destillat..... fʒxxv.

M. Sig.: Teaspoonful every morning at meal-time. Double the dose in the course of a week. (In lichen.) —*Vidal.*

℞ Sodii carbonat..... ʒss–j.
Aquæ..... fʒvj.

M. Sig.: Dessertspoonful twice a day. (In lepra where mercurials are contraindicated.)—*Beauperthuy.*

℞ Potassæ caustic..... gr. xv.
Picis liquidæ..... gr. xxx.
Aquæ..... fʒiv.

M. Sig.: Use locally. (In lichen ruber.)—*Van Harlingen.*

℞ Liq. potassæ..... fʒij.
Acid. hydrocyanic. dil., fʒj.
Mist. amygdalæ..... fʒviij.

M. Sig.: Use as a wash. (In lichen.)—*Burgess.*

℞ Hydrarg. chlor. corros., gr. vij.
Cretæ prep..... ʒiiss.
Acid. carbol.,
Ol. olivæ .....āā fʒv.
Ungt. zinci oxidi..... ʒxv.

M. Sig.: Rub in thoroughly. (In lichen planus.)—*Unna.*

SKIN DISEASES *(Continued)*.—

℞ Ol. rusci crudi..... f℥ j.
Ungt. aq. rosæ..... f℥ j.
Ol. rosæ..... ♏xx.

M. Sig.: Apply twice a day. (In lichen ruber.)—*Van Harlingen.*

℞ Liq. plumbi subacetat.. f℥ i–iij.
Infusi althææ..... Oj.

M. Sig.: Apply locally. (In lichen agrius.)—*Burgess.*

℞ Ol. cadini..... f℥ ij.
Glyceriti amyli..... f℥ iss.

M. Sig.: Apply locally. (In chronic lichen of the genitals.)—*Vidal.*

℞ Sodii carbonatis..... ℈ j.
Aq. rosæ..... f℥ vj.
Glycerinæ..... f℥ ij.

M. Sig.: Use locally. (In infantile lichen.)—*Tilbury Fox.*

℞ Chloroformi..... ♏xv.
Ol. olivæ..... f℥ j.

M. Sig.: After a tepid bath, and well dried. (In lichen.)—*Neligan.*

℞ Hydrarg. bichlor..... gr. ij.
Acid. carbol..... gr. x.
Ungt. zinci oxidi..... ℥ j.

M. Sig.: Apply twice a day. (In lichen ruber.)—*Van Harlingen.*

℞ Ungt. hydrarg. nitrat.. ℥ ij.
Ungt. simplicis..... ℥ vj.

M. Sig.: Use twice daily and take the following internally:

℞ Potass. iodid..... ℥ j.
Aquæ..... f℥ iij.

M. Sig.: Teaspoonful with cod-liver oil three times a day. (In syphilitic and strumous cases of pemphigus.)—*Waring.*

SKIN DISEASES *(Continued).*—

℞ Acid. nitric. vel muriatic ʒ j.
Aq. Ferventis.....cong. xxx.

M. Sig.: Acid bath. (In chronic lichen and prurigo.)—*Tilbury Fox.*

℞ Liq. potass. arsenitis... f ʒ ij.
Aq. menthæ pip., q. s. ad f ʒ iij.

M. Sig.: Teaspoonful three times a day, after meals. (In pemphigus.) —*Waring.*

℞ Argenti nitrat..... gr. ij.
Aq. destillat..... f ʒ j.

M. Sig.: Use locally. (In pemphigus after the bullæ have burst.) —*E. Wilson.*

℞ Sodii sulphuret.,
Sodii carbonatis ....āā ʒ ij.
Ungt. simplicis..... ʒ iiss.

M. Sig.: Apply twice a day. (In pityriasis.)—*Bareges.*

℞ Lini. calcis..... f ʒ j.

Sig.: Apply after the bullæ have been punctured. (In pemphigus.)— *Chambard.*

℞ Saponis viridis..... ʒ ij.
Alcoholis..... f ʒ j.

M. Sig.: Dissolve by the aid of heat and filter. Add a teaspoonful to an equal quantity of water and rub into the scalp, and wash after with warm water. (In pityriasis capitis.) —*Van Harlingen.*

℞ Acid. carbolic..... ℈ j.
Alcoholis..... f ʒ iss.
Glycerinæ..... f ʒ iiss.
Ol. limonis..... ʒ iss.

M. Sig.: Drop a few drops here and there over the surface and then rub well into the scalp. (In pityriasis capitis.)—*Van Harlingen.*

SKIN DISEASES *(Continued)*.—

℞ Tr. ferri chlor..... gtt. xx.
Liq. sodii arseniat..... gtt. v.
Syr. simp.,
Aguæ....āā q. s. ad ft. f℥j.

M. Sig.: Take three times a day. (In pityriasis.)—*Da Costa.*

℞ Acid. salicylic..... ℥j.
Sulphuris præcip..... ℥v.
Vaselini..... ℥iij.

M. Sig.: Apply after soaking the affected part in hot water. (In pityriasis.)—*L'Union Medicale.*

℞ Hydrarg. sulphat. flavæ gr. xlv.
Vaselini..... ℥xv.
Ess. limonis..... gtt. xx.

M. Sig.: Keep in a porcelian jar. Apply at night and wash off the following morning. (In pityriasis capitis.)—*Vigier.*

SKIN DISEASES *(Continued).*—

℞ Sulphur præcip..... ℥ i-ij.
Ungt. petrolii..... ʒ j.

M. Sig.: Apply. (In pityriasis capitis.)—*Van Harlingen.*

℞ Hydrarg. ammoniat... ℈ j.
Ungt. petrolii..... ʒ j.

M. Sig.: Apply. (In pityriasis capitis.)—*Van Harlingen.*

℞ Acid. hydrocyanic. dil... f℥ iss.
Aq. rosæ..... f ʒ viiss.

M. Sig.: Use locally. (In prickly heat.)—*A. T. Thompson.*

℞ Spt. æther. nitro..... f℥ j.
Magnesii sulphat..... ℥ j.
Ol. cajuputi..... ♏ j.
Syr. tolu..... f℥ ij.
Liq. magnesii carb.... f ʒ ij.

M. Sig.: Teaspoonful two or three times a day. (In prickly heat.)—*Godhart and Starr.*

℞ Sodii bicarb..... ℥ j.
Aquæ..... Oij.

M. Sig.: Bathe parts night and morning. (In prickly heat.)—*Starr.*

℞ Liq. potass. citrat..... ʒ vj.

Sig.: Tablespoonful in ice-water every two or three hours. (In prickly heat.)

℞ Hydrarg. chlor. mit.... gr. xx.
Lycopodii..... ℥ ij.

M. Sig.: Use as a dusting powder. (In prickly heat.)—*Powell.*

℞ Sodii bicarb..... ℥ j.
Tr. nucis vomicæ..... ♏ vj.
Tr. cardamom. compt.. f℥ ij.
Syr. simp..... f℥ ij.
Aq. chloroform..... f ʒ ss.
Aquæ.....q. s. ad f ʒ ij.

M. Sig.: Teaspoonful every six hours. (In prickly heat.)—*Eustace Smith.*

SKIN DISEASES *(Continued).*—

℞ Ungt. hydrarg. nitrat.. ℥ i–ij.
Zinci oxidi..... ℥ ij.
Liq. plumbi subacetat.. f℥ ss.
Acid. carbol..... gtt. ij.
Ol. olivæ..... f℥ i–iss.

M. Sig.: Apply after removing the scabs. (In psoriasis.)—*Tilbury Fox.*

℞ Tr. cantharidis,
Liq. potass. arsenit..āā f℥ ss.

M. Sig.: Take ten minims, well diluted, twice a day. (In psoriasis.) —*Bennett.*

℞ Pulv. acid. arseniosi... gr. ij.
Pulv. piperis nigræ,
Pulv. glyc. rad.....āā ℈ ij.

M. Et ft. pil. No. xl.

Sig.: One after meals. (In psoriasis.)—*Van Harlingen.*

℞ Ol. cadinii,
Ungt. hydrarg.....āā ℥ ij.
Vaselini..... f℥ j.

M. Sig.: Apply locally. (In psoriasis syphilitica.)—*Mauriac.*

℞ Acid chrysophanic.... gr. x.
Adipis benzoat..... ℥ j.

M. Sig.: Use night and morning. (In psoriasis.)

℞ Liv. potass. arsenit.... f℥ ij.
Vini ferri.....ad f℥ iv.

M. Sig.: Teaspoonful, in water, after meals. (In psoriasis.)—*Van Harlingen.*

℞ Liq. potass. arsenit.... ♏ v.
Tr. ferri chlor..... ♏ xx.
Infus. quassiæ..... f℥ j

M. Sig.: Take three times a day. (In psoriasis.)—*Guy.*

SKIN DISEASES *(Continued)*.—

℞ Ungt. picis liquidæ,
Ungt. sulphuris.....āā ℥ j.

M. Sig.: Apply at night. (In psoriasis.)—*Guy's Hospital.*

℞ Acid. chrysophanic.... gr. x.
Liq. carbonis detergent ♏x.
Hydrarg. am. chlorid.. gr. x.
Adipis benzoat..... ℥ j.

M. Ft. unguentum.

Sig.: At night the patient should wash the diseased surfaces free from all scales; then, standing before a fire, rub on the ointment, devoting, if possible, half an hour to the operation. (In psoriasis.)—*Jonathan Hutchinson.*

℞ Acid. salicylic..... ℥ j.
Alcoholis..... f℥ iv.

M. Sig.: Apply twice a day when the patches are few and scaly. (In psoriasis.)—*Van Harlingen.*

℞ Hydrarg. iodid. rub.... gr. i–ij.
Ex. gentian..... ℈ ij.

M. Et ft. pil. No. xii.

Sig.: One pill three times a day. (In rupia.)—*Tilbury Fox.*

℞ Hydrarg. chlor. corros. ℈ j.
Potass. iodid..... ℥ vj.
Tr. iodinii comp..... f℥ ij.
Aquæ .....ad ft. f℥ xvj.

M. Sig.: One-half to one teaspoonful three times a day. (In rupia.)—*Startin.*

℞ Zinci sulphat.,
Potass. sulphureti...āā gr. xxx.
Alcoholis..... ♏c.
Aq. rosæ.....q. s. ad f℥ ij.

M. Sig.: Wet a rag with ether and rub the nose at night, and then apply the lotion. (In seborrhœa of the nose.)—*G. H. Fox.*

SKIN DISEASES (*Continued*).—

℞ Hydrarg. iodid. rub.... gr. iij.
Potass. iodid..... ʒi–ij.
Alcoholis..... fʒij.
Syr. zingiberis..... fʒiv.
Aquæ.....ad fʒiss.

M. Sig.: Thirty drops three times a day. (In rupia.)—*Puche.*

℞ Hydrarg. oxidi rub..
Hydrarg. ammoniat. āā gr. vj.
Adipis..... ʒj.

M. Sig.: Apply locally. (In rupia.)—*Startin.*

℞ Tr. ferri chlor.,
Acid. phosphoric. dil... fʒj.
Syr. limonis..... fʒij.

M. Sig.: One-half to one teaspoonful in water three times a day. (In seborrhœa.)—*Van Harlingen.*

℞ Hydrarg. cyanidi..... gr. vj.
Cerat. simplicis..... ʒj.

M. Sig.: Use locally. (In rupia when the crusts become loosened.)—*Tilbury Fox.*

℞ Sulphuris loti..... gr. ccxxv
Ol. ricini..... fʒxiiss.
Ol. theobromæ..... ʒiij.
Balsami Peruviani..... ʒss.

M. Sig.: Apply twice a day. (In dry seborrhœa of scalp.)—*Vidal.*

℞ Acidi carbol..... ℈i–fʒj.
Ol. amygdalæ..... fʒiv.
Ol. limonis..... fʒj.
Aq. destillat.....ad fʒij.

M. Sig.: Apply after washing. (In seborrhœa of the scalp.)—*Van Harlingen.*

SKIN DISEASES *(Continued)*.—

℞ Sulphuris loti..... ℥ ij.
Balsami Peruviani..... ℥ ss.
Vaselini..... ℥ x.

M. Sig.: After bathing the part apply the ointment. (In seborrhœa.) —*G. H. Fox.*

℞ Potass. carbonat..... ℥ iij.
Sodii chloridi..... ℥ ij.
Aq. aurant. flor..... f ℥ ij.
Aq. rosæ..... f ℥ viij.

M. Sig.: Face-wash. (In tan and freckles.)—*Bartholow.*

℞ Lactis recentis..... ℥ xiiss.
Glycerinæ..... f ℥ viiss.
Acid. muriat..... ♏ lxxv.
Ammon. muriat..... ℥ j.

M. Sig.: Apply morning and evening with camel's-hair brush. (In tan and freckles.)—*Monin.*

℞ Sulphuris præcipitat... ℥ ss.
Ungt. petrolii..... ℥ iv.

M. Sig.: Rub a small quantity in once a day. (In seborrhœa of the scalp.)—*Van Harlingen.*

℞ Plumbi acetat..... gr. xv.
Acid. hydrocyanic. dil. ♏ xx.
Alcoholis..... f ℥ ss.
Aquæ.....q. s. ad f ℥ vj.

M. Sig.: Apply with a sponge. (In freckles and sunburn.)—*Tilbury Fox.*

℞ Aceti cantharidis..... ℥ ss.

Sig.: Apply lightly with camel's-hair brush; then use the following:

℞ Hydrarg. chlor. corros. gr. ij.
Adipis..... ℥ j.

M. Sig.: Rub in well for ten days; then use cantharidal ointment. (Tinea decalvans.)—*Tilbury Fox.*

SKIN DISEASES (*Continued*).—

℞ Acid. chrysophan ..... ʒ j.
Hydrarg. ammon. chlor. gr. xx.
Lanolin ..... ʒ j.
Adipis benzoat ..... ʒ vj.
Liq. carb. deterg ..... ♏ x.
M. Sig.: Use locally. (Tinea carcinata.)—*J. Hutchinson.*

℞ Cupri oleat ..... ʒ ss.
Adipis benzoat ..... ʒ j.
M. Sig.: Use locally. (Tinea carcinata).—*Shoemaker.*

℞ Sodii hyposulphit ..... ʒ ij.
Aquæ ..... f ʒ ij.
M. Sig.: Apply locally. (Tinea carcinata.)—*Duhring.*

℞ Sodii hyposulphitis .... ʒ j.
Aquæ ..... f ʒ xiij.
M. Sig.: Use locally. (Tinea favosa.)—*Tilbury Fox.*

PARACHLOROPHENOL AS A DISINFECTANT IN TUBERCULOSIS.—Spengler (*Arch. des Sciences biologiques de l'Institut Imp. de Méd. expér. de St. Petersbourg*, Tome IV., No. 1) has experimented with this drug, which was introduced into laryngological practice by Simonovsky in 1894. Its antiseptic powers have been proved by Karpow (*ibid.*, Tome II., No. 3) for anthrax, and it has been used as a local application in erysipelas, lupus, corneal ulcers, etc. (1) Experiments in Nencki's laboratory.—(*a*) Action on pure cultivations of tubercle bacilli on glycerine gelatine. A 1.98 per cent. watery solution of parachlorophenol renders pure cultivations of the bacilli sterile in five minutes; fifteen experiments were made to prove this. (*b*) Action on phthisical sputum. The results of forty experiments showed that sputum was always disinfected by the 1.98 per cent. solution in two hours, and in one case in one hour. This longer and more variable time is explained by the difficulty with which antiseptics penetrate the mucous and albuminous substances, which are contained in sputum in various proportions. Unlike albuminates of mercury, those formed by parachlorophenol seem to keep their antiseptic power. (2) Clinical researches in Simonovsky's clinic.—(*a*) Method: Solutions were prepared by melting the drug in a water bath and mixing it with glycerine in various strengths, from 5 to 10 per cent. upwards. In some cases it was applied pure by melting it into a silver probe or absorbent

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cotton wool. The applications varied in intensity, according to the case, from slight pressure on the larynx up to more or less prolonged rubbing. (*b*) Results: Twenty-six cases of laryngeal tuberculosis were treated by parachlorophenol. Of the patients, seventeen were men and nine women, of ages ranging from twenty-two to fifty-six years. All except five belonged to a very poor class, living in bad surroundings. The tubercle bacillus was found in the sputum and in the secretion from the ulcerated larynx in all. The laryngeal trouble had been preceded by hæmoptysis in ten, and tuberculous pulmonary lesions, severe in sixteen cases, were present in every case. Of these twenty-six cases, ten, or about 38.4 per cent., were cured completely. In the others relapses took place either during treatment, or later, when they usually coincided with an extension of the pulmonary lesions. Spengler does not claim that parachlorophenol is a specific, but that it cures the infiltrations and ulcerations, even when situated on the posterior surface of the posterior wall of the larynx. It is just these latter which yield with difficulty to the lactic acid or surgical treatment, and lactic acid has no action on tuberculous infiltrations. The phlegmonous inflammation sometimes occurring round the ulcers, and probably due to secondary infection, rapidly diminishes and disappears (sometimes after only two or three applications). Pain is relieved, and the drug certainly acts as a local anæsthetic far surpassing cocaine, the

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anæsthesia sometimes lasting forty-eight hours. Local inflammatory reaction was never observed after its application. Tuberculous tumors do not disappear, but their volume always diminishes. One case of lupus of the pharynx and larynx was completely cured by parachlorophenol. To test its action on normal tissues the larynx and epiglottis of dogs were painted with the pure drug. The only result was a marked local anæmia lasting forty-eight hours.—*—Brit. Med. Jour.*

IODOFORM OINTMENT INJECTIONS IN SUPPURATING BUBO.—J. R. Hayden (*Amer. Jour. Med. Sci.*) treats suppurating buboes by a modification of Fontan's method. The following are the details: (1) The field of operating is shaved and rendered surgically clean in the usual manner. (2) A few drops of a 4 per cent. solution of cocaine are injected beneath the skin where the puncture is to be made. (3) A straight sharp-pointed bistoury is then thrust well into the most prominent part of the swelling until pus flows. (4) All the pus is forced out through this opening by firm but gentle pressure. (5) The abscess cavity is irrigated with pure peroxide of hydrogen until it returns perfectly clear. (6) It is then irrigated with 1 in 5,000 bichloride of mercury solution, all of which is carefully squeezed out. (7) The now thoroughly cleansed cavity is completely filled, but not painfully distended, with 10 per cent. iodoform ointment, by means of an ordinary

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conical glass syringe, previously warmed in hot water. (8) A cold wet bichloride dressing is applied with a fairly firm spica bandage, the cold congealing the ointment at the wound, and thus preventing its escape into the dressing. The patient should be kept very quiet for the first twenty-four to forty-eight hours, rest in bed being preferable, though not absolutely necessary. The dressing is removed at the end of the third or fourth day, and the parts examined; if pus has reaccumulated or the ointment escaped into the dressing a second injection may be made. If all looks well, however, the first dressing is replaced by a gauze pad and spica bandage, and the patient is told to report himself in two or three days for examination. In fifteen cases treated in this way by the author, suppurative action and pain ceased after one injection of the iodoform ointment in all but two; in those the injection had to be repeated on account of a slight reaccumulation of pus. In order to get the best results from the method, it should be employed only when the glands are thoroughly broken down, so that the iodoform may come into direct contact with all the infected tissues.—*Brit. Med. Jour.*

SICK HUSBAND—"Did the doctor say that I am to take all that medicine?" Wife—"Yes, dear." Sick Husband—"Why, there is enough in that bottle to kill a mule." Wife (anxiously)—"You had better be very careful, John."

DRS. BIGGS AND PRUDEN have made to the New York City Board of Health the following report and recommendations, which were adopted at the last meeting: "It has been for a long time well known that the expectoration of persons suffering from laryngeal or pulmonary tuberculosis (consumption), pneumonia, influenza or la grippe, and from diphtheria, contains the specific germs of those different diseases, and is capable of inducing those diseases in others. There is, furthermore, much evidence that a similar condition exists in certain more readily communicable diseases, such as scarlet fever, measles, and whooping-cough. In regard to some of these affections, the danger from the expectoration in public places is, of course, small, as the patients are ordinarily confined to their homes during the infectious period. But this is not universally the case. It has long since been shown that the chief means for the transmission of consumption is the dried and pulverized sputum of persons suffering from this disease. Diphtheria, influenza and grip are also easily communicated in this way during certain stages of the disease. Catarrhal affections may also be communicated through dry spittle mixed with dust. These germs are liable to be gathered on the feet and on the skirts of women and taken into private houses, where the most perfect ventilation will not stay their effect. We believe that the time has now arrived when the people of the

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city of New York will heartily support the adoption of such sanitary measures as may seem necessary and expedient for the abatement of this widespread nuisance and source of danger. We would recommend the following resolutions:

"*Resolved*, That notices be posted in all public places and in all surface and elevated cars in this city, signed by the Board of Health, warning passengers against expectoration upon the floors of these conveyances; and, further, that similar notices be posted in the stations of the elevated roads, warning against expectoration upon the platforms and stairs or on the floors of the stations.

"*Resolved*, That similar notices be posted in the halls and assembly-rooms of all municipal and Federal buildings in the city.

"*Resolved*, That the municipal authorities be requested to provide sufficient and proper receptacles for expectoration in such public places as are in their control, and that the managers of the elevated roads be requested to provide similar receptacles sufficient in number for their stations and platforms, and that in all cases these receptacles shall be kept in a cleanly condition.

"*Resolved*, That the officers of the Manhattan Elevated Road be requested to give peremptory orders to their guards to restrain from and to prevent, so far as possible, expectoration from trains into streets, and to secure the enforcement of these orders."

NOTES ON THE TREATMENT OF

GOUT, RHEUMATISM, ETC.

* * *

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

THE ELIMINATION OF URIC ACID

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

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

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

THE ACTION OF ORGANIC ACIDS

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

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

The further discovery has now been made by Dr. E. C. Kirk, and independently by Dr. Haig, that by combining an organic acid with lithium, an ACID salt can be prepared which possesses much greater solvent properties in cases of uricacidæmia than is possessed by lithium when administered alone, after exhibition of acids. The reason for this lies in the fact that the lithium is set free in the system at the point where its activity is required, and elementary bodies in the nascent state are always much more active than when in combination.

THE ACID SALTS OF LITHIUM

This acid salt has been termed **TARTARLITHINE** and is manufactured by

McKESSON & ROBBINS, 91 FULTON ST., NEW YORK

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

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