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Ontario Medical Journal.

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

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

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

VOL. II.]

TORONTO, FEBRUARY, 1894.

[No. 7.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorials.

THE MEDICAL COUNCIL BUILDING.

Many and various are the complaints made by disgruntled members of the profession about what they call the "real estate venture." By this, of course, is meant the purchase of the property on the corner of Bay and Richmond Streets, Toronto, and the placing thereon a building which should supply the wants and needs of the College of Physicians and Surgeons, both as an executive and an examining body.

As a consequence, we promised in our last issue to give a short *résumé* of the history of the why and wherefore of it. Looking back through the Minutes of the several meetings, we find remarks and resolutions of various kinds, expressing the opinion that something should be done to place a decent roof over their heads, and give some recognized place where the different members of the profession could resort to for information or whatsoever in the medical line their souls desired. The first resolution of direct importance was moved by Dr. William Clark, and seconded by Dr. (Sir) James Grant (then a territorial representative) in June, 1877, and was to this effect: "That a committee should be appointed from the Executive Committee to wait on the Government with regard to obtain-

ing some aid for a proper building, and to make other moves in that direction." In June, 1878, Dr. Aikins moved, and Dr. D. Clark seconded, "That a deputation wait on the Attorney-General to request government aid to secure a proper building for the Council." This deputation evidently had no effect, as we find that at the same session another resolution was adopted, and a committee appointed. Dr. Brouse moved, seconded by Dr. Grant, "That in the opinion of this Council the time has arrived to erect or secure a permanent building for its use, and that a committee should be appointed to take steps for this purpose, any arrangements the committee makes to be binding on the Council." Committee was composed of Drs. Allison, Aikins, Wm. Clarke, Daniel Clark, Berryman, Ross and Duncan Campbell (Pres.).

On June 15th, a few days following, the Committee met, and after many inspections of different places, chose as most convenient and most valuable for their purpose, the property on the corner of Bay (87 ft. 6 in.) and Richmond (95 ft.) Streets, then occupied by a Presbyterian church.

On July 12th, the Committee again met, and decided to give \$13,000 for the land, church and all fittings, except cushions and Sunday-school library. This offer was accepted by J. A. Patterson, acting for the owners, in a letter dated July 17th, giving terms as \$6,000 cash, and balance on

first mortgage. In September of the same year the purchase was made, and the building fitted up as much as possible for the use of the Council. The following are the physicians who were members at that time and still are so: Drs. Geikie, Grant, Henderson, Logan and Vernon. The Council then contained thirty members.

At this time there were no minutes of the Council printed, but the medical papers of the city gave in full all the reports of the meetings. This short sketch will show the strong feeling among the different members on the point that they should have some different or indeed some accommodation at least for their meetings and offices.

At the session of 1879 the Executive Committee reported the acquirement of the church and property, and the report was adopted.

Dr. McLaughlin moved and Dr. Lavell seconded, "That all important documents be transferred to the registrar for safe keeping."

We would ask that a note be made as to the presence of Dr. McLaughlin in this Council, and his action in acquiescing with their report.

In 1880 a new Council was elected, and in spite of the fact that all, or all the reading and thinking members of the profession, at any rate, certainly must have known of the purchase, they acquiesced in this action, by sending back almost the same representatives as were in the former body. The difference lay in the fact that the eclectic members were merged in the general profession, and the full number was now twenty five.

During the sessions of 1880 & 1881 nothing was done, although a great deal of dissatisfaction was expressed on the condition of their present quarters, as being, with regard to the building, both very inconvenient and a disgrace to the standing of the profession in Ontario. This kept on for the following five years, especially among medical men outside of the Council, who had occasion to transact business with the officers. We could indeed quote expressions by strong opponents to the present condition of affairs, which were more forcible than elegant, but we will refrain.

On June 15th, 1882, a resolution of considerable importance in this connection came before the meeting, so we quote in full. Moved by Dr. Allison, seconded by Dr. Burns, "That in consequence of the present college building not being properly adapted for the purposes for which it was

originally intended by the Council, it is deemed desirable that said building should be sold and the proceeds applied to either purchasing ground and erecting buildings thereon, or to wait on the Government, and ascertain whether the Government would be willing to assist in carrying out the above scheme or any other plan that may be deemed expedient, and that a committee consisting of the members of the Council residing in Toronto, be instructed to wait upon the Government for that purpose, and otherwise to negotiate the whole transaction in such a manner as to them may seem best, and to report on the same at their earliest convenience." Thus it is seen that the representatives, aroused by the public sentiment oftentimes expressed, made a move to get a respectable roof over their heads.

In 1883 nothing more was done, except to receive the report of this committee, and adopt it. It amounted to the fact that an expert opinion placed the value of the property at \$14,951.67, and that although notice of sale had been advertised, no offer had been received.

The present committee, by motion, was made the Building Committee.

In 1884 the Council paid a price of \$20,000 on the property, and Dr. H. H. Wright (Chairman of Committee) moved that their successors be authorized to obtain a lot from the University of Toronto.

On motion of Drs. Macdonald and Lavell, the same committee was reappointed, with power to lease a lot for building, and to use their discretion about present building.

In 1885 Committee reported that no offer had been received, and that no lot had been secured, but that this should be done at once.

Now, here comes in another of those peculiar circumstances, considering the attitude of many of the profession concerning the building at the present time. Every medical man must have known that a new building was talked of with negotiations going on all the time, and yet no move was made to stop it. The elections came on, and practically the same Council were returned to their seats. If there were such an objection, why was it not raised then?

In 1886 the new Council, consisting of Drs. Bergin, Bray, Campbell, Day, Fenwick, Fowler, Geikie, Grant, Harris, Henderson, Hemy, Logan, Moore, Orr, Philip, Rosebrugh, Ruttan, Vernon, Williams, Wright, Russell, Burns and Buchan, met

and adopted the following report from the Building Committee: "No offers of purchase received, unadvisable to dispose of present site, time now arrived for erection of a structure on the present site suited to requirements of the Council, and Committee should confer with an architect as to kind of building best suited to our necessities and its probable cost, and to report to the Council during present session."

Dr. Burns moved, and Dr. Harris seconded, "That the present Building Committee, with Drs. Cranston, Day, Henderson and Bray, confer with the architect." Carried.

The Committee reported that Mr. Lennox gave a decided opinion as to his preference for one after the style as shown, with offices to rent and with accommodation for themselves. One of the strong reasons urged for this action was that the value of the land has been greatly increased, the Canada Life putting a value of \$50,000 on it then.

By motion of Drs. Bray and Henderson, the present Building Committee, with the Treasurer, was reappointed and given power to carry out the work according to the plans shown.

In 1888, Building Committee reported that the building was completed, the April Examinations being carried on satisfactorily there, no extras having been allowed, except \$250 for speaking tubes.

These resolutions show a short history of the building of the present structure. Up to 1885 the reports of the Minutes were not printed by the Council, but the medical papers, as we said before, gave full accounts of their actions. Since this date, however, a stenographic report of the proceedings has been printed yearly and sent to every member of the College.

Surely with these data no man can tell us that he knew nothing about the building and transactions connected therewith until the affair was carried through. All that it was necessary for him to do was to read the reports sent out to him. In 1890 still another chance was given the electorate to make a stand if they thought it necessary on the question involved here, and yet, look at the members of the Council and see the small change therein—only four, Drs. H. H. Wright, Russell, Buchan and Burns, being changed, and of these only one, Dr. Burns, was a territorial representative. It is needless to say that he stepped down and out of his own accord, and was not forced out

on account of his decided action in connection with the College Building.

The way a few grumblers are acting now reminds us strongly of the man who locked his stable door after his horse was stolen.

PROFESSIONAL TAX.

Financial questions as debated by Dr. Sangster are very likely to be compared to the celebrated Chinese puzzle in the minds of the readers of his letter. His general mix-up of the maintenance of the Council building, the professional tax and general expenses, would take even a greater mathematician than our esteemed correspondent to unravel. He does well, truly, to put down totals instead of items to support his arguments, as these same totals only express his side of the question.

His first paragraph makes an absolute statement that the Council at that time made misrepresentations to the Legislature as to their financial position. To put it mildly, we have to make a denial of this, as from facts in our possession we know that they were hard up, indeed, very hard up. To keep to the same line as he has set forth, we will not enter into details, simply giving one example. In 1874, and for several years before, the then registrar had to give his own personal note for the printing account in order to have the printers satisfied before undertaking the work. We hardly wonder at this, comparing the exorbitant rate at which the examiners of that date, of which we think Dr. Sangster has some personal knowledge, were paid, with the present day. If any more than a quarter of that rate were paid now, the professional tax would have to be raised considerably to keep both ends even.

All the other financial questions are dealt with on the basis of no accommodation for the College, no assistance of any kind, except that of a poorly paid registrar and treasurer, and hence cannot be considered at the present time. As we have already shown, the knowledge that a permanent place was to be obtained and occupied was general among the profession, and we think very generally acquiesced in.

As to the salary of the employees, particularly the registrar, treasurer and "official editor," the Doctor shows more spleen than reason. The salaries in the first two were very inadequate to the

work done and the class of men required to do the work. It is evidently expected that a man should handle returns and troubles from the number of 500 for the same emolument as is required for the number of twenty.

No consideration is given to the immense increase in work of all kinds, to the amount of midnight oil required to get through all returns and work required by a body governing the strong and numerous medical profession of Ontario.

We wonder did Dr. S. ever enquire or ever know what is meant by the term "messenger" used here. When, by and with the consent of the medical profession generally, the property and building on Richmond Street was acquired, was it expected that the registrar in his occupation should sweep the floors, attend the furnace, wash the windows and do all such manual labour? We hardly think so. That was what the messenger did, the term being one indicating a man whom now we call janitor or caretaker. It is scarcely necessary to dwell further on this part of the question.

Does our correspondent know what salaries are given to town and even county treasurers who, in many cases, have neither the funds to handle nor the work to do that the treasurer has? We are quite sure that he himself would not undertake it even for the salary now attached to the office.

Then the "official editor," as he pleases to call our own unworthy self, has the magnificent sum of \$600 for doing his work. Truly we should be well paid. But please look at our contract. We are required to publish and send out the Annual Announcement, which this year cost \$470; pay the stenographer \$85; publish the advertisement of examinations, \$40; leaving the enormous sum of \$5 to pay for a monthly edition of a journal of at least sixty four pages, printed on good paper and with good type, to be sent to every registered medical practitioner of the College. Really a summation to be much desired!

Then, again, the cost of the Announcement does not represent nearly the cost to the Council if they printed it themselves, the rate given to us by our publishers being more than \$200 less than could be obtained by the Council. Then time spent in editing, answering disgruntled correspondents. Bah! the subject palls on us and leaves us in wonderment as to why we do it. Of course, it

must be considered that, according to our correspondent in a former issue, city practitioners have nothing much to do, and, as a consequence, we can easily devote our time for nothing to any object we please. We only wish he had a little more work to do or something of that kind to shorten his communications somewhat.

As a conclusion, we will promise the Doctor all our influence for the office if the Council ever decides to appoint an "official jester."

SHOULD THESE THINGS BE?

In our December number, we drew attention to two or three cases of what we feared was a rather wholesale attempt at advertising through the ordinary reading columns of the daily press of this city. Subsequently we were given to understand that in most of the cases referred to, the articles appeared without either the consent or the desire of the physicians mentioned, and we stated the same in our last issue. Instances of the same kind are constantly cropping up, and certainly they do not add dignity to the profession. If physicians are so injured in their feelings by their names receiving such publicity, we are of the opinion that they can obtain satisfaction in the courts—individuals have rights! An American judge, in summing up a case bearing some resemblance to one of this kind, said: "The right to life has come to mean the privilege to enjoy life, without publicity or annoyance: . . . private rights must be respected as well as the wishes and sensibilities of the people."

We are inclined to think that if medical men do dislike this publicity, and would stand for the right, that occurrences of the kind would happen less frequently. Certainly articles on popular diseases would not appear over the signature of members of the profession in good standing; nor would it be necessary for a mineral water to obtain a coroner's verdict as to its value; nor would the account of an accident read like this: ". . . thanksto the attention bestowed on it by Dr ———, No. —, ——— St.," or "Dr. ———, ——— Ave., dressed his wounds," or "Dr. ——— . . . up on — St.," etc. Really, when the matter is looked into, what does such a reference mean? Simply, that in this or that disease, or in case of

accident, you will find that Dr. ——— is specially adapted for that class of practice. Compare such a *reference* with the advertisement: "Dr. ———, ——— Ave. Specialist—wasting diseases, etc." And where is the difference? In the one case he gets the *reference gratis*, through some (?) overzealous reporter, and his 'phone number is left out for the sake of appearances; while in the other the *quack* pays for his advertisement, and has the privilege of inserting his telephone number if he so desires.

Nor is the daily press the only avenue through which improper self-aggrandizement is carried on. Only recently we observed an article by a member of one of the teaching bodies in Ontario, claiming to be something more than he really is—he will require to summon all his gymnastic elasticity to clear himself of such an unseemly proceeding. And in a recent issue of an American journal, we noticed an Ontario man—a *would-be* school man—posing as the possessor of a lectureship that exists, so far as he is concerned, only in his imagination.

We think such things should not be, and this journal intends to make its presence felt in the matter. Doubtless we will make enemies—all quacks are enemies now—though we would hardly like to say that all our enemies are quacks. Many, however, might be called "*line shavers*." The code of ethics, as adopted by the Ontario Medical Association, says: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases," etc., etc.

The profession in Ontario should live up to this, and we propose to keep our eye upon those who profess to, but who do not.

EDITORIAL NOTES.

The preliminary programme of the Congress of American Physicians and Surgeons is just out. The meeting will be held in Washington, D.C. on May 29th, 30th, 31st and June 1st next. On Tuesday, the 29th, the General Session will be under the direction of the "Association of American Anatomists." On Wednesday, under the "American Climatological" and the "American

Dermatological Associations." On Thursday, the "American Association of Genito-Urinary Surgeons," and the "American Gynecological Society" will have charge. In the evening the President, Dr. Alfred L. Loomis, will give an address on "The Influence of Animal Experimentation on Medical Science." On Friday, the "American Laryngological" and the "American Neurological Associations" will have the direction of the General Session of the Congress.

On Thursday, Feb. 8th, an Orthopædic Department was opened in connection with the Free Dispensary at 78 Hayter Street, Toronto. It is intended to provide free attendance and the instruments and appliances at cost price, which are required in the treatment of all deformities, joint and spinal diseases. Any physician can recommend patients to it who are unable to pay the usual fees, and who are sufficiently well to attend at the dispensary. Financially, it will depend for support on the assistance of those who may be interested in such work, and who may be led to cooperate. It is under the care of Dr. Bremner, late assistant surgeon out-patients' department of the Hospital for the Ruptured and Crippled, New York.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

CERTIFICATES OF DEATH.

At a recent inquest, held at Victoria, on the body of a woman called Mrs. Roberts, who died at Plumper's Pass, when she had been ill for some time and had no medical attendance, it came out in evidence that a certificate of death had been given by a physician on a very superficial view of the remains. No *post mortem* was made, the clothing on the body was not removed, and a certificate of death from heart failure was given from the appearance of the face and eyes, both of which were said to have looked natural. The physician who gave the certificate stated in his evidence that this was a common practice amongst the medical men in Victoria. Subsequent inquiries made amongst the undertakers' and court records did

not bear out this assertion, and the coroner, Dr. Walkem, of Nanaimo, took occasion to give the witness a dressing-down which he won't forget for some time. The difficulties in getting proper certificates in cases of persons found dead in Vancouver we can appreciate from the fact that we happen to be the coroner of that city, and have had on more than one occasion differences with the City Council on the subject of inquests. In cities and municipalities, the expenses of inquests are shouldered by these bodies, but in outside districts under the immediate charge of the Government, the expenses are taken out of the Provincial treasury. In British Columbia the Government spares no expense in ferreting out the cause of death in all cases where parties die under the least suspicious circumstances. The administration of justice is something we are proud of here. But in the cities the coroners have an uphill work to do, as they are handicapped if they wish to do their duty thoroughly and well. The ordinary alderman, who, by the bye, is not over-intelligent, constitutes himself a judge in many cases of when and where it is not necessary to hold an inquest. If a man is shot down on the public streets in the presence of scores of witnesses, it is all right to hold an inquest: but men found dead in cabins or in hotels, if they occur with any frequency the aldermen raise a howl about extravagance if they are saddled with the ordinary coroner's fee, not to speak of the expenses of a *post mortem*. The coroner is accused immediately of holding unnecessary inquests, and if he is a sensitive man, he feels his position keenly. There is a strong temptation, therefore, at times to do the work allotted to him in a superficial way, for the police, as a rule, back up the aldermen, from whom they get their salaries, and whom they wish to please by keeping down expenses. The coroner, of course, can insist upon them doing their duty, but it is done in a half-hearted, perfunctory way which is disagreeable to this officer. The majority of policemen in small cities have very little knowledge of crime in its finer details, and it is only when gross manifestations are apparent that they bestir themselves in the way of investigation. It is different with the Provincial police, who, though only working for salaries, have more professional pride, and are more ambitious to make reputations. If the var-

ious coroners were supported by men of this kind, there would be less reason for complaint than there is now, and the ends of justice would be better satisfied. The law, too, would have to be altered, to allow *post mortems* to be performed without the summoning of a jury and witnesses, all of which entails a great deal of trouble, unless it is a case in which it is self-evident from the beginning that it is one of foul play.

From our present knowledge, however, we do not know of a single case where a medical man gave a certificate in the loose and irregular way that the medical witness in the Roberts' inquest confessed to have been guilty of. We hope, for the honour of the profession, that there are very few of our brethren that have so lax a view of their duty, both to themselves and to society, as to be instrumental in thwarting the ends of justice. If there have been, we trust they will take warning now, and turn over a new leaf. We cannot be too particular in granting certificates of death in the case of the unknown dead.

A VISIT TO PRESTON RETREAT.

While spending the summer with Dr. Joseph Price, in Philadelphia, it was my privilege to occasionally visit the Retreat, where the arrangement, methods and results so impressed me that I concluded a report of my visits might be of interest, as illustrating the possibilities of the lying in chamber, where the management is according to the principles of modern surgical cleanliness.

Preston Retreat was established in 1839 by a wealthy physician, who recognized the necessity of an institution where poor but respectable married women could be provided with comfort and skilful attendance during their accouchement.

The building, which is of marble and of Grecian architecture, is situated in the centre of a large square and is surrounded by green lawns and shade trees. In the rear, and completely detached from the building, is the laundry, and to the extreme right, facing another street is the residence of the physician in charge, Dr. Joseph Price, who stands unique not only in his record at the Retreat but also in the department of pelvic surgery.

The arrangements for ventilation are complete. The halls are cruciform, opening upon the four

sides of the building, thus assuring a continuous current of pure air. All wards open upon the outside of the building - no intercommunication whatever—thus giving ready means of complete isolation if necessary. At each rear corner and removed fifteen feet from the main building are brick piers containing baths and closets. There is no plumbing in the building proper, it is confined to the piers, thus giving a circulating atmosphere between the closets and the wards. During the first fourteen months of Dr. Price's management, the baths and closets were within the building in connection with the wards, and during that period the temperatures of patients ranged 99, 100 or 101, with tongues fairly clean, the breasts sound, the nipples healthy, and the bowels acting freely, but as soon as the plumbing was removed the temperatures fell to normal. By running back over the temperature charts, an observer can at once fix the date of the alteration in plumbing. Throughout the building the strictest simplicity is observed. There are no carpets, but a small rug by the bedside, and there is scarcely a chair that could be dispensed with. *Scrupulous cleanliness* is exacted throughout all the management. Nurses are requested not to spare the laundry. The soiled linen is collected and sent to the laundry, every three hours. Each patient has her own wash basin and towel.

Maternities admit patients only when in labour, but here they are admitted approximately two weeks previous. Thus they become accustomed to their new surroundings, and with an abundance of pure air and nourishing food, they improve in condition wonderfully, and are better able to meet the demands of labour. They have the privilege of remaining for four weeks after delivery, and thus leave the institution in good condition.

Upon the admission of a patient, who is compelled to present her marriage certificate, she is given a bath, and puts on clean clothing. She is given a soap bath twice a week until confinement, her bowels kept free by an occasional saline. She has a clean hair mattress and sleeps on the fourth flat; she leaves her room in the morning and does not enter it until time to retire, during which interval it is thoroughly aired, and heated only half an hour before she is to occupy it. Upon the occurrence of

premonitory symptoms of labour, the patient is given a soap bath and a vaginal douche, bichlor. 1-2000, is dressed in clean clothing and goes to a clean delivery room, which is used only for that purpose. The physician and nurse also make a complete toilet, thus ensuring cleanliness in delivery as a rule only one examination is made. The after birth is delivered by expression, a second vaginal douche of bichloride, 1-2000, is given, and a quart or more of the solution poured over the mons and thighs, and the dressing is applied. The patient is then removed to a clean straw bed in the lying in ward.

The bowels are opened if necessary on second day by saline. All mothers nurse their children. The proverbial milk fever is here demonstrated to be a myth, as no rise of temperature takes place without septic infection. Ten to twelve days after confinement, the patient is allowed to get up. The straw bed she used during this period is destroyed and she is given a clean hair mattress. She is then removed to the convalescent ward where she remains till her departure.

Forceps are very rarely used, nature generally being allowed to complete her own work. Anæsthesia is used in about five per cent. Uremic convulsions are treated by severe purging by salines with chloral internally. All lacerations are repaired in the most careful manner. One porro operation at midnight, both mother and child saved.

Only three cases of ophthalmia have occurred during the seven years of Dr. Price's management. The first was delivered in the gutter as the woman was stepping from the carriage. The second was delivered in the bath room as she entered, and the third was delivered in the hallway. These cases were therefore delivered without bathing, toilet or anti-partum douche. Dr. Price maintains that if, in the next ten years, each woman in labour were given a 1-2000 bichloride anti partum douche, the blind asylums could be reduced five to one.

When Dr. Price took charge of the Retreat, he determined to apply and carry out all those refinements of technique which assure the most complete and satisfactory results - "perfect environs, clean approaches, everything within the four walls of the house without a suggestion of dirt, and also to scrupulously practise those principles of abdominal surgery which the experience of the

most successful men of the profession credit with nearly perfect results. Dr. Price considers that a woman, during and after labour, is a wounded woman, and the principles of good abdominal surgery apply in her case.

As a result of this painstaking work, and almost absolute cleanliness, Preston Retreat is to-day the best managed Maternity, and leads the world in showing the lowest mortality. Dr. Price has, in this institution, had thirteen hundred and twenty seven deliveries and only one death, and she was practically dead upon admission. She was picked up unconscious by the police patrol, and died three hours after admission.

Dr. Price contends that with firmness, care and cleanliness, such results are available in the better class of family practice.

ERNEST HALL.

Victoria, B.C.

Prince Edward Island.

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

MEDICAL MEN AND LIFE INSURANCE COMPANIES.

In our last issue, we dwelt upon medical men, their fees and remedies at law, and showed that every man, unless a slave, was valuator of his own services. We now propose to deal with life insurance combinations and their treatment of our profession. What are the facts? An agent, who is amply rewarded for scouring the country for recruits, calls upon a doctor, and says he has a candidate or candidates for examination, at the same time informing the doctor that his fee will be \$2.50 or \$3, and with very exceptional ones \$4 and \$5. Other companies on the assessment plan will tie you down to \$1 and \$1.50. Is this treatment fair and just to medical men? In our opinion it is slavish and derogatory, to the status of the profession. They should, in a body as a medical society, make their own fees for examination for life insurance, and be able to tell those companies who pay heavy salaries to presidents and secretaries, with palatial offices and residences, the medical man, on whose report and faithfulness in examination depends the success of the company, will no longer

be dictated to in this matter. We don't mean to be unreasonable on this point, but claim, while the butcher, the tailor and the merchant dictate their own terms, it is just and proper that a physician should value his own services. In some instances an agent travels and takes a doctor with him in his rounds—the more applicants, the more the doctor makes, hence he is in partnership with the agent roping in parties who are not in circumstances able to pay the insurance premium regularly. If he has no money, his note is taken. These form the lapses in life insurance, but what careth the agent or the partner, so long as they rope in their fee. A whole souled and honourable physician would spurn such conduct. Frequently a young graduate makes his *debut* before the public in this way, travelling with an insurance agent. The ethics of the profession ought to frown down such tactics, ought also to prevent our members from making examinations in any case for a less sum than \$5. Where urinalysis is required the fee should be \$10, and a laryngoscopic examination should be \$5 additional. Just fancy an order known as Foresters requiring the physician to make a physical examination, with urinalysis, for \$1.50! We trust this matter will be taken up by the profession in this province, and action taken thereon at the next annual meeting of the Prince Edward Island Medical Society.

We believe the profession in this province is equally intelligent and honourable as that of any other province, and if they once determine in this matter they will live up to it. We also believe that all doctors connected with lodges or courts should withdraw in a body, and no longer countenance such a wholesale fraud upon the profession. No doubt many submit in these matters because if they refuse, someone else will do the work there being no unanimity or harmony in our ranks to regulate the matter, and stand by one another in the course taken. It will not do to argue that such a course on the part of the doctors would be against public policy. It is equally inimical to public policy to combine against the profession, for the profession simply value their own services, and they do not attach a very extravagant value to such an important piece of work, when done thoroughly and intelligently.

PUBLIC HEALTH.

We recently received a circular from the Secretary of the Provincial Board of Public Health of Ontario, desiring to be informed as to the present status of public health organization in Prince Edward Island; also, what legislation exists with regard to the protection of the public. We are sorry to admit that our organization and laws are very inferior and imperfect. In 1851 an Act was passed constituting boards of health throughout the Province. These Boards were appointed by the Lieut.-Governor and Council, and consisted of laymen and a health officer, but as the power of the Board was limited in finances, they could do but little in the way of fighting an epidemic, unless the Government of the day provided funds. During the small-pox epidemic of 1885-86, this statute was still further limited in its financial powers, and the whole statute was re-enacted with slight modifications. The civic corporation of Charlottetown constitutes the Board of Health for the city, and we believe Dr. Richard Johnson was, until recently, the sanitary officer—a very competent and painstaking officer, who has been poorly rewarded for his service.

The treatment which medical men received in this province at the hands of boards of health and the Provincial Government, during the last small-pox epidemic, was disgracefully mean and contemptible. Our individual experience justifies us in using stronger language. In matters of contract of this nature the high-souled and very honourable (?) Attorney-General of the day refused us a fiat to sue the Government, and had to submit to the treatment thus meted out to us. Should small-pox again invade our shores, as it will, the medical men should be very careful how they act until their fees are first guaranteed, and that in writing, endorsed by the Attorney-General for the time being. It is quite an absurdity to have laymen making health laws. New laws are required, and the time has arrived for a Public Health Department at Ottawa, with the provinces as auxiliary departments or branches, and the previous legislative enactments in this province are of very little use and need to be replaced by new and different legislation to suit the advanced requirements of sanitary science.

Original Communications.

INHERITED SYPHILIS, WITH SPECIAL REFERENCE TO EYE AND EAR DISEASE.*

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG., ETC.

MR. PRESIDENT AND GENTLEMEN,—It is a time-honoured custom of medical etiquette, and this society, when one is about to read a paper, to begin it with an apology. I feel that it would take several good and cleverly couched apologies to excuse me for having the boldness to venture any remarks on this very difficult subject. It is one in which I have long been interested, and if my enthusiasm should make me appear somewhat dogmatic, I hope you will excuse me.

The many and variously expressed views on it in the past, and also happily to a much less extent held at present, indicate that there is much about its evolutions that as yet are not rightly understood.

During the past twenty years more definite knowledge of it has been acquired than all that was previously known which has tended much to simplify it. There is no subject in medical literature which is more fascinating and leads one on in such pleasant though difficult paths of thought, till unfortunately he is frequently lost in the intricacies of this truly wonderful disease. Of recent years, since my attention has been occupied in special lines of practice which afford increased opportunities both of meeting and studying it, I am convinced that it prevails amongst us more than is generally thought. We might ask, what is inherited syphilis? We do not know what the agent causing either the acquired or congenital form of syphilis is. We do know that in the acquired it is some poison communicated usually in one way; though the definite organism, "the germ," if you will, on which it depends has not yet been discovered, though it many times has been said to have been.

Syphilis resembles the specific fevers, the exanthemata, excepting that they are acute, and run their course in a few days or weeks, whereas syphilis takes months or years. In both there is

*Read before the Bathurst and Rideau Medical District Meeting, Jan. 31st, 1894.

a period of incubation and eruption followed by sequelæ.

Inherited syphilis is understood to mean the poison of syphilis transmitted from parent to offspring, of which there are three recognized modes of transmission, all of which produce the same general effect, no matter by which parent or way it gains entrance into the organism of the embryo *in utero*.

I will briefly mention them. First, there is what is known as sperm inheritance from the father alone, the mother, at the time of conception, being pure.

Then there is germ inheritance through the mother alone, the father being pure. These are known as conception inheritance from the sperm or germ of one parent or both. It is said not to make any difference: except where both are tainted the liability of transmission is greater. There is yet another way, through the blood of the mother, so that the embryo has to run two chances through her. One by the father.

A transmittance is said to come about in this manner. Both the father and mother being pure at the time of conception, the fetus after it has enjoyed, it may be several months of healthy, intra-uterine life, becomes affected through the mother having contracted the disease, she imparting it to her child through the placental circulation.

Inherited syphilis may be defined as syphilis acquired without a primary sore or chancre, all other infections having a sore on the genitals or other part of the body, excepting under the condition known as Colle's Law, when a pregnant woman through her child *in utero* becomes affected.

There are many rules of inheritance or non-inheritance which will be passed over. It is, I believe, generally admitted that a healthy child, or apparently healthy, may be born to syphilitic parents. Hutchinson, whose teaching largely pervades this paper, and to whom we are indebted to nearly all that is known of inherited syphilis, says that it is not the tendency to syphilis that is inherited, but the disease itself; the child either has it, or has wholly escaped it: that when it is transmitted the course and severity are the same, no matter at what stage it takes place. The difference of degree is often marked, but is referable to the individual, as in acquired syphilis.

Taken as a whole, it runs much the same course after birth as the acquired form. It is a remarkable and well known fact that at birth the symptoms are usually absent, the infant presenting a healthy appearance. It is not until the fourth week that symptoms show themselves: so that it begins at the second stage no matter what stage the disease was at in the parent.

We are in a great measure thrown on our observations of the objective symptoms for a diagnosis in adult life, and it is not always possible or pleasant to ask questions which may awaken the suspicions and disturb the serenity of marital life.

The child of syphilis comes into the world appearing as other children for about a month, when it begins to snuffle, has a constant cold in its head, as the mother says, nurses with difficulty owing to inability to breathe through its nose. Its respirations are noisy, and sleep disturbed. A symmetrical rash appears in the skin like that of the acquired disease. The skin of the neck becomes red and peels, the mouth sore, and the infant begins to wither and waste. There are condylomata and mucous patches about the anus. periostitis may occur, with nodes on the shafts of the long bones, while abscesses form about their epiphyses. Should the infant survive this stage, it is likely to enjoy several years of good health.

The secondary stage of congenital syphilis is very severe, often causing death, while the tertiary manifestations are almost nil, nerve lesions and neoplasms being very rare, contrasting in its stages with the acquired form. In the acquired disease we seldom hear of the secondary stage killing while we often do of the late effects. Here nerve lesions are common, and intra-cranial disease of the arteries at the base of the brain, and gummatous tumours of the same part are frequent.

About puberty in congenital syphilis, other well marked, even pathognomonic, signs appear: in interstitial keratitis, notched teeth, deafness, with other less important phenomena. After these another lull sets in, which may last through life.

The syphilitic child develops a somewhat square head, prominent supraorbital ridges, and flat nose easily flexible at the point. The skin is ruddy but soft and pliant, which at the angles of the mouth is frequently marked by radiating lines, the remains of old eruptions. Such are some of

the characteristics in youth and adolescence, which remain throughout life in a less marked degree.

That signs of inheritance begin to show themselves after the child has breathed an independent existence for about a month, is remarkable from the fact that this is the period of incubation in the acquired form.

And another strange occurrence is that though syphilis is thought to be the most frequent cause of abortion, the child is usually born apparently healthy.

It was Hutchinson who first proved the syphilitic nature of interstitial keratitis, as well as the peculiar malformation of the teeth, which bear his name, either alone being sufficient to prove inheritance.

Eye lesions, in the congenital form of syphilis, occur somewhat in the same order as in the acquired disease, but with varying frequency. Iritis, which is of common occurrence in the secondary stage of acquired syphilis is almost unknown in inheritance, though this stage here is so much more inflammatory.

Retinitis and choroiditis are somewhat rare, while keratitis is most common. Interstitial keratitis comes on without much disturbance of the conjunctiva or sclerotic. The cornea is steamy and afterwards becomes opaque like ground glass. The cornea and conjunctivæ later become highly congested, with a wide ciliary border of inflammation. There is much intolerance of light.

The cornea, in patches at its border, may become a dark red or salmon-colored, sometimes resembling blood, in the anterior chamber, vision at this stage being greatly in abeyance. There is an absence of suppuration, but dense leucomata may form, which never become removed, shutting out vision more or less completely.

But it is marvellous how these cases clear up as only syphilitic inflammations can, even without treatment, though they may present very unpromising appearances, and take several months in the process. Both eyes are affected, but usually not at the same time; months may intervene between the disturbance of the first and second eye. These cases may relapse.

Retinitis and retino choroiditis are more rare. Disseminated choroiditis consists of discrete pigmented dots of atrophy, situated at the extreme periphery of the fundus, as seen by the ophthalmoscope.

The organ of hearing suffers less frequently than that of vision, and is not so characteristic of inheritance. But where deafness affecting both ears (symmetrical deafness) comes on suddenly in a young subject, without pain or discharge or tinnitus, that is, without obvious cause of disease in the middle ear, it may be put down as from inherited syphilis. It is more frequent in girls than in boys, and occurs about puberty.

The lesion is one of the auditory nerve, shown by the tuning-fork not being heard either at the meatus or on the mastoid bone. The course of the disease is rapid; complete deafness may come on in a few weeks, or be delayed for months.

No one, Mr. Chairman, is more aware of the imperfections of my paper than myself, which was not intended to be exhaustive nor exhausting, but to give a brief sketch of the disease and elicit discussion. It is my pleasure to have here present to-day patients illustrating my paper, who are the subjects of inherited syphilis, who; sent many well-marked characteristics, more particularly of eye disease, on which I have dwelt.

A CASE OF CHOLECYSTOTOMY.

BY F. B. WILKINSON, M.B., COURTRIGHT.

Patient Mrs. W., age 48, mother of nine healthy children. Family history negative.

The water in this part of the country is all surface water, there being no springs or gravel beds in the neighbourhood. Healthy during childhood; had scarlet fever and measles after her marriage, twenty-five years ago. A year before marriage she gives a history of having severe attacks of colic, three or four paroxysms daily. These attacks lasted for a period of six months. Pain which came on and ceased suddenly, extended from the region of the gall-bladder through to her back. One and a half years passed before another attack came on. This occurred four days after the birth of her second child. She never had an attack during the time she was pregnant. This spell of pain continued intermittently for nine months, and ended suddenly during a severe paroxysm with vomiting. After this, she had complete relief for twelve years and two months. Then (about nine years ago) she had another series of paroxysms of the same character as the previous ones, at the

rate of one or two a week, gradually becoming more severe, and lasting about three months. These were accompanied by jaundice and light colored stools.

Retching and vomiting were symptoms of all attacks. Constipation not marked. The present attack commenced in January of 1893, at which time I saw her. The pain, characteristic of biliary colic, occurred first at intervals, gradually became constant, as also did the vomiting, when she was not under the influence of morphia. No jaundice. Diagnosis: Obstruction of cystic duct. She had never found a stone in the stools. Operation advised when the pain became constant.

No other treatment beyond morphia hypodermically, to relieve pain and vomiting. She would not consent to have operation until April, at which time she was very much reduced, so much so that the prospects were not very bright.

Operation performed under strictly aseptic surroundings, with the valuable assistance of Drs. Johnston and Ames, of Sarma. The incision commenced at the cartilage of the ninth rib, extending vertically downward for three inches. The gall-bladder at once presented in the wound. The aspirator withdrew two and a half ounces of clear, viscid fluid. The gall-bladder was seized with forceps, sponges packed around it to protect the abdominal cavity, and an opening to the extent of an inch made. Seventy-four stones were removed weighing 340 grains. The only large one, eighty grains, completely blocked the cystic duct, accounting for the constant character of the pain. It could not be removed with any of the forceps at hand, but with a dull uterine scoop was easily brought to the opening. Bile at once flowed freely. The gall-bladder was sutured to the abdominal wall with silkworm gut. A rubber drainage tube packed around with iodoform gauze completed the dressing. The temperature did not go above 100: recovery uneventful, a biliary fistula remaining.

After some weeks an attempt to close the fistula was made, but in six hours the distress over the whole hepatic region was so great the stitches had to be removed. Some days after this, she had an attack of colic, and passed her first gall-stone per rectum, which had evidently become dislodged by the pressure of accumulated bile. This stone and

another passed since are peculiar, one being V-shaped with club-shaped ends, the other being about one-third of an inch long, also club-shaped at one end; both being one-tenth of an inch in diameter, and of the consistency of hard wax. A second attempt was also unsuccessful on account of another attack of colic. The fistula has since been closed with a double row of sutures, the edges of the gall-bladder freshened, and joined with catgut, the abdominal wall with silkworm gut.

There is nothing brilliant about this, it is reported to encourage other practitioners in the country. The operation is one presenting less difficulty than the average laparotomy for pelvic disease. The time, forty-five minutes, the greater part of which was occupied in fishing for stones, could not only be very much shortened, but the operation simplified by the use of Murphy's button.

Correspondence.

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

REPUDIATION OF M. D. A.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In your last issue is a letter from Dr. Lovett; in it he honours me with some little notice. He writes: "Dr. Burrows knows well that his 'mushroom organization'—the Medical Defence Association—will not stand the light of day," "losing faith in the new organization," etc. Now, Sir, Dr. Lovett is entirely wrong. I have never, in any way, or at any time, been connected with the Medical Defence Association, and I could not readily lose what I never had—that is, faith in it. I believe, with Dr. Lovett, that the organization was self-created, and that the zeal of its most prominent members is not without self-interest. Could Dr. Lovett read some of the letters received from Dr. Coburn Eastwood and others, he would not charge me with having either the confidence or support of that organization. I have only asked fair play, the rising above personalities, and a calm consideration of what is in the best interests of the profession. I am, Sir,

Yours truly,

P. PALMER BURROWS.

Lindsay, Feb. 5, 1894.

A CASE OF BLACKMAIL.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR, I wish to call the attention of your readers to a case of attempted blackmail, and to the noble stand taken by the would-be victim, Dr. Bullis, of Dresden, to vindicate his honour and uphold the profession.

Some time in November last, a girl by the name of Escott laid a complaint, and brought criminal action against the Doctor for seduction and an attempt to produce an abortion, after he refused to pay her any money to hush the matter up. The following is her story in brief:

She says, in February last, that she visited the Doctor's office, not feeling well, and he assaulted her. She returned in March and the same thing occurred again, although she made no noise at the time, nor told her father or anyone else. She again visited him in June, and said she was in the family way, and asked him to give her something to bring her round, which he refused to do. She called again in September, and said she was constipated and had the whites, for which he gave her some cathartic pills and a syringe to wash out the vagina. She again begged him to bring on her menses, and, on his refusing to do so, she threatened to swear it on him. He ordered her out of his office, and heard no more from her until he was sent for by a lawyer in Dresden, and was asked to settle. He indignantly refused, as he had nothing to settle for, and walked out. She then had him brought before the police magistrate in Chatham, when he offered no defence, preferring to sift the matter to the bottom and have his trial before the judge. The police magistrate took his own recognizance for \$500 to appear before Judge Bell, which he did in due time. In the meantime he had procured the services of a detective, and secured evidence to show that the girl was a notoriously bad character; that she had been common property; and that one man in particular, whose character was even worse than her own, had induced her to bring this action against the Doctor for the purpose of bleeding him freely, telling her she could easily get \$500 out of him rather than have his name mixed up in such a scandal, and when she got the money they would go away and have a good time together.

All this and more to the same effect was brought out, by cross-examination, and the consequence was the Doctor was honourably acquitted, after asking to make a statement himself, in which he said he never saw the girl till June, when she came to his office and wanted him to induce a miscarriage; that at the times she said he committed these assaults he was not in Dresden.

The two medical men, Drs. Duncan and Sieve-wright, who had been summoned by her to give evidence, clearly proved that it would be utterly impossible for her to introduce a large syringe through the os, and that the medicine he gave her could not produce an abortion. No evidence was called for the defence, although the Doctor had a dozen or more reliable witnesses, neighbours of this girl, who were ready to swear she was a common prostitute, and could not be believed on oath. And the sequel proved they were right, as she has since stolen her father's money and run away, and her father has, through the papers, warned people not to give her credit on his account. The learned judge, in discharging the Doctor, said he was sorry that any professional man should be at the mercy of such a character, and that it was a clear case of blackmail, and further, that there was not a stain on the Doctor's character, which has been proven by the fact that he now enjoys the confidence of the people to a much greater extent than even before.

I may say the profession of Chatham rallied round him in his hour of trial, as it was their duty to do. And I think every medical man in the Province owes him a debt of gratitude for his manly fight for his own honour and that of the profession.

I would not have troubled you with this long letter, but the press had very sensational accounts of the proceedings before the magistrate, and very little was said after the trial, and as some of these articles, no doubt, were read by his brother practitioners, I thought it my duty to put the case in its true light before the profession through your columns, which must be my excuse for taking up so much of your space.

I am yours, etc.,

JOHN L. BRAY.

Chatham, January 25th, 1894.

PROFESSIONAL TAX.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In my last letter I promised that, in this, I would endeavor to satisfy even you that the professional tax was never required to meet the legitimate liabilities of the Council. To reach this end, it will be necessary to quote figures, and figures are dry details which most readers would gladly avoid. Since, however, the Financial Returns, recently submitted to the Council by its Treasurer, were supplied to every practitioner in the province, first in loose sheets, and, subsequently, in the Annual Announcement for 1892-93, pp. 201-211, it may reasonably be assumed that they are still in the possession of all. Instead, therefore, of entering into details, it may suffice to give results—leaving it to your readers to verify these, by careful examination, and a reference to the Financial Returns. Should you, however, venture to challenge the absolute accuracy of my figures, or the correctness of my conclusions, I shall be ready, of course, to vindicate them in a subsequent letter.

In 1874, the Council approached the legislature seeking power to tax the medical electorate. Finding the government of the day indisposed to grant the authorization sought for, it untruthfully alleged that it was in financial straits, that its income was insufficient to meet its annual liabilities, and that, unless the permission asked for were given, the Medical Act being a public Act, the government would have to supplement the Council's ordinary income by an annual subvention from the public purse. Under the pressure of this artful threat, the government weakened, and, being moved thereto also by the assurance given that the proposed tax was designed to be merely a temporary expedient to tide the Council over present difficulties, and to enable it to secure a suitable Hall for its examinations, very weakly suffered the Act of 1874 to become law. That it did so unadvisedly is now very generally conceded. It was its obvious duty to thoroughly inform itself of all the facts of the case, before permitting a body, with such anomalous relations, to obtain power to tax one of its two constituencies, while carefully exempting the other from all money contributions whatever. This duty, unfortunately, it neglected, and it even accepted, on trust, the misrepresentations

made as to the necessity of the impost. We must remember, however, that, twenty years ago, medical men were quite as apathetic as now, and very much less united, and that, consequently, it seemed to be no one's business to disabuse the government of its misplaced confidence. Very few of us, in fact, were permitted to know that any movement was being made to tax us, until after the legislation had been secured. Some of the territorial representatives were opposed to the complot, but their objections were overborne, and it was presented to the government as the concoction of the Council as a whole. The device was, as is now very well known, the contrivance of the schools. These not only inspired it, but also promoted it with all the influence they could bring to bear on the government and the legislature. Moreover, that nothing might be wanting to render the tax both galling and detestable to the electorate, they very unadvisedly stooped to accept, as their confederate and principal agent in lobbying the measure through the House, the late Dr. D. Campbell, formerly President of the Homeopathic Board. The entire scheme—ungenerous in its conception and grossly unjust in its application—was thus concealed, in its inception, from the general profession, was based on misrepresentation and furthered by craft, and, on these grounds, I have ventured to say, elsewhere, that the Act of 1874 was obtained "fraudulently." When someone cognizant of the whole facts of the case, after carefully comparing the results given below with the Financial Returns, can show that any milder term as fitly characterizes the entire transaction, I shall be quite content to adopt it.

Now, Sir, you and your friends, when confronted with unpleasant facts, numerically expressed, appear to imagine that you can explode the whole case against you by a vague or general denial of the accuracy of the figures. May I venture to suggest that your readers have possibly been surfeited with light fare of that kind, and that they would now like something more substantial. With pencil and paper in your hands, and the Financial Returns spread out before you, kindly, then, proceed to explicitly prove or disprove the following statements:

(1) In no single year prior to 1874, nor in 1874 itself, was the Council without a handsome surplus

to its credit in the bank over and above all its liabilities.

(2) In 1873-74, when it sought for and obtained permission to tax the profession, untruthfully alleging that it had not the wherewithal to meet its liabilities, it had a clear surplus of \$1,628.16 in the bank.

(3) In 1874-75, one year after the passage of the Act, but before one dollar had been received by way of Annual Assessment (see first column of Financial Returns, p. 201), the Council's income was \$4,896.14, and its expenditure only \$3,283.90, so that the balance to its credit in the bank was increased to \$3,240.40—leaving nothing unpaid.

(4) Now, omitting altogether the receipts set down in the first column of the Financial Returns from 1874-75 up to 1879-80, and thus excluding not only the professional tax, but also the receipts from fines and registration fees, the aggregate legitimate income for the five years was \$29,480.30, while the aggregate legitimate outlay, omitting the investments, was only \$27,656.78. So that up to 1879-80 inclusive, there accrued a further balance of \$1,823.52 to the Council's credit—thus swelling the entire surplus to \$5,063.92—the annual interest on which, had it been invested at 5%, would have been \$253.19.

(5) Besides thus increasing its balance in the bank, between 1873-74 and 1879-80, from \$1,628.16 to \$5,063.92, and without counting in one cent received from assessment dues, and also leaving out of consideration the receipts for fines and registration fees, because these are bulked with assessment dues in the first column of the returns, the Council was able, during this seven years, to increase its aggregate payments to its own members, under the heads of Council and Committee Expenses, by \$3,124.19 over that of the previous seven years—an average annual increase of \$446.31; to add \$350 a year to the salary of its Registrar and \$250 a year to the Treasurer's; to multiply its annual miscellaneous outlay threefold, or from \$600.67 to \$1,816.16; and to expand its other items of expenditure in proportion—and all this, I repeat, without using one cent of the proceeds of the professional tax.

(6) Between 1879-80 and 1886-87, when its

building operations commenced, the aggregate of the Council's legitimate receipts, *i.e.*, its entire income exclusive of the professional tax, proceeds of mortgages, temporary loans, and real estate transactions, amounted to \$53,058.58, while its aggregate lawful expenditure for the same period, *i.e.*, its whole disbursements, exclusive of temporary loans, mortgages, building construction and such other outlays as are given in the Returns as distinctly connected with its real estate, amounted to only \$42,781.38. There, consequently, accrued during this seven years a further surplus of legitimate receipts over expenditure, reaching the very handsome sum of \$10,277.20—this without touching one cent of the proceeds of the professional tax, and notwithstanding that, in the exercise of its exalted capacity for enlarging its expenditure *pari passu* with its receipts, the Council had, during the seven years in question, as compared with the preceding seven years, again increased its payments to its own members, as given under the heads of "Expenses of Council and Committee Meetings," by an aggregate sum of \$1,400.61, or an average annual addendum of \$200.08, and had again inflated its other outlays in proportion, adding another \$50 a year to the salary of its Treasurer and another \$450 a year to that of its Registrar, and, since it was manifestly undignified for a \$1,200 Registrar to do his own rotting around, as had been done by his \$750 predecessor, the Council graciously fitted him up with a Messenger at \$200 a year.

(7) This seven years' surplus of \$10,277.20, added to the \$5,063.92, specified in (4), gives in 1886-87 an aggregate surplus of \$15,341.12, the annual interest on which, if invested at 5%, would be \$767.05—a sum quite sufficient to pay the rental of ample Council accommodation from that date. If the \$253.19 annual interest on the surplus reached in 1879-80, is considered insufficient to pay the rent of such accommodation as was occupied prior to 1886-87, we may regard it as supplemented by the registration fees paid in from 1874 to 1880, which, as before explained, we have hitherto left out of account, hence the interest of each subsequent year's surplus.

(8) Since 1886-87 the legitimate income, expenditure, and surplus for each year, as obtained from

the Returns and the *Annual Announcement*, 1893-94, are as follows :

1887-88	Income \$13,186.00	Expenditure \$10,144.40	Surplus \$3,041.60
1888-89	" 13,557.58	" 13,567.69	Deficit 10.11
1889-90	" 13,068.63	" 12,227.92	Surplus 840.71
1890-91	" 13,675.10	" 11,839.70	" 1,835.40
1891-92	" 14,124.60	" 11,626.39	" 2,498.21
1892-93	" 14,919.30	" 13,787.18	" 1,132.12

Thus, had the Council refrained from speculating in real estate, its available surplus of receipts over expenditure for the six years ending 1892-93, would have been \$9,337.93—this, again, without counting in one cent derived from the professional tax. The legitimate receipts, besides rolling up this surplus, had to withstand the strain of the Council's higher evolution. The Council grub had now become a butterfly with lofty aspirations and expensive tastes. The \$200 Messenger had developed into a Caretaker and an Elevator Man, with salaries amounting to \$795, the \$300 Treasurer, and the \$1,200 Registrar, were found to be worth \$400 and \$1,800, with, in the case of the latter, casual advantages amounting annually to over \$200 more. The Council paid its own members under the heads of "Expenses of Council and Committee Meetings," during the six years, just \$8,373.02 more than during the preceding six years, or \$1,395.50 more annually. It engaged a Council Solicitor to instruct it how to squeeze an unjust, unconstitutional, and unnecessary tax out of the profession—paying him for his services, for the six years, \$2,401.97, or at the rate of \$400.33 per annum, altogether exclusive of the legal expenses involved in prosecuting quacks, and in suing 1,184 registered practitioners in Division Courts, because they refused to pay an odious exaction. It engaged an Official Typewriter, and an Official Stenographer, and a \$600 Official Editor, and, had it not been pulled up short in its career of official expansion, by the untimely frosts of professional discontent rudely nipping its soaring aspirations in the bud, another few years would have, doubtless, seen it in full swing—with a salaried Chaplain, a Sergeant-at-arms, an Usher of the Black Rod, a few Pages, an Official Tiger, a Steam-launch, and, possibly, a Council Jester, to enliven the tedium of official debate, when mutual felicitation might pall the appetite, and even vituperative accompaniments no longer give the relief desired.

(9) Thus the entire surplus, accumulated up to

last year, would have been \$24,679.05, the annual interest on which, at 5%, would have been \$1,233.95.

(10) Now, Sir, kindly put a pin through each of the following conclusions, and keep it for future reference, first, however, impugning and rebutting any of them if you can :

(a) It is clear that the professional tax was not necessary in 1874, when the Council claimed that it was required to meet a deficit in its accounts—since no deficit then existed, or had previously existed.

(b) It is equally clear, that for the first six years after the taxing power had been secured, the tax was not needed to meet the Council's lawful liabilities, although it was annually assessed and collected.

(c) The Council's treasury became, for the first time, empty in 1879-80, when, unwisely and *unlawfully*, the Council began to gamble in real estate—sinking, at that time, \$11,191.05, and the following year \$2,807.97, or, in all, \$13,999.02, in the purchase of a site for future more extended operations. I have ventured to call this an *unlawful* expenditure, because it was made clearly *not* "for the purposes of this Act" (Ont. Med. Act, Sec. 2), but for the purposes of speculation and local glorification. On this ground, we decline to regard as legitimate any item of the Council's receipts or disbursements connected with its real estate.

(d) It is quite as manifest that the professional tax was not required between 1880-81 and 1886-87, or between 1886-87 and 1892-93, and, therefore, that it was *never* required.

(e) However desirable, in its opinion, the professional tax may be, the Council itself has furnished the strongest possible evidence that it does not regard it as really necessary, since by clinging, in defiance of law, decency and public opinion, to office one year longer than the amended Act of 1893 allows, it voluntarily relinquishes, not only the tax for 1893-94, which the Act forbids, but, also, that for 1894-95, which it claims that the new Council would undoubtedly assess.

I hope, Sir, to have an opportunity, elsewhere, to show that the professional tax is not required now, and that it is not likely to be required in the near future, to meet the lawful, or necessary, dis-

bursements of the Medical Council. I have only further to add, in this connection, that I have, in this letter, incidentally laid bare a course of extravagance on the part of the Medical Council which ought to promptly relegate every one of the elected members to private life. The Appointees and Homeopaths were practically irresponsible, and they, doubtless, proceeded on the assumption that whenever more money became necessary, it could, at any time, be obtained by more diligently milking the professional cow—the operation being aided, possibly, by such patent suction appliances, and legislative persuaders, as the Amendments to the Medical Act procured in 1891. Better things, however, might have been expected from the territorial representatives. Yet, Sir, I defy you to point out, in the entire series of stenographic, or other reports of Council proceedings, a single word of expostulation, uttered by any one of them, against financial mismanagement, unlawful speculation, or the unnecessary expansion of the annual disbursements.

Yours, etc,

J. H. SANGSTER.

Port Perry, Feb. 2nd, 1894.

DR. CHRISTOE'S LETTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

MR. EDITOR, If you should ask me my opinion regarding the large building erected for the purposes of the Medical Council, your paragraph in your last issue, viz., "The needs of the Council to secure ample accommodation for the examination of students, made the erection of a building, such as we have at present, absolutely necessary," would very much collide with the *sound* judgment of the profession. At all events, its erection, without the sanction of the profession, evidenced a very great want of consideration.

In many elective bodies, municipal and others, provisions exist, guarding the reckless collection and expenditure of large sums of money; and by laws, before finally passed, must be submitted to the people for their sanction. I do not hesitate to say that common prudence should have dictated such a course to the Council. But, surely, Sir, you will not, on sound business principles, justify the expenditure. It would be an imposition on one's credulity to make an ordinary person believe

in its necessity. It is a costly ornament for such a limited use, and a standing monument to someone's folly for all time to come. It constitutes the Council as a real estate agency, for I dare say it advertises offices to let in large letters, but the profession have to pay the piper.

Is it any marvel, then, that thoughtful men should on this line call a halt? The tremendous whistling and wriggling required to explain away the natural and inevitable sequences of this crooked matter prove that a grave error has been perpetrated.

It is puzzling, too, to know just the position of the ONTARIO MEDICAL JOURNAL. Is it shadowed by the Council completely, and bound to support its theories, right or wrong? Or does it exist for and on behalf of the general profession? If the latter, it is difficult to understand the harpooning which writers, who disagree with the Council, receive at its hands. I have noticed this particularly in the case of Dr. Sangster. Every man is entitled to courtesy, under editorial supervision, so scantily administered in his case. I am no apologist for the Doctor, although agreeing with him on many pertinent points; and I believe, notwithstanding the odious reference to his educational status, he as yet suffers nothing by comparison. As a shrewd debater, critical observer, and fearless champion of right, his compeer in your pages has yet to appear.

As to the tax and its increase, with the history, intelligent members could scarcely be expected to lend themselves to perpetuate such unexampled expenditure, the principle involved forbids it. No exception will be taken in supporting the Council efficiently under economical expenditure. The tax should be based upon approximate requirements annually, and whatever the sum required, whether fifty cents or two dollars, let it be collected. A method like this would prevent accumulations and unreasonable expenditures.

It strikes one very forcibly, to make the Council what it was designed to be, for purposes of finance, education and progress, men must be elected who are qualified, independently of the schools, to do their own business, to practise economy, and, if possible, remedy the wrongs already existing. I am pleased to note that the signs are in that direction. With congratulations at your success

in procuring readable articles, making the JOURNAL a very desirable companion, with those minor exceptions, you know,

I am yours,

Flesherton, Ont.

M. S. CHRISTOL.

DR. SANGSTER AND THAT TWO
DOLLARS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR, "Warped nature never sees its faults," but, unfortunately, men are seldom blind to the faults of others. Men are prone to condemn without knowledge, and to pass judgment without the light of facts, or under a transmitted light of fact and falsehood combined.

So far this medical fight has developed little of commanding interest to the profession, except a duel between the ins and the outs.

No important reforms have been asked for and obtained from the Legislature, and the side issues of the scene have been a roaring farce of denied *muendo*, sarcasm, invective and "You're another."

Of course, this wordy tilt has had its amusing side to disinterested onlookers, more especially that prelude of farce, by Dr. Sangster, that is the (that is, intended to be) high way to office, with little of law or change of regime to restrict the new tyrants now seeking on the legislative ashes of the past for that power their wanton hunger neither evades nor denies.

Dr. Sangster, like his counterpart in the far east, may well be denominated the Ontario Pasha of many words. For a year or more they have been a torrent, rushing from one literary precipice to another, without coherence, without mind; perhaps forcible even in their chaos, but rather from profundity than intelligence, perspecuity and reason.

It would seem the possibilities of the future have possessed the Doctor's soul to the exclusion of all other considerations; he has brooded over them (pardon the simile) like a setting hen; he has endeavoured not to be personal, abusive or sarcastic; he has tried to refrain from the *inuendo*, the unsaid meaning of the coward; but alas and alack! as in the past, so now, the Doctor has once more proved himself exceedingly human. Nobody than Dr. Sangster knows better human weaknesses, and no-

body should be more generous in the breach; but in this, as before, the Doctor is super-heated, loaded with virus, and its character is too phlegmonous even for experimental purposes.

Petty malice and small-souled venom have driven into obscurity greater men than our worthy friend. The Doctor's genius does not always sparkle like the dew on the flowers of Herman. His statecraft and diplomacy are not as yet household words, and it is safe to assert that legitimate debate is not born in a biased mind and a soul warped by failure, that it cannot thrive and develop where common sense fails in discerning those nice distinctions in debate that are the crown, the insignia of nature's gentleman.

The principal questions before the medical fraternity now seem to be: What are we debating about? What, if any, are the arguments being advanced by the verbose Doctor? Or, is all this fuss and feathers a desire to hear the violence of an incoherent echo, solely made and demanded to please the egotism, if not the vanity, of one man?

Voluble generalities are not argument, and reputation is too often the fortress of doubt and uncertainty. This brings one back to the main question. What has the Doctor said? A literary repast of adjectives: a meal of sarcastic compliments, with the Doctor ever in the position of mine host! An everlasting circle of the same dishes without menu—dessert; pepper and sauce in abundance is liable to produce mental dyspepsia: but attitudinizing and hyperbolic invective are apt to produce mental nausea, even in homœopathic doses, such as the heroic Doctor is a stranger to—denies.

Dull must be the mind that mistakes playful badinage for common assault; fevered the intellect that cannot discern what everyone knows, that Dr. Sangster is playing for place; is desperately trying to recover lost ground. Dr. Sangster wants rehabilitation rather than reform; his grievance is personal, and he hopes the dead past may not be resurrected, and that only one parcel of soiled linen will go to the public laundry to be deodorized—disinfected. Before sending Dr. Sangster to the Medical Council, it might well be asked, has he lost any of the tyrant that was one of his early attributes, has the little despot changed, and will he introduce into the Medical House—now swept and garnished—a better order of things than now

pertains, or will Scripture repeat the history of pretence ?

Many of us have green memories of the Doctor's vagaries, his licenses and his mercurial nature, and I trow it would be sailing from the Scylla of the present to the doubtful Charybdis of the future, were the yearnings of the Doctor's heart realized.

I doubt whether Dr. Sangster has a British precedent for taxing the masses and governmental bodies in the constitution. I doubt if he can lay his finger on a college in Great Britain that has been taxed for the purposes of its graduates, or to sustain any further graduating body of which it is a part, and to which it is affiliated : if not, then his whole proposals are mere experiments that may, or may not, succeed in practice, and can hardly be said to be just, seeing the colleges it is proposed to tax have, by age, precedence.

Rather, is not this whole fight the vagaries of a disappointed, disgruntled practitioner, resting assertion, diatribe and sarcasm on what might have been, but is now wholly impossible ?

For myself, I doubt the necessity of a Medical Council at all. The Council are composed of men from the country, who, as a rule, have more of political genius than high medical or surgical standing. I hold it is not in the interests either of the profession or the sick of the land, that men shall be examiners who have not broad views begotten by a varied and extensive practice. Mere routine practice qualifies no man for the position of examiner in either medicine or surgery, and as a result, the list of questions of the present Medical Council are almost wholly technical, and wholly out of joint with advanced surgery and medicine.

I would relegate the graduating power back to our universities. I would insist on a post-graduate study and course of two years in our hospitals. I would open up our public hospitals to every graduate in reach of them, to treat and operate in, because we are, after all, but the servants of the sick and dying ; and then there would be no Sangsters fighting for the plums of office, no band of preferential medical men, within a charmed circle, holding, controlling and owning practically the hospitals of this and other cities, that should be free to every graduate in the Province to visit, treat and operate in.

Yours,

JUSTICE.

Book Notices.

Operative Surgery. By Th. Kocher, M.D., Professor at the University and Director of the Surgical Clinic at the Berne University. 8vo, 288 pages, 163 illustrations. Extra muslin, price \$3.00. Wm. Wood & Co., Publishers, New York.

Treatment of the Diseases of the Stomach and Intestines. By A. Mathieu, Physician to the Paris Hospitals. (Medical Practitioners' Library) 8vo, 285 pages. Parchment muslin, price \$2.50; flexible leather, gilt top, price \$3.25. Wm. Wood & Co., Publishers, New York.

The Popular Science Monthly for February is a production that certainly would be in its place on many a study table. A simple glance at the contents will show the very wide range of scientific and at the same time interesting subjects. Arguments, theories and descriptions that interest others than those devoted to science in itself are here. Many business and busy men in trades and professions could hardly help but be delighted with some of the subjects at least, even if their theories and thoughts run in an opposite direction. Evolution is represented by A. D. White, LL.D., Ph.D., in "New Chapters in the Warfare of Science," and by C. S. Ashley, in "The Relation of Evolution to Political Economy." Biology and Psychology, Geology and Biography are all expatiated on by expert writers. J. E. Humphrey's paper on "Where the Bananas Grow," would interest every layman or priest, from the great general use of the fruit. Every man and woman likes to add items to their small talk for the supper table, or when "Over the walnuts and the wine," they add to their general worth by being able to give information on any subject. Such will be well suited by this paper, which is exhaustive in its line. This number should have a more than certain interest for Canadians, from the fact that two of the best articles are from Canadian pens. Dr. Wesley Mills, of McGill Medical College, Montreal, treats of "Heredity in Relation to Education," in a masterly manner from the standpoint of an educator. His well-known reputation as a teacher of Physiology and an experimentalist in allied "ologies," easily gives strength to his

work. And Miss Blanche L. MacDonell gives us a very neat and well-written exposition on "French Canadian Superstitions," a subject that should stir up the hearts and minds of men during this present age of common-sense and materialistic views. We often wonder that this journal is not more widely read in Canada, which has very many seekers after information in its midst, and we assure them that Appleton & Co. supply a want that is filled by no other publication.

A Text-Book of the Diseases of the Ear. By DR. JOSEF GROBER, Professor of Otology in the University of Vienna, etc. Translated from the Second German edition, and edited with additions by EDWARD LAW, M.D., C.M. Edin., M.R.C.S. Eng.: Surgeon to the London Throat Hospital, for Diseases of Throat, Nose and Ear; and COLEMAN JEWELL, M.B. Lond., M.R.C.S. Eng., late Surgeon and Pathologist to the London Throat Hospital. With 165 illustrations, and 70 coloured figures on 2 lithographic plates. Second American Edition. New York: D. Appleton & Co., 1, 3 and 5 Bond St. Canadian agency: 63 Yonge St., Toronto. Cloth, \$6.50.

A review of the English edition of this work appeared in our January issue.

An Illustrated Encyclopædic Medical Dictionary, being a dictionary of the technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French and German languages, by FRANK P. FOSTER, M.D., editor of the *New York Medical Journal*, with the collaboration of many eminent American authorities. Vol. IV. with illustrations. New York: D. Appleton & Co.

There are dictionaries and dictionaries, encyclopædias and encyclopædias, but none have or should have such an interest for the medical profession as this Encyclopædic Dictionary. Pronunciations, derivations and synonyms in different languages—Latin, English, German and French—are given in their entirety, and in their several lines nothing is left to be desired. Many articles described are profusely and well illustrated, giving the reader a much clearer idea of the meaning to be conveyed than any text could do. The value of such a work depends upon its accuracy, its convenience of arrangement, and its comprehensiveness, and in this work Dr. Foster, with his collaborateurs, seems

to have struck the exact point. Like all extensive works, the print in explanation is small but clear. The words being heavily leaded, and the paper being excellent, there is no weariness in reading. We have before us the fourth volume extending from Minj. to Z, which certainly keeps up the general excellence of the former ones. The publishers are to be congratulated.

An American Text-Book of Gynecology, Medical and Surgical, for the use of students and practitioners. By Henry T. Byford, M.D., John M. Baldy, M.D., Edwin Cragin, M.D., J. H. Etheridge, M.D., Wm. Goodell, M.D., Howard A. Kelly, M.D., Florian Krug, M.D., E. E. Montgomery, M.D., Wm. R. Pryor, M.D., Geo. M. Tuttle, M.D. Edited by J. M. BALDY, M.D. Forming a handsome royal 8vo. volume, with 360 illustrations in text, and 37 coloured and half-tone plates. Price, cloth, \$6.00; sheep, \$7.00; half Russia, \$8.00. W. B. Saunders, 925 Walnut St., Philadelphia, Pa.

In this gynecological age in the period of medical science, a new work in that line is always acceptable.

Dr. J. M. Baldy, with his collaborateurs, has in this edition done some considerable service to the profession generally, by giving it a work complete, and yet unique in its qualities. Here are found no useless discussions, and no matter that is not of advantage to the student, meaning thereby any reading practitioner. There is no prolonged wading through pages to get at the kernel of the discussion, and one easily finds exactly the information wanted on any portion of gynecology. Two new chapters have been added to those usually given—the first, on "Technique of Operations," with points on the operating-room; surgeon, his assistants and nurses; instruments, ligatures and dressings; with very excellent photo-engraving plates of each part. One thing he lays down strenuously, and one which should have strong notice from the profession is this: "The gynecologist has no right to conduct *post mortem* examinations or handle pathological specimens." If this were adhered to, we should have many less deaths in the work.

In the second, on "After-treatment," the condition of the body generally, of the stomach and of the diet, receives special attention, while general dressing is given a good report.

The book is printed in clear type, on excellent

paper, with illustrations that are a great credit indeed to the publishers. This work should supply any man with a work on gynecology which would be most useful.

The Physician's Wife; and the Things that Pertain to Her Life. By ELLEN M. FIREBAUGH. With portrait of author, and forty-four photo-engravings of original sketches. Octavo, 200 pages. Extra cloth, \$1.25 net. Philadelphia: The F. A. Davis Co. 1894.

This little book, inscribed to physicians' wives in general, and Mrs. Frances Hodgson Burnett in particular, is one that deserves, and undoubtedly will have, a wide reading. It is a record of a phase of life hitherto unrecorded, yet well worthy of attention. It will be read with interest by many others, but will be most keenly appreciated by those who have lived the life of which it speaks. It is not a complete and formal treatise attempting to classify facts, but a series of life-like sketches giving with striking truth and clearness, the principal outlines of character and incident. Any doctor engaged in the general work of his profession will find in it keen and kindly appreciation of some of his peculiar difficulties and short comings. We advise him to get the book; there needs no urging to read it if once within reach; and when it has been read, it may be left on the office table, for it can teach many a patient a better appreciation of the doctor.

PAMPHLETS RECEIVED.

The Successful Management of Inebriety without Secrecy in Therapeutics. By C. H. HUGHES, M.D., St. Louis. Reprint from *The Alienist and Neurologist*, St. Louis, January, 1894.

SPRAY IN ACUTE RHINITIS:

℞ Cocainæ hydrochloratis	gr. ii.
Ol. pini canadensis	℥ v.
Ol. gaultheriæ	℥ ii.
Ol. eucalypti	℥ ii.
Thymol	gr. ½.
Menthol	gr. i.
Vaselin oil	f ̄ i.

M. et. Sig. Use with double bulb (Davidson) atomizer.

—CASSELLBERRY, W. E., in *Jour. Am. Med. Assn.*

AN EPITOME OF CURRENT MEDICAL LITERATURE.

MEDICINE.

Ichthyol in Erysipelas.—Thomas (Liverpool *Medico-Chirurgical Journal*, July, 1893), refers to the treatment of erysipelas by ichthyol, and mentions four cases so treated, three of which were complicated by large surgical wounds. The onset of the disease was sudden, and the temperature high. As a result of the treatment, the disease was cured on the fifth day. In only one case was there sleeplessness. None required stimulants, and all experienced great relief from pain after each application of the remedy. Success in this treatment depends upon a very thorough rubbing of a strong ointment of ichthyol with vaselin or lanolin into the red area and into the adjoining healthy skin, covering the parts with a sheet of lint, or the ordinary surgical dressing. —*Therapeutic Gazette.*

A Case of Membranous Enteritis in a Young Child. Nelly B., aged 2 years and 4 months, was brought to see me on May 20, 1892, because she was out of sorts, and was passing pieces of membrane along with her motions. Her mother was a delicate and nervous woman suffering from uterine disease; her father very strong and healthy; there was no history of neurosis in the family. The patient was the elder of two children, and had always formerly enjoyed perfect health in every respect. Her bowels had always absolutely been normal in their action—never loose or constipated. She had a pale face, but otherwise every appearance of being a healthy child. The heart, lungs and abdomen were normal, and the tongue was nearly quite clean.

First Attack.—During the last week or two, she had been pale, and had seemed out of sorts. Her appetite had been variable, and she had been picking her nose and grinding her teeth, which she had never done before. On examining the motions, her mother had found portions of false membrane, which she, at first, regarded as worms; and after a

dose of senna there was often blood present. In other respects, the motions were normal, and they were not too frequent. On those days on which the membranes were being passed, she was very restless at night, but she complained of no pain in the belly or elsewhere. Under treatment, the membrane became thinner and less frequent, and by the beginning of July it had ceased to appear, and the child was perfectly well. She remained so for more than four months.

Second Attack.—Towards the end of November the mother again noticed the presence of "skin" in the motions, the child seeming quite well at the time. Soon after this the child began to be irritable, and restless in sleep—crying out, grinding her teeth, throwing off the bedclothes, and turning round and round. In other respects she was well, running about through the day, and not complaining of any chilliness, or any pain, excepting slight headache. The membrane was generally present in the motions on two days in the week, sometimes only on one. While it was present the child had a good deal of tenesmus, and often went to stool without passing anything. This symptom was not noticed on the intervening days, during which no membrane was seen. The motions, themselves, were usually normal, but sometimes loose; and after a purgative there was often blood. Micturition was normal. Before treatment, the membrane was passed about every four days generally; soon after, it was only seen every ten days or fortnight; and the intervals got larger until January 31st, when it appeared for the last time. The child's health improved steadily, and up to the present time (14th September) she has remained quite well.

The Membrane had the appearance of that met with in croup. Some of the thicker pieces were composed distinctly of two layers. During the earlier weeks of the attack when it was thicker, it was often passed in the form of an entire tube sheathing the formed feces. At other times, and always latterly, it was more or less torn up during passage. Under the microscope it was found to be composed of a glassy-regular matrix in which were imbedded at pretty regular intervals numerous fatty-degenerated epithelial cells and leucocytes, and which contained innumerable microorganisms of various forms and sizes. Dr. Noel Paton kindly

analyzed the membrane for me, and found that it was composed mainly of fibrin.

Treatment.—In both attacks a mixture containing nux vomica, bicarbonate of soda and gentian was given, and a few doses of grey powder and rhubarb. This seemed to have a favourable influence on the disease, for on both occasions on which it was used it was followed within a few days by diminution in the thickness and amount of the membrane, and by distinct improvement in all the symptoms.—JOHN THOMSON, M.D., in *Archives of Pediatrics*.

A Fever Enunciator.—The Paris correspondent of the *Lancet* describes an electrical system, recently invented, to be used in a hospital ward in much the same way as an automatic fire-alarm system in a mill. Each patient is to have in his axilla an apparatus connected with an electric enunciator, which rings an alarm if the temperature rises above a certain point. *American Practitioner and News*.

Cold Mustard Baths in Whooping-Cough.—Springer (*Sen. Med.*, November 1st) has used cold baths in whooping-cough with success in the case of an infant, aged one month, on the tenth day of the disease. For 48 hours the child had had the look of a corpse; it was motionless and could not swallow, and breathing was sometimes almost imperceptible. The child was plunged into a bath at a temperature of 37° C., to which two handfuls of mustard had been added: it was left in this for three minutes. As soon as it was placed in the bath the child's skin became red, and it began to cry, and when taken out of the water it took the breast greedily. An hour later, the torpor having returned, the child was again put in a bath, the temperature of which was two degrees lower than before, with an equally good result. The baths were then given regularly every two hours, the temperature of the water being steadily reduced by two degrees each time, so that on the third day it was as low as 18° C. When taken out the baby was always wrapped up in a thick layer of cotton wool, the whole being covered with a linen coverlet. Under this treatment the child gained strength and seemed to be recovering, when the parents took it upon themselves to put him once

more into his usual clothing. Twenty four hours later intense broncho-pneumonia, occupying the whole base of the left lung, came on. Springer had recourse to the same treatment as before, the baths being given every two hours, day and night. After some days they were given only in accordance with the temperature taken in the rectum every three hours. Five weeks after the beginning of the illness the broncho-pneumonia was cured, the temperature was normal, and the attacks, which were gradually becoming less frequent and less violent, were no longer followed by vomiting. After two months of treatment the child was taken to the country, being then convalescent. At the end of four months it had quite recovered, and had no cough. It had had in all more than 300 cold baths. Springer suggests the regular adoption of this plan in newborn children suffering from whooping-cough when the fever is high, the paroxysms frequent, and the child ceases to suck. He thinks the disease is also amenable to hydrotherapeutic treatment in older children and in adults. In these cases, according to the indications, tepid baths, gradually chilled baths, cold baths, the wet pack, and douches—hot or cold—must be used, the duration and temperature being regulated by the circumstances of the case.

Perrenot: Eruptions of La Grippe (*Prov. Méd.*, July 15, 1893, and *Jour. de Méd. de Paris*, Oct. 8, 1893).—The author has observed cases in children when the only manifestation of la grippe was a more or less intense eruption following a slight naso-laryngeal and ocular catarrh. Most of these eruptions were of the scarlatinal form, and when confluent, the diagnosis became extremely difficult. The points to be considered are the prevalence of an epidemic of la grippe, and not of scarlatina; the less stormy period of invasion; the slight angina, which may be absent altogether, and is apt to be overlooked unless carefully examined for. The catarrhal symptoms may simulate the onset of a mild case of measles.

The eruption is always in the form of a diffuse erythema, and becomes generalized very rapidly. The erythema is composed of many tiny red points, leaving healthy skin between; and the points never appear upon a previously scarlet case, becoming dark red or violet, as in scarlet fever. The exten-

sor surfaces of the knees, elbows, and wrists are more thickly covered than the flexor surfaces. In three to four days the eruption has reached its height, and defervesces suddenly, not gradually, as in scarlatina. Desquamation is often absent or may be furfuraceous in character; but even in the most intense cases, the writer has never seen desquamation occur in large patches. —*Archives of Pediatrics*.

Chloroform as a Tonicide. Chloroform, which was first employed by the French for the above purpose, was found to be a very effectual remedy when given in the University Policlinic, of Berlin. It was administered as follows:

Chloroform	gms. 4.
Ol. tiglii	gtt. 1.
Glycerine.....	gms. 30.

M.S.—To be taken in one dose.

Employed in the treatment of thirty-eight cases, but one failure was recorded. No ill-effects were observed.—*Lancet-Clinic*.

Fatty Liver; Torpid Circulation. You saw this boy (of about two years of age) perhaps three weeks ago when the diagnosis was made of fatty liver. Since then he had an attack of pneumonia, from which he has just recovered. His liver is certainly smaller than it was. The treatment has consisted in keeping the bowels free. He has had small doses of calomel several times a day, and attempts have been made at improving the general condition, as the fatty degeneration of the liver was attributed to general ill-nutrition. We shall continue feeding him as well as we can, and stimulate the cutaneous circulation. How shall the latter be done?—"Friction with alcohol." Which is the more important in friction with alcohol, the alcohol or the friction?—"The friction." Friction is the more important. Alcohol is not a very good liquid to rub with alone. Why?—"It evaporates rapidly." That would do no harm; we want it to evaporate rapidly. "It cools the surface." Yes, but we do not object to that as long as the heart acts well, as it would stimulate the circulation. "It dissolves fat." The main thing is that it withdraws the water from the surface; this it is that causes many people to complain bitterly

of the sensation. It dissolves fat, it is true, but it does not withdraw fat from the skin, as it does not go through the epidermis, but it takes all the water from the neighbourhood and causes an unpleasant sensation. So that if alcohol be used, it should be with four or five parts of water. If reaction follows, cold water may be used, and if not, it would be better to use hot water or tepid water, according to the case. Imagine what you are doing when rubbing and bringing on an active circulation in the skin. A child of this age has between five and six square feet of surface, an adult of medium size has fourteen. There is an immense circulation of blood in that extent of skin, and by rubbing the surface you bring on a rapid circulation throughout the body. Therefore, it is so very important to keep the cutaneous circulation in good order.—A. JACOBI, M.D., in *Archives of Pediatrics*.

Anæsthesia by Cocaine Deprived of its Disadvantages.—Dr. Gautier (*Wiener med. Presse*, No. 47, 1893) recommends the addition of trinitrine to solutions of cocaine in order to render anæsthesia by this drug innocuous. He employs the following solution.

Cocaine muriate..... gms. 2.
(grs. iij).
Alcoholic sol. cocaine, 1 to 100 gtt. x.
Distilled water..... gms. 10.
(ʒijss).

A hypodermic syringeful of this solution contains two centigrammes ($\frac{1}{5}$ gr.) of cocaine and one drop of the trinitrine solution. He has used this solution for two years without the slightest disadvantage. Thomas, of Marseilles, has employed this same solution in anæsthesia of the fauces and larynx. In three cases where a 10 per cent. solution caused grave symptoms of poisoning, this preparation was used with success. In all cases it was well tolerated. His solution was made according to the following formula :

Muriate of cocaine..... gms. 3.
(grs. xlv.)
Alcoholic sol. trinitrine (1 to 100) gtt. xl.
Distilled water..... gms. 30.
(ʒj.)

Local application to the pharyngeal mucous

membrane does not produce the well-known sensation of dryness, which is usually observed with the use of cocaine, but an agreeable feeling. Trinitrine does not appear to reduce the anæsthetic and vaso constrictive action of cocaine. *Lancet*, *mic*

Indications for Venesection.—In acute spasmodic seizures, as in spasm of croup, in colic and in angina, with symptoms of oppression from distension of the right side of the heart with blood.

In acute pain, membranous or spasmodic, as in sudden pleuritic or peritoneal pain, or in pain from passage of a calculus, hepatic or renal.

In acute congestions of vascular organs, as of the lungs or brain, apoplexies.

In cases of sudden shock or strain, as after a fall or a blow, sunstroke or lightning shock.

In some exceptional cases of hæmorrhage of an acute kind, unattended by pyrexia.

I have been occasionally asked under what exact condition of a patient may blood be drawn without hesitation, or fear of direct danger, from the practice? To this question I answer: "When the veins are full and the pulse is firm, regular, full, tense; the pupil natural or contracted; the body at normal heat, or with brain symptoms, raised in temperature; the bronchi free of fluid, and the sounds of the heart well pronounced." *Times and Register*.

Victims to Duty.—The *Lancet* says: "One more name has to be added to the roll of those young members of our profession who have perished on the threshold of a promising career, while actually engaged in the attempt to save the lives of others. We regret to learn that Mr. W. F. Lucas, casualty medical officer to the Middlesex Hospital, died in that institution on Monday last from diphtheria contracted in the discharge of his duties." The *Boston Medical and Surgical Journal* adds this: "Every physician knows many instances where his professional comrades have fallen by his side, struck down by infectious fevers or septic absorption, received at the bedside of a patient. Notable instances have recently brought this peril fresh to our minds. A contemporary journal, in the last issue, records the death of a practising physician, who caught the infection of yellow fever from a patient whom he was attending, and also

the death of a promising young doctor to whom the infection of typhoid fever was communicated from a child patient at New York Hospital. Last week it was our melancholy duty to report the death of a brilliant young physician of unusual qualities of mind and heart, who caught diphtheria from a patient at the Boston City Hospital."—*Sanitarian*.

Treatment of Chronic Heart Valve Disease.—Dr. James Tyson (*Amer. Jour. Med. Sciences*) points that relief is often obtained from the occasional use of purgatives—five to ten grains of blue mass, followed by a saline, or the continuous use of small doses—one-half to one grain three daily. The greater apparent effect of the infusion of digitalis is due to its use in larger dose, although it is likely to be better borne by the stomach. Strophanthus, better borne by the stomach, has been used in doses of ten minims every two hours for forty-eight hours without interruption. Caffein in three-grain doses every three hours, in mitral regurgitation, is admirable, but is likely to produce insomnia. Sparteine in one-quarter, increased to one-half grain dose, three to five times daily, is of value if a diuretic be desired. For irregularity of heart action and palpitation, more common in mitral disease, belladonna is very useful. A belladonna plaster placed over a palpitating heart is a most efficient agent. Nitroglycerin, one-hundredth of a grain, increased to double the quantity, three times daily, often serves to the same end.—*Med. Standard*.

Physiological Action of Atropine.—Dr. H. C. Wood summarizes the action of this drug as :

1. A peculiar stimulant of the intellectual cortex, continually paralyzing the same :
2. A respiratory stimulant :
3. A paralyzer of inhibition in the spinal cord and inhibition of the heart and intestines :
4. A powerful vaso-motor stimulant :
5. An elevator of the bodily temperature :
6. A cause of efflorescence upon the skin.

Speaking of it as a prophylactic of scarlet fever, he remarks that some years since a professor of theory and practice in one Philadelphia college taught belladonna and atropine were powerful prophylactics of scarlatina; another professor in another college in the same city taught the precise

opposite. In a certain boarding-house a number of students were harboured; scarlatina broke out, and every student of the first-named professor took belladonna, while those of the latter left it severely alone, and many of the first lot took scarlet fever, while none of the latter were infected.

Professor Wood says, further, he is convinced of the value of belladonna in sore throats, when given in doses of five or ten drops of the tincture every two, three, or four hours, according to the susceptibility of the case. But its greatest use is in shock, and here its action is that of a vaso-motor stimulant. In shock, alcohol is of little value, since, while stimulating the heart, it paralyzes the other blood-vessels. Strychnine and digitalis may help under such circumstances, but the one drug which will summon whatever there is in the vaso-motor resources is atropine. Dr. Wood also believes in every case where loss of nerve power is the central condition, belladonna is the remedy.—*Medical Age*.

SURGERY.

Periostitis of the Jaw. You observe in this girl, aged ten years, a swelling over the inferior maxilla of one side. She says it has been present two months, and is painful. It appears to be attached to the alveolar processes, is hard to the touch like, as you say, an exostosis. What else might it be? "It might be a periostitis." Could that be so hard? "Possibly." Yes, it might be. Last week there was a child here with a hard tumour on the head resulting from a hematoma. The periosteum had been lifted up by extravasated blood after a blow. A periostitis resulted, new bone was deposited and formed a hard tumour. There is another reason why I should think this is a case of periostitis and not one of exostosis. The latter would not be painful, while periostitis, when still active, is always more or less painful. Again, she has bad teeth, and we know that periostitis in the neighbourhood of bad teeth, is not uncommon. The tooth is tampered with, constant irritation is kept up, perhaps a portion of periosteum is torn loose and new bone is slowly deposited for a long time. But while that may be the explanation of the present case, it is also possible something else may be present in the interior of the tumour. "Sarcoma?" No. "Pus."

Certainly; it is very probable that pus would form in connection with a decayed tooth and dead bone. It is possible, however, that you have to deal with periostitis only.

What treatment would you recommend? "Take out the tooth, and apply some counter irritant." For instance, tincture of iodine? "I do not think that is nice on the face." There being periostitis, iodide of potassium would be appropriate, and will be prescribed, for if she got nothing she would not return again for such treatment as might be called for at any time.

The decayed tooth at the site of the tumour must also come out. "Would there be bone formation there in two months?" Oh, yes. We saw such a case last winter. Bony deposit may take place and be very large in a few weeks. We see that in cephalo-haematoma and in fractures. The disappearance of the tumour may be almost as rapid as its formation.—A. JACOBI, M.D., in *Archives of Pediatrics*.

The Present Status of Thoracic Surgery.

—Gaston (*Jour. of the Amer. Med. Assn.*, Vol. XXI., No. 9), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi may be removed by incision of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest wall afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventative and a curative agency in pleuritic effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumo-thorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requisite, except in contamination and decomposition of the contents.

9. The operation of thoracotomy for abscess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage of gauze.

10. Tumours of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised.—*Therapeutic Gazette*.

Erythema.—The second case was one of multiform erythema, of variety erythema annular, in a boy of nine and one-half years of age. The eruption began suddenly, the boy first noticing an itching of the scrotum while at the tea table, and when he was undressed for bed the scrotum was found to be red and irritable; in the morning the eruption spread very rapidly, covering the scrotum, penis and left groin over an area of four or five square inches. The disease consisted of erythematous patches, irregularly raised and fairly sharply defined; the patches varied much in size and shape: on the dorsum of the penis there was a distinct ring, one inch in diameter, with clear centre and raised border about one-sixteenth of an inch broad. The erythematous scrotum was thickened and red, and there were elevated patches of erythema on the upper thigh and left groin. The whole subsided very readily under a lotion of calamine and zinc, together with a rhubarb and soda mixture internally.—DR. L. DUNCAN BULKLEY, A.M., M.D., in *Archives of Pediatrics*.

Treatment of Gonorrhœal Ophthalmia.—Burchardt (*Centralbl. f. prakt. Augenheilk.*, November, 1893) describes the treatment he has found most successful in acute purulent ophthalmia of gonorrhœal origin in children and adults. He formerly carried out the classical treatment of leeching, scarification of the conjunctiva, cauterization with nitrate of silver, and ice compresses. He has gradually omitted all these methods in consequence of some ill effect they had or because they appeared to him irrational, and he now confines himself to a very free irrigation of the conjunctival sac with a 5 per cent. solution of chlorine water, followed by a $\frac{1}{8}$ per cent. solution of nitrate

of silver. The head of the patient is thrown back so that he looks directly upwards; an assistant then allows the solutions to fall upon the inner canthus drop by drop, while the surgeon moves the lower lid up and down very freely with the thumbs, and the upper lid more slowly with one of the fingers. By this means he is able to clear out the conjunctival sac very completely. The success of the treatment appears to lie in the very free movement imparted to the lids, whereby the fluids gain access to all the folds of the conjunctiva. Shreds or membranes are removed from the conjunctiva after everting the lids.—*British Medical Journal*.

Eczema Rubrum.—Bessie P., æt. 3, has had an eruption, more or less general in its distribution, since she was six months old. The disease was most marked upon the face which was bright red, in places exuding a yellowish, transparent, sticky fluid which dried into thick yellow crusts. Upon the trunk and extremities the eruption was less uniform, occurring in variously sized patches covered with scales or crusts. Upon the arms and legs there was decided thickening of the skin. There was marked pruritus, which led to scratching, the face being excoriated by the patient's nails. The disease had been more or less neglected in its early stages owing to the fact that it was regarded as "tooth-rash" which would disappear spontaneously when the period of dentition was over, and not before.

The following lotion,

R. Liquor Carbonis Detergent. ℥ ii.

Aq. oī.

℞

was directed to be lightly dabbed on the trunk and extremities two or three times a day. For the face, which was much more acutely inflamed, the following was prescribed:

R. Emplast. Plumbi: Petrolat. . . . aa ̄ ss.

℞ Sig. Apply twice daily.

After a few weeks, when the inflammation had greatly moderated, an ointment containing one dram of oil of cade to the ounce was employed with excellent effect. At the end of three months the trunk was free from diseases, and only a few dry squamous patches existed upon the face,

which gradually disappeared under the continued application of the oil of cade ointment.

Although tar answered admirably in this case, it is a remedy which must be used cautiously, since it is often found too stimulating.

The internal treatment consisted in the administration of half-dram doses of cod liver oil.—M. S. HARTZELL, M.D., in *Archives of Pediatrics*.

Four Cases of Cerebral Tumour.—Keen (*Amer. Jour. Med. Sci.*, January, 1894) reports four cases of tumour of the brain, three of which were treated by operation. Relief was given in two cases, but death occurred after a time in all. The first case was one of intra-cranial tumour, probably of the occipital lobe, in a man aged 31. The skull was trephined over the left occipital lobe. No tumour was exposed to view, but, after careful exploration with a grooved director, the author came to the conclusion that there was one lying an inch and a half below the cortex, but that it was too large to be removed. The operation afforded much relief to distressing headache and to mental hallucinations. The patient died after four months and a half. In the second case, which was one of glio-sarcoma of the upper part of the motor area, the tumour could be almost precisely localized, but on account of its probable size and position, and of the condition of the patient, it was decided not to operate. In the third the tumour was erroneously diagnosed, and the operation for its removal proved fatal. In the last case the tumour could not be recognized at the operation, though it was found at the suspected site at the necropsy. The operation, it is stated, while it could not have afforded relief, did no harm.

A very unusual Foreign Body in the Larynx.—On December 23rd, I.E., an infant ten months old, was presented at the office with the information that at noon of the 19th, she had swallowed something which "stuck in her throat."

The father was under the impression that the offending body was a part of a hickory nut. The child had no symptoms except a slight difficulty in deglutition—could nurse easily, and was as full of life and playfulness as ever.

Another physician, consulted the day previous,

said that he could detect the nut, but could not extract it.

When the child ceased crying, Dr. Clark auscultated the thorax, and detected an abnormal whistling sound in the larynx, which was so unusual as to favour nothing but a foreign body. Introducing the finger into the oro-pharynx, and raising the epiglottis, an abnormality was at once felt. After several attempts to loosen the body with the finger, a pair of small dressing forceps were inserted and the body extracted. This was nothing less than an open safety pin. It was evidently astride the rim of the glottis, the pin part projecting into the œsophagus, and the fastener in the larynx. This accounts for the fact that it passed neither into the trachea nor the stomach, and that it was not coughed up, the arm of the fastener preventing.

The points of interest in the case are :

- 1st. The rarity of the accident.
- 2nd. The paucity of subjective symptoms.
- 3rd. The difficulty of diagnosis and treatment in a struggling infant.
- 4th. The value of perseverance in such cases. — W. H. NEWMAN, M.D., in *Med. and Surg. Reporter*.

MIDWIFERY.

A New Indication for Supravaginal Hysterectomy. — Under this title, Lauro (*Rif. Med.*, October 23rd, 24th, 1893) describes a case occurring in his own practice, and takes the opportunity of reviewing the indications for operative interference in displacements of the uterus. His conclusions are as follows: (1) In sexually active women, affected with retrodeviation of the uterus without any adhesions to the walls of the pelvis posteriorly, the intense suffering in such cases can often be relieved by Alexander's operation, the severer operation of hysterectomy being thus unnecessary. (2) During reproductive life, in a woman afflicted with retroflexion or retroversion complicated by adhesions, the organ should be freed from its adhesions, and the round ligaments shortened intraperitoneally. This gives better results than ventrofixation of the organ. (3) In case of failure of these measures, recourse should be had to hysteropexy, by which means the organ can be more solidly fixed, without in general interfering

with normal involution in future gestations. (4) Supposing laparotomy to have failed to prevent the return of the retrodeviation, and life to be in consequence a burden to the patient, one is then justified in suggesting extirpation of the reproductive organs. But this should never be done without a previous consultation. (5) In such cases the operation to be preferred is an abdominal hysterectomy so that adhesions contracted, as a result, perhaps, of former operations, with the abdominal organs may be better dealt with. Such adhesions are often missed even by the most careful examiner before the operation. (6) If the menopause is past, there need be less hesitation in proceeding to hysterectomy. (7) The two operations, abdominal and vaginal hysterectomy, seem to differ but little on the score of danger to the patient, as in both cases the peritoneal sac has to be opened.

Marriage, Dysmenorrhœa, and Hysteria.

—Wythe Cook (*Amer. Jour. of Obstet.*, December, 1893) finds from experience that in most cases of dysmenorrhœa and hysteria amongst single women marriage aggravates the disease. Hysteria is by no means cured by marriage, dysmenorrhœa often returns after pregnancy. One patient suffered from very severe dysmenorrhœa. She married, on advice, but the disease was aggravated by coitus. Conception occurred, and she fully believed that pregnancy would cure her, but the menstrual pain returned immediately after weaning. Another patient, subject to dysmenorrhœa, married when 20, and became pregnant when over 23. She bore a healthy child, and then took to the morphine habit. Her husband died a few months after her confinement. The period was suppressed for five years. After she ceased to take morphine it reappeared, at first irregularly, and at length in due season, but in both cases there was severe pain. She married again, and has remained eighteen months sterile; the dysmenorrhœa continues. A young woman subject to headaches and hysterical manifestations attended with hallucinations and depression, got married. The neuroses were not improved by marriage. A robust young lady, free from hysteria, married and bore two children within twenty-one months after marriage. Hysterical swoonings occurred during the pregnancies!

A patient subject to dysmenorrhœa and hysterical fits married and bore five children. The menstrual pain never reappeared after the first pregnancy, but the fits still occur.

Lewers. "A Case of Symphysiotomy." (*Lancet*, August 5th, 1893.) The patient, aged 20, secundipara, was admitted into the London Hospital. External conjugate measured six inches. Presentation occipito-posterior. Forceps were tried, ineffectually, so the author decided to perform symphysiotomy. Considerable difficulty was experienced in the division of the symphysis, owing partly to the fact that the head was so firmly engaged that there was little room for the guiding finger, and partly to the actual section, in which the bistoury failed, and an Adam's saw had to be used. A large sound was held in the urethra the while. After separation extraction was easily made with the forceps. Convalescence was prolonged, as besides suppuration in the wound followed by necrosis, there was for some time incontinence of urine, which resulted in a bed sore. Eventually patient made a good recovery. The child was also well.

The case illustrates the value of symphysiotomy in increasing the available space for the head: the suitable cases for the operation are the rather common ones of slight contraction. From subsequent experience in the *post mortem* room, the author concludes that as a rule a probe-pointed bistoury should be quite sufficient for the division. He also points out that observations of the dead bodies of women who have died, apart from pregnancy or childbirth, support the proposition that the available space is not usefully increased by dividing the symphysis; but that observations on the bodies of those who have died in childbirth show that the space is usefully increased. The only previous symphysiotomy in England was performed at Kingston in 1782, for osteomalacia: the fœtus was putrid, and the woman died. ARTHUR E. GILES, in *Manch. Med. Chronicle*.

BURNS:

R Anhydrous lanoline . . . 10 parts.
 Benzoated lard "
 Lime water 30 "
 - *Unna*.

Personals.

- Dr. A. Montgomery, Trinity '92, is in Berlin.
- Dr. D. McAlpine, Toronto '93, is in Edinburgh.
- Drs. Cleghorn and Quay, Trinity '91, have passed the Edinburgh triple.
- Dr. J. H. Austen, Toronto '93, has passed the double examination in London.
- Dr. Richardson, Trinity '91, has passed the triple examination at Edinburgh.
- Drs. Minnes, Sullivan and McLellan, of Kingston, are attending the hospitals in London.
- Dr. J. O. Orr, is working in the Bacteriological laboratory of King's College, under Professor Crookshank.
- Dr. Arthur, of Toronto '91, has passed the triple Edinburgh, and has gone for a trip as Ship-surgeon to Japan.
- Dr. H. Hamilton, late of Woodhill, is studying pathology under Drs. Horsley and Boyce, at University College.
- Dr. E. P. Gordon, late of the C.P.R. Pacific Steamship Service, has taken up practice on Bathurst Street, Toronto.
- A. F. Rykert, M.D., Toronto '93 (son of C. Rykert, Esq., Q.C., St. Catharines), is in London, doing general work in the hospitals.
- J. A. C. Grant, M.D., Toronto '92, and Dr. H. C. Elliott, Trinity '92, have passed the Edinburgh triple qualification, and are now attending the Rotunda Hospital in Dublin.
- Dr. Hutt, Toronto '91, has gone to Berlin; so also has A. H. Nichol, Toronto '93, after passing the Edinburgh triple qualification, where he is now studying diseases of women under Dr. Martin.
- Dr. Davidson, of Cainsville, while driving into Brantford recently, met with a serious injury. His team was struck by a train and one of the horses killed, while the doctor had an arm broken and was badly bruised.
- Dr. Westbrook, of Winnipeg, has succeeded in capturing the Research Scholarship in Bacteriology, and is now working in the Research laboratory of Cambridge University under John Lucas Walker. The scholarship consists of two years' tuition in the laboratory and £300 per annum. Dr. Westbrook is one of the most promising bacteriologists in England, and is the author of some very important contributions on the subject. He is another example of the pluck and ability of the sturdy Canadian race.

Miscellaneous.

A POWDER FOR HYPERIDROSIS:

- R Washed sulphur..... gr. xxx.
- Powdered arrowroot..... ꝑiv.
- Salicylic acid..... gr. vii.

Sig. To be dusted over the feet and between the toes.—*Lx.*

ONCE a minister was expatiating upon the loss of the soul. Said he, "My brethren, if you lose your horse, you can buy another; if you lose your babe, you can get another; if you lose your wife or husband, you can get another; but if you lose your soul, good-bye, John."—*Lx.*

PIGMENTATION OF PREGNANCY:

- R Zinc. oxid. pur.....gr. iv.
- Hydrarg. ox. flav.....gr. xvj.
- Ol. ricin.
- Ol. theobrom.....aa ꝑ iiiiss.
- Otto rosæ.....gtt. x.

M. Sig.—Use twice daily, and allow some to remain on at night.—*British Journal of Dermatology.*

A LITTLE WHOLESOME ADVICE TO THE LAITY.

—1. Leave your bedroom window open at the top, except in damp weather, the night air is purer than that of the day, despite the alarming fairy tales of our grandmothers; but, when you arise in the morning, close the window, *and pull down the blind, until you are completely dressed.*

2. Get your wife to tack a band of flannel, about a foot wide, on the inside of your undershirt, over the region of the kidneys. This will save many a cold, backache, and derangement of important organs. If you haven't a wife, get one.

3. If you *will* drink intoxicating liquors, do so only at the time of eating. This, at least, will mitigate the direct effects of alcohol on the lining of the stomach; for the presence of food causes the gastric fluid to flow, and this protects the delicate membrane. To avoid a bad taste in your mouth in the morning, show your good taste in what you put in it at night. If the bad taste persists, and is not due to indiscreet eating or drinking, have your heart examined.

4. If you *will* smoke, give a better price for your cigars, and reduce the number. And do not

[OVER.

FOR INVALIDS.—Delicious Dishes made in a few minutes at a trifling cost.

WYETH'S LIQUID RENNET.

The convenience and nicety of this article over the former troublesome way of preparing Slip, Junket and Frugolac, will recommend it at once to all who use it.

WYETH'S RENNET makes the lightest and most grateful diet for Invalids and Children. Milk contains every element of the bodily constitution; when coagulated with Rennet, it is always light and easy of digestion, and supports the system with the least possible excitement. Price, 25 cents per bottle.

FERMENTATIVE DYSPEPSIA.

WYETH'S COMPRESSED TABLETS. * BISMUTH SUBGALLATE, 5 GRAINS.

DR. AUSTIN FLINT says: "In nearly every case of functional dyspepsia that has come under my observation within the last ten months, I have begun the treatment by giving five grains of bismuth subgallate, either before or after each meal. I find it almost a specific in cases of purely functional dyspepsia with flatulence. Price, per bottle of 100, \$1.00.

WYETH'S COMP. SYRUP WHITE PINE.

A most valuable remedy in chronic or recent pulmonary affections of the throat or lungs—relieving obstinate coughs, by promoting expectoration and serving as a caduative in all bronchial or laryngeal troubles.

Each fluid ounce represents: White Pine Bark, 30 grs.; Wild Cherry Bark, 30 grs.; Spikenard, 4 grs.; Balm Gilead Buds, 4 grs.; Blood Root, 3 grs.; Sassafras Bark, 2 grs.; Morph. Sulph. 3-16 gr.; Chloroform, 4 mins.

Wyeth's Glycerole Chloride of Iron.

(NON-ALCOHOLIC.)

This preparation, while retaining all the virtues of the Tincture of Iron Chloride, so essential in many cases, in which no other Salt of Iron (the Hydrochloric Acid itself being most valuable) can be substituted to insure the results desired, is absolutely free from the objections hitherto urged against that medicament, being non-irritant, and it will prove invaluable in cases where Iron is indicated. It has no harmful action upon the enamel of the teeth, even after long exposure. Each fluid ounce represents 21 minims Tinct. Chlor. of Iron.

JOHN WYETH & BROTHER.

Davis & Lawrence Co. (Limited), Montreal,

General Agents.

smoke your cigars "to the bitter end," but throw the stumps into the street. The Italian *gamins* will gather them in to sell to the cheap cigarette makers; so you may some day meet your old flame again, under a different guise.

5. In partaking of joints, eat only the flesh and fat, cutting out the veins and other vessels. They are useless to the economy, and only give the stomach work that will not be paid for.

6. When, by friction of the surface of the limbs or body, little rolls of solid are produced, they are the *flosum* of wrecked tissues, which encumbers the functions of the skin. Get a Turkish bath, and throw off your debris. You will then breathe through your whole body."

—LOUIS LEWIS, M.D., in *Times and Register*.

MILD CROUP :

℞ Extr. yerba santa fl ʒiii.
Morph. sulph ʒ i gr.
Syr. Ipecac. ʒi.
Syr. Tolu. ad ʒii.

Sig. One drachm when required.

A. LIVIGNY, M.D., in *Medical Summary*.

Dr. Thomas Speers, 183 Queen Street West, wishes to dispose of a full set of obstetrical, surgical and microscopical instruments. These are all in excellent repair, having been kept with the greatest care. Physicians and students requiring any would find it of advantage to themselves to inspect them.

A CHALYBEATE LEMONADE :

℞ Tinci. ferri perchloride drams iv.
Acidi phosphorici diluti " iv.
Tinct. limonis " ii.
Syrupus simplicis ad " iv.

Sig.—Two teaspoonfuls of the syrup in a small tumblerful of water after meals.—*Epitome*.

PRURITUS :

℞ Acetate of lead gram 1.
Dilute hydrocyanic acid " 5.
Rectified spirits " 15.
Distilled water " 250.

Use as lotion.

—*Medical Record*.

[OVER.]

RELIABLE AND PROMPT

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

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

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

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

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HONOUR TO WHOM HONOUR IS DUE. It was Madame de Staël, and not Ricord, who first said that the condom was "a cuirass against pleasure and a cobweb against danger." *Journal de Médecine de Paris*.

THE LETTER OF THE LAW—SEQUEL OF A CELL-BRAILED CASE.—Rarely is such a measure of interest accorded a legal process by the pharmaceutical and medical world as was aroused some two and a half years ago by the famous *Nux Vomica* suits in the Atlantic Court of Common Pleas, New Jersey. A brief review of those proceedings and of the curious solution which time has recently effected in the legal complications, will not be devoid of profit.

The plaintiff in both these cases was George W. McGuire, State Dairy Commissioner for New Jersey, and criminal action was brought by him against the two defendants* on the charge that

*The defendants were Harry B. Leeds and Albert D. Cuskaden, druggists, and the expenses of the defence were borne by Parke, Davis & Co.

each had sold a quantity of tincture *nux vomica* which, upon examination was found to contain less than two per cent. of dry extractive. The basis of the prosecution was an existing New Jersey statute, which enacted that any preparation shall be deemed to be adulterated if (when sold under or by a name recognized in the U. S. Pharmacopœia) it "differs from the standard of strength, quality or purity laid down therein." And two per cent. extractive, as stated, was the standard of the U.S.P. at that time.

The evidence introduced developed the fact that the tincture had been prepared from normal liquid *nux vomica*, Parke, Davis & Co.; the plaintiff's witness testified that it contained 0.712 per cent. of dry extractive; and upon this the prosecution rested its charge of adulteration within the meaning of the statute, no attempt being made to establish the therapeutic inferiority of the disputed preparation, or any deficiency in the needful content of the all-important alkaloids.

Seldom has such an array of learned talent or such a wealth of distinguished evidence been brought forward in defence of any cause in.

[OVER.]

ROTHERHAM HOUSE

Dr. Holford
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Announces to the Profession, that having taken Dr. WILLIAM NATTRESS into partnership, it is their intention to enlarge the Hospital, to permit the admission of men. A separate building will be devoted to that branch of the work.



APART from the special work of Nervous and Surgical Diseases of Women, general non-contagious diseases of men and women will now be admitted. The application of the various forms of electricity is resorted to in all suitable cases.

Medical Men can obtain Nurses and Masseuses for outside work on application.

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volving a pharmaceutical question, as was now adduced by the respective defendants in sustaining their position. Professors Remington, Hare, Rusby, Ryan, Marshall, Dr. Eccles, and the lamented Professor Bedford, all went upon the stand and declared with one voice that the active constituents of nux vomica are its two alkaloids, strychnine and brucine, alone; that the quantity of dry extractive forms no standard of strength, quality or purity, and may, indeed, be completely inert—without medicinal property or physiological action; that tinctures of nux vomica made, as was the one in question, from the normal liquid, are far more reliable than the tinctures on the market produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength, and the latter subject to extreme variations of medicinal potency; that the U. S. P. standard could be easily evaded by the addition of sufficient glucose to and inferior tincture; and finally, that the Pharmacopœia of 1880 really offered no means of determining the "strength, quality or purity" of the tincture to which the same standard could with any propriety be applied, hence was virtually devoid of such standard.

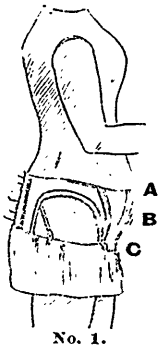
All for naught. Here the gods themselves would have contended in vain. Conceding the entire probity of the defendants, and the full medicinal value of their tinctures prepared from the normal liquid of nux vomica, Judge Reed, nevertheless, decided in the first case that such tinctures were adulterations within the meaning of the New Jersey statute, since the requirement of two per cent. dry extractive was not fulfilled! In the second case, some misgivings must have begun to assail the judicial intellect, since the case still hangs suspended in the limbo of the undecided.

But if the Judge showed an undue tenacity in clinging to an obsolete standard, and a disposition to apply the narrow letter of the law, our Pharmacopœia Commission have taken a very different view of the question. In the revised edition (1890) we are happy to observe a radical change in the requirement made of tincture nux vomica: it is no longer two per cent. of extractive, but rather 0.3 per cent. of total alkaloids—the identical alkaloidal content which the manufacturers of the normal liquid had long adopted as their own standard for the tincture. The new Pharmacopœia became a

[OVER.

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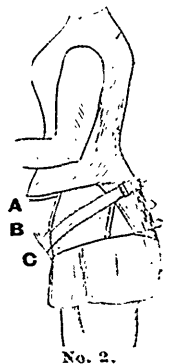


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PHYSICIANS who have examined it say it is perfect and just what they want. It contains many advantages over all other supporters on the market, giving instant relief to the patient. Once used, would not be without it for many times its cost.

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

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part of the New Jersey law on January 1st, 1894, thus depriving the cases of all legal basis.

While we may now smile at the emphatic way in which time has rejected the decision of the New Jersey court, it is obvious that its very absurdity from a medical and pharmacal point of view was not without a compensating benefit in promoting the adoption of a rational standard for this and a few other important preparations in the new Pharmacopœia. Inasmuch as five of the witnesses for the defendants were likewise members of the Revision Committee, the agitation imparted to the question of standardization by the nux vomica cases was unquestionably an active agent in the pharmacopœial changes thus far introduced—changes which, it is to be hoped, will be multiplied until every potent official remedy shall be provided with a standard which will guarantee a uniform medicinal action.

The introducers of normal liquids may well feel content with the handsome vindication which their enterprise has received at the hands of the Pharmacopœia Commission, and with the high compliment embodied in the recent adoption of their

well-known standard for the official tincture.—*Reprinted from the Bulletin of Pharmacy, January, 1894.*

FAIRY STORIES.—With Doctor Hammond and the Pasteur Institute of New York, both in the market selling testicle-juice-brain extract, etc., we ought to begin to hear some fairy stories of their wonderful animal extracts.—*Homœopathic Recorder.*

DYSENTERY AND POMEGRANATE ROOT.—Dr. Graeser, corroborating the statements of Dr. Gebke, writes to the *Deutsche Medicinal-Zeitung* that pomegranate root is most active in controlling dysentery. In thirty severe cases, both acute and chronic, he obtained uniformly excellent results by administering a teaspoonful every two hours of a preparation made by macerating 150 to 225 grains of the bark of the root in a bottle of French wine. Meantime attention was paid to the dietary—raw ham, thick soups, eggs and potatoes, and rice with boiled chicken, being allowed; to overcome thirst, ice with or without a little spirits was permitted.

Patients, previously in the most decrepit con-

[OVER.

MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:

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

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dition, with cold, clammy skin, feeble pulse, pronounced tenesmus, colicky pains, cramps in the calves, and who were sleepless and apathetic, Graeser declares, speedily exhibited striking improvement, and even in so short an interval as four or five days. The tormenting tenesmus and colicky pains were mitigated; the frequently prevailing sphincter-paralysis was overcome, and the evacuations, often as many as sixty per day, passed drop by drop with abundance of bloody mucus, quickly assumed a more solid character.

SPRAY IN SIMPLE CHRONIC RHINITIS :

R Sodii boratis	gr. xv.
Sodii bicarbonatis	gr. xv.
Ol. eucalypti	℥ i.
Ol. gaultheriæ	℥ i.
Thymol	gr. i.
Menthol	gr. ½.
Glycerinæ	f ʒss.
Aquæ	q. s. ad f ʒi.

M. et Sig. To be diluted, adding two teaspoonsfuls to one ounce of warm water for use as a spray.
—CASSELBERRY, W. E., in *Jour. Am. Med. Assn.*

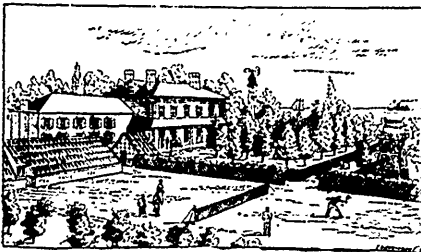
Vaccination matinees have become quite the fashion in Paris. Persons belonging to fashionable society co-operate in arranging to have a doctor and a cow at an afternoon tea. The company are all vaccinated from the cow. In some of the large houses on the Champs Elysees, the cow is taken up in the elevator, and is temporarily installed in the dining room. The cards issued bear the words, "On Vaccinera."—*Ex.*

THE VALUE OF TUBERCULIN AS A TEST FOR TUBERCULOSIS IN CATTLE.—Probably few physicians are aware of the enormous practical value in the animal industry of tuberculin; that is to say, if the position taken by the New York and other State Boards of Health regarding it is correct. A gentleman who has a valuable herd of thoroughbred cows writes us that twice within the last six months his herd has been examined by competent veterinarians and pronounced healthy. A third examination, however, with the aid of tuberculin, caused a condemnation of over one-half the herd. He adds :

"The New York State Board of Health is killing

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

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

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

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by the hundred animals condemned by diagnosis with tuberculin, and the State is paying full value for them. The veterinarian says that the autopsy shows the diagnosis to be correct in every case. He says also that it is impossible for the best veterinarian to discover tuberculosis by physical examination, except in extreme cases. My herd is apparently in splendid condition. Breeders do not know of its existence in their herds. They let a cow remain in the herd until she is unquestionably tuberculous, and then remove her, but she has then already infected the herd. A temperature of 103° F. condemns the cow. In a herd of Jerseys, at Troy, of eighty head, he has killed thirty-three, and will kill twenty more of them this week. Autopsies are held in the presence of physicians and veterinarians. There have been 15,000 tests with tuberculin in England. New York evidently believes in this kind of diagnosis, and will probably have to pay \$500,000 to eradicate tuberculosis. The veterinarian says the State is full of it in herds both of thoroughbreds and common cows."

We understand from other sources that the State

Board of Health fully believes in the certainty of the tuberculin diagnosis. Through its means it has been discovered that some of the best bred herds, supplying high-priced milk, cream and butter, are infected. — *Medical Record.*

TREATMENT OF PLEURISY:

R Guaiacol pure ʒj.
Tincture of iodine ʒvij.

Paint the whole of this liquid each evening on the affected side. The temperature quickly falls, an abundant perspiration takes place, and the effusion soon becomes absorbed. — *Medical Press and Circular.*

CHRONIC HEADACHE:

R Arseniate of sodium.
Sulphate of atropine aa gms. iii.
Extract of Aconite gms. xlv.
Powdered cinnamon q. s.

Mix, and make into 30 pills. From one to four pills daily.

—DR. ZENTLEY, in *La Riforma Medica.*

[OVER.]

THE ACID CURE.

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

TESTIMONIALS.

COUTTS'



ACETOCURA.

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

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

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

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

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

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

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

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72 Victoria St., TORONTO.