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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, DECEMBER, 1893.

[No. 5.

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.

PROFESSIONAL TAX *A LA* SANGSTER.

As usual our one reliable—by this I mean, sure-to-be-there—correspondent expends half a page in reviling (I can use no other word) us personally, by trying sarcasms and mere bombast. There is one thing very sure and very plain to anyone, that is, that Dr. Sangster needs no one to whistle for a wind for him, as he is so very well supplied with that commodity that it is a source of wonder to many how the ordinary atmospheric pressure keeps him down on this mundane sphere of ours. In fact, it would be no surprise at all to hear that he has flown to some warmer clime, where he could certainly make good merchandise out of it.

We are personally obliged to him for attempting to correct our diction, but we distinctly prefer to choose our own words, and are still satisfied with "laid" as used there.

After letting off his spleen, the doctor goes on with his arguments, if so they may be called, to prove that the Council exists principally for the sake of the schools, starting his premises from the beginning of the Council, as usual. This portion, and, as far as we can see, most of the remainder of the letter, were answered in our last issue. Our

correspondent has a very happy faculty of twisting round a statement of his own to apparently make a new argument, when it is only the old one in a new dress. We are not here for the defence of the schools, as they are very well able to carry out their own. The idea of the professional tax is not hindered in the slightest by the statement that they do not pay \$400 each for their representatives. His statement all through on that line is simply a *reductio ad absurdum*, and requires no notice on our part at all.

The knowledge displayed as to our technical schools must have been conned from other than personal experience, as the very short space of time spent at one by Dr. Sangster, and that on the other side of the boundary line, could scarcely have put so much into his brain.

There is only one more thought we wish to express in this connection, and that is as to the length of the letters. It is injudicious—both on our part, because we are using too much space, and on our correspondent's, because a three-page letter is much less likely to be read than one half as long—to allow this to go on any longer. So, with all due respect, we must request Dr. Sangster to limit his epistles to, at the most, a page and a half, which he can easily do by leaving out all personalities.

LODGE PRACTICE.

We are glad to see the interest with which the question of lodge practice, and practice by contract, is being discussed in our medical papers, and the unanimity with which these modes of practice are condemned. It is a question of great importance to every active medical man, one on which everyone must come to a decision, and we are confident that with scarcely an exception the decision would be against the whole system if the case stood merely on its merits. The principle on which it is based is an utterly false one. It is not that of "a fair day's wage for a fair day's work," but a minimum of remuneration for an indefinite amount of work.

One severe case of typhoid, for example, would often cover the full sum received from a lodge of seventy-five members for a whole year. Medical men give their services for charity's sweet sake more abundantly than any other class or profession, and that with a readiness and cheerfulness and actual pleasure begotten of their generous love of helping a fellow being in distress. But all the less is there a claim on them to throw a mantle of what is in a large degree charity, over all sorts and conditions of men able to pay for the services rendered them. It is not merely that the lodge physician gives away his own services for a mere trifle, but he honeycombs the practice of his confrères for a petty fee, and thus deprives them of what would otherwise be theirs.

He makes himself cheap and places himself at the beck and call of a "brother," who shows his brotherliness by summoning him on every occasion, convenient or otherwise, however trifling his indisposition. The other day a lodge member summoned his physician to his bedside between five and six a.m. His great toe-nail was hurting him and he wished it attended to before he went to his day's work. The doctor's indignation was curbed, by the fear of losing a vote at the next election. He loses his independence, and in the end has the consolation of losing his position because he failed to visit a sick member as often as the latter thought necessary. Again, no man will continue to do justice, either to himself or his patients, when he knows that he is giving his services for far less than they merit, and when the motive in thus

rendering himself cheap is that he may, in the course of time, gain the family practice from the hands of a brother practitioner, his action is almost on a par with that of him of whom we were recently told that he begged to be allowed to attend for nothing a case of a recurrent type to show his expertness, with the hope, of course, of being a leading actor in all future occasions of the kind. Another objectionable feature is, that to retain his hold, the medical man must dance attendance on lodge meetings about two nights a month for every society to which he belongs, and so wastes valuable time that ought rather to be spent among his books, cultivating those habits of study that are so easily lost. If he does choose this better part, his "brothers" think he has lost interest in the success of the lodge, and soon some more genial individual with a "hail fellow well met" style is brought on the scene and made the recipient of the lodge's favour.

Such a state of things should cease, and that at an early date, but the desired end can only be reached by unanimity among our profession. At present one man admits the practice, in self defence, because his neighbour does. It should be made a live question at all medical society meetings and the support of all enlisted. Then at the next Ontario Medical Association Meeting the subject might be thoroughly treated and handed over to the Council for action. If societies and associations, of whatever kind, desire to cooperate in providing medical attendance for their members, there need be no objection. Indeed it is well that they should do so. But let them pay the regular fees for the attendance given, and each man choose his own physician.

DISCIPLINE.

The Committee on Discipline of the Council of the College of Physicians and Surgeons, composed of Dr. H. P. Day, Belleville, Chairman; Dr. Logan Ottawa, and Dr. Bray, Chatham, held a meeting in London on Tuesday, November 5th. The charges investigated then were those preferred against Dr. T. R. McCullough, of Enniskillen. The evidence presented was well sifted and shaped for report.

The session was continued in the Council building here on December 6th. The culprits whose

deeds were put under the search-light, were Drs. W. F. McBrien and Willson, of Toronto. Many witnesses, both medical and lay, were examined in all the cases, the Committee thus being able to give a full report at the next session of the Council. An erroneous idea prevails with many, that this committee not only examines the cases but gives judgment as well. On the contrary, it simply takes the evidence and makes a report to its ruling body.

Whatever may be the outcome of these cases, the mere fact of the trial occurring should be a warning to keep those liable to stray from the right path. That there are some is shown by the report of Detective Wasson. He named nine medical men for unprofessional conduct, but so far the evidence in four cases only has been prepared. Our advice is, "*Cave canem.*"

VACCINE—ITS QUALITY AND THE METHOD OF PROCURING.

One of the laws in our public school system requires successful vaccination of children before they are permitted to enter any of the schools. This fact necessitates every physician vaccinating a number of cases every year, some more and some less. Leaving this aside, the strong and thorough faith put in vaccine as a preventative of small-pox by most parents, brings the children to our hands at a younger age than would be necessary for school purposes.

These things bring before us the necessity of having good, fresh vaccine easily procurable by all medical men. Unfortunately, quite the reverse is the case in this city, and presumably in all parts of the Dominion.

You are sent for to vaccinate a child anywhere from three months of age to five years, and after some trouble you get your points. Now, it is not a serious or troublesome operation, but it hurts the child quite sufficiently to create considerable rumpus, disquieting both the patient and its mother, and you leave, hoping the work is over. Much to your disgust, you get word, in a few days, that "It did not take," and you have to go through the same performance again, and, in many cases, have considerable worry in making the family believe that it was not your fault. They really do not

understand why your vaccine is not fresh, and why you have not seen that it is so.

You understand it, however, and silently utter anathemas against your source of supply. What, then, is this source of supply? It easily fits itself in three places: (1) The city health office. Here you send down or go down to get what points you may need, and two to one they have none—either just out or expecting them every mail; or if they have them they give you two or three out of a broken package—how long open it would be hard to say—and if you object to that they simply want you to buy a whole package. *Apropos* of the health office, a little incident that occurred to a medical man in the city would not be out of place. Requiring three points, he went to the office to get them. Being assured they were fresh—which in this case could not have been so, as not one of them took, to use the common expression—he paid 15 cents for them, as he used to do under the old *regime*, and had scarcely got back to his office when through his telephone he was informed that the points were now 10 cents each. He said he would call the next time he was down town, but they were too impatient. Inside of a week a collector called three times with a bill of 15 cents, the number of times being necessary because he could not change a bill. It was a laughable incident, even the collector feeling himself called upon to apologize. (2) The druggists, who keep their stock in from year to year, and hardly see the point—no pun meant—of why points should not be fresh or good if a package has been opened. (3) Palmerston Vaccine Farm, controlled by Dr. Stewart. To there we can write and get points by the package, but as the fee for vaccinating would not cover the cost of the package, the absurdity of obtaining them in this way is easily seen. Without reflecting on the proprietor or the excellence of this farm, there is a suggestion of a want of control about it—a want of some responsible party, or better, government at the head of it to give us a feeling of security that we can depend on fresh points being sent to places where they may be obtained. We know that, when ordered, the vaccine obtained here is first-class, but that is not all we need.

Such an important subject as this should be taken up and settled. It is important not only to the profession but to the great public. One of

our Governments, either Federal or Local, should have this crotchet put in its head, and let us see whether, by a little turning of a needle in its brains, something good could be gotten out of it. With government control of the farms, or even farm, and local stations—none better than the health offices of the various places—an elysium in vaccination would be opened up to us.

We would be pleased to publish any *short* communications sent to us about this matter.

EDITORIAL NOTES.

The *Pacific Medical Record* comes to us this month under the name of *Medical Sentinel*. The change is one of *name* only; the management, editorial and business, remains the same.

Dr. W. C. Law, of Beeton, is, we understand, in the field as a candidate for No. 9 Division, which includes the County of Simcoe and the Districts of Muskoka, Parry Sound, Nipissing and Algoma.

At the present time the number of members in the Medical Council is twenty-five. On account of the new legislation this is increased to thirty, by the addition of five territorial representatives. The new Council will thus be composed of twenty-two territorial representatives, including five homœopaths and eight collegiate members.

It is within the range of probability that the profession will soon be told that in the new Council the twenty-two territorial representatives will be governed by and be subservient to the will of the eight university and school representatives. This would only be carrying out much of what has been served up to us lately in the public press.

We learn from various sources that Dr. Philip, the Vice-President of the Medical Council, and the representative of the Erie and Niagara Division for the past two terms in that body, is likely to be a candidate again at the next election for No. 8 Division. There is a desire upon the part of many of his constituents that he should be in the

new Council. We sincerely trust that he will be enabled to see his way clear to become a candidate, as he has been one of the ablest and most useful members of the Council for many years past, and has done yeoman service as chairman of one of the most important committees of the Council.

The universities and schools are entitled to representation in the Medical Council by right of the agreement entered into at the time of the formation of the Council. They then surrendered their right to grant diplomas which entitled the holder to registration. This was then and is still the only arrangement in which a corporate body like this could be formed and still exist. If the right of representation had not been granted, we would still have a number of standards of medical education.

We have been pained to observe that certain members of the medical profession, presumably in good standing, two of them being on the staff of one of our contemporaries, should countenance the publication of certain articles that have recently appeared in the press of this city, either laudatory of the scholarship of anyone, or, commending a limited number of others as having an especial adaptability for carrying out certain lines of treatment. These are the things that make it difficult to stamp out quackery, and we are sure we voice the sentiments of every honourable and right-thinking man when we say that, if they are in any way responsible for the publication of the articles referred to, their action cannot be too strongly condemned.

For many years the Medical Council of Great Britain has sought to secure for the medical profession of that country the privileges enjoyed by that in Ontario. Their efforts so far have been useless, and still continue to be so on account of the strong antagonism of the universities and schools which are now the licensing bodies. Thus we see in older places than ours, disadvantages are kept over the heads of the medical men which once we suffered from, and would still be suffering from if our colleges had not relinquished this privilege to all, on the establishment of a standard.

of medical education to be set up. And still our correspondents, or at least one of them, tell us that the schools still dominate the Council and that that body only exists for their aggrandizement.

The British Medical Council has greater power than that of Ontario in regard to the erasure of names—anyone guilty of misdemeanour or felony, or anyone who neglects to reply to the registrar as to his location may have his name erased. It was upon this precedent that a similar clause was introduced by the amendment of 1891, against which some objected so strongly.

It is said that the manager of the Daggett Table Co., of Buffalo, was recently arrested by the Inspector of Mails, charged with having violated the postal laws, on the ground that the law covers "any print exposing any part or all of the genital organs of either male or female." He claimed that all prints, book or pamphlet, containing such illustrations are a violation of the postal laws, *no matter for what purpose intended*.

While thinking over the matter, we have come to the conclusion that one of two things has happened—either the Postmaster-General of the United States, through his subordinate, has been very remiss in his duties in the past, or that in the present proceeding he bears a very *striking* resemblance to a certain long-eared animal noted for its kicking proclivities.

The *Medical Herald*, in commenting, says that "one so careful of the morals of the public should use his official influence with Congress to have that august body enact a law that these organs of our domestic animals shall be so protected from view as not to shock the feelings and purity of those who may chance to own and use such animals, or be unable to avoid seeing them as they pass along the streets."

It is to be hoped that the Postmaster-General will speedily rectify the blunder made by his subordinate, for if medical literature containing such illustrations is also to be debarred from passing through the mails, much that is interesting and instructive would be removed from our library table.

British Columbia.

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

DR. McGUIGAN, Associate Editor for British Columbia.

The Medical Council of this Province, in securing a portion of this journal to be devoted solely to matters of interest to British Columbian practitioners, consider that they were not only supplying an urgent want, but that they were taking the first step towards establishing a provincial medical journal in the near future. As associate editor we fancied that our labours would chiefly consist in deciding as to which of the numerous papers contributed should have precedence in the order of publication. Neither paste-pot nor scissors were provided for our sanctum.

While it may be highly flattering to feel that our brethren prefer reading our lucubrations to their own, we must beg them to consider the impression that our empty columns must convey to those not resident in our Province. We believe, in fact we know, that numerous cases of interest are being treated daily both in our hospitals and in private practice; and from our knowledge of the qualifications and abilities of the majority of men on our register, we feel sure that careful notes are being taken of these cases.

We ask that reports of these cases, or comments upon them, be preserved by having them published in these columns. In this way not only will most interesting and instructive matter be provided for our readers, but the reproach that our medical men are either very apathetic, or else deficient in literary ability, be removed.

Our Province is very young and still sparsely settled, but within the last ten years it has been well supplied with medical men, many of whom possess attainments which would be recognized in any city. The members of our profession in British Columbia are, as a rule, highly educated, and many of them have elected to live in our Province from a whole-souled love of their calling, a desire to investigate the etiology and morphology of disease under new conditions. The population of the smallest mining camp, as well as that of our

largest towns is composed of many nationalities, and there is probably no *clientele* which does not include patients of nearly every race on the face of the earth. The study of the aboriginals, now fast disappearing, and the manner in which their medicine-men and wise women diagnose and treat disease, is most interesting and instructive. The manner in which Cingalese, Kanakas, Hindoos, Chinese and Japanese adapt themselves to their changed environment, and the result of such a change in the form of their diseases, is well worthy the close study which we believe it is receiving from some of our profession. There is no lack of observers, careful and scientific observers, but, so far as we know, there is a great lack of published observations, and this serious "but" it is the purpose of this paper to remove.

Short papers, notes of cases, personals, and items of interest to the profession generally will be gladly received, and will be hopefully looked for by the associate editor.

Prince Edward Island.

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

SECRET NOSTRUMS.

In the Province of Nova Scotia there is a company organized to manufacture and sell a preparation under the style of "K. D. C.," said to be a great remedy for dyspepsia—the newspapers are full of testimonials.

We recently sent a sample to Philadelphia for analysis and examination. "Dr. Walling who examined the sample, states that it is composed principally of sodium bi-carbonate, mustard and a very small and unimportant trace of aromatic bitters, probably added to disguise it. Therapeutically it exerts the power of soda and if people choose to pay a dollar for a half cent's worth of this valuable drug they have the privilege. If anyone wants to see for himself how much soda there is in it, all he has to do is to drop in a little *vinegar* after mixing the powder with water, and see it effervesce."

Is it not time to have a general law passed in this Dominion requiring all patent medicine and secret nostrum vendors to publish their formula

with the Government or on the label attached to each package or bottle? Why should the public be defrauded and why should men be allowed to put up drugs of the ordinary kind or general class under a euphonious name which the combination will not warrant? Legislation is demanded upon this question, and medical men must do some talking and show up the scoundrels who are fleecing the people, and hold the press and the drug trade in their grasp as subsidized agents.

MEDICAL PRESCRIPTIONS.

Prescriptions sometimes cause a trouble legally as to ownership, and in consulting members of the profession we find that hardly any two of them are agreed as to the principles that should govern a prescription. Who owns it, the doctor who formulates it or the patient for whom it is prescribed? If medical men were agreed among themselves as to the nature of the contract, or the principles underlying it, lawyers would not be called upon to define the matter for them—and their own practice would decide before our judges. First, then, a prescription is a literary production, formulated by the doctor to suit a patient in a particular case, and he sells the *usufruct* of it once to the patient. The patient doubtless has a *fiduciary* ownership in the paper and might hold an action against a third party, but the real ownership of the prescription is vested in the doctor as the author. The law of authorship governs. The discussion of this problem is essentially a new one, as there are few, if any, discussions to be found upon the unauthorized use of medical prescriptions, and in order to discuss it fairly it should be done on the lines of (1) the legal character of a prescription, (2) the rights acquired by the patient in it, (3) the legal relations of the druggist to it.

As already observed, the prescription is the *property* of its author, and he may repeat it, or resell it as often as he pleases, for he only disposes of the right of use to another, and the absolute ownership still remains in himself, and the patient on his part only pays for the *use* of that advice or prescription for that one time only. True, the prescription consisting of the paper and formula, and being written for the party who pays for it, the patient would have a right of property in the

paper, and a right to the personal use of the formula, for once, as the doctor would not be responsible for the use of it a second time without his authority *de novo*. A second use would be at the patient's risk and responsibility entirely, unless the druggist might come in for a share of the blame. No prescription, when dated, implies illimitability of time, and the physician's liability terminates with the occasion for which he originated it. The apothecary, or druggist, on the other hand, receives the prescription as a letter of advice or private instructions for compounding certain drugs under specific conditions relating to *time* and *persons*. As the patient cannot acquire a right of property in the literary production, it is clear that the druggist cannot acquire any property right in the prescription either at least no better right in the premises that belonged to the patient, and although he may run the risk on his own responsibility of recompounding it for the original patient, yet it is a good law that he cannot legally recompound it for a third party without obtaining the permission of the author. If a prescription, however, has no name or signature to it, it is regarded as an anonymous composition which anyone might appropriate, as there is no evidence of ownership. Physicians everywhere are interested in coming to a general understanding upon this matter, and to understand they then dare to maintain their rights. The jurisprudence taught in the colleges does not put this matter plain enough, and the greater bulk leave the college halls with very crude notions upon this and other questions affecting the legal status of physicians in the matter of fees, etc. Judges and advocates often take undue advantage of the fraternity because they are not at home in jurisprudence of medicine.

In passing pharmacy laws in the various provinces the medical men should be on the lookout for their own rights and not be found *napping*. Medical laws also might define the character and rights of the author of a prescription, and that the unauthorized use or publication of the same would be punished by fine and imprisonment. Druggists, I fancy, are the greatest offenders, and I will say the greatest promoters of quackery in the country—there are honourable exceptions, but the prescribing druggist is a quack from the word "go."

Original Communications.

CASE OF GUNSHOT WOUND.*

BY HADLEY WILLIAMS, M.D.,
Demonstrator of Anatomy, Western University.

Detective Harry Phair was shot on the 13th day of October, 1892, in the city of London, Ont., from the effects of which he died six days later. This case is somewhat remarkable for the length of time life lasted with such severe injuries to internal organs. There was considerable shock at the time, but the patient rallied a few hours after and his mind remained clear up to the evening previous to death. He was sixty-three years of age, and had been strictly temperate for the last seven years, but addicted to stimulants before that time.

Almost immediately after the injury I found Mr. Phair reclining on a sofa, feeling very faint, but able to talk a little. On examination of chest wall an aperture was visible at the anterior margin of the left-front axillary line, slightly above the seventh rib. There was some little hæmorrhage and a few bubbles of air.

He was removed to his residence, on a stretcher, two blocks away, and put to bed. Hot bottles were ordered to extremities and half an ounce of brandy given.

On passing a blunt pointed probe down to the eighth rib about two hours later, spiculæ of bone were felt, and in consultation with Drs. Waugh, Wishart and Mitchell, it was decided to cut down and remove portions of the rib, and, at the same time, to give free drainage and clear all source of infection, as shreds of cloth, etc., that were probably carried into the tissues. Chloroform was administered, and an incision made three inches in length through the thick muscles down to the eighth rib, which was found to be completely fractured and comminuted. The spiculæ piercing the pleura were carefully removed. In the visceral layer an aperture the size of an ordinary lead pencil was visible. No bullet being felt, the upper part of the wound was closed and dressed under antiseptic precautions.

At 10 o'clock the same evening vomiting came on. The temperature rose to 99.5; the pulse to 96.

* Read before London Medical Association.

Early the following morning half a pint of normal urine was passed, but late in the evening there was hæmaturia with some pain over the bowels. Examination was negative. Morphia, gr. $\frac{1}{8}$, hypodermically, was given. At 5 a.m. of the third day, pain in the abdomen became very severe, for which gr. $\frac{1}{4}$ morphia was administered. Poultices of linseed meal offered some relief. Nourishment was well taken, consisting principally of milk and beef tea. Later the wound was dressed, no suppuration present. Temperature chart showed 102° ; pulse 120, small, wiry, but regular. The bowels moved five times in two hours, the fæces being of a dark color. In the evening bloody urine was voided at an interval of three hours.

Fourth day, remained about the same: tympanites very marked, with abdomen abnormally tense. The wound, when dressed, was healthy.

On the fifth day there was no improvement in the symptoms. Vomiting came on, which was partially allayed by small pieces of ice. R Bismuth, grs. x., Vin Ipecac, ℥ i., every twenty minutes, gave some relief.

On the sixth day a hypodermic had to be given for pain: the patient was more restless, delirious at intervals, and picked at the bedclothes. There was an involuntary passage of urine. Six hours later, on account of incontinence, dulness was sought for and elicited over the pubis. I passed a Jake's catheter and succeeded in drawing off rather more than a pint of bloody urine. Towards evening the patient was much weaker, and seemed to have lost the power of using the muscles of the neck, being unable to raise his head from the pillow.

Early on the morning of the sixth day urine was again voided involuntarily, when I used a soft rubber catheter. In the afternoon I saw the case with Dr. Macklin; the breathing was shallow and quick, extremities cold, and the abdomen very tense. I again used catheter in the evening for a half pint of bloody urine. Patient was almost unconscious, but the pupils responded to light.

At 11 p.m. the temperature dropped to 99° . Pulse was 130 and almost imperceptible. The extremities were cold: the patient was unconscious, and the pupils no longer gave any response to stimulation. Death took place early the next morning.

SYNOPSIS OF POST MORTEM.

H. Phair, age 53 years; height 5 ft. 7 in. Body well nourished. *Post mortem* rigidity fairly well marked. Marked violence visible on left side six inches from sternum and six from coracoid process; eighth rib fractured, from which a part had been removed during life.

Lungs--Right, perfectly healthy; left, lower lobe inflamed and softened.

Heart--Normal in position; normal amount of fluid in pericardium; no wound visible; valves healthy: left side empty: right side full.

The opening which the bullet had made in the diaphragm had closed and was with difficulty made out.

Stomach was normal.

A considerable amount of dark fluid filled the peritoneal cavity: the intestines were intensely congested, and small bands of fibrin had already formed between the loops.

An opening was found in the splenic flexure of the colon, through which a dark fluid oozed. The liver and spleen appeared to be normal.

On removal of the left kidney, which was enormously enlarged, the track of the bullet could be traced through its substance in a direction from above downwards and backwards, leaving at the upper posterior part.

Bladder contained two ounces of highly albuminous urine.

Behind the left psoas magnus the ball had grazed the third lumbar (body). The transverse process of the fifth was fractured. The bullet was found close to the latter vertebra and beneath the deep muscles of back.

Course.—The course of the bullet was interesting, and though appearing at first to take an erratic path, yet in reality took an almost direct route. It entered the integument over the sixth intercostal space, grazed the seventh rib and smashed the eighth, then passed through both layers of the pleura, traversed the lower lobe of left lung, again through the pleura, punctured the diaphragm, entering the abdomen close to the spleen, and passing through the splenic flexure of the colon entered the left kidney, grazed the sides of the third and fourth lumbar vertebræ and fractured the transverse process of the fifth, lying, when found, in the region of the fifth lumbar beneath the deep muscles of the back.

Death, then, was evidently due to septic peritonitis as a direct result of intestinal perforation, and although cases are on record where recovery took place almost identical with this under consideration, yet they occurred in young subjects, (one, particularly mentioned by Erichsen, I think, who died, however, two years and a half later from the formation of an abscess which opened into the renal artery). Here, even had the aperture in the colon closed by nature's energies, in all probability death would sooner or later have taken place from destruction of the kidney, which was intensely inflamed and twice its natural size. No hiccough appeared as a result of injury to the diaphragm, and throughout the entire illness there was but little evidence, either by examination of the chest wall or internal hæmorrhage of localized pneumonia. For four days before death the bowels were locked, but I particularly evaded giving a purgative, and justly so, because the bowel was penetrated, although, at the time, I was not sure of its being the case; but studying the track of the bullet from an anatomical point of view and knowing the kidney to be affected as demonstrated by blood in the urine, in consultation with Dr. Waugh the conclusion was that perforation had in all probability taken place, and that a laxative would remove the only chance for the patient's life, and even hasten his death. Although confronted by an old practitioner and strenuously opposed, even to almost losing the case, I was wise enough for once, fortunately, to resist the pressure brought to bear upon me. Had the ball struck an eighth of an inch external to the path it chose, the side of the eighth rib would have formed a bulwark against the inward direction, and the patient probably have been little the worse. Watching this case from the reception of the injury to the time of death, and taking into account the appearance of blood in the urine thirty-two hours after, with the rapid onset of the abdominal symptoms characterized by swelling, high temperature, tympanites and vomiting, the course of the ball was traced with a great deal of certainty, though before this time there were no symptoms to lead to the supposition that the kidney had been traversed or that the bullet had indeed gone further than the lung, for it was not until the morning of the third day (forty-eight hours) that peritonitis could be with any certainty diagnosed.

It may be asked, by some adventurous surgeon, why laparotomy was not performed in order to repair by suture the wounded gut, and to wash out the septic material infiltrated into the general peritoneal cavity. In my humble opinion this should not have been entertained for a single moment, in this particular case, for there were no symptoms, practically speaking, for forty-eight hours to show that the bowel had been perforated, except, of course, the hæmaturia, which has often been known to appear as a result of bodily exertion or some great mental emotion, or, perhaps, shock.

From the kidney there are four nervous tracts in connection with other parts, setting up symptoms that often throw considerable light on the locality of the pathological process. The vagus brings it into direct sympathy with the stomach, leading, as often happens, to irritation and vomiting; the spermatic plexus, derived from the aortic and renal sympathetic with the testicle accounting for the characteristic shooting pains complained of in calculus, nephritic colic, etc.; the benito-crural branch of the anterior second lumbar with the cremaster muscle and skin on inner side of the thigh; the anterior crural nerve in its distribution in the lower limb and the knee joint: but all these symptoms were negative, except the irritated condition of the stomach, which was refractory to reaction from the shock. Early examination of the urine would likely have shown albumen and even blood cells, but suppose it had done so, what benefit would the knowledge have been to a perforated gut, or even, for that matter, of injury to the kidney itself, so that a laparotomy could not have been performed until the third day with any knowledge that there was perforation.

Then, the necessity for the application of an æsthetic the second time, the severity of the operation and the great difficulty of finding the aperture in the colon, even had the bowel been distended with air, artificially, would have been most tedious and prolonged, and the reparative process in the abdominal parietes and gut unquestionably suffered from the condition of the affected kidney. But hæmorrhage had freely taken place in front of the spleen and beside the psoas magnus as well, and the whole tract of the bullet was, in all probability, teeming with septic material. Most certainly laparotomy gives favourable results sometimes in young subjects, or even adults with less

severe lesions or complication of other viscera to the same extent. Especially so is this since intestinal anastomosis has been so much written about and performed, and every organ either removed or sliced by the surgeon's knife. But Mr. Phair was an elderly man (sixty-three years of age) and had received most complicated injuries to important viscera. It is admitted, I believe, that age and alcohol are two of the most potent factors against repair in disease, and lobar pneumonia, uncomplicated with any kidney or abdominal symptoms, to say nothing of the diaphragm, is in the majority of cases fatal to a patient of that age, even though the history reveals a most exemplary life. I do not assert that Mr. Phair was ever what is vulgarly termed "a hard drinker," but he was addicted to stimulants. Here, then, was traumatic pneumonia, and injury to the pleura with comminuted fracture of a rib, with softening of the lung, as revealed at the *post mortem*, and although the inflammatory process is not usually so extensive as in general acute pneumonia, yet sufficient in this case, considering the age and history, to cause death, especially if statistics are of any value. I was well aware that during the six days of treatment, every physician and surgeon interested in his profession was watching the results of this brutal crime that raised such intense excitement all over the Province, and in those results there may have been some who nursed laparotomy as a means of removing the missile, healing the bowel, renovating the entire visceral lesions and bringing back health and strength to the unfortunate man doomed so soon for the great unknown land. In my humble opinion, and eminently so in that of each of the consultants, the injuries received were from the inception unavoidably and necessarily fatal.

THE EVILS OF SUBSTITUTION.

BY CYRUS EDSON, M.D.,

Commissioner of Health of New York City and State,
President of the Board of Pharmacy of the City
and County of New York.

The term "substitution," in its commercial sense, is the perpetuation of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another

phase of commercial adulteration, and in the practice of pharmacy its evils are as insidious and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic action of greater potency; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, under certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physician's order, and when he acts differently than ordered by the doctor, he snips at the threads of fate, possibly without the slightest idea of what will result from the snipping. Then he is no better than the man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he has lost the fee he paid the physician, and last, but not least, he has lost confidence in his doctor.

From the standpoint of the physician, the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy that it is difficult to ascertain and fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician

contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and numerous other invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of the case, but it may also cause the dismissal of the physician and his loss of what, perhaps, would have been a lucrative practice. In this country, physicians have the reputation of being practical. They are the best practitioners in the world. In other countries, medical men are deeper students and better theorists, but here, we pride ourselves on the results we obtain in curing disease. The reason for this is because we strive less for honour and glory than we do for the almighty dollar. We must give our patients the worth of their money, and we know that we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth consideration, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all, when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue and cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use, and patronize it until the weeds of substitution check its growth. The

way these weeds act after what I have said, is obvious. For example, some pharmacist substitutes an inferior mixture or drug in the preparation of the physician's prescription; the effect of the medicine on his patient is nil. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favourable comments, and undoes in a short time that which the manufacturer has taken months or perhaps years to accomplish. Great injury is in consequence done to a deserving business.

Then, again, the evil is a widespread one, and the same substitution in a good preparation is very large, and directly affects its sale. I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit, the dishonest pharmacist deliberately cheats and perhaps destroys his fellowman. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgment and knowledge of the physician in small repute, and that he feels perfectly competent to act in the premises. It is a curious psychological fact that it is the easiest thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health Department of New York City so injured the confectionery business that the reputable manufacturers banded together in an Anti-Adulteration League. Not only did the Health Department cause the formation of the league in the way I have described, but the unfair competition engendered by adulteration also had its effect in forcing honest manufacturers to protect themselves. The league made it its business to run down and punish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and to-day it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the

Jewellers' Protective Association. This body pursues like an avenging Nemesis anyone who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitution, form a like union, and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The Penal Code and the Pharmacy Act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however, and the punishment of a few offenders would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest pharmacists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous.

Meetings of Medical Societies.

LONDON MEDICAL SOCIETY.

The meeting of this society was held in the Medical College on Monday evening, 13th Nov. the President, Dr. Hodge, in the chair.

Dr. Arnott read a paper on

URÆMIA.

I shall not discuss the various theories regarding this condition. For whether the active poison be urea or ammonia, or a combination of poisons, or whether the symptoms be due to œdema of the brain, we believe that the original cause is insufficient elimination by the kidneys.

Our ideas of uræmia are mostly associated with convulsions and coma, yet these are only a small number of the symptoms produced, and I shall proceed to review and illustrate from cases in my practice some of the commonest of these. In the selection of these cases I shall endeavour to convey some practical lessons.

Uræmic convulsions sometimes occur with such terrible suddenness as to take us completely by surprise. Many examples of this will occur to

your minds, but I shall beg your attention to one. W.D., aged about forty-five, a very hard drinker, mostly of whiskey. He had been ploughing all day, and returned to the house after putting away his horses. At tea he complained of not feeling well. In a few minutes he was in convulsions, from which he only regained consciousness once or twice, and in six hours from the time he was first taken he was dead. Urine drawn from the bladder was loaded with albumen.

There is no relation between the amount of albumen and the frequency of convulsions. I remember one lady who had convulsions with only a small quantity of albumen, and yet a year or more afterwards, when her urine was frequently seventy-five per cent. of albumen, her principal symptom was an intense headache. This I account for by the different degree of sensibility of the nervous system.

There is considerable danger that uræmic convulsions may be mistaken for epilepsy. To you that may seem impossible, yet I have seen a half dozen of the best men in this country make that very mistake. In that case when the urine was examined, the specific gravity proved to be only 1.008. We cannot be too careful to examine the urine of persons who have become subject to epileptic seizures in advanced life.

Uræmic coma may be mistaken for hæmorrhage of the brain or embolism. Generally a careful examination will reveal hemiplegia; but cases occur in which, owing to the profound stupor, a diagnosis cannot be made with certainty. If the urine drawn from the bladder be found to have a very low specific gravity, or to be loaded with albumen, it assists the diagnosis to a certain extent.

After scarlatina uræmic coma may creep on so insidiously as not to attract attention until it is profound. I saw a case, in consultation, which the doctor, on the way, assured me was doing splendidly, as he had left him sleeping a few hours before. When we arrived at the house he was sleeping—so soundly that we could not wake him till we had given him an enema and got him into a profuse perspiration.

We are not in much danger of forgetting uræmia in cases characterized by coma or convulsions, but in some of its minor manifestations I am afraid we all at times pass it over.

Mr. B. called at my office complaining only of headache and weakness. As he told me I was the ninth doctor whom he consulted I made a thorough investigation of his case. His urine had a few granular and hyaline casts, and the specific gravity rarely ever went up to 1.010. This, together with some other confirmatory symptoms induced me to treat him for uræmic poisoning, and although he did not get well, and in about a year afterwards died, yet I gained some warm friends. I have passed over several cases in which I afterwards discovered my error, but how many I passed over without finding out, I know not.

An old lady had been suffering from extreme nausea for some time. Her pulse and temperature were normal. She rarely vomited, but had frequent retchings. Her urine was found to be albuminous, and appropriate treatment gave immediate relief.

W.A., aged 56, had for years been subject to attacks of vomiting and purging, with severe headache. These attacks occurred about every three or six weeks. In the interval he would appear quite well. During all these years the physician treated him for bilious attacks, without ever examining his urine. He had cirrhosis of the kidneys, of which he died about a year after I saw him.

Another form of this trouble is chronic diarrhœa. An old lady over seventy years of age was subject to chronic diarrhœa, for which she had consulted many physicians. She said that all those she had consulted had checked the diarrhœa to a certain extent, but that she always felt worse when it was stopped. I agreed to send her medicine by stage. By the same messenger I was sending a gonorrhœa mixture to the old lady's son. The mixture became changed. The old lady took the gonorrhœa mixture, and was cured of her diarrhœa, while the son declared that that last bottle hadn't done him a bit of good.

A somewhat similar case occurred in an old lady aged seventy-eight. Her daughter consulted me about her mother being troubled with chronic diarrhœa for which they could get no relief. I was struck by a remark which she made that her mother felt very ill when her bowels did not move freely. I prescribed a saline cathartic in small doses, and asked her to send me a sample of the

urine next day which she did. It was more than half albumen. The old lady got great relief from the saline, and lived for nearly two years when she died, of what complaint I do not know.

Cases of acute mania, due to uræmic poisoning, are reported, but I have never seen one. It has been mistaken for typhoid fever—indeed I now suspect that I committed that mistake myself in a case I saw in consultation, which makes it the less excusable.

The diagnosis cannot be made with certainty without an examination of the urine. Two classes of cases occur: one with high specific gravity and much albumen, the other with little or no albumen, and very low specific gravity. If care is taken to eliminate sugar and albumen, the specific gravity may be taken as a fair indication of the general amount of solids being excreted, and of the condition of the kidney.

But in the presence of albumen the quantity may be fair and specific gravity high, and yet your patient go into convulsions. In such cases if the albumen be eliminated, the specific gravity will be found to be very low. This would seem to show that it is not the secretion of albumen, but the retention of other excrementitious substances which produces the convulsions.

When the diseased condition of kidney has come on gradually, it is extraordinary how little solids may be excreted by the kidneys and the patient live. In one case coming under my notice, the amount of urea excreted was less than one-eighth of the normal, and in a case in the charge of Dr. Hodge, I am quite sure the quantity is much less than that. In such cases the urea has found new channels of exit through other organs. The four great channels of elimination are (1) kidneys, (2) alimentary canal, (3) skin and (4) lungs. If the change in the kidneys comes suddenly, the poisons thrown on the system do not readily find egress through the other organs, and produce serious symptoms. But if the change comes gradually the other organs increase their powers of elimination, and life goes on with a certain amount of disturbance.

The question will occur to the mind of everyone, is it necessary to examine, as a matter of routine, the urine of every patient? Not by any means. A careful study of the pulse and of the

heart sounds will almost always give warning by the high tension in the vessels. Of course this high tension may be from some other fault of elimination, but you would require to find that out anyway, so you have not lost your labour.

The treatment may be summed up in a few words—stimulation of the supplementary organs, and regulation of diet.

In convulsive seizures this requires time, and the use of chloroform or a hypodermic of morphia may be required to blunt the sensibility of the nervous system while this is being carried out. But a convulsion or two, although terrible to behold, does not often do any harm, and I generally prefer not to add another to the many poisons with which the system is loaded.

Of remedies I prefer the salines that have a double action on both bowels and kidneys. First in importance I place sulphate of magnesia, next bitartrate of potash, and to them may often be added digitalis with advantage.

A large enema is often of service before other remedies can be got to act. I do not very clearly understand how it can be so efficacious, but that it is so I think there is no doubt.

I look upon free diuresis by steam bath as of as much or more importance than any other single remedy. I do not often find it necessary to resort to pilocarpine.

In discussing the paper, Dr. MACDONALD considered the minor symptoms, as headache and vomiting, of great importance. By noting these and applying appropriate treatment the graver effects might be obviated.

Dr. BACKUS, in reference to the amount of albumen, advocated the necessity of frequently testing the urine. Many cases with a large proportion of albumen live for years with little or no inconvenience. Salines he considered the best to assist elimination and lower blood pressure. Pilocarpine had been of invaluable service in his hands.

Dr. MACLAREN cited a recent case. A woman, five months pregnant, complained of vomiting and headache. The urine contained three-fourths albumen. Salines and diaphoretics were employed with relief. He had used jaborandi but scarcely ever pilocarpine.

Dr. DRAKE mentioned the utility of venesection in certain classes of cases.

Dr. GARDINER said uræmia showed itself in so many forms that one could not be too careful. One case recently complained of shortness of breath. There was marked dilatation of the heart, much albumen and a specific gravity of the urine of 1008 to 1010. Another case to which he was called he found the woman in a half comatose condition. He made a diagnosis of cerebral lesion but was not satisfied. An examination of the urine revealed much albumen. He tried all varieties of remedies but the case gradually sank and died. In the treatment of convulsions, morphia had been of especial service, especially those cases in connection with pregnancy.

Dr. CAMPBELL believed uræmia was more common than was supposed. He advocated the examination of the urine in all suspected cases.

Dr. ELLIOT urged the examination of the urine. We do not know without question what is the morbid product or products which produce uræmia. The consensus of opinion is that it is due to impaired elimination of the nitrogenous waste, but it in all probability also includes the salts (chlorides) as well.

In the uræmia of pregnancy, if the fœtus die we notice a diminution of the uræmic symptoms and of the albumen, because then there is an immediate drop in the amount of nitrogenous waste to be eliminated. The storm is averted by the death of the fœtus *in utero*.

The treatment has reference to the diet and clothing as well as the medicines to be used. If there is impaired elimination of nitrogenous waste and salts, it is but natural to limit or absolutely cut off all foods which contain these in large quantities, such as flesh and blood, and all find milk and milk foods in nearly all cases are the best.

The clothing should be of flannel next the skin, and an effort should be made to keep the skin active by thus keeping the body warm by woollens which are poor conductors of heat.

All the compensatory organs require stimulation and free purgation is often of great benefit.

Pilocarpine has given me good satisfaction during attacks of renal asthma and often symptoms indicating a near approach of uræmic explosions. I have given it hypodermically in doses of a half grain.

Dr. HODGE expressed himself as pleased with the practical nature of the paper.

He had lately had a young man under his care who passed small quantities of highly albuminous urine, and who presented the following symptoms of uræmia: severe localized pain in the head and sleeplessness. The patient was put to bed and ordered steam baths, pilocarpine hypodermically, magnesia sulph. in concentrated solution, and milk diet. Prompt relief followed.

He had also another patient, aged 76 years, who passed daily 70 oz. of urine of very low specific gravity (1.003) with very little albumen, and in whom the chief symptoms were vomiting, hiccough and muscular soreness.

Dr. ARNOTT in replying, thanked the Society for the kindly manner in which his paper had been received.

He had forgotten to mention hiccough and the character of the headache (occipital and vertical).

He was prejudiced against venesection from the results of some cases in which it was tried.

The quantity of the urine must be taken into consideration in connection with the specific gravity.

He argued with Dr. ECCLES in regard to the death of the fœtus lessening the amount of albumen and uræmic symptoms.

Dr. WILLIAMS reported a case of gunshot wound. (See "Original Communications," page 161.)

Dr. HUTCHINSON was surprised at the length of time the case had lived after the reception of such a severe injury. He saw no good in a laparotomy.

Dr. MEEK had had no experience with gunshot wounds of the abdomen, but he considered an exploratory incision would in no way increase the risks if there were symptoms justifying it.

Dr. ECCLES could account for the late appearance of the blood in the urine (3rd day) only by the presence of ureteral clots. In cases in which he had incised the kidney or stripped up the capsule, blood had appeared in the urine at the first voidance.

Dr. MACLAREN thought possibly blood might have been detected earlier by the use of the microscope.

Dr. MEEK asked if it were possible for suppression of urine in one kidney to be the result of shock acting on that kidney?

Dr. WISHART considered the course pursued was the proper one. One thing peculiar when the

chest was opened the lung did not collapse as is usually stated by authors. Regarding laparotomy in these cases, it was not usually an easy matter to find bullet wounds of the intestine or other organs.

Dr. WILLIAMS in reply stated to Dr. ECCLES: That at the *post mortem* examination he found no clots sufficient to cause an obstruction to the flow of urine towards the ureter, though such a condition may have been present nearer the bladder; that he rather concurred with Dr. MEEK regarding a temporary suppression from the severe injury by the ball, aided perhaps by the hypodermics of morphia given within the first twelve hours or so. An exploratory incision would in all probability have verified perforation of the gut after a hunting expedition over the intestines, but the kidney was then known to be wounded, as hæmaturia was present, to say nothing of the diaphragm, pleura, lung and peritoneum.

To Dr. MACLAREN—That there certainly would have been albumen and red blood cells if the urine had been examined the first night, but the knowledge derived from such a small change would not be sufficient to diagnose injury to the kidney substance by the bullet, as such a condition is sometimes associated with bodily exertion or mental emotion.

To Dr. WISHART—That an opening into the pleural cavity (experiments on dogs) as large as the trachea is said to cause collapse of the lung, but in this case none occurred.

Perhaps the opening into pulmonary tissue had something to do with it, and perhaps the lung in man does not collapse under the same conditions.

Correspondence.

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

PROFESSIONAL TAX.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—Your able and very lucid exposition of my last letter leaves but little or nothing further to be said on that part of the subject. The cleverness, rising to the measure of genius, with which you turn the searchlight of intellect and subtle criticism on my poor communication, so as to illuminate the more obscure parts of it, and bring

out meanings and expressions, which even I myself had not previously discovered or thought of, has certainly never been surpassed, or, perhaps, equalled, unless by yourself on some former occasion. Where the whole forms a journalistic gem, probably without a parallel in English literature, it is, perhaps, invidious to single out the sixth paragraph for special commendation. Here the word "pulled" would, perhaps, have been more explicit than the word "laid" in the sixth line. With this slight exception, the diction is all as correct as the facts are all askew, while the really difficult feat achieved, you allege, by the Council and the Minister of Education and Mr. Seath, of increasing the stringency of the matriculation examination by "pulling down" the percentage of marks exacted, must challenge the wonder of all the educationalists of the Province. Possibly, what you intended to say is that the examination papers are being made more difficult to compensate for the lower percentage required; but every High School Master in the country will tell you that this, in point of fact, is not the case. In my September letter, I expressed my fear that the Council "organ" was out of kilter or not in tune, and suggested its reconstruction. It seemed to me that if you desired to elicit from it really grand journalistic symphonies which should touch the heart of the profession, and convince the recalcitrant and subdue the rebellious and restore harmony to all, it would be wise to put more soul and intellect and a finer touch on the music stool. You have convinced me that I was wrong. The lack was not of heart and brain, but of muscle—not of inspiration in front of the instrument, but of expiration behind it—not of artistic skill and knowledge at the finger-board, but of brawn at the bellows. Evidently, the only proper and truly effective way to play a Council "organ" is to double the force at the lever, while the organist sits on the keys, and invokes *Ventosus* by whistling "Blow, breezes, blow."

The Medical Council, in its published pamphlet, admits that it was created by the medical schools for the purpose of controlling admission into the profession, so as to secure to themselves a monopoly of the medical education of the Province, and that our twelve territorial representatives were taken into it, by the schools, not in the interests of the profession, but simply to serve as

a balance of power between the rival educational bodies. While testifying to the correctness of this account of its inception and design, my last letter proceeded to show that the Council still remains so far loyal to its original purpose, as to guard the privileges and immunities of the schools much more strictly than those of the profession—that it cares for and protects the profession only to the extent permitted by its more exigent fealty to the schools—and that where the interests of the two constituencies conflict, as, for example, in the determination of the matriculation standard, the requirements of the medical electorate are always subordinated to those of the educational bodies. As a profession, then, though confessedly in some degree protected by the Council, and therefore greatly concerned in its continuance, we are manifestly less stringently protected by it, and less vitally concerned in its continuance than the schools are, and consequently our moral obligation to contribute towards its maintenance is less imperative than theirs. For twelve representatives, not always loyal to its behests, the medical electorate is required to pay annually into the Council treasury some \$4,800, or \$400 for each. The schools appoint nine representatives. Do they also pay annually \$400 for each? Do they pay annually, or do they propose to pay, directly or indirectly, separately or conjointly, four hundred cents, or even one cent for all the fostering care extended to them by the Council? Emphatically, no!—they would scout the idea. Can you, then, fail to see the flagrant injustice involved in taxing the profession for the support of the Council, and letting the schools go scot-free? Do you not perceive that it was an unwise thing—because it was an unfair and an ungenerous thing—for the educational bodies to become parties to the Act of 1874, or to any scheme permitting an annual assessment to be imposed on the medical electorate without insisting that they themselves should be annually mulcted in an equal sum? And if a mere attitude, on their part, of simple passive acquiescence in an act of such palpable injustice would have been indefensible, does not the indisputable fact that the scheme was inspired by them, and actively promoted by them, render it execrable, and swell the wrong to the dimensions of an outrage? Can we wonder that thoughtful and self-respecting men

learned to look upon the tax as odious, as soon as they perceived the injustice involved in its authorization and assessment, and that more than half the profession refused to pay it, or paid it only on compulsion and under protest? And do you, Sir, even dream that, after it has become fully apprised of all the facts of the case, the profession of this province will fail to pledge every territorial representative, returned at the approaching elections, to resist the reinstatement of the tax, unless the educational bodies agree, or are compelled, to pay their just proportion towards the expenses of the Council?

In answer to all this, what have the educational bodies and their friends to say? Simply that the schools send the students to the Council, and that the fees paid to the Council for its examinations really belong to the universities, and are to be regarded as their contribution towards the Council's support. Could any pretence well be more utterly puerile and absurd? Every medical student pays his university nearly \$400 as sessional fees for the teaching he receives. He also pays it a fee for his matriculation examination at entrance, an annual fee for registration while in attendance, and a fee for each professional examination he undergoes, including that for graduation at the close. Having paid, to the last cent, all these dues and exactions, and severed his connection with the university, surely his pecuniary obligations to it cease, and any money he thenceforth pays to other Canadian or foreign institutions for extra examinations and additional titles, is free from even the shadow of a claim, legal or moral, on the part of his *Alma Mater!* "Oh, no," in effect, say the universities, "such money really belongs to us, although we do not care to claim it. We caught the raw material, and fashioned it into a doctor, and if, after leaving us, he writes for twenty other diplomas, the fees exacted for such examinations are ours, and not being paid over to us, are to be regarded as so many contributions made by us to the treasuries of the institutions before which he appears. To argue otherwise would be as preposterous as to claim that if a sculptor finds a rough block of marble which he transforms into a thing of beauty, and sells for a small fortune, his proprietary rights in it terminate with the sale and receipt of the price in full, and that he is not

"entitled to such sums of money as may subsequently accrue from its public exhibition." It is scarcely necessary to treat this farrago of nonsense seriously, but I may remind you and all concerned, that prior to 1869, when the Ontario Medical Act came into force, the professional examinations of medical schools and of universities were conducted exclusively by their own teachers without extra fee, and that no payment for such examinations was exacted from students, or expected. Furthermore, it is only of late years, and since the establishment of the Council, that the educational bodies in question have learned to impose fees upon their students for professional examinations, and these fees are now rigorously collected by the universities in, I believe, every case. So much for the pretence that the educational bodies gave up to the Council, at its formation, a source of revenue which they had previously enjoyed. If, on the other hand, we are seriously asked to admit that the universities contribute to the funds of the Council, because they teach the men who present themselves for its examinations, then not only must we also admit that they, in like manner, contribute to the funds of all the American and British and foreign institutions from which their graduates and undergraduates seek to obtain degrees or diplomas; but we must equally admit that McGill and other outside institutions measurably contribute to the funds of the Council, because they also, to some degree, teach the men who present themselves for its examinations; and that our Public and High Schools contribute to the funds of the Council, because they also teach the men who present themselves for its examinations; and further—that the farmers of the Province contribute to the funds of the Council, because they fatten the beef, and hoe the potatoes, and harvest the wheat, which, by physical, in place of mental, assimilation, are converted into the men who present themselves for its examinations.

I am sure, Sir, you must, at heart, agree with me that to set forth puerilities, such as these and other really absurd contentions of the universities, in the expectation that an educated body of men like the medical electorate, will accept them as arguments at their face value, or, indeed, at any value whatever, is the very reverse of complimentary to the intelligence and discernment of the profession.

Practitioners who happen to be teachers in medical schools are, in common with other members of the profession, assessed, and, possibly, they pay their tax, but they do it in their individual, not in their corporate capacity. As institutions, the universities and schools do not in this, or in any other way, directly or indirectly, pay anything towards the maintenance of the Council. Harnessed with the profession in an unequal team, they have been content to appropriate most of the fodder, and to shift their share of the load upon their less self-assertive and more patient yoke-mate. They have grown plump, and are yearly waxing fatter, if not at the expense of the profession, certainly to its great detriment. It is not even a fact that the schools send the men to the Council for examination. The very reverse is the case—it is the Council that sends the men to the schools for preparation. In their favour, it has practically closed the Province of Ontario against the world, in the matter of medical education. One of our medical school deans, in a document lately addressed to the Government, claims that under the system of provincial policy so rigidly enforced by the Medical Council, his particular medical factory alone has three hundred inchoate doctors on the way to completion. Three hundred medical students at \$100 each for the session, give that one school an annual income of \$30,000. Doubtless each of the three other universities will admit that it has as large an attendance and as many dollars. Surely, wealthy institutions, whose magnificent emoluments would so largely vanish but for the fostering care of the Council, can each afford, if necessary, to pay \$300 or \$400 annually towards the support of this beneficent outcome of their own creative ingenuity. They are quick in the assertion of their rights—real or fictitious—why so tardy in the recognition of their obvious duties? In the persons of their respective presidents and provosts, they interposed themselves between the profession and the legislature, last spring, in a strenuous though vain effort to assist the Council to frustrate the wishes of the electorate. I submit to President Loudon and to Rev. Provost Boddy, and to the several university senates, whether, when it is looked into, there does not appear to be something pitifully small in the action, as well as in the want of action, of their respective establish-

ments, in this matter. To zealously claim the privileges pertaining to a position, while ignoring its moral obligations, and systematically evading the pecuniary duties attached to it, is, perhaps, no more than might have been expected from petty money making corporations such as mere medical schools; but when our great universities—which are almost national in character—are found stooping to the same level, one is surprised indeed.

A body constituted, as the Medical Council is, with dual relations, clearly may not impose a tax, or even seek power to impose a tax, as if it were homogeneous and purely elective, like the executives of other professions. If it seeks power to assess both constituencies, such power can only be righteously conferred on it, conditional to the assessment being equitably adjusted between the two, and if only to levy an impost on one, legal authorization can only be properly given or sought for with the explicit and unanimous consent of that electoral element. I am prepared to show, and in due time I will show, that neither the universal nor general consent of the profession was ever obtained or honestly sought after. I attempted at the time to voice the feeling of hundreds of my fellow practitioners by exclaiming against the injustice which had been perpetrated, and by declaring, both privately and publicly, that I never would, except on compulsion, and under protest, pay the so-called annual fee. Now, Sir, I hope to completely enlighten you before I finish this discussion, but probably you can already dimly perceive one reason why—to answer your question—"the tax is not paid." Unless it be levied with the universal concurrence of the electorate, such an impost is justified, and becomes a debt of conscience to the individual members of the profession, only when it is assessed impartially. However strictly an assessment, which violates this fundamental principle, may have the sanction of law, the higher and holier sanction of equity warrants its repudiation by all concerned. A man may not palter with his conscience and self-respect by paying an unjust tax, because the amount of money demanded is insignificant, or because it is easier to submit and pay, than to stiffen the spine and refuse. If the only alternative presented be, to conform to an iniquitous statutory enactment, or, by its determined resistance,

to vindicate the majesty of RIGHT, then neither robust manhood nor stalwart good citizenship can, for a moment, hesitate which course to pursue.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Nov. 30th, 1893.

SOME NOTES ON THE MEDICAL PROFESSION IN THE STATE OF NEW YORK, COMPARED WITH ONTARIO.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR, New York, the "Empire State," undoubtedly leads in all the professions and markedly so in medicine, both in a long line of distinguished men, advances made in the several branches of medicine, and the soundness of her medical laws.

To compare one of the oldest of the States with this province certainly does not do us justice. New York could boast of considerable importance more than a hundred years ago, when Ontario was practically a *terra incognita*, so if she has a longer list of savants, with larger and costlier medical institutions, it is due to its greater age and does not indicate that evolution in medicine has been more rapid there than here, but that it has gone on to a greater extent.

In many respects we are in advance of New York and likewise in advance of every State in the Union: most notably in our laws. We dwellers in Ontario, both professional and lay, have reason to be thankful for our good statutes, which aim at uplifting the student on the one hand, and suppressing the quack on the other, and well they guard both ends of the line.

In no State are the standards of matriculation and graduation as high as here. Not one of them demands more than a three years' course, while some are satisfied with two and some even with less. Massachusetts, the second oldest State in the Union, gets along with no restrictions on the practice of medicine, no medical law whatever. She likes to know that her pharmacists have sufficient knowledge to dispense the physician's prescriptions, that her cabmen and draymen are reliable, and that the very peddlers are all that could be desired, and restricts them all by license, but the doctors, - ah, they come and go as they

please without leave from the great commonwealth.

The State in consequence is a perfect paradise for quacks; butchers, bakers or cobblers, anyone who may have failed at his own business can practise medicine in cultured Boston. True, he may adorn the gallows some day if murder can be proved against him, but the game is worth the candle.

Prior to the year 1891 the college diploma, obtained after two or three years' study, was sufficient license to practise in New York, but the laws of that year put medical education on a much sounder basis. A three years' course is now demanded, that is, actual attendance on three full courses of lectures comprising all the essential branches, or two full courses of lectures with three years' actual study with a practising physician.

This law gives the State Board of Regents full licensing power, which is exercised after this manner. The State associations of each of the three schools, the regular, the homoeopathic and the eclectic, name fourteen or more nominees from whom the Board of Regents choose seven from each school to be committees for examination purposes. Each committee submit to the Regents a list of questions according to their particular tenets, and from these a suitable number are chosen for the examination; the same standard of excellence, as near as possible, is observed throughout.

The Committee mark the answers and give the results to the Board of Regents who issue the licenses. An entrance examination is required but the Regents hold only the final, for which a fee of \$25 is charged. Practitioners are compelled to register their names in the county in which they practise.

It is unnecessary to compare our own excellent regulations with these laws. The five years graded course demanded by the Council is, I think, none too much in which to get a good foundation for practice. It undoubtedly seems a hardship to the students but they will learn to thank their far-seeing task-masters.

The medical schools of New York State redound materially to her credit. They represent immense wealth and most of them are thoroughly and elegantly equipped. To comply with the State law they all require a three years course of study,

and the College of Physicians and Surgeons of New York announce that after 1894 they will institute a four years' course, the first in the State to take the step, I believe.

The cost of instruction in the larger New York city colleges is considerably higher than in ours; for instance, a three years' course at Bellevue costs for tuition and examinations, \$525, without extras of any kind, and at the Physicians and Surgeons of New York, a three years' course costs \$635. The living expenses in New York are also much higher than in any of our cities. Both the fees and living expenses in the smaller cities and colleges throughout the State more nearly approximate ours.

We are proud of our Ontario schools and with perfect right, too. It is no idle boast that a student can be as well equipped in Toronto as anywhere in America. The college courses, controlled as they are by the Council's requirements, are longer and probably fuller than in the American colleges.

We must, however, acknowledge their better facilities for post graduate work, which is mainly due to their numerous dispensaries and hospitals, and the consequent large amount of clinical material available. EDWIN R. BISHOP, M.D.

LODGE PRACTICE AND CONTRACT WORK.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—The question of "lodge practice" has at various times been discussed by the medical men of this province, both in their different associations and in the medical and public press, but so far nothing definite has been done towards eradicating the evil. Some have thought that the Legislature should enact a statute making it illegal; others have considered that the Ontario Medical Council is the proper body to deal with it, while at least one registered practitioner has sought to make it appear that it is a perfectly proper and, indeed, praiseworthy practice. The arguments of the latter, however, if arguments they can be called, may be passed over as decidedly lame, and we may conclude that medical men are practically unanimous in the opinion that the contract system is an evil that should not exist.

The doctors of the town of Trenton, believing

that the remedy lies entirely in our hands, and that if we are only in earnest and agreed, we can wipe out this evil completely, have determined to have nothing more to do with lodge practice, and accordingly, on October 27th, the following gentlemen met to discuss various matters of mutual interest: Drs. A. R. Macdonald, J. B. Moran, T. J. Moher, Geo. Acheson, Jas. Third and J. A. Stevenson.

Dr. Macdonald was elected Chairman, and Dr. Acheson, Secretary of the meeting.

After considerable discussion, the following resolution was moved by Dr. Stevenson, seconded by Dr. Moher, and unanimously carried:

"We, the undersigned physicians, residing and practising in the town of Trenton, Ont., do hereby pledge our honour not to enter into any contract with any society, club, lodge, company or corporation to give medical attendance, advice or medicine to the members thereof for any stated period at a fixed rate per member, or for a lump sum per annum, or to do what is commonly known as "lodge doctoring," or to give our professional services to such on any other terms than to the general public, providing, that this resolution does not affect existing contracts terminating at the end of the current year.

(Signed) _____

At a subsequent meeting Drs. J. T. McKenzie and H. H. Hawley were also present, and expressed their entire approval of the above resolution.

Under date of Nov. 1st, this agreement was signed as follows:

A. R. MACDONALD, A.B., M.D.
 JOHN A. STEVENSON, M.D.
 J. B. MORAN, M.D.
 J. T. MCKENZIE, M.D.
 THOS. J. MOHER, M.
 GEO. ACHESON, M.A., M.B.
 H. H. HAWLEY, M.D., M.R.C.S.

It will be seen that the name of one of those present at the first meeting is wanting on this list. This individual, although at first having expressed distinctly his entire accord with the rest, has since seen fit to withdrawn his adherence, and refused to endorse the resolution. His reasons are, doubtless, satisfactory to himself.

We have thus applied ourselves practically to a solution of the difficulty, and we hope to see our confreres elsewhere take the same stand. Our professional knowledge and experience is our stock in trade, and represents a considerable amount of capital invested, for which we have a right to expect a fair return, and we are fools if we dole it out for next to nothing. In works of charity of the true unostentatious sort, as a profession, we rank second to none, but we claim our right to honest pay for honest service. It is a curious thing that ours is the only profession that the lodges deal with in this way; but it takes two to make a bargain, and we have ourselves to blame for the existing state of affairs.

In connection with the above resolution it was also agreed that we would not, in future, make examinations for life insurance in any of the companies or fraternal societies for a fee of less than two dollars.

I have been requested, as secretary of the meeting, to make this communication to your journal.

Yours, etc.,

GEO. ACHESON.

Trenton, Nov. 21st, 1893.

Annual Meetings.

ANNUAL TRINITY DINNER.

This annual dinner took place at the Rossin House on the evening of December 1st, and was successfully managed by a committee composed of the following gentlemen: Chairman, G. H. Field; First Vice, L. H. Marks; Second Vice, J. H. McConnell; Third Vice, C. E. Tweedie; Toaster, A. McKay; Secretary, John Routledge; Committee: C. A. Jones, T. A. Manes, R. W. Shaw, W. H. Weir, J. B. Thomson, H. C. Walker and F. C. Sewell.

Around Chairman Field were gathered many eminent men. On his right sat Dean Geikie, on his left Chancellor Allan, while Dr. J. G. Bourinot, Prof. Kirkland, Messrs. Barlow Cumberland, E. Coatsworth, M.P., Joseph Tait, M.P.P., Walter S. Lee, and many medical men also occupied seats at the head of the main table.

THE TOASTS.

Mr. Field proposed "The Queen and the House of Commons" in a neat speech, and Messrs. Coatsworth and Tait replied.

Mr. Marks proposed, and Dean Geikie replied, "Trinity Medical College." After giving a general resume of the affairs and success of the School, he laid down his position on the question of Government aid to schools. "Giving aid to one alone was a great unfairness, and if justice were done, this should either be dropped and let all stand alone on their merits, or all given aid. This proposition, of course, was manifestly impossible." His remarks were borne up by the following speakers.

"Faculty and Graduates" was responded to with neat speeches from Drs. Temple, Harris, Brennan, Millman, Garratt and McKay. "Affiliated Universities" were spoken for by Chancellor Allan and Barlow Cumberland.

Dr. J. G. Bourinot, in a neat and witty speech, spoke in response to the toast of "The Learned Professions," mentioning the fact that there were thirty physicians in the House of Commons, all distinguished men.

Messrs. Troop, of Trinity, McLaughlin, of McMCGill; Sinclair, Toronto, and Stephenson, of Queen's, spoke for "Sister Institutions." Mr. McKay chaffed the "Undergraduates." Dr. McConnell and Dr. O'Reilly responded to "Toronto General Hospital" Drs. Johnson, Orr and Harris, of Brantford, spoke for the "Medical Council." Dr. Harris, in a very able address, discussed the relationship of the Medical Council to the profession. He showed plainly the object of the existence of this body to be for the protection of the public and medical men almost entirely, and that the Council did not exist for the benefit of the schools. He congratulated the School on its success in the past, and predicted a strong and brilliant future for it.

The menu cards and musical features were first-class, and the affair was a great success.

THE ANNUAL DINNER OF THE STUDENTS IN THE FACULTY OF MEDICINE OF TORONTO UNIVERSITY.

"It is a true sublimity to dwell here."

The following is a list of the officers upon whom devolved the duty of making all arrangements for the occasion. Hon. President, Dr. I. H. Cameron, President, Mr. W. H. Alexander, 4th year; 1st Vice-President, Mr. J. Sheahan, 3rd year, 2nd

Vice-President, Mr. E. L. Roberts, 2nd year; Hon. Secretary, Mr. Frank W. Smith, 4th year; Committee: 4th year, Messrs. B. A. Campbell and D. J. Armour, B.A.: 3rd year, Messrs. G. Simpson, J. S. Sloan and H. W. Miller; 2nd year, Messrs. H. H. Ross, R. H. Somers and J. H. Miller; 1st year, Messrs. D. McGillivray, G. H. Jackson, J. H. Mullin and J. A. Cummings. And of them it may be said, "they are the people," for never since the formation of the Faculty has there been so successful a dinner. The arrangements were perfect, the dinner excellent, and the proceedings beyond comparison. When one takes into consideration the fact that some 300 young men sat down to dinner, it is a thing to be wondered at, though enjoying themselves to overflowing, there was an entire absence of those extremes of boisterous merriment that are apt to characterize a gathering of the kind.

When the *menu* had been satisfactorily punished, Chairman Alexander, in an eloquent speech, extended, on behalf of the students of the Faculty, a welcome to their guests. He did not minimize the dangers and difficulties which beset the path of him who would achieve eminence in the grand profession to which all aspired to belong, but said that the obstacles which, when seen in advance, appeared insurmountable, once being passed seemed like mile-posts pointing them forward to their goal. His speech was loudly applauded, the tributes to the high standing of the Faculty especially evoking loud cheers.

After honouring the toast to "The Queen," Mr. J. Sheahan, Vice-President, proposed the toast to "Canada," which was responded to by Dr. J. H. Richardson.

Mr. D. J. Armour, B.A., proposed "Toronto University." Vice-Chancellor Mulock and Prof. Baker replied.

"The Faculty" was proposed by Mr. B. A. Campbell, to which Dean Ogden and Drs. Graham, McFarlane and Adam H. Wright responded.

"Local Legislature," proposed by Mr. G. Simpson, was responded to by the Hon. G. W. Ross.

"Graduates and Graduating Class," by Mr. D. McGillivray, responded to by Dr. Fletcher. Dr. Kitchen, President of the Medical Alumni Association, and Mr. J. D. Curtis.

"Other Professions," by Mr. I. H. Cameron; Mr. D. R. Wilkie replied.

"The Hospitals," proposed by Mr. H. W. Miller, was responded to by Mr. W. S. Lee and Dr. O'Reilly.

"Sister Institutions," by Mr. J. H. Miller; Dr. Gilbert Gordon replied.

"Athletics," proposed by Mr. R. H. Somers, was responded to by Dr. J. M. MacCallum, who brought out considerable applause by referring to the various members of the Faculty who in their time had taken an active interest in athletics. He spoke feelingly of the beneficial effect to be derived from the field of sport.

"Undergraduates of Sister Institutions," proposed by Mr. Jackson, and responded to by Mr. Hales for Victoria, Mr. Morrison for Knox College, Mr. Gorrell for McGill, Mr. McNally for Bishop's College, Mr. Morden for Queen's, Mr. Murphy for Trinity, and Mr. Mitchell for the Dental College.

"The Press," proposed by Mr. Ross and responded to by Mr. Woods, of *The Mail*.

"The Ladies," proposed by Mr. Roberts, and responded to by Mr. Connolly.

"The Freshmen," proposed by Mr. Sloan, and responded to by Mr. Ritchie.

The gathering broke up at a late hour, when all wended their way homeward: the "committee" gratified that their efforts had been so much appreciated: the guests more than delighted at the manner in which they had been entertained: the students satisfied that the medical student's life is a happy one after all.

The following were noticed among the guests: Vice-Chancellor Mulock, Hon. G. W. Ross, Principal Caven, Mr. J. J. Maclaren, Q.C., Mr. D. R. Wilkie, Profs. Ellis, Baker and Mayor, Dr. Richardson, Mr. Walter S. Lee, Drs. Willmott, Reeve, A. B. McCallum, Fletcher, Glaister, Martin, Robinson, Tomlinson, Harvey, Burroughs, Bird, South, J. B. Peters, W. Caven, Primrose, J. M. McCollum, Spencer, Graham, Geo. Peters, Starr, McPhedran, Dwyer, A. R. Gordon, D. G. Gordon, O'Reilly, Adam Wright, Dame, L. McFarlane, Kitchen and others.

Queen's University, Kingston, was represented by Mr. Morden; McGill College sent Mr. Gorrell; Bishop's College sent Mr. McNally; from Trinity College came Mr. Murphy; from the Toronto School of Dentistry, Mr. Mitchell; from Knox College, Mr. Morrison; and from Victoria, Mr. Hales.

Book Notices.

Outlines of Obstetrics. A syllabus of Lectures delivered at the Long Island College Hospital, by CHARLES JEWETT, A.M., M.D., Professor of Obstetrics and Pediatrics in the College, and Obstetrician to the Hospital. Edited by HAROLD F. JEWETT, M.D. W. B. Saunders, Philadelphia. Price \$2.00.

This work of nearly three hundred pages is intended as an aid to the study of obstetrics in both the didactic and the practical work of the college course. It places the whole subject before the reader in a brief, yet clear, and well-classified style. While giving the anatomy of the genital organs, the physiology and pathology of pregnancy, labour and the puerperium, it supplies all those minute points of practice that are so important. The student and the busy practitioner would alike find it of great service.

A Manual of Diseases of the Nervous System. By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital, Physician to the National Hospital for the Paralyzed and Epileptic. Second edition. Volume II: Diseases of the Brain and Cranial Nerves, General and Functional Diseases of the Nervous System. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut St. 1893.

The second edition of this work has been thoroughly revised, and the results of investigation in this branch of medical service for the last five years have been added to this edition.

This volume (the second) treats of the diseases of the brain and cranial nerves, together with the general and functional diseases of the nervous system, and is supplied with one hundred and eighty-two illustrations. This work is without doubt one of the most complete text books that has ever been written on this subject. Each disease is described in a thorough and complete as well as concise manner that leaves nothing to be desired. The pathology relative to the subject is given fully, and includes all the results brought to light by recent scientific investigation.

Causes, symptoms, and treatment are taken up in a masterly manner, the latest developments in electrical therapeutics being especially mentioned. The chapters on those most obscure of all nervous

affections, namely, the functional diseases, are ably written and are very interesting.

The work is written in that easy, flowing style which goes far towards rendering a deep subject attractive. Every physician should read this work, and we have no hesitation in saying that those who do will be amply repaid for their outlay. The price is moderate, and well within the reach of everyone.

In conclusion, we congratulate Dr. Gowers on his excellent production, and have much pleasure in recommending it to the profession.

The Ideal Physicians' Visiting List (Lindsay & Blakiston's) 1894. Philadelphia: P. Blakiston, Son & Co.

The views expressed and promises made by this firm in connection with their Visiting List for 1894 are very well and judiciously carried out, the edition being all that could be wished. Not only is this a Visiting List proper, so placed as to be very convenient, but it is also a short treatise on the requirements of knowledge apt to be forgotten by the busy practitioner. They have dose tables, tables of the metric system, list of new remedies, methods of examination of urine and for calculation of the time of pregnancy, treatment of common diseases of the eye, etc. This book, if so it may be called, is very nicely and neatly bound in morocco, and is a very handy pocket size. It varies in usefulness from twenty-five patients up to one hundred, and varies in price from \$1.00 to \$2.50. Many physicians would save themselves a great deal of trouble by using some such work as this.

PAMPHLETS RECEIVED.

- (1) *Fibromyoma of the Uterus and Broad Ligament of Forty-five Years Duration*; (2) *Pathology, Symptomatology and Treatment of Hæmorrhoids, Simple and Complicated*; (3) *Surgical Therapy of Rectal Cancer*; (4) *Notes on Cases of Homœo-osteoplasty in the Shattering Disorganization of Compound Fracture of the Leg, Thigh and Hand.* By THOS. H. MANLEY, M.D.

Hydrocystoma. By A. R. ROBINSON, M.D., L.R.C.P. & S. Edin., Prof. of Dermatology at the N.Y. Polyclinic. etc.

AN EPITOME OR CURRENT MEDICAL LITERATURE.

MEDICINE.

A Case of Rheumatic-Torticollis and Erythema Nodosum.—Robert C., æt. four years, was taken suddenly ill on the evening of March 26 with headache, fever and pains in hands and wrists. The next morning his head was turned to the right, and numerous reddish spots had appeared on hands and wrists.

When seen on the 28th, his face was turned to the right, and his head pulled toward the left shoulder by the contraction of the left sternomastoid. On the dorsal surface of hands and wrists was a typical eruption of erythema nodosum, the spots varying in size from a dime to a half-dollar. During the day, similar but smaller spots appeared about the knees, and extended on to thighs and legs. The temperature was moderately elevated and the bowels constipated. Treatment was catharsis and an alkali. The head was straight, and motion free in five days, and the eruption had practically disappeared in a week. The case is interesting, I think, because of the simultaneous occurrence of these two affections, both probably of rheumatic origin.—J. L. MORSE, A.M., M.D., in *Archives of Pediatrics*.

Hypodermic Injections in Neurasthenia.—Mathieu (*Gaz. d. Hôp.*, September 7th, 1893), in reviewing this form of treatment, is inclined to believe that much of its efficacy is due to suggestion similar to the effect of suspension in tabes, and to that of twenty or thirty different medicines in phthisis. He objects strongly to the use of organic liquids, but has not the same objections to the use of saline injections, as they can be employed without danger if proper antiseptic precautions are taken, and if the injections are made sufficiently deep. He thinks that there is no doubt that small transfusions of serum, to the extent of 25, 50, or 100 centimeters of liquid, raise the tone. He has obtained almost miraculous results in neurasthenia with a liquid composed of 4 grammes of phosphate of soda, 2 grammes of chloride of sodium, 20

grammes of neutral glycerine, and 80 grammes of water, but he does not attribute any specificity to the liquid. Recently, with 2 centimeters of the liquid, he resuscitated a neurasthenic who was scarcely able to leave his bed; but Mathieu added a strong dose of suggestion to the above formula, and believes more in the latter than in the phosphate of soda.—*Brit. Med. Jour.*

Quinine in Hæmaturia.—In the following case of malarial hæmaturia, quinine formed the basis of treatment. So much has been said, pro and con, about the use of this drug in hæmaturia that it seems desirable to give it further trial, and, by noting results carefully, collect sufficient data to settle the question beyond reasonable doubt.

Mrs. G., æt. 45, white, summoned medical aid at 6 p.m., August 8th, and gave the following history: A chill August 4th, followed by a rise of temperature of several hours' duration, after which the fever subsided, having a feeling of lassitude, general malaise, loss of appetite, etc. On the 7th she had another chill, but this time the fever did not subside as before, and when seen the next day her temperature was 103 degrees, pulse 115, headache, tongue dry and covered with a yellowish fur, had vomited several times during the day and still felt nauseated: bowels very close, micturition frequent, urine scanty and presenting the appearance of blood in large quantity.

When examined, quite a large percentage of albumen was found, and the microscope revealed the presence of numerous blood corpuscles. In addition, patient complained of a severe pain in the lower portion of the abdomen, just over the bladder. This pain, however, was very probably of a purely neuralgic character, as it does not belong to the natural history of the disease.

Treatment.—To relieve pain and gastric irritability, morphine was given hypodermatically, and in order to unload the bowels, a warm soap-sud enema, which had the effect desired. As soon as the stomach was quieted five grains of quinine, in solution, were given every two hours until thirty grains were taken. The following day, August 9th, patient was again visited at 8 a.m. Had spent a good night. Temperature 98½, urine much increased in quantity, and colour decidedly better, almost normal. Bowels were again moved, and

quinine ordered every three hours until thirty more grains were taken. That evening temperature was still normal, and urine had cleared up completely, and no longer showed the presence of red corpuscles. A few days later a tonic pill was prescribed consisting of iron, quinine, nux vomica. At the time of this writing, August 19th, patient is well.—A. R. TRAHAN, M.D., in *New Orleans Medical and Surgical Journal*.

Euchlorine in Diphtheria.—L. D. I. Ellis (*Brit. Med. Jour.*) strongly advocates its use. About xx. gr. to xxx. gr. of pot. chlor. with 10 minims of strong HCl will fill an eight-ounce bottle with sufficient heavy, yellow gas to make a good solution on shaking up with water. If the bottle is damp the reaction is useless, as the resulting gas in solution does little good. I dilute the solution if necessary, and in some cases have neutralized the free HCl before using. The mixture can be made palatable by adding glycerine and sp. chlor., and is readily taken by children too young to gargle, by a few drops every half-hour, but it is very efficacious when used as a spray. As a gargle for children, a much weaker solution than the one given will do as well.—*Archives of Pediatrics*.

Facts regarding the Bacillus Aerogenes Capsulatus.—We have already on two occasions in these columns referred to the pathogenicity of the bacillus aerogenes capsulatus, and to the symptoms and lesions to which it is capable of giving rise in the bodies of men and animals. Examples of infection in human beings are now being reported from different quarters, and it seems probable that they are not so uncommon as was at first believed. P. Ernst, of Heidelberg (*Virchow's Archiv*, Band cxxxiii, Hest 2), records two interesting cases. The first was that of a woman of twenty-six, who had aborted at the fourth month, the fetus being partially decomposed. Septic endometritis followed and soon proved fatal. At the autopsy, made three hours after death, the walls of the uterus were found to be partly gangrenous and to contain bubbles of gas. Scattered throughout the liver and heart-muscle were narcotic nodules surrounding cavities filled with gas, and bubbles of gas could be seen in the blood-vessels all over the body. The second case was that of

a man, fifty-five years of age, who died of peritonitis subsequent to perforation of the intestine. After death, bubbles of gas were found in the blood-vessels everywhere, and the liver was thickly studded with little cavities containing gas (*Schaumleber*). The bacilli were particularly abundant wherever the gas was present, and Ernst, by anaerobic cultures and experiments on animals, proved the organism to be identical with that described by Welch and Nuttall.

The description of an unusually interesting case has recently appeared in the *Columbus Medical Journal*. A woman of thirty-five, a patient of Dr. S. H. Steward, was suddenly seized one morning with a severe chill. This was followed by pain of such intensity in the back and in the right leg and thigh as to require for its relief the administration of morphia. About ten hours after the onset, the subcutaneous tissues of the body from head to foot became emphysematous, and the surface of the skin assumed a diffuse scarlet discoloration. The woman complained of feeling numb and bloated, and her urine was suppressed. She died quite suddenly some fourteen hours after the initial rigour, although conscious and capable of carrying on conversation up to within three minutes of her death. After death, the gaseous distention rapidly increased and became extreme; the ruby-red discoloration of the skin gradually changed to a yellowish-brown tint. Dr. J. F. Baldwin, who was consulted with regard to the case, suggested the possibility of an infection with the gas-bacillus, and urged that a post-mortem examination be made. At the autopsy, inflammable gas was found everywhere, the blood-vessels especially showing the characteristic beaded appearance. The uterus gave evidence of a recent abortion, and no doubt represented the portal of infection. Dr. Graham examined the blood bacteriologically, found the bacilli, and was able to reproduce by injection into animals the typical phenomena with which our readers are already familiar. This case goes far to confirm the view previously advanced that the numerous cases recorded as instances of death due to entrance of air into the uterine veins after abortions and injections have really been instances of infection with the bacillus aerogenes capsulatus.

It is curious to note that similar cases were recorded, more than a century ago, by John

Hunter, although naturally he could not understand their full significance. The types of infection observed at that time agree so well with those recently described, that we cannot refrain from quoting the following from his *Lectures on Surgery*:

"In these cases the body, immediately after death, becomes emphysematous; this emphysema, though it does not occur during life, would yet appear to be an effect of life, for it depends on disease as the body is dying. . . . It occurs immediately after death, or perhaps in the act of dying. . . . I have myself seen several very remarkable instances of its occurrence. The first was that of a young lady about four months gone with child, who, in March or April, about two or three in the afternoon, was suddenly taken ill with a fit, of which she shortly died. She was opened the next morning at seven o'clock, when the body was found swelled with air extravasated in the cellular membrane: the mesentery, intestines, liver and heart were loaded with air, the blood worked out of the larger vessels mixed with air, and the body had become very offensive. Another case of this kind occurred at St. George's Hospital in a man who had an encysted tumour in the upper belly of the right rectus muscle, which contained a fluid. It was opened on Friday, and on the Monday following he became ill, and died at one o'clock. He was opened seventeen hours after death, and was found emphysematous, just as in the former case. This appears to be similar to what is commonly termed sphacelus, being a species of mortification occurring before death or in the act of dying. . . . A man at St. George's Hospital had the operation for popliteal aneurism performed. . . . The case went on well till the sixth day, when ulceration took place in some part of the artery, . . . considerable bleeding took place, and recurred several times afterward . . . (and) in the end (was) the cause of death. Immediately after the first bleeding, I observed the foot and leg of the diseased side to become cold as high as the middle of the calf. . . . Before he died, (in) the upper part of the leg . . . a vesication formed, discharging a bloody serum, and they became darker, as if blood was diffused in the cellular membrane, and edematous, or rather, emphysematous."

How the soul of the enthusiastic student of hedgehogs would rejoice could it be made conversant with the satisfactory explanation of these cases which the science of bacteriology has afforded -- *Medical News*.

Duboisine. -E. Mendel recommends duboisine in paralysis agitans, not as a remedy, but as a great palliative. After hypodermatic injection of two or three décimigrammes of the drug, the tremor ceases for a period of three or four hours; sleep also is much improved thereby, and muscular rigidity increased. The remedy may be used safely for a long time, as there is no danger of formation of a drug habit. *Neurolog. Centralblatt*.

The Treatment of Hemoptysis.—Eklund (*Centralbl. f. die gesammte Therap.*, August, 1893, p. 503) maintains that nothing is more dangerous in case of hemoptysis than the common practice of administering cold drinks or bits of ice. The cold causes increase in the bleeding: by irritation of the vagus, cough is induced; and by contraction of the gastric vessels the flow of blood to the lungs is increased. Eklund, therefore, advises the administration of warm and mucilaginous drinks and the application of an ice-bag over the apex of the lung from which the hemorrhage is believed to have taken place. Besides, he directs the taking, three or four times a day, of three grains of quinine sulphate and a grain and a half of ergotin in pill form. *Medical News*.

Bismuth in Large Doses for Chronic Gastric Catarrh. - Pick (*Berliner klinische Wochenschrift*, 1893, No. 31, p. 761) maintains that, in order to be effective in the treatment of chronic gastric catarrh, bismuth should be administered in maximum doses. His own mode of procedure, which he reports to have practised successfully in a large number of cases, is to give a small quantity of saline in about eight ounces of warm water before breakfast, and half an hour later, from three to four drachms of bismuth subnitrate in two equal parts in cachets. Massage of the epigastrium is then practised for a short time, and in half an hour the patient is permitted to breakfast. Ordinary care is to be exercised with

regard to diet. In mild cases, decided improvement is said to follow after a week of this treatment; in the graver cases, three or four weeks elapse before a similar result is obtained. *Medical News.*

SURGERY.

Ingrowing Toe-nail.—Dust over the granulations at the bottom of the sulcus with aristol or iodoform and on top of this put a small piece of lint or cotton.

Take a piece of rubber bandage one-half inch wide and twelve to fourteen inches long, and if it is the inside of the toe that is affected carry the bandage over the nail toward the inflamed structure. This, as you will observe, will have a tendency to carry the mass away from the nail. Beginning at the extreme end of the toe, carry the bandage back, with such pressure as the patient can comfortably stand, until the whole area of inflammation is included. Fasten it by means of a light gum band or tapes fastened to the end of the bandage.

The patient is then able to attend to his ordinary duties. The bandage can be removed at night and re-applied by the patient himself, if desirable, the first thing in the morning.—*N. Y. Med. Times.*
—*Med. and Surg. Reporter.*

Varicose Veins in the Arms.—Dutton (*Lancet*, No. 3648, p. 248) has reported the case of a healthy-looking woman, sixty-five years old, who presented herself on account of an acute attack of eczema of the arms, legs, chest, and abdomen. Until the age of twenty-four the woman had been engaged in housework, doing a good deal of washing. Her work had been rather hard, and washing occasioned swelling and aching pains in the arms. At the age of eighteen, swellings were observed in the arms, which gradually increased in size. Various forms of treatment had been employed, but without avail. Both forearms and the arms for a distance of three inches above the elbow presented soft, painless, movable, superficial knotted masses of various sizes, from the diameter of a pea to that of a walnut. The varicosity did not appear to have attacked the chief

superficial veins of the arms, but rather the ramifications of the veins, giving rise to well-defined masses. On vigorous flexion and extension of the forearm the superficial veins swelled to an unusual size. The patient stated that she had often noted the lumps to have a blue appearance, especially after a day at the wash-tub. No definite cause for the condition could be found. There were no signs of pressure; no enlarged glands in the axilla; no signs of intrathoracic tumour or aneurism; and no cardiac lesion. A mild bronchitis existed, but the general health was good. The condition gave rise to no special inconvenience beyond a considerable amount of aching pain after a hard day's work. There was also a considerable degree of varicosity of the veins of the legs and slighter varicosity of the veins of the thigh.—*Medical News.*

A Case of Spina Bifida Successfully Treated with Iodo-Glycerine. (*Brit. Med. Jour.*)—The child, a male, now five years and two months old, was not brought under the notice of Dr. McCullagh until it was ten months old. There was then an ovoid tumour in the lumbo-sacral region, four inches long, three broad, and from two and one-half to three inches elevated over the surface line; it was sessile, translucent, marked with white bands, fibrous in character, coinciding with depressions on the surface of the tumour as if they constricted it. Contents: Ordinary subarachnoid fluid; covering of tumour solely spinal meninges, posterior neural arches absent, represented by rudimentary diverging laminae; nerves protruded, but were neither spread out nor adherent to the covering. No actual paralysis, both sensation and reflex motion being present, but there was marked atrophy. Dr. McCullagh operated by a modification of Morton's method. Finding the withdrawal of the fluid was followed by a convulsion, he obtained quite as much flaccidity in the tumour by laying the child on its face with the hips raised. Next he found that where he had made the injections completely through the coverings of the tumour, the effect was either nil or only slight circumscribed meningitis; whereas, in those injections where the penetration was not perfect, as at the margins and the white fibrous bands already mentioned, small patches resemb-

ling the islands in skin grafting were produced. He therefore confined himself altogether to dealing with the bands and the edges of the tumour, with the result that the whole tumour was soon covered. He then ceased the injections, and painted the surface over with a double strength solution, with the result that the covering thickened and soon assumed the indurated condition which was present when the members saw the child exhibited. His conclusions were: (1) That the subsequent meningitis developed in many cases treated with iodo-glycerine was due to the entrasaccular injections. (2) That neither they nor the preliminary evacuations of the contained fluid are necessary. (3) That Morton's method as modified was not only incomparably safer, but gave a result as good as could be hoped for from the most successful plastic operation.—*Archives of Pediatrics*.

Abortive Treatment of Gonorrhœa with Oil of Cinnamon.—The treatment of gonorrhœa is as yet purely empiric. Countless remedies and innumerable methods have been employed, but as yet no specific has been discovered, and no entirely satisfactory plan has been devised. The discovery of the gonococcus, and the fact that it dwells under the epithelial layer as well as upon it, points the way toward a scientific method of cure. We can affirm that remedies that act merely upon the surface by application through the medium of the urine cannot effect a cure. The balsams, taken internally, modify the symptoms, but that their use shortens the case is much to be doubted. The astringents, it is quite true, will improve an ordinary non-suppurative inflammation of any structure by causing constriction of the vessels, increasing the rapidity of circulation, washing adherent corpuscles from the vessel-walls, and promoting absorption: but astringents do not do good in acute suppurations. My experience with astringents as remedies in the acute stage of gonorrhœa has not been favourable.

The proper method of treatment of gonorrhœa, when the case is seen early, would be to use an antiseptic agent. The use of hot retro-injections of corrosive sublimate does unquestionably do good, but the corrosive has to be used in great dilution (1:20,000), as strong solutions are irri-

tating. In order to most certainly cut short a beginning gonorrhœa:

1. The mucous membrane should be cleansed as a preliminary to every antiseptic injection. The stream of urine, so often relied upon, does not satisfactorily accomplish this. The mucous membrane is thickened and thrown into folds; small drops of urine lodge in the crypts and hollows, to decompose and irritate, if not washed away; and the urine, so far from cleansing, is an offending substance which it is desirable to remove. Hence, before injecting an antiseptic, the bladder should be emptied, and the urethra washed out with hot water or, better, with a solution of hydrogen dioxide. Dr. J. William White has for some time recommended the use of hydrogen dioxide in gonorrhœa. The fifteen-volume solution is diluted with an equal bulk of water, and injected with an ordinary syringe, or, as I prefer, sprayed in with a metal-nozzled atomizer. The spraying enables us to reach all parts of the urethra. It causes considerable distention, which must not be permitted to produce much pain. In letting it out, care should be taken that flakes of froth do not fly into the eyes. The spray should be continued for a moment or two, the meatus being opened repeatedly to allow the froth to escape.

2. After cleansing the urethra, an antiseptic agent should be injected. This agent should be non-irritant, or but slightly irritant. It should be certainly germicidal, it should be capable of permeating the connective tissue beneath the epithelial cells; and it should have a tendency to remain in contact with the surface-tissue, and not at once to flow away. For many months past Dr. D. Braden Kyle has been engaged in our private laboratory in a series of experiments in regard to the properties of the oil of cinnamon. He found this substance to possess the most remarkable antiseptic powers (the report will soon be published), and used it in the treatment of infective and non-infective inflammatory conditions of the nasal and aural passages, with most gratifying results. His success induced me to employ the agent in the treatment of gonorrhœa. The oil can be applied once daily by means of the atomizer (and this plan is most efficient, if the physician applies it himself, or the patient is sufficiently intelligent to do so). The oil is mixed with

benzoinol in three degrees of strength, 1 drop, 2 drops and three drops of the oil, respectively, to the ounce of benzoinol. On the first day, solution No. 1 is used (one drop to the ounce); on the second day, solution No. 2, and after this, solution No. 3. The benzoinol serves the useful purpose of causing the thorough diffusion of the oil, and also causes it to adhere with considerable tenacity to the mucous membrane. Dr. Horwitz prefers to use the oil by injection, employing a solution of the same strength in albolene or benzoinol. This plan I have tried, and believe it to be the best when the patient lacks intelligence, and is obliged to largely carry out his own treatment.

It is in beginning gonorrhœa that oil of cinnamon finds its most useful field. In acute, thoroughly developed cases, its employment induces considerable pain; but, though it does not check the disease, it causes abatement of the *ardor urinae*. In chronic cases it also seems of considerable use. I am far from claiming to have found a specific, but I am quite sure that cinnamon is a very valuable remedy in certain cases of gonorrhœa. In forty cases of beginning acute urethritis, clinically recognized as gonorrhœa, of from three to five days' duration, the following results were obtained:

In six cases the discharge ceased in two days and did not return. In twelve cases the discharge ceased in five days; in six cases the discharge ceased in from eight to ten days; in ten cases the discharge ceased in from ten to fifteen days, in two cases the treatment failed entirely, and was abandoned after two weeks; four cases did not return after the first visit.

No other treatment was used, although ordinary hygienic and dietetic precautions were taken. Dr. Horwitz informs me that fifteen beginning acute cases under his observation were cured within ten days. In ten cases of chronic gonorrhœa, without apparent stricture or granular patches, the treatment proved successful: four cases were cured in two weeks; three cases in three weeks; while three cases were benefited, but not cured. In no case was a complication observed.

These observations, chiefly made in the Jefferson College Hospital, would seem to justify the conclusion that oil of cinnamon is of value in the treatment of beginning gonorrhœa and of chronic gonorrhœa. Whether or not the drug will prove

of benefit when given internally, future experiments will show.

The injections should be made three or four times a day, immediately preceded by micturition and cleansing of the urethra with hydrogen dioxide. In cases in which considerable pain is caused by the injection, the weaker solutions should be used, and retained for but a short time.

The irritant injections, if strong solutions are used, seem to favour the development of stricture, an objection from which oil of cinnamon appears to be free.—J. CHALMERS DA COSTA, M.D., in *Medical News*.

GYNÆCOLOGY.

An Ovarian Tumour weighing 111 pounds. Removed from a Child of Fifteen, whose weight was Sixty-eight Pounds.—Miss B., of Benzette, Pa., was first seen by me at Driftwood, Pa., February 26th, 1892, at the request of Dr. V. K. Corbett, of Caledonia. She was then fourteen years of age and had never menstruated. About eighteen months before I saw her, her abdomen began to enlarge. Six months afterward Dr. Corbett was consulted for an attack of considerable pain in the left side of the abdomen. He found that she was only voiding eight ounces of urine in twenty-four hours, but under proper treatment this soon reached a quart in amount, and has remained so ever since. He never discovered any albumen in the urine. In October, 1891, she had been tapped by a gynecologist, who is said to have diagnosed a solid and probably malignant tumour, connected most likely with the liver, omentum, and ovary, and who deemed its removal not feasible.

I found the abdomen enormously distended with fluid and advised very strongly that a small incision should be made in the abdominal wall, so that I could determine the relations of the growth with accuracy. Her father, however, was not present, and had made it a condition that nothing beyond tapping should be done. I tapped her immediately, and removed considerably over three gallons of amber coloured fluid. When this was evacuated I discovered a lobulated tumour on the right side of the abdomen, under the liver and apparently attached to it. It was evidently cystic in part, there being at least two cysts perceptible. Each of these I tapped, obtaining from the upper one a light

fluid and from the lower one a much darker fluid. On account of her age no vaginal examination was made. The fluids pointed strongly toward an ovarian cystoma. I again advised an exploratory incision.

April 29th, 1893. The patient was brought to the Jefferson College Hospital. She has been tapped twice since February, 1892, the last time in February, 1893, when six and a half gallons were drawn off. She is now enormously swollen. The measurements are as follows: From the ensiform to the umbilicus, 16½ inches; from the ensiform to the pubes, 29½ inches (this measurement in myself reaches from the ensiform to the middle of the calf of my leg); circumference, 49 inches. The veins over the abdomen are very large. Nothing can be made out in the interior in consequence of the enormous abdominal distention. Examination of the urine shows 1) albumen and a very slight trace of sugar (?).

Operation. April 30th, 1893. A small incision was made in the median line above the umbilicus, as the greater mass of the tumour lay there. A large trocar was thrust in and evacuated a very large

quantity of characteristic opalescent ovarian fluid. The escape of this fluid revealed through the abdominal wall large masses lying especially under the liver in the right iliac fossa. After this evacuation I enlarged the incision until it measured eventually about eight inches in length. I introduced my hand and found an enormous ovarian cyst, reaching up to the diaphragm and pushing everything out of its way. There were a number of moderate adhesions, chiefly to the belly wall and the omentum. The viscera were fortunately entirely free. The pedicle was only 2½ inches broad. The tumour arose in the right ovary, the left ovary being healthy but small.

The weight of the solid mass removed was twenty seven pounds, and by actual weighing the fluid removed weighed eighty four pounds, making a total of 111 pounds. The child herself weighed but sixty-eight pounds.

After the removal of the tumour I never saw so curious a looking abdominal cavity. It looked almost like that of an eviscerated cadaver in the dissecting room. The tumour had so pushed the liver to the right and backward, and the stomach

[OVER.]

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to the left, that nearly the whole of the diaphragm was exposed, and flapped up and down with the pulsations of the heart. Down the middle of the cavity the bodies of the vertebra were entirely exposed, showing the aorta and vena cava to their bifurcations, the intestines being a very minor consideration and pushed to each side in the hollow of the ribs and the lumbar region. When the abdominal wall was sutured the abdomen was excessively scaphoid, the anterior abdominal wall lying directly on the aorta and vertebrae. The puckering of the skin, although moderately marked, was much less than I had expected.

When the operation was completed a glass drainage-tube was inserted, and she was put to bed in very fair condition, in view of the gravity of the operation. The tumour was a multilocular cyst.

May 18th, 1893. The child has made an interrupted recovery. The drainage-tube was removed on the fifth day, when the discharge had become almost nothing, but three days later a slight rise of temperature took place, and the discharge recommenced. A small rubber drainage-tube was

therefore reinserted for a few days. She sat up at the end of two weeks, and will go home as soon as the slight discharge from the drainage opening ceases.

Remarks I have not had time to search through the literature of ovariectomy, but so far as my memory serves I have never known a larger tumour removed from a child. It weighed just one and a half times as much as the patient. Her recovery has been most satisfactory, in spite of a very poor and capricious appetite. The chief lesson the case teaches is the value of an exploratory incision in every case of doubt. Had this been done, instead of a mere tapping, in October, 1891, when the tumour was much smaller, the prognosis would have been much more favourable, and she would have been spared a year and a half of needless suffering. What seemed to be a most formidable operation really proved to be almost a simple one, the adhesions and the pedicle being most favourable for the speedy recovery which has ensued. W. W. KLEN, M.D., in *Western Medical Reporter. New Orleans Medical and Surgical Journal.*

[OVER.]

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WE have reason to believe that Wyeth's Beef, Iron and Wine is being imitated by some "not over scrupulous" Druggists of the Dominion of Canada. In some cases the imitations are put up in bottles similar to Wyeth's in style and appearance, having their labels copied verbatim, omitting only their name, so that the purchasers might readily be deceived. It therefore becomes necessary for us to "caution" you, in ordering Beef, Iron and Wine, to be particular in specifying WYETH'S make, and in seeing that you get the genuine article made by them.

This caution is also very necessary when buying Beef, Iron and Wine, in smaller quantities than the original bottles, as we know other inferior makes are often substituted for their genuine article.

Messrs. Wyeth & Bro. claim that the reputation of this medicine was created by their preparation, and we believe it is the one exclusively prescribed by our leading physicians.

In ordering please specify "WYETH'S."

DAVIS & LAWRENCE CO., LTD. MONTREAL, CANADA
SOLE AGENTS.

Keating (John M.) on Cysts of the Female Genital Tract.—Cysts of the vulvo-vaginal gland (Bartholini's or Cowper's gland) are very common and supposed to be due entirely to gonorrhoea, though occurring frequently after the vagina has become free from the disease. Free incision with splitting up of the duct, cauterization and packing with iodoform gauze where the sac cannot be dissected out, is necessary to prevent recurrence. Other cysts that occur far less frequently and are seldom described, are the following:

Cysts of the labia majora, developmental irregularities, often containing hair, teeth, etc., *i. e.*, dermoid cysts in the vestibule, the size of a bean, lined with cylindrical epithelium and containing yellowish or greenish fluid, having origin in the sebaceous glands; in the urinary meatus from Skene's glands; in the hymen from disintegration of pavement epithelial cells; in the labia minora, which are rare. Various vaginal cysts make their appearance. Adopting Charlot's classification there are eight varieties; glandular cysts, lymphatic cysts lined with endothelium, hygromas, and large bursæ, developed by injury; sero-cysts developed

in spaces produced by detachment of the coats of the vagina during parturition; cysts developed from hematoma; Müllerian cysts, or lateral hematomas; para-vaginal hydatids; cysts developed from the Wolffian ducts.—*International Med. Magazine.*

Personals.

Dr. Covernton, sen, spent a few days in Toronto recently.

Dr. Montizambert, of the Grosse Isle Quarantine Station, was visiting in Toronto for a few days.

Dr. R. E. Macdonald, late of Elmsdale, having recovered from his recent illness, has accepted the position of Medical Superintendent of Sudbury Hospital, which contains sixty beds. We wish him every success.

Sir James Grant, of Ottawa, has been elected by acclamation as member to the Commons for his city. Sir James will accept the congratulation of his medical friends, and we have no doubt his long experience in the Medical Council as the representative of Ottawa University will be of much service to him.

[OVER.]

The LYMAN BROS. & CO. (Ltd).

CHLOROFORM

PURE. Lyman's S. G. 149.

AND

ETHER SULPHURIC

PURE. Lyman's S. G. 725.

FOR ANÆSTHETICAL PURPOSES.

(The above have been manufactured by our firm for over forty years, and are being used by leading Surgeons and Physicians in Canada.)

The late Dr. J. H. McCallum says of our Chloroform, "that during the nearly fifty years that I held the position of Medical Superintendent of the Toronto General Hospital, the Chloroform manufactured by The LYMAN BROS. & CO., Ltd., was administered to about one thousand annually, and in no case had we fatality from it. I have also used it for thirteen years in private practice."

Dr. I. G. Johnston, *Sarnia* says: "For the last six or seven years I have used no other Chloroform than that manufactured by The LYMAN BROS. & CO., Ltd., both in surgical and obstetrical practice, and have had, and still have, every reason to be thoroughly satisfied with it."

WE CLAIM THE FOLLOWING ADVANTAGES

- 1st. Its Comparative Cheapness.
- 2nd. The stage of excitement is not nearly as great as with other makes.
- 3rd. The after effects are not so pronounced.
- 4th. No offensive odor during administration.

Dr. C. O'Reilly, Medical Superintendent of Toronto General Hospital, says of our ETHER SULPHURIC: "During the last several years the Ether manufactured by The LYMAN BROS. & CO., Ltd., has been extensively used for anæsthetic purposes in Toronto General Hospital, and no accident has taken place from its administration."

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but The LYMAN BROS. & CO., Ltd., are now supplying an article put up in 4 and 1 lb tins equal to any in the market. I have used it frequently and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibbs, or any other pure Ether."

WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

(When ordering, specify LYMAN BROS.)

The LYMAN BROS. & CO. (Ltd.) = TORONTO

Miscellaneous.

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

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a

peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the *fæces* after taking *Morse's Diastase*.

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the

[OVER.]

ROTHERHAM HOUSE

Dr. Holford Walker

Announces to the Profession, that having taken Dr. WILLIAM NUTRISS 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. * For Terms, or other information desired, address

DR. HOLFORD WALKER, Isabella St. TORONTO.

finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

CUTICURA OINTMENT. —The much advertised "Cuticura Ointment" has been found to consist of a base of petroleum jelly, coloured green, perfumed with oil of bergamot and containing two per cent. of carbolic acid. —*Northwestern Lancet.*

An exchange of recent date says that surgeon's plaster is a simple and reliable remedy in chilblains. It is especially serviceable when the feet are attacked; it is easily applied to the big toe and heel. A salicylated plaster is of great value, as it helps any decorticated spots to heal. The plaster is applied and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of it soiling easily. It may be used on the hands of cooks and those who work in water.

THE TREATMENT OF WARTS. —Prof. Kaposi, of Vienna (*La Semaine Medicale*, No. 52, 1893), recommends, when the warts are solitary, removal by the knife, but when multiple, and especially on the face, he employs the applications of thuya occidentalis or fuming nitric acid. Vegetations are best treated by dusting with resorcin or salicylic acid or a plaster of 10 to 20 per cent. Resorcin, if applied for a long time, acts as a caustic, and may irritate the surrounding normal skin. These same topical applications are also excellent in keratosis palmaris and plantaris, even when they are not wart-like. In multiple warts of the face he employs the following:

- R Flower of sulphurgms. 20 (ʒv)
- Glycerinegms. 50 (ʒjss)
- Pure con. acetic acid . . .gms. 10 (ʒijss)

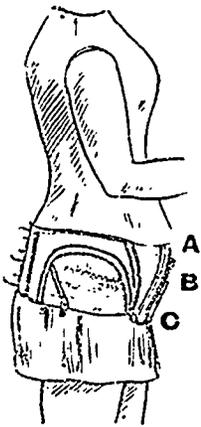
Apply locally to each wart.

They dry up, become bluish, and drop off. Continue this for several days. In mollusciform nevi electrolysis is the best treatment, except when the tumours are voluminous, when the galvanocautery or caustic may be used. —*Lancet-Clinic.*

[OVER.

The Latest and Best.....

HAPPY RELIEF ABDOMINAL SUPPORTER

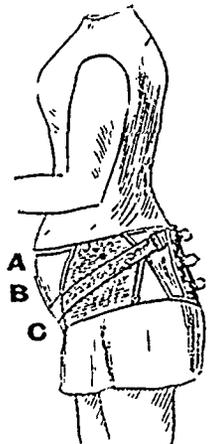


No. 1.

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.

Prompt attention given to all orders. Liberal Discount to Physicians and Druggists. Price List and Circulars on application.



No. 2.

Address, **MRS. F. L. PICKERING**

BOX 149,

BRANTFORD, - - - - - ONTARIO.

RECURRING GRIPPE.—I. N. Love, M.D., Vice-President American Medical Association, writes:

"The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every-day life, as witness, diphtheria in many sections of the country. La grippe is no exception. Appearing among us several years ago, it returned the second year in a form more virulent than the first, producing efforts far-reaching and uniformly demoralizing. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases affected *de novo* by the germ—if there be any—and cases that have never recovered from previous attacks with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands and, at the same time, considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to my mind than that of Tongaline—a combination which naturally suggests antagonism to a locked-up condition of the glands,

opposition to rheumatism, neuralgia, nervous headache and gout.

"I commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred."

THOMAS'S ECLECTRIC OIL.—

Take of—

- Gum camphor..... 4 ̄
- Oil gaultheria..... 4 ̄
- Oil origenum..... 4 ̄
- Chloroform 1 ̄
- Tr. opium 1 ̄
- Oil sassafras..... 1 ̄
- Oil hemlock..... 1 ̄
- Oil turpentine 1 ̄
- Balsam fir 1 ̄
- Tinct. guaiacum 1 ̄
- Tinct. catechu..... 1 ̄
- Alcohol 4 pts.
- Alkanetsufficient to color.

Mix.

—*Secret Nostrums and Systems*

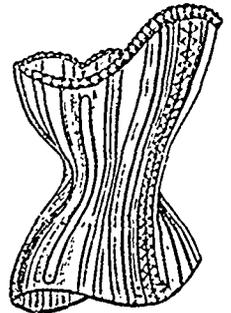
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MADAM VERMILYEA'S HEALTH CORSET

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."



Specially adapted for Stout Ladies.

**PROMPT ATTENTION GIVEN TO ALL ORDERS
WRITE OR CALL**

VERMILYEA CORSET CO.

489 QUEEN STREET WEST

TORONTO, ONT.

THE THERAPEUTIC MERIT OF COMBINED REMEDIES.—The following excerpt from an article under the above caption, in the *Virginia Medical Monthly*, by Stephen J. Clark, M.D., No. 66 W. 10th Street, of this city, plainly outlines the useful combination of two leading remedies in materia medica :

"Binz claims specific antiseptic powers for quinia; other writers are in accord with him on this point, and report good results from large doses in septicæmia, pyæmia, puerperal fever, and erysipelas. It is a germ destroyer of the bacilli of influenza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of this disease. In the gastric catarrh of drunkards this combination is valuable. Quinia is a poison to the minute organism—sarcina: and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full dose of antikamnia and quinia will often arrest a commencing pneumonia or pleuritis: This combination is also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers. The

combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of nondefined origin: of the so-called 'bilious attacks': of dengue; in neuralgia of the trigemini: in that of 'ovarian catarrh': and, in short, in nearly every case where quinine would ordinarily be prescribed." -- *New York Medical Journal*, Nov., 1893.

DR. LEO EGGER, OF VIENNA, ON AMERICAN MANUFACTURING PHARMACY.—The eagerness of Americans in general to learn what European travellers think of our land and its institutions, and their excessive sensitiveness to the severe criticisms of some distinguished foreigners in the past—Charles Dickens, for example—have long been regarded as constituting an amusing foible in the national character. The all-exaggerating humorist has not failed to seize upon this trait, and to make all manner of fun of the enterprising journalists who send their reporters out in tugs to greet the arriving celebrity, and ascertain his

[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.

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

Prepared by SCOTT & BOWNE, Chemists,
132 South Fifth Avenue, New York.

"Impressions of America" ere he puts foot on our soil!

Certain it is that an unusual interest attaches to the comments of intelligent Europeans, if made with proper care after ample and adequate opportunity for observation, reflection and comparison. Such interest is not found wanting in a recent contribution to the well-known *Pharmaceutische Post*, by Dr. Leo Egger, of Vienna, on the subject of American pharmacy in general and, notably, the development of industrial pharmacy as typified in our most extensive manufactories. We quote briefly from Dr. Egger's report:

"It remains for me to speak briefly of individual manufacturing establishments. This journal has previously contained such detailed reports on Parke, Davis & Co., of Detroit, that I need add but a few words respecting the internal operation of these laboratories, which stand alone in extent and perfection of equipment. The most outrageous pedant is forced to unqualified admiration when he sees the painstaking care and caution to ensure reliability, with which the colossal manufacturing operations are conducted, and with which

every single pill, tablet, solution and extract is made actually and absolutely to contain what is claimed on the label. This is achieved by a remarkable system of graduated responsibility within the entire corps of officials, each superior being held accountable for the errors of his subordinates, should the real culprit not be detected.

"A visit to this factory shows that operations on a manufacturing scale are conducted at no sacrifice whatever of the accuracy and caution characteristic of our craft—on the contrary, that the extensive production renders possible a perfection in the preparations which would be inconceivable in work of lesser magnitude."

CUTICURA RESOLVENT.—This preparation is said to be:

Take of—

Aloes, Socot	1 5
Rhubarb powd	1 5
Iodide potass... ..	36 grs.
Whiskey	1 pt.

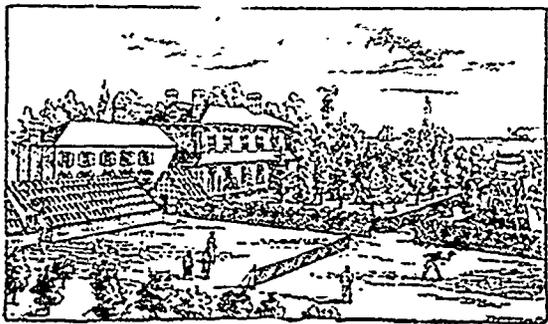
Macerate over night and filter.

—*St. Louis Druggist.*

[OVER.]

LAKEHURST SANITARIUM

OAKVILLE, ONT.



FOR THE TREATMENT OF

INEBRIETY

(Habitual and Periodical)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

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,
OAKVILLE.

Bromide of strontium is recommended for the relief of vomiting; 15 grains, before meals, relieves nausea, and this dose—30 to 45 grains a day—is said to be efficacious even in the obstinate vomiting of pregnancy.—*Ex.*

BROMIDISM.—Bromidism may be prevented by combining an intestinal antiseptic with each dose of the bromides as follows:

R Potassii bromidi.....gr. xxx.
Beta-naphthol.....gr. xx.

M.—*Ex.*

FOR NIGHT SWEATS OF PHTHISIS.—

R. Sulphate of atropine..... 0.0005 grms.
" zinc 0.12 "
Gallic acid..... 0.12 "
Creosote 4 drops.

Divide into five pills, one to be taken thrice daily.
—*Med. Epitome.*

SOOTHING SYRUP WITHOUT OPIUM.—

R Ol. anisim xxv.
- Alcoholisʒij.
Fl. ext. valerian.....ʒj.
Ol. menth. pip.....m xv.
Tinct. camphoræ.....ʒij.
Fl. ext. glycyrrhizæ.....ʒj.

M. Sig. Shake the bottle. Dose, one-fourth to one-half teaspoonful in water, repeat as needed.
—*The Doctor.*

HOW TO EXTINGUISH FIRE.—Take twenty pounds of common salt and ten pounds of sal ammoniac (muriate of ammonia, to be had of any druggist), and dissolve in seven gallons of water. When dissolved, it can be bottled, and kept in each room in the house, to be used in an emergency. In case of a fire occurring, one or two bottles should be immediately thrown with force into the burning place so as to break them; the fire will certainly be extinguished. This is an exceedingly simple process, and certainly worth a trial.—*Medical World.*

[OVER.

A Vitalizing Tonic to the Reproductive System.

SANMETTO

FOR

GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

SPECIALLY VALUABLE IN

**Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder.**

POSITIVE MERIT AS A REBUILDER.

Dose:—One teaspoonful four times a day.

OD. CHEM. CO., NEW YORK.