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Original Contributions.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

PREVENTIVE MEDICINE IN THE CITY OF NEW YORK.*

BY HERMAN M. BIGGS, M.D.,

Pathologist and Director of the Bacteriological Laboratories, Health Department, New York City, and Professor of Therapeutics and Clinical Medicine and Adjunct Professor of the Practice of Medicine, Bellevue Hospital Medical College.

I DESIRE to express my high appreciation of the honor conferred upon me by the invitation of the Council of the British Medical Association to deliver the address on Public Medicine at its annual meeting, and for this I wish to render my grateful acknowledgment.

I interpret the invitation, however, as a tribute to the work of the Health Department of New York City, with which I have had the honor to be connected for many years, and as an expression of the desire of the Council to give recognition to the practical advances made in sanitary science in the greatest city of the New World. I have, therefore, regarded your invitation as a command to select for the subject of this address the consideration of some of the measures which have more particularly distinguished the work

*Address in Public Medicine delivered before the British Medical Association in Montreal, August 31st to September 3rd.

of the New York City Health Department, and to describe some of the procedures, followed in the sanitary surveillance of infectious diseases, which have been introduced by it.

I feel a great diffidence in presenting an address on such a subject before the British Medical Association, representing, as it does, the medical profession, and, to a great extent, the sanitarians of a country which has been so long and justly regarded as the birth-place and home of sanitary science. It has been the custom of sanitarians of all nations to look to England for guidance and direction in matters connected with the public health, and the low mortality statistics, especially from zymotic diseases, in England testify in no uncertain language to the value of English sanitary methods and the efficiency of their execution. When we remember that never before in the world's history have there been 30,000,000 people living within 50,000 square miles, as is the case in England, and that more than 20,000,000 of this population reside in towns, often crowded, we appreciate more fully the remarkable healthfulness of the England of to-day and the extraordinary success of English sanitation, as of English methods in all the practical affairs of life.

The fact should be strongly emphasized that the advances in sanitation in Great Britain, as shown by the mortality tables for nearly half a century, have preceded those in every other country, and I doubt not that the influence of the British Medical Association has been no small factor in contributing to the high standard of the public health. In view of these considerations, it is natural that a foreigner should hesitate to address this Association on questions connected with public medicine.

I must further ask your indulgence in having devoted the greater part of this address to the study and description of procedures and methods, rather than, as is generally the custom, to the consideration of some one of the broader questions in public medicine. This course has been adopted because, in my judgment, such a discussion will be of greater value and interest than the consideration of any general topic, which could furnish little specific information as to the conditions and methods of sanitary work in the United States.

It seems necessary, in order that you may have an intelligent conception of the conditions under which the sanitary work in the United States is carried on, that I should first point out, in a general way, how these differ from the conditions under which the sanitary authorities work in Great Britain. It should be noted particularly

that in the United States there is no national Board of Health, and there are no national regulations affecting sanitary matters. In each of the several states of the Union the sanitary administration is solely under the control of the State authorities. The State Boards of Health are energetic and progressive in many of the states, but in a few there is no sanitary work of importance done.

It necessarily follows that throughout the United States there is a great lack of uniformity in regulations and methods and in the efficiency of their execution. It is hardly possible to make any definite statement as to the condition of preventive medicine generally, for what is true of one State is not true of another. Speaking broadly, in the rural districts and in the smaller towns and cities, especially in the south and west, the sanitary methods are of the crudest type. On the other hand, in many of the large cities, there is found a broad, enlightened and progressive policy and an efficient administration, equal to that presented in any of the great cities of the world.

Instead, therefore, of attempting the consideration of the broader subject of public medicine in the United States, I have confined myself to the discussion of the conditions and methods of sanitary work in New York, as they serve as a type of the best of those found in the greater American cities.

The Health Department of New York City is organized under a special Act of the Legislature of New York State, and is an entirely independent sanitary organization, not being subject even to the jurisdiction of the State Board of Health.

The Board of Health of New York City is composed of four members, viz. : The President, who is the chief executive officer; the Commissioner of Health, who must be a physician (these two being appointed by the Mayor of New York City), and (two *ex-officio* members—the Health officer of the Port of New York (who is a state officer nominated by the Governor), and the President of the Board of Police Commissioners of New York City (the latter being added to bring the Police Department and the Health Department in closer relations to each other). The Commissioner of Health of the Health Board of New York City is *ex officio*, a member of the State Board of Health, as is also the Health Officer of the Port of New York; so that two of the members of the Municipal Board are also members of the State Board of Health, but the State Board has no jurisdiction in New York City, and the action of the Municipal Board is absolutely independent.

The Board of Health of New York City has jurisdiction over the whole of New York City, as it now exists, with its about 2,000,000 of population, and with the beginning of 1898 a similar Board, increased to five members, will have complete jurisdiction over greater New York, with a population of about 3,250,000. All of the administrative and executive work of the Department is concentrated at the main offices, and is carried on under the immediate direction of the chiefs of the various divisions into which the Department is divided. By the Act of the Legislature of New York State creating the Department, most ample powers, executive, judicial and legislative in character, are given to the Board. The funds for the support of the Department are supplied from the general funds of New York City.

Previous to a discussion of the treatment of infectious diseases in New York, I desire to call especial attention to the fact, that all matters connected with the scientific investigation, diagnosis, care or sanitary supervision, in every way, of the infectious diseases are regarded by the Board of Health of New York City as properly coming within its province. In the development of the methods, as they now exist, the proposition expressed has furnished the governing principle. I need hardly point out the great difference between this conception of the functions of a Sanitary Board and that usually held.

The duties of sanitary authorities relating to the infectious diseases are generally regarded as limited to the inspection of reported cases of only a few of the infectious diseases, their removal to hospitals when required, and the subsequent proper disinfection of the premises.

In times of emergency, as in the presence of serious epidemics, more comprehensive and stringent measures are considered justifiable. It has not been generally regarded as necessary or desirable that municipal sanitary authorities, at least, should furnish opportunities for, or assistance in, the diagnosis of infectious diseases, should conduct experimental investigations into their causes, should assist in the treatment in any way of cases outside the hospitals, or otherwise concern themselves with these matters. It has seemed to us in New York City, however, that everything connected with infectious diseases in every form came properly within the scope of the department's work.

The first important departure in New York City from the older methods was made in 1892 by the establishment of a bacterio-

logical laboratory. This was, I believe, the first bacteriological laboratory ever established under municipal control. It was designed originally to afford facilities for the bacteriological diagnosis of Asiatic Cholera, and for the investigation of questions relating to disinfection and disinfectants. A few months after the opening of the laboratory the scope of its work was broadened and facilities for the bacteriological diagnosis of diphtheria were offered to the physicians of New York City free of charge. The necessity for making repeated examinations during the course of this disease soon became evident, and such changes were made by the Health authorities in the methods of dealing with diphtheria as were suggested by the earlier experimental observations. These investigations of the New York City Health Department relating to diphtheria laid the foundations of municipal bacteriological laboratories, and made them necessary to the proper conduct of sanitary work.

The work on diphtheria was soon followed by the perfecting of arrangements for the free bacteriological examination of sputum for the diagnosis of cases of suspected tuberculosis occurring among residents of New York City.

In October, 1894, investigations in connection with the production of diphtheria antitoxin were begun, and in December of that year the municipal authorities made a special annual appropriation (antitoxin fund) of \$30,500 for the prosecution of this work. The Health Department commenced the use of the antitoxin produced in its own laboratories on January 1st, 1895. The plan, as now developed, includes :

1st. The furnishing of free supplies of diphtheria antitoxin to all public institutions in New York City.

2nd. The furnishing of free supplies of diphtheria antitoxin to private physicians for use among persons too poor to pay for the remedy ; the only condition being that reports of the cases treated be forwarded to the Health Department on their completion.

3rd. The free administration of diphtheria antitoxin on the request of the attending physician to any resident of New York City by a specially detailed staff of medical inspectors.

The sale of the surplus product of diphtheria antitoxin was authorized by a special Act of the New York State Legislature in 1895, and the funds thus derived, according to the provisions of this Act, are devoted solely to "the production and use of diphtheria antitoxin or other antitoxins." The remedy is on sale in

over a hundred pharmacies in the city, to which it is consigned, the price being fixed by the Health Department in all cases, and 10 per cent. on the sales allowed to the pharmacies as commission.

The special antitoxin fund made possible the establishment of a hospital and research bacteriological laboratory devoted to the production of diphtheria antitoxin and other bacteriological products and to general experimental investigations in relation to the infectious diseases. This work now includes the production of tetanus and streptococcus antitoxins, mallein and tuberculin (used by the Department in the diagnosis respectively of glanders and tuberculosis in animals) and numerous experimental investigations regarding the infectious diseases, especially diphtheria, typhoid fever, tuberculosis and small-pox.

In October, 1896, arrangements were completed for placing at the command of the physicians of New York City Widal's test for the diagnosis of typhoid fever, after the method of Wyatt Johnston, of Montreal, and recently arrangements have also been made for the administration of Pasteur's treatment for the prevention of rabies. A better idea, perhaps, of the extent of the work performed in the laboratories of the Health Department of New York City may be obtained from the following statistical statement of some of the routine work:

During the year 1896, 25,049 cultures were examined for diphtheria bacilli; 1,856 specimens of sputum from cases of suspected tuberculosis were examined for tubercle bacilli; 16,796 vials of diphtheria antitoxin were issued, and 918 cases of diphtheria were treated in their homes by the medical *attachés* of the laboratory, and 1,214 persons immunized.

The scientific staff of the bacteriological and vaccine laboratories now includes twenty-five physicians, one chemist and two veterinarians in addition to clerical and laboratory assistants and attendants.

A special laboratory and stable are devoted to the production of bovine vaccine virus, and this is freely distributed and vaccination is done free of charge by the medical officers of the Department. Special investigations undertaken in this laboratory have resulted in the production of a glycerinated vaccine pulp of great activity and durability and unusual freedom from contaminating micro-organisms. This vaccine pulp has entirely displaced the virus prepared by drying on quills or ivory points generally employed.

The work connected with disinfection was formally in charge of the Director of the Bacteriological Laboratories, and the methods employed are still determined in the laboratories. The details of execution, however, are now entrusted to the Chief Inspector of Contagious Diseases.

Every case of contagious disease reported is regularly inspected by the medical inspector of the department assigned to the district in which it occurs, and when consent can be obtained, such cases are removed to the department hospitals, and when necessary, the removal to the hospital is enforced. A comparatively small proportion of the total cases, however, are actually treated in the hospitals for contagious diseases. After completion of the illness, or transfer of the patient, thorough disinfection is performed in the apartment, and all infected materials are removed to the disinfection station for destruction, or disinfection by steam. After treatment they are returned to the owner, no charge being made for the services. Disinfection is compulsory in every case.

The inspection work of the Health Department is carried on by a number of different corps of inspectors attached to the various divisions of the department. These inspectors are in part medical men, and in part they are non-medical men, who have had special training in the work to which they are detailed. The medical corps includes the district medical inspectors, the district and special vaccinators, the inspectors for the administration of diphtheria antitoxin, the diagnosticians, the summer corps of inspectors, the medical inspectors of schools, and several special inspectors of lodging houses, public institutions, etc. These various corps, with the exception of the summer corps and the school inspectors, are permanent and are on duty throughout the year. The school inspectors are on duty only through the school year, and the work of the summer corps is limited to July and August. There are also a number of corps of sanitary and food inspectors, not necessarily medical men. These include the inspectors of plumbing and ventilation, the sanitary police, the inspectors of offensive trades, the inspectors of meat, fish, milk and food, and the inspectors of mercantile establishments.

The functions of most of these different corps are, for our purpose, sufficiently indicated by the name. It may be here added, however, that under the law creating the corps of inspectors of mercantile establishments, definite provisions are made as to employment of women and children in such establishments, and the time, nature and condition of such employment.

It should, perhaps, also be stated that the function of the diagnosticians, two of whom are always on duty day and night, is to give expert assistance in the *clinical* diagnosis of contagious diseases. It is a part of their duty to see every case of contagious disease before its admission to the department hospitals.

The veterinary inspectors have supervision of the application of the tuberculin test for the diagnosis of tuberculosis in cattle, and the diagnosis of other infectious diseases of cattle and horses.

I desire now to present somewhat in detail the methods of procedure in relation to two diseases, viz., diphtheria and tuberculosis, as in these diseases the method have been developed to an unusual extent in New York.

Knowledge of the existence of cases of diphtheria reaches the department, either by a direct report of the case by the attending physician, or through the forwarding of a culture to the laboratory for bacteriological examination, when the case is of doubtful character. If on examination of the culture the Loeffler bacilli are found, the case is reported to the Division of Contagious Diseases from the laboratories, at the same time that a report is forwarded to the attending physician. In both instances the cases are immediately referred to the Medical Inspector connected with the Division of Contagious Diseases assigned to the district in which the case occurred. If the person lives in a tenement house, lodging house, boarding house, or hotel, and a culture has not been previously made by the attending physician, the inspector makes, in each instance, a culture to confirm the diagnosis. The subsequent action of the department depends upon the result of this culture. If diphtheria bacilli are found, the case is treated as one of diphtheria; if they are absent, the subsequent treatment depends on special conditions existing. In every instance in which the case is proven to be diphtheria, at the end of ten days a secondary culture is made by the attending physician or the District Medical Inspector, to determine whether the diphtheria bacilli are still present in the throat, and subsequent cultures are made at short intervals until the examinations show that the organisms are no longer present. The case is then referred for disinfection, a detailed statement being left at the house by the Medical Inspector in charge, to guide the disinfectors as to the course which shall be followed.

Every case of diphtheria which comes to the knowledge of the department is recorded according to the street and number in a

card index, envelopes being used in place of cards. In each envelope, representing always one case, are placed all of the data relating to the first and subsequent cultures, and results, and as each case is recorded it is at the same time platted on sectional maps of New York City drawn to scale, showing every house lot in the city. This platting is done by conventional signs, so that it is possible at a glance to determine the grouping and distribution of cases in different parts of the city; how many cases have occurred in any given house in the city during the last four years since this method has been in use, and when the cases occurred. It is also possible in a moment, by reference to the yearly card index, to find all the information in relation to each case which the department possesses.

A special corps of inspectors is assigned to the administration of diphtheria antitoxin; and on request, one of these inspectors will visit a person suffering from diphtheria in any part of the city day or night, and administer diphtheria antitoxin, under the supervision of the attending physician, and in cases where the patients are too poor to have an attending physician, supervise their removal to the hospitals. These inspectors are also prepared, at the request of the attending physician, to perform intubation in laryngeal diphtheria. It is the usual course, where antitoxin is administered by an inspector, to immunize all members of the family who have been exposed to the disease. Diphtheria antitoxin has also been largely employed in New York City for the immunization of the inmates of public institutions, especially for children, when diphtheria has appeared. This is the ordinary routine, and in every instance during the last two and a half years it has been possible to quickly stamp out diphtheria in institutions by this process of immunization.

As already stated, diphtheria antitoxin is furnished on request, free of charge to all public institutions, and may be obtained by physicians at any of the one hundred depots where it is on sale, free of charge, for administration to persons who are too poor to pay for the remedy.

In connection with the study of diphtheria, experimental investigations are constantly been carried on to determine the virulence of the diphtheria bacilli found in healthy throats, in simple catarrhal angina and follicular tonsillitis, and regarding the various matters which relate to the bacteriological study of this disease.

The attitude assumed by the Health Department of New York

City towards pulmonary tuberculosis, and the measures adopted for its prevention, constitute, in my opinion, a most important feature of its work. No more striking example of the influence of inherited and transmitted beliefs and prejudices can be found than is afforded by the exhibition of hesitation and reluctance on the part of the proper authorities to assume the sanitary supervision of the tubercular diseases. It is now universally admitted that tuberculosis is infectious and communicable, and the most fatal disease to which the human race is subject; yet generally no effective measures, or no measures at all, have been adopted by sanitary authorities with relation to it. Nevertheless, we believe it is more easily to be controlled than any of the other principal infectious diseases with which we have to deal, and is of as great importance, judged by the deaths it causes, as all others together. The full courage of scientific conviction seems to have been generally lacking among public officers in dealing with this affection.

The Health Board of New York City first began an educational campaign in relation to the causation and prevention of pulmonary tuberculosis in 1889. In that year a communication on this subject, presented by the writer and the associated Consulting Pathologists of the Department, was widely published, and leaflets, based on it, giving the essential facts as to the nature of this disease, were freely distributed. No further action was taken at that time, as investigation showed that the medical profession and the public were not then prepared for more extended measures.

In December, 1893, the attention of the department was again called to the subject by the writer, and it was determined to institute at once more comprehensive measures for the prevention of this disease. The measures then adopted required the notification of all cases of pulmonary tuberculosis occurring in public institutions, and requested reports of cases occurring in the practice of private physicians; they also included arrangements for the bacteriological examinations of sputum, to assist in the early diagnosis of this disease; the inspection of all reported cases in tenement houses, lodging houses, hotels and boarding houses, and the instruction of the patients and their families as to the nature of the disease, and the means to be taken for its prevention; the inspection of premises in all instances where deaths were reported as due to tuberculosis, and the issuing of orders, where it was deemed necessary, upon the owners of apartments which had been occupied by consumptives and vacated by death or removal, requiring that

such apartment be thoroughly renovated, by painting, papering or kalsomining, before they were again occupied by other persons; and the education of the public, by wider and more comprehensive methods, as to the nature of this disease.

Placards were attached to the doors to prevent the reoccupation of apartments which had been vacated by death or removal before the orders requiring renovation had been complied with.

Under the resolutions by virtue of which these measures were enforced, 4,166 cases of tuberculosis were reported in 1894; 5,818 in 1895, and 8,334, in 1896. So far as was possible all of these cases, except those in private houses, were visited, or the premises where they lived were inspected, and, in addition, the premises occupied by persons dying from tuberculosis (numbering each year nearly 6,000) were inspected and such action taken as was considered possible and desirable. Altogether the premises and cases thus coming under observation during these three years numbered more than 35,000.

These facts convey some idea of the enormous sanitary importance of the subject. It is conservatively estimated that there are at least 20,000 cases of well developed and recognized pulmonary tuberculosis now in New York City, and an additional large number of obscure and incipient forms of the disease. A very large proportion of the former cases constitute more or less dangerous centres for infection, the degree of danger depending in each instance upon the intelligence and care which is exercised in the destruction of the expectoration. All the suffering and death consequent upon the prevalence of this disease, in view of modern scientific knowledge, is largely preventable by the careful observation of simple, well understood and easily applied measures of cleanliness, disinfection and isolation.

In the beginning of 1897, the Health Board further adopted some recommendations made by Dr. T. Mitchell Prudden, Consulting Pathologist to the Health Department, and the writer, which advised that pulmonary tuberculosis be declared to be an "infectious and communicable disease, dangerous to the public health," and which required "the notification of all cases occurring in the city," in the same way as is required in regard to small-pox, scarlet fever, diphtheria and other similar diseases. Tuberculosis, however, in accordance with the special section of the Sanitary Code, enacted to provide for these measures, is distinctly separated from these other diseases—is not classed with them as a contagious

disease, but is referred to as "an infectious and communicable disease." It has always appeared to the Health Board exceedingly desirable that a broad distinction should exist in the public mind between this disease and those diseases which are more properly classed as contagious.

In the treatment of apartments, which have been occupied by tubercular patients and vacated by death or removal, renovation has been and is ordered, rather than disinfection attempted, because the Health Board has always felt that disinfection for tuberculosis in the poorest tenement houses could not be satisfactorily performed, and has considered renovation as certainly efficient. In the thousands of orders which have been issued under the resolution referred to upon the owners of real property during the last four years, requiring the renovation of premises, little or no difficulty has been experienced in enforcing compliance, and rarely has there been serious objection.

Public institutions, hospitals, asylums, homes, etc., are now not only required to report the name, last address, sex, age, and occupation of every case of tuberculosis coming under observation within one week of such time, but they are further required to notify the department of the discharge or transfer of such patients. The purpose of this procedure is to keep under more or less constant supervision those cases of pulmonary tuberculosis which occur among the poorest classes of the population; in other words, those which are most likely to be dangerous sources of infection to others. Unfortunately, at the present time, there are no hospitals directly under the control of the Health Department, for the isolation of cases of pulmonary tuberculosis, but it is hoped that such hospitals may be soon provided.

The best medical opinion forbids that persons suffering from pulmonary tuberculosis be treated in association with other classes of cases in the general medical wards of general hospitals. This opinion is based on the daily observations of dangers incident thereto, and it has very properly resulted in the exclusion, to a large extent, of persons suffering from this disease from many of the general hospitals to which they were formerly admitted.

(To be continued.)

Gynæcology and Obstetrics.

THE STERILIZATION OF CATGUT AFTER HOFMEISTER'S METHOD.

VINBERG (*The American Gynæcological and Obstetrical Journal*, June, 1897) states that the ideal suture and ligature material in abdominal operations must always be that which becomes absorbed. Non-absorbable ligatures and sutures may give rise to trouble months and years after the operation, as has been abundantly demonstrated by experience. Catgut possesses the quality of absorbability, but has its disadvantages of being difficult to sterilize. Various methods have been employed, each of which possesses some objectionable feature. The chief difficulty in sterilizing catgut has consisted in the circumstance that it could not stand boiling in water. This difficulty is overcome in Hofmeister's process. The catgut is first immersed in a solution of formalin varying from two to four per cent. according to the size of the gut. It is allowed to remain in the solution for a period varying from twelve to forty-eight hours, depending on its size. It is then placed under a stream of running water under a faucet for twelve hours to completely wash out the formalin. It is next boiled in water for fifteen minutes, after which it is transferred to a vessel containing alcohol, where it may be kept until required for use. It is well to add carbolic acid (two to four per cent.) to the alcohol. This renders the gut more firm, but it should be removed from the carbolic alcohol some time before using, and kept in plain alcohol, so as to remove the carbolic acid. The secret of success in this method of preparation is to keep the catgut in a high state of tension until after it has been boiled. Hofmeister recommends for this purpose that the gut be rolled tightly on glass plate. Dr. Lange, of New York, has devised a small steel frame, six by eight inches, composed of two cross-bars and three uprights, the latter passing loosely through holes in the former. The centre upright has at its upper end a transverse bar which serves as a handle, and its upper third has a screw arrangement as has also the centre hole in the upper cross-bar. The steel frame may be obtained from M. Eisner, Third Avenue and Ninth Street, New York City.

Hunter Robb (*Cleveland Medical Gazette*) gives somewhat simpler methods. One given by Volmer is as follows: The catgut

having been cut in the length desired, is rolled in bibulous paper, and placed in a 2 per cent. solution of formalin for twenty-four hours. The excess of formalin having been afterwards removed by means of blotting paper, the package is placed in a drying oven at a temperature of 60° C. until all the moisture has been given off, and is then kept in a dry state. The catgut, just before being used, is placed in some sterile fluid to render it flexible. The other method, used in Kossman's clinic, is to soak the catgut in a 2 per cent. solution of formalin and afterwards keep in a one-half per cent. solution of the same drug. In view of the fact, however, that modern surgery demands an aseptic and not necessarily an anti-septic material, and since catgut, when allowed to remain for several weeks in a solution of formalin will become brittle, it was found best to free the strands from formalin by washing them thoroughly in sterile Tavel's solution,

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Sodii carbonate.....	2.5
Aq. destillat, ad 1000.	

after which they were kept in the same solution.

Volmer prefers the formalin method for the following reasons:

1. It is effective.
2. It gives less trouble and is much less costly than the camol method.
3. Formalin catgut is very strong and durable; it is flexible, knots well and is not slippery. It holds decidedly longer in the tissues, resorption not beginning before the fourteenth day.

G. T. McK.

THE Hotel Dieu, in Montreal, is the oldest hospital in Canada. It was opened in 1642.

A VERY handsome Royal Infirmary is to be erected at Newcastle, in commemoration of the Diamond Jubilee. The sum of £300,000 has been contributed, £100,000 of which was the gift of one man, Mr. John Hall.

HER MAJESTY THE QUEEN has decided that a public exhibition of the gifts and addresses presented in commemoration of her sixty years' reign shall be held in the Imperial Institute, probably about the middle of October. Half the proceeds is to go to the Prince of Wales' Hospital Fund.

Surgery.

AIKINS'S HOOP-IRON SPLINT IN FRACTURES OF THE HUMERUS.

In a recent number of the *British Medical Journal*, Dr. Peters, of Toronto, gave an elaborate description of the splint for fractures of the humerus that the late W. T. Aikins was in the habit of using.

"The material of 'Aikins's splint,' as it is usually designated, is the ordinary flexible band or hoop-iron, such as may be procured at any ironmonger's or blacksmith's shop. For infants and very young children a band 1 inch wide is amply strong; for adults a width $1\frac{1}{2}$ to 2 inches will usually be found to be of sufficient strength. The thickness and strength of the material are usually in proportion to the width." . . . "The material is now bent and twisted so as to form an arch over the top of the shoulder. The anterior limb of this arch reaches downward over the front of the chest in a direction approximately towards the umbilicus, and may be 8 to 12 inches in length. The posterior limb forms the vertical part of the splint, and passes down the back part of the shoulder and arm to a point about an inch below the point of the bent elbow. At this level the iron is again bent, somewhat obliquely, so as to pass under the forearm in a direction towards the mid-line of the body." The arch over the shoulder should be sufficiently large as not to press upon any of the bony prominences.

With the patient in the sitting posture the splint, already padded, is now applied, and the arch secured by long strips of adhesive plaster, about an inch and a half wide and long enough to reach well down upon both the front and the back of the chest. The anterior limb may now be fixed by strips passing horizontally around the chest.

A moulded splint for the anterior surface of the forearm should now be carefully fitted and padded. The fracture is now set, and the anterior splint and horizontal limb of the hoop-iron are held in position by two broad strips of adhesive plaster.

The advantages claimed:

"It is the only splint described (so far as I know) which furnishes in itself the means of making effectual extension.

"It is cool, light, and affords ready means of examining the parts during healing with the minimum of disturbance.

"It permits the direct application of evaporating lotions or the cold coil where indicated.

"In compound fractures ready access may be obtained to the wounds, and if the iron of the splint be brushed over with melted paraffin it can be readily rendered aseptic, and lotions and discharges leave it unaffected."

F. N. G. S.

Medical Jurisprudence.

THE LEGAL ASPECT OF THE MAYBRICK CASE.*

BY CLARK BELL, ESQ., OF THE NEW YORK BAR.

THE report of the Woman's Committee of the Psychological Section of the Medico-Legal Society presented for discussion at the October meeting of that body for action, presented the following propositions:

Your committee are of opinion that the case of Mrs. Maybrick is one that is fairly within the realm of the Medico-Legal Society and notably of the Psychological Section.

We are of the opinion that the verdict of the jury was not supported by the evidence of that case.

We concur in the opinion expressed by Sir Charles Russell, now Lord High Chief Justice of England, in commenting upon the unfair charge of Sir James Fitz James Stephen, the trial Justice in his charge to the jury. "He passionately invited the jury to find a verdict of 'Guilty,' taking two days to sum up the first day as a Judge and on the second day raged like a violent counsel for the prosecution."

We believe that the language of the charge of that trial Judge, was in violation of that principle of the law of England, which forbids a Judge to permit a jury to ascertain, from either his language or manner, the Judge's opinion of the merits of the controversy they are to decide upon. While we recognize the extraordinary power conferred upon the trial Judges in homicidal cases in England, and the right sometimes exercised by the British

* Read before the Medico-Legal Society, March 17th, 1897.

Judges upon what may be fairly deemed their discretionary or even paternal power, either over the accused or the majesty and spirit of the law, we are still of the opinion, that among all English-speaking people there will be no two opinions among jurists throughout the world, that Sir James Fitz Stephen on this trial transcended the true spirit of the law of England, in his animadversions against the accused before the jury who had to decide her fate.

We believe that if the evidence in the Maybrick case could be under English usages submitted to an English Court of Review, the verdict of the jury would be set aside and that judgment reversed for Errors of Law.

We concur in the opinion expressed by the eminent English counsel Sir Charles Russell (now Chief Justice), Fletcher Moulton, Q.C., Mr. Poland, Q.C., and Mr. MacDougall, after a careful review of the evidence with a view of determining whether in their opinion the verdict was justified by the evidence, that the verdict of the jury was not justified by the evidence.

We are of the opinion that the action of the Home Secretary in commuting this sentence fell short of what it should have been, because if the verdict was right and legal it should not have interfered with the proper punishment of a poisoner, and that if the Home Secretary intervened at all it should have been for a full release.

We are of opinion that the verdict of judicial opinion throughout all Christendom will be: That if under the law of England an illegal conviction cannot be remedied under existing forms and usages under the British Constitution and laws, then that the right of appeal should be engrafted in all cases where human life is at stake, upon the present English system, to prevent miscarriage of justice in future cases.

We rejoice that under the British Constitution there is one woman in England, who has the power and the right to interfere and do justice in this case. We remember her long and splendid reign, unsullied by one unwomanly act; her strong sense of justice, her fearlessness in doing what she believes to be right, and we appeal to her to end this unfortunate controversy, by granting a full pardon to this unfortunate woman before death prevents; because she can legally grant her a pardon, even if she doubts her innocence, without offence to her own conscience, while she would gladden the hearts of a million of her sisters in America who

believe that Florence E. Maybrick is innocent of the crime for which she now suffers a lasting imprisonment. All of which is respectfully submitted.

Dated September 9th, 1896.

CAROLINE J. TAYLOR, *Chairman*
 M. LOUISE THOMAS,
 C. VAN D. CHENOWETH,
 ROSALIA DAILEY,
 THE COUNTESS BETTINI DI MOISE,
 LAURA A. C. MILLER,
 SOPHIA MCGLELLAND,
 SARA W. M. LEE,
 REV. PHEBE A. HANAFORD,
 FLORENCE DANGERFIELD POTTER,
 IDA TRAFFORD BELL,
 ROSALIE LOEW,

Committee.

That report after an animated discussion received the endorsement and approval of the Medico-Legal Society at the October session of 1896.

The decision of Mr. Matthews, Q.C., the then Home Secretary, in the case of Mrs. Maybrick, was thus announced (except Italics, which are mine):

"We are given to understand that the Home Secretary, after the fullest consideration, and after taking the best medical and legal advice that could be obtained, has advised Her Majesty to respite the capital sentence on Florence Maybrick and to commute the punishment to penal servitude for life; inasmuch as though the evidence leads clearly to the conclusion that the prisoner administered *and attempted to administer* arsenic to her husband *with intent to murder*, yet it does not wholly exclude a reasonable doubt whether his death was in fact caused by the administration of arsenic."

In the subsequent life of the presiding Judge, the late Sir James Fitz James Stephen, by his brother, Mr. Leslie Stephen, the matter is thus stated: (It will be seen that Mr. Leslie Stephen, who no doubt had legal assistance in this part of his narrative, omits all reference to the words which are italicised, and which were, of course, not italicised by the Home Secretary.)

"The sentence was afterwards commuted to penal servitude for life with Fitz James' approval, and I believe at his suggestion, upon the ground as

publicly stated, that although there was no doubt that she administered poison, it was possible that her husband had died from other causes."

And in a new edition of his *General View of the Criminal Law of England*, published some months after the trial, the Judge describes the case of Mrs. Maybrick as the only one out of a large number tried before him in which there was "a doubt as to the facts."

Mr. Lincoln, the American Ambassador, had an interview with Lord Salisbury on the subject before the decision was publicly announced, and he reported to his Government as follows :

"His Lordship at once replied that the subject had been anxiously considered, and that he believed he could say that the death sentence would not be executed, as all the medical evidence attainable left a reasonable doubt as to the death having been caused by the arsenic administered by Mrs. Maybrick."

And in his subsequent answer to an American petition Lord Salisbury said :

"Taking the most lenient view which the facts proved in evidence and known to Her Majesty's Secretary of State admit of, the case of this convict was that of an adulteress attempting to poison her husband, under the most cruel circumstances, while she pretended to be nursing him on his sick-bed."

In the face of these declarations by the Judge, the Home Secretary and the Prime Minister, the idea may be dismissed that the Government was convinced that the prisoner had really murdered her husband, but looked for some excuse to avoid an execution, which would have created a popular outcry. I was in England at the time of this trial, and I was in a situation to come more or less in contact with public opinion there, outside of Liverpool; and I then formed the opinion, that great doubt existed in the public mind as to the guilt of the accused.

There was also felt in English circles a strong sense that the trial justice had not dealt at all fairly with the accused in his charge to the jury.

I then formed the opinion which I still entertain, that had not the Home Secretary interfered and prevented the public execution of Mrs. Maybrick, the public feeling then ran so high that a change in the English system would have been insisted upon by the general public clamor; giving the right of appeal in capital cases, as a matter of strict right to all condemned to death. It seems clear that the doubt whether Mr. Maybrick had died of arsenic was really and generally entertained.

What seems to have been wanted was not an excuse for sparing

her life, but an excuse for not setting her at liberty; and a perusal of the medical evidence given at the trial will satisfy any impartial reader that there were very grave reasons for doubting whether Mr. Maybrick died of arsenic; while the difference of opinion on that subject continues to agitate the medical profession up to the present.

It will further, I think, be conceded that no evidence tending to prove that Mr. Maybrick died of arsenic has been procured since the trial, but that on the contrary a good deal of evidence has been procured which increases the doubtfulness of the cause of death.

WHAT THEN IS THE LEGITIMATE RESULT OF A REASONABLE
DOUBT AS TO THE CAUSE OF DEATH IN A CASE IN
ENGLISH COURTS, WHERE THE PRISONER HAS
BEEN CONVICTED OF MURDER?

Mrs. Maybrick was tried on a single count which charged her with having "at Garston, on the 11th of May, 1889, feloniously, wilfully and of her malice aforethought killed and murdered one James Maybrick by the administration to him of poison."

Arsenic being the poison relied on by the Crown, the Judge told the jury:

"It is essential to this charge that the man died of arsenic. This question must be the foundation of a verdict unfavorable to the prisoner that he died of arsenic."

Therefore, if the jury had entertained the same doubt as to death by arsenic which the Judge, the Home Secretary and the Premier entertained, is it clear that they must have found the prisoner not guilty of the only charge with which they had to deal? Now on any principle of reason and justice, why should the fact that the jury had arrived at a wrong verdict on the evidence before them, have militated against the prisoner? The Home Secretary should have dealt with the prisoner as if the right verdict had been found. This was done in the famous case of Dr. Thomas Smelhurst, which in many of its features closely resembled that of Mrs. Maybrick. The report on which he received a free pardon, stated that "though the facts were full of suspicion against Smelhurst, there was not absolute and complete proof of his fault." And only four years before the Maybrick trial the then Home Secretary, Sir William Vernon Harcourt, granted a free pardon to

Mr. John Hay, because there was "a doubt as to his identity." Since the Maybrick trial, too, the Home Secretary refused to admit that there was anything more than a reasonable doubt in the case of John Kelsall, whom he released. The detention of Mrs. Maybrick on the conviction for murder cannot, therefore, be sustained after the admissions of the Judge, the Home Secretary and the Premier. The only question is whether a life sentence can be justified on the ground relied on by the then Home Secretary, viz, that the evidence clearly leads to the conclusion, that she had administered and attempted to administer arsenic to her husband with the intention of murdering him.

DID THE JURY FIND THIS, OR OUGHT THEY TO HAVE
FOUND IT?

That the jury did not find it is clear. No doubt in finding that Mrs. Maybrick "feloniously, wilfully and of her malice aforethought," killed her husband by administering poison to him, they found that she "administered poison to him feloniously, wilfully and of her malice aforethought." Probably the reason why they arrived at this finding was that they thought the poison killed him. They did not think that even if he was an habitual arsenic eater he would take enough to cause death, or else they thought that if he did chance to do so, he would at all events have told the doctors and asked them for an antidote. The part of the verdict which the Home Secretary upheld was therefore in all probability dependent on that which he rejected; and in fact, if it were conceded that Mr. Maybrick's death was not caused by arsenical poisoning, the evidence of any wrongful administration of arsenic would be very weak. But what the jury found was that the arsenic was administered by the prisoner "feloniously, wilfully and of her malice aforethought." The Home Secretary substituted for these words, "with intent to murder." But the import of the phrases in English law is altogether different, and the difference materially affects the prisoner's punishment.

It has recently been held in England that killing a woman by means of an illegal operation is wilful murder. Performing an illegal operation is a felony, and if the woman dies in consequence, the operator has killed her feloniously, wilfully and of his malice aforethought.

In another well-known case, killing a policeman in the discharge of his duty was held to be wilful murder. In both these cases

there was no intention on the part of the convict to kill his victim. This distinction, indeed, is not only pointed out but defended, in Sir J. F. Stephen's works on the Criminal Law. (See for instance the article *Murder* in his "*Digest of the Criminal Law*.") And in the case of *Reg. v. Cruise* reported in 8 Carrington and Payne, Mr. Justice Patterson told the jury that a crime which would be murder if the victim died might not be an attempt to murder if he recovered—the distinct intention to kill, which was essential to the latter crime, not being essential to the former.

The popular distinction sometimes drawn, that murder is a successful attempt to kill, while attempt to murder is an unsuccessful attempt to kill, has no foundation in English law.

Murder may not be an attempt to kill at all. The person who performs an illegal operation on a woman does not intend to kill her, but quite the reverse. He wishes for many reasons that the patient will recover, but if she dies the crime is murder notwithstanding, under English law. And comparing the decision as announced by Mr. Matthews, with that which Mr. Leslie Stephen attributes to his late brother in his life, we at once notice that the latter has omitted the words "with intent to murder." The Judge knew that the jury had not found anything of the kind, and evidently confined himself to what they did find; but the Home Secretary went beyond what the jury found and added a finding of his own—a finding on which he afforded the prisoner no opportunity of producing either evidence or argument, pronouncing sentence.

But why did the Home Secretary thus go outside of the verdict of the jury? The answer is plain. In order to obtain an apparent justification for the sentence of penal servitude *for life* which he meant to impose. Had the prisoner been convicted of feloniously, wilfully and of her malice aforethought, administering poison to her husband with intention to injure, aggrieve, or annoy him, the maximum sentence would have been three years' penal servitude. Mrs. Maybrick has been in penal servitude for upwards of seven years. If, indeed, the jury had gone on to find that her husband's life had been endangered by the administration, ten years' penal servitude (which in the case of a female convict in England is reducible by one-third for good conduct) would have been possible as the maximum sentence. It might, perhaps, be argued that the jury, in finding that the man died of the arsenic administered, found that his life had been terminated by the administration. But it seems

inconceivable that any reader of the medical evidence could have arrived at the conclusion that life had been undoubtedly endangered by the administration of arsenic, though it was doubtful whether death had resulted from it. The doctors who ascribed the symptoms of disease to arsenic also ascribed death to it, and the doctors who said that death had not resulted from arsenic, made the very same assertion about the preceding illness.

It is clear that the arsenic (whoever administered it) either killed Mr. Maybrick or did him no perceptible harm. But even if we waive the point, the difference between a life sentence and one for ten years is immense. And what reason have we to think that, if the jury had convicted Mrs. Maybrick of a criminal administration of arsenic which endangered her husband's life, the presiding Judge would have imposed the maximum sentence on a delicately nurtured woman in feeble health and a first offender?

As regards the Home Secretary's charge of attempting to administer arsenic with intent to murder, the case is still clearer. The finding of the jury related to actual administration only. They made no finding whatever as to what the prosecutors themselves describe as "an unsuccessful attempt." Still less, of course did they find that the unsuccessful attempt was made "with intent to murder." And here again Sir Leslie Stephen is silent as to the Judge's concurrence. He probably saw that the Home Secretary was again travelling outside of the verdict—looking for something that might tend to satisfy the public mind—without regard to whether it could be legally justified or not.

The Home Secretary has not, I think, ventured to cite an English statute which enables a jury, on a trial for certain offences, to convict the prisoner of an attempt to commit these offences. I am not aware that this statute has ever been applied to a trial for murder, and, judging from the preamble, I do not think it was intended to apply to such a trial. At all events, if it was competent for the jury to have found a verdict of guilty of attempt to murder in general terms, they could not have returned a verdict in the terms of the Home Secretary's decision, which does not charge Mrs. Maybrick with attempt to murder, in general terms, but charges her specifically with two distinct kinds of attempt, which comes under two distinct sections of the corresponding statute (24 and 25 Victoria, Chapter 100, sections 11 and 14). But whether it was or not competent for the jury to have convicted her of an attempt to murder, they did not either in terms or by implication

convict her of that crime. And if the Home Secretary claims the right of substituting for the actual verdict of the jury that which, in his opinion, they ought to have found, but did not in fact find, how does this differ from punishing the prisoner for an offence of which he or she had never been convicted ?

W. A. Y.

(To be continued.)

Public Health and Hygiene.

MONTHLY REPORT OF CONTAGIOUS DISEASES IN ONTARIO FOR JULY, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

		Total Reported.	Per cent. of Whole Reported.
Total population of Province.....	2,233,397	1,296,089	58
" Municipalities.....	745	429	58
" Cities.....	13	12	92
" Towns and Villages.....	236	132	55
" Townships.....	496	285	57

VARIOUS DISEASES REPORTED.									
Municipality.	Pop. Reported	Typhoid.		Diphtheria.		Scarlatina.		Tubercu'sis	
		Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum	Deaths	Rate per 1000 per Annum
Cities.....	419,972	4	.1	12	.3	3	.08	51	1.4
Towns and Villages	235,017	2	.1	4	.2	1	.05	17	.8
Townships.....	641,100	3	.05	13	.2	3	.05	43	.8
Total Pop. Reported	1,296,089	9	.08	29	.2	7	.06	111	1.02

P. H. B.

TYPHOID fever is prevailing to an alarming extent in many places in Germany. Berlin health authorities have warned all householders to boil milk before using it.

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

EDITOR.

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Orthopedic Surgery—R. E. MCKENZIE, B.A., M.B., Toronto, Surgeon Victoria Hospital for Sick Children; Clinical Lecturer, Orthopedic Surgery, Toronto University; Assistant Surgeon, Ontario Medical College for Women; Member American Orthopedic Society; and H. P. H. GALLOWAY, M.D., Toronto, Orthopedic Surgeon, Toronto Western Hospital.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Gynecology and Obstetrics—GEN. T. McKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto.

Medical Jurisprudence—W. A. YOUNG, M.D., L.R.C.P. Lond., Eng., Toronto.

Mental Diseases—EZRA H. STAFFORD, M.D., Toronto, Resident Physician, Toronto Asylum for the Insane.

Public Health and Hygiene—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

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Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children, Woman's Medical College, Toronto.

Pathology—W. H. PEPLER, M.D., L.R.C.P. Lond., Toronto, Demonstrator of Pathology, Trinity Medical College; Medical Registrar, Toronto General Hospital.

Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Ophthalmology and Otolaryngology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician, Toronto General Hospital; Oculist and Aurist, Victoria Hospital for Sick Children, Toronto.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the fifteenth of the preceding month.

VOL. II.

TORONTO, OCTOBER, 1897.

NO. 4.

Editorials.

THE INTERNATIONAL MEDICAL CONGRESS.

THE twelfth International Medical Congress, at Moscow, August 19-25, was the greatest reunion of physicians held this year the world over, more than 7,000 members having registered. Of these over one-half belonged to Russia. There was a notable absence of Polish physicians, owing to the fact that their language was not recognized, the languages of the Congress being Russian, English, French and German. Austria-Hungary sent about 800, Germany about the same number; France over 400; Italy, 300; Great Britain, 300; the United States, 120; Mexico, 30; and other countries

smaller numbers. The opening meeting was held in the Grand Imperial Theatre, under the presidency of H.I.H. the Grand Duke Sergius Alexandrovitch, about 2,000 members being present. The theatre was not large enough to accommodate all the members at once, and places had to be drawn for by lot. The proceedings having begun, a series of addresses were delivered by the representatives of the different countries, which had sent delegates and members to the Congress. After the report of the committee of organization was presented, the officers of the Congress were elected, Professor Skliffosowski becoming President, and Professor Roth, Secretary-General. After a short adjournment, the three opening scientific addresses were delivered. Professor Virchow, of Berlin, gave an address on "The Continuity of Life, as the Basis of a Biological Conception." Dr. Lauder Brunton, of London, discoursed upon "The Relations between Physiology, Pharmacology, Pathology, and Practical Medicine." Finally, Professor Lannelongue, of Paris, read a paper on "The General Treatment of Surgical Tuberculosis, and especially the Osteo-Articular Forms of that Disease." These three addresses completed the proceedings of the first general meeting. At a subsequent general meeting, it was announced that the next Congress would be held at Paris in 1900, and that Professor Lannelongue had been elected President, and Dr. Chauffard, Secretary-General. The entertainments, both at Moscow and St. Petersburg, were conducted on a scale of imperial magnificence, everything having been done that could add to the enjoyment of the visitors. Regarding the scientific work of the Congress, which appears to have been of a very high standard, we may say that abstracts of a good many of the papers have already appeared in our French and English exchanges, and, later on, we shall place some of the more interesting articles before our readers.

J. J. C.

THE DISCUSSION ON TUBERCULOSIS AT MOSCOW.

THE treatment of tuberculosis by Tuberculine R. was condemned by the physicians who discussed it at the International Medical Congress of Moscow. Dr. Ziemssen, of Munich, stated that it had not given him any favorable results. Dr. Leyden had not obtained any better results from it than from other therapeutic methods. Dr. Senator, of Berlin, had used Tuberculine in a dozen cases,

and, in some of them, had noticed an aggravation of the symptoms, in others the appearance of fever. Dr. Kernig, of St. Petersburg, who had treated nine patients with the new agent, observed that the condition of five of the patients was made notably worse, and, in his opinion, the use of the new preparation ought to be given up. Dr. Jawein, of St. Petersburg, had observed purely local affections changed into miliary tuberculosis, after the injection of Tuberculine R., and a rapidly fatal result produced. He had given up the use of the new remedy. Dr. Gerhardt, of Berlin, stated that some of the results of his experiments with Tuberculine had been negative and others had been disastrous. He thought that the new agent should not be used, until the patient had been informed of the possible risks arising from this treatment. In his opinion, all medicines used so far in the treatment of tuberculosis had failed to be of service. In the climatic treatment, it was the pure air alone which did good, and not the elevation above sea level. At the Sanatorium, built by the Red Cross Society at Lake Grabow, near Berlin, twenty per cent. of the tubercular patients were so much improved, that they were able to resume their occupations.

Dr. Dehio, of Dorpat, spoke of sanatoria for tuberculosis, which had been put up in the northern parts of Russia, in which very good results had been obtained, and he thought that the number of these places should be increased. Dr. Senator stated, that patients in the early stages of tuberculosis are benefited by a residence in the hills rather than on the plains; slight hemoptysis is not an objection. He also referred to the climate of the seashore, which, though remarkable for humidity and low atmospheric pressure, was nevertheless suitable for certain forms of phthisis. He thought, that sanatoria should be small in size, but numerous. Dr. Leyden thought, that a hill climate should always be preferred, because it strengthens the body more than a residence by the sea. An effort should be made, however, to cure the patient in the climate in which he expected to live afterwards. Dr. Ziemssen, in discussing the advantages of a mountain climate, referred to the absence of germs and dust, to the larger proportion of ozone in the air, the lower atmospheric pressure, the reduced atmospheric movement and the greater amount of sunlight. Feverish patients, however, cannot endure the mountain climate. The fatigue of moving about and the isolation are also hard to endure. Besides, the greater part of the advantages claimed for a hill residence can be obtained on the

plains and in the woods, if small and numerous sanatoria are built according to Brehmer's views. In discussing the causation of tuberculosis, Dr. Crocq, of Brussels, stated that our ancestors accorded a preponderating influence to heredity, and modern physicians ascribed it to contagion. Dr. Crocq had never been able to prove contagion from one individual to another, but rather the hereditary transmission of tuberculosis. Rissel, in Germany, and Leudet, in France, had made similar observations. Reasoning from these facts, he did not think tuberculosis a contagious disease, but, above all, a constitutional and hereditary decay of the organism. In his opinion, tuberculosis terminates more frequently in cure than fatally. If death supervenes, it is brought about by an inflammation, which determines the propagation of tubercles. If we could prevent or cure this inflammation, there would be more cases of recovery in tuberculosis. There is no means of destroying the bacillus. Creosote cannot do it, and this medicine disturbs the stomach, which should be carefully looked after. Even in severe cases of tuberculosis, and in those complicated with diabetes, Dr. Crocq had used with considerable success ergotine and nitrate of silver. The latter preparation also exercises a satisfactory action on the stomach. By exciting a revulsion to the intestines, purgatives may have a favorable effect in pulmonary consumption, but if kept up too long may become hurtful. Energetic counter-irritation should be practised on the skin by blisters, croton oil and particularly by the nitrate of silver. J. J. C.

DOCTORS DIFFER.

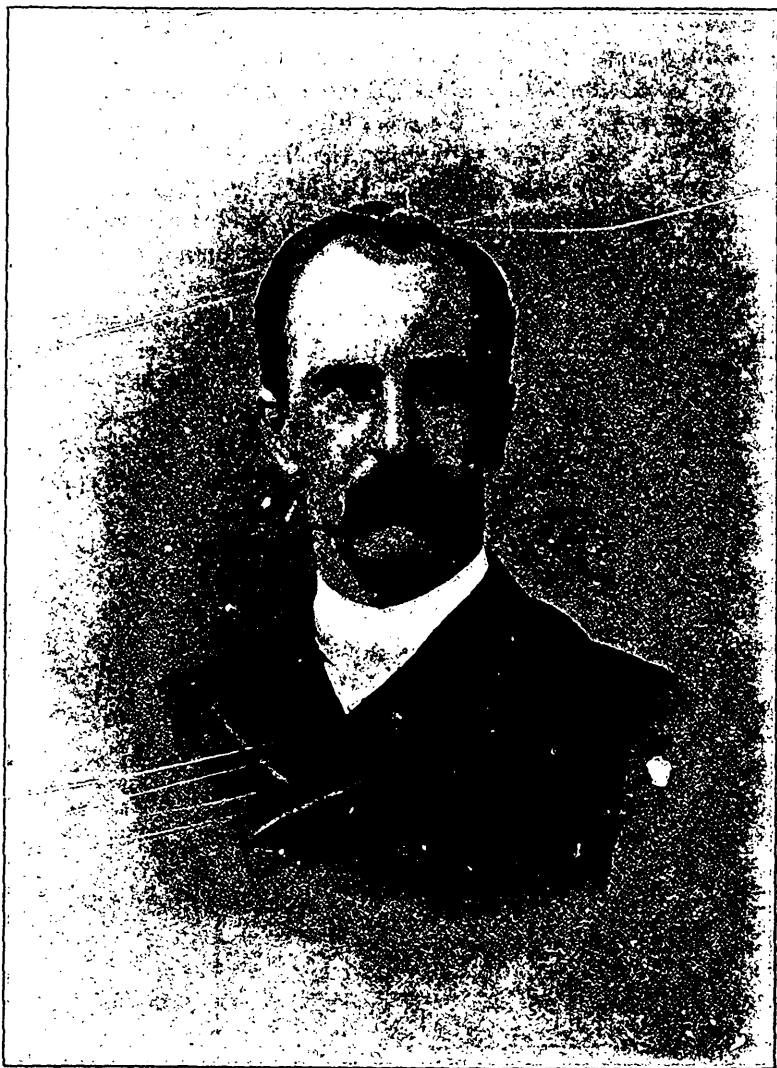
MR. LENNOX BROWNE, an English surgeon, who spoke at the final directors' luncheon at the Toronto Exhibition, if quoted correctly by *The Globe* of September 11th, gave expression to some peculiar views on contagious diseases. He announced that "he did not believe that the diphtheria of animals has any connection with the diphtheria of man, or, that many of the cases of rabies and hydrophobia are attributable to the dogs." It is true that, in the animals experimented with in the laboratory, to prove the transmission of human diphtheria to animals, the results have been negative, in the sense that a membranous exudation has not been produced in the pharynx. Roux, however, has produced a membranous exudation on the vulva of a guinea-pig, which he

'nocolated with the Klebs-Loeffler bacillus. Some cases, which we cull from R. Russell's "Epidemics, Plagues and Fevers," have an undoubted clinical value, and show that diphtheria is transmissible from the lower animals to man and *vice versa*. "A good example of diphtheria caught from cats is recorded by Dr. Coleman, of Colorado, Texas, the patient being a child in a very remote and elevated spot. Two kittens, which the boy had nursed, had died of an apparently similar disease. The question remains, how the kittens were infected." "In the report of the Medical Officer for Portsmouth, for 1889, Dr. Mumby states that a pet dog that had been nursed by a patient, and had eaten food taken from the sick-room, was taken ill and found, after death, to have a distinct false membrane on the pharynx." The statement that "many of the cases of rabies are not attributable to the dogs," is not in keeping with medical opinion in this or any other country. Assuming that they are *bona fide* cases of rabies and not some other disease, then they are attributable to the dogs. True, rabies is occasionally transmitted to man by the fox, the wolf or the cat, but generally by the dog. Professor Flemming, in a paper read at the International Congress of Hygiene, London, 1891, stated: "That the dog is the chief sufferer from and, it may be asserted, the sole propagator of the malady, is amply proved by every-day experience; but the following table, showing the number of cases in England during the four years, 1887-1890, and the number and species of animals affected, affords further evidence:

KIND OF ANIMAL.	1887.	1888.	1889.	1890.
Dogs	217	160	312	129
Cattle	11	2	9	2
Sheep	5	7	11	.
Swine	3	..	4	1
Horses	4	5	4	2
Deer	257	2
	497	176	340	134

It will be observed, that in 1888 and 1889, 90 and 91 per cent. of the animals reported as rabid were dogs, and in 1890 the percentage was more than 96. The animals, other than dogs, were infected by rabid dogs, and these infected each other. As

the mad dog has always the strongest tendency to attack its own species, it follows that this furnishes by far the largest proportion of victims. The following evidence from a case of human



WILLIAM OSLER, M.D.

rabies shows that it is attributable to the dog. Last May a lad living in Dundas, Ontario, who had been bitten by a rabid dog, developed rabies and died after an illness of three days. A *post*

mortem examination was made, and sections of the medulla taken from the body, were prepared by Mr. Mackenzie, bacteriologist of the Provincial Health Board. From these preparations subdural and ocular injections were given to two rabbits. One of these developed rabies in two weeks and the other in three weeks. The sequence of events was very clear, and it must be evident to anyone, that canine rabies, communicated to the lad at Dundas by the rabid dog, was propagated from the medulla of the dead boy, to the rabbits, and could, if it were considered necessary, have been given to other animals as well.

J. J. C.

THE ASSOCIATION OF THE MEDICAL HEALTH OFFICERS OF ONTARIO.

THE twelfth annual meeting of this Association was held on the 16th and 17th of August, at the Normal School, Toronto. Addresses of welcome were made by Mayor Shaw and Alderman Scott, Chairman of the Reception Committee of the Council. The address of the President, Dr. Sheard, dealt largely with the imperfections of the Ontario Health Act, and suggested that certain amendments be made, providing that in cities, where an active and scientific department of health exists, full and complete power be given to the Health Officer to say when the inmates of a house, where there is contagious disease, should frequent the public streets, schools, etc., and that the Medical Health Officer should also have authority to take possession of an individual affected with any of the graver infectious diseases. The following is the list of papers read at the meeting: "How far should Mandatory Measures go in dealing with Measles, Whooping Cough, Tuberculosis and Leprosy," by Dr. Bryce; "Scarlet Fever and Milk Supply," by Professor Shuttleworth; "The Propagation and Prevention of Rabies," by Dr. Cassidy; "The Treatment of Sewage," by Mr. Van Buskirk, C.E.; "The Water Supply of Chatham," by Dr. Hall.

Some considerable time was devoted to discussing proposed amendments to the Ontario Health Act, the effect of which would be to facilitate the work and increase the authority of Health Officers.

A committee, composed of Dr. Cassidy, Professor Shuttleworth,

and Mr. Mackenzie, was appointed to make experiments to determine the value of formaldehyde as a disinfectant, with authority to use the funds of the Association for that purpose, and to report the results at the next annual meeting.

The festivities were of a very pleasing character. On the evening of August 16th, the members were entertained at supper at the Long Branch Hotel, by the City Council. On the following evening Dr. Sheard entertained the members, some visiting physicians, a number of the city physicians, the Mayor, and some members of the City Council, at a banquet held at Webb's restaurant.

The officers of the Association were elected as follows: President, Dr. McCrimmon, Palermo; 1st Vice-President, Dr. Cassidy, Toronto; 2nd Vice-President, Dr. Hutchinson, London; Secretary-Treasurer, Mr. J. J. Mackenzie, Toronto. Executive Committee—Dr. Holmes, Goderich; Dr. McLeay, Waterford; Dr. Wardlaw, Galt; Prof. Shuttleworth, Toronto; Mr. Van Buskirk, C.E., Stratford.
J. J. C.

FREE PUBLIC BATHS.

DURING the past few years the progress made in the study of bacteriology has been remarkable. The microscope has revealed to us a new world populated with the living things we call bacteria. Once the operation itself was the all-engrossing thought of the surgeon; now of equal importance is perfect asepsis, by which the invasion of bacteria is prevented. The presence of pathogenic micro-organisms is due to the neglect of the duty of absolute cleanliness. The fact of this neglect of cleanliness by a large proportion of the poorer classes renders the work of the surgeon and physician (already difficult and complex enough) oftentimes positively nauseating. In taking up this subject, we have in view the consideration of the great benefit to rich and poor alike of one of the simplest forms of personal cleanliness—the bath. The offer, lately, of Mr. Gage to erect free public baths in this city has been hailed by the citizens generally with delight, and certainly the members of the medical profession owe to him a special vote of thanks, for they long have looked for the day when a comfortable free bath would be a possibility to the class who have so long borne the name of the "city's great unwashed." It seems unnecessary to say that the houses obtainable by the poorer classes are unprovided

with baths of any kind; in them even space is at a premium, and often several families are huddled together, and from such unsanitary surroundings these people go out and are constantly mingling with other members of the community in the public and mission schools, and in the many crowded thoroughfares of the city. Money could not be better expended than in affording these poor people the opportunity, at least, to be cleanly and consequently more comfortable and self-respecting. Epidemics of infectious disease that occur are frequently blamed on the impurity of the drinking water, or the milk supply, sometimes justly so, but we believe that in many cases "dirt is trumps," and Toronto has a full hand of them!!! In England the Church is giving attention to sanitation. We give a few quotations from the annual sermon of the Church Sanitary Association, delivered in All Saints' Church, Luffnell Park, by the vicar, Rev. W. J. Hocking, on August 1st: "Science is making it clearer every day that not only diseases, but a very large proportion of the deaths of the country are attributable to causes which have been evolved out of things for which men are directly or indirectly responsible. It is, therefore, not only foolish piffle, but insulting ignorance, to say the good God wills these things, and that we must resign ourselves to them. Dirt and disease are not part of the divine order of things. It is the duty of the Church to care for the bodies of men as well as their souls. Formerly she always did; the first hospital in London was a monastic establishment. Every parish priest going in and out among his flock ought to impress upon its members the paramount necessity of cleanliness, and not be afraid to tell landlords when their property is in an unsanitary condition."

Whether it is the business of the clergy to concern themselves with sanitary matters or not is a question for them to decide; but we contend that unhealthy and dirty surroundings are not conducive to morality. In Paris the Municipal Council is considering a scheme to furnish cheap baths in small buildings erected on the sidewalk.

But to return to our own city, the cost of erecting and maintaining public baths, open all the year round, need not be very great, although the more ornate and attractive the baths can be made the better. All beauty is elevating and indirectly tends toward morality. Would that the "powers that be" could be tempted by a vision of "The Leander Natatorium," as it greeted the eyes of Julian West in the year 2000 (according to Bellamy).

How refreshing the description sounds: "The lofty interior glowing with light, the immense swimming tank, the four great fountains filling the air with diamond dazzle and the noise of falling water, made an exhilarating and magnificent scene. The loveliest thing of all was the great expanse of water made translucent by the light reflected from the white tiled bottom, so that the swimmers, their whole bodies visible, seemed as if floating on a pale emerald cloud, with an effect of buoyancy and weightlessness that was as startling as charming." Alas, such blessed luxury, we fear, is but for those who are able to pay for it, for it is but the nineteenth century yet. However, soon, we hope, a site may be selected and work commenced on Toronto's Free Public Baths; we also hope sincerely that some "lily work" may be builded into this modern temple. And soon may the great mass of our poorer citizens enjoy a "realizin' sense" of the truth of the maxim, "Cleanliness is next to godliness."

W. A. Y.

THEY ARE NOTHING BUT BABY FARMS.

"MRS. _____, — _____ ave.
 Comfortable home for ladies
 before, during and after accouchement. Infants adopted if desired.
 Strictly confidential."

WE can hardly take up a Toronto paper now without noticing such an advertisement as the above in its most prominent advertising columns. There is no doubt that it is becoming more and more of a FASHION among a certain class of city women to take up work of this character, after they find that they have proved a failure at every other calling. Though we are aware that there are a few women who have retired from active nursing, who prefer to take up maternity work in this way more or less as a specialty, and have had in earlier years a proper course of hospital training, yet we are sure that, for the most part, the women who open up these fifth-class lying-in homes are those who have never had any training in nursing of any kind, and have never attempted to make a study of the work they propose to undertake. On the contrary, all they know as to the management of a woman in labor is their own experience in giving birth to one or two children, when attended by a kindly disposed neighbor. What, we ask,

is the attraction in this work to so many untrained woman? It is not, in ninety-five per cent. of the cases, any inherent affection for it: as work of this character, especially under such circumstances, is anything but agreeable. It is not the love of womankind generally, or a simple desire to assist their sisters on the ground of charity or philanthropy. It is nothing more nor less than that the CASES they secure by flooding the rural weeklies with most alluring advertisements are the kind which of necessity pay well for the work done. We venture to say that a very large percentage of the women who frequent these lying-in homes go there with the object of giving birth to, and in almost every case getting rid of, an illegitimate infant, whose reputed father is willing to pay any price for the services rendered and will gladly pay down, in many cases, a considerable sum of money when he sees that the advertiser includes in her announcement the words, "Infants adopted if desired."

If it is true that it is contrary to the Medical Act for a woman, not a graduate of the College of Physicians and Surgeons, to attend another woman in confinement and charge for the same, why is it allowable for any other woman, who has no knowledge whatever of such matters, to indiscriminately take in what she terms "boarders," and in many cases, without any assistance from a medical man, face the emergencies of a labor and charge for the same under the term "board"? Such houses ought to be either shut up or be under the strictest possible license, with all the precautions taken by the authorities in England in such matters, and the greatest care used that no such license be issued except to those who are known to be capable of undertaking the nursing of such patients, and then only under the supervision of a medical man. The very existence of such houses, as we refer to, is the greatest encouragement to immorality in its worst form, as nowadays instead of the police authorities, as soon as they become cognizant of such a case of seduction, stepping in and insisting upon the union in wedlock of the parties concerned, all the young girl from rural parts has to do is to come to the city, presumably on a visit, and place herself in one of these houses until her baby is born and ADOPTED, then go back home, in many cases, perhaps, to resume her previous habits. The statute passed last Session applying to maternity boarding houses, enacts that no woman shall retain or receive for hire or reward one or more infants under the age of one year, for the purpose of maintaining or nursing such infant or infants for a period longer than twenty-four hours except

in a house which has been registered and at all times kept open to inspection by the authorities. That being the case, we consider that great precautions should be taken as to the conduct of these so-called maternity homes, and the necessary legislation enacted for their government immediately put into active force by the passing by our City Council of the necessary by-law.

"Infants adopted if desired," of course, means nothing often but a baby's early grave, death being due presumably to natural causes, but in reality to simple starvation or narcotic poisoning, and ought to be the subject of investigation by a coroner's jury with an out-and-out verdict of manslaughter returned against the guilty party.

We regret that in some cases medical men are too ready to offer their services to institutions of this kind, and by so doing (thoughtlessly, perhaps) encourage the existence of such places.

W. A. Y.

THE YELLOW FEVER OUTBREAK.

CONSIDERABLE excitement has arisen over an outbreak of yellow fever on the Gulf Coast. The first appearance was at Ocean Springs, a summer resort. The first investigation of the Board of Health decided that the case was dengue fever, but the increased mortality necessitated another conference, and the disease was then held to be yellow fever. In the meantime the visitors at Ocean Springs returned to their homes in different parts of the country, and the result is that cases of the disease have been springing up in different towns in Mississippi, Alabama, Louisiana and other States. The alarm has caused other towns to raise quarantine, but the lateness of the season and the appearance of frost has allayed all fears of the disease spreading to any great extent.

The facts are that yellow fever hitherto has flourished only in tropical countries, and northern cities have little to fear of its ever becoming epidemic. If emigration is allowed there are likely to be a few cases brought north, but history has proven that there is but little to fear in northern countries. The microbial theory of the disease is now pretty well settled in the minds of bacteriologists. Professor Sanarelli, of Montevideo, claims to have discovered the yellow fever bacillus, and the Marine Hospital Service has accepted his theory as the exciting cause of the disease. Following this will be the yellow fever antitoxin. Sanarelli has already manufactured the first antitoxin.—*American Medical Journal*.

THE APPROACHING COUNCIL ELECTIONS.

THE election to contest the seat occupied up to the present by Dr. H. T. Machell, as representative in the Ontario Medical Council for the West Territorial Division of Toronto, will take place very shortly. It will be contested by Dr. Jas. Burns and Dr. Spence, both of Toronto, and as both gentlemen have many personal friends, the election will doubtless be a very warm one. The nominations take place almost at once, after which the election will follow, according to the usual by-laws governing such matters, inside of forty days.

W. A. Y.

The Physician's Library.

The Diseases of Women: A Hand-book for Students and Practitioners. By J. Bland Sutton, F.R.C.S. Eng., Surgeon to the Chelsea Hospital for Women, Assistant-Surgeon Middlesex Hospital, London; and Arthur E. Giles, M.D., B.Sc., London, F.R.C.S., Edinburgh, Assistant-Surgeon Chelsea Hospital for Women. With 115 Illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897.

There is, perhaps, little doubt that hardly sufficient attention has in the past been paid by teachers of gynecology to the elementary part of their subject, and that they have been apt to plunge too rapidly into the more advanced chapters of this important department of surgery. The consequence has been that the young graduate in medicine has been launched into practice without knowing thoroughly the necessary fundamental part of the wide subject known as Diseases of Women. Though the authors of this work modestly announce that it is written more for students than practitioners, we venture to say that many a doctor will be glad to secure it in order to reacquaint himself with what he should have become more conversant in earlier years. It is well written and illustrated, and is put on the market in the usual attractive style of the publishers.

Tuberculosis of the Genito-Urinary Organs, Male and Female. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, Chicago. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897.

During the past ten years so much has been said and so much attention has been drawn to tuberculosis, that an interest has been aroused in the subject never before manifested in the history of medical progress. It is, therefore, most opportune that a book on tuberculosis, as manifested in the male and female genito-urinary organs, should appear, and we venture to express the opinion, after carefully examining it, that Senn's work will receive a very hearty reception at the hands of the profession. It has certainly been the effort of the author in preparing his manuscript to place the available clinical material on an etiologico-pathological basis. Dr. Senn has shown the differential points between tubercular and other inflammatory affections of the organs referred to, and has also given some space to the bacteriology of the former. The colored and other illustrations are very fine.

Index Medicus.

LAST MONTH'S LEADING ARTICLES.

The name of the journal in which the article appears is indicated by a number in parentheses, and will be found in the "Key" on page 224.

- Angina Pectoris: Its Relation to Dilatation of the Heart. J. H. Musser, M.D. (27)
- Antitoxin and Intubation in the Treatment of Diphtheritic Croup. J. L. Smith, M.D. (31)
- Alphabet of Gynecological Diagnosis. W. S. Smith, M.D. (5) Sept. 4th.
- An Unusual Source of Hæmorrhage During and After Labor. D. A. Hodghead, M.D. (26)
- Acetanilid Poisoning. L. N. Gartman, M.D., and V. M. Ball, M.D. (12) Sept. 18th.
- Apparently Incurable Blindness, in which Sight was Restored. C. B. Taylor, M.D. (2) Sept. 11th.
- Anatomy and Physiology of the Nervous System and its Constituent Neuroses. L. F. Barker, M.D. (3) Sept. 18th.
- Advances in Neurology and their Relation to Psychiatry. B. Sachs, M.D. (67) July.
- Abortion, The Treatment of Inevitable. H. P. Newman, M.D. (50)
- Adolescent Rickets. J. Ridlon, M.D. (50)
- Consumption, The Cure of. P. Paquin, M.D. (38)
- Catheterization of the Ureters (Female) as a Diagnostic Measure. W. Mackie, M.D. (58)
- Cases of Vesical Calculi. W. C. Wood, M.D. (30)
- Case of Mental Disease, in which Amnesic Agraphia and Disorders of Vision were the Prominent Symptoms. H. F. Hansell, M.D. (12) Sept. 4th.
- Consecutive Cases of the Ear, in which an Extensive Operation was Performed in the Mastoid. E. E. Holt, M.D. (13)
- Cancer of the Skin. W. G. Gottheil, M.D. (13)
- Causation and Treatment of Spinal Curvature. N. Smith, M.D. (57) Sept. 11th.
- Contribution to the Study of Spinal Syphilis. W. G. Spiller, M.D. (3) Sept. 25th.
- Deviated Septa in Ear Diseases, with new Operation for their Correction. J. O. Tansley, M.D. (20)
- Diphtheria Antitoxine. A. McAlister, M.D. (3) Sept. 25th.
- Efficient Remedy for Worms. S. M. Ward, M.D. (31)
- Facial Eczema in Infants. W. A. Pusey, M.D. (40)
- Follicular or Lacunar Tonsillitis and its Treatment. H. P. Stebbings, M.D. (34)
- Fungus Diseases of the Skin. N. Walker, M.D. (7)
- Foreign Bodies. J. Turner, Jun., M.D. (5) Sept. 11th.
- Gynic Relations of the Chest. E. Cutter, M.D. (18)
- Hysterectomy, The Indications for and the Technique of. J. Homans, M.D. (27)
- Hygiene of the Child's Voice. F. C. Ewing, M.D. (43)
- Hay Fever. M. C. Korb, M.D. (55)
- Hitherto Undescribed Form of Chronic Nephritis. D. D. Stewart, M.D. (2) Sept. 4th.
- Heredity, with Variation. D. K. Shute, M.D. (3) Sept. 11th.
- Hydro-Salpinx. G. F. Hulbert, M.D. (50)
- Influence of Liberal Education with Reference to Medical Ethics. E. Lea, M.D. (46)
- Ideal Anesthesia. R. Nicol, M.D. (1) Sept. 25th.
- Infection of Primary Acquired Syphilis. J. M. Koch, M.D. (14) Sept. 11th.
- Kneipp Cure from a Scientific Point of View. O. Juettner, M.D. (3) Sept. 13th.
- Liver Abscess. I. R. Trimble, M.D. (9) Sept. 1st.
- Leprosy, A Case of. W. Osler, M.D. (5) Sept. 25th.
- Lupus Vulgaris. J. V. Shoemaker, M.D. (16)

- Lead-poisoning Complicated by Ulcerative Colitis. H. W. Carson, M.D. (2) Sept. 4th.
- Management of Early Phthisis. J. C. Whitcomb, M.D. (1) Sept. 25th.
- Migraine and Allied Epileptoid Conditions. W. Russell, M.D. (7)
- Medicine and Surgery, with their Varieties of To-day. M. E. Alderson, M.D. (9) Sept. 7th.
- Mental Evolution in Man. R. M. Bucke, M.D. (1) Sept. 18th.
- Mode of Action of Medicines. D. J. Leech, M.D. (57) Sept. 18th.
- New Operation for the Correction of Deflections of the Nasal Septum. E. B. Gleason, M.D. (20)
- Neuropathic Dyspepsia and its Correlations with Disturbances of the Rhythm of the Heart. E. E. Sanson, M.D. (37) Sept. 1st.
- Neurasthenia or Neuro-sthenia, which? and an Efficient Treatment for. B. O. Kinnear, M.D. (24)
- Nervous Origin of Cancer. A. W. Johnstone, M.D. (14) Sept. 4th.
- Oxygen, Iron and the Spinal Ice Bag in the Treatment of Anemia. B. O. Kinnear, M.D. (22)
- Post-operative Insanity, especially in Women. W. P. Manton, M.D. (58)
- Puerperal Eclampsia: Its Etiology and Treatment. W. W. Potter, M.D. (22)
- Power of Suggestion in Obstetrical Practice. R. R. Rome, M.D. (66)
- Physical Training in the Public Schools. H. L. Taylor, M.D. (43)
- Probable Future of Therapeutics. J. R. Wood, M.D. (46)
- Progress of Medical Chemistry. J. L. W. Thudichum, M.D. (37) Sept. 1st.
- Phlegmonous Gastritis Following Ulcus Carcinomatosum of the Pylorus. J. C. Hemmeter, M.D. (1) Sept 11th.
- Physical and Chemical Properties of Alloys. C O. Caswell. (8)
- Pasteur and the Modern Conception of Medicine. Prof. C. Richet. (57) Sept. 18th.
- Reflex Neuroses. N. Bridge, M D. (17)
- Readers' Cramp. E. W. Wright, M.D. (3) Sept. 11th.
- Rapidity of Absorption and Elimination of some commonly employed Drugs as a Guide to their Administration. H. A. Hare, M.D. (24)
- Rise and Progress of Dermatology. M. Morris, M.D. (1) Sept. 18th.
- Recitation vs. the Lecture System of Teaching Medicine. J. L. Chapman, M.D. (39)
- Röntgen Rays in Diagnosis. H. C. Thomson, M.D. (2) Sept. 18th.
- Some New Methods of Resuscitating the Still-born and Feeble-born Infants. B. Brown, M.D. (56) Aug. 16th.
- Static Electricity. H. S. Greeno, M.D. (45)
- Situs Viscerum Transversus. T. L. Chadbourne, M.D. (39)
- Sporadic Cretinism—Distinction from Forms of Idiocy and Other Diseases. H. Koplik, M.D. (3) Sept. 4th.
- Sun-heated Sand as a Therapeutic Measure. W. T. Parker, M.D. (46)
- Surgery of the Bile Ducts. J. E. Summers, M.D. (50)
- Some Surgical Sins. E. Lamphear, M.D. (50)
- Surgery of the Past and Present. H. McL. Morton, M.D. (56) Aug. 16th.
- Stone in the Kidney. G. Heaton, M.D. (62)
- Surgical Tuberculosis Treated by Koch's New Tuberculin. F. Eve, M.D. (2) Sept. 18.
- True Principles on which the Medical Profession Should be Associated. L. Connor, M.D. (18)
- Transformation of Heredity. J. G. Kiernan, M.D. (17)
- The Plague. J. A. F. Ozanam, M. D. ; translated by T. C. Minor, M.D. (56) Aug.
- Theory and Practice. T. C. Allbutt, M.D. (43)
- Threatened Death During Major Anesthesia. R. H. M. Dawbarn, M.D. (4)
- Trigeminal Paresthesia. C. Pope, M.D. (4)
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- The Preliminary Conduct of Intestinal Operations. R. H. Reed, M.D. (39)
- Unique Cases in Abdominal and Gynecological Work. K. P. Moore, M.D. (13)
- Ulcerative Endocarditis Successfully Treated with Anti-Streptococcic Serum. J. W. Washbourn, M.D. (2) Sept. 18th.
- Uremia with High Temperature. A. E. Eshner, M.D. (12) Sept. 25th.
- Wounds of the Liver and their Treatment. C. H. Terry, M.D. (30)
- When and How to Operate for Uterine Fibroids. G. E. Shoemaker, M.D. (50)
- Withdrawal of Bromides in the Treatment of Epilepsy. F. Peterson, M.D. (3) Sept. 25th.

KEY TO MEDICAL PUBLICATIONS.

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| <ol style="list-style-type: none"> 1. Medical Record, N. Y. 2. The Lancet, London, Eng. 3. New York Medical Journal. 4. Atlanta Medical and Surgical Journal. 5. Maryland Medical Journal, Baltimore. 6. Medical Summary, Philadelphia. 7. Scottish Medical and Surgical Journal, Edin. 8. Journal of Medicine and Science, Portl., Me. 9. The Railway Surgeon, Chicago. 10. Archives of Pediatrics, N. Y. 11. Montreal Medical Journal. 12. Philadelphia Polyclinic. 13. International Journal of Surgery, N. Y. 14. Medical and Surgical Reporter, Philadelphia. 15. American Medical Journal (Eclectic), St. Louis, Mo. 16. Medical Bulletin, Philadelphia. 17. Medicine, Detroit. 18. New England Medical Monthly and The Prescription, Danbury, Conn. 19. Canadian Medical Review, Toronto. 20. The Laryngoscope, St. Louis. 21. The Medical Arg., Detroit. 22. Buffalo Medical Journal. 23. Cleveland Medical Journal. 24. The Therapeutic Gazette, Detroit. 25. Langsdale's Lancet, Kansas City. 26. Pacific Medical Journal, San Francisco, Cal. 27. American Journal of Medical Science, Phila. 28. The Maritime Medical News, Halifax. 29. The State Hospitals' Bulletin, Utica, N. Y. 30. Brooklyn Medical Journal, N. Y. 31. Pediatrics, N. Y. 32. Bulletin of Pharmacy, Detroit. 33. Magazine of Medicine, Atlanta, Ga. 34. North American Practitioner, Chicago. 35. St. Louis Medical and Surgical Journal. 36. Chicago Medical Recorder. 37. Medical Press and Circular, London, Eng. | <ol style="list-style-type: none"> 38. Medical Brief, St. Louis. 39. Columbus Medical Journal, Columbus, O. 40. Chicago Clinical Review, Chicago. 41. The American Therapist, New York. 42. The Pacific Health Journal, Oakland, Cal. 43. The Dietetic and Hygienic Gazette, N. Y. 44. La France Medicale, Paris. 45. Medical Standard, Chicago. 46. The Medical Times, New York. 47. La Presse Medicale, Paris. 48. Le Progres Medical, Paris. 49. Quarterly Journal of Inebriety, Hartford, Conn. 50. American Journal of Surgery and Gynecology, St. Louis. 51. The Homoeopathic Physician, Philadelphia. 52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky. 53. California Medical Journal (Eclectic), San Francisco, Cal. 54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md. 55. Chicago Medical Times. 56. The Indian Lancet, Calcutta, India. 57. The British Medical Journal, London, Eng. 58. Annals of Gynecology and Pediatrics, Boston. 59. The American Gynecological and Obstetrical Journal, New York. 60. American Practitioner and News, Louisville, Ky. 61. The Medical Examiner, New York. 62. The Birmingham Medical Review. 63. The Alienist and Neurologist (Quarterly), St. Louis, Mo. 64. The Woman's Medical Journal, Toledo, O. 65. The Lancet, N. Y. 66. The Hypnotic Magazine, Chicago, Ill. 67. The American Journal of Insanity, Baltimore, Md. |
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W. A. Y.

Appreciation.

We have been in receipt during the past few weeks of so many kind letters from members of the profession all over Canada, from Newfoundland to Victoria, congratulatory of the September issue of the JOURNAL, that we feel called upon to acknowledge the same with thanks. It is encouraging to think that a journal publishing only its tenth issue should receive so warm a commendation from the profession as a whole, and it will be our constant effort, in a measure at least, to merit the approval so generously given us.

W. A. Y.

WE acknowledge, with thanks, the loan from *The Canada Lancet* of the half-tone of Dr. Wm. Osler, used in this issue of the JOURNAL.

THE inhabitants of Great Britain, it is estimated, consume 4,000,000 pills a week. No wonder the epithet has been applied to them—"They take their pleasures sadly."

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Of Interest to Medical Women.

Professor Virchow and the Lady Doctors.

After the scientific proceedings of the International Medical Congress at Moscow had been brought to a close, a deputation of Russian lady doctors waited on Professor Rudolph Virchow, who received them in the apartments assigned to him by the Czar in the Kremlin. The spokeswoman of the deputation thanked the great pathologist in the name of her professional sisters for his championship of the cause of the medical education of women. Professor Virchow in returning thanks spoke highly of the ability shown by Russian female students of medicine, and expressed the opinion that the Medical Institute for Women, recently opened in St. Petersburg, had a future of usefulness before it. He invited the Russian lady doctors to make free use of his Anatomico-Pathological Institute if they ever had occasion to visit Berlin.—*B. M. J.*

The Women's Medical School in St. Petersburg.

The first course has begun in this new school for women, with a class of one hundred and sixty students, nearly an equal number of applicants having been refused admission for want of room. It was at first determined that only orthodox Christians should be admitted to the school, but a recent ukase had modified this to the extent that women other than Christians may be received, provided the number of them shall not exceed five per cent of the total. There are accordingly eight such in the first class, so many having applied that the full complement allowed by law was admitted. They are obliged to pursue the same course of studies as their orthodox sisters, and this includes the study for six months of dogmatic theology. The other subjects for the first year are anatomy, histology, physiology, botany and chemistry.—*Med. Rec.*

THERE are between thirty-five and forty medical women in Switzerland, and a number of them recently got together and founded a club of female physicians, which is said to be the first of its kind in Europe.—*Medical Record, N. Y.*

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THE readers of the JOURNAL will find on another page a half-tone, taken from a photograph, of one of the pioneer private hospitals in Ontario, Dr. Holford Walker's now well-known "Rotherham House," in Isabella Street. It needs no commendation, being widely and most favorably spoken of by numbers throughout the Dominion who have received so much benefit and kindly attention from the doctor and his excellent staff of nurses. The former has very lately returned from a three months' trip abroad, a combination of business and pleasure. He spent three weeks in Nauheim, Germany, in order to thoroughly investigate the treatment of various forms of heart disease by the system in vogue there, and has returned very enthusiastic as to the marked benefit to be obtained in suitable cases. He also went to London to investigate the treatment of rheumatism by the dry hot-air method, and found the results obtained were quite equal to the favorable reports. "Rotherham House" is now thoroughly equipped for treatment of disease of the heart and the various forms of rheumatism. We predict the same amount of success will attend this institution in the future as in the past.

THE house of The J. Stevens and Son Company (Limited), the well-known surgeons' supply house, who for many years past have been firmly identified with Wellington Street in this city, can be relied upon to sell only the *best* instruments. Every article they turn out is manufactured by experts in the trade, and is not allowed to leave the shop until it has been passed upon by the President of the company himself. We are pleased to know that this house report a steadily increasing business, and can count as customers those who have dealt with them since the day they opened up in business. We wish them continued success.

MOST physicians in Canada now are readers of the *Hypnotic Magazine*, as published by Dr. Sydney Flower, of Chicago. If not, we recommend that they send to The Psychic Publishing Co., of that city, for a sample copy, as in the journal they will find much of interest to medical men, especially in these days when you hear so much about "Suggestive Therapeutics." We hope to publish in an early issue an interesting paper entitled "How to Hypnotize," written specially for this journal by Dr. Flower.

ONE peculiar feature of the tea trade is the fact that "Salada" Ceylon Tea shows the retailer a smaller profit than any other tea he sells, most other teas giving him as much as six cents a pound more profit. Yet, notwithstanding this fact, nine out of ten grocers prefer selling "Salada" to any other tea, experience having taught them that there is no tea that satisfies the consumer as "Salada" does.