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# Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO  
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Vol. I.]

TORONTO, MAY, 1893.

[No. 10.

## Original Communications.

### CASE OF EXCISION OF THE UPPER END OF RADIUS FOR ANCHY- LOSIS WITH ULNA.\*

BY A. B. ATHERTON, L.R.C.P. & S., F.D.S.,

Surgeon to St. Michael's Hospital; Surgeon to St. John's Hospital.

May 5, 1892.—Maude F.—, aged 14, fairly healthy till two years ago, when she suffered severely from an attack of diphtheria, and has never been so robust since then. Otorrhoea started at that time, and has continued till the present.

Four years ago had a fall on the right elbow, striking upon the edge of an unframed slate. A fracture was diagnosed by the attending surgeon, and the elbow put up in splints: these were kept on four weeks. Not much attention seems to have been given to the after-treatment.

Flexion and extension are fairly good, though not quite perfect. There is not the slightest rotation of the radius upon the ulna, however: the hand lying in the position of semi-pronation. This renders the hand to a large extent useless for many purposes. The patient complains especially that attempts at writing are very irksome, and

cause much pain in the wrist and elbow. Of late these pains seem to be increasing in severity.

On examination not the slightest deformity can be made out about the elbow-joint or forearm.

*Operation.*—Chloroform given. An elastic tourniquet placed on arm, and a longitudinal incision made over the upper end of the radius. On uncovering the bone, the radius was found firmly united for an inch and a quarter to the ulna. A saw was used to separate them, and then I divided the radius below their line of union by means of the bone forceps, and removed the upper end of that bone, disarticulating it at the joint.

A solution of bichloride of mercury, 1-1000, was applied to the raw surfaces, and the soft parts united by sutures, a drainage tube being put in. Then the wound was dusted with iodoform, and a dressing of salicylated cotton applied, the elbow being bent and laid on a pillow.

The healing was delayed by a superficial slough of the wound, owing in all probability to the use of too strong a solution of bichloride.

Patient went away to the country about the 20th of June, and I did not see her again till the 10th of October.

I then found that she had not followed out my instructions in regard to keeping up the movements of rotation and flexion, and these were quite limited. I therefore gave a little chloroform and broke up the adhesions, so that flexion and extension were nearly perfect, and the motion of the

\* Read before the Clinical Society of Toronto.

upper end of the radius on the side of the ulna was made fairly good. She only came to see me once or twice after this, when she again left for the country. I heard, however, that she kept using her arm constantly, and that she had not allowed the parts to grow stiff, as she had done on the former occasion.

Recently she returned to the city, and is attending school again. I looked her up yesterday with a view of presenting her to this Society, and found that flexion and extension had been kept nearly if not quite as good as when I last saw her in October: but I think the movements of rotation in the false radio-ulnar joint are not so free as then. It will be seen, however, that it has about two-thirds the range of motion of the natural joint, and both the patient and her mother express great satisfaction with the result, as her right arm has been rendered much more serviceable than previous to the operation.

*Remarks.*—I think the above case worthy of being recorded, both on account of the extreme rarity of the injury, and because of the fair amount of success which attended the operation for its relief. On looking over the authorities on surgery, I can find no instance mentioned similar to it; and in dealing with the treatment I had to rely wholly upon my own judgment.

The nature of the primary injury must have been, I suppose, a severe bruise of the periosteum of the head of the radius, and probably also of the ulna, which led to the throwing out of a good deal of callus, and to their subsequent bony union. It seems rather remarkable that such a severe injury as this was, should not have caused a more considerable ankylosis of the elbow-joint proper, seeing that the bones were united in their whole thickness right up to the articulating surface of that joint.

In operating I decided to remove entirely the part of the radius involved in the ankylosis, because it appeared to me unwise to risk the chance of re-union of the broad, fresh bony surfaces which were left after sawing the bones apart. I believe that no amount of passive motion could have prevented this taking place. As it was, unusual difficulty was experienced in persuading the patient to submit to the few manipulations which I made after the operation, and I am quite certain that

she would never have allowed anything like the amount of meddling that would have been required to give any prospect of a new joint being formed at the end of the bones.

#### A CASE WITH CHRONIC EYE SYMPTOMS, FOLLOWED BY ACUTE HEAD SYMPTOMS, MIDDLE EAR DISEASE, MENINGITIS, DEATH.

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG., F.R.C.P.  
ED.,

Surgeon to County of Carleton Hospital, Ottawa, Ont.

Herbert P—, aged four years, well-grown and intelligent, father healthy, mother delicate, family history undetermined: was brought to me by his mother, on September 12th, 1892, on account of great intolerance of light and its usual accompaniments, pain and lachrymation, which had existed for the past six months, notwithstanding he had been under the care of two medical men. General anaesthesia was induced by chloroform, and the eyes thoroughly inspected, but nothing noteworthy could be seen.

There were no corneal ulcers nor phlyctenulae. Eserine sulph., gr.  $\frac{1}{2}$ , aq.  $\mathfrak{v}$ ij., gutt. ii. t.i.d., was prescribed to be dropped into each eye after using a lotion of cold boracic acid.

Ol. morrhuae,  $\mathfrak{v}$ ij., after meals was also ordered, which treatment was followed by considerable relief when he was seen by me three days after. The treatment was continued for three days more, when she returned: this time carrying the child, who was unable to walk as he had done on previous visits.

At my request he was put down on his feet and held by the left arm, but could not maintain his balance, and would have fallen to the right had he not been held up. He had complained the day before that the top of his head was coming off, and that he was falling.

He had rested only intermittingly for two or three nights and taken little food. His eyes were examined by the aid of cocaine locally. His head was firmly held between my knees (as he resisted considerably), while he lay on his mother's lap, though nothing morbid was observed. The pupils

were small, presumably from the excessive drops. But on the towel which had been thrown over my knees about a drachm of thick, yellow, offensive pus was found at the part where his left ear had rested, and which had obviously been pressed out of it. The meatus also contained pus. This was the first indication both to the mother and myself of any ear disease, the child not having at any time complained of his ear.

He was carried home, put to bed and ordered to have his ear syringed with warm boracic lotion. During the following week he was restless, occasionally delirious, sensation of falling; face pale, occasional flushings, temperature 101° to 102°, loss of appetite, constipation. Was given calomel and sodæ bicarb., gr. ii. of each, also chloral and bromide of potass mixture.

On September 20th, he was sent to hospital. Lies quietly on his left side with knees drawn up, cries when moved, temperature 102°, pulse 120, respiration 24. Eyes bathed in boric acid lotion, and ears syringed with the same, body sponged with tepid water, bowels moved twice.

From the 20th to the 25th his condition remained much the same as during the previous few days; little change in treatment. Temperature was unstable, varying from 102° to 104°, without regard to periodicity in any part of the day or night. There were no local signs of inflammation over the mastoid. He cried and moaned in his sleep, out of which he would awaken with a shrill cry, as in fear, and then relapse into sleep again. Trembles when stirred, rigidity of the neck with retraction of head, tache cerebrale, no discharge from ear, eyes deviating towards the left: the symptoms being those of meningitis by extension of inflammation from the middle ear: opening the mastoid cells was advised but refused.

Two days later, September 25th, when he had grown worse, an operation was allowed and performed as a dernier resort, a mallet and chisel being the instruments used. Only a small quantity of pus was found.

He slept quietly for more than an hour after the operation, and awakened by a cry. Respiration and pulse became more frequent till five o'clock on the following evening, thirty hours after the operation, and ten days after the first discharge of pus from the ear, when he died.

Endeavours to obtain a post-mortem unfortunately were unsuccessful.

In the Royal London Ophthalmic Hospital reports for December, 1892, there are recorded cases of acute illness with head symptoms, accompanied by morbid appearances in the eye, simulating glioma, death from meningitis, middle ear disease.

### PAROTIDITIS.

BY A. E. BOLTON, M.D., PORT SIMPSON, B.C.

A recent epidemic has taught me that the age of twenty years, or even thirty, does not insure immunity from this disease, and the severity of the general symptoms correspond with the age of the patient and the admixture of European blood—young children and natives being but slightly indisposed even when the local symptoms were severe, and adults, especially whites and half-breeds, evidencing great prostration, anorexia and severe headache. Orchitis developed in about the usually given percentage, but I noticed a feature that I have not seen reported before, that of facial paralysis following the swelling of the gland. In my own case, although the swelling was not great, I experienced a loss of sensation and motion in an area extending from the temple to the angle of the jaw, and from the gland to the angle of the mouth. This lasted about two weeks after the disappearance of the swelling, and passed away gradually without treatment. Shortly after, I was called to attend a man of about forty years, suffering from facial paralysis, unilateral and quite complete, but no sign of extension to lower parts of the body, and no head symptoms. Upon enquiry I found there had been pain in the region of the parotid gland, but no perceptible swelling. The muscles are recovering motion more rapidly than is generally the case in such paralysis, under the use of pot. iodid. and nux vomica and the faradic current, and I feel quite certain that parotiditis was the cause.

The orchitis in each case subsided rapidly under treatment of bran poultices, with aconite sp. nit. arth. and colchicum internally.

The University of Dorpath, which was founded in 1622 by Gustavus Adolphus, has been abolished.

## HOUSEHOLD SANITATION.

BY NORMAN WALKER, M.D., TORONTO.

There are a few matters about the household which, if not attended to, delay and in some cases prevent the recovery of a patient. Any carelessness in regard to the plumbing, the water supply, the food storage, or the ventilation of the room or building in which a patient is should have attention drawn to it by the doctor in attendance.

Plumbing that is seven years old, and more especially any still older, requires to be overhauled. Closet fixtures of ten years ago were complicated in design, and experience has taught that they were filthy and unhealthy in use. The pan closet and the valve closet are antique contrivances which have outlived their usefulness. They have been superseded by the cleanly, one-piece earthenware or china bowl, with its ventilated, water-sealed syphon trap. Water-sealed syphon traps were in use more than ten years ago, but the fact that when there were two or more traps connected to a soil pipe each trap must be ventilated, to prevent syphoning, was not yet accepted, and it was not till still later that continuous automatic ventilation of the drain and soil pipe was attained. Now, the house drain must be disconnected from the street sewer by a trap; a ventilator is placed on the house side of this trap, which allows the fresh air to enter the drain, pass into the soil pipe, and thence out above the roof, the soil pipe being carried up full bore.

The plumbing in old houses is not effectually cut off from sewer air by a trap, the drain and soil pipes have not got a stream of fresh air passing through them continuously, and the traps throughout the house are not ventilated to prevent the water-seal being broken, therefore old plumbing requires to be gone over, and new plumbing should be inspected to see that these points are attended to. Bad material and workmanship need not be spoken of here; it is only the principle.

Old privy pits with pervious walls, allowing the surrounding earth to become sodden with organic matter, should be replaced by dry earth closets. For manure purposes the value of the fluid excreta is to the solid excreta as five to one, and hence if the contents of a dry earth closet are used before the fluid evaporates, a material gain will be effected.

No matter how well ventilated, a closet should never be placed in either a bedroom or a living-room of a house, as is sometimes done in the North-West, for the sake of the warmth in the winter. The closet should be arranged in a passage way, or else the excreta should be taken outdoors, emptied into a tight barrel, and disposed of on the land in the spring.

Water, whether stored in a city reservoir, or in a barrel as it is caught from the roof, tends to become putrid: guard against this by getting as pure water as possible, and by frequent cleaning of the receptacle. The first water collected from a roof should be rejected, because it contains impurities from the atmosphere and dirt from the roof; other wise rain is the source of purest water supply.

Buying a filter is like paying taxes—it goes against the grain. A man feels that the water should be so pure that a filter would be unnecessary, but as long ago as the time of Moses water came out of a rock. That rock must have been a permeable one, and to-day the best water we get comes through permeable rocks, either in their natural beds or else through a filter with a piece of rock as the filtering medium. Most filters have some cleansing power, but very few are any good after a month's use. People think that a filter should go on forever doing its work without requiring any attention. Medical men should take the trouble to impress the people that their filters should be cleaned, and that frequently. The best filter is the one which when dirty will not allow water to pass: in fact, it works automatically, and the servant soon finds that, in order to get filtered water, the filter must be kept clean. Filters such as will come up to this standard are unglazed porcelain, special kinds of earth or sand pressed into blocks, or blocks of sandstone cut so as to form a reservoir, or cut in discs and cemented in so as to form the bottom of a crock. Flannel, wool and sponges should be absolutely condemned. Charcoal acts by arresting any suspended matters, and by oxidizing organic matter that may be dissolved in the water. This oxidizing action is only retained for a short time, and then if the charcoal is not cleaned and dried or renewed, it gives up the impurities to the water again, and so in the end is worse than no filter at all. Spongy iron forms a good medium for a domestic filter.

but it requires to be renewed every year. Gravel alone does not form an efficient filter, but with a few inches of sand on top a good medium is formed. The top sand must be washed every week or two to maintain its efficiency.

Boiling the water is the absolutely sure way to kill all the micro-organisms in water for domestic use, but it does not remove suspended matter, and it leaves the water very insipid. However, if the water after boiling is put in the refrigerator beside the ice it will be cooled, the solid particles will settle, and then by pouring the water from one vessel to another repeatedly, it will be aerated sufficiently so as not to be distasteful.

Refrigerators should be cleaned with boiling water twice a month during the summer. Food becomes tainted by odours from other food kept close to it, milk being the most frequently contaminated food in this respect. The cleanest way to handle milk is in glass bottles with airtight covers. These bottles are filled with fresh milk at the farm, the temperature is raised to boiling point in a steam bath, the bottles are closed and transportation begins. Milk kept in open vessels should be covered. Medical men should impart to the people the information that micro-organisms cause decay of all kinds of food, that these organisms are borne about in the air attached to particles of dust (that dust settles everyone knows), and that by covering up food putrefaction will be delayed, if not prevented. The refrigerator should be kept where the air is fresh. Cellars and dark corners are usually full of stagnant and therefore unwholesome air. The cellar requires to be ventilated just as much as the bedroom; in fact, when people do not ventilate the cellar nature does it in this way: Warm air rises and its place is taken by cold air; the warm air of the house passes up and out through windows or leaks in the top flat, and the cold air from the cellar percolates up through the floors. But where does this cold air enter when the cellar is unventilated? It is ground air which will rise even through cement or stones. This ground air is unwholesome, being damp, having an excess of carbonic acid, and organisms both harmless and harmful; therefore it is necessary to ventilate the cellar directly from outside.

The public schools teach a great deal of sanitation, but the medical man must, by persistence,

impress the people to apply their knowledge, and further, with the fact that he knows more sanitation than they do.

Every surgeon knows that a wound must be clean before it will heal; every physician must have observed that a patient does better in an airy room than in a stuffy one; this cleanliness and airiness is only to be had in a well-ventilated room. Now, in order to ventilate a room there must be an inlet for fresh air and an outlet for foul air—the arrangement of these should be part of the directions of a doctor just as much as directions about food. When the window of a sick-room is opened at the bottom and the door is opened, cold air pours in at the window, flows across the floor and out at the bottom of the doorway; the upper air in the room is cooled, flows out by the doorway, and is replaced by air warmed in some other part of the house flowing into the room through the upper part of the doorway or from a hot air register; the patient will probably be at a level between the two currents, but note that, whilst this may be all right for the patient, the dust-laden air near the floor is being carried into the house. Again, with the door open and the window open at the top, then the air flows from the house out through the window; now if the air of the house is foul the patient cannot thrive. Again, when the door is kept shut then the window must be opened, both top and bottom, this giving an inlet for fresh air and an outlet for foul air. Don't let the foul air from a bathroom or from a room where infectious disease is being treated flow into the house. Air flows like water, the warm air always the top current, the cold air the bottom current.

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#### SOME PRACTICAL POINTS IN THE TREATMENT OF GRANULAR LIDS.

BY G. STERLING RYERSON, M.D., C.M., L.R.C.S.E.,

Professor of Ophthalmology and Otology in Trinity Medical College.

(Continued from March number.)

The use of solid nitrate of silver is seldom required: such cases as demand its use are very serious ones, characterized by persistent atomic granulations. Sulphate of copper in solid crystal is also an excellent stimulant and astringent in just

such cases. Its effect is diminished or increased in proportion as it is washed off after application. The crystal should be rubbed smooth on a grindstone before using. The pain of the reaction after its use can be diminished by instilling a few drops of cocaine before use and free bathing with cold water after. The mitigated stick (nitrate of silver 1 part, nitrate of potash 2 parts,) is also applicable to this same class of cases. Scarification by electrolytic knives, after the method of Johnson, is coming into fashion; but it must be said that the method is still *sub judice* and its results doubtful.

Of the sequelae, or more properly the concurrent affections, pannus is by far the most serious. The treatment in most cases is simply the treatment of the granulations. Best cases are fairly plentiful, in which the cornea opacity is most obstinate, and in which permanent impairment of vision is threatened. The remedy *par excellence* for this condition is *Jequirity*. This drug was first brought to notice of De Wecker, of Paris, by a Brazilian student, in 1882. De Wecker experimented largely with it, and as a consequence of his experiences, *Jequirity* has taken its place among the classic remedies in ocular therapeutics. One bean macerated in half an ounce of water was the standard strength, but later experiment has shown that powdered bean is the most efficacious. If properly kept in a glass-stoppered bottle, it will keep for a long time. I have some that I have had for five years; it is still quite as good and active as when first obtained. In suitable cases a little is dusted on the conjunctiva. Great caution should be used to apply very little at first. Within six hours the eye begins to pain, the conjunctiva and lids to swell, and in twenty hours a thin pelucid or greyish pseudo-membrane is formed. The discharge from the eye is increased. There is heat and the heightened sensibility to light. If it is desired to stir up the eye still further, a little more *jequirity* powder is insufflated next day. Usually two doses accomplish all that is required.

It is best to allow the inflammatory reaction to have its own way for two or three days; after that, it can be checked by warm boric acid lotions. After a week, nitrate of silver solutions may be used. In some cases this process of cooling down may have to be repeated two or three times. I

have never yet met with a case in which very material benefit did not result, even in old and apparently hopeless cases.

A word of caution: Don't use *Jequirity* except in very old and obstinate cases, in which the cornea is a good deal affected. I saw a case in New York some years ago in which, from its use, *both corneae* sloughed in a young man. It was admitted that there was little vascularity of the cornea in this case. It was being tried for a not very severe attack of granular conjunctivitis. In conclusion let me say, granular ophthalmia is easily cured at the outset, but it too often happens that patients underestimate its importance, and neglect or deliberately disregard warnings until the disease becomes fixed. I have under my care at the present time a case in which the granular process is quite active, eighteen years after the first neglected attack; therefore, we cannot be too careful to forewarn patients of the future which awaits the negligent.

DR. JOHN L. BRAY'S ADDRESS TO  
MEDICAL GRADUATES OF  
QUEEN'S UNIVERSITY.

After such a long absence it affords me a great deal of pleasure to stand in Queen's halls and be permitted to address a few words to you, and I thank the principal for his kind and cordial invitation to be with you to-day and take part in these interesting ceremonies. But while I feel pleasure on this occasion, it is not unmixed with pain, when I recall the time that I waited, as you do, to receive my degree, to know that so many of my teachers and fellow-graduates have gone on that journey whence no traveller ever returns. Of the professors in this university who occupied chairs at that time, there remain but two, viz., the venerable and learned Dr. Williamson, in Divinity and Arts, and the honourable Dean of the Medical Faculty, my esteemed preceptor and warm friend, Dr. Fowler. Of the twenty-four gentlemen who comprised the graduating class of my year, only eight remain. When I recall their smiling faces and warm greetings, and know that I shall never again meet them on earth, I cannot but feel sad, and it makes me realize the uncertainty of human life. I hope and believe they have received from the

Giver of All a higher reward than they ever could have obtained in this world.

It seems but a few short months since I stood with them to receive my degree, yet thirty years have passed. Well do I remember the load that was lifted from my mind when I was told I had finished my collegiate course and had passed the examination which entitled me to receive my degree. This feeling you no doubt have experienced also, but you must bear in mind that, although you receive now your diplomas, your education is not complete. Too many, I fear, imagine that once they get the coveted degree the time for study is passed. I ask you not to make such a mistake. Medicine is a progressive science, and in order to keep abreast with the times you will have to read hard and constantly; make notes of your cases, and in this manner you will be compiling a book of reference that will prove invaluable to yourselves, and of great benefit to your fellow-practitioners. For in it you will have the text of many a paper that may prove useful and interesting to the members of any medical society. And while on this subject, I would enjoin all of you to become members of some medical association and regularly attend its meetings.

When I think of the advances made in medicine since I graduated, I am amazed. The microscope and thermometer, physiology, pathology and pharmacy have almost revolutionized the practice of medicine, and I have no doubt that during the next thirty years still greater and more important advances will be made, so that you see a man cannot stand still if he desires, as he ought to do, to take the position he should among his confreres, which, I am happy to say, the graduates of old Queen's have always done. I can point with pride and pleasure to the high standing of her graduates, not only in Ontario, not only in the Dominion of Canada, but in all parts of the world wherever they may be found, and this should be an incentive to the graduating class of 1893 to follow their example.

To-day the Dean of your Medical Faculty is President of the Council of Physicians and Surgeons of Ontario, and I may tell you the first president of that body was the late John R. Dickson, Professor of Surgery, at that time in this university, than whom no better teacher, more energetic

worker, nor more honourable man ever filled that chair. Since the formation of the Medical Council no less than seven Queen's men have filled that honourable position, a number almost twice as great as that from any other medical school, either in Ontario or anywhere else, while the Dominion Medical Association has recognized the sons of Queen's by electing to the presidency of that representative body more than one of her graduates. Bearing this in mind, I would say to you, make yourselves master of your profession. Fit yourselves to take the places of those who must soon pass away, so that your alma mater, through her sons, may still be a power among the educational institutions of this country. The world is now before you, make good use of your opportunities: be students and not drones, and I predict for you a useful and honourable career. Above all, be true to yourselves, true to your God, loyal to your Queen and country, and love and honour your alma mater.

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### Meetings of Medical Societies.

#### LONDON MEDICAL SOCIETY.

The regular monthly meeting was held on Monday evening, April 10th, Dr. Hodge, the president, in the chair. Dr. Couse was proposed a member of the Society. After some minor business Dr. Meek read his paper on "The Prevention and Treatment of Puerperal Septicæmia."

MR. PRESIDENT AND GENTLEMEN,—The subject which I have been asked to discuss this evening is an important one, both to the general practitioner and specialist, and not only is it important to the specialist in diseases of women and abdominal surgery, but also to the specialist in other departments of medicine. The unhappy patient recovering from primary illness will not infrequently be found passing from one physician to another, from general practitioner to specialist, and often from the consulting room of one specialist to that of another, and finally, when suffering becomes unbearable and life a burden, to the operating table of the abdominal surgeon.

The subject for discussion to-night is the *prevention and treatment of puerperal septicæmia*, but before we can understand how to prevent and treat

these cases, it will be necessary for us to know something about the nature and causation of the trouble.

To consider every case of fever occurring during the puerperal period puerperal septicæmia is a mistake. We may have typhoid coming on shortly after labour, and in its symptoms so closely resembling a case of puerperal septicæmia that nothing but the post-mortem will clear up the diagnosis. A case of this kind I saw in New York several years ago, coming on two or three days after labour, when Prof. Lusk made a diagnosis of puerperal fever. The post-mortem revealed nothing abnormal in the pelvis, but "Peyer's Patches" showed characteristic signs of typhoid.

Besides typhoid we may have other fevers dependent on causes operative as well in the non puerperal condition, as scarlatina, malaria, etc. Again, I consider it a mistake to consider all fevers directly due to and following labour septic. We may occasionally have fever due to traumatism, and entirely independent of sepsis, though I must admit that, so far as my personal experience goes, the trouble in traumatic cases is usually of short duration, and the symptoms not very alarming where careful asepsis and antiseptics have been observed in the management of the case.

The cases which more directly interest us to-night, however, are those due to septic infection, and in these cases it is my present belief that, excepting those cases due to pre-existing pelvic or abdominal trouble, as salpingitis, pyosalpinx, appendicitis, etc. (and it is well for us to note here that, from records of some hospitals, a large percentage of fatal cases were found, post-mortem, to be caused in this way), if we except these cases, the sepsis is invariably introduced from without through some lesion in the genital tract. I feel safe, too, with our present light on the subject, in making the statement that the attending physician, the nurse, or the uncleanly surroundings of the patient are, in every instance, responsible for the infection.

That the sepsis at the start is local, is my firm belief, though it may very quickly become a rapidly fatal general blood infection, or may become a localized inflammatory process in any part of the pelvic or abdominal cavity, with little general blood infection. The site at which the sepsis begins I

will merely touch upon. I have already referred incidentally to cases, the result of pre-existing pelvic and abdominal trouble. Excepting these cases, sepsis may commence at the site of any lesion along the genital tract, though I believe in nearly, if not all, serious cases of general blood infection and serious pelvic and abdominal inflammatory trouble, the site from which the septic process started is the uterine cavity, because drainage is less perfect here than from the lower part of the genital canal. In the majority of cases where wounds of the cervix and lower part of the genital canal become infected, the process becomes localized in and near the wounded surface.

By what avenues may the poison be carried upward from the original local site is a question of some importance in treatment.

It may pass up through the tubes and infect the peritoneal cavity. It may pass directly into the circulation through the veins at the placental site. It may be taken up by the lymphatics, and general or local infection follow in this way. With regard to the nature of the poison, I am with those who believe there is a difference in degree of virulence in different cases.

We now come to the subject proper for discussion, viz., "the prevention and treatment," and of this the most important part is prevention. If we will but bear in mind that the sepsis is, with the exception of those cases due to pre-existing abdominal trouble, invariably caused by imperfect surgical cleanliness in the management of cases, we will understand, if we understand what true surgical cleanliness means, how septic infection may be prevented.

I consider surgical cleanliness of as much importance in the management of lying-in women as it is in the performance of an abdominal section, and when every person concerned can be brought to realize the fact, puerperal septicæmia, with the exceptions mentioned, will become a thing of the past. But how are we to secure true surgical cleanliness? I know it is not an easy task in some cases, but with the majority I think we can manage it.

Fresh, pure air cannot always be secured in overcrowded tenement districts in large cities, but generally it can be so filtered that very little poison can reach the wound in the genital tract from this

source. It is hardly necessary for me to dwell on the importance of cleanliness of the room, bedding, etc. Soap and water are usually plentiful and cheap.

At the commencement of labour the patient should have a general scrub-bath with warm water and soap, particular attention being paid to scrubbing the external genitals, also the hands and finger nails. In Leopold's Hospital, Dresden, the external genitals and pubes are shaved. The rectum should be emptied and washed out with a soap and water enema. The vagina should be cleansed, particularly if there is any vaginitis, with soap and water, and an antiseptic bichloride douche 1-3000. I do not consider douching of the vagina necessary if the lining is in a healthy condition, the most frequent carriers of poison being the fingers or instruments of attendants. The hands, instruments and clothing of attendants should be scrupulously clean, and I think it proper here to draw attention to a remark from Prof. Lawson Tait, which I think every believer in asepsis will endorse, "That medical men engaged in a pathological laboratory and post-mortem or dissecting room, and general surgeons who are in daily attendance on suppurating wounds, should do neither abdominal surgery nor obstetrical work."

Vaginal examinations should be as infrequent as possible, and the lubricant used should be antiseptic. I generally use 3 per cent. carbolyzed vaseline, albolene or glycerine.

Instruments used should be cleansed by the rough scrubbing with soap and water, and then placed in boiling water with carbolic. After delivery, where instruments have not been used or hands introduced into the uterus, the vaginal douche is not necessary.

It is important of course to see that both uterus and vagina are thoroughly emptied of afterbirth, membranes and clots, and good contraction of the uterus secured. Good contraction compresses the vessels and thus lessens the liability to the poison being carried upward. The perinæum should be carefully inspected and laceration of any extent repaired. All soiled linen should be removed and clean substituted.

The external genitals should be thoroughly cleansed, and an antiseptic pad of gauze or cotton applied, to be changed as often as required for soakage of the lochial discharge.

It is my rule after cleansing the external genitals to throw into the vagina two or three teaspoonfuls of a mixture of iodoform, 1 part to 3 or 4 parts acboracic. I then apply a pad of borated cotton, lint, or iodoform gauze, and cover this with oil muslin or gutta percha tissue, and outside of this a napkin to hold the pad in place. This pad does not require changing more frequently than once in six or eight hours. The parts should be cleansed with sublimate solution 1-4000, and dusted with iodoform each time the pad is changed for soakage, and after micturition and stool. In this way decomposition of the lochia is prevented. No vaginal douche should be given for the first week unless there is a rise of temperature above 100.5° F., a bad odour to the lochia or pruritus.

Where a vaginal douche is necessary during the first week, I prefer carbolic acid, 2 per cent. because of its local anæsthetic as well as antiseptic effect.

If instruments have been used in delivery, the vagina should always be cleansed before and after with some antiseptic solution.

If the hand or instruments have been used inside the uterine cavity, it is my practice after the uterus is empty to turn the patient on her side, and with Sim's speculum and tenaculum expose and steady the cervix, and after swabbing out the vagina with an antiseptic solution, to swab out the uterine cavity with iodine water or carbolic, using dressing forceps and cotton for this purpose. Then pass a thickly-wrapped cotton swab dipped in Churchill's tincture of iodine up into the uterine cavity to the fundus, and leave it there till the uterus contracts well down on the swab, and then remove it, dry the vagina and dust with iodoform.

Of several bad cases of operative midwifery where I have been called in consultation during the past few months, in which there was considerable traumatism, and where this after treatment was used, recovery followed almost as uneventful as after normal labour, the physicians in attendance reporting that the temperature never rose above 100.5° F., and in some cases not even this physiological rise. This is all I have to say concerning prevention.

Where septic process has started, what is to be done?

When I see a rise of temperature following a few

days after labour or abortion, the first thing I think of is to enquire about the condition of the lochia and bowels, and the first thing I would be likely to do would be to get free action of the bowels from calomel and salines, and order warm antiseptic vaginal douche every three or four hours.

If, after free purgation and vaginal douching, the temperature does not come down, I would examine the uterus, and if from examination I concluded a septic process is going on in the uterine cavity, I would, after cleansing the vagina with an antiseptic solution, thoroughly curette the uterine cavity with a blunt curette, and wash it out with an antiseptic douche, creolin, 2 per cent., or ac. carbolic, and then introduce iodoform gauze for drainage. Curetting is best done under an anæsthetic. The temperature should fall soon after the operation. If it does not, the gauze should be removed and the cavity again cleansed and drained. It is always necessary to exercise great care in using the curette in these cases, as the walls of the uterus are quite soft and easily perforated.

In many cases, however, when first seen, the active septic process is at a part deeper than the endometrium, in the walls of the uterus, lymphatics, tubes, peritonæum, or possibly an acute general blood infection, and not kept up by putrescence in the uterine cavity. In these cases irrigation of the uterus is worse than useless, it is often actually harmful. Here the treatment will depend on whether the process is local or general. If peritonitis occurs early, whether local or general, it is usually due to a local septic focus pre-existent in the pelvic or abdominal cavity, so that the proper treatment in such cases would be abdominal section.

The only medical treatment in such cases after free purgation would be opium for the pain, and hot fermentations to the abdomen.

If the peritonitis is part of a general septic process of the lymphatic form, I cannot see how opening the abdomen would be of much use. Later, however, if the patient survives the primary illness, abdominal section will generally be called for, for the removal of localized pus collections. The only treatment in such cases during the primary illness would be supporting and treatment towards the genital tract.

Septic metritis is usually fatal in a few days. Tait

says the only remedies of any use in such cases are those of a purgative class. Laphthorn Smith, Montreal, reports in the *American Journal of Obstetrics*, January, 1892, a case of septic uterus from retained placenta. He did abdominal hysterotomy the third day after labour. The patient recovered.

It is my opinion, after reading his report, that this case would have done as well if not better, after curetting and drainage.

If localized inflammatory exudation takes place in the pelvic cavity, the case may be treated by rest in bed, opium, hot fermentations for the pain, and hot vaginal douches, and I think it best to keep the bowels open with calomel and salines. Supporting measures, too, are generally indicated. Absorption takes place in a number of cases, and in others suppuration.

When suppuration takes place, the abscess frequently points above Poupard's ligament, and may be opened in this situation. I consider it safer in such cases to delay opening the abscess until adhesion forms between the peritonæal layers, so that the peritonæal cavity will not be entered.

In some cases, however, the suppuration is in the tube or ovary, or both, and these cases can be treated by abdominal section.

I have, in a number of cases, been assistant or operator where abdominal section was called for at various periods following labour or abortion. A few of the cases I will report briefly:

Case 1.—Operator, Prof. Lawson Tait. Abdominal section ten days after labour, uterine appendages normal, a thickened mass of omentum of malignant appearance adherent to the parietal peritonæum and uterus. After removal of the mass, it was cut into and found to be an abscess of the omentum.

Case 2.—Operator, Prof. Lawson Tait. Twelve weeks after labour abdominal section was done for supposed tubal trouble. Peritonæal adhesions, parietal tubes of a healthy appearance. The right ovary presented a hard nodule the size of a hazel nut, and was removed. The left ovary normal.

Case 3.—Operator, Prof. Lawson Tait. Three months after labour, abdominal section was performed and a suppurating dermoid cyst removed. It had been tapped through the rectum.

Case 4.—Operator, myself. Two months after

abortion, after curetting the uterus, abdominal section was performed. Firm adhesions, the result of pelvic peritonitis. The ovaries were softened, the tubes dilated and thickened, resembling sausages, and contained a purulent fluid.

Case 5.—Operator, myself. One year following an attack of puerperal septicæmia, which came on the third day after labour. Not due to putrescence in the uterine cavity. The first examination, four weeks after, revealed a large amount of exudation around the uterus, more to the left side. It gradually disappeared. At the operation, very firm adhesions. The ovaries showed evidence of chronic siphoritis, salpingitis. The broad ligaments were the tubes of studded small cysts about the size of beads.

#### DISCUSSION.

Dr. Gardiner thought ordinary cleanliness gave good results. Too much minutie would require the attendance of a specialist. It was impossible in all cases to go according to rules. He did not think that traumatic cases in midwifery were worse than others. The source of infection he considered was in the uterus, and not in the small tears. In the last five years he had not had over half a dozen cases in which the temperature was above normal after the third day. He always observed cleanliness after delivery, being careful about the conveyance of infectious diseases. The application of the pad to the vulva he objected to, because it would have a tendency to retain the discharge of the lochia. Instrumental cases were no worse than others, except where severe force was used. In these cases ordinary surgical fever followed.

Dr. Arnott thought Dr. Gardiner misapprehended the line of practice advocated, when he took objection to the application of a pad to the vulva. He understood it was applied to absorb the discharge. He thought the paper set forth an ideal plan of antiseptic midwifery. His operative cases got along as well as ordinary cases. Sepsis occurred where he had not been as careful as he ought about sepsis; and it was the duty of every physician to see that the usual antiseptic measures were taken. In treatment, the introduction of iodine into the uterus, after the use of instrument or the hand, seemed unnecessary if they had been aseptic before use.

Dr. Wilson could not agree on the medicinal

treatment. In some cases, after a few days the trouble found its way into the blood. In these cases medicines had a good effect, e.g., quinine and salicylic acid. In all cases where instruments were used, be careful about asepsis, but to follow the treatment laid down in Dr. Meek's paper, the fees would not remunerate. In his cases ordinary antiseptics only was used, and he had no deaths in ten years. In one case lately where temperature was 102.5, where quinine, etc., had been tried, he recommended salicylic acid, combined with digitalis or ammon. carb. After twelve hours the temperature dropped to 100° and did not rise again. He thought salicylic acid was well worth a trial. He had used 10 gr. doses in twenty five cases and never saw it fail yet.

Dr. MacLaren thought it would be difficult to carry out the treatment as indicated by Dr. Meek in its entirety, but the general principle should be followed. At full term the uterus was in good condition to absorb septic material, therefore treatment should be directed against sepsis. Of late he has frequently washed out the uterus with hot water. In twenty years he had had but few cases of puerperal septicæmia.

Dr. Macallum considered that the mortality should not be taken as the criterion of success. Many cases remained invalids, and in fact suffered a living death. One case where the hand was introduced into the uterus and remained there for three hours, the uterus was washed out with iodine water, and uninterrupted recovery followed. Another case, on the tenth day the temperature was 105° F., and pulse 140. The uterus was curetted, ac. carbolic applied to the endometrium, and then packed with iodoform gauze. The temperature dropped to normal in twelve hours, and remained so. Soda salicylate made fresh at the bedside he found of no effect.

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A physician at Havre, Dr. De Bossy, still in practice, was present at a banquet given in honor of his 100th birthday. His father, also a physician, lived to be 108 years of age.

Baron Albert Rothschild, on the first anniversary of the death of his wife, who died of carcinoma, gave half a million florins for the establishment of a Cancer Hospital in Vienna.

## British Columbia.

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

DR. McGUIGAN, Associate Editor for British Columbia.

### IMPERFECT QUARANTINE.

There is much ground for complaint because of the incomplete manner in which the sanitary laws are enforced by Dominion authorities at the Albert Head quarantine station. A few weeks ago the "S.S. Empress of Japan" arrived from China with four smallpox cases aboard among the Chinese steerage passengers. There were about 700 Chinamen and quite a number of Japanese passengers, all in the steerage, aboard at the time. The cabin passengers were quite numerous, too. The steerage passengers were removed from the vessel and placed in quarantine, but the saloon passengers were allowed to land as soon as the vessel was fumigated, and went on their way rejoicing. There has been a good deal of dissatisfaction at this way of carrying out the law, as there is a great possibility and probability, too, of the saloon passengers becoming infected from those in the steerage. On board a ship carrying Chinese passengers in large numbers, the surgeon and the purser are supposed to visit them in their quarters daily to see if they are all well, and as these officers come in continual contact with the first-class passengers, there is a good deal of danger in conveying such a contagious disease as smallpox. These passengers go to all parts of America and Europe, and may thus be the means of spreading disease far from the place where it has been contracted. During the past few months quite an epidemic of smallpox has been raging in various parts of England, and some of the newspapers there claim that the disease has been imported *viz* Vancouver. We would not be in the least surprised if such were the case, for so far as first-class passengers are concerned, there is no precaution exercised with regard to them. Who is to blame in this matter? That is the question. The medical officer who has charge of the station, we feel quite certain, knows his duty in these matters, and it would be quite unfair to blame him, for if he were allowed his way all passengers would be treated alike. At the present time there is quite a

rivalry between the Empress Line of steamers, running to Vancouver, and other steamship lines having their headquarters in San Francisco and Seattle, for the passenger traffic between these points. The result is that every effort is made to rush the first-class passengers through to their destination with as little loss of time as possible. In consequence, little regard is paid to quarantine enactments, all of which tend to delay passengers and injure travel. While such a condition of things is allowed to exist, sanitary laws are a farce, and in a way might as well be abolished altogether. We have suffered a good deal here already from flagrant breaches of the law as regards quarantine, but the danger does not threaten us alone, for all along the line of the C.P.R. and its branches, the safety of the public is endangered. We are all anxious to see our great national highway encouraged, and every effort made to secure its pre-eminence over all rivals, but surely that should not be done at the sacrifice of the lives of the people. The people of the East do not know the continual danger which threatens them from the West, otherwise they would not look calmly on and make no sign of dissatisfaction as has hitherto been the case. Medical journals are not seen much by the masses—the more's the pity—as they often contain articles which are extremely useful to the people at large. However, we hope something will be done soon to remedy the present state of quarantine affairs.

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### A PRACTITIONER WHO OUGHT TO SUCCEED.

Some months ago we wrote an article for the JOURNAL on the prospects of a new medical man settling in British Columbia, and thought that possibly the facts we published might do good. There is no doubt, however, that in spite of anything we said to the contrary, some practitioner of special ability might locate anywhere in British Columbia and do well. By way of illustration, we will quote the following extract from a letter received from a medical man in Ontario, and whose abilities are of so unique a kind, that if anyone could possibly make his living here, this gentleman and others similarly endowed should do so. Here is the extract:

"I saw what you had to say about doctors' prospects out there in the ONTARIO MEDICAL JOURNAL. But what would you think of the prospects of one well up, practically and theoretically, and who has proved himself capable of taking hold of almost any case in general practice and do it justice according to the wisdom of the age?"

Come right along and settle in Victoria.

#### IS SMALLPOX A CONTAGIOUS DISEASE?

We think that the answer to this question will be almost unanimously affirmative throughout the medical profession, and the wonder will be why such a query should be made at this advanced day when the fact of the highly contagious nature of this disease has been so long settled. For curiosity we have looked into the literature on the subject of variola, and the first book consulted was Dunglison's Medical Dictionary. He starts out by saying, "It is a disease now of somewhat less interest than before the discovery of vaccination. It is of a very contagious nature, and is supposed to have been introduced into Europe from Asia, at an early period of the middle ages." Quain, in his Dictionary of Medicine, defines it to be "an acute, specific, infectious disease, characterized by sudden and severe fever, which after forty-eight hours is followed by an eruption of pimples on the forehead, face and wrists, gradually passing over the body." Watson is stronger still in his statements. He says: "There is no contagion so strong and sure as that of smallpox; none that operates at so great a distance. . . . It is readily communicable in every way by inoculation, by breathing a contaminated atmosphere, by the contact or vicinity of fomites." The late Dr. Austin Flint is generally recognized as an authority on all questions of a medical character. The following is the manner in which he expresses himself: "Smallpox is a highly contagious disease. It may be communicated by means of virus—that is, by inoculation—and by means of inappreciable emanations from the body. The disease is readily transported by means of fomites, which may retain the contagion in an effectual condition for months and even years. A very transient and slight exposure often suffices for the production of the disease. Thus it is not infrequently taken by passing in the

street, or meeting in public conveyances, persons who are affected or have been recently affected with it. It may be contracted in hackney coaches which have been used for carrying patients to hospitals. The disease is generally supposed to be communicable in all stages, but undoubtedly it is most highly so during the stages of suppuration and desiccation."

In his text-book on the principles and practice of medicine, published a few months ago by Dr. Wm. Osler, Professor of Practice of Medicine in Johns Hopkins University, Baltimore, that eminent writer and original investigator thus speaks of smallpox. "It is an acute, infectious disease, characterized by an eruption which passes through the stages of papule, vesicle, pustule and crust. . . . Smallpox is one of the most virulent of contagious diseases, and persons exposed, if unprotected by vaccination, are almost invariably attacked. . . . The contagion develops in the system of the smallpox patients, and is reproduced in the pustules. It exists in the secretions and excretions, and in the exhalations from the lungs and skin. The dried scabs constitute by far the most important element, and as a dust-like powder are distributed everywhere in the room during convalescence, becoming attached to clothing and various articles of furniture. The disease is probably contagious from a very early stage, though I do not think it has yet been determined whether the contagion is active before the eruption develops. The poison is of unusual tenacity, and clings to infected localities. It is conveyed by persons who have been in contact with the sick, and by fomites."

This is the latest teaching on the subject that we have seen, and it is just as strong and emphatic as what has been said by the older writers. In fact it is stronger, for Dr. Osler insinuates that the disease may be even contagious before the eruption takes place on the skin. We therefore think that it may be fairly concluded that smallpox is a contagious disease.

We have been led to make the preceding remarks in consequence of the actions of the Medical Health Officer in the city of Vancouver, who holds views contrary to the eminent authorities quoted above, and not only does hold them in theory, but he actually puts them into practice

much to the terror and confusion of the timid aldermen who compose the Board of Health, and the officials around the city hall who come in contact with him, and whose views on the contagiousness of smallpox are of the old and hitherto orthodox stamp. The medical gentleman who holds this important position declares that smallpox is not contagious, and that little precautions, such as changing one's clothes and disinfecting one's person, are not at all necessary; and when making his visits to the Isolation Hospital he never thinks of even washing his hands, which one would think he would do on general principles. A good deal of public feeling exists at present on the subject, and letters in the public newspapers have appeared condemning him for his actions, and we are under the impression that lately he has become chary in putting his theories into practice, though there can be no reasonable doubt that he holds them hard and fast. Still we do not for a moment insinuate that the gentleman's motives are bad and wicked: not at all. He believes that smallpox is not contagious and acts accordingly. It may be that he has secret means of knowing the real nature of the disease, which are withheld even from the greatest authorities in the profession. Seeing, however, that the bulk of evidence is against him, it would be well in the meantime, till the question is again discussed, that the Medical Health Officer of Vancouver should cease practising his fads, which are too dangerous for the public to be trifled with.

The City Council at a special meeting for revising the health by-law, inserted as one of the clauses that no one should be allowed to leave the Isolation Hospital without proper disinfection, etc. We hope that the medical gentleman who has charge of this hospital will begin with himself when he starts putting it in force, and if he has any information to give the profession on this subject, we shall be very pleased to hear from him through the columns of this journal.

#### NEW MEDICAL COUNCIL FOR B.C.

On April 24th the election for the new Medical Council took place with the following results, on the counting of the ballots:

Drs. Milne, Harrington, Davie and Duncan,

Victoria; Lefevre and McGuigan, Vancouver; Dr. Wolf Smith, Westminster.

The Council remains in power for three years, so the next election will be held in 1896.

The new Medical Council of British Columbia met in Victoria on Tuesday, May 2nd. The following members were present: Drs. Davis, Milne, Harrington, Duncan, Lefevre, De Wolf Smith, and McGuigan. The following officers were elected: President, Dr. Harrington; Vice-President, Dr. Lefevre; Registrar, Dr. Milne; Treasurer, Dr. Lefevre. Dr. McGuigan was appointed associate editor of the *ONTARIO MEDICAL JOURNAL*. The examinations took place on Wednesday and Thursday, May 3rd and 4th. Eight candidates presented themselves for examination, all of whom passed. The following are the names of the candidates. Drs. J. E. Brouse, W. W. Brunner, Kuslo; Douglas Corson, Victoria; Robert Lawrence, Union; Mary MacNeill, Victoria; J. B. Rogers, H. F. Titus, Fort Sheppard; W. Williamson.

As will be seen by the above list, one lady candidate presented herself for examination. She is a graduate of the Women's Medical College, Chicago, and is the first lady physician who has settled down to practise in British Columbia.

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QUININI FOR CHOLERA.—Based upon previous experience, Huberwald (*Jahrb. f. Kinderheilk*), recommends the employment of quinine in the treatment of cholera. A grain and a half may be given every two hours for twenty-four hours, and repeated during a second twenty-four hours if necessary. If vomiting be present and beyond control the drug should be injected beneath the skin. In the gravest cases subcutaneous injection must be unconditionally practised. For this purpose the hydrochlorate or the sulphate, dissolved in acid and diluted with water may be employed. Still better is the use of the carbamidated hydrochlorate. Of this, from 12 to 15 grains, dissolved in an equal part of water, may be injected. The preparation may be also administered, dissolved in water, together with extract of glycyrrhiza, to children that cannot swallow cachets. This method of treatment is also applicable to cases of cholera nostras.—*Medical News*.

# Ontario Medical Journal Publishing Co., Ltd.

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TORONTO, MAY, 1893.

## THE BILL TO AMEND THE ONTARIO MEDICAL ACT.

Dr. Meacham, at the beginning of the present session of the Local Legislature, brought in a bill to amend the Medical Act. The bill was referred to a special committee of the House which met on Monday evening, May 15th. The veteran Premier, Sir Oliver Mowat, was chairman of the Committee.

There was a large gathering of medical men and others; in fact the committee room was quite full. The interests of the Medical Council were looked after by the Legislative Committee—Dr. Williams (Chairman), Dr. Fyfe Fowler, Dr. Campbell, Dr. Bergin, Dr. Day, and Mr. B. B. Osler, Solicitor for the Council. A number of other members of the Council were also present, viz.: Dr. Bray, Chatham; Dr. Vernon, Hamilton; Dr. Fenwick, London; Dr. Miller, Hamilton; Dr. R. B. Orr, Toronto.

The Defence Association was represented by Dr. J. H. Sangster, Dr. Jessop, Dr. Armour, Dr. Hillier, Dr. Gunn, Dr. Bingham, Dr. Herriman, Dr. McLaughlin, Dr. J. E. White, Dr. A. Hamilton.

The Homœopaths were represented by Dr. Campbell, London; Dr. Vernon, Hamilton; and Dr. Hearn, Dr. Evans and Dr. Emory, of Toronto.

Toronto University Senate was represented by President Loudon, Dr. Laughlin McFarlane, Dr. Cameron, Dr. A. H. Wright, and Dr. W. H. B. Aikins.

Trinity University was represented by Provost Body and Dr. W. B. Geikie.

Amongst other members of the profession present were Dr. Ryerson, Dr. Gilmour, Dr. Barr, Dr. McKay, Dr. Willoughby, Dr. H. H. Wright, Dr. Fotheringham, Dr. Carveth, Dr. H. H. Oldright,

Dr. J. O. Orr, Dr. Spilsbury, Dr. Smith, Dr. Malloch, Hamilton; Dr. Pattullo, Dr. Playter, Ottawa; Drs. Herrod and McKinnon, Guelph; Dr. W. Oldright, Dr. W. T. Aikins, Dr. McPhedran, R. A. Reeve, Dr. U. Ogden, Dr. W. B. Nesbitt, Dr. Pyne, Dr. McMahon, Dr. Powell, Dr. J. S. King. Mr. Mulock, Vice Chancellor of Toronto University, was also present.

Some very able addresses were delivered by the gentlemen representing the Council, Schools and Universities, as well as members of the profession. After nearly two and one-half hours' discussion, the Chairman requested the deputation to retire, and the Committee, after lengthy consideration, recommended that a new bill be framed, based upon the recommendation of the Committee. This bill passed the House on Friday, May 26th. A portion of the Medical Act affected is herewith appended. The alterations and new matter are in italics:—

*Section 6. Thirdly.—Seventeen* members to be elected in the manner hereinafter provided from amongst, and by the registered Members of the Profession, other than those mentioned in the preceding sub-sections of this Section.

(2) The *seventeen* members to be elected as aforesaid shall be *and continue to be* residents of the several Territorial Divisions for which they are elected; and one member shall be so elected from each of the Territorial Divisions mentioned in Schedule A to this Act, by the registered Practitioners of Medicine resident in such Division; and the manner of holding such election shall, with respect to the time thereof and the taking the votes therefor, be determined by a by-law to be passed by the Council; and in default of such by-law being made, then the Lieutenant Governor shall prescribe the time and manner of holding such election. R. S. O., 1877, c. 142, s. 6; 50 V. c. 24, s. 1.

7. (1) The members of the Council shall be elected or appointed, as the case may be, for a period of *four* years; but any member may resign his appointment at any time by letter addressed to the President or Registrar of the Council; and upon the death or resignation of any member of the Council it shall be the duty of the Registrar forthwith to notify the college or body wherein the vacancy has occurred, of the death or resignation; and such college or body shall have the power to nominate another duly-qualified person to fill the vacancy; or, if the vacancy be caused by the death or resignation of any member elected from a Terri-

torial Division, or by his becoming disqualified owing to his having ceased to reside there, the Registrar shall forthwith cause a new election to be held in such Territorial Division in such manner as may be provided for by by-law of the Council; and the election shall be conducted in accordance with the By-laws and Regulations of the Council, but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned.

Section 7 of the said Act is further amended by adding thereto the following as sub-sections (3) and (4) thereof:-

(3) The Registrar shall, not more than 60 nor less than 40 days before the time for receiving nominations for any election under this Act, notify, by letter or post card, every registered medical practitioner in the province of the date of receiving such nominations.

(4) A general election shall be held in the year 1894 in accordance with the provisions of the said Act as amended by this Act.

5. (1) In case the validity of the election of any member of the council is contested, the same is to be tried by the senior or other officiating judge of the county court, or the judge of the district court of the district in which the person whose election is complained of resides, and the proceedings thereon shall "mutatis mutandis" be the same (as nearly as may be) as in the case of municipal elections under the sections of "The Consolidated Municipal Act, 1892," relating to controverted elections. But no security by the complainant shall be necessary.

(2) Any person qualified to vote at the election complained of may be the relator in proceedings under this section.

(3) The decision of the said judge shall be final.

29. The Board of Examiners appointed under the preceding section shall be composed as follows: one member from each of the teaching bodies now existing, referred to in Section 6 of this Act, and one from every other School of Medicine which may be hereafter organized in connection with any University or College which is empowered by law to grant Medical or Surgical Diplomas; and a number not less than six members to be chosen from among those members of the College of Physicians and Surgeons of Ontario who are unconnected with any of the above teaching bodies. R.S.O., 1877, c. 142, s. 29.

7. The fees to be paid by the members of the college towards the expenses of the college, and the means of collecting and enforcing the same are to be in the discretion of the elected members of the council; and

section 27 of the said Act, and section 41a amending the same, enacted by the Act passed in the 54th year of Her Majesty's reign, chaptered 26, and entitled "An Act to Amend the Ontario Medical Act," are hereby suspended, and are to continue suspended unless and until after the elections of 1894 a by-law is passed by the council adopting the same or part thereof; and the said council, after the said elections, is to have power from time to time to adopt the same in whole or in part, or with any modifications as the council sees fit, and is to have power to afterwards repeal, or from time to time vary any such by-law, and to re-enact the same in whole or in part after repealing the same, subject always to the limit prescribed by section 27 of the said Medical Act. But the only members of the council entitled to vote on any by-law under this section shall be the elected members of the council, nine of whom at least must be present at the passing of the by-law.

8. Schedule "A" to the said Act is repealed, and the schedule to this Act substituted therefor.

#### SCHEDULE.

1. Counties of Essex, Kent and Lambton.
2. Counties of Elgin, Norfolk and Oxford.
3. County of Middlesex.
4. Counties of Huron and Perth.
5. Counties of Waterloo and Wellington.
6. Counties of Bruce, Grey and Dufferin.
7. Counties of Wentworth, Halton and Peel.
8. Counties of Lincoln, Welland, Haldimand and Brant.
9. County of Simcoe, and the Districts of Muskoka, Parry Sound, Nipissing, Algoma, including Manitoulin, Thunder Bay and Rainy River.
10. That part of the city of Toronto lying east of Yonge Street.
11. That part of the city of Toronto lying west of Yonge Street.
12. Counties of Ontario, Victoria and York, exclusive of Toronto.
13. Counties of Northumberland, Peterborough, Durham and Haliburton.
14. Counties of Prince Edward, Hastings and Lennox.
15. Counties of Frontenac, Addington, Renfrew and Lanark.
16. Counties of Leeds, Grenville and Dundas.
17. Counties of Carleton, Russell, Prescott, Glengarry and Stormont.

## ONTARIO MEDICAL ASSOCIATION.

As the time for the Annual Meeting of the Ontario Medical Association draws near (June 21st and 22nd), we desire to call attention to some things in its management which, if persisted in, will not only bring discredit on the Society, but in a short time destroy its usefulness, and eventually cause its disruption.

It never was the intention of its founders that it should be turned into a political or any other clique, which, we are sorry to say, it was fast becoming, until the effort at last meeting by certain independent men somewhat checked its unfortunate course.

The objects of this Association are twofold: First, the promotion and advancement of medical science, whereby the ideas and experience of the whole profession of this Province should be untold, where papers should be read and discussed, and reports of rare and interesting cases occurring in the practice of its members introduced, and opinions interchanged regarding their pathology and treatment. Secondly, as a means of communication between the members of our profession, who, living as they do long distances apart and scattered all over the Province, are comparative strangers to one another, but through the instrumentality of this Association friendships are formed, encouragement is given to the younger men, and a social circle becomes established which binds the whole profession together for their mutual benefit and profit.

During the first few years in the life of this Association it nobly did its duty, and the objects of its promoters were fulfilled.

It would be well to have certain of the by-laws and regulations changed in order to give the members greater control, and not leave the regulations or by-laws subject to the interpretation of a small clique, or allow them to be used for the advancement of some particular party or school. The papers presented and read were deteriorating in character, discussion was limited and in some cases entirely suppressed, and the Society was being conducted more or less by self-interested parties. According to existing practice, when the Nominating Committee brings in its report, the Association has to accept it no matter how unpal-

table it may be, as the by laws are so framed that no amendment to it can be moved.

Now, if this society is to attain the standard and maintain the objects for which it was organized, viz., to advance the interests of the profession, elevate the standard of medical education, and to form a bond of union between its members, then the sooner cliqueism is suppressed and a radical change is made in certain methods of management and by-laws, the better it will be for all concerned. The JOURNAL means all this in kindness, and hopes this warning note may be sufficient to prevent any further attempt by ambitious manipulators to control the destinies of this Association.

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The committee having the programme in hand this year are striving to arrange it in such a way as to give greater opportunity for discussion.

The subjects for general discussion are of common interest to the profession, and the names of the members reading papers are a guarantee of their quality.

The Committee on Papers hope to introduce a new feature in this year's programme in the shape of an exhibition of cases by the members of staff in the General Hospital and the Hospital for Sick Children. A definite announcement will be made concerning this very shortly, and if it can be carried out, will, it is expected, prove of more than ordinary interest to the visiting members.

In addition to the discussions announced in last issue, the following papers will be read:—

“Resection of Bone,” Dr. Gibson, Belleville; “A Case of Acute Simple Meningitis,” Dr. Acheson, Trenton; “The Treatment of Diphtheria,” Dr. W. J. Wilson, Richmond Hill; “Diphtheria, its Cause and Treatment,” Dr. Milner, Toronto; “Massage, its Application in General Practice,” Dr. H. Walker, Toronto; “The Treatment of Whooping Cough by Bromoform,” Dr. J. T. Duncan, Toronto; “The Prevention of Tuberculosis in Ontario,” Dr. G. H. Adams, Toronto; “Deflection of the Nasal Septum and its Surgical Treatment,” Dr. Spillsbury, Toronto; “Acute General Peritonitis—Laparotomy—Recovery,” Dr. A. MacKinnon, Guelph; “Mistakes in Midwifery,” Dr. J. Noble, Toronto. Papers will also be read by Dr. Hunt, of Clarksburg; Dr. Primrose, of Toronto, and Dr. J. M. Cotton, Lambton Mills.

Dr. DeGarmo, of New York, delegate N. Y. State Medical Society, will read a paper on "The Treatment of Hernia by the General Practitioner." Dr. Grainger, Associate Editor of the *New York Medical Journal*, and Dr. A. R. Robinson, of New York, will probably be present and contribute papers. It is expected there will be some interesting discussions in connection with the report of the Committee on Ethics which was tabled last year. The question of publication of their transactions by the Association will also be prominently brought forward by the committee appointed for the purpose.

Although many of the members will doubtless turn their faces westward this year, the Association should not be allowed to suffer in attendance or in interest, and we would urge as many as possible to be present at this meeting, which will probably be held in the new Parliament Buildings.

#### A FEW DRY FACTS ABOUT THE HOSPITALS OF ONTARIO.

The Twenty-third Annual Report of the Inspector of Public Charities upon the hospitals of the Province may be considered rather dry reading, taken as a whole, yet it contains many items of interest to medical practitioners. From it we learn that the Toronto General Hospital had under treatment for the year ending September 30th, 1892, 3,075 patients: of these, 1,742 were males, and 1,333 females: 2,515 were Protestants and 520 Roman Catholics: of the revenue for its maintenance, \$24,525.43 came from the Province, \$17,315.60 from the city, and \$17,667.80 from paying patients. The revenue from all sources was \$86,720.83, and the total expenditure \$71,444.90. The report states that "it is the best hospital in the Province as regards accommodation and management. This institution is very ably managed by Dr. Chas. O'Reilly, who takes a great interest in the welfare of the patients." The Hospital for Sick Children also came in for its share of praise from the Inspector. "The Board of Trustees deserves a great deal of credit for the attention given to the oversight and management of this institution. Much of the responsibility has devolved upon Mr. John Ross Robertson, and to a great extent he may be said to be the founder of this hospital, which for its size and the number it is designed to

accommodate, cannot be surpassed in this or any other country." The revenue for the year was \$32,396.79, and the expenditure \$33,718.14. Over \$21,000 came from subscriptions, donations and bequests from private individuals. The number of patients treated in the Homœopathic Hospital was 308. The revenue was \$10,453.71, and the expenditure \$9,791.76. "Every department was clean and tidy." The City Hospital, Hamilton, admitted 734 patients. The expenditure was \$21,152.34. "The management, under Dr. Olmstead, is all that could be desired." We notice that the amount spent for drugs was \$1,292.16, and only \$70.15 for surgical instruments. St. Joseph's Hospital, Hamilton, cared for 223 patients and spent \$28.62 on surgical appliances. By way of comparison, it may be mentioned that \$3,191.92 was spent by the trustees of the Toronto General Hospital for medical and surgical appliances and surgical instruments. The General Hospital, Kingston, admitted 789 patients. The amount for surgical instruments and appliances was \$447.33. "The hospital was clean, well ventilated, and in satisfactory order throughout. In my last minutes of inspection I called attention to the necessity for a new laundry and operating room, and an apartment for lying-in cases, and I hope these improvements will be carried out during the ensuing year." The Hotel Dieu Hospital, Kingston, admitted 438 patients during the year. Every department was in the best of order, clean and well kept. The General Protestant Hospital, Ottawa, admitted 442 patients and expended \$12,515.04. "There is a good staff of medical officers and nurses. The hospital was in good order." Roman Catholic Hospital, Ottawa: number under treatment, 723: cost of maintenance, \$12,502.74. "The institution was in the best of order throughout." The total number under treatment at the House of Mercy Lying-in Hospital, Ottawa, was 350. General Hospital, London, admitted 541 patients. There was no expenditure for surgical instruments, but \$135.50 was spent for medical and surgical appliances. "There is a good staff of medical attendants." The report gives a detailed statement concerning the other hospitals in the Province, and has kind words for most of them. The names of the other institutions, with the number of patients admitted during the year, is as follows:

St. Joseph's Hospital, London, 139; General Hospital, St. Catharines, 209; Galt General Hospital, 156; General Hospital, Guelph, 481; St. Joseph's Hospital, Guelph, 364; General Hospital, Pembroke, 165; General Hospital, Mattawa, 257; J. H. Stratford Hospital, Brantford, 292; St. Joseph's Hospital, Port Arthur, 165; Belleville Hospital, 192; St. Vincent de Paul Hospital, Brockville, 120; Brockville General Hospital, 171; General Hospital, Collingwood, 52; Nichols' Hospital, Peterboro', 188; St. Joseph's Hospital, Peterboro', 110; Hotel Dieu Hospital, Windsor, 140; St. Joseph's Hospital, Chatham, 114; General Hospital, Stratford, 83. Number of hospitals, 29. Total number of patients admitted, 11,404. The average stay of each person, 31 days. The total cost of maintaining the hospitals, \$278,200.11. The average cost of each patient per day, 79.31 cents. Number of deaths in the hospitals, 965. The number of typhoid cases is put down at 846. A detailed analysis of the diseases for which patients received treatment is given in good form and recapitulated as follows: Alimentary canal, 907; brain and nervous, 874; bones and joints, 436; circulation, 220; dislocations, 64; ear, 39; eye, 387; fractures, 394; liver, 93; nose and face, 72; poisons, 19; respiratory organs, 1,126; spleen, 7; skin, 355; genito-urinary, 513; women, 986; zymotic and general, 2,773; miscellaneous, 1,833.

THE KEELEY CURE EXPOSED.

This so called cure has now been before the public for some time. It has been pushed vigorously, and as much "gold" made out of it as it was possible to extort from the trusting public. But light is now breaking in upon the secret.

A short time ago this journal advised all practitioners to have nothing whatever to do with the "cure," ranking it as a humbug with the Count Mattei cure for cancer. We are glad now to be able to give our readers more definite information.

In the *Medical News* of Philadelphia, for 11th February, Dr. J. J. Brownson has an article in which he gives the formula of the mixture patients get on entering the institute. Here it is:

- R. Aurii et sodii chloride.....ʒss.
- Strychnine nit..... .gr. iv.
- Atropiæ sulph..... .gr. i.

- Glycerini .....ʒii.
- Ext. fl. cinchona ad.....ʒxxvi.

M. sig. One teaspoonful in water three times a day.

Those in the institute receive a hypodermic injection of strychnine gr.  $\frac{1}{10}$  once a day in addition. They are told that if they feel like it they may indulge in stimulants, but then the strychnine is replaced with apomorphia, which of course makes them vomit. In this way they are led to believe that they can no longer tolerate the whiskey.

The Keeley Institute in Chicago has recently been closed by the sheriff. Others will rapidly follow suit, as the true inwardness of the "dipsocura" becomes known.

But the most crushing exposure published is from the pen of Dr. B. D. Evans, of the New Jersey State Hospital. His article in the *Medical News* of 6th May is well worth careful study. He gives a table of cases that have been treated by the Keeley method. The table contains the record of 292 cases treated. Of this number 158 had relapsed at the time of writing. Of those that relapsed, 88 became insane, a number of these committing suicide.

The statements made by the promoters of the treatment, that the treatment is harmless, and that the drugs could be taken with impunity by a child, are positively false. The drugs belong to that class that cannot be used in this free and easy, but unscientific fashion.

Dr. Chauncey F. Chapman, in the *Chicago Medical Recorder*, gives the following formula, for which he vouches:

- R. Aurii et sodii chloride.....gr. xii.
- Strychnine nit.....gr. i.
- Atropiæ sulph.....gr.  $\frac{1}{4}$ .
- Ammon. muriat.....gr. v.
- Aloin.....gr. i.
- Hydrastium.....gr. ii.
- Glycerini.....ʒi.
- Ext. fl. cinchona co.....ʒiii.
- Aq. Dest.....ʒi.
- Ext. fl. coca Erythrox.....ʒi.

M. Sig. Teaspoonful three or four times a day.

Injections of strychnia nit. in water are also given, and, to impose upon the patient, an injection of a solution of chloride of gold and sodium,

which has a rich golden colour. Then comes the trick in the "system." If the patient wishes whiskey, he is told to drink it, and a hypodermic of apomorphia is given.

This journal extends to all who are the unfortunate victims of drunkenness its sympathy, but cannot refrain from warning them against this system of treatment. It is to be sincerely hoped that, in the interests of an unfortunate class of our fellow-beings, this system of charlatanism will soon disappear from our midst.

#### A SANITARY EXHIBIT FROM ONTARIO AT THE WORLD'S FAIR.

Contributions from large manufacturing houses will seem but as drops in the bucket in the bewildering display of rival establishments at the World's Columbian Exposition. The specialists of the earth will meet there to struggle for the supremacy. It is with no desire to put forth efforts in this direction, we feel confident, that the Provincial Board of Health of Ontario sends a contribution to the Department of the Arts, wherein exhibits of an artistic or scientific character are to be displayed.

Even if Ontario were to capture the trophy from American State Boards, such a struggle would scarcely be seemly, inasmuch as there is an international character in all the works of hygiene the world over: and the best efforts of every worker in every land are intended for the common good of all men.

However, as an indication of healthful, productive vigor in this country, we rejoice to see and are pleased to note that our Provincial Board of Health has not neglected the opportunity and has sent to the Exposition a very creditable display illustrating sanitary progress in this Province. The following is a list of the articles to be exhibited from Ontario:

1. A summary of the Ontario Public Health Act. This has been painted on white oilcloth in black and red letters, one inch long. The cloth is divided into two sections 22 inches wide by 8 feet in length. These sections are mounted like maps, and when hung on a wall the text can be easily read at a considerable distance. The summary recites in brief sentences:

(a) The composition, duties and powers of the Provincial Board of Health.

(b) The composition, duties and powers of Local Boards of Health. A brief report is added, showing the amount of expenditure for sanitary purposes, and vital statistics in Ontario in 1891.

2. Maps showing the sewerage disposal works, which have been constructed and are in operation at London Asylum, Mimico Asylum and the town of Berlin, Ontario.

3. Charts showing mortality statistics as follows:

(a) Showing deaths from typhoid fever and diphtheria in five year periods in Ontario.

(b) Showing relative prevalence of smallpox, scarlatina, typhoid fever and diphtheria in Ontario.

(c) Showing deaths from ten principal causes in ten years, 1881-1891, in Ontario.

(d) Natural increase of births over deaths in ten years in cities and counties of Ontario.

(e) Comparison between Canadian and American cities, showing increase of births over deaths.

(f) Showing death rate from diphtheria in various cities on the American Continent for year 1890.

(g) Do. for 1891.

(h) Showing death rate from typhoid fever in various cities on the American Continent for year 1890.

(i) Do. for 1891.

(j) Showing relative birth rates and death rates for the different provinces of Canada, for period 1881-1891.

(k) Showing relative death rates per 1,000 of population, of the different provinces of Canada, for year 1881.

The remainder of the exhibit consists of a collection of annual reports of the Provincial Board of Health, annual reports of the Association of Medical Health Officers of Ontario, pamphlets, regulations and other publications which have been issued by the Provincial Board of Health from time to time.

We understand that the expenses of the exhibit will be defrayed out of funds provided for that purpose, and dispensed under the management of N. Awrey, Esq., M.P.P., World's Columbian Exposition Commissioner for Ontario.

Paris publishes over 200 medical journals. Toronto, however, worries along quite well with only three.

## MILITIA MEDICAL NOTES.

Dr. Robert Spier is appointed Surgeon of the Duke of Connaught's Canadian Hussars, Montreal, vice Dr. A. Laphthorne Smith, resigned.

Dr. T. R. Almon is appointed Surgeon-Major on completing twenty years' service in the Halifax Garrison Artillery.

Assistant-Surgeon D. A. Bowlby is promoted to Surgeon of the 39th Battalion, Simcoe.

Assistant-Surgeon William Thompson, of the 55th Megantic Battalion, is promoted to Surgeon.

Surgeons-Major Campbell and Neilson and Surgeon Strange recently sat as a medical board to determine the amount and details of medical supplies necessary for the camps of instruction. We are assured that there will be a decided improvement in this regard this drill season.

Dr. Grasset, Surgeon of the Governor General's Body Guard, is going to deliver a short course of lectures on Military Surgery and Hygiene in the summer course in Trinity this spring.

## EDITORIAL NOTES.

The German Congress of Ophthalmology will on August 16th open its session at Heidelberg.

The number of bodies cremated in Paris last year was 159, and 1,400 bodies of still-born children.

The total strength of the British forces in India is about 68,000, of these about 20,000 are said to be abstainers.

Baron Nathaniel Rothschild has given his chateau and grounds in the Semmering to a society who will there found an asylum for patients affected with diseases of the chest. This estate is well known as one of the most beautiful in the Styrian Alps, and is valued at \$2,250,000.

The Chatham General Hospital has just been opened, and all the medical men in Chatham have signified their intention of giving their services in rotation, the term of service to be one month. The consulting staff consists of three, Drs. Bray (Chairman), Holmes and Rutherford.

The *Medical Record* thinks New York is entitled to be called the city of magnificent hospitals. Three large new hospitals are now in building—St. Luke's, Millbank Memorial and the Post-graduate.

Dr. Fritz Adolf Saltzer, Professor of Surgery in the University of Utrecht, on the 8th of April, while suffering from mental depression when in Dresden, threw himself out of a third floor window, and though severely injured took a knife out of his pocket and fatally cut his throat. He was some years ago one of Billroth's favourite assistants, and had apparently a brilliant future before him.

The number of registered practitioners in Australasia, including Fiji and other South Sea Islands, is put down at 2,410 by Mr. Bruck in the *Australian Medical Gazette*. In proportion to the population in New South Wales, there is 1 medical practitioner to every 1,708 persons; in Queensland, 1 to every 2,034; in South Australia, 1 to every 1,796; in Victoria, 1 to every 1,441; in Western Australia, 1 to every 1,375; in Tasmania, 1 to every 1,666.

Professor Hans Kundrat, Professor of Pathology, University of Vienna, died of apoplexy on the 25th of April, after a brief illness of three days. He was in his 49th year. On taking his degree in 1868, he was chosen by Rokitansky as his assistant, and he eventually succeeded this great teacher of pathology in 1882. Prof. Kundrat was of a most kindly disposition and high character. He was a conscientious worker, and is said to have conducted more than 70,000 post-mortem examinations.

THE LATE DR. WINSTANLEY.—At a largely attended meeting of medical men, held in Toronto on the 23rd of this month, to consider the advisability of erecting a private hospital, it was moved by Dr. E. J. Barrick, and seconded by Dr. L. L. Palmer, "That the medical practitioners of Toronto, here assembled, have heard of the death of Dr. Winstanley, late of Toronto, with profound regret and sadness, and desire to express their high opinion of his professional worth as manifested in his daily course of practice, by his uniform urbanity to all

combined with his skilful treatment of disease, by his honourable devotion to his profession, and his courteous treatment of his confreres."

PAN-AMERICAN MEDICAL CONGRESS. As has been already mentioned in this journal, the first Pan-American Medical Congress will be held at Washington, D.C., September 5th, 6th, 7th and 8th. The President is Dr. William Pepper, of Philadelphia; General Secretary, Dr. Chas. A. L. Reed, Cincinnati; Treasurer, Dr. A. M. Owen, Evansville, Ind. The Chairman of the Executive Committee is Dr. Henry D. Holton, Battleboro', Vt. In the section on Marine Hygiene and Quarantine, the Honorary President for Canada is Dr. F. Montizambert, and the Secretary for Canada is Dr. J. J. Cassidy, of Toronto, Chairman of the Provincial Board of Health. Drs. J. Wilford Good, of Winnipeg, and G. Sterling Ryerson, Toronto, have been appointed Honorary Presidents for the Section in Otology. Dr. James F. W. Ross, Toronto, is the member of the Executive Committee for Canada.

THE TORONTO CLINICAL SOCIETY.—The Toronto Clinical Society closed the first year of its existence with every prospect before it of a long and useful career. The final meeting for the season was held at McConkey's, where, after the formal business meeting and election of officers had taken place, a *recherche* dinner was served to an enthusiastic gathering of Fellows. The President of the Toronto Medical Society, Dr. N. A. Powell, sent fraternal greetings to the junior society, which has, under the able presidency of Dr. Temple, achieved so signal a success. The following officers were elected for the ensuing year: President, Dr. Laughlin McFarlane; Vice-President, Dr. G. S. Ryerson; Treasurer, Dr. A. B. Atherton, Recording Secretary, Dr. E. E. King; Corresponding Secretary, Dr. W. H. B. Aikins; Executive Committee, Drs. A. H. Wright, A. A. Macdonald, Arthur J. Johnson, A. Baines and F. Grasett.

PROFESSIONAL SECRECY.—Though a little late in the session, Dr. Ryerson is to be congratulated upon introducing a bill in the Legislature which will place private and confidential statements of

patients to physicians in the same category as communications from clients to lawyers. In the case of doctors, the rule of the common law seems to be that he can be compelled to divulge communications received from his patient. This is a most unfair discrimination in favor of the lawyers. Some of the States—Michigan and New York—have adopted legislation, making confidential communications between patient and physician privileged. The sanctity of professional relations is well guarded in France, for, according to Article 378 of the French code, it is penal for a priest, lawyer, doctor, druggist or midwife, to reveal the secrets they may learn in the course of their occupation. Dr. Ryerson's bill, owing to the near approach of prorogation, was not fully considered, but will be brought forward early next session.

THE RHEUMATIC THROAT.—Dr. W. C. Braislin (*New York Medical Journal*) used the following in the case of a young lady who had a gradually increasing feeling of pain and uneasiness in the throat and tonsils, presented the typical appearance of acute catarrhal inflammation—a dose to be taken every four hours:

- Acidi salicylici . . . . . gr. xx.
- Ferri Pyrophos. . . . . gr. v.
- Sodii Phosphat. . . . . gr. i.
- Aque . . . . . ad. ʒss

In three days the inflammation had entirely subsided.

COCAINE IN SURGERY. Dr. R. H. Cowan, in the *International Journal of Surgery*, remarks that he has, within twelve months removed a large, fatty tumour from the popliteal space, and performed seven amputations under the use of cocaine. Of these amputations, four were in the leg, one in the thigh, one in the arm, and one in the forearm. The anesthesia was perfect, and no bad effects followed.

In these operations a two per cent. solution of cocaine was used. This strength produces anesthesia and avoids the risk to great extent of narcosis. There was no shock or depression, there was no nausea or vomiting, and the anesthesia was by means of an Esmarch, limited to the seat of operation.

**PHLYCTENULAR KERATITIS IN SERUMOUS CHILDREN.** P. D. Keyser, in the *American Therapist* for April has the following remarks: In some attacks there may be severe inflammation, with swelling of the conjunctiva, causing a catarrhal conjunctivitis along with the phlyctenulae. In other cases the trouble is not so severe, but very chronic. These cases occur most frequently in the spring and autumn.

The general remedies for these cases consist of all means for the restoration of health, good food, fresh air, cod liver oil, iron, iodide of potash, etc. In many cases the oil and iodide of potash do not answer well, while much good may be derived from the administration of hydriodic acid. Another remedy to which the author attaches great importance is calcium sulphide in small frequent doses. If there is eczema around the mouth or nose, wash well with castile soap, and apply an ointment of aristol gr. x. to ʒi.

Great attention should be paid to cleanliness. Salt baths two or three times a week are of much service. They should be given at bedtime. A good plan is to give the child a warm bath, and dry with a towel impregnated with salt.

For local use yellow oxide of mercury gr. ½ in ʒi. night and morning. If there is much inflammation of the conjunctiva, wash out the eyes with boric acid solution, gr. x. to fl ʒi., and then drop in zinc sulph. gr. ½ to fl ʒi. or silver nitrate gr. ¼ to fl. ʒi.

**NON-MEDICINAL TREATMENT OF CHRONIC CONSTIPATION.** —Dr. S. G. Gant, in the *Medical Herald* for April, 1893, reviews the management of this troublesome condition. The following rules are laid down for the patient: 1. Go to stool regularly every day. 2. Correct errors in diet. 3. Take sufficient outdoor exercise. 4. Dress warmly in winter. 5. Take a cold bath every morning, followed by thorough rubbing. 6. Drink a glass of cold or warm water on rising in the morning, or eat fruit at the beginning of the morning meal. 7. When the case demands it, make a change in climate or occupation.

The duties of the physician are placed under three heads: 1. Dilatation of the sphincter ani. 2. Abdominal massage. 3. Electricity. The writer attaches a very high degree of importance to the

first of these proceedings. He claims that all cases of chronic constipation are benefited, and most are cured, by the effectual dilatation of the sphincter ani. The dilatation may be done rapidly, under an anæsthetic, with the two thumbs, or gradually by using the rectal bougies from No. 6 to 12, two or three times a week.

The massage should be performed while the patient is lying on the back, with the palm of the hand. Begin in the right iliac fossa, and follow the line of the colon. This should be carried on for about ten minutes every other day, or at least twice a week.

The author does not attach much importance to electricity alone, but taken in conjunction with dilatation and massage, it has aided the treatment materially. The faradic or galvanic currents may both be used. The faradic is more likely to stimulate the muscular action, and the galvanic the nutrition of the digestive tube.

**HYPODERMIC MEDICATION IN SYPHILIS.** —Dr. L. Wolff, in April number of the *Medical Age*, gives his experience with this method of treatment. The injections are made in the intrascapular region. The effect of the injections upon primary sores, enlarged glands, macular syphilides, sore throat, is almost magical. The action is equally good on syphilitic fever and nocturnal pains. He used a one per cent. solution of perchloride in distilled water. Of this he injects daily, at one a time, twenty-five minims. After eighteen or twenty injections, the gums become tender. The injections should then be made at intervals of two, three or four days.

The great drawback to this method of treatment is the tendency to relapses. At least forty per cent. of the author's cases relapsed. The tendency to relapse can be lessened considerably by giving simultaneously potassium iodide. The effect of Lang's Gray Oil is more permanent, and should be used in chronic and relapsing cases. It is thus made: Anhydric lanoline, grammes 15; C. P. chloroform, grammes 50; mix and stir till reduced to weight, 30 grammes. Then add grammes 30 of pure metallic mercury. Continue stirring till all the chloroform has disappeared and the mercury is extinguished. This is the strong ointment. This is diluted with fifty per cent. or thirty per cent. of

olive, almond or vaseline oil. The average dose of this for one injection is 0.05 C. C. For quick effects double the quantity may be injected, by inserting the above dose in two places. Inject twice a week till all symptoms have disappeared, and then once a week to prevent relapses. All injections should be made beneath the skin, in the back, about one inch from the median line. Warm the "Gray Oil" by immersion in warm water. The perchloride is more prompt, but more painful. The "Gray Oil" is not so prompt, but is less painful and more permanent in its effects.

TREATMENT OF CHRONIC VALVULAR DISEASE OF THE HEART.—Dr. James Tyson, in the *Therapeutic Gazette* for April 15th, 1893, has an able article on the above subject. He deals with those cases of mitral and aortic valvular defects that have given rise to no symptoms, and the person often discovers that there is disease by chance. As soon as such a discovery is made, the person should be warned to avoid excitement, hurry, exertion, exposure, irregular living. So long as there are no active symptoms, medication is uncalled for.

In the case of mitral regurgitation, so long as there is good compensation, and the hypertrophy of the ventricle is able to overcome the defect, and there is enough hypertrophy in the auricle to keep itself empty, there will not be much disturbance. As soon as the ventricle and auricle fail to do their work the lungs suffer. The right ventricle now begins to hypertrophy. The heart tonics, such as digitalis, are now the pre-eminent agents.

In pure aortic disease, it will be remembered that both obstruction and regurgitation cause hypertrophy of the left ventricle. In these cases there is often a powerful systolic impulse. In this condition, the heart tonics should not be given. In such cases, as the result of over-exertion, indigestion, etc., the heart becomes over-active; aconite or veratrum viride is very useful. The aconite may be given in minim doses every half-hour or hour. The great object, however, is to maintain the integrity of the heart muscle by the use of strychnine, iron, arsenic, and good nutrition.

The dyspnoea is relieved by such means as aid

the pulmonary circulation. When the dyspnoea is due to pleural effusion, tapping becomes necessary. A blister sometimes relieves. When there is no effusion and the dyspnoea continues, nothing relieves as well as an opiate at bedtime.

The dropsy is often very troublesome. All the means that aid the circulation assist in removing the dropsy. Full doses of digitalis, at close intervals, are of much service. It becomes necessary to limit the ingestion of liquids. A morning dose of Epsom salts, until the bowels are acting freely, followed up by the use of digitalis, caffeine, sparteine, usually causes free diuresis. Nitro-glycerine is of much advantage at this stage when associated with digitalis.

For the palpitation common in these cases, belladonna, in the form of a plaster over the heart, is very useful. Nitro-glycerine in doses of 1.00 gr. increased to  $\frac{1}{2}$  gr., is useful for this condition as well as for the cardiac pain.

GIFTS TO THE MEDICAL FACULTY OF MCGILL UNIVERSITY (*Montreal Medical Journal*).—The friends of McGill University have remembered its Medical Faculty in a way which has gladdened the hearts of its many well-wishers. We have first to chronicle the bequest of \$10,000 made by Mrs. Dow to the general fund of the Faculty. Mr. J. H. R. Molson, one of McGill's most generous benefactors, recognizing the great work done in the past by the Medical Faculty, has nobly come forward with a gift of \$60,000 to enable the Faculty to continue and further extend its great sphere of usefulness. This sum is to be devoted to additions to the present buildings. It will be mainly expended in providing for three laboratories, viz., for chemistry, pathology, and hygiene. The Faculty, through these means, will be placed in a position equal to that of the most advanced European schools. The teaching of hygiene in future will be mainly conducted in special laboratories, thus giving students a practical insight into the great problems of Preventive Medicine. In the past such knowledge could only be imperfectly acquired through didactic teaching.

A third gift the Faculty owe to the princely generosity of the University's Chancellor, Sir Donald A. Smith. This is a sum of \$100,000, to

be devoted to the endowment of the chairs of pathology and hygiene. The Medical Faculty has great cause for thankfulness for Sir Donald Smith's generosity. He was the first to recognize the claims of medicine in a tangible and never to be forgotten way. In 1882, while the Faculty were celebrating the semi-centenary of its existence, the late Dr. Palmer Howard read a letter from Sir Donald Smith promising the Faculty the sum of \$50,000, provided an equal amount were raised within a definite period. Through the exertions mainly of the late and the present Dean, this latter amount was secured, and at once Sir Donald Smith paid over the sum of \$50,000, the Faculty thus being placed in the possession of a sum which amounted to upwards of \$100,000. The same generous benefactor again comes forward with a sum which places the Faculty in a position to have pathology and hygiene taught by men who are not compelled to practice in order to earn their daily bread. The Faculty have already secured the services of an eminent pathologist, Dr. Adami, late of Cambridge University. He has proved himself to be a teacher and observer of a high order.

#### SECOND QUARTERLY MEETING PROVINCIAL BOARD OF HEALTH.

Our readers will probably remember that in our last issue we alluded to the provisions of clause 16 of the regulations *re* cholera remedy, passed by Order-in-Council. This clause provides for the cleansing of wells, regulating of slaughter-houses, providing of carts for removal of wastes to a dumping ground, and the substitution of dry earth closets for privy pits. We did not feel sanguine that many local Boards of Health would petition the Provincial Board of Health to have the provisions of this clause put in force. It is our pleasing duty, however, to record that Collingwood, Belleville, Deseronto, Georgetown, Paris and Berlin have asked to have the aforesaid provisions put in force in this regard. We hope that their action may become contagious, and that many other municipalities will endeavour to rid themselves of foul water supplies and the odorous privy pits. From the æsthetic as well as the health standpoint, it is high time that the privy pits should be removed, and earth closets, under municipal control,

or water closets, where drainage is available, substituted. The Board appointed Drs. Cassidy and Bryce a committee, with full power to carry out the provisions of this clause.

The names of several persons were also recommended to the Ontario Government as suitable appointees for the position of sanitary inspector in the unorganized districts. These names had been handed in to the Board by the stipendiary or police magistrates of those districts, who are *ex officio* medical health officers.

An important resolution was also carried, drawing the attention of the Federal Government to the necessity of so altering the regulations of their Order-in-Council of April 15th, 1893, that they shall include the disinfection of the wearing apparel of steerage immigrants, as well as ordinary baggage.

Dr. Bryce read a report on a sewer gas nuisance at Ottawa, caused by the waste products of illuminating gas manufacture being allowed to drain into the city sewers. He recommended that means be taken to cause the precipitation of all the waste products before the water is allowed to enter the city sewers. The report was adopted and the Secretary instructed to forward a copy to the Ottawa local Board, with the recommendation, "that the local Board take proceedings to abate the nuisance along the lines of the resolution already passed by it, unless the company undertake to abate the nuisance by some such methods as that indicated in the report."

Drs. Macdonald and Bryce were instructed to recommend to the Ontario Government the names of four provincial inspectors, to attend to the work of sanitary inspection in the four health districts into which the Province is divided.

Hearty congratulations were extended to the newly organized Provincial Board of Health of Manitoba.

A letter was read from Mr. J. McKenzie, of Woodbridge, regarding a slaughter-house there. The Board decided to take definite action on this, as well as the Warton slaughter-house.

J. J. McKenzie, B.A., of the P. B. H. laboratory, read a brief report of some experiments made by him on the injection of tuberculin in cases of suspected tuberculosis in dairy cattle. His experiments prove that, in every case in which a marked

febrile reaction ensues after the injection, tuberculosis exists.

Dr Bryce read a lengthy report on smallpox in the north-western portion of the Province, and in Manitoba. He considered that the following points had been made plain: (1) That the immigrants had been infected in Europe: (2) That the ship surgeons neglect to vaccinate steerage passengers: (3) That at Halifax the port examination for evidence of vaccination is neglected: (4) That the railway company transported two cases many hundred miles after their sickness was evident to the most casual observer.

He recommended: (1) A permanent isolation hospital in each municipality with annex for smallpox or cholera: (2) That municipalities might apply to the Provincial Government for aid under the Charities Act, as a *per diem* allowance for the number of patients treated during the year: (3) That the Immigration Department of Canada be asked to establish at three points, viz., North Bay or Sudbury, Port Arthur or Fort William, and Rat Portage, "houses of detention" for the care of suspects, to be under the supervision of the local Board of Health of the town or district.

The method of procedure in these cases as regarding division of cost, which seems equitable, would be as follows:

1. The local Board, or a committee of two or more, would control the hospital and house of detention.

2. The charges would be levied by them for all patients, on the patient in the first instance, and, if unable to pay, then on the person who is his legal guardian.

3. If a poor person from the municipality, the latter would bear the cost.

4. If from an outside municipality, then, according to the smallpox regulations, such municipality must take charge of the patient, and transmit cost of caring for same to this Board, which, I presume, would apply to the municipality or other authority responsible for his care. This procedure would be the same in the case of suspects.

5. If such persons were from outside the Province, and had transmitted the disease, it seems reasonable that the Provincial Board of such other province would bear the responsibility of collecting the charges.

6. If an immigrant who had passed quarantine, his charges should be borne by the immigration department, if a *bona fide* immigrant to the Canadian North-West.

7. If a through immigrant to the United States, even though ticketed to a Canadian terminus, it seems proper that the railway carrying him should be responsible for his maintenance and care.

The report was adopted by the Board after it had been discussed in committee of the whole. The liability of railways for the care of patients which they have brought from Europe under contract to carry them to certain points was especially dwelt on by the Board.

### Correspondence.

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

#### THE MEDICAL ALUMNI ASSOCIATION.

A few years ago the above Association was formed with a great flourish of trumpets. All went on well for a short time. A year ago the Medical Faculty underwent a thorough shaking up. The eagle's nest was disturbed, and ever since there have been the sounds of war.

This year the Alumni meeting has not been called. In former years the Alumni Association met on the afternoon of Convocation, and had a reunion and dinner in the evening. This year, however, there have been no such events. Why? Is the *esprit de corps* dead?

Yours, etc.,

AN ALUMNUS.

Hamilton, May 13th.

#### FOR CHRONIC BRONCHITIS AND EMPHYSEMA.—

℞ Ammon. carbonat. . . . . gr. iv.  
Tinct. scillæ . . . . . ℥xx.  
Spt. ætheris . . . . .  
Tinct. nucis vomicæ . . . . . ℥x.  
Infus. serpentariæ . . . . . ad ℥vj. M.

Sig.—Two tablespoonfuls every six hours.—  
*Practitioner.*

## Book Notices.

*The Transactions of the New York Academy of Medicine.* Second series. Vol. VIII, for 1892.

This volume is printed for the Academy. The paper and type are excellent. A wide range of subjects are treated of in the volume. The papers are from the pens of gentlemen of high standing. Coming from these we would expect much, and our expectations are not disappointed on perusal of the articles. We would recommend the volume to everyone who may desire to be in possession of such the best work of last year.

J. F.

*The Popular Science Monthly.* Edited by WILLIAM JAY YOUNG. New York: D. Appleton & Co., 1, 3 & 5 Bond Street. Manager for Canada, N. Morang, 63 Yonge Street, Toronto.

The May number of this popular monthly contains some most interesting papers and miscellaneous reading. Japanese Home Life (illustrated), by Dr. W. Delano Eastlake; The Inadequacy of "Natural Selection," by Herbert Spencer; Cultivation of Human Ideas, by Prof. Wesley Mills, M.D.; Dietary for the Sick, by Sir Dyce Duckworth, M.D.; How Science is Helping the Farmer, by Chas. S. Plumb; Discovery of Alcohol and Distillation, by M. Berthelet, etc.

*The Diseases of the Nervous System.* A text-book for physician and student. By LUDWIG HIRT, Professor of the University of Breslau. Translated with permission of the author, by August Hoch, M.D., assisted by Frank R. Smith, A.M., assistant physician to the Johns Hopkins Hospital. With 178 illustrations. New York: D. Appleton & Co., 1893. Canadian Branch: N. G. Morang, 63 Yonge Street, Toronto.

The reader of Professor Hirt's *Diseases of the Nervous System* will lay down this volume with an increased feeling of gratitude to this gentleman, whose nation has already done so much towards the advancement of our knowledge of this comparatively unexplored system. The excellence of the book as a whole makes it difficult to select any one portion as being better than another. The diseases of the cranial nerves, however, which he considers in Part II., is worthy of this selection. The plates showing the origin of those nerves which arise from

the medulla (the Central Africa of the nervous system), are unequalled by those of any other general text-book of the nervous system with which the reviewer is acquainted. The very lucid chapter on Cerebral Palsy in children will be considered a valuable contribution to our knowledge of that disease. The author's classification of *Tabes Dorsalis* among the diseases of the general nervous system is a decided step in advance, since modern researches in pathology have distinctly shown the important and hitherto unknown implication of the brain in this disease. His division of the functional neurosis is also a step in the right direction: but time alone can decide the further course of the path which we will ultimately follow. In conclusion, the entire book is clear, concise and well translated, and it will be a great boon to all interested in the study of the nervous system in this country.

*A Handbook of Local Therapeutics.* By ALLEN, HARTE, HARLAN and VAN HARLINGEN. Edited by HARRISON ALLEN, M.D. Octavo, 500 pages. Price, \$4.00. P. Blakiston & Co., Philadelphia.

A need for a book of this character has long been apparent, for there has been no text available in which the *local action of drugs* was not subordinated to their general actions, while the average text-book omits altogether, mention of many agents that in the hands of a specialist become valuable aids to cure.

Diseases which require chiefly local treatment are those of the Respiratory Passages, Eye, Ear and Skin, together with certain general surgical affections, including the diseases of women; it is therefore to the great advantage of the work that each remedy has been thoroughly set forth by different authors who have had large practical experience in these various branches.

Each remedy has been taken up in alphabetical order, and after a description of its pharmaceutical properties, is considered in reference to its physiological effect and value in local treatment.

The demands for thorough revision of local medicaments made by the advance of theories of a sepsis, have been fully considered, and a succinct account has been presented of the source and properties of the very numerous new agents which affect tissues locally.

Some drugs have been excluded which have been highly praised; on the other hand great care has been taken not to indorse imperfectly attested novelties.

This hand-book embodies the results obtained by experienced teachers, and will prove a very valuable work to the general practitioner. Two carefully made indexes make it a book of ready reference.

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*A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs.* By JOHN V. SHOEMAKER, A.M., M.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc., etc. Second Edition. Revised. In two royal octavo volumes. Volume I., 353 pages: Devoted to Pharmacy, General Pharmacology, and Therapeutics and Remedial Agents not Properly Classed with Drugs. Volume II., 680 pages: An Independent Volume upon Drugs. Volume I., in cloth, \$2.50 net; sheep, \$3.25 net. Volume II., in cloth, \$3.50 net; sheep, \$4.50 net. Philadelphia: The F. A. Davis Company, Publishers, 1914 and 1916 Cherry Street.

The first edition of this work was published some years ago, and it must be not only gratifying to the author as well as satisfactory to the publishers that they are compelled in this comparatively short time to bring out a second edition. It is again divided into two volumes. The first volume is entirely rewritten and thoroughly revised, with a view to bring the work up to date, which object they have well attained. This volume is devoted to primary consideration, classification, etc., as well as a most practical and thorough consideration of the non-pharmaceutical remedies. The chapter on electricity is the most worthy feature of this part of the work. The physical properties, modes of generation, laws regulating and application of this valuable remedial agent are briefly yet fully described. Volume II. is devoted entirely to the consideration of drugs as remedial agents. The classification is alphabetical. Many remedial agents

not considered in the former edition are considered very fully in this. Among the most noticeable of these are tuberculin, which is revised with the experience of last year; also, the use of animal extracts and juices are briefly mentioned.

Both volumes contain a carefully prepared clinical index, as well as an index to drugs and preparations, which make this work a convenient and valuable book for speedy reference.

#### PAMPHLETS RECEIVED.

*Amblyopiatrics.* By GEORGE M. GOULD, A.M., M.D., Ophthalmologist to the Philadelphia Hospital.

*The Antiseptic Dropper.* By GEORGE M. GOULD, A.M., M.D. Reprint from the *Medical News*, December 3rd, 1892.

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*A Case of Hemotropic Susceptibility.* By GEORGE M. GOULD, A.M., M.D. Reprint from the *Medical News*, January 21st, 1893.

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*The Prevention and Correction of Deformity in the Treatment of Hip Disease.* By B. E. MCKENZIE, B.A., M.D., Lecturer on Surgical Anatomy and Orthopaedic Surgery in the Woman's Medical College, and Surgeon to the Victoria Hospital for Sick Children, Toronto.

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*Prevention of Relapse after the Correction of Deformity in Club-Foot.* By B. E. MCKENZIE, B.A., M.D., Lecturer on Orthopaedic Surgery and on Surgical Anatomy in the Woman's Medical College, and Surgeon to the Victoria Hospital for Sick Children, Toronto.

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WHY GOOD SWIMMERS DROWN. The *Northwestern Lancet* offers a new explanation of the sudden drowning of good swimmers, hitherto attributed to cramp. There is nothing in a cramp in a leg to prevent an ordinary swimmer supporting himself in the water by his hands, or on his back, nor to cause him to throw up his hands and sink once for all like a stone. The cause is attributed to perforation of the ear drum, through which the access of water-pressure occasions vertigo and unconsciousness; and a practical caution results, persons having such perforation, to protect their ears with a stopper of cotton when bathing.—*Druggist's Circular.*

## Selections.

### ALOPECIA AREATA.

BY D. W. MONTGOMERY, M.D.,

Professor of Diseases of the Skin and Syphilis, Post-Graduate Department of the University of California.

Some diseases of the skin which are accurately circumscribed, circular, and spread by peripheral extension, are undoubtedly caused by the nerves presiding over nutrition, the trophic nerves. There is a form of eczema of the face and neck which arises in this way, a reflected neurosis from the stomach. There are other diseases of the skin having these same characteristics of circularity, peripheral extension, and accurate circumscription, which are as certainly parasitic, taking a similar example, ringworm. But in some diseases having these characteristics, the etiology is not so clear as in the examples given, leaving plenty of room for difference of opinion, and consequently for bitter polemical strife. This war has been particularly lively over alopecia areata; German observers almost all believing that the complete loss of hair in patches is due to a trophic nerve disturbance, while the majority of French observers are of the opinion that a considerable number of these cases are parasitic. English and American physicians are, as a rule, inclined to the neuropathic theory, with two notable exceptions, Hutchinson and Crocker.

Crocker, in a very able paper on the subject,\* and also in the last edition of his book,† has recently tried to reconcile these two views by admitting that, while some of the cases of alopecia areata are undoubtedly neuropathic, the vast majority of them are due to a parasite: a parasite, furthermore, which he is unable to distinguish from that of ringworm. According to his classification there are three varieties of neuropathic alopecia areata:

"Class I. Alopecia Universalis, comprising those cases in which the alopecia is universal, and in which the hair does not necessarily come out in patches, but there is a general falling off, often very rapid, and accompanied in some cases by changes in, or even falling off, of some or all the nails.

"Class II. Alopecia Localis seu Neuritica, comprising cases of baldness occurring in one or more patches at the site of an injury, or in the course of a recognizable nerve.

"Class III. is the form originally described by Neumann as Alopecia Circumscripta seu Orbicularis. In this the patches are circular and always small, from a lentil to a pea in diameter, much depressed below the surface, with often a marked decrease of the sensibility.

"Class IV. represents what may be called true Alopecia Areata, the previous forms having hitherto been mixed up with it. In opposition to the other groups, it might, with propriety, be called alopecia parasitica, or the old name, tinea decalvans, might be revived. Inasmuch as its pathology is still a moot point, it is better to adhere at present to the generally received title of alopecia areata."

The following is a case illustrative of this last variety:

On March 24th, 1891, S. L.—, aged thirty, came to the San Francisco Polyclinic for treatment for alopecia areata. There were three patches, which presented the classic appearance of the disease, bald, smooth, circular areas of a dead white color, which appeared at first as small spots increasing peripherally. He first noticed the trouble two months before. On questioning him about ringworm, he said that one of the employees of the company for which he worked had ringworm on the side of face and neck, but denied any possibility of coming in contact with him by towels in washing, sleeping with him, etc. My questions, however, caused him to think over possible modes of contact, and, on his next visit, he said that during the preceding January he had acted as temporary conductor on a cable car with this man as gripman. Here then, there was plenty of opportunity for contact, for the conductor must squeeze past the gripman many times a day in the collection of fares from the passengers on the forward

\*Alopecia Areata, Its Pathology and Treatment. An address introductory to this subject, delivered at the meeting of the British Medical Association on July 30th, 1890. *The Lancet*, Vol. I., 1891; page 478.

†Diseases of the Skin, by H. Radcliffe Crocker, M.D., London, 2nd edition, 1893.

part of the ear. The time also corresponded with the commencement of the disease. He said that he had never suffered from neuralgia, but that the patches had at first itched a good deal. The hairs at the periphery of the patches were examined microscopically. Those on the very edge were characteristically atrophied, what Crocker has called exclamation mark (!) hairs. Others were examined from beyond the edge, where, to the naked eye, they seemed perfectly healthy. After staying for some time in caustic potash, spores in large numbers were found at the base of some of the hairs where they had been torn off their papillæ in extracting them. These spores corresponded in shape, size, and general appearance with those found in ringworm. No mycelial threads could be demonstrated. The following treatment was instituted :

R Hydrarg. bi-chlor., grs. viii.  
Spts. vini rect.  
Spts. terebinth., āā oz. ii.  
M.

S.—To be well rubbed into the patches, and for some distance around them, once a day.

R Hydrarg. bi-chlor., grs. xii.  
Spts. vini rect. dil., oz. viii.  
M.

To be used as a lotion for the entire scalp, face, and neck every evening. To be allowed to dry on.

The relative success of these measures on the different patches seemed to bear out the idea that the affection was parasitic, for the more recent and smaller patches recovered very quickly under it, while the oldest patch was stubborn, the hair returning after several months of constant attention, seeming to indicate that the parasite had got a firmer hold there.

It is only fair, however, to give the other side of the question. Alopecia areata is a disease which, in the vast majority of cases, gets well of itself, the denuded scalp becoming covered with strong, healthy hair, after perhaps several crops of downy hair have sprung up and fallen off again. Then the demonstration of the parasite is very uncertain, for although in the above case it was so clear that I was able to demonstrate it to the students of my class in the medical school, I have since exam-

ined a large number of hairs from a very considerable number of other patients without being able to make them out so clearly as to be able to assert unequivocally that they were present. And in any disease where only spores are present, and where we are unable to employ some special and efficient differential stain, the personal bias, and the desire to find what one is looking for must be brought severely to task before coming to any definite conclusion. I have been frequently amused on reading some article on the diagnosis of ringworm at the flippant remark that in any case of doubt the microscope will readily settle the question. And when such people make an examination they almost always find abundant spores to support their abundant faith. As Mephisto says, "Dann geht Ihr durch die sichere Pforte zum Tempel der Gewissheit ein." Finally, the good results which undoubtedly attend the use of antiseptics are attributed by those who believe in the neuropathic origin of the trouble to the irritation which they almost all cause.

The neural varieties are much rarer than the parasitic, and fortunately so, the prognosis being much worse. I myself have never run across any case either of Neumann's alopecia, or of alopecia traumatica, but the following case belongs, I think, to the universal variety. On August 5th, 1890, Mrs. ———, aged 27, came to me for treatment. She was a strong, healthy woman of fair complexion, but on her father's side she came of a decidedly neurotic family. She herself had never had neuralgia, hysteria, nor other nervous trouble. Both she and her sister were childless; her husband had had two children by a former wife. Her father's brother's child was insane (religious delusion); her father's sister's child had frequently had epileptic attacks, and died in a "fit;" her own brother, then twenty-four years of age, was an epileptic, very delicate, and had an abnormally large head. He had a very luxuriant head of hair, which had to be cut short every month. None of her brothers had moustaches, and they all had a very spare amount of hair on the face. Her father was still alive, aged 54, and was only commencing to grow bald on the top of the head. He had a heavy moustache, and enjoyed good health. Her mother died of ovarian tumour.

The patient lost the hair of the head, at first in spots, then entirely, when she was fifteen years of age. She did not think that either the eyelashes or the eyebrows fell out then. The hair returned, and for some years was very luxuriant, but there never was a time, since the first attack, when the hair did not fall out in spots, but it quickly grew in again. About eighteen months before she came to me she noticed the hair falling slightly, then very rapidly, and the whole of the hair of the scalp, the eyelashes, and the eyebrows were lost in a short time: the nails, however, remained on. When she came to me she had a few short hairs at the occiput, some downy hairs on the rest of the scalp, no eyebrows and no eyelashes. I did not then know how to segregate my cases of alopecia, and I gave her a prognosis, guarded somewhat on account of the time the trouble had already lasted, but on the whole favorable, and I shall not soon forget my bitter disappointment after trying all kinds of stimulating and antiseptic treatment.—*Pacific Medical Journal*.

PUERPERAL TETANUS (*Arch. de Toc. et de Gyn.*)—Vinay, Ch., the author, reports a case of fatal tetanus following curetting of the uterus after an abortion in the second month of pregnancy. Although of extremely rare occurrence, this accident is not altogether unknown. Vinay has gathered together statistics of one hundred and six cases, of which fifty-nine followed parturition, forty-seven abortion; they are reported by Simpson, Garrigues and Gautier. As to the etiology, since the affection is due to a bacillus which enters the organism through an open wound, it can readily be seen that the traumatism of parturition affords an opportunity or its entrance. The bacillus is anaërobic: when puerperal tetanus occurs coincidentally with septicaemia, it is almost certain to be fatal, owing to the fact that the purulent discharges form a favourable nidus, free from oxygen, for the bacillus.

Abortions which are followed by tetanus usually occur in the first three months of pregnancy. Minor rather than major operations are apt to be complicated by it, as, for instance, artificial delivery, tamponade, versions, etc. Multiparæ of advanced age are the most liable to it. The most frequent predisposing causes, however, are squalor,

filth and dampness. Tetanus may be transmitted from the infant (trismus neonatorum) to the mother, or *vice versa*, or it may occur simultaneously in both. A case is on record where a physician carried the infection upon his hands from a laborer to a parturient woman. The accident occurs more frequently in tropical countries than elsewhere, due, perhaps, to defective hygiene. The symptoms develop during the first or second week after delivery or abortion—a trifle more rapidly in the latter case than in the former. Prodromata are usually absent, although in a few instances general malaise and depression of spirits have been noticed. The first symptom is a feeling of tension in the masseters, difficulty being experienced in separating the jaws: the stiffness soon extends to the muscles of the neck. Trismus soon develops. The disease may extend, the muscles of the back being most frequently attacked, sometimes resulting in marked opisthotonos. Contraction of the flexors of the neck and trunk is rare, but has been known to occur. The lower limbs are in a condition of forced extension and tightly pressed together; the patellar reflex is exaggerated. There may be a convulsive action of the diaphragm, but this occurs at an advanced stage of the disease, when the other respiratory muscles are likewise involved and the patient is threatened with rapid asphyxia. The pulse is small and thready, rising from 70 or 80 to 150, especially during the periods of contracture. The temperature, in cases uncomplicated by septicaemia, is normal at first, but under the influence of frequent spasms rises rapidly. When the tetanus is fairly established the condition of the patients is deplorable. They lie immovable upon the back, with stiffened trunk and limbs, subject every now and then to painful and exhausting spasms. They suffer from a thirst which is impossible to satisfy, as even liquids cannot be swallowed; the eyes are movable, the pupils contracted, the face pale, the lips often cyanosed: there is often grinding of the teeth. Constipation is obstinate at first, but yields at a later stage to incontinence of both bladder and rectum. Consciousness is retained up to an advanced period, the patient suffering from apprehensions of danger. Death occurs from rapid asphyxia during the paroxysm, or more frequently, from intoxication and nervous exhaustion, in coma.

The acute rather than the chronic variety of tetanus is the form observed after parturition; its course is rapid, the tetanic spasms succeeding each other at shorter and shorter intervals. Death usually occurs from the third to the sixth day. The longer the course of the disease the better the chance of recovery. Improvement is evidenced by perspiration, cessation of pain, and remissions in the contractures of the muscles. Relapses are fatal. The prognosis is even worse than in the case of surgical tetanus: the traumatism and pains of parturition, the loss of blood, the presence of septicæmia, all contribute to the unfavourable result. Of the one hundred and six cases studied by V. there were ninety-four deaths.

The affection might be confounded with rheumatic torticollis, which, however is essentially benign and in which there is no trismus. Convulsive hysteria simulates tetanus, but rarely occurs after parturition, and is transitory in nature. Tetany makes its appearance only during pregnancy or lactation. The contractures begin in the extremities and may extend to the muscles of the trunk and neck. They are of an intermittent character.

Strict asepsis and antiseptis constitute the best prophylaxis. The curative treatment consists in:

1. Local applications to the wound for the purpose of eliminating or destroying the pathogenic agents.
2. Attempts to modify the condition of the blood, which has been altered by the toxine.
3. Diminishing the excito-motor powers of the cord.

—*American Journal of Obstetrics.*

EPITHELIOMA OF THE GLANS PENIS; AMPUTATION OF THE ORGAN ACCORDING TO RUBIO'S METHOD. (*El Siglo Médico*, Madrid.) By Dr. García Hurtado.—A man of forty years of age had a small erosion in the glans penis, which slowly increased in size, and was finally transformed into an *excrecent* epithelioma. Antisyphilitic treatment was employed to test the true nature of the growth, and the diagnosis of cancer having been thus confirmed, amputation of the penis was decided upon, the operation to be carried out according to the method of Professor Federico Rubio, of Madrid. *Manner of procedure*—After properly anesthetizing the patient, a soft rubber tube of the calibre of a goose-quill is passed twice around the base of the organ, an assistant holding tightly the two ends

with a pair of Péan's forceps. The operator seizes the glans penis, steadies the organ, and with one clean stroke of a sharp pair of scissors divides all the affected portion. The arteries of the corpora cavernosa and branches from the dorsal artery of the penis having been tied, the rubber tube is loosened, paying but little attention to capillary hæmorrhage, and instead of slitting open the urethra at its termination, a hard catheter is introduced into it, and a hypospadias made at a distance of about one centimeter from the cut end. The mucous membrane and the skin are well sutured, and a Nélaton's catheter left permanently in position to keep the end of the urethra open. All this once done there remains only to cover with the skin the corpora cavernosa. In the clinical case above mentioned it was necessary to remove also several inguinal glands. The patient was up in a few days. *International Medical Magazine.*

THE TREATMENT OF SUPPURATING BUBOES BY INJECTIONS OF IODOFORM OINTMENT. By William K. Otis, M.D.—The following method of treatment for suppurating buboes has been used in the Vanderbilt Clinic with marked success:

The skin about the affected area for some eight or ten inches was rendered thoroughly aseptic by scrubbing with green soap, washed with sulphuric ether, and then douched with a solution of mercuric chloride 1 1000. A narrow bistoury was then inserted into the abscess cavity, and the contents gently but thoroughly squeezed out. The cavity was irrigated with a solution of mercuric chloride 1 1000, and immediately filled to moderate distention with warm iodoform ointment (ten per cent.), care being taken not to use a sufficient degree of heat to liberate free iodine. The syringe used for introducing the ointment was the ordinary cone-pointed glass clap-syringe. The plunger being removed, the barrel, gently warmed in the flame of an alcohol lamp, was filled with ointment by means of a spatula, and the plunger replaced. On finishing the injection, at the instant of withdrawing the syringe from the wound, a compress, wet with cold bichloride solution, was applied, which instantly solidified the ointment at the orifice, preventing the escape of the contents of the abscess cavity. A large compress of dry bichloride gauze was then applied, covered by a

protective dressing of cotton, and retained by means of a firm spica. The patient was requested to return at the end of four days. If all was well at this time, the dressing was simply reapplied; but if there were any evidences of inflammatory action, the wound was thoroughly irrigated and cleansed, and the injection repeated.

Of sixteen cases so treated, nine were reported cured in six days, three in twelve days, one in fourteen days, one in twenty-three days, and two deserted during treatment.

The advantages claimed for this procedure are :

1. That it is simple and safe.
2. In suitable cases cure, as a rule, seems to be more rapid than by any other method.
3. That the patient is not prevented from going about during treatment.
4. The first gland being rendered thoroughly aseptic, renders it less likely that other glands in the chain will become affected (?).
5. *It leaves no tell-tale scar.*
6. It in no way interferes with the performance of any subsequent surgical procedure, if such should

be deemed advisable.—*Jour. Cut. and Genito-Urinary Diseases.*

THE TREATMENT OF ECZEMA OF THE LOWER EXTREMITIES.—Among the newer remedies recently employed in the treatment of eczema, creolin promises to be a useful one, and from recent experience with it the author is inclined to regard it as of considerable value; the best results are obtained from it after the moist stage has passed. Although it may be used as a lotion, the following ointment is preferable:

R Creolin, ℥xv to xx:  
Ung. zinci oxidi, ʒi. M.

Occasionally cases are met with in which greasy applications of every kind disagree, increasing the burning and pain to such a degree that their use is prohibited. Under such circumstances we must limit ourselves to the use of lotions and dusting-powders. In the early stages of the disease, when the oozing is abundant, the calamine lotion, with a small quantity of glycerin added,—

[OVER.]

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R. Calaminæ, ʒi;  
 Pulv. zinci oxidî, ʒii;  
 Glycerini, fʒi;  
 Liq. calcis,  
 Aquæ, of each, fʒii,—

will often prove most useful, combining, as it does, the properties of a lotion and a dusting-powder.

Instead of the calamine lotion, a saturated solution of boric acid may be applied, followed by a dusting-powder of talc or the following:

R Pulv. zinci oxidî, ʒii;  
 Talc, ʒvi. M.  
 Sig.—Dusting-powder.

Among lotions which may be employed after the acute symptoms have subsided, mention should be made of the liquor carbonis detergens, which is distinctly of service in lessening the itching and hyperæmia. In the beginning its strength should rarely exceed one drachm to the pint of water; later it may be increased to two or three drachms to the pint.

An old and one of the most valuable remedies in the treatment of chronic eczema is tar in its several forms, but its use requires the nicest care and judgment, since, like many other valuable remedies, it is quite as capable of doing harm as good. It should never be used in the moist stage of eczema, but only after the acute inflammatory symptoms have subsided, and then cautiously.

A favourite method with the author of employing this useful agent is to apply the following with a flat camel's-hair brush:

R Ol. cadini, fʒi to fʒiii;  
 Ol. amygdal. dulc., q.s. ad fʒi. M.

Brushed lightly over the diseased surface, this is much less likely than ointments of tar to cause undue irritation. If, after a few days' use, it causes any considerable degree of inflammatory reaction, it should be put aside for the time and some milder application used, such as the paste of salicylic acid mentioned above.—*Dr. M. B. Hartzell, in Therapeutic Gazette.*

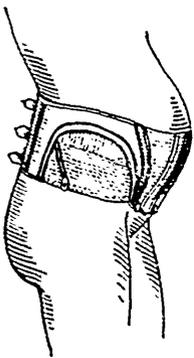
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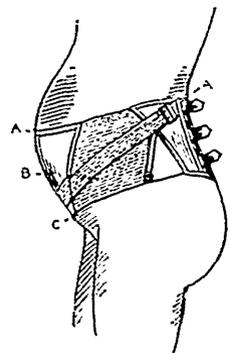
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**TUBERCULAR AFFECTIONS OF THE LARYNX.**  
*(Medical Press.)*—Percy Kidd, M.D., states that the record of the Brompton Hospital shows that tubercular disease of the larynx is found in at least fifty per cent. of all patients dying of chronic pulmonary tuberculosis. Probably about twenty per cent. of patients suffering from phthisis manifest signs of tuberculosis of the larynx. The vocal cords and the posterior laryngeal wall, the parts most prone to become affected, are covered with nonciliated epithelium, and it is here the sputum most usually adheres. The epiglottis is next in the order of frequency to be affected. The ventricular bands are less liable to be affected than any of the above parts. Of one hundred consecutive autopsies in laryngeal tuberculosis, twenty-three showed the disease too widespread to be of use for comparison. Of the seventy-seven remaining cases, the vocal cords were affected in fifty-three (sixty-eight per cent.) the posterior wall in forty-seven (sixty-one per cent.), the epiglottis in twenty-one (twenty-seven per cent.), and the ventricular bands in four (five per cent.).

**OVARIAN NEURALGIA.—**

R. Tinct. digitalis ..... ʒ j  
 Tinct. gelsemii ..... ʒ ss.  
 Potassii bromidi ..... ʒ ss.  
 Aquæ ..... ʒ vj.

M. Sig.: Tablespoonful in water every three hours.—*Record of Medicine and Surgery.*

**OINTMENT FOR BARBER'S ITCH.**—During the inflammatory stage the following should be applied:—

R. Ichthyol ..... gr. xx.  
 Salicylic acid ..... gr. x.  
 Oleate of mercury (10 per cent.) . . . ʒ ij.  
 Oil of lavender ..... miiij.  
 Lanoline ..... ʒvj.

Mix.

This to be kept constantly applied to the affected parts.—*Chem. and Drug.*

**EMPHYSEMA.—**

R. Olei terebinth ..... ʒ j.-iv.  
 Aq. menth. pip ..... ʒ iv.  
 Sacchari,  
 Pulv. acac ..... āā ʒ j.

M. Tablespoonful every three hours.

—*Medical Record.*  
 [OVER.]

**PIZZALA'S**  
**ELIXIR OF PEPTONATE OF IRON**

**Elixir Ferri Peptonati [Pizzala].**

**DOSE.**—A teaspoonful three times daily for children.

“ A dessert to a tablespoonful, for adults, three times a day, EITHER BEFORE OR AFTER MEALS. ”

**ADVANTAGES OVER ALL OTHER IRON PREPARATIONS:**

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| <p>(1) <u>It does not produce digestive disturbances of any kind, but aids digestion and stimulates the appetite.</u></p> | <p>(2) <u>It does not constipate.</u></p> <p>(3) <u>It does not injure the teeth.</u></p> <p>(4) <u>It is quite agreeable to the taste.</u></p> |
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As many worthless imitations of this widely spread and highly recommended medicine have been attempted, Doctor, please prescribe it in the original bottles, containing half a pint, and bearing the firm name of the sole agents,



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**Miscellaneous.**

HEART FAILURE (inserted by request).—Mr. Michael Joseph Donnelly, of St. Paul, has observed a popular medical craze of the day, and has satirized it in a lively fashion. We cordially commend his verses to the reflection of the entire medical fraternity:

He shuffled along the scaffold walk,  
Nor heeded the dizzy height;  
Then having dumped his mortar out,  
He turned and passed to the right.  
He stumbled—grasped to save himself,  
His downward course to check;  
He dropped about a hundred feet,  
And lit upon his neck.

Did he die?

Yes.

Dislocated neck?

No. Heart failure.

He skated on the river's ice,  
The night was crisp and clear;  
The city being close at hand,  
There were no wolves to fear.

On, on he sped with lightning speed,  
The town more distant grew;  
A hole—a splash—a gurgle, and  
He disappeared from view.

Did he die?

Yes.

Drowned?

No. Heart failure.

He loved his Nell for many years,  
He loved her hard and well,  
But never had the courage his  
Affection strange to tell.  
He nerved himself at last one night,  
And by her side he sat;  
He only got as far as "Nell,"  
Then asked, "Where was I at?"

Paralyzed?

No. Heart failure. *Zv.*

Berlin ladies have formed a "society for the discouragement of trains," and propose to do all in their power to dissuade their sisters from wearing trailing dresses on the street. Their motives are purely sanitarian, for they distinctly avow that they regard the train as a graceful adjunct to evening dress, and they do not wish to see it go out of fashion for indoor use.—*Medical Record.*

[OVER.]

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## THE THERAPEUTIC MERIT OF COMBINED REMEDIES.

BY STEPHEN J. CLARK, M.D., OF NEW YORK, N.Y.

In nearly every case where quinia is indicated, it can be advantageously combined with antikamnia, which thus becomes a valuable adjunct to quinia. Quinia, for example, is a most decided febrifuge, and its action is usually promptly reliable; but when combined with this member of the aromatic series, its action is markedly increased. Some individuals, however, cannot take any of the coal-tar derivatives; consequently the use of antikamnia will be inhibited in such cases; on the other hand, some patients cannot take quinine.

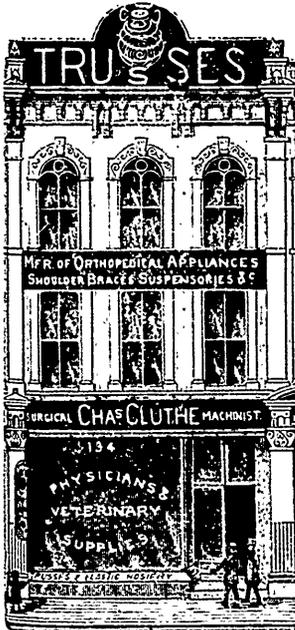
An important benefit to be derived from the addition of antikamnia to quinine is that it removes the sense of fulness in the head, constriction about the forehead and tinnitus aurium—so common when the latter drug is administered alone; the disturbing action of quinia on the auditory nerve is suspended to a great extent, and the usual

quinine deafness is absent. The combination of these agents in tablet form is a happy one.

The combination of antikamnia with quinia is valuable in the racking headache, with high fever, attendant upon malarial disorders. It is likewise valuable in cases of periodical attacks of headache of non-defined origin; of the so-called "bilious attacks;" of dengue; in neuralgia of the trigemini; in that of "ovarian catarrh;" and, in short, in nearly every case where quinine would ordinarily be prescribed.

Binz claims specific antiseptic powers for quinia; other writers are in accord with him on this point, and report good results from large doses in septicæmia, pyæmia, puerperal fever, and erysipelas. It is a germ destroyer of the bacilli of influenza (la grippe). A full dose of quinine and antikamnia will promptly relieve many cases of this disease. In the gastric catarrh of drunkards, this combination is valuable. Quinia is a poison to the minute organism—sarcina; and antikamnia exerts a soothing, quieting effect on the nerve filaments. A full

[OVER.



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dose of antikamnia and quinia will often arrest a commencing pneumonia or pleuritis. This combination is also useful in the typho-malarial fever of the South—particularly for the hyperpyrexia—both quinia and antikamnia, as previously said, being decided fever reducers.

The germicide power of quinia is the explanation of its success in the treatment of malarial disturbances. Thus it is also a prophylactic against the various manifestations of malarial poison, and as such it can be relied on. The cause of malaria as a disease consists of pigmented bodies, which penetrate the interior of the red blood corpuscles—pigmented bodies of various shapes and flagellate organisms—both having amoeboid movements—the filaments being in active vibration.

In meningeal troubles, attended by marked acceleration of the heart due to the rise in the fever temperature, full doses of quinine and antikamnia at intervals of, say, about four hours, will be productive of good. In measles, large doses of the combination at night—say ten grains of each for adults (doses for children in proportion, will relieve

the distress of the catarrhal pneumonia, and modify, in great degree, the amount of the exudative products. The periodical neuroses which may be either regular or irregular in their manifestations, but which are dependent on the malarial germ for their origin, are all controllable by the combination of quinine and antikamnia. Examples of such neuroses are asthma, laryngismus stridulus, summer catarrh, etc. Indeed, for the hemicrania and neuralgias of malarial origin, the combination of quinine and antikamnia, just alluded to, may be declared a *specific*.

The dose of quinine may be made smaller than usual when administered with antikamnia. Thus, one or two tablets of two and a half grains each of quinine and antikamnia will prove sufficient for great utility in puerperal mania, in the headaches of advanced age, accompanied by vertigo and despondency.

This combination is capable, by the combined influence of each drug on the nervous system and blood, of restraining all the processes which develop heat, organic changes, and muscular motion; there-

OVER.

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

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fore, it is "the one thing needful" in the treatment of hyperpyrexia of malarial fevers. In the vast majority of cases, when necessary to administer quinine, if antikamnia be added to the prescription, the results will be surprising.

Formerly, the idea prevailed that, in order to render the treatment of periodical fevers efficient, the gastro-intestinal tube should be cleaned out by emetics and cathartics. This, however, is a fallacy, as the conditions they are intended to remove depend mainly on the malarial poison, for which the combination of quinine and antikamnia is the specific cure.

In speaking of the treatment of pneumonia by quinine and antikamnia, Prof. Palmer says: "The effects desired, and certainly as a rule produced, are a decided reduction of temperature, a marked diminution in the frequency of the pulse, a decided moisture of the skin or free sweating, a slower and more easy respiration, or relief from pain, and the feeling of fulness of the chest, a diminution of the cough and of the tenacious and bloody character of the expectoration; and, in short, not only is

there a checking of the fever, but of all evidences—general and local—of the pulmonary engorgement and inflammation."

In Meniere's disease, or "labyrinthine vertigo," this combination has, by persistent use, entirely removed the trouble in many cases. The curative effects of quinine and the coal-tar antipyretics in sunstroke are well known, and have been used recently with great benefit in numerous instances in this country and in India. In hysteria, and even in epilepsy, the combination of quinine and antikamnia is often indicated, and will frequently give the desired results. In whooping-cough and hay fever, quinine and antikamnia will prove beneficial.

The tablets of equal parts of quinine and antikamnia, spoken of in this article, can be administered by the rectum, with good effect. They should first be dissolved in whiskey, and then water can be added in any quantity needed—always remembering the total quantity of each drug in such enemata. — *Virginia Medical Monthly.*

[OVER.]

# ALMOXIA WINE FOR INVALIDS

*No Better WINE for MEDICINAL PURPOSES ever before Sold in Canada.*

## ANALYSIS.

130 KING ST. WEST, TORONTO, January 9th, 1892.

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MESSRS. GIANELLI & Co.

Gentlemen,—I hereby certify that I have made an analysis of sample of "Almoxia Wine" received from you, and find it to be a very good wine for medicinal use: containing a considerable amount of Salts of Iron, and free from injurious colouring matter of any kind, or excess of acid.

The analysis gave as follows:

Specific Gravity	-	-	-	-	1651	Volatile acid	-	-	-	-	-	-	-	.02
Alcohol	-	-	-	-	12.23	Fixed acid	-	-	-	-	-	-	-	.07
Extractive matter	-	-	-	-	2.23	Ethers	-	-	-	-	-	-	-	.10
Sugar	-	-	-	-	8.31	Ash	-	-	-	-	-	-	-	.65

Salts of Iron in ash is equal to very nearly half a grain per ounce of wine.

Yours truly,  
 (Signed) THOMAS HEYS,  
*Consulting Chemist.*

N.B.—Almoxia is a department of a Province in Spain, near Malaga, located at Latitude 36.49 N., Longitude 4.32 W. The land where these vines are cultivated is remarkable for its FERRUGINOUS properties, which gives to the wine natural Salts of Iron, as indicated in the above Analysis.

**GIANELLI & CO.,** - 16 King Street West, Toronto.  
 SOLE AGENTS FOR CANADA.

We are pleased to note that the Canadian Headquarters Club which has become so widely and favourably known as the great meeting place of Canadian visitors at the World's Fair, have agreed to reduce their membership rates from \$5 to \$2.50 to fraternal societies and other large organized bodies. This important concession has also by special arrangement been made to the medical profession of Ontario. In view of the proposed medical excursions to attend the conventions which will be held at Chicago and Milwaukee during the World's Fair, we would advise all members of the profession to call at the offices of the Club, *Mail Building*, Toronto, where they will be supplied with all information they require as to reduced rates at hotels controlled by the Club.

There is a widespread idea that it will cost a small fortune to visit the Fair, on account of the high prices for rooms in hotels. Members of the Club, however, are guaranteed first-class accommodation in such well-known hotels as the Great Eastern, Marquette and Kirkland, at rates much more favourable than those charged an ordinary

traveller. The manager of the Club informs us that it will only cost members of the Club from \$1 to \$1.50 per day per person, two in a room, and it is possible to live just as cheaply in Chicago as in Toronto. Members of the Club taking with them their wives and daughters will find in the Club reception rooms for ladies. These rooms will be in charge of a competent matron. We can say, from what we know of the Club, its management and its objects, that members will gain in comfort and actual money much more than the trifling cost of their membership.

The attention of the profession is directed to the analysis of St. Leon Mineral Water printed on another page. Medical experts have used it with marked success, and, for many diseases in everyday practice.

FIRST BOY: "No, sir, you don't catch me shamming off sick to stay home from school and get dosed up with castor oil and such stuff." SECOND BOY: "Oh, I'm all right on that. We're homœopaths at our house."—*Life*.

[OVER.]

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## The LYMAN BROS. & CO. (Limited).

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This old reliable firm, which has been in existence for over fifty years, offers the following specialties:—

PHARMACEUTICAL PREPARATIONS, PILLS, TRITURATE TABLETS and HYPODERMIC TABLETS, CHLOROFORM and ETHER (for Anæsthetic Purposes).

Special formulas for PILLS, TABLETS, Etc., a Specialty.

SURGICAL INSTRUMENTS of all Descriptions.

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The following is taken from the *Lancet*, of February, 1892:—

"We desire to call the attention of the medical profession to the tablets manufactured by THE LYMAN BROS. & CO (Limited), 71-73 Front Street East, Toronto. The quinine tablets are especially to be commended, filling as they do a long-felt want, in that quinine can be administered in a tasteless form and not in capsules. Many patients are not able to swallow capsules, and object to quinine in an acid vehicle. These tablets disintegrate in from one to two minutes in water, and when given during such period are wholly tasteless; they can also be placed upon the tongue and allowed to remain for a minute until they soften, and their deglutition aided by a draught of water. We have tried them, and have been so favourably impressed with their use as to recommend them where other modes of administering quinine present any difficulties."

"The same firm are producing other tablets, which are giving very great satisfaction, notably that of cannabis indica, which, from the purity of the drug employed, has given great satisfaction."

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**EVERY ARTICLE FURNISHED OF THE BEST QUALITY. PURE AND RELIABLE.**

Office and Warehouse, 71-73 Front Street East - - - }  
 Chemical Works and Drug Mills, 147-149 Front Street East } - TORONTO.

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

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

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state

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

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

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

OVER.

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When you prescribe an Emulsion of Cod Liver Oil you should prescribe the best.

## SEVEN REASONS WHY

# SLOCUM'S OXYGENIZED EMULSION

Meets all the requirements of a perfect Emulsion.

- 1st. Because of the absolute purity of the ingredients used.
- 2nd. Because it is carefully and accurately prepared.
- 3rd. Because it is perfectly free from disagreeable taste and odour.
- 4th. Because of its fitness for immediate absorption.
- 5th. Because it retains permanently all its qualities.
- 6th. Because it contains no Hypophosphites of Lime and Soda.
- 7th. Because the price is as low as is consistent with merit.

IT IS THE ONLY ABSOLUTELY PURE EMULSION MANUFACTURED.

## T. A. SLOCUM & CO.,

186 ADELAIDE ST., WEST,

TORONTO, ONT.

Sample of Slocum's Oxygenized Emulsion delivered free to any Physician in Canada with our Fever Temperature Charts.

## Personals.

Dr. Forfar has removed to 212 Carlton Street.

Dr. Gaviller, of Hamilton, has been very seriously ill.

Dr. Robert Wilson, formerly of Morden, Man., died in Vancouver, B.C., May 26th.

Dr. J. H. Collins has returned from Germany and will resume practice in this city.

Dr. O. R. Avison, who recently left Toronto, expects to reside in Seoul, the capital of Korea.

Dr. W. H. Pepler has gone to the Johns Hopkins University to take a special course in pathology.

Dr. J. C. Clemesha (McGill), was admitted a licentiate of the Royal College of Physicians on April 27th.

Dr. G. F. McKeough was elected President, and Dr. R. V. Bray, Secretary Treasurer, of the Chatham Medical Society.

Dr. J. J. Cassidy has been made an Honorary Councillor of the British Empire for the International Congress of Hygiene and Dermography.

Dr. C. A. Temple has retired from the surgeoncy of the "Empress of Japan," of the C. P. R. Pacific Line, and returned to this city. Dr. J. Boyd has received the appointment.

Dr. Hugh Watt, member for Cariboo, in the British Columbia Legislature, paid a visit to Toronto this month. He graduated from Toronto School and Victoria University in 1880. His many friends here were most happy to see him again.

The following gentlemen have been elected to the active staff of the Home for Incurables, Toronto: Drs. Lehmann, R. A. McArthur, J. E. Elliott, and J. S. Hart. The vacancies were occasioned by the resignations of Drs. Primrose, G. Acheson, B. Riordan, and W. H. B. Aikins. The two latter were appointed to the consulting staff.

The election of officers of Toronto Medical Society was held May 25th. President, Dr. J. F. W. Ross; 1st Vice-President, Dr. W. J. Greig; 2nd Vice-President, Dr. J. Spence; Recording Secretary, Dr. J. N. E. Brown; Corresponding Secretary, Dr. E. H. Adams; Treasurer, Dr. G. A. Carveth. Council, Drs. H. T. Machell, A. B. Atherton, and G. Gordon.

We are glad to learn that Dr. Moore, of Brockville, is again at work and enjoying good health.

Drs. F. Winnett and B. E. McKenzie have been appointed assistant demonstrators of Anatomy in the Medical Faculty of Toronto University.

Dr. James Stewart, Professor of Clinical Medicine, McGill University, has been appointed chief of the medical staff of the Royal Victoria Hospital, Montreal.

Dr. W. T. Aikins has been appointed to the Board of Regents of Victoria College to represent the medical graduates in the place of Dr. Downey, resigned.

Dr. Anderson, of the House Staff of Toronto General Hospital, has left for England. His intention is to take a special course in pathology and bacteriology.

Dr. H. A. Bruce, one of the house surgeons of the Toronto General Hospital, has been appointed surgeon to the C. P. R. steamer "Empress of India," to succeed Dr. Gordon.

Dr. Fred. A. Rosebrugh, son of Dr. J. W. Rosebrugh, of Hamilton, who graduated last year (1892), has since taken a post-graduate course, both in New York and at the Johns Hopkins Hospital, and has now secured a position as assistant to Mr. Lawson Tait, for six months; after which the young doctor will spend some time at the great medical centres on the Continent.

## Births, Marriages, Deaths.

### MARRIAGE.

WILSON—JONES.—In Toronto, by Rev. J. Henderson, H. W. Wilson, M.D., to Miss Margherita Jones, both of Tamworth.

### DEATHS.

ROSS.—At Barrie, on Thursday, April 27th, 1893, Robert Armstrong Ross, B.A., M.D., aged 42.

WINSTANLEY.—At Colegrove, near Los Angeles, California, on the morning of May 23rd, O. S. Winstanley, M.D., M.R.C.S. Eng. (formerly of Toronto), in the 70th year of his age.