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Ontario Medical Journal.

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

R. B. ORR,

EDITOR.

All Communications should be addressed to the Editor, 117 Cowan Avenue, Toronto.

VOL. II.]

TORONTO, NOVEMBER, 1893.

[No. 4.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

Editorials.

OBJECT OF EXISTENCE OF MEDICAL COUNCIL.

In Dr. Sangster's communication in this issue, the object for which the Medical Council was formed and still exists is discussed in his own inimitable style. He divides, as will be seen, his argument into three different classes by taking three premises.

1. The object is the protection of the public, and in dealing with this he quotes both the late President of the Council and our own editorial columns. Any body incorporated by the Legislature, dealing with questions of interest to the public and any one profession, must necessarily, to be of any use at all, be run as a safeguard to both parties. Primarily, as far as we can see, the public is protected by the hold on the profession. Anyone can see this by a little analysis.

The Council controls by its enactments and examinations the number of medical men launched on the country, and the actions of these medical men in their professional duties: and keeps down to the best of its ability, as far as the law permits, all infringements by quacks and fakirs. The benefit to the laity in these three items is plain. If there were no control over the number, we would be much more overstocked than we even now are; many would come in from other

countries and states, and by no means the best of them, simply ones who were unable to make a living where educated. This would leave the public open to be treated by almost any man or woman who cared to place the title of doctor before their names, and in many cases would cause a great deal of ill-work to be done. After giving men their diplomas and licenses to practise, by watching the actions of many—for even in our profession persons will creep in with the intention of doing dishonest work—who would employ their brains against the main interests of the public in ways other than dealing with their health, much good is done. As for the third idea, no one can deny their use in controlling quacks and fakirs, the Discipline Committee doing its work very thoroughly.

2. The object is the protection of the medical electorate. We easily grant our correspondent that one of the main workings of the Council fulfils this, but as we have shown it is not the principal thing done. We hardly need go into the work of the Council in this line as it is already well known. As we said above, the handling of cases against fakirs and others of that ilk has been exhaustive, and in most cases fairly successful. Our remarks as to the protection of the public to save repetition also strongly show the benefit of the Council to the profession generally. Dr. Sangster tries to prove the contrary to this by speaking of his so-called abundance of illegal practitioners, etc., but he gives

very little credit for the work that has been done. Many have been put down, so that indeed few are left in comparison with the number there was, and very few indeed compared to the immense number there would be if no control were held over them. He can scarcely deny the truth of this statement, no matter how much he may like to do so. Giving credit for work done by any body whom Dr. Sangster has no love for seems very little in his line.

Why the argument is put forth that stringency of examination is in favour of colleges we are too dense to see. Any man showing proper qualifications and able to make a pass on the papers set is of course entitled to a license, and gets one. If any school outside of Ontario could not train their scholars sufficiently, should that make it be said that the whole work was in favour of the Ontario Schools? or even in favour of schools at all? If the Doctor had said that the examinations were easy, we could understand that the Council could be accused of favouring the schools by allowing candidates to pass through, but his own sentence shows that this "stringency," to again use his word, is all against the schools and in favour of the profession by keeping out many weak men.

With regard to the matriculation standard, we would ask him to consider methods of raising standards other than raising the percentage of marks for pass. At a meeting of a committee of the Council with the Minister of Education and Mr. Seath, the standard was laid down, it being considered that more stringency (we thank thee for the word) would more than make up for the percentage. If the papers of this year be conned, the difficulty of the questions will be easily recognized.

3. The object is the protection of the schools. The method of the origin of the Council is quoted in this paragraph as the strong argument. We admit that the method was simply taking representatives from schools and a number of territorial men put on to preserve a balance, but the method and object are far different. The object was the protection of the public and the profession, and not of the schools. Before the advent of the Council each school could pour out as many graduates as they liked if chartered to do so. The Council was then formed to place some control over them, and

to make a common standard of education in medical lines in the province. Then enactments were added making this corporation a stronger bulwark than ever for the public and the profession.

The statement that "access to the profession in Ontario is practically closed to all but students of Ontario medical schools" is a great mistake. Many students take out licenses here who put in no time in Ontario at all. All that is necessary is that the qualifications of the said student must be as high as the standard required here by the Council. The mention of McGill men being dealt harshly with is rather laughable than otherwise.

We do not see at all that his case has been proved, as on sifting, all his arguments can be made to apply as much one way as the other—in fact, very much more the other way. If he grants that if the Council does any good to the profession, the tax should be paid, and as we have shown that they do great good, why is the tax not paid?

OUR FINANCIAL CRITICS.

Day after day we see the effect of carelessness, or ignorance, or worse (changing of statements for their own ends) in the notes and letters sent to the press both medical and public. Many are ludicrous in the extreme. A short time ago one physician, in his endeavour to take some blame off his own shoulders, made the age of his son quite ten years more than his son made it by affidavit before the Council.

Another man writing to the public press takes it on himself to criticize the accounts, laying most stress on the printing. Now see what he says: "Their printing account which has grown in one year from \$610.00 to \$1,681.00. But the \$610.00 included the printing of the Medical Register which is only an occasional item and is not included in the latter." His ignorance here is amusing. The amount of the printing account passed at meeting of Council, June, 1892, was \$610.00, and the certified account passed, June, 1893, was \$1,181.00. (His \$1,681.00 was made up by the \$500.00 paid to the ONTARIO MEDICAL JOURNAL.) In spite of his assertion the cost of the Medical Register was included in the latter and not in the former. Let anyone look at the date on the cover and see. It is an extremely simple matter to show how the

\$1,181.00 was made up without giving a detailed statement :

5,000 copies Medical Register, Nov. 15, 1892,	\$732 50
Parchment Diplomas and Cases, July 30	123 00
Copies of Financial Statement, Aug. 9	75 00
Examination Records, Spring, Aug. 9	20 50
“ “ “ “ Fall, Oct. 5	27 50

These few items alone total up to \$978.50. The remaining items are small and would take up more space than we have at our disposal this month.

In discussing this account up to June, 1892, the difference in size of the Annual Announcement should be taken into account. In 1886 it contained seventy-four pages, and in 1892 it contained 144 pages, the enlargement of copy of the minutes making the greatest part of this difference. In conclusion we would advise men who wish to pose as financial critics, to make sure of their items and not make such unlimited mistakes as we are seeing every day.

EDITORIAL NOTES.

In No. 12 Division, two candidates are already in the field, Dr. Burrows, of Lindsay, and Dr. J. M. Cotton, of Lambton Mills, having decided to trust themselves to the mercies of the electorate.

We have much pleasure in drawing the attention of our readers to the card of Dr. Bremner, orthopedic specialist. We have no doubt but that they will cordially yield to Dr. Bremner that welcome amongst them which his extensive foreign study and labour at this specialty merits.

In East Toronto, Division No. 10, Dr. E. J. Barrick, one of the oldest and strongest medical men in that part of the city, will make a bid for the seat in the Council for that district. Judging by his well-known worth and the solidity of his claims, we have no doubt that his candidature will be heavily endorsed.

Through the marked interest taken in the doings of the Medical Council the last year, the noise of the election campaign is heard much earlier than usual. Candidates are bobbing up in many quarters, and from the number who have expressed their intention of running, the electorate should be able to pick excellent men.

The Discipline Committee of the Medical Council will hold court in the Tecumseh House, London, and the College Building, Toronto, on December the 5th and 6th, to investigate the charges made against Dr. J. R. McCullough, of Enniskillen, Dr. W. F. McBrien, of Toronto, and Dr. H. McGreggor Wilson, of Windsor. The Discipline Committee is a very expensive body, but the work that is done in purging the profession of all excrescences upon its surface will repay the outlay.

We observe from a notice in another page of this journal that Dr. Holford Walker has decided to enlarge Rotherham House, and in order to increase the scope of work done therein, has taken as associate, Dr. William Nattress, of Carlton St. Heretofore only nervous and surgical diseases of women were received, but in future the doors will be open to the more general diseases of both men and women. We think the move a wise one, as the marked success of this and similar institutions shows clearly the tendency of the age.

People are becoming more practical even with regard to sickness, and as a consequence more keenly appreciate the advantages of a well-appointed private hospital over that of the ordinary sick room in a private house. The healthful sanitary surroundings, the care and attention of an efficient staff of trained nurses, the constant supervision of a medical attendant, the properly regulated diet, etc., all go to secure better and more favourable results than we can hope for in ordinary private practice.

We predict and cordially wish a brilliant future to Rotherham House, the pioneer private hospital of Ontario.

While many of the census bulletins are of great interest, none can be greater to the medical profession than that section dealing with physicians and surgeons in Canada. In the issue of September, 1893, Bulletin 18, the following notice is given :

“ Much is said about the rush into law and medicine. The latter, as bearing upon the health of the people, is of importance. The returns show that in 1891 the physicians and surgeons in Canada numbered 4,448. This is one medical

man to each group of 1,087 persons. Divided by provinces, and apportioned according to population and area, the result is the following table:

Province.	No. of Medical Men.	No. of Doctors for 100,000 persons.	Area Square Miles	Square Miles to a Medical Man.
Ontario	2266	107	219650	97
Quebec	1220	82	227500	186
Nova Scotia	353	78	20550	58
New Brunswick	238	74	28100	118
P. E. Island	90	82	2000	22
Manitoba	113	74	64066	558
British Columbia	114	110	382300	3400
N.W. Territories	54	81	294981	5462

"How this compares with other countries is seen in the following table:

MEDICAL MEN IN PROPORTION TO POPULATION AND AREA.

Country.	Average number of medical men to each 100,000 persons.	Average number of square miles to each medical man.
Switzerland	75	7.3
Victoria (Australia)	73	105.3
Italy	60	6.2
England and Wales	58	3.9
Scotland	50	15.9
Ireland	48	13.2
Holland	43	6.9
Belgium	42	4.7
France	39	13.9
Germany	32	15.1
Austria	32	15.8
Norway	32	205.0
Spain	31	37.1
Hungary	24	33.6
Portugal	18	43.4
Russia in Europe	16	148.4
Sweden	13	294.9

"It is apparent that the conditions of life in Canada are such as to make necessary a larger staff of medical men than in older countries. England and Wales require only fifty-eight medical men for 100,000 persons. These fifty-eight have to guard an area of less than three square miles. Ontario requires 107 doctors per 100,000 persons, and does so because each doctor has an average of ninety-seven square miles under his care. It is plain that in some of the provinces the number of medical men is insufficient, in view of the great

distances to be travelled. In other provinces the number seems unduly large. On the whole, however—considering the healthy climate and the comparatively simple life led, with a large proportion of the people engaged in occupations that would not come under the definition of hazardous or extra hazardous—the garrison of medical men is ample for the wants of the country, especially as the returns show 1,326 medical students preparing to become part of the guard watching over the health of the people."

Among the physicians in No. 11 Division, West Toronto, the feeling is very strongly in favour of the candidature of Dr. A. Jukes Johnston. At the request of his many friends he has consented to stand. As a result of his popularity his nomination paper, after being in circulation only a short time, has been very largely signed.

No surgical operation has taken greater strides in the last five years than that of laparotomy. Cases of peritonitis—septic and otherwise, ovarian tumours, Cæsarian sections are done now where formerly the patient either died or lived on in misery. Following on this operation the manufacture of abdominal supports became quite prominent. Among those in Ontario who deal only with the profession, is Mrs. Pickering, of Brantford, a very skilful operator, who well deserves the large support given her by medical men.

British Columbia.

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

DR. MCGUIGAN, Associate Editor for British Columbia.

Dr. McGuigan, of Vancouver, B.C., has left for a six months' sojourn in Europe. Dr. Ernest B. C. Hannington, of Victoria, has undertaken the charge of British Columbia matter during his absence.

This fact will explain to the profession the reason for the absence of material in this column for the last two issues, Dr. McGuigan in his preparations for departure having been unable to find time for editorial work.

Prince Edward Island.

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

MEDICAL RECIPROACITY.

THE ONTARIO MEDICAL JOURNAL for October is to hand. Your remarks on interprovincial reciprocity are timely and good. It is time the profession fully realized that in matters of medical education the British North American Act leaves it in the hands of the Provincial Legislatures to enact all laws relating to education. All honour to Ontario and the Medical Council of Ontario for what they have done already towards elevating the standard, and bringing order out of confusion. They have set every other province in this Dominion a noble example. Let Quebec follow suit, and it will be an easy matter to procure reciprocity. The colleges must not obstruct the way any longer, for their mission is to educate and confer degrees, and these degrees are no longer regarded as conferring a legal right to practise. Look at New York, Pennsylvania and many of the other States of the union, ignoring their own as well as all other diplomas, for the sake of having one uniform and legal authority to practise. We must come to it, and any member of the profession who will not cheerfully aid the movement and support the law in his province, is a drone that will never leave his impress in improving and benefiting his profession. The paltry amount required as annual dues ought not be considered as a drawback to the prosperity of the members of the profession in each province.

While there is an evident discontent in the minds of some practitioners in Ontario against the constituted authorities, I am glad to notice that they are few, and that the great bulk of the profession is in harmony and support of the Council. This is as it should be, and your journal will have the effect of enlightening the profession here and elsewhere upon what is being done. There are men in every community who are adepts at destroying and pulling down, but will not add a single brick to the structure to build it up. It is an easy matter to destroy in a single day—the work of a lifetime—what required many years to complete, but very hard, indeed, to build and lay good founda-

tion to build upon for the future. Let the medical men of Ontario take good heed and good care that they will not lose their medical laws; if they prove true to themselves they will not do so, and the Legislature will see the absurdity of the contention of those who are opposed to the present law. Improve it, make it better if you can, but don't destroy it. The opposition to your law is frequently quoted against us, but, fortunately, there is no friction in the administration of our law, and so far the registered practitioners are a unit in support of it. One common standard of curriculum and education in each province, with examination as the only legal authority to practise, and powers for the various Councils to correct abuses, such as the "contract system," and other questions where ethics ought to rule, will raise our profession to an honourable status beyond the region of the quack and secret nostrum vendor, and all parties who would lower us to the level of *trades* and *artisans*.

QUACKERY.

A weekly journal, *The Montreal Witness*, has recently declared "that Montreal is infested with gamblers preying upon the morally weak in society." This Dominion is infested with quacks, patent medicines and secret nostrum vendors and the whole press bow down and worship them—allowing the ignorant and morally weak in society to be allured and decoyed by impudent assertion—whole columns of audacious trash and balderdash dished out to the community to entrap the unwary, and the press who are paid and subsidized by these concerns are dumb as an oyster. On other matters they are loud in proclaiming the moral code. If a hungry man steals a loaf of bread, or an intemperate man commits a brawl and disturbs the peace, the matter is heralded abroad, but the quacks who are daily advertising miraculous cures and defrauding the people on every hand are hailed as benefactors. The medical profession alone are expected to combat the evils of quackery and too often do they experience ingratitude from the public at large for their efforts in defending the public. Why is this? Simply because the quack has something to advertise and sell, and because the press is amply rewarded for advertising, they

will not publish anything against what is drawing water to their own mill. The medical profession has no funds to carry on a thankless warfare in which the press and the public construe their efforts as movements of jealousy and self interest. The gullibility of the people in matters affecting their health is something amazing. Yes, people who are intelligent in everyday business transaction will allow the tramp, the scallawag, the swindler, deceiver, and ignoramus to take charge of their health: if he only has brass and impudence to declare that he is a doctor. In this Island we have had several characters itinerating in our midst as *quack* doctors. About two or three years ago an *ignorant* Frenchman from Tracadie in New Brunswick belonging to a family named *De Roche*, made his appearance under the assumed name of Frank, alias Rossin. He located at Summerside and gave out that he was a woman's doctor, and that he could cure all ills to which the poor females, and the womb in particular, was heir to. The methods by which this individual attempts to gull people is rather amusing—his methods of diagnosis and bold assertion are calculated to impress weak minded people and silly women, who imagine that boldness of assertion means proof every time.

The ignorance of this pretender is best verified by the fact that a Charlottetown druggist, who is fond of fun, sold him an instrument used by old people to slip on their shoes, as an improved tongue depressor and received therefor the handsome sum of two dollars. Without inquiring into this man's antecedents and learning that his only profession was that of a tramp, working in a saw mill for a season at Miramichi as a common day labourer, and finally chased from Fredericton for appropriating two gold watches not his own—with out education or knowledge of even the ordinary kind—there are people who believe that this man can do wonders and will submit their wives and daughters to his inspection and examination. There is no other portion of this Dominion where this tramp would be allowed to vegetate one hour. Talk of the injurious effects of poisonous patent nostrums on the people who use them—imagine the benefits that could possibly proceed from an ignoramus without any knowledge of physiology or pathology or therapeutics—and reflect on the intelligence of the people—the Si-washes tribe of

Indians in British Columbia would not tolerate the beast one hour. Medical men alone recognize the cases of maltreatment of quacks and ignorant pretenders, where their action has produced and aggravated deadly diseases, and if the people were aroused to a proper sense of their duty they would be more chary in employing men who have nothing to recommend them to confidence but their own unblushing impudence and assertion. There are but few people, if any, who would be inclined to trust an individual whom they had detected in the act of cheating them by offering a *forged* check—they would take the precaution of handing him over to justice. Yet, strange to say, a man can assume a false name, and sail under a forged name, and no notice is apparently taken of the matter.

The medical men all over Canada must unite and put forth their talents and abilities in educating the people—setting legislatures right. If we did but use half or quarter of our collective energy and intellect in combatting these things, quackery would disappear. Combination is the order of the day in the world of trade, and if the people of this Dominion are to be saved from the evil effects of quackery and quack nostrums, the medical profession must be united and secure the co-operation of the press and every intelligent person to neutralize the pernicious influences at work and discountenance the "sneak advertiser" and the "news paper doctor."

The following members of the Medical Society of Prince Edward Island paid their subscription to the *ONTARIO MEDICAL JOURNAL*, as per circular addressed to them by the Secretary of the Council. The remaining members who have not contributed are requested to communicate direct with DR. R. B. ORR, 147 COWAN AVENUE, TORONTO, ONT., and report whether they are in receipt of the *JOURNAL* regularly. Drs. H. F. Jarvis, Summerside; Robt. D. McLaughlan, St. Peter's Bay; Joseph DeNoyer, Tignish; A. Allan, Cardigan; H. N. Goff, Sanatorium, New York; Wm. Keir, Malpeque; R. Johnson, Registrar, Charlottetown; James Macleod, President Medical Council, Charlottetown; Alex. Macneill, M.M.C., Kensington; H.D. Johnson, Charlottetown; John McInnes, Red Point, Lot 46; E. Blanchard, Charlottetown.

Original Communications.

THE NATURE OF FEVER WITH REMARKS ON SOME OF ITS PHENOMENA AND ON ITS TREATMENT.*

BY T. E. HOLMES, M.D., CHATHAM.

GEN FLEMEN, —Through your courtesy I am permitted to present some thoughts on a subject that must have engaged the attention of all whom I have the honour to address, and which is at the present time monopolizing the skill of many of the wisest and best trained minds in the world. I have thought the subject a suitable one for discussion here because its elucidation has a practical bearing on a vast number of ailments that come under daily observation, and the successful management of which determines largely the claims of the medical profession to the beneficent regard of society. I refer to those disturbances of function which are characterized by elevation of temperature, by altered nutrition, and usually by disturbances of circulation, secretion, respiration and digestion as well as by disorder of the nervous and muscular systems. I shall, after inviting attention to some of the conclusions arrived at by recent investigations in reference to the cause and nature of the febrile state, refer to some clinical facts that have engaged my attention and that have a practical bearing on the management of febrile diseases, and I shall finally point out what has been a most effectual aid in treating those diseases in which elevated temperature constitutes a prominent and dangerous symptom. The maintenance of the body at a uniform temperature under the varying conditions of life indicates a perfection in the mechanism that accomplishes it that we may readily believe to be unparalleled, and the means of its accomplishment are so various and so obscure that the secrets of the process are only being yielded up slowly, and are yet but imperfectly understood.

As fever is a disordered state of those processes by which a normal temperature is maintained, its nature will be better understood by first inquiring into these processes. We know that heat is constantly escaping from the surface of the body by

radiation, conduction, and by the process of evaporation, and that heat is also used in warming and moistening the air that is exhaled from the lungs. To compensate for this loss heat must be, and is, constantly generated within the organism. If the heat production and the heat loss were equal and uniform, the nearly unvarying temperature of health would be maintained, but no argument is needed to show that these are not uniform. The variations in the temperature and humidity of the air would alone be sufficient to cause wide variations in heat loss, and there are other factors that determine this to a considerable degree. By some means, therefore, there must be generated in the body, heat equal in the aggregate to that discharged from it, and as the latter is inconstant, so must the former be inconstant. "The maintenance of a uniform body heat under these conditions implies some mechanism by which these are brought into harmony, and the mechanism which does this must be in intimate relation with heat production on the one hand and heat loss on the other, so that the smallest variation in either process will call into operation thermal tendencies whose resultant is back towards the normal" (MacAlister). Increased discharge of heat must be promptly compensated by increased production, and increased production must be immediately relieved by increased loss. The promptness with which this regulation is accomplished, the extent of tissue affected by thermal variations and the sensitiveness of the mechanism that accomplishes it, easily lead to the conclusion that this regulating apparatus is nervous, and enough has already been ascertained by observation and experiment to confirm this view. It will therefore be seen that the phenomena involved in a study of this question are heat production, heat loss and heat regulation, or as MacAlister designates the processes, thermogenesis, thermolysis and thermotaxis. A solution of these three processes would be a solution of the question of the maintenance of uniform normal temperature, and a solution of the cause and mode of disorder of any or of all of them, would be a solution of the phenomena of fever. MacAlister, to whom much is due of what is here stated, has had able co-workers in Leibermeister, Gaskell, Meade Smith, Traube, Ord, Wood, Sanderson, Welch and others, and their labours have dispelled much of

* Read before Ontario Medical Association.

the darkness that has always surrounded these questions, although there are nooks in which, as yet, scarcely more than dim twilight prevails. It would be tedious to pursue the steps that have led up to a clearer and more accurate knowledge of this subject: indeed, it would be impossible to do so in so short a paper as this is intended to be, or to go over the untenable ground that has been occupied and abandoned: suffice it to present those deductions and conclusions that seem to offer the most satisfactory explanation of the phenomena of fever.

Dr. MacLagan, in an essay written in 1887, maintains that the source of heat in the body is due entirely to retrograde metamorphosis of tissue, and that heat so produced is a waste product and is eliminated, just as urine and carbonic acid are waste products and are eliminated. In health the equilibrium is maintained between production and elimination of heat and the temperature is stable: in fever this equilibrium is destroyed and the temperature rises. He contends that hyperpyrexia is distinct in its origin from ordinary pyrexia: that while the combustion theory will account for the latter, the former requires the introduction of a nervous element to produce it. He believes that the thermic centre which Wood has shown to be in the upper part of the medulla, and which exerts an inhibitory influence on heat production, may become paralyzed, and that when it does, there being no restraint on the thermogenic mechanism, there is no limit to which the temperature may rise and hyperpyrexia results. It is difficult to accept a theory which accounts for ordinary pyrexia by metabolism alone, and for hyperpyrexia by the introduction of a nervous element whose influence only then comes into operation.

The experiments of Meade Smith and of MacAlister show that "when a muscle is artificially stimulated two processes are set up in it one, as it were, explosive and manifested by change of form and the performance of mechanical work: the other more continuous and manifested by increased development of heat. These two functions seem to be independent of each other, for by repeated stimulation one may become exhausted, while the other is little, if at all, impaired. Heat will cease being generated for a considerable time

before stimulation fails to cause a contraction. MacAlister also found that when the temperature of the whole animal is reduced by exposure in a cold medium, the thermogenic function of a muscle so cooled is greatly lessened or completely abolished, while the contractile function is little, if at all, impaired. This fact has an important bearing on the treatment of the febrile state, as will be pointed out hereafter.

It has long been known that the circulatory and respiratory systems are enervated by two kinds of nerve filaments whose functions are of an opposite character, the one being motor and the other inhibitory, and it is admitted that their nervous mechanisms are the ones that control heat loss. It is also known that the uterus undergoes rhythmic contractions during the whole term of gestation, and it is claimed by some that it does so at all other times: that the bladder and ureters act in a similar manner in propelling the urine: that the muscles of the scrotum and intestines present similar phenomena, and that the lymph channels are under the control of rhythmic nervous influence. Reasoning from analogy we may assume that "all muscular tissue is enervated by motor and inhibitory nerves, the one set catabolic and presiding over disintegrative changes in the muscles which are manifested: first, by thermogenesis, and second, by contraction: the other set anabolic and setting reconstructive changes in the muscles which are manifested by inhibition of motion, on the one hand, and by absorption of energy on the other. If these views be accepted, and if all muscular tissue is supplied by motor and inhibitory nerves which produce rhythmic contraction during the whole term of life, it will be easy in the light of MacAlister's experiments on living muscle to account for a large share of the normal body heat generated in the muscular system. He affirms that no less than four-fifths of all normal heat is produced in the muscles, the other fifth being chiefly generated in glandular tissue and in the digestive process, and he further affirms that heat is constantly generated in the muscles independent of their contraction although the latter increases it. The various forms of pyrexia may be explained on the system of thermogenesis, thermolysis and thermotaxis by reference to the predominance of each of these processes. If thermogenesis be in

excess while there is not a corresponding increase in thermolysis, the temperature must rise: if thermogenesis be normal and thermolysis from any cause be inadequate, the temperature must also rise. If the cause disturbing the harmony between thermogenesis and thermolysis be so potent that compensation is no longer possible, fatal hyperpyrexia results. The agent that deranges any or all of these processes may be anything acting directly on the nervous centres that control them, or indirectly on them through the blood. We know of a great variety of poisons, that act in the latter way, notably such as have been found in the eruptive fevers and in malarial fever.

Clinical observation of fever constantly impels one to seek an explanation of its manifestations, and it is more with the view of receiving than of imparting information that I mention some difficulties that have perplexed me. Every physician is familiar with the influence of fever on the respiration, especially in children. Sixty, eighty, or even ninety respirations a minute are not uncommon in children under a year old when suffering from a temperature of 104° or 105° F., and this when the respiratory organs are free from disease. It cannot be due directly to the poison causing the fever because a rapid reduction of the temperature by means of the cold bath promptly reduces the respirations often to the normal rate, and yet the cause of the rise of temperature is not removed by the bath. Doubtless the rapid breathing promotes heat loss, and is in this way conservative. Obstetricians are familiar with the beneficial influence of hot-water in the resuscitation of the new born. Immersion of the child in a hot bath excites the heart very quickly to stronger and more frequent contractions, and I know a skilful physician who never administers an anæsthetic without having hot water at hand to apply where the heart should danger threaten from asthenia, and he assures me that he has seen death averted on more than one occasion by this means.

Lauder Brunton pointed out many years ago what I have repeatedly verified, that the heart of a turtle or of a frog, when removed from the body, will have its beat quickened and slowed by exposure alternately to heat and cold. These observations indicate a stimulating effect of heat on the cardiac sympathetic. Is it not fair to assume that

the hot blood of a fevered child acts in a similar way on the motor nerves of respiration, and that blood cooled by the cold bath inhibits the heart and the respiration through its action on the vagus? The conservative action of the cold bath on the heart of a fevered patient becomes evident in view of this inhibitive power, because, as Gaskell has pointed out, anabolism proceeds during the interval between muscular contractions, and when these are normally slow, or nearly so, nutrition of muscular tissue can be more perfectly maintained than when the period of relaxation is short. In a paper published in the "Transactions of the International Medical Congress," at Philadelphia, in 1876, I pointed out that a rise of temperature, from whatever cause, in a child is frequently accompanied by eclamptic attacks, that so long as the temperature remains at or above the point at which the eclamptic seizures came on the convulsions are liable to continue, and that reduction of the temperature to about the normal invariably arrests the convulsions. So far as I know this plan of treating convulsions accompanying fever was new, and I was led to adopt the cold bath treatment of such cases by the experiments of Brunton, above referred to. It appeared not unlikely that the same agent which acted on the turtle's heart in a manner quite opposite to that of heat, would, by reducing the temperature of the general circulation, and through it the temperature of every tissue in the body, counteract the stimulating effect of the hot blood on the nervous centres, and arrest the convulsions. The correctness of this supposition was fully sustained by subsequent experience, so that I have come to regard the cold bath as an absolute specific for convulsions coming on during a febrile attack.

About five years ago I had occasion to induce labour at the eighth month for threatened eclampsia. All went well until about half an hour after the birth of the child, the temperature then being normal and the pulse 75, when a violent convulsion occurred. Within ten minutes the pulse rose to 140, and the temperature to 104° F. There was no subsequent convulsion and in less than two hours the pulse and temperature became normal and continued so during convalescence, which was uninterrupted. Zinke, in the *American Journal of Obstetrics* for January, 1893, relates a somewhat

similar case. The patient at the time of the first convulsion had a pulse of 80 and a normal temperature. There were four subsequent convulsions about two hours apart, the temperature rising higher after each fit, until the last, when it registered 109.4 Fahrenheit. I have usually observed a marked rise of temperature after a puerperal convulsion, and am unprepared to offer an entirely satisfactory explanation. Of course, other causes than nerve stimulation may contribute to the rise of temperature in these cases, as increased retrograde metamorphosis of tissue, or from the sudden accumulation of heat in the body from arrest of those synthetical changes that are involved in the elevation of protoplasm into organized tissue, changes which we know require the conversion of heat into a different form of energy, and in which form it remains stored until released by metabolism later in the cycle, and again assumes the form of heat. I have thought it likely that all of these thermic factors, acting in unison and with unusual potency, cause a sudden increase of heat, and that the thermotoxic mechanism fails to respond in a prompt and normal way so as to bring about an equally prompt and active thermolysis, or, if I may so express it, the thermotoxic apparatus is caught napping, and before it can open the flood-gates of heat loss the temperature rises.

While it is difficult to over-estimate the value of the thermometer in clinical work, it should not be overlooked that what it reveals is not always a true criterion of the mildness or of the gravity of the disease under treatment. Experience proves that many febrile diseases run a favourable course when a high temperature is registered throughout, while others, with only a moderate rise, baffle all our efforts and prove fatal in spite of all we can do. Paradoxical as it may seem, there may be rise of temperature without fever, and there may be fever without rise of temperature. It is true that rise of temperature is one of the most constant symptoms of fever, but it will be readily seen that inadequate discharge of heat from the body through any interference with the apparatus that subserves this function, while at the same time there is only the normal production of heat going on, will cause a rise of temperature, as indicated by the thermometer, and yet it would be incorrect to designate this as fever, because the changes in the tissues essential

to the febrile state, such as increased production of urea and carbonic acid, are not taking place. Again, there may be catabolic changes of so active a character going on as would be sufficient, under ordinary circumstances, to produce a rise of temperature: but, at the same time, the factors that regulate heat discharge may be so active as to more than balance the increased production, and a normal or even a sub-normal temperature would result. These considerations should always be appreciated in adopting therapeutical measures in febrile diseases. Rapid wasting, as indicated by the increased amount of effete material discharged by the emunctories, offers a clear indication for maintaining these emunctories in an active condition, and at the same time, for adopting measures to sustain the digestive and assimilating organs, and for supplying nourishment suitable in quality and quantity to the changed conditions of nutrition. Antipyretics should be regulated in the same judicious manner, always endeavouring to ascertain and to bear in mind those changes upon which thermic phenomena depend. The last few years have placed within our reach a great number of antipyretic agents, but I am convinced that as such all these drugs might be dispensed with and little or no disadvantage be felt. They reduce the temperature, but they depress the patient to an extent that should preclude their use in any protracted case in which frequent repetition would be necessary to maintain a safe temperature. Their use in such cases becomes less imperative while we have such a safe, potent and unfailing remedy as the bath at our disposal. To me it is inexplicable that a remedy that has been known for ages, that possesses so many advantages and so few disadvantages, that has such overwhelming testimony in its favour, should still be excluded from the armamentarium of so many medical men, or, if admitted occasionally, used in such an unscientific way as to do little more than to lead to disappointment and bring a sovereign remedy into disrepute.

Brand has given full and complete rules for the use of the cold bath in fever, and this plan has been adopted in many hospitals, and by the most progressive physicians everywhere in the treatment of typhoid fever. The evidence is incontestable that the mortality from this disease has been reduced from about twenty-six per cent. to five or

six per cent. by the systematic use of the cold bath. In 1881 my partner, Dr. McKeough, published a report of one hundred cases of typhoid fever occurring in our practice, and in which cold bathing constituted the main feature of treatment. The mortality in this series was two per cent., and other physicians have reported equally successful results from similar treatment. I have observed that in most cases where the bath has been effectually used for three or four days, the temperature thereafter does not rise as high, and that other alarming symptoms are less likely to supervene. The explanation is not difficult. The maintenance of the temperature at or near 100° F. for a few days when the cause of the fever is most active and pernicious, reduces destructive metabolism, lessens muscular exhaustion, and preserves in activity the functions of elimination, so that much of the poison is disposed of before irreparable damage is done, and the organism so relieved is able successfully to resist the enemy's reduced forces during the remaining days of the contest. The cold bath not only abstracts heat from the body, but as MacAlister's experiments show, inhibits heat production in the cooled muscles, and so acts beneficially in the inceptive process of heat formation. Winternitz has pointed out quite recently that the white corpuscles are greatly increased in number after cold bathing in typhoid fever, the increase being double, and in some cases quadruple. These observations have been extended and confirmed by Dr. Thayer, of the Johns Hopkins Hospital, who is still engaged in a series of investigations which promise fruitful results. If the theory of phagocytosis be accepted, the conclusion is inevitable that this astonishing increase in the white corpuscles must lead to great and more rapid destruction of the morbid agent that produces the trouble.

In concluding this paper, it may not be uninteresting to present briefly some cases illustrative of the beneficial effect of the cold bath, and I shall first select two cases of scarlet fever which, on account of their similarity and termination, strongly impressed me. In 1872 I attended a young woman in her second confinement. When the child was born her temperature was 104° F., and the scarlatinal eruption was fully developed. Next day the temperature continued

high, and at eight o'clock in the evening registered 105°. Two hours later it was 107°, and coma was coming on. The temperature continued to rise, and at midnight she died comatose, with temperature 110°. Dr. Murphy, of Chatham, saw the case with me, but we could not gain the consent of the friends to use the cold bath, and other means we tried were of no use. In 1884 I was called to see a similar case at Trenton, about a hundred miles east of this city. On my arrival, I found that the woman had been confined four days before; the rash of scarlet fever was fully out: the pulse was 160; temperature 106°, and the patient semi-comatose. Cold bathing was at once resorted to, and as the temperature fell, coma disappeared; the pulse improved in strength, and became less frequent: the stertorous breathing disappeared, and when the thermometer registered 100° the whole aspect of the case was so changed for the better that all were eager to persevere in a plan of treatment that promised so well. During the next four days frequent bathing was necessary to control the temperature, but after that time convalescence was uneventful, although it was remarked that even after fever disappeared the pulse remained 130 and feeble for many days.

During the summer months, few diseases are more fatal to children than acute diarrhoea. These cases usually develop suddenly from some error in diet: the child vomits, becomes restless, moans, soon looks pinched about the face, rolls its head on the pillow, its pulse becomes feeble or disappears entirely from the wrist, and its extremities become cold and blue. In a large majority of such cases, the rectal temperature will be from 103 to 105°, and unless prompt relief be afforded, they will die. It is in these cases the cold bath acts like magic. The moaning and restlessness disappear, the respiration becomes slow and easy, the extremities soon become warm after the bath, and sleep is generally secured, often before the child is removed from the water. A purgative and care in feeding often complete the cure, but the temperature should be controlled by the bath until the danger is past. I have for many years depended on the cold bath or cold sponging in acute bronchitis, and in lobular pneumonia of children; in some cases of lobar pneumonia, in acute dysentery with high fever, and, indeed, in

most febrile diseases in which high temperature is a prominent feature, and I have never had cause to regret its use. In saying this, it is not to be understood that other medicines are to be neglected or other indications overlooked.

Correspondence.

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

DR. SANGSTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—As a preliminary to the discussion of the ethics of the professional tax, it is necessary to inquire in whose interests the Medical Council was created and exists—since, it is obvious that, the onus of support necessarily runs with the service rendered. We are met here, if not with a variety of opinions, certainly, with a diversity of statements.

1. Individual members of the Council, notably the late president, have time and again asserted that a main function of the Medical Council is the protection of the public. You yourself, (*Ont. Med. Jour.*, vol. 1, p. 290), in speaking of it, go a long step beyond this, and declare that “Its chief object is the protection of the public.” This is sufficiently explicit. If it were correct, it would follow that the Medical Council should subsist chiefly on a subvention from the public chest, and the injustice of attempting to specially tax the profession, in the public service, would need no comment. The statement, however, is not correct. The Council was not created and is not run in the special interests of the community. It does, indeed, afford some protection to the public—not directly, but incidentally—in the same way, and, to the same degree, that the Benchers of the Law Society, the Council of the College of Pharmacy, and the Board of the College of Dentists protect the public. In the interests of the medical schools and the medical profession, it strictly exacts a high standard of professional requirements, and, in doing this, it in some measure guards the public, indirectly, from incompetency on the part of medical practitioners. To this extent, but no farther, the Council exists in the interests of the people.

2. A large section of the profession has, for years past, labored under the impression that the

Medical Council was established and is maintained, solely or mainly, for the benefit of the medical electorate. There are now, comparatively, few medical men in the province, who have not been thoroughly disabused of this flattering but misleading fiction. The idea was engendered, perhaps, by the fact that all other professions are strictly self-governed, and it is, I confess, hard for us to admit that we are not equally favored. Then, too, the annual tax—though only moderately successful as a means of securing funds—greatly strengthened the notion that the Council is exclusively a professional institution. I have no desire to deny the fact that it does, in a subordinate degree, protect the profession, and care for its welfare. It does this both directly and incidentally, but chiefly the latter. It directly protects us by instituting proceedings against illegal practitioners, and, also, in some small measure, by the action of its Committee on Discipline. But the poverty and inadequacy of its efforts in this direction—if, indeed, efforts they can be called—is evidenced not only by the extent to which quacks, illegal practitioners and itinerant vendors of their own nostrums, still abound, but also by the fact (*Financial Returns, 1869-90*), that for the first twenty years of its existence, or up to 1890, its net outlay, on this phase of protection, in excess of its receipts in the same connection, amounted to just \$448.27, or an average of \$22.41 annually! Even this appears to overstate the facts of the case, as, although the sums are not given in the returns, the fines seem to have been a source of revenue to the Council, during the ten years preceding 1880. Section 40 of the Ontario Medical Act is conceived purely in the interests of the profession, and, although its application does not in any sense depend upon the Council, to that body belongs the credit of having procured the provision from the legislature. The protection afforded by the stringency of its examinations, and by the extent of its professional curriculum, was primarily devised in behalf of the schools, and is still principally so applied. The Council, in effect, says to all aspirants for its diploma: “Here is a very advanced course of medical studies, conformed to fully only by our own provincial colleges, and this is supplemented by several rigid examinations, largely conducted by the teachers in those colleges; it ought not to require any special

gift of discernment on your part, to enable you to see that you can more profitably and better prepare yourselves, for entrance into the profession in Ontario, by attending these than by going elsewhere." And then, as I shall show presently, as if this were not enough, it adopts a code of regulations and enacts by-laws designed to prevent all access to the profession except through the portals of these highly favored educational institutions. Still it cannot be denied that the Council's curriculum and examinations—though confessedly devised in the interests of the schools—do *incidentally* also protect the profession. The matriculation standard to the very limited extent to which it has been raised—has been advanced, obviously and directly, for the benefit of the medical electorate, because low entrance requirements are used to entice many to begin the study of medicine, who, with a less widely-opened door, would have been compelled to look elsewhere for a vocation. The deplorably overcrowded condition of the medical profession in this province is, perhaps, more chargeable to the Council's neglect to duly raise the standard of matriculation, than to any other cause, or, indeed, than to all other causes combined. Probably, in the estimation of all thoughtful medical men, the very heaviest count against the territorial representatives in the present Council is their mistaken, if not traitorous, acquiescence in last year's degradation of the matriculation standard. Seldom or never have the requirements of the schools so clearly and openly clashed with the interests of the profession, and never were the latter more basely surrendered. I commend the whole debate, as reported in the Announcements of last year and the year before, to the thoughtful and critical examination of your readers. Not a few of us are of the opinion that the facts there displayed should relegate every territorial representative in the present Council to private life. It has been boldly denied that there was any such degradation of the entrance requirements. Any one can compare the requisites for matriculation, as given in the beginning of the Annual Announcement of 1890, with those given in that of the present year, so as to satisfy himself, or, if a doubt still remains, he can submit the question to any High School master in the province. Botany and French are options in the Primary Examinations which

every student must pass before being admitted to the higher test, and Chemistry and Physics were, and still are, absolute requirements for the Junior Leaving or Second Class Teacher's Examination. Premising this, it is clear that, while the Junior Leaving Examination, or the standard heretofore in force, and the Departmental Pass Matriculation Examination, or that now exacted, cover precisely the same ground, the former was between one-fourth and one-third higher than the latter, because *that* required, on the part of matriculants, ability to obtain 33% on each individual subject and 50% on the whole, while *this* demands only 25% on each subject and 40% on the whole. The upshot of the matter is that the Council does protect the profession, but only to the extent permitted by its more exigent fealty to the schools, and—in accordance with the canon that the burden of support rests upon all the interests served—we at once frankly admit that, provided no fundamental principle of constitutional government is violated in its assessment, or rule of equity infringed, the profession must contribute its share towards the *necessary* expenses of the Council.

3. The Medical Council itself, in the much published pamphlet written by its president, distinctly and expressly claims that it was created solely in the interests of the medical schools, and that the profession was assigned twelve seats in it—not from any keen appreciation of the "eternal fitness of things," or from a mistaken notion that practitioners, as such, had any legal or moral right to a voice or a vote in its proceedings—but simply that their representatives might serve as a balance of power between the rival educational bodies. This, we are all agreed, correctly describes the origin and design of the Medical Council, and, had we required any reminder that our territorial representatives are, in the opinion of the schools, only admitted to seats in the Council on sufferance, it was somewhat offensively furnished to us, by one of the university appointees, last year (Announcement 1892-93, p. 236). Does the Council still respond to the motive of its inception? Is there sufficient evidence to warrant us in affirming that it is still run in the interests of the schools? In my opinion, the fact is not open to question. No one can examine its record and by-laws, without at once perceiving the remarkable care and stringency

with which every privilege and immunity of the schools is guarded. Access to the profession, in Ontario, is practically closed against all but the students of Ontario medical schools. The Council has acquired and holds the vested right to "enact by-laws as to the terms upon which it will receive the matriculation and other certificates of colleges and other institutions not in the province of Ontario." Partly by means of the regulations and by-laws thus made, and largely, also, by the partial composition of its Examining Board, it teaches even McGill students that candidates, seeking for its diploma, who have had the good taste to attend one or other of the local schools, occupy, in the examinations, a vantage ground not accessible to outsiders. Howsoever eminent or distinguished graduates in medicine from recognized colleges in the United States, France, Germany or other foreign lands, may be, they can qualify themselves to practise here only by attending one or more sessions in an Ontario school, and passing the matriculation and other prescribed examinations. Graduates in medicine from Oxford, Cambridge and other British universities, are required to pursue the self-same course, unless they have become British Registered Medical Practitioners, in which case, provided they can prove that they have been domiciled in Britain for five years after becoming so registered, they can qualify by paying all fees and passing the intermediate and final examinations. Can you suggest, sir, any more rigid system of protection in favor of the schools, than these Council rules and regulations secure? "But," you may say, "do not these regulations in some measure prevent a greater influx of candidates for admission into the profession in Ontario?" Unquestionably, yes; and thus, incidentally, they benefit the medical electorate. My argument is, not that the profession is not thus benefited indirectly, but that the schools are thus benefited more largely and more directly—that these regulations and restrictions were devised, primarily, not to protect the profession, but to preserve the privileges of the educational bodies. In a word, I am seeking to show, and I think I have conclusively shown, that the schools are protected and fostered by the Council more stringently and more directly than the profession is, that they are more vitally interested in the maintenance of the Council, and that they are bound, at least

equally with the profession, to contribute to its support. Had it been the object of the Council to lessen the influx of aspirants to an already greatly overcrowded profession, it could have effectually reached the desired end, by elevating the matriculation standard to a university degree in Arts, or even to the second or first year's University Pass Examination. This, however, would have deprived the educational hoppers of their all-important annual grist, and so, in place of being raised, the requirements were lowered.

Now, Sir, in commenting on my letter, let me beg you, if possible, to avoid posturing on the editorial trapeze. Do not deny the degradation of the matriculation standard, and do not insult the common sense of your readers, by seeking to shift the onus or the odium of that degradation on to the shoulders of either the Minister or the Deputy Minister of Education. And, above all, do not dishonor your associate territorial representatives by attempting, in this connection, to vindicate their honesty at the expense of their intelligence.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Oct. 18th, 1893.

DR. BURROWS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR, I am one of those who are pleased to have an official organ, and as well that its columns are open to communications from the members of the medical profession, and reach every practising physician, as they are thus placed fairly before the profession and judged by a jury of compeers.

In your issue of September last, I thought right to offer some thoughts that presented themselves to my mind, at that time of excitement, "Crumbs by the Wayside," as it were. Not perhaps palatable food for the Council, they were not intended to nourish its vanity to any very great extent. However, they were my individual views, and I am free to state, were accorded a full, free insertion in your journal. From the number of letters I have received, it would appear that there are other members of much the same way of thinking.

In your September issue is a letter from Dr. Sangster, followed this month by one from Dr. Lovitt. Dr. Sangster may honestly feel that he is cham-

pioning a good cause, but was perhaps, too severe, while Dr. Lovitt's letter, to my mind, was simply inexcusable. It is said a certain character is not as black as he is painted. Dr. Sangster was my guest at a sanitary convention in this town; he was affable, gentlemanly, able in controversy, and made many warm and true friends. He is a man I very much respect, and I was pained indeed to find him thus attacked. I need not epitomize other letters or editorial comments; only express the opinion that there have been some things published that it would have been better had they not been written. All fair-minded men must feel disgusted by rude personalities.

There are, no doubt, some who are not in sympathy with the Medical Council, and who do not endorse their acts—some who would annihilate and destroy it, to, perhaps, build on new and improved principles; still they are few who would wish to undo that organization *in toto*. There are a larger number, and with these I heartily sympathize, who would rather modify and improve and who have no ulterior or selfish interests to serve, who only wish to make it, in fact, more strongly an exponent of the wishes and interests of the profession. Something has been gained by its formation; a certain legislation has been secured, a status given, and on the present foundation may yet be raised a superstructure powerful for good, if the electors, as architects, only do their duty.

As a representative body, they are open to fair, honest criticism, and in this they will not be disappointed, if we may judge from the letters that have appeared in the medical journals and daily papers. If they have in any degree done wrong in the past, they will now know that they are being closely watched, and will be the more strictly circumspect in the future. This is what we want, and instead of belittling and abusing, would have them worthy the confidence of the profession, and would rather praise than blame, would rather hasten than delay the day when they should be worthy, claim and receive the same respect as is accorded the Benchers by the legal profession, the College of Pharmacy by the druggists, the Dental Society, Veterinary, Millers' Association, *et id omne genus*. We do not hear of factious opposition

to these bodies, even though they may to individual members be in some degree objectionable. With these there is a community of interest that is best served by a representative board, and this is placed above and beyond all minor questions, and this, I take it, should be the case between the practitioner and the Council.

As it is now, so it has been for years, outside the regulation of examinations, the collection of assessments and other clerical work, the action of the Medical Council is circumscribed and limited, not by legislative enactment alone, but by lack of moral support. They are hounded and hunted and forced to retreat or defend themselves. Let the fault lie where it may, such is the fact, and until a better feeling is secured between them and the profession outside, they cannot act as, perhaps, other circumstances more favourable, they might. We abuse and annoy without giving a fair chance, which, I take it, is not British fair play.

I for one am glad that we are on the eve of an election. I can only regret that the electorate cannot in larger degree secure true expression. I regret that colleges without medical staffs may balance a corresponding number of members elected by popular vote. I regret that the Homeopaths have undue representation, and I do hope the day may come when these anomalies may cease; then, and only then, can we hope to bring the Council into complete accord with the practitioner; then, and only then, may the Council take its merited place before sister organizations, *e.g.*, Provincial Board of Health, Dominion and Provincial Medical Associations. To have the influence of the medical profession, the Medical Council should first represent the whole profession; when they do this they will have influence with the Government, and will secure such legislation and such reforms as are now being demanded.

We want measures taken to secure a uniform interprovincial examining board, and do away with the ridiculous farce of an examination, when one chooses to move to another province, yet remain under the same flag and owe allegiance to the same sovereign.

A Health Department under an administrative head in the Government at Ottawa; payment of

medical witnesses before police magistrates; coroners fees made fairly remunerative; changes advocated by the Medical Defence Association; legislation to remove the injustice of lodge remuneration, and to regulate Benefit, Railway, Insurance Association fees. In the face of pressing needs, is it not better to infuse new blood than risk delay in immediate reorganization? Let the medical electors choose men independent of lodge influences, men from town and country alike. While city voters elect city representatives, see that a fair proportion of country practitioners are elected as well. Let every section of our province be represented, and having cast your ballots, give the new Council your confidence and support, stand by and encourage them, and working shoulder to shoulder without recriminations or bickerings, good work will be secured, and a better state of things inaugurated

I am, Sir, yours truly
P. PALMER BURROWS,

Lindsay, Oct. 30th, 1893.

DR. J. M. COTTON.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In accordance with a personal note addressed to the members of the medical profession in Territorial Division No. 12, I beg to briefly express my views on a few of the more important matters agitating the minds of the medical gentlemen in this province.

From a close and impartial observation, let me respectfully suggest that the keen antagonism recently carried on by Medical Defence Association on the one hand, and the Ontario Medical Council on the other, has in some instances degenerated into a personal conflict, and should be so treated by the profession.

The Ontario Medical Council had its birth in the spontaneous desire of the profession in this province, with the sole aim of elevating the profession and advancing medical education, the combined benefit being conferred on our entire population.

While this has to a large extent been accomplished, I am unable to endorse all of their proceedings.

On the much-discussed question of annual fee, which is more sentimental than expensive, I am of the opinion that the extreme measure of erasing a name from the roll as a penalty for non-payment should not be permitted; on the other hand, as a matter of professional pride, it is incumbent on us to see that the Council has funds sufficient, when prudently applied, to conduct our professional welfare.

The most casual observation will teach us that, in a comparatively new country like Canada, with higher education only well commenced, we cannot hope to have those self-sustaining institutions as in Europe, where they are centuries old. In passing, I might say the lawyers (a profession not illustrious for self-sacrificing tendencies) pay an annual fee of \$17, the druggists \$4, and the dentists \$2, and consider it in their interests to do so.

As to the propriety or impropriety of the real estate and building project, the time for discussing that is long past. The building is there, and the only course open is, by judicious and concerted action, to conduct it in a manner that will be in the interest of the profession.

I cordially concur in the increase of the elective members by five, as granted at last session of Parliament.

I favour collegiate representation being restricted to those colleges engaged in medical education, and if elected will endeavour to accomplish this. I consider it in the interest of the profession to let the homœopathic representation remain as at present. If that is reduced, they will demand from Parliament, with almost certain success, their degree-conferring powers, which they relinquished on making the present arrangement. With that power they would send out graduates at their own will beyond the Council's control. This is the strongest possible argument for the retention of the present system.

I trust these views will commend my candidature to your favourable consideration, and that I may be honoured with your cordial support. If elected, I will do all in my power to advance our mutual interest.

Yours very truly,

J. M. COTTON.

Lambton Mills, Nov. 1st, 1893.

LODGE DOCTORS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—The injustice done to the medical profession by benefit insurance societies and large manufacturing and railway companies, having the members of those societies and companies patronize the salaried physician of that society or company, should be thoroughly investigated and discussed by the profession. The subject should be laid before every county, provincial and international medical association, and after being thoroughly discussed in all its relations, the decision could be laid before the Medical Council for them to take final action on.

I believe we should attack those lodge and contract doctors and show them the injustice their example is doing the medical profession, and that they are doing hard and arduous medical work for wealthy corporations and societies for one quarter what it is really worth.

I know of one case where the salary paid the contract doctor will not pay for the drugs and instruments used in treating the men that are placed under him. What justice can that doctor do those men or himself? His only hope for making a living is to use the cheapest remedies and materials and charge these men's wives and families full fees and more when he gets them under his care.

I was pleased with the two letters that appeared in the JOURNAL on this subject, particularly because they opened up the subject for discussion, and hope that more of the medical men will give us the benefit of their opinion.

There was one thing in those letters I did not agree with or approve of, that is, attacking any particular organization or company. If we try to relieve ourselves from this injustice on that line, we will find ourselves fighting the most powerful and wealthy societies and companies in the land, who are as great offenders as the one that has been singled out. If these societies can bring griefs to their mills by advertising "Medical Attendance to our Members Free," and other such attractions, they will continue doing so as long as they can obtain physicians who will do their work for a mere nothing. I know that they are more or less to blame, but the physician who gives his valuable

knowledge for one quarter what it is worth is a great deal more to blame, and let us get after these men and point out to them plainly and ask them to cease acting so unjustly to themselves and the profession.

The fact of a man being treated, say, through a severe attack of typhoid, for *one dollar* is an injustice to all medical men. Now, I for one will admit that I was once a lodge doctor for two lodges in our town, the I. O. F. and C. O. F., and was enjoying a salary of one dollar from each member of each lodge for the year. During the time I was court physician for these two lodges, I treated men through severe illnesses almost free of charge. One case I visited some fifty times, which visits only cost the patient one dollar. This was an injustice to me, and the example was a great injustice to the other physicians of the town. I know that my being court physician for those lodges gave me an undue advantage over the other physicians, and also placed several patients in my hands that they could not reach. Every way I viewed the matter I could see it was unfair to others and myself. I acted on my convictions and asked each court to relieve me from being their court physician. I placed the matter fairly before the members. With the I. O. F. I had no trouble, as their constitution will allow them to be without a paid court physician (see Constitution of 1890, Sec. 151, Subsec. 18). With the C. O. F. there was more trouble, as their constitution did not provide for any such change, but I believe the court passed a special by law for the case.

I am a lodge doctor no more, and never will be again on any such terms. The two courts to which I have referred have now been three years or more without the services of a paid court physician, and they are prospering just as well as when they had one. These courts both have a large membership, and are yearly increasing their membership.

I have been quietly discussing this question with my neighbouring physicians, and find them all favourable to taking a stand against doctors hiring themselves to societies or companies. I am aware that there are corporations and large manufacturing companies that are as bad as the societies, but I do not believe anything can be gained for the cause by attacking them. Let us direct our fire

against any physician who will hire out his services to those concerns. To say the least, it is unprofessional.

Yours truly,
R. OVENS.

For. Ont., Oct. 16, 1893.

Book Notices.

American Text-Book of Gynecology. Mr. W. B. Saunders, publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard Kelly, Pryor, Byford, Baldy, Tuttle and others, who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book—notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

The Report of the Department of Pathology of University College, London, 1892-93, together with a Collection of Papers and Abstracts published from the Laboratory. Vol. I. Edited by VICTOR HORSLEY, F.R.S., F.R.C.S., and RUPERT BOYCE, M.B.

In the introduction of this, it is stated that this is the first of a series of collected papers, which, it is hoped, will appear from year to year; and, judging by the papers in the present report, we think it will be in the interests of the medical profession to have this report appear annually.

When we say that the report consists of a series of collected papers by such eminent pathologists as Horsley, Boyce, Russell and Harris, we feel that further comment is unnecessary. A number of excellent plates, relative to the papers, appear in the report.

Essentials of Minor Surgery, Bandaging and Venereal Diseases. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By EDWARD MARTIN, A.M., M.D. Second edition revised and enlarged. Seventy-eight illustrations. Philadelphia: W. B. Saunders, 925 Walnut Street. 1893.

The second edition of this little work has been enlarged and revised, and will prove of great value to the student of medicine.

While this work is not to take the place of a

text-book, its greatest value to the student lies in the fact that it brings before his mind the chief practical points of minor surgery in a very short form. The different bandages and the methods of applying them are fully explained. This, we think, is the most valuable part of the book, as this branch of minor surgery is, as a rule, neglected in the larger text-books. The chapters on Venereal Diseases are good and well written.

Altogether, the book contains much useful and practical advice, and we have much pleasure in recommending it to medical students and to those practitioners who wish to refresh their minds on this subject, and who have not time to devote to the reading of large text-books.

The Medical Profession in Upper Canada, 1783-1850. An historical narrative, with judicial documents relating to the profession, including Biographical Sketches and notices of over 1,000 doctors, with illustrations. By WM. CANNIFF, M.D., M.R.C.S. Eng., Author of "Principles of Surgery," "Settlement of Upper Canada," etc. Wm. Briggs, publisher, 30-36 Temperance St., Toronto.

A circular has been issued to the medical profession and the public containing this announcement. In a glance at the list of well-known names who have subscribed, the excellence of the work will be fully realized. Dr. Canniff's reputation from his previous works makes us look forward very favourably for this one, which will be of such great interest. We are pleased to append the opinion of *The Week* on the subject: "Probably no one in Canada is better fitted to tell the story of the medical profession of his own country than the talented author of that valuable historical work, 'The Settlement of Upper Canada,' and of the competent professional treatise, 'The Principles of Surgery.' To love of country, thorough knowledge of her traditions and history, lengthened experience as a medical practitioner, wide and intimate acquaintance with prominent members of his profession, and ready access to records of other days, Dr. Canniff adds the enthusiasm of the student, and the requisite literary qualifications. A moment's thought of the past brings up the historic figure of Dr. John Rolph, and the cherished memory of Dr. Christopher Widmer. How important and attractive such a work can be made is

suggested by a glance at the table of contents of the proposed volume, 'The Medical Profession in Upper Canada - 1783-1850.' Here the work of pioneer medical men, the proceedings of early medical boards, numerous biographical sketches and records of events in our early history are foreshadowed, together with an appendix of appropriate historical documents. The profession and the public look forward with interest to the coming volume, and many prominent Canadians have already ordered early copies."

Anatomy, Descriptive and Surgical By HENRY GRAY, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F.R.C.S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1,100 pages, with 635 large engravings. Price with illustrations in colours: Cloth, \$7.00; leather, \$8.00. Price with illustrations in black: Cloth, \$6.00; leather, \$7.00. Philadelphia: Lea Brothers & Co. 1893.

With the present edition of Gray's Anatomy before us, and then to look back to the time its first edition appeared, one can not but be startled at the strides the knowledge of anatomy has made in a comparatively short period. The improvements in the style of this work have been very marked as each edition has come out, but the *thirteenth* is a masterpiece.

The section on Osteology has always been one of the leading features of this book: and the addition of the coloured outlines to represent muscular attachments, makes this portion of it better than ever. Where there has been a possibility of bringing about additional clearness, new plates have been introduced; we observe in the section on Articulations that some diagrams are taken from Hence, while some of Braune's plates are used to more clearly explain the relations about the elbow, wrist, knee and ankle joints. The relations about the hip joint are well shown by means of a drawing by Mr. F. A. Barton.

There are throughout the work a number of drawings made from preparations in the Hunterian Museum of the Royal College of Surgeons of England. These wherever found enable one to follow the text much more readily, and are particularly useful in the section devoted to Muscles.

The value of a little colouring matter is particularly well brought out in the sections devoted to Nerves, Arteries and Veins, where it does so much to impress upon the mind of students the course of the various structures described. Most of the Cranial Nerves, besides having a lucid description of their distribution, have also page illustrations diagrammatically representing their terminations. A similar diagram is used to represent the sympathetic nerve—that most difficult structure for the student to grasp. That portion of the book referring to the organs of Special sense has been carefully revised. Much new matter on Surgical Anatomy has been added in the various sections; this increases the value of the book materially, and will make it a useful addition to a reference library.

Thus we might continue to eulogize this last edition of Gray, but when we say it is one of the best works on anatomy that it has been our privilege to read, we have said enough.

Lea Brothers are to be congratulated upon the high state of perfection attained.

Hernia, its Palliative and Radical Treatment in Adults, Children and Infants. By THOMAS H. MANLEY, A.M., M.D., visiting Surgeon to Harlem Hospital, Consulting Surgeon to Fordham Hospital: member of New York Academy of Medicine, American Medical Association, International Medical Congress, Pathological Society, National Association of Railway Surgeons, etc. Philadelphia: The Medical Press Company. 1893.

Within the last twenty years there has been a marked revival in the study and treatment of hernia, and it is important for the rank and file as well as for the most noted teachers of the surgical art to have a clear comprehension of the position which the question occupies at the present time, and of the precise origin and morbid anatomy of the condition. This work of three hundred pages gives a very complete statement of the present views and methods in regard to the treatment of hernia of all kinds. The subject is dealt with systematically, practically and clearly by one who knows by experience whereof he writes. A wealth of cuts shows the morbid condition in its many forms, the morbid anatomy and the operations required in treatment. The work will well repay a close study.

The Medical News Visiting List for 1894. Weekly (dated, for 30 patients): Monthly (undated, for 120 patients per month): Perpetual (undated, for 30 patients weekly per year): and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, pencil, rubber and catheter scale, etc. Seal grain leather, \$1.25. Philadelphia: Lea Brothers & Co. 1893.

The Medical News Visiting List for 1894 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical Table of Diseases, with the most approved remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers and the Ligation of Arteries. *The Medical News Visiting List* adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber and catheter-scale, price \$1.25.

The Principles and Practice of Surgery. By JOHN ASHHURST, jun., M.D., Burton Professor of Surgery and Professor of Clinical Surgery in the University of Pennsylvania; Surgeon to the Pennsylvania Hospital; Senior Surgeon to University Hospital and to the Children's Hospital; Consulting Surgeon to the Woman's Hospital, to St. Christopher's Hospital, etc. Sixth edition, enlarged and thoroughly revised, with a coloured plate and 656 illustrations on the text. Philadelphia: Lea Bros. & Co. 1893.

Works on surgery are fairly numerous, but a new edition of so strong a work is always welcome to the reading profession. Ashhurst's *Surgery* is a classic, and well placed it is, and improvements on it simply mean the progress of modern surgery. A glance over the pages shows us a new chapter (III.) on "Surgical Bacteriology," with a coloured plate, showing the forms and colours of the different germs which so worry the surgeons. There will also be seen a revision of many other chapters, notably those on gynecology and diseases of the eye and ear. The general arrangement of the work is the same as before, and it is excellently indexed.

A System of Genito-Urinary Diseases, Syphilology and Dermatology. Edited by PRINCE A. MORROW, M.D., Clinical Professor of Genito-Urinary Diseases, formerly Lecturer on Dermatology in University of the city of New York, Surgeon to Charity Hospital, etc. With Illustrations. In three volumes. Vol. II.—Syphilology. New York: D. Appleton & Co., Publishers.

In the early part of this volume the history of syphilis is thoroughly gone into, and though this country does not get all the credit of having originated the disease, yet, in exchange for small-pox, there seems to be little doubt but that our natives gave a great impetus to its spread, with the aid of the followers of Columbus, throughout Europe. The geographical distribution is well taken up, and an account of the various modifications the disease may have in different localities given. So widespread, indeed, is it, that one would almost have expected to see an attempt to prove its presence in some of the planets, though it would hardly be possible for it to exist in *Mercury*. Great stress is laid upon the fact of its severity in densely-populated cities; we have been enabled to verify this, and have found it so, especially in those large cities with a *mixed* population. We are sorry that our Columbian cousins have not a better idea of where we live, for if they had, we are sure the following passage would not have been printed: "Syphilis exists in nearly every part of the Western Hemisphere, to a much less extent in Greenland and the vast wastes of British North America than in the larger towns of Canada, such as Montreal, Quebec and Ottawa."

In the matter of religion, we are not a little surprised to learn that "the lower class of Jews are more often infected" than some others. If this is really the case, circumcision cannot be of as much value as a prophylactic measure as we have been led to believe.

A careful resumé of the literature bearing on the etiology is then given.

Buckley has written a good article on the modes of infection, taking them up under the heads: 1. Direct contact; 2. Mediate contact; 3. Hereditary transmission; 4. Maternal infection. Under this last heading, *infection by semen* is mentioned, and we are told that the "syphilitic element may find a proper lodgment within the uterine cavity, and so infect the woman," etc. For this, it would be

necessary for two things to happen simultaneously—a disintegration of the spermatozoa and an abrasion of the mucous membrane of the uterus; though such is possible, we think it highly improbable.

Morrow contributes a long article of great value on Syphiloderma, profusely illustrated by means of photographs and chromolithographs.

Syphilis affecting mucous membranes, the viscera, genito-urinary organs, nervous system, bones, ligaments and the organs of special sense, is exhaustively dealt with.

In considering the treatment, *legislation in relation to syphilis* is spoken of. Among other valuable suggestions, we are told that “every adult citizen should be aware, for his own sake, of the possibilities of contamination which surround him,” etc.

That portion of the work devoted to *syphilis in relation to public health* should be read by every practitioner, be he health officer or not. Attention is drawn to a fallacy that exists wherever regulations governing prostitution have been enacted, and that is that there is no control over the source whence the contagion arises, or, in other words, over the *frequenter* of places of prostitution.

Stress is laid upon the fact that syphilitics should be on the *free list* of hospitals, and we would add that, in order to make such places more attractive to these people, good accommodation should be furnished, and a little consideration given by those in attendance.

In a work of this kind there is great danger of repetition, but the danger was seen early, and an effort made to avoid overlapping, by defining the ground each article was to cover. Notwithstanding this, some repetition does occur.

The work is, however, an excellent one, each article vying with the preceding in its practical character, and making the whole work of inestimable value to the general practitioner, for here he has a complete resumé of the literature on the respective subjects to date.

D. Appleton & Co. are to be congratulated upon the high class of the book-making and the beauty and clearness of the plates. Indeed, it is second not even to some of their former efforts in medical works.

The Conservation of our Oyster Supply; Evolution and Ethics; Laplace's Plan for Perpetual Moonlight; Electricity at the World's Fair; The Pestalozzian System; The Scientific Method with Children; Nature at Sea. North and South American Aboriginal Names; Immaterial Science; An Argument for Vertical Handwriting; Vegetable Diet; Origin of the Mississippi Valley Rainfall; Mathematical Curiosities of the Sixteenth Century; Birds' Judgments of Men; Sketch of John Ericsson; Editor's Table; Literary Notices; Popular Miscellany; Notes. New York: D. Appleton and Company.

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A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M.D., LL.D., F.R.C.P.; Physician-accoucheur to H. I. and R. H., the Duchess of Edinburgh; Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Consulting Physician to the General Lying-in Hospital, and to the Evelina Hospital for Children; Late President of the Obstetrical Society of London; Examiner in Midwifery to the Universities of Cambridge and London, and to the Royal College of Physicians. Sixth American edition from eighth English edition, with notes and additions by Robert P. Harris, A.M., M.D., Honorary Fellow of the American Gynecological Society, and of the Philadelphia Obstetrical Society; Corresponding Member of the Obstetrical Society of Surgery, and of the Royal Medico-Chirurgical Academy of Naples, etc. In one octavo volume of 697 pages, with five plates and 217 illustrations; cloth \$4.00, leather \$5.00. Philadelphia: Lea Bros. & Co. 1893.

This new edition of this well-known work will only require notice from us of the changes and new ideas interlarded by reason of the advance in obstetrical practice on both sides of the Atlantic. The chapters on “Extra-Uterine Pregnancy” (VI.), “Cæsarean Section” (VI., Pt. IV.) and “Puerperal Septicæmia” (V., Pt. V.) are practically rewritten, and a new chapter (VII., Pt. IV.) on “Symphyseotomy” introduced. Porro's operation is fully described, and the position of Cæsarean section in 1893, with a tabular statement, is granted a few pages. The success of this work has been so great that craniotomy is fast being done away with. In other ways the work is very conservative, sticking to old lines which are the good and strong ones. The edition is well worth the perusal of any accoucheur.

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The Popular Science Monthly. November, 1893.
 Edited by WILLIAM JAY YOUNG. Contents:

AN EPITOME

OF

CURRENT MEDICAL LITERATURE.

MEDICINE.

A New Treatment for Pertussis.—(*Times and Register.*) Sidney B. Straley strongly advises the use of a tincture of thymus serpyllum, made from the fresh green plant. He concludes as follows :

1. Thymus serpyllum is a specific for pertussis.
2. It acts in any stage of the disease.
3. It also is a nerve sedative and gastric stimulant.
4. It is necessary to use the green plant.
5. It is perfectly harmless in doses as large as a teaspoonful of the tincture for a child of eight years (usual dose xx. ℥ to xxx. ℥ of green tincture).
6. The action is fully established in twenty-four hours, and completed in five days.
7. Indications are that there will be no recurrence subsequently, at least not more often than in cases which run the full course.—*Archives of Pediatrics.*

Chloroform as an Anthelmintic.—Chloroform has more than once been recommended during the last few months as an excellent agent to procure the expulsion of tape worms, but it cannot be said so far to have come into general use as an anthelmintic.

The observations of a Dutch practitioner, Dr. Stephen, once more call attention to the great value of chloroform in the cure of tape worm. Dr. Stephen in fact claims to have succeeded in bringing about the expulsion of the parasite (*T. solium* and *T. mediocanellata*) in cases which had so far resisted every form of treatment.

Dr. Stephen prescribes chloroform for this purpose according to the formula known as Thompson's :

R Chloroform ʒi.
Simple syrup ʒi.

Mix. To be taken in four parts : at seven, nine and eleven o'clock in the morning, and the remain-

ing dose at one. At midday the patient should take one ounce of castor oil.

The chloroform was always well borne by the patient, even by children, seeing that one of them was a little boy four and a half years old.—*North American Practitioner.*

New Diagnostic Sign of Typhoid Fever.—Among all the cases of typhoid fever which he observed during the course of the last two great epidemics at Odessa, Dr. V. Filipovitch demonstrated the presence of a sign hitherto unannounced, and which he designates by the name of palmo-plantar sign. It consists of a peculiar callous aspect and a yellow, orange, or even saffron colour of all the projecting parts of the palms and soles parts of which, in healthy subjects, are more or less rosy, and which become bluish in cases of cyanosis. This phenomenon may be explained by the weakened action of the heart, by the incomplete filling of the capillaries, and the dryness of the skin of typhoid fever patients. As he found the sign constant and well marked, M. Filipovitch thinks that it may prove of service in those cases, sufficiently frequent, where the usual symptoms are absent at the beginning of the malady. Another Russian physician, Dr. Skibnevsky, has also convinced himself, during the course of an epidemic of typhoid fever which raged in one of the districts of the government of Moscow, of the constancy of the palmo-plantar sign indicated by M. Filipovitch. The manifestation rapidly disappears when the patient becomes convalescent.—*La Revue Médicale.*—*Medical Bulletin.*

Hektoen (L.) on Acute Ulcerative Endocarditis.—Hektoen reports eight cases of acute ulcerative endocarditis occurring in men belonging to the labouring classes, the youngest being twenty-four, the oldest fifty years of age. One case appeared to be an example of primary or cryptogenic disease of healthy tricuspid valves. The patient was ill eight weeks : having chills, fever and sweating daily. There were signs of pleurisy over the left lung, enlargement of the liver, jaundice, pain over the liver. There was nothing unusual noticed about the heart. The probable diagnosis was abscess of liver, and exploratory laparotomy was performed. At the autopsy, excepting the changes

on the tricuspid valve, an infarct in the left upper lobe, and fibrinous pleurisy, no other gross lesions were found.

In two cases the acute ulcerative process was engrafted upon the sclerotic valves of chronic heart disease without the known presence of any wound, septic process or acute infectious disease.

In two other cases there were external lesions through which infection might have occurred; in one the probable atrium was a superficial burn, but this case was complicated by a sero-fibrinous pericarditis, whose exact relation to the malignant endocarditis was not established; in the second case, streptococcus infection took place from a pulmonary abscess, acute aortic ulceration and a suppurative anæmic renal infarct.

The three remaining cases were associated with acute diseases elsewhere in the body; one with a double fibrinous pneumonia, one with an acute leptomeningitis, the infection coming from an unknown source: the third case occurred in a man who died with the diagnosis of empyæma following lobar pneumonia.

There was one instance of tricuspid and one of mitral disease; in the other six cases the aortic valves were primarily involved and in three the mural endocardium showed areas of necrosis and ulceration which, in one instance, led to the production of an aneurism of the undefended space and rupture into the right auricle; in one case the aorta was attacked by the extension of the process from one of the valves. It is also of interest to note the spot of vegetation or necrosis in the centre of the ventricular surface of the anterior mitral flap where it would come in contact with the vegetating mass or aneurismal bulging of the aortic valves: this spot consequently appears to be due to contact infection and was present in three of the six instances of aortic disease. In three of the aortic cases the valves were the seat of a chronic endocarditis upon which the acute process implanted itself: in one of these cases the bacteriologic examination failed to reveal any bacteria, and it would seem that the inflammatory and necrotic changes in the endocardium had fallen into temporary or permanent quiet suggesting the probability of recovery from the acute symptoms; this corresponds well with the clinical facts in the case which show that the patient died from the effects of an uncom-

pensated valvular lesion rather than from an acute infection. In one of these instances of acute, destructive changes developing upon sclerotic valves was a history of previous attack of rheumatic fever obtained, to which the chronic endocarditis could be traced.—*Jour. Amer. Med. Ass'n.—Epitome of Medicine.*

Guenel on Effect of Cocaine on Mammary Secretion.—In the case of fissured nipple Guénel first ordered friction with cognac, and these giving no relief were replaced by a solution of cocaine two per cent. Under the latter all pain disappeared and the fissures healed, but the breasts became flabby and the supply of milk ceased. Alcoholic lotions led to a return of secretion. Desarnaux has seen cocaine lead to a suppression of milk twice and attributes this result to the vaso-constrictor action of the drug.—*Gaz. des Hôp. de Toulouse.*

The Causation of Anæmia and the Blood Changes Produced by Uric Acid.—Alexander Haig (*Brit. Med. Jour.*) says: The belief that an excess of uric acid in the blood was the cause, and not the result, of paroxysmal hæmoglobinuria and various forms of anæmia, led to the experiment of administering uric acid to produce some blood-change. It had been found that uric acid, given by the mouth, entered the blood and was excreted by the urine as such, not being changed into urea, as is commonly believed. The fraction, $\frac{\text{Hæmoglobin}}{\text{Red Cells}}$, is determined before and after the exhibition of uric acid, the results showing that, during its administration, the blood value fell, but when withheld, it rose again, the fluctuation bearing an exact ratio to the amount given.—*American Medico-Surgical Bulletin.*

Rheumatic and Endocarditic Complications of Mumps.—Dr. Catrin (*France Médicale*) reaches the following conclusions:

Articular complications occur in mumps at the rate of 2.8%, showing that this complication is a rather rare one.

The localization of this rheumatism is variable, the knees are most frequently affected, but any of the articulations may be attacked. The same is true of synovial sheaths. As in articular rheuma-

tism, before it becomes localized, there are vague pains in the joints, which finally become established in one or more, frequently two, of them ;

The parotiditic rheumatism is rarely a primitive manifestation of the malady, and generally occurs later than the orchitis :

The clinical symptoms are as follows : local reaction rather slight ; effusion frequently considerable, the pains are usually of moderate intensity, and the general reaction is often as intense as in articular rheumatism. The evolution is usually rapid, from eight to twenty-six days, and is clearly differentiated from gonorrhœal rheumatism :

The parotiditic rheumatism may be complicated by cardiac lesions, whose prognosis, as a rule, is not very grave :

The prognosis of this form of rheumatism is usually favourable :

One finds within the articular effusions the same micro-organism which is found in the parotiditic serum and the blood ;

When suppurative arthritis occurs, it is not generally very grave.—*American Medico-Surgical Bulletin.*

Oxalic Acid as an Emmenagogue.—Parlet strongly recommends oxalic acid for this purpose. He prescribes :

- R Acid oxalic gr. xxx.
- Infusion of tea f ʒvj.
- Syrup of orange-peel . . . f ʒij.

M. Sig. : Tablespoonful every hour.

It is especially at the expected time of the appearance of the menses that this is indicated. Under these conditions it surpasses all the other emmenagogues of the most repute. — *Times and Register.*

Hyperpyrexia due to Sun's Rays.—A.B., a strong, healthy, able-bodied seaman, inadvertently exposed the back part of his head and nape of neck to the direct rays of the sun by passing beneath an unprotected chink between two awnings with his head uncovered. He immediately felt faint and giddy, and fell down unconscious, but recovered in a minute or two. When I saw him, perhaps ten minutes later, he told me that he thought he had been caught by the sun. He complained of intense headache, faintness and general muscular

pains. He was quite conscious, but looked much distressed. The temperature was 102° F.

PROGRESS AND TREATMENT.

DATE.	TEMPERATURE.	TREATMENT.	REMARKS.
October:			
24th—Morning	102.0	Ice bag to head, pot. brom. ʒss. st.	
" — Evening	102.6		
25th—Morning	102.8	Sp. ethere. sp. ammon. ar. ʒss. 4iis. horis. mist. semie co. ʒjss.	Tongue coated on dorsum, red at tip and edges
" — Evening	104.2	Pil. sul. hyos. gr. x. ʒss.	
26th—10 A.M.	105.6	Quin. sulph. gr. x.	B.O. j. freely
" — 2 P.M.	105.6	Quin. sulph. gr. x. Ice pack	Conditional alarming
" — 4 P.M.	105.0	Omit ice pack	
" — 6 P.M.	105.4	Sodii salicyl. gr. xxx.	Shaving.
" — 9 P.M.	101.0		
" — Midnight		Sodii salicyl. gr. xxx 4tis horis	
27th—Morning	99.2	Do.	B.O. ij. freely
" — Evening	98.6	Do.	
28th—Morning	99.0	Do.	All symptoms gone
" — Evening	99.0	Do.	
29th—Morning	101.0	Do.	
" — Evening	99.5	Do.	
30th—Morning	98.4	Quin. sulph. gr. ij. ter	Convalescent
" — Evening	98.4		

REMARKS. The above record affords an opportunity of observing the comparative value of three different antipyretics—quinine, ice pack, and sodium salicylate. Quinine (10 grs.) had no effect whatever in checking the rise of temperature. Quinine (10 grs.), combined with ice pack for two hours, reduced the temperature 0.6, but only to rise again 0.4 in the next two hours. Sodium salicylate (30 grs.) reduced the temperature 1.4° in four hours, and 15 grains of the same drug, given every four hours for the following twenty-four hours, brought it down to normal; and administered during another forty-eight, kept it there. Within a week of this case I was favoured with three similar ones, but not so severe, and was pleased to find that the salicylate in doses of twenty grains every four hours acted most satisfactorily, bringing the temperature down to normal, and keeping it there, within forty-eight hours, with marked and speedy amelioration of all symptoms. All the above cases occurred in the southern part of the Red Sea during the latter part of October. Since these cases occurred I have treated several cases of heat fever with the same drug with equally good results.—E. HARDING FREELAND in *British Medical Journal.*

Morvan's Disease. Eisenlohr (*Deut. med. Woch.*, June 22nd, 1893) reports a case occurring

in a young man, aged twenty one. There was no history of inherited nervous disease or of syphilis. Some two and a half years ago vesicles formed on the left thumb. Since then similar vesicles with the development of paronychia have occurred on eight separate occasions. The attacks appeared at more or less regular intervals and lasted several weeks. Some few months ago a portion of the second phalanx of the left thumb was removed. Neither this nor the opening of collections of pus caused any pain owing to the anaesthesia. The last development of these bullae occurred as a result of an attempt to work. The nails of three fingers were lost during this last attack. Quite recently a vesicle has appeared on the right thumb. At the present time, in addition to these bullae, there is slight loss of power in the left arm. There is no wasting, and the electrical reactions are normal. The left triceps reflex is absent. Over the whole of the left arm and adjacent parts of the chest, sensations of heat and cold are affected as well as that of pain. Tactile sensation is almost intact, except in the hand. Farado-cutaneous sensibility is also diminished. A slight affection of sensation has been recently made out in the right hand. In the legs the deep reflexes are more marked on the left, and the superficial reflexes on the right side. Sweating was much less on the left side of the face after an injection of pilocarpin. There is no diminution in the field of vision. The symptoms in this case are almost certainly due to syringomyelia in the cervical cord. Alteration in the peripheral nerves has been found in some cases, but this would not explain the whole of the symptoms. The change in the reflexes is in favour of a cord lesion. Why certain cases of spinal gliomatosis and syringomyelia should present the appearances of Morvan's disease is as yet unknown.

—*British Medical Journal.*

Diabetes, with Diabetic Coma, in an Infant Eighteen Months Old.—Duflocq and Dauchez (*Revue de Médecine*, 1893, No. 6, p. 546) have reported the case of an infant, eighteen months old, always well from birth, but for two weeks constipated, in consequence, it was thought, of the use of sterilized milk, of which immoderate quantities (five pints daily) were taken. Within this time the child had become ill-tempered and

depressed, and moaned at night. The urine was passed in excess. Notwithstanding its good appetite, the child had become greatly emaciated. The mother attributed the symptoms to difficult dentition, as two canines were about to make their appearance. There was no vomiting. The abdomen was distended with gas. The pulse was feeble, the face cyanotic. On the day after the first observation, the child appeared to go into collapse, and became comatose. For the first time the possibility of diabetes suggested itself, but no urine could be obtained. The child could not be brought out of this condition, and death took place. Examination of a napkin that the child had worn disclosed the presence of a sticky powder, which, upon solution and chemical analysis, proved to be glucose. Two other cases of diabetes in infants under two years of age, in which death took place in coma, have been reported. In these also dentition was in progress. In another case diabetes developed, a few weeks after birth, in an infant that was nourished with corn-starch, a fatal termination ensuing. In one case, in an infant of seven months, diabetes developed four weeks after a fall from the nurse's arms. In some instances heredity seems to play a significant part. Among the symptoms noted in many of the cases, was a change in character. Previously bright and good-natured children became morose and ill-tempered. Constipation and abdominal distention were common. The frequency of micturition was increased, and increased quantities of urine were excreted. There were also thirst, pallor and emaciation. In some cases coma develops suddenly, and some terminate fatally. In other cases death has resulted from asthenia, pulmonary gangrene, bronchopneumonia, or generalized miliary tuberculosis. Recovery is exceptional, but has been observed. Finally, it is pointed out that the rapidity of course is suggestive of an infectious origin.—*Med. Progress.*

—
For Headache.—

R	Papine	ʒss.
	Caffeine cit	gr. xlviij.
	Spts. amm. arom	ʒij.
	Elix. guarana	ʒij.
	Aq. rosæ	ʒij.

M. Sig.: Dessertspoonful in water every hour until relieved.—*Medical Brief.*

SURGERY.

Earache.—Dr. Alex. Randall, of Philadelphia (*American Jour. of Med. Science*), sums up the treatment of earache as follows :

In conclusion, then, it may be repeated that earache is often due to acute tympanic inflammation arising from a naso-pharyngeal condition which demands treatment. Cleansing and detergent sprays and post-pharyngeal painting with astringents can control this and relieve any referred pain from this location. The hot syringing will give any needed cleansing, allay the local pain, and, by reducing the inflammatory congestion, help on the resolution. Protection, local and general, with medicinal treatment of general symptoms, will generally give such prompt and real relief that the host of other remedies may remain as an unemployed reserve. The physician summoned to a case of earache can generally leave his morphine and cocaine at home, if he will take his brow-mirror, a syringe and an atomizer.—*Memphis Med. Monthly*.

Congenital Absence of Right Kidney and Suprarenal Capsule.—The following case may be worth recording: A man, aged fifty-one, was admitted into the asylum suffering from melancholia. He was a fairly well developed man but rather poorly nourished. The skin of his face and body was of a dusky brown colour, the pigmentation being deeper in the regions of the axillæ, penis and scrotum. The heart's action was weak, and he had a small, feeble pulse. He complained of a feeling of nausea and frequent vomiting and retching. A tentative diagnosis of probable Addison's disease was made, and he was placed under special observation. The patient committed suicide by strangulation on August 17th. At the *post-mortem* examination the ordinary signs of strangulation were found; but the point of interest was that there was an entire absence of the right kidney and suprarenal capsule. On dissection, no trace of the missing organ could be found, nor was there any vestige of a renal or suprarenal branch of the aorta or vena cava on that side. The right ureter also was entirely absent, and on opening the bladder only the left ureteral aperture could be found. The left kidney was

quite healthy but of large size, weighing 9½ oz. ERNEST W. JAMES, M.R.C.S., in *British Medical Journal*.

Intra-Intestinal Injections of Hot Water after Severe Hæmorrhage. There is nothing in obstetrical practice that gives the physician more anxiety than hæmorrhage. It may come at the most unexpected time, may be slight or profuse—a drop or a flood; it may do no harm, or it may jeopardize the woman's life, and there is nothing that makes the physician feel more helpless.

Various methods are employed to refill the depleted veins and to stimulate the weakened heart. Among these are the intra-venous injection of blood or milk or saline solutions; the hypodermatic injection of brandy or digitalis or saline solutions, and the injection of hot water into the rectum.

All of these methods are good, and have been successfully employed, but they are open to the serious objections that they require (with the exception of the rectal injection) rather elaborate apparatus, and what is of much greater importance, time. When a woman is almost exsanguinated from post-partum bleeding, or from a ruptured tubal pregnancy it is necessary to act with the utmost promptness, and if by a simple, easy method the desired results can be obtained, it is the physician's duty to avail himself of such means. We have in the common fountain syringe an instrument which will answer every purpose in such cases: it can be used absolutely without danger, either from sepsis or shock, and is always at hand.

The following case illustrates the point I wish to make: In the early autumn of last year, a boy living in one of the country towns of Vermont, was accidentally shot in the thigh. There was not a great deal of bleeding from the wound, but the leg was soon badly swollen and discoloured. He was sent to the Mary Fletcher Hospital in Burlington, where he came under the care of Dr. John B. Wheeler, who, upon examination, found that the swelling and discolouration arose from extravasation of blood in the tissues, and decided to cut down and tie the bleeding vessel (the femoral artery), as the boy's condition was such that amputation was out of the question, he being almost bloodless. Dr. Wheeler very kindly invited Drs.

H. C. Tinkham, B. J. Andrews and myself to assist him. The patient was placed on the table and etherization begun. The pulse began to grow weaker, and I expressed my doubts of the possibility of proceeding with the operation. The question was discussed for a few minutes, when it occurred to me that as laparotomy patients are stimulated during an operation by flushing the belly with hot water, the same might be done in another way in this case, which idea, meeting with Dr. Wheeler's approval, I carried out in this wise: Throwing a small quantity of salt into a quart of hot water (temperature about 110° F.), I took a Davidson syringe and put a large elastic catheter on the nozzle; I then introduced the catheter its entire length into the rectum, and through it I pumped as rapidly as possible the hot salt water. The effect was magical: the pulse grew stronger and slower, respirations were deeper, and the skin had a more healthy look. The improvement was so marked that the operation was begun. Fifteen minutes afterwards, the pulse again weakening, I introduced a stomach tube into the colon seventeen inches, and threw in two quarts of the hot salt water, which had the same effect as the first injection. The quantity of water caused quite a fulness in the boy's belly, but so rapid was absorption that in a very few minutes the belly was flat again. Once more, just at the completion of the operation, two quarts more was carried twenty-three inches into the colon and the boy put in bed. At that time he had a good strong pulse, and looked in much better condition than when he was put on the table. He lived fourteen days, whereas had he not had the injections he would have died on the table.

Cases are recorded where small quantities of hot water—a pint or more—have been thrown into the rectum, but I think this the first recorded case where it has been thrown above the sigmoid flexure; certainly there is no record of its having been carried up twenty-three inches.

In post-partum hæmorrhage, in abortion, in ruptured tubal pregnancy, in ruptured uterus, in fact in any case of profuse bleeding, the same plan of treatment can be carried out with a fountain syringe in this wise: To a quart of water of the temperature of 110° to 115° F. add two teaspoonfuls of salt, and pour it into a fountain syringe

from which the nozzle has been removed. Introduce the oiled syringe tube into the rectum, and push it up; should it meet with obstructions, let a little of the water run into the gut, which will be dilated thereby. Continue to push the tube in until the proper limit is reached, and then let all the water run into the colon: then withdraw the tube and be prepared to repeat the injection if necessary. There is no danger whatever in this procedure: it is simple, it is rapid, and the effects are marvellous.

The physician often loses many valuable minutes in getting ready to introduce water into the tissue.—minutes that decide oftentimes the fate of his patient, and it is with the hope that my suggestion may be of value in a time of need that some poor woman's life may be spared, that some physician's anxiety may be lessened, that I present it for consideration.—JACOB C. RUTHERFORD, M.D., in *R. I. Medical Science Monthly*.

The Role of the Posterior Urethra in Chronic Urethritis.—Dr. Bransford Lewis, of St. Louis, in a paper read before the American Association of Genito-Urinary Surgeons, announces his conclusions as follows:

"1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

"2. A single widely prevalent cause for such prolongation of gonorrhœa has as yet not proved its right to recognition as such.

"3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

"4. Scrutinizing, clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.

"5. Direct topical treatment to the posterior urethra is therefore necessary in the great majority of cases.

"6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

"7. The mode of onset usually described does not coincide with that discerned in clinical observations.

"8. These latter two observations confirm the probability that the posterior urethral infection is accomplished through the lymphatics, and explain the frequency of such infection.

"9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhoea." *Medical Bulletin.*

Peau on the Treatment of Tetanus.—Péan lays down the following rules as the proper method by which to guard against tetanus :

1. Whenever a patient receives a wound, however slight, it should be washed with an antiseptic liquid and covered with a substance excluding air (diachylon, collodion, etc).
2. The more extensive wounds should be washed with antiseptics with even greater care.
3. The thermo-cautery should be discarded and the bistoury substituted therefor, whenever incision is necessary either to properly shape the wound, when this is necessary, or to remove foreign bodies.
4. Ligatures should be replaced by torsion of vessels.
5. Wounds should never be left open, but should be protected from the air both during and after irrigation.
6. Irrigations should be practised as infrequently as possible.
7. The wounded region should be completely immobilized.
8. The patient should be carefully isolated.—*La France Médicale.*

Treatment of Pannus by Antipyrine.—Roulette (*La Semaine Médicale*) describes his treatment of pannus serotulosus by means of antipyrine applications.

The eye having been rendered anæsthetic with cocaine, a thin layer of antipyrine is deposited on the surface of the cornea with a brush, or by means of an insufflator. In spite of the previous application of cocaine the patient complains of a rather pronounced burning sensation, which is attended with more or less abundant lachrymation. When

after a little while, the reaction subsides, the eye-ball is gently massaged through the closed lids.

Antipyrine gives rise to inflammation of the conjunctiva, varying in intensity in different individuals, and, in consequence, from one to several days must be allowed to elapse between two applications. Under this treatment, the looped vessels present in pannus rapidly disappear. This is due to the hæmostatic properties of antipyrine. It should not be used in cases where ulceration of the cornea exists. It is only in cases where there is extensive proliferation of the blood-vessels that the application of antipyrine should be resorted to.—*American Medical Surgical Bulletin.*

Chlorol ; a New Disinfecting Fluid.—Chlorol is a new French disinfecting fluid, said to have the following composition (*Arch. Méd. Belge*) :

Corrosive sublimate	} of each 1 part.
Sodium chloride	
Hydrochloric acid	
Copper sulphate	3 parts.
Distilled water	1,000 "

The sodium chloride is added to render the solution more stable ; the hydrochloric acid, to prevent the decomposition of the corrosive sublimate in presence of albuminoid matter ; and the copper sulphate, for its vomitive effects—in case the chloral should be taken internally by mistake.—*Amer. Med.-Surg. Bulletin.*

Treatment of Tuberculous Peritonitis.—Noë (Berl. klin. Woch., August 21st, 1893) describes a new method. He would attribute any good results obtained by laparotomy to (1) the circulatory changes produced by the evacuation of fluid, and (2) the contact of air. He does not think that light has any effect. The author has accordingly practised tapping, with subsequent insufflation of air, after satisfying himself that there was no danger in this procedure. This treatment was tried in three cases, in two of which the results were very good. In the other advanced case (combined with intestinal tuberculosis) the ascites did not reappear, but the patient died eight weeks later. An apparatus is described by which air forced through the sterilized cotton wool, and then

through a flask containing sterilized water, is injected into the abdominal cavity after the fluid has been withdrawn. The apparatus is, of course, sterilized. The insufflation causes no pain, and does not give rise to any unpleasant result. *British Medical Journal*.

An Improved Method of Draining the Antrum of Highmore.—Major (*N. Y. Med. Jour.*) gives an account of a new improved method which he has adopted for draining the antrum of Highmore. To a suitable place in the jaw from which a tooth has been previously removed, a 10 per cent. solution of cocaine is applied. Then an ordinary twist drill worked by an electric motor is used for perforating the bone, the canal being made in a slightly oblique direction from before backwards. The best size of drill is one three-sixteenths of an inch in diameter. After the drill is withdrawn and the cavity cleared of secretions, a piece of soft pine wood, pared down to a size slightly smaller than the drill, and with a protuberance at the lower end, is inserted into the opening. Plaster-of-Paris is now applied and allowed to set, so as to take an impression of the upper jaw. When set it is carefully removed, and to it is fixed the wooden peg. A metal alloy, fusible at a low temperature, is poured into the cast, and a model of the upper jaw, with the opening in position, is the result. With the aid of a mechanical dentist, a sheet of gold is beaten out on the metal model, and by this means a gold plate, which exactly fits the gum in the neighbourhood of the drainage aperture, is obtained. Into this is soldered a piece of gold drainage tube slightly less in calibre than the drill employed. The tube should be long enough to reach well into the cavity of the antrum. Later it may be necessary to shorten it; this can easily be done by removing a little from the antral end. This plate is then fixed to a tooth, or to an artificial tooth plate if used, or, if many teeth are absent, it may be fixed to a suction plate of vulcanized rubber. In order to wash out the antrum, an ordinary single-bulb enema syringe, in which one of the metal attachments is filed down so as to fit the aperture in the gold drainage tube, is used. By means of this arrangement, sixteen ounces of fluid may be made to pass into the antrum, and escape by the nasal aperture in less

than one minute. To prevent the entrance of food, the tube is fitted with a vulcanized plug, so designed as to present a rounded head at its lower end, sufficient to prevent its slipping into the tube, and to render it easy of removal with the fingers. The tube must not be left out for any length of time, as the opening will contract rapidly.—*British Medical Journal*.

MIDWIFERY.

Use of Lime Water in Artificial Infant-Feeding.—One reason why cow's milk is not easily digested by infants is that the casein formed by the action of the curdling ferment of the gastric juice is dense and tough, while that formed from human milk is flaky. The addition of lime water to the cow's milk causes it to be precipitated in flakes also, and thus overcomes this disadvantage to a great extent. A tablespoonful of lime water to an ordinary bottle of milk is enough, and a little sugar of milk may be added to correct the taste of the lime water. Courant (*Revue de Thérapeutique Médico-Chir.*) has seen the best results follow this practice in gastric catarrh of children.—*Atlantic Medical and Surgical Journal*.

Uncontrollable Coughing in Pregnancy.—Tripet (*Journ. de Sages Femmes*, September 16th, 1893) observed this condition in a patient already subject to fits of coughing, which began at puberty. When twenty-six, and still single, she had pleurisy on the left side, and she suffered from winter cough, granulations forming in the naso-pharyngeal mucous membrane. A year later she married, and miscarried at the sixth week after fits of coughing. In December, 1892, the patient became pregnant once more. At the end of January typhlitis set in, but subsided after appropriate treatment. In March a mild attack of influenza occurred; the cough came on very severely. General measures and local applications to the upper part of the respiratory tract failed to give relief. Tripet remembered that he had stopped uncontrollable vomiting in a pregnant woman by cauterizing the cervix. On April 19th, the patient being four months pregnant, he examined the cervix and found it covered with granulations, which discharged pus. Iodoform was applied;

two days later the cervix was painted with iodine, and more iodoform dusted over it. On April 24th this dressing was repeated; the coughing had subsided, so treatment was discontinued till the 28th, the cough having recommenced on the 27th. Tripet touched the morbid growths with the galvano-cautery, and powdered the parts afterwards with iodoform. Severe abdominal pains followed; the patient kept in bed, and they ceased in three days. On the 28th the coughing stopped for good, and did not recur: the patient slept, and ate with a good appetite. Pregnancy was proceeding normally.—*British Medical Journal*.

Unconscious Delivery.—Le Blond (*Journ. de Méd. de Paris*, July 30th, 1893) related in July a remarkable case before the Medico-legal Society of Paris. A woman, aged twenty-seven, who had been seduced and deserted, was seized with slight colicky pains, but continued to work. In the course of the following night she was attacked with still more severe pain. Thinking that an action of the bowels would give relief, she sat upon her chamber utensil; on straining a live child was

born. This alarmed her greatly, but she cut the cord with scissors, wrapped the infant in a cloth and walked downstairs, telling the people in the house, in fear and trembling, what had happened. Violent flooding set in. The cord had not been tied. Early in the morning Le Blond saw the patient, and found the placenta still in the vagina. He extracted it. The mother and child did very well. Had the child died the mother would have been very strongly suspected of murder, especially if she had attempted to defecate in a public privy, in which case the child would almost inevitably have been killed.—*British Medical Journal*.

GYNÆCOLOGY.

Hydrocele in the Female.—Lammert (*Centralbl. f. Gynäk.*, No. 30, 1893) gives some valuable information on this interesting question; a full monograph on the subject appeared in the *Münch. med. Wochen.*, No. 29, 1891. The term correctly signifies a collection of fluid in an imperfectly obliterated canal of Nuck. This form of hydrocele is usually detected in pregnancy and

[OVER.]

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childbed. According to Wechselmann, it has been found twenty-two times on the right side, seventeen on the left, and in two cases on both sides. Lamert has observed this condition in a nullipara, aged 39. It formed an enormous swelling, as big as a man's fist, in the left groin, pyriform, elastic, transparent and fluctuating. It was irreducible, and there was no impulse on coughing; it reached as far as the labium. On incision a pint of serum escaped: the parts were explored, and the hydrocele was found ending as a blind pouch at the internal abdominal ring.—*British Medical Journal*.

Ludlam on the Physiological and Morbid Relations Existing between the Uterus and the Eye.—Janot's work is based on the following conclusions:

1. Certain ocular troubles exist in relation with different physiological and pathological conditions of the uterus.
2. In order to institute an efficacious treatment it is important to establish their origin.
3. These ocular lesions are much more tena-

cious when the uterine troubles have persisted for a long time.

4. In a large share of cases they are attributable to infection.

5. The treatment should be addressed to the local condition of the uterus and the vagina, to the local state of the eye, and to the general condition of the patient.—*N. Y. Med. Times.—Epitome of Medicine*.

Personals.

Dr. S. A. Metherell, Victoria, B.C., is spending a short time in Toronto.

Dr. R. D. Sanson, of Calgary, N.W.T., was married to Miss Webber, of 29 Gwynne Street, Toronto.

Dr. J. O. Orr has been appointed Clinical Assistant to Dr. Lennox Browne in the Central Throat Hospital, Gray's Inn Road.

At a meeting of the governors of the Protestant Hospital, in Ottawa, a resolution was passed to appoint a specialist to the staff. Dr. Alfred Horsey

OVER.

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was the cho-en one, and was followed by Dr. Kidd, who takes his place on the medical staff.

In New Edinburgh, on Sept. 26th last, an event of considerable social importance took place, namely, the marriage of Thos. H. Henry, M.D., of Orangeville, son of Dr. Henry, representative of his own division in the Council of Physicians and Surgeons, to Margaret Henderson, third daughter of the City Clerk. The bride was attired in her travelling dress of pearl grey silk, and was attended by Miss French and Miss Jean Henderson. The groomsmen were Walter Henry and John Askwith. The young couple left for Toronto and Niagara Falls, where they will spend their honeymoon. The presents were very handsome and very numerous, showing strongly the popularity of both bride and groom. May they live long and happily in their chosen sphere.

Miscellaneous.

W. R. Warner & Co., of Philadelphia, have obtained the highest prize for the purity and perfection of their medicinal and official standard

pharmaceutical and chemical products. This extensive firm have obtained hitherto twelve grand World's Fair prizes, and they must feel deservedly proud of the Columbian award, which is the highest of its class.—*The Inquirer*.

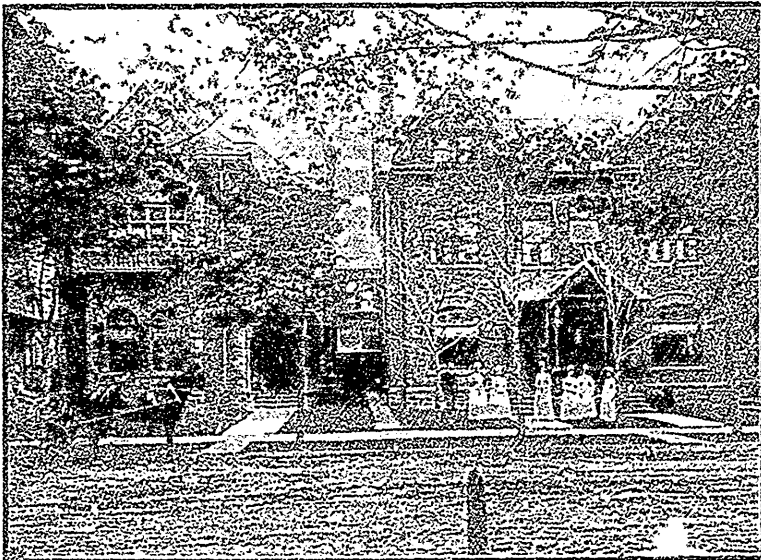
MALT EXTRACT. —Extract of malt is no longer an official preparation—at least it will very soon not be, as it is one of the dismissed articles from the Seventh Decennial Revision of the United States Pharmacopœia. Why this is “thusly,” when it is an article of so much therapeutic value and so largely used, it is not within our province to say. It looks to us as if the Revising Committee were either perfectly satisfied with the quality of the present commercial supplies, or that they despaired of describing or defining the product in such a way as to permit of easily-applied tests for limitation and verification of the standard by the ordinary druggist. If the former supposition be the correct one, we surmise that Parke, Davis & Co.'s Extract of Malt was one of the brands on the market that they found to respond to every test, both as to diastatic strength and palatability.

[OVER.]

ROTHERHAM HOUSE

Dr. Holford
Walker

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



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

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

For Terms, or other information desired, address

DR. HOLFORD WALKER, Isabella St., TORONTO.

There are extracts of malt which will scarcely effect the conversion of starch, but these we need scarcely say are worthless in the treatment of carbohydrate indigestion, although they may in palatability be perfectly acceptable. It is almost out of place to speak here of the many uses to which a good extract of malt may be put, but probably the most frequent occasion is in handling cases of ovarian troubles, with the very common indigestion accompanying, that of the starchy foods in particular. Extract of Malt (P. D. & Co.) will prove itself an efficient agent wherever the natural fluids are showing themselves to be unable to accomplish starch conversion, and its present high standard of activity in this direction may be depended upon even after the official guardianship of the Pharmacopœia is dissolved.

MEASURING ON THE FUNCTIONS OF THE STOMACH.—
The conclusions are:

1. The passage of the contents of the stomach into the intestine occurs at intervals through rhythmical opening and closing of the pylorus.

2. Fluid leaves the stomach more rapidly than more solid food. The (empty) stomach absorbs

no water. While the water of sodawater is not absorbed by the stomach the carbonic acid is absorbed in large quantities.

3. Alcohol is absorbed in large measure by the stomach.

Sugar (grape, milk, cane, maltose) in watery solution is absorbed in moderate quantity by the stomach, in alcohol solution, in somewhat larger quantity.

Dextrine, as well as peptone, is absorbed by the stomach, but to a less extent than is sugar. The quantity absorbed increases with the concentration of the solution.

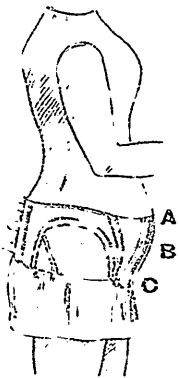
Absorption in the stomach recalls, in many respects, the physical process of diffusion.—Supplement to *Centralblatt f. klin. Med.—Epitome of Medicine*.

Recent investigations have shown that chorea is really a paralytic state, in which the inhibitory centres are affected. Dorland and Potts, in the *University Medical Magazine*, endorse this view; as also does H. C. Wood in the *British Medical and Surgical Journal*. Pil. hæmaturic: (Howard's)

OVER.

The Latest and Best.....

HAPPY RELIEF ABDOMINAL SUPPORTER

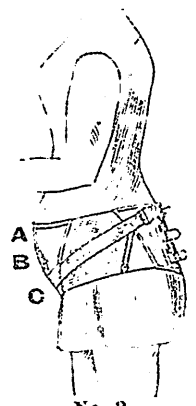


No. 1.

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

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

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



No. 2.

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

BOX 149,

BRANTFORD, - - - - - ONTARIO.

will be found the most reliable remedy in this and other paralytic conditions.

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.

Starches, including bread, enter most largely in 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

[OVER.]

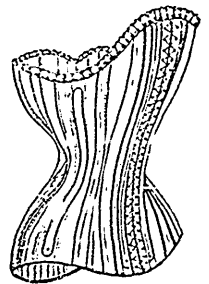
MADAM VERMILYEA'S HEALTH CORSET

Read what a prominent Toronto Physician says:



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

PROMPT ATTENTION GIVEN TO ALL ORDERS
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TORONTO, ONT.

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.

About a year since the *Journal of the American Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist, the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to this habit. On the contrary, we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practised to such an extent as to engen-

der anxiety and timidity on the part of prescribing physicians.

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practising physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while, at the same time, he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition, we give below an extract from a letter from Dr. Bostic, of Galena, written October 24th, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair prototype. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate, since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as

[OVER.]

RELIABLE AND PROMPT

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

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

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

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

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

Prepared by SCOTT & BOWNE, Chemists,

132 South Fifth Avenue, New York

antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of everything they specify in their prescriptions. The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenceless patient. He knows the specific effect of the genuine drug, and knows equally well it cannot be successfully imitated.—*Courier of Medicine*, November, 1893.

LARGE DOSES OF ALCOHOL IN DELIRIUM TREMENS.—Anders Hausson (*Hygiea*, No. 4, 1893) records the following case: A man, aged 41, had, eight days previous to admission, fallen from a scaffolding three stories high, and presented the symptoms of fracture of the neck of the femur. Soon after awakening from a very partial narcosis,

induced for the sake of examination, he showed symptoms of delirium tremens. Two injections of morphine were given during the day, and chloral hydrate at night, but without appreciable effect. As the symptoms got worse, he was given large doses of brandy in accordance with König's suggestions. During the ensuing twenty-four hours he was given as much as 1 litre of brandy. The effects were excellent. He became quiet and calm, the hallucinations and tremors disappeared, and a refreshing sleep followed. The quantity of brandy was gradually diminished, so that 1 litre was distributed over 26, 30, 32, 38, and 40 hours, and so on. On the 12th day after admission the administration of brandy was discontinued. Sleep and appetite were excellent. No narcotics were ever required. After six weeks he got up, and was discharged well a few days later.—*Brit. Med. Jour.*

Obituary.

SIR ANDREW CLARK.—No man in the world could have died and left such a vacancy in the medical profession as this noted physician. He

[OVER.

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.

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

TORONTO, ONT.

held a place unique among his confrères, his name being famous the world over. Every man who went to London always took his clinics if possible, gaining much by his clearness and power as a diagnostician. He held the degrees of M.D., F.R.S. and LL.D., and was at the time of his death President of the British Medical Association. He was born October 28, 1826; was educated first at Aberdeen and afterwards at Edinburgh. In the extra academical Medical School of that city, he gained the first medals in anatomy, physiology, chemistry, botany, materia medica, surgery, pathology and practice of physic. For two years he assisted Dr. Hughes Bennett in the pathological department of the Royal Infirmary, and was demonstrator of anatomy to Dr. Robert Knox in the final course of lectures delivered by that celebrated anatomist. For four years Dr. Clark had charge of the pathological department of the Royal Naval hospital at Haslar. In 1854 he took his degree of M.D. at the University of Aberdeen, settled in the metropolis, and became a member of the Royal College of Physicians of London. He was the author of numerous medical works refer-

ring principally to the respiratory, renal and digestive organs. He was created a baronet in 1883. At the time of his death, Dr. Clark was consulting physician and lecturer on clinical medicine to the London hospital.

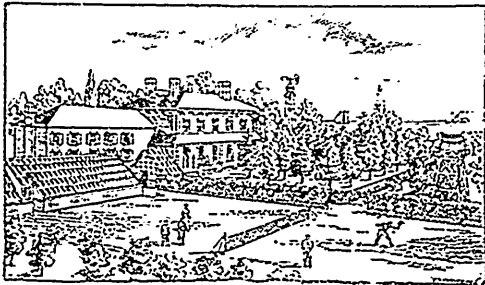
It is with considerable regret that we have to announce to our readers the death of Dr. W. R. Shaw, who passed away at Brantford on September 10th last, at the age of twenty-seven. About a year and a half ago he developed tuberculosis, and although he tried a change of climate to the North-West, and later to California, it seemed to avail nothing.

Dr. Shaw graduated as an M.D. from Victoria University in 1887. He went to England to complete his studies, and in 1888 he was granted the license of the Royal College of Physicians of London: subsequent to this he was Resident Physician in the Victoria Park Hospital for Diseases of the Chest, and after that was House Physician in the East London Hospital for Diseases of Children. We have not only seen the flattering testimonials that Dr. Eustace Smith

[OVER.

LAKEHURST SANITARIUM

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FOR THE TREATMENT OF

INEBRIETY

(Habitual and Periodical)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

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

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

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

and other members of the visiting staffs of these two institutions gave him, but what is a better test, we have visited the hospitals and have heard on every hand words of praise for our young friend.

In 1889 he returned to America, and spent a year at Johns Hopkins University Hospital, studying pathology and bacteriology, at the same time continuing the study of children's diseases under Dr. W. D. Booker. In 1890 he commenced general practice in Toronto, intending at an early date to devote his time entirely to diseases of children.

During the two years that he practised in this city, he kept up the study of pathology and bacteriology in the Biological Department of the University of Toronto, where he did some admirable work. As a result of his labours there, a paper appeared in the *Canadian Practitioner* and another in the "Transactions" of the Canadian Institute, the one on the "Pathology of Molluscum Contagiosum," the other on that disease found in peaches, the "Yellows."

In the death of Dr. Shaw, science has lost one

who would have made a mark for himself, and the medical profession of this province has cause to regret one of its brightest gems.

"But open converse is there none,
So much the vital spirits sink
To see the vacant chair, and think
How good! How kind! and he is gone!"

S.

Births, Marriages, Deaths.

MARRIAGE.

HENRY-HENDERSON.—In New Edinburgh, on Sept. 26th, 1893, at the residence of the bride's father, by Rev. W. W. Quicke, St. David's, Thos. H. Henry, M.D., of Orangeville, to Margaret Henderson, third daughter of City Clerk Henderson.

DEATH.

MONK.—At Carp, on Sunday morning, October 8th, 1893, Fanny Monk, eldest daughter of G. W. Monk, Esq., M.P.P. for Carleton County, and beloved wife of George H. Groves, M.D., aged 29 years 10 months.

[OVER.]

The LYMAN BROS. & CO. (Ltd).

CHLOROFORM

PURE. Lyman's S. G. 149.

AND

ETHER SULPHURIC

PURE. Lyman's S. G. 725.

FOR ANÆSTHETICAL PURPOSES.

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

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

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

WE CLAIM THE FOLLOWING ADVANTAGES

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

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

Dr. James F. W. Ross says: "I have overcome my former prejudice against Ether, but The LYMAN BROS. & CO., Ltd., are now supplying an article put up in 1 and 1/2 lb. tins equal to any in the market. I have used it frequently, and have seen it used by others during the last twelve months for operations of all degrees of severity. The after effects are no greater than after Squibb's, or any other pure Ether."

WE CLAIM FOR THIS ABSOLUTE PURITY AND COMPARATIVE CHEAPNESS.

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