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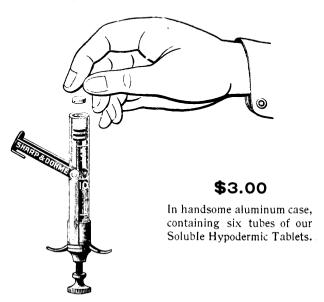
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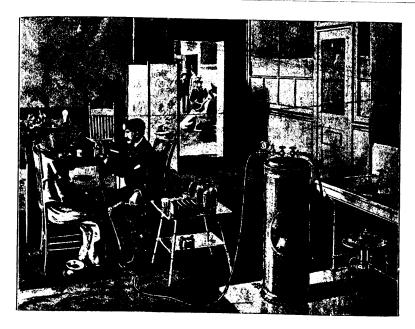
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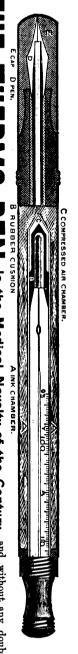


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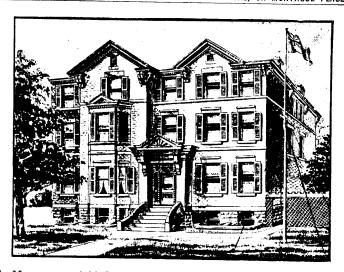
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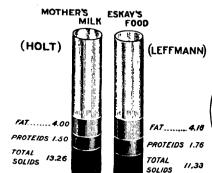
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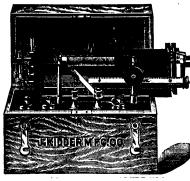


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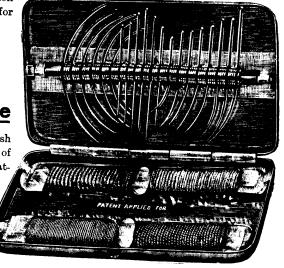
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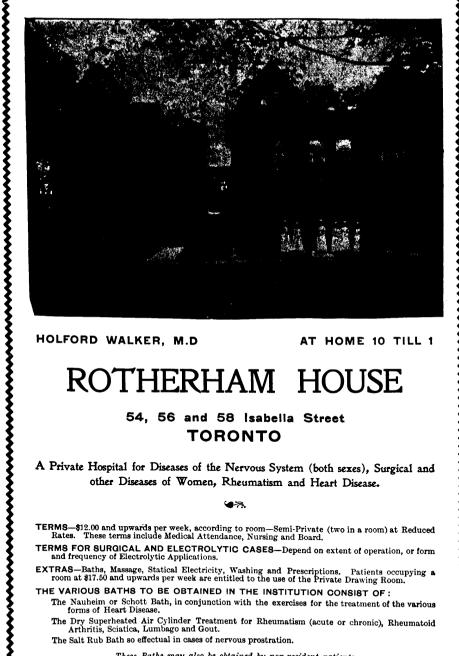


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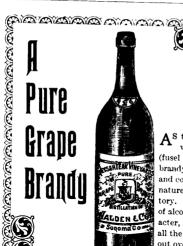
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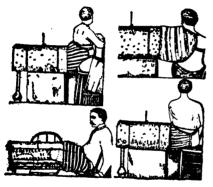
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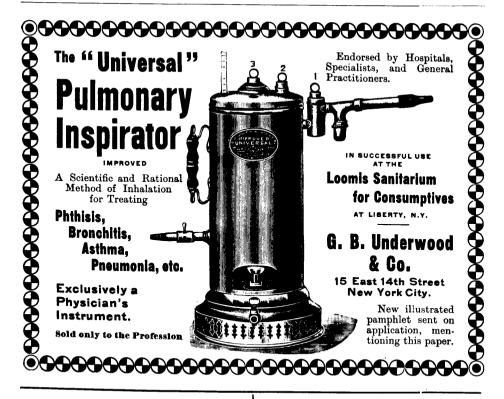
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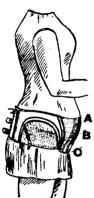
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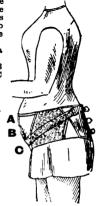
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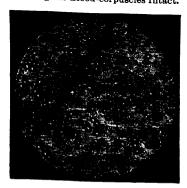


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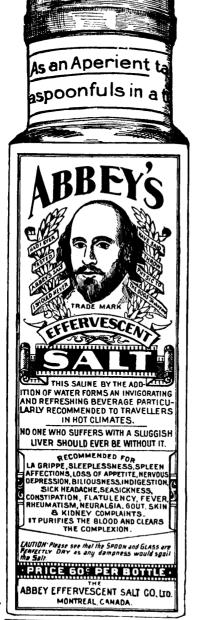
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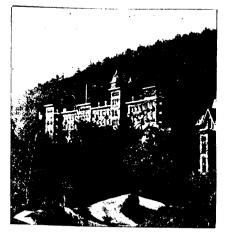
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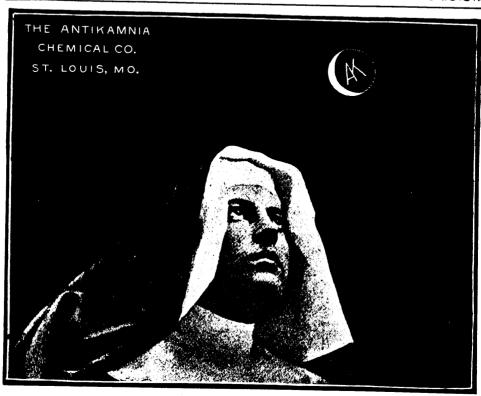
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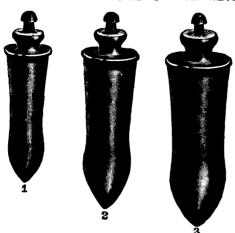
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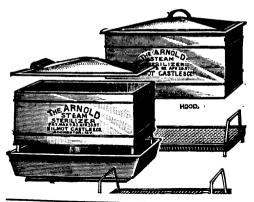
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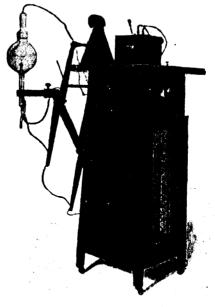
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PULMONARY AND OTHER INTERNAL HÆMORRHAGE.

BY ALEXANDER M'PHEDRAN, M.B.,
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It is rather to draw attention to the fallacies of much that is popular in the treatment of this usually alarming condition, than of offering anything new, that this short article is written. As is the case with all conditions not easily controlled by treatment, there have been a great number of remedies recommended for the arrest of internal hæmorrhage, and, as is usually the case under such circumstances, few, if any of them, have any influence in attaining the end in view. In a recent work, for example, among the many remedies, lead acetate, tannin, gallic acid, alum, hamamelis, iron, sulphuric acid, vinegar, etc., are recommended in pulmonary hæmorrhage as being efficient remedies. No reason is assigned for the efficacy of these drugs; they are never suggested for the arrest of external hæmorrhage, in which they should be as effective as in pulmonary or other internal hæmorrhage. That arrest of hæmorrhage has followed the administration of each and all the remedies recommended may be quite true, but it does not follow that such arrest was due to the remedy used. The natural history of the hæmorrhage appears to be usually overlooked; hence its arrest following the use of the means adopted is attributed to these means. With few exceptions, if the patient is left alone the bleeding ceases in a short time, varying in different cases. In most cases the hamorrhage occurs without provocation, often at night during sleep. There has been an erosion of a vessel, or, what perhaps is more usual, an aneurysmal dilatation of a vessel became so

weakened that it ruptures under the stress of ordinary bloodpressure, which, in the pulmonary vessels, is probably increased during sleep on account of the shallower and slower respiration, and consequent lessened aeration of the blood. Soon after the bleeding occurs, the extravasated blood begins to coagulate at its periphery, and, as the coagulation advances, it offers increasing resistance to the escape of the blood, until the resistance equals the pressure of the escaping blood, when the flow ceases, and the arrested blood soon clots, permanently stopping the hæmorrhage.

Too often the sudden arrest of the hamorrhage by the natural process is attributed to the remedies that have been given. Some years ago this was well illustrated in the case of an intelligent druggist. He had been subject, at long intervals, to attacks of profuse hamoptysis. He had for some years on each occasion taken ergot freely to arrest the attacks. He was assured that they would stop as soon without as with the ergot, and, as the ergot disturbed his digestion very much, he agreed, although with much trepidation, to omit it altogether. He was much gratified to find that the hæmorrhage ceased quite as promptly as it had ever done when ergot was taken.

One advantage from the use of these drugs is due to the fact that something is being done; by this means the patient's confidence, and therefore his comfort, is increased. This end can, however, be attained by reassuring him, and by giving some simple sedative that will not disturb the stomach. Should these means prove insufficient to induce both mental and physical quiet, morphine should be given hypodermically in such quantity as will be needed to attain that object.

Of all the remedies for hemoptysis, as well as for other internal hamorrhage, ergot is doubtless much the most widely used many, if not by most physicians, it appears to be given without any well-defined conception of its mode of action. There is an indefinite idea that it acts in these hamorrhages much in the same way as it does in arresting uterine hamorrhage after parturition.

Pharmacologists are well agreed as to the chief physiologic effects of ergot: (1) That it stimulates the vasomotor centre in the medulla and the various subsidiary centres, thus increasing the general blood-pressure; (2) That it acts on the unstriped muscular fibres of the walls of the blood-vessels, causing contraction of their calibre, chiefly of the arterioles, as their walls contain the most muscular tissue; (3) That it has no influence on the coagulation of the blood; (4) That it depresses the motor ganglia of the heart, causing a slower and less powerful contraction.

From these effects it is quite evident that ergot will tend to increase the amount of blood escaping from a rent in an artery, in so far as it raises the blood-pressure at the bleeding point, as well as throughout the arterial system. Its depressing effect on the heart is apparently more than counterbalanced by its action on the

peripheral vessels.

In the lungs, as in the brain, there is no necessity for alterations in the blood-supply. Hence in the brain there are no vasomotor nerves, while in the lungs, though the vessels are supplied with vasomotor nerves, their influence on the vessels is at a minimum.

It follows, therefore, that ergot can have no influence, through the vasomotor nerves, on the vessels of the brain, and practically none on those of the lungs. Any influence it may have on these vessels must be through its direct action on the muscular coat of the arteries. This effect is probably very slight, but, such as it is, it tends to raise the blood-pressure in them, and to this extent increases the force with which the blood escapes from a ruptured vessel. The degree to which it can increase the general arterial tension can have no effect on that part of the pulmonary vessels, as at the same time it depresses the heart, bringing about a less powerful action.

In view of these facts, it is clearly injudicious to give ergot in cerebral and pulmonary hæmorrhage. In capillary and venous pulmonary hæmorrhage it may do good to the extent to which it raises pulmonary blood-pressure by increasing the force and therefore the rapidity of the blood-stream, thus relieving local congestion by establishing better circulation, not by lessening the amount of blood entering the congested area through the contracted arteries, as held by some writers. But for such a purpose we have better remedies that stimulate both the heart and the arteries, such as digitalis, strophanthus strychnin, alcohol, etc.

In view of its physiologic effect, ergot must be injurious in intestinal hæmorrhage. By its action on unstriped muscular fibre it causes increased intestinal peristalsis. The effect of this must be to disturb the bleeding point, and dislodge any clot that may be forming, thus interfering with the natural process of sealing the rent in the vessel. Yet no remedy is perhaps more generally used to control the hæmorrhage of typhoid ulceration than ergot.

So far as the use of purely astringent remedies is concerned, there does not seem to be a good ground for the belief that they have any influence on internal hæmorrhage. They are all changed in the intestinal tract into inert substances that can have no effect on the blood or the blood-vessels. Even in intestinal hæmorrhage their power is questionable. In hæmorrhage from capillary congestion or from small veins they may doubtless have some restraining influence, as they have on the secretions of the intestines, causing constipation, but that they have power to control arterial bleeding seems more than doubtful. We know how disappointing their use is in epistaxis, in which the surface is fairly within reach of direct application; in the intestinal canal their power must be infinitely more uncertain, and in pulmonary and other internal hæmorrhage they can have no effect.

The influence of a remedy in controlling internal hamorrhage must depend: (1) On its power to lower blood-pressure, which is equivalent to increasing the resistance to the escape of blood; (2) On its power of increasing the coagulability of the blood; or, (3) On both of these combined. By the use of remedies of the first class we seek to equalize the pressure of the escaping blood and the resistance to its escape, and thus bring the blood to a state of rest that it may coagulate and permanently seal the opening in the vessel. By the use of the second class of remedies we aim, of course, at hastening the coagulation of the extravasated blood.

For the accomplishment of the first object we have, as types of such remedies, opium, which quiets the heart and circulation, and the nitrites, which lower the blood-pressure by relaxing the peripheral vessels. These are probably our most potent remedies for

the control of internal hemorrhage.

Of remedies that increase the coagulability of the blood, calcium chloride and potassium iodid are perhaps the best examples. It is worthy of note that the agents of the first class act promptly, and to this their efficiency is not a little due. On the other hand, the second class require some time to produce their effect on the blood, so long in fact that the majority of internal hamorrhages will have ceased from natural causes before their influence can be perceptible; they will have much more effect, therefore, on the slow bleeding from veins and capillaries than on rapid arterial flow.

Medicines that lower vascular tension are especially indicated in the class of arthritic homoptysis first described by the late Sir Andrew Clark. They are met with among the gouty or lithemic. The vessels are sclerosed and the pulse tension is very high. The homorrhage may be slight, as shown by a small amount of sputum of a pink or deeper red color; or it may be very profuse. The

following case serves as a good illustration:

A. B., aged 63, an active business man, had lived plainly as to food, but had long secretly taken laudanum and spirit freely. Early in the morning he had a copious hemoptysis, losing over 20 ounces of blood; shortly afterward the pulse was very tense and slightly excited. His general condition was favorable, the breathing normal. The bleeding recurred twice during the day. He was kept in bed and his pulse-tension made low and so maintained by the administration of nitroglycerin. The bowels were freely moved by salines. His habits were corrected as far as possible and he had no recurrences of the pulmonary haemorrhages, but he showed the signs of atheromatous changes in the cerebral vessels in the mental deterioration that followed. The pulmonary haemorrhage was probably the safety-valve action that saved him from a cerebral hemorrhage; it would have been better for him had the hemorrhage occurred much earlier, so that he might have been warned to make those changes in his habits necessary to delay the rapid arterial degeneration.

Such hæmorrhages are identical with those occurring in mitral stenosis. The bleeding may be only sufficient to give a pinkish hue to the sputum or so free as to prove suddenly fatal. In the latter there is always marked hypertrophy of the right ventricle.*

To treat these cases of high vascular tension of the pulmonary circulation, whether associated or not with high tension of the general circulation, with ergot or other agent tending to contract the arterioles, is most unwise.

^{*} See Transactions of Association of American Physicians for 1395.

HIP DISEASE.—A CLINICAL LECTURE.

BY B. E. M'KENZIE, B.A., M.D.

As, fortunately, I shall be able to show you several cases which will greatly aid us in distinguishing be ween various affections which may be mistaken for hip disease, I shall at this time lay but little emphasis upon etiology or pathology. There are a few points however, that may wisely be considered that have reference to the anatomy of the hip joint. It will be remembered that there are three osseous centres at the upper end of the femur, one for the great trochanter, one for the lesser and one forming the cap that completes the head which rets in the acetabulum. This latter is entirely enclosed within a capsule which, attached at its outer rim to the border of the acetabulum, joins the intertrochanteric line in front and the neck of the femur behind. The significance of the fact just named will be appreciated when we remember that in children the disease generally has its beginning in or adjoining the epiphyseal cartilage. At this point there is increased physiological activity during the period of growth so that the conditions are favorable for the development of the bacillus of tuberculosis once it has chosen this nidus for its development. The extension of the disease from its starting point brings it toward the surface and it generally opens within the capsule. Should the focus of disease be located, however, farther down in the femur, when it reaches the surface of the bone its opening may occur outside of the capsule and there may be no intra-articular involvement. At other joints in the body, for example the knee, there is no epiphysis entirely enclosed within the capsule as is the upper epiphysis of the femur just referred to. As a consequence, here disease beginning in the bone reaches the surface frequently outside of the joint. believe explains the greater number of hip cases that we see.

Other joints are more exposed than this one, e.g., either the knee or elbow. Both the ankle and knee are quite as liable to traumatic influences and even more so than the hip. The elbow, however, although more exposed, is not subject to the concussions and bruises which result so frequently from a mis-step. These facts throw much light upon the etiology of this affection. The Germans teach that the disease arises much more frequently in children in the epiphyseal cartilage. The English, however, seem disposed to lay more stress upon the disease beginning in the

synovial membrane.

The boy whom we have before us to-day affords an excellent opportunity for us to observe the early symptoms of hip disease. His case illustrates the history of the disease as we most commonly observe it. Inquiry into the family history is always of great importance. When there is a marked history of tuberculosis in

the patient's progenitors it has an important influence, I believe, in determining our prognosis. In the case of the little fellow whom we have here to-day, however, there is little or no account of family taint from this affection. Several months ago the following facts were noticed, not all at once but gradually in this boy's case.

Lameness. This is the symptom which is most commonly first observed. The lameness in the beginning is often very indefinite. It will more frequently be noticed after a long walk or in the morning when the patient first rises, the joint being somewhat After moving about for a little time it is less felt and less observed, but again after considerable exercise the patient complains of feeling tired and will be noticed to limp. If the patient have a somewhat prolonged rest the lameness seems to disappear almost entirely and often an error is made by the physician at this time. Slight complaint having been made by the child, and the doctor having been consulted, puts the child in bed and perhaps applies a blister or employs a liniment for a few days or weeks, and as no complaint is made the child is allowed to get up and seems to have made a good recovery. Very careful inquiry will nearly always elicit the fact that the child had never recovered entirely from the lameness and that a slight affection of the gait was noticeable.

Later in the course of the disease the lameness is not so indefinite and is much better marked than that which I have described and more marked than is observed in the little fellow before us. Under such circumstances, of course, there are likely to be many other symptoms present which also enable one easily to make a diagnosis. As you watch carefully this little fellow walking across the operating room you will see that he seems to favor slightly the

right limb.

Deformity.Observe carefully the little fellow as he stands upon the floor. You will notice that his weight is allowed to rest more upon the left leg than upon the right, also that the right femur is very slightly flexed upon the pelvis; and by carefully noting the iliac crests you will see also that his pelvis is lower on the right side and that the femur is slightly abducted. I may call your attention also, as his back is turned toward you, to some other points which are typical. The buttock on the right side appears flatter, less rounded and wider than that on the left. symptom is less marked than we often see it and less marked than we find it in cases a little indvanced but is distinctly noticeable. It is a very valuable symptom, very constantly present. Always put your patient in a good light and standing at a little distance compare carefully the two sides when the facts above referred to will be observed. The crease at the lower border of the gluteus on the right side is less marked than that on the left. Observing the boy as he stands or walks before us I do not know that there are any other points noticeable in this case which will throw light upon his trouble.

Now, placing him on his back on the examining table where the surface is firm and does not yield to the inequalities of the body, we are able to notice a few important facts which will greatly aid us. The flexion of the femur is now more clearly shown while the spine is brought fairly well into contact with the table. The left leg easily comes into line with the body and lies upon the surface of the table, while the right is noticed to be flexed, making an

angle of about thirty degrees with the table.

Limitation of Motion. The term which I have used to designate the condition which I am now about to demonstrate is, I believe, the best to choose. Fixation is not applicable because in early stages there is no fixation of the joint. Stiffness is not applicable because in the ordinary sense of stiffness there may be none. The motion, though limited in extent, is apt to be free up to a certain point. Please follow me carefully as I take hold of the limbs and move them in a carefully prearranged manner. First, it is well always to take the limb on the sound side in order that you may gain the confidence of the patient by moving that part which will give rise to no discomfort. Seizing, then, the femur just above its condyles and placing the other hand upon the body so as to assist in keeping the spine in contact with the table the limb is first flexed and the extent of its motion carefully observed. The motion at the hip permits the femur to be flexed until it comes into contact with the abdomen and extended until it lies upon the surface of the table. When the femur is flexed to ninety degrees and abducted it falls outward to about ninety degrees and causes but very slight turning of the pelvis even when it is brought into contact with the table. Then when the limb is extended fully rotation should be made. The amount is shown to be nearly 180 degrees as observed by the fact that both the inner border and the outer can readily be brought into contact with the table.

Now, having gained the confidence of the patient by handling the sound limb we take hold of the right femur in the same manner and execute the same movements as before. It is noticeable that considerably less flexion is permitted; and we have already pointed out the fact that the extension is not so complete. At this point I am in the habit of recording in my notes by a very concise plan the facts observed. When the femur is flexed to the greatest degree that can be done without causing movement of the pelvis the angle formed by the femur and the axis of the body is about eighty degrees, whereas the left femur forms an angle of about forty-five or fifty degrees with the body. We also noted previously that when the left leg is fully extended the angle which the femur makes with the line of the body is about 150 degrees. This fact I record as follows: A. G. F (angle of greatest flexion) 80 degrees, and A.G. E. (angle of greatest extension) 150 degrees. Making abduction with the right as we did with the left femur when flexed to ninety degrees we find that before the leg is brought nearly into contact with the table the polvis follows the femur, that

is, it turns over toward the right side, showing that there is not nearly as much abduction permitted by the right femur as by the This may also be noted by saying that abduction is about half of normal in this case. In rotation there is but very little limitation observed. Sometimes, however, it is well marked. Another method of determining the abduction I find of even greater importance than that just named. As the patient lies upon his back, with the legs separated as much as they may be without discomfort, standing at the end of the table the limbs are grasped by the hands and abduction of both is made at the same time. Observe carefully the pelvis. It will be seen that while the left allows of very free abduction and that while for the first sixty degrees of separation between the limbs they move symmetrically, yet at that point the pelvis follows the motion of the right femur, showing that there is still movement freely permitted at the left joint and not at the right. In cases where the symptoms are not distinct I have frequently found this one clearly though but slightly observable and therefore a symptom of great importance in determining the limitation of motion in very early cases.

Now turning the patient upon his face and making hyperextension it is noticed that while extension beyond 180 degrees is easily permitted with the left thigh we cannot make extension even

to 180 degrees as was before observed, with the right.

These symptoms are somewhat more marked in this patient than in some whom we have had occasion to examine. You must not expect that in all cases where the disease is present you will find the symptoms quite so clearly attendant as they are in this boy. Sometimes some of these just noticed may be entirely absent and others present in a degree which is observed only through the exercise of the greatest caution. I think you will agree that the symptom which we have just demonstrated in the flexion, abduction, rotation and hip extension is well described by the term, Limitation of Motion.

Were I confined to any three symptoms upon which to make a diagnosis I would depend upon those just given as being by all means of the greatest importance. There are others, however, which may greatly aid us and throw further light upon this subject.

Pain. Careful inquiry of the parents of this child reveals to us the fact that pain has not been a prominent symptom. They say that he has complained little or none, that when quite tired he has said in a general way that his leg hurt him. Pain, however, is more commonly experienced than would be noted in this boy's history. It is a very misleading symptom in many diseases and yet in hip disease it tells a fairly consistent story. If you recall the fact that the hip joint is supplied by nerves from three sources, the anterior crural, obturator, and the secral nerves and that also nerves from the two former reach the vicinity of the knee joint and there find a limit, you will have an anatomical explanation of the fact that pain is more commonly found about the knee than else-

where in disease of the hip. The explanation of this fact is found in this, that the knee being so much exposed frequently conveys messages to the sensorium which arise from stimulation of the peripheral nerves above referred to, whereas the twigs which reach the hip joint do not thus convey messages to our consciousness so commonly. As from both of these sources the nerves pass to the central nervous system, pain which really arises in the hip joint is interpreted in our consciousness as having come from nerves in the neighborhood of the knee joint. Certain it is that the pain which is most characteristic of hip disease is pain at the knee. Not unfrequently has the knee been treated for months because of the constant complaint of pain there while the hip joint was the real offender. If you bear in mind your anatomy this misleading symptom of pain may give you much information instead of leading you astray.

As a very early sign of the disease it will be A trophy. noticed that the muscles which control the joint have less tone and volume than their fellows. This probably does not depend entirely upon the non-use of these muscles but, apparently, at least, upon trophic influence. Before this sign can be observed by the use of the tapeline it can be observed by the fingers as the muscles are handled. It will be found that there is less firmness in those of the affected limb. The same fact we observed a few moments ago when looking at the gluteal region, which was seen to be broader and flatter upon the right side than upon the left. Examination, however, with the tapeline reveals the fact that both the calf and thigh of the right side have less volume than those of the left. These facts may be recorded in the following manner: Measuring from the anterior superior spine of both sides we mark the following points with a colored pencil on the thighs-six inches, nine inches. This is done in order that we may not measure the limb higher upon one side than we do on the other. The record then is as follows:

R. T. (Right thigh) 9½ in., 11¼ in. L. T. (Left thigh) 10 in., 12 in.

R. C. (Right calf) 8 in. L. C. (Left calf) 81 in.

Local Changes. Under this head I propose to examine the upper part of the femur and as much of the joint as I may be able to do with the fingers. I have preferred this term to the term "swelling," because in the earlier cases it can scarcely be said that there is swelling present. Then when the tips of the fingers are carefully pressed close to the bone at the back of the trochanter, and also directly in front of the head of the femur, some thickening on the affected side may be detected when careful comparison is made with the sound side. As the fingers, especially at these points, are pressed home, it will be noticed that there is a feeling of infiltration in front of the bone on the right side which is not

present on the left. Now, careful observation at this point will also show that the crease in the groin has slightly disappeared owing to the increased fulness here, also at the back of the joint the fingers can readily detect the fact that the bony outlines are more hidden. There appears to be a thickness which is due to infiltration. This is not noticed behind the left hip. Standing the patient upon his feet again, and looking carefully, we observe a slight dimple, or depression, which is seen fairly well marked behind the left trochanter which has largely disappeared behind the right.

Heat. To another symptom I must call your attention, which, however, I do not recognize in this case. When the hands are placed upon the vicinity of the joints, it is sometimes observed that there is more heat on the affected side. This manner of determining the condition is, however, a somewhat inaccurate one, but when a

distinct difference is present it is of value.

Temperature. You should always take the temperature of the patient. It is well if you are able to observe it for several days. Very commonly it is found to rise two or three degrees higher in

the evening than in the morning.

Before leaving this part of our subject, I wish to make some further measurements, in order & show you how they may be recorded, and also because the results may considerably affect the Placing the little fellow again on his back, I first measure from the right anterior superior spine of the ilium to the right internal malleolus and find the distance to be 231 inches, which is recorded R. A. 231. Measuring the left side we have L. A. 234. Measuring from the umbilicus we have R. U. 244 inches, L. U. 24 inches. Thus we observe that the length of the limb as such is not increased nor shortened, while the length as measured from the umbilious gives an apparent increase of # inch. This latter is seen also when you compare the feet as he lies upon his back, the right coming further down than the left. The distinction to be observed here is of importance. We spoke of the one as an apparent lengthening when the measurement is made from the umbilious, whereas when the measurement is made from a fixed bony point, as near to the upper end of the femur as possible, the difference in measurement, if any, would show a real lengthening or shortening. Real lengthening seldom or never occurs in disease of this joint, while in the knee joint real lengthening is quite commonly observed from the increased growth of the epiphyseal cartilages of the femur and tibia. A mistake is frequently made in this matter and the affected limb is spoken of as if it really were longer in hip disease than the sound one. The apparent lengthening is due to abduction.

This patient does not afford us an opportunity for observing the symptoms which are present in the more advanced forms of the disease, but a little later we will look into the symptoms which

arise from these conditions.

(To be continued.)

INSTRUCTIVE STATISTICS.*

BY J. J. CASSIDY, M.D.

IT is interesting to make comparison between the vital statistics for 1897 of Toronto and Montreal, in Canada, and Philadelphia and Chicago, in the United States, in order to estimate the facts which underlie the natural increase of population in these cities. In Montreal, with a population of 262,100, the total births for 1897 were 8,850, or 32.43 per 1,000 of population. In Toronto, with a population of 183,172, the births were 4,076, or 22.25 per 1,000. In Philadelphia, with a population of 1,214,256, the births were 29,591, or 24.37 per 1,000. In Chicago, with a population of

1,619,226, the births were 28,158, or 17.39 per 1,000.

In reference to the high birth rate of Montreal, Dr. Roy, Recorder of Statistics, writes that "he only gives the number of those who have been registered, and that, owing to a defect in the law, registration among those who do not have their children baptized is not regularly done." In reference to the birth rate of Chicago, Dr. Reynolds, Commissioner of Health, of that city, writes that he does not get all the births that occur, probably not over 90 per cent, possibly not over 80 per cent. Occupying middle ground, Philadelphia maintains a fairly high birth rate, 24.37 per 1,000. The surprising part of the record is the relative showing of Toronto, with a birth rate of 22.25 per 1,000, higher than that of Chicago, but lower than that of l'hiladelphia.

The marriage rate of Montreal, 6.9 per 1,000, not only does not explain the high birth rate of that city, but makes it the more surprising. It seemed possible that a considerable percentage of illegitimate Lirths might account for the high birth rate and low marriage rate. This, however, is not the reason. Through Dr. Roy, Recorder of Statistics, we learn that the illegitimate births in Montreal were 644, which sum being deducted from the grand total of births, 8,850, leaves 8,206, or a legitimate birth rate of

31.3 per 1,000.

In Toronto, the marriage rate, 8.19 per 1,000, is higher than in the other Canadian city. In Chicago, the marriage rate is 8.43 per 1,000.

In Philadelphia, the marriage rate, 12.67 per 1.000, is the highest

in these four cities, being nearly double that of Montreal.

In Chicago and Philadelphia, premature and still births are excluded from the death rates. In order to compare, on even terms, with these cities, we shall eliminate the premature and still births from the death returns of Montreal and Toronto.

^{*} Read at the Second Quarterly Meeting of the Ontario Provincial Board of Health.

deaths in these cities are as follows: Montreal, 6,939, a ratio of 26.47 per 1,000; Phil delphia, 22,375, a ratio of 18.72 per 1,000; Toronto, 2,873, a ratio of 15.68 per 1,000; Chicago, 21,809, a ratio of 13.46 per 1,000.

The increase of births over deaths depends on two chief factors: either an increase of the birth rate or a decrease of the death rate. The following table makes a comparison between births and deaths in these cities during 1897, with the natural increase:

Сіту.	Population.	Increase of Births Over Deaths.	
Montreal	262,100	1,911	.0.72
Toronto	183,172	1,203	.0065
Philadelphia	1,214,256	7,216	.0059 .
Chicago	1,619,226	6,349	.0039
Omengo	1,010,220	0,04.0	เบอย

The best of these percentages, that of Montreal, is a trifle under three-quarters of 1 per cent. Now, according to the estimated rate given in the annual report of the Registrar-General for England and Wales, the natural increase for that country for 1890 is 1½ per cent, and the report for 1891 states, that the same rate was maintained for that year. The natural increase in these cities is, therefore, small. Yet the effect of an immense birth rate is apparent, when we see that Montreal, in spite of a large mortality, is able to show a greater increase than Toronto. Similarly Philadelphia, in spite of a relatively large death rate, shows a larger increase than Chicago.

During the year 1897, notable epidemics of preventable disease did not prevail in these cities. Philadelphia had a mortality of 401 from typhoid fever; in Chicago, typhoid fever caused a mortality of 437, against 751 in 1896, an immense decrease. In contagious diseases, scarlatina caused a mortality of 66 in Toronto, and small-pox a mortality of 12 in Montreal. Moreover, the annual death rate of Philadelphia, 18.72 was, for a large city, quite

normal; that of Toronto, 15.68, was also satisfactory.

Under these circumstances, the low death rate of Chicago and the high death rate of Montreal demand some explanation. An authority (Rohé) states, that in a large city, such as Chicago, a death rate of 13.46 "would indicate that all the deaths had not been recorded, or that the population had been over-estimated; rates above would be evidence, that there were special causes at work demanding sanitary investigation and improvement." Without undertaking to dispute these assertions, it may be well to

point out, that the Chicago Department of Health, which, in 1897, was carried on at an expense of \$213,560, maintains a special bureau of vital statistics, and certainly ought to be informed of every death, which occurs in that city. The statistical population figure used is the official school census, declared July 1st, 1896. In Chicago, moreover, the proportion of adults to children is, probably, greater than the normal, and the death rate is naturally lower. Besides, great efforts are being made in that city to put down disease and promote good health, so that, owing to the social condition of many of the people, and civic sanitary improvements as well, a low mortality is quite conceivable.

A survey of the diseases, which produce the large mortality of Montreal, does not reveal many causes demanding special sanitary investigation. In 1897 there was an outbreak of small-pox, which caused 'welve deaths, and the death rate from other zymotic diseases, is not high. The following table shows the typhoid fever mortality of the four cities, with the ratio per 100,000 of population:

		Deaths from typhoid fever.	Ratio per 100,000.
1897.	Toronto	30	16.37
	Chicago	437	26.98
	Montreal		30.52
	Philadelphia	401	33.02

Here, we may admit, that the Montreal ratio assimilates too closely to that of Philadelphia to be reassuring. It may be, therefore, that the Montreal water works demand sanitary investigation and improvement, or the large typhoid mortality may be explained in a different way. In order to show the mortality from zymotic diseases, whose incidence falls most on children, in a city with a high mortality, compared with a city having a low mortality, the following table is submitted:

1897.	Montreal—Deaths	from	variola 12 mumps 00 measles 63 scarlatina 17 whooping cough 95
	"	"	diphtheria and croup 251
	· Or 6.3 pe	r cent	a. of the total mortality.
1897	. Chicago—Deaths	from	variola 00
200,		٠.	mumps 4
	44	4.	measles
	• •	"	scarlatina 81
	"	66	whooping-cough 160
		"	diphtheria and croup 772
	Or 5.3 pe	r cen	1,156 t. of the total mortality.

Here, an advantage of 1 per cent. on the side of Chicago, shows that measures for the suppression of contagious diseases were more successfully carried out in Chicago, than in Montreal. It is only fair to say however, that in Montreal, on account of a high birth rate, there are more candidates for contagious diseases, and, consequently, greater difficulty is experienced in checking outbreaks of these diseases than in Chicago. Some other factor than insanitary conditions seems, therefore, necessary to explain the high death rate of Montreal. It seems to be due to a large mortality among infants and young children, particularly the former. instance, the deaths of children under five years of age in Philadelphia were 7,605, or 33 per cent. of the total mortality. In Toronto, the deaths of children under five years of age were 998, or 34.73 per cent. of the total mortality. In Chicago, the deaths of children under five years of age were 8.546, or 39 per cent. of the total mortality. In Montreal, the deaths of children under five years of age were 3,273, or 47.16 per cent. of the annual mortality. In Montreal the loss of infantile life appears to be excessive. The actual figures are:

1897.	Montreal—Total mortality	
1897.	Chicago —Total mortality 5.735—26.29% Deaths under one year 5.735—26.29% Deaths from one to five years 2,811—12.88%	•

The mortality rate for children from one to five years of age is better, by over 1 per cent, in Chicago than in Montreal; but the great divergence appears, when we compare the respective mortality rates of children, under one year of age. Under this head, Montreal has a mortality of 6.94 per cent. larger than that of Chicago. This does not mean that infantile life is more carefully preserved in Chicago, than in Montreal. The death rate among infants bears a relation to the birth rate; in cities where the birth rate is high, the infantile death rate is high, and where it is low, the infantile death rate is low.

Among the causes, that make the mortality among infants and children high are: Parents too young or sickly, hereditary taints, unhealthy environments, improper and insufficient food and clothing. It is, simply, the manifestation of the workings of the law of the "survival of the fittest." As evidence of the soundness of this view, we may say, that in Montreal 658 deaths were due to congenital debility, 129 to infantile convulsions; 310, a large number of which were in children, to simple meningitis, and 1,396, the greatest number of which were probably in infants and children, to diarrhea and gastro-enteritis, which was the highest single

factor in the death rate of Montreal. If to these we add the number of infants and young children, who perished from zymotic diseases, we can see how the large mortality is produced. When contagious disease appears in Montreal, it is all the more necessary for the health authorities to exert themselves and enforce good hygiene in the domicile and the school, so that, though the congenitally weak may perish, the largest number of those, who are tit and strong, may be spared to reach adult age.

THE OBSTETRIC BINDER.*

BY W. J. WILSON, M.D.

THERE is a great difference of opinion among medical men as to the value of the binder in obstetric practice. Some think it almost an essential, and pay a great deal of attention to its shape and fit and method of application, while others from observations on primitive races argue that it is entirely unnecessary, useless, or even injurious, and for these reasons have discarded it. It was a common practice among the older practitioners to place a pad over the uterus and pin the binder tightly over this. Sometimes a book or other hard substance was used for a pad. The effect of this was to make the woman very uncomfortable, and cause the binder to slip and the pad to become displaced. The object of this pad was to force the uterus down into the pelvis and take the place of the grasping hand of the obstetrician, and by its irritation and pressure keep up continuous contraction. Some, on the other hand, claimed that this pressure caused uterine displacements and consequently was injurious.

There is no doubt that the irritation of the hard pad might have some effect in keeping up contraction if it remained constantly on the fundus, but the uterus will relax and slip to one side of or above the red and thus render the red yealess.

side of or above the pad, and thus render the pad useless.

Again, it is the duty of the obstetrician to secure firm contraction of the uterus before the binder is applied, and if he is not able to accomplish this by other means it is not safe to trust to the binder.

To compare the civilized woman with her savage sister is not fair. The savage woman has never worn tight clothes or corsets. She has had her abdominal muscles developed by her mode of life, while the reverse obtains with the civilized woman. After delivery the civilized woman finds her muscular powers exhausted; she is tired out, frequently for days, and something to supplement the action of the abdominal muscles and support the abdomen proves

^{*} Read at the Toronto Medical Society.

very grateful to her, and causes her very frequently to express her feeling of relief. The savage woman has generally an easier labor, of shorter duration, and instead of not being able to assume the erect position with safety she will get up and continue in her

march with her tribe or follow her usual occupation.

A binder, to fit nicely, should be thin, preferably one-ply factory. This will stretch so as to adapt itself to the contour of the body. It should be drawn down below the great trochanters, and the lower pins drawn tightly so as to prevent slipping upwards. The writer prefers straight pins, placed closely together so there will be no bulging between the pins. It should be just tight enough to give the needed support, and he comfortable at all points. It should not be tight above so as to compress the lower ribs. It should be changed as often as soiled. A well applied binder gives a needed support to the abdominal organs and adds much to the comfort of the patient. This comfort in itself should be sufficient reason for our using a binder, but there are other reasons. The emptying of the uterus lessens the interabdominal pressure and allows of a filling of the large venous trunks in the abdomen and pelvis and consequent lowering of arterial tension. binder drives this venous blood out, lessens venous stasis and thereby increases arterial tension. In this way also the brain becomes better supplied with blood and a general feeling of wellbeing is induced. On the other hand, where there is eclampsia, where it is often necessary to lower arterial tension, better leave the binder off and take advantage of the abdominal relaxation with its engorged veins and lowered vascular tension.

The abdominal relaxation following labor lessens the support to the abdominal organs and favors the occurrence of entroptosis. Of course the rest in bed and careful getting up after labor give the woman a chance to recuperate and avoid this condition, and a properly adjusted binder, by bringing the intra-abdominal tension up to or near the normal, not only gives the woman a feeling of support and security, but is a valuable aid towards her complete recovery. It requires about six or eight weeks for the uterus to regain its non-pregnant dimensions. During this time it is heavy, its support from below often weakened, the uterine ligaments are at the same time recovering from their elongation, and this, with the upright position, favors descent of the uterus. If the binder can be used so as to support the intestines from below, and thus remove some weight from the uterus, the woman is given a

material aid towards her final recovery.

DRS. JOHN AMYOT and Wm. Goldie, of Toronto, left for Europe May 13. They expect to go first to London, and after remaining there for a time will cross to the Continent and spend some months in Paris and Vienna.

THE BEARING OF PATHOLOGICAL PROCESSES ON THE THERAPY OF MORBID PROCESSES ALONG THE GENITO-URINARY TRACT IN THE MALE.

BY THOMAS H. MANLEY, M.D.,
Professor of Surgery in the New York School of Clinical Medicine,

In no large class of maladies common to the human subject has the rate of progress been greater in the diagnosis and treatment of them during the past twenty-five years than those involving the genito-urinary organs. Marvellous evolution in this direction has been chiefly through the inventive genius, mechanical aids, and through our ever-widening knowledge of the morphological products and pathological processes. In some respects, however, our pace has been too rapid and our conclusions are based on fallacious premises.

The tendency to mutilation and severe mechanical interference, has, no doubt, very often been too great. In the management of calculus of the renal pelvis, the ureter, the bladder or urethra, the employment of the crusher or blade is yet imperative, but in tuberculosis, prostatic disease or cystic inflammation, the tendency now is in the direction of reaction and less severe surgical measures. This is the attitude of the French school, as expressed

by Guyon.

Tuberculosis of the urinary tract, or the kidney, was a condition but imperfectly understood until of late years. But now we know that, exclusive of blennorrhagic infection, there is probably no pyogenic microbe so prolific as a factor in renal suppuration as the bacillus of tuberculosis. When a knowledge of this fact came into our possession, it was assumed that in its treatment the same principles must apply as with the management of a tubercular lesion elsewhere, viz., by an early ablation of the focus, or the entire kidney when this organ was involved. But events have transpired which have turned us around, so to speak. The mortality has been very large after operations, and further, we had no assurance that the other kidney was not involved. One might say, however, that any one was a bungler and behind the times who did not determine beyond peradventure by ureteral catheterization, whether one or both kidneys were involved, by pyogenic processes.

It may be well to remember, in this connection, in spite of Albenan's, Kelly's or Neisser's cytoscopic devices, ureteral catheterization in the male is impracticable in any other than exceptional cases, hence a procedure impossible of performance. This was so declared, at a late meeting of the Genito-Urinary Section of the Academy of Medicine in New York. We have further learned the

salutary lesson that certain types of renal tuberculosis are frequently amenable and curable by simple and safe expedients.

This Dr. Bolton Bangs, of New York, has recently demonstrated. He shows that in twenty nephrectomies for renal tuberculosis

there were twelve deaths.

My own experience has been that when renal tuberculosis developed, consecutive to pulmonary invasion, the progress of the disease towards death is rapid. On the contrary, when the disease is unilateral or ascending, appropriate treatment is rewarded by

gratifying results.

In order that we succeed, let us first consider what pathological processes lie before us. In the beginning it may be well to bear in mind that when tubercular destruction seizes on any epithelial structure its behaviour is quite the same. The stages of vascular stasis and inflammation past, suppuration and ulceration set in. Now, in the lung, while the vomica is forming and the residual putrid elements of inflammation and decomposition are accumulating, the constitutional disturbances and local distress are very great; but, let them burst into a bronchus, or out through the chest walls, immediate relief follows. The sore again filling without a free escape of its contents, we have re-infection and great misery, not from local affection so much as from misery incurred through an ascending infection of the bronchi, the tracheal and laryngeal mucous membrane. In the lung affections an insurmountable difficulty comes through the carrying away infected products, as we cannot drain up hill, gravity being against us. In renal tuberculosis, on the contrary, the advantage of gravity is with us, and more, once the abscess opens into a uriniferous tubule, an incessant stream of fluid is carrying downward and out of the body its contents.

The attitude of the body, then, is a most helpful aid in renal drainage. Trouble comes here nevertheless, as with the pulmonary

organs, from stasis and stenosis.

When the purulent discharge from the kidney consists of a mixed infection with a predominance of the streptococcus, the mucous membrane of the prostate, the ureter or the bladder becomes involved, but for some unknown reason the urethral mucous membrane escapes. The vesical mucous membrane becomes infiltrated and thickened, ulcerated or destroyed in severe cases. When the cystic mucous membrane is involved, inflammatory hyperplasia extends into and through the muscular walls, with the result that the bladder discharges the urine incompletely. A residual quantity remains, decomposition and ammoniacal reaction begin, the purulent drip from the ureter now undergoing a mucoid ropy transformation, a condition always resulting from the action of an alkali or pus.

When this stage is reached, the miscries and woes of the afflicted are great; the racking, harassing cough of tubercular bronchitis is trying enough, but the torturing tenesmus and stran-

gury of cystic tuberculosis is a most agonizing state.

Happily, in the great majority of cases local and constitutional treatment will yield surprising results, and, in most cases, dispense with the need of radical surgery.

PROSTATIS AND PROSTATIC HYPERTROPHY.

The prostate is an organ of whose existence we are quite unconscious until it makes its way into the bladder, gives off an

outgrowth from its isthmus, and blocks up the urethra.

This organ is the rudiment of the uterus. What its precise functions are we do not know; though, like the appendix, is probably another useless organ. About mid-age, or what is by some termed "the change of life" in the male, it is prone to begin hypertrophic changes, alter its position, and undergo neoplastic mutations. These pathological changes in themselves are entirely innocuous, and only become a source of trouble when they invade the bladder; and this they often do to such a degree as to make advanced age miserable. Besides, they are not infrequently the cause of death, through retrograde changes, extending up the ureters into the kidneys

Our hopes of successfully dealing with the prostate by radical measures have been most disappointing. Prostatectomy perineal, or supra pubic, is full of peril, but few surviving the operation. Castration is a procedure of questionable propriety, if catheter-life is possible. Fortunately, as with renal tuberculosis, very much

can be accomplished in these cases by simple measures.

In some individuals the symptoms of prostatic obstruction come on suddenly. The afflicted seeks professional aid, when he is told, perchance, that he has "prostatic hypertrophy," radical measures are imperative, and that he will always be afflicted.

This is a stupendous error. Now, if without further ado, we castrate and all the symptoms abate, we claim that almost a miracle has been performed; but let us not overlook the fact that in a large number the enlargement is not neoplastic at all, but simply a vascular turgescence, with probably an admixture of inflammatory deposits; or, in other words, that the condition is transient, and not that it is a cause of vesical implication, but that it is a sequence of morbid conditions within the bladder itself. The urinary stasis of prostatic enlargement, under many circumstances, is dependent on a more complex pathology than is generally supposed, and we have good reason to believe that the initial factors are vesical.

At the stage of life when this begins, inertia of both smooth and striped muscles commences. The muscles begin to relax and ataxia is present in varying degrees. All the smooth muscular organs show signs of weakening. Constipation comes on, when care in dict must be observed; laxatives or enemata must be employed.

The general atheroma or interstitial vascular changes which

impair the nutritions, of the alimentary canal, also begin to tell on the walls of the bladder. The organ fails to completely contract or expel its contents, and hence residual urine remains. Pavy found that transient glycosuria is not uncommon in those past middle life. Here we have a change in the composition in the urine, with the necessary ferment to stir into activity changes of decomposition and bacterial action; microbes harmless and inert in the normal state.

Cystitis begins and infection is promptly propagated into the cellar of glandular tissue, which is essentially an integral part of

the bladder.

From the foregoing it is, therefore, apparent that if we would relieve the prostate we must begin with the urethra and the bladder; for in all these cases there is invariably, a coincident deep urethritis. This may be accomplished by three things, viz.,

washing, draining and deodorizing.

First, washing, irrigating. Easier said than done, because it requires skill, experience and discretion to safely tunnel an inflamed prostatic urethra; and alas! for the poor, it is expensive, i.e, it consumes time and must be repeated often for several times before permanent relief comes.

The passage opened, we irrigate, first with an abundance of medicated solutions; the carbolized, standing out in the fore-

ground as the most valuable.

The morphological elements of the urine from day to day will tell us how the case is progressing. Finally, when the urine has cleared up and inflammation has ceased, a cure is effected; with some, permanent in character: in others, in order to be maintained, the artificial drain must be employed and catheter-life is entered on.

The Unpopularity of the British Army Medical Service.

As an instance of the dearth of officers in the British Army Medical Service at the present time, it may be mentioned that at one important military station the assistance of five civilian practitioners has been requisitioned to attend upon the sick soldiery. As a "respectable"—or, perhaps, a better adjective would be substantial"—fraction of the total British army is permanently under medical treatment for venereal diseases, and as typhoid fever appears to dog its marches, we may take it for granted that the present shorthandedness of the medical service is of serious import to the military authorities. But this being so, why do not these same authorities make terms with their medical officers? They must give them fair treatment in the end—or, an alternative not worth considering, do without medical assistance altogether. Why not have the grace to begin promptly?—Philadelphia Medical Journal.

Selected Articles.

HOW THINKING IS DONE.

THE THEORY OF THE BRAIN'S METHOD OF WORKING.

Ar last scientists seem to be on the point of finding out what happens in the brain when a person thinks, says the New York It has long been known that the brain is the thinking organ, but just how the making of thought comes about has been The celebrated Cabanis solved the matter offhand by a puzzle. saying that the brain secretes thought as the liver secretes bile. This terse saying passed into common use, but soon came to be recognized as a clever speech rather than an explanation of the mystery. Now, however, the most recent researches of the microscopists are making it appear that after all the saying is not so far wrong, but that, correctly interpreted, it in some measure expresses the facts. Of course, thought, being intangible, is not properly to be compared with bile or any other physical substance, but it appears that the processes in the brain which produce thought, and without which thinking is impossible, are comparable to those changes in the liver and other organs which produce the tangible secretions.

A committee of British physicians, acting jointly, have been giving particular attention to this topic for some years, and their researches, though not yet altogether complete, already show some very interesting results, which, taken together with those of investigators on the continent, let us see a long way into the intricacies It is shown unequivocally, for example, that a brain of the brain. cell, which is the really important part of the brain, actually loses part of its substance during action. The brain cells of persons and of animals that have died during a period of great exhaustion from over-exertion are found to be greatly changed from the condition of the normal cell during times of health and vigor. The cell of the exhausted brain, instead of being plump and full of ner yous matter, is found to be hollowed out or "vacuolated," a cavity within its substance having formed and being filled with water. This means that a part of the cell substance has been actually consumed during the time of brain activity, precisely as coal is consumed when one gets heat from a furnace.

It is found, further, that if an animal whose brain cells are thus exhausted is permitted to rest and to sleep its cells rapidly recuperate, new material being supplied from the blood until the vacuolation has a sappeared and the cell is practically as good as new again. This explains why sleep is necessary to our existence. During waking hours our brains are literally worn away, and sleep is the state during which the repair shops of the brain make good the damage of the waking hours. Thus the brain of a person who suffers from insomnia is in the condition of a locomotive which is run night and day without going to the repair shops; disaster

must ultimately result.

It is not sleep alone, however, that rests the brain cell, though sleep is absolutely essential to recuperation of the brain as a whole. But not all parts of the brain are involved in any one kind of mental effort. The blood supply of the brain is so arranged that by expansion or contraction of different arteries parts of the brain may be flushed with blood and other parts dammed off, so to speak, somewhat as the various currents of an irrigated field are regulated by the gardener. And as rapid flow of blood is essential to great mental activity, this means that one part of the brain may be very actively at work while another part is resting and recuperating. Thus it is that a person suffering from brain fatigue may leave his desk and go out into the fields with a golf stick, or on to the highways with a bicycle, and, by diverting his mind, give the over-worked cells a chance to recuperate. But it must not be overlooked that such exercise involves other brain cells, which, in turn, become exhausted, and that, in the end, for the recuperation of the brain as a whole, sleep is absolutely essential. No recreation, no medicine, no stimulant will takes its place. The man who does not give himself sufficient hours of sleep, or who is unable to sleep when he makes the effort, is literally burning away his brain substance and can no more keep on indefinitely without getting fresh supplies of fuel.

In this new view it appears that each brain cell is a sort of storage battery, which can perform a certain amount of work and then must be recharged. This likeness to a battery is further emphasized by the fact that the nature of the brain cell's work consists, like that of any other battery, of the sending out of charges of energy along connecting wires, or, at least, along fibres that may be likened to wires. Brain cells, when examined under the microscope, are found not to be simple globular bodies, like many other kinds of cells. On the contrary, they are irregular in shape, and when properly stained, little wire-like fibres can be seen jutting out from them in various directions. It is along these fibres that the messages come to the cell, and other messages are sent out, much as messages go and come from a telephone central

office.

This likening of the brain to a telephone central office is a comparison that may be carried to a remarkable length. Indeed, no other comparison serves so well to give one a correct notion of the method of brain action. But until recently there was one phase of the matter that could not be explained. How is it that the various messages that are surging through the brain are

directed to proper channels, among these multitudinous wires? When you call up the central office you give a certain number, and the operator connects your particular wire with that number. When you are through talking the operator breaks the circuit, and you can no longer communicate along that line. But is there anything similar to this making and breaking of currents possible in the brain? Astonishing as it may seem, the answer is yes. There is precisely such a series of changes in the circuits of the brain cells as is effected by the operator with the telephone wires.

The matter of it is this. Recent studies of the brain cell, particularly those made by the Spanish physiologist, Ramon Cajal, have shown that many of the fibres which lead out from a cell do not go on uninterruptedly to a termination in some other distant cell, as they were formerly supposed to do, but instead terminate in "blind ends." That is to say, they point out toward other cells, but do not reach them. Such a fibre clearly cannot convey any message, because, like a telephone wire that has been cut, it does not lead anywhere. But under certain conditions of stimulation a very extraordinary thing happens. The "blind" fibre, under stimulus from its central cell, lengthens out until it touches a fibre of a neighboring cell, and presto, with such contact, a circuit is completed and a message flashes between the cells. Manifestly such coming together of the "blind" fibres is precisely comparable to the operator's connecting your telephone with another. And as in the case of the telephones, so in the case of the cells, when the communication is completed the connection is broken, the fibres retract and cease to touch one another, and no further message can be sent.

Sometimes the telephone girl does not understand your order, or reports that the number you wish is "engaged," and you cannot send your message. Similarly, in the brain, it seems sometimes as if certain circuits one wishes to use are engaged in other channels; for how often does one "puzzle his brains" to recall a fact cr a name, which he feels that he knows perfectly, but which will not come at command. And then how, perhaps hours afterward, the elusive name will flash before him, as if the telephone girl of his brain cell had at last succeeded in getting the right connection. When one reflects that each of these wonderful brain cells is microscopic in size, requiring, indeed, a high power of the microscope to make it visible, and that there are billions of them in a cubic inch of brain substance, one is led to wonder that such mistakes of connection or failures to connect do not occur oftener. As it is, the telephone office of the brain is easily the most wonderful structure of which we have any knowledge. The most delirate piece of mechanism ever devised by human hands is a crude thing compared with the marvellous brain cell.

In time of war it often happens that an invading army will cut the telegraph wires and destroy instruments and batteries at the central offices, so that telegraphic and telephonic communication becomes impossible. A precisely similar destruction of brain fibres and brain cells occurs under certain conditions of disease. The familiar disease, paresis, for example, consists essentially of just such a destruction of the brain structures as this. Day by day, in the paretic's brain, disease is making inroads upon the delicate mechanism of the cells, and, correspondingly, the ideas that could alone result from the activities of those cells are annulled forever. When such destruction has gone far, involving many sets of cells, it is as impossible that the paretic's mind should act normally as that a telephone system should operate with lines cut and batteries destroyed.—The Dietetic and Hygienic Gazette.

SOME OF THE DANGERS SURROUNDING THE DAIRY.*

BY E. F. BRUSH, M.D., MT. VERNON, N.Y.

If the dairy is suggested to the everyday urban citizen, his imagination immediately conjures up the fair and buxom milk-maid, the foaming pail, the breath of the sweet-smelling kine, luscious cream for his oatmeal and strawberries, golden pats of butter, and bountiful, innocent sweetness, milk and honey. It may be owing to this sentimental idea of the dairy that so many take kindly to raw milk, while having at the same time an abhorrence at even the thought of eating raw meat from the same animal: when, actually, the danger of contagion, disease, and the ingestion of impurities are far greater from the milk than the meat. Few people, I believe, realize the menace which lies in the milk-supply of cities. Milk which is dangerous and perhaps deadly poisonous, appears just as innocent, innocuous, and deliciously nourishing as the fluid that is so in truth.

In many of the dairies supplying milk for food nearly everything is either totally wrong or not quite right enough to produce a wholesome product. It is well known that the dairy cow is subject to numerous grave diseases, and many of her maladies are, we know, the same as those which afflict the human race, and it is also an established fact that any disease in the cow affects her milk perniciously. Everyone who observes current literature on the subject knows that there are several articles of absolutely refuse material which are used as food for the dairy cow, while she is expected to give in return one of the highest types of food for human use. The cow is necessarily a delicate creature. What condition may be imagined, except actual disease, that is more opposed to robustness, vigor, and hardihood to withstand the shock of cruelty, bad food and dirty surroundings than maternity and

^{*}Read at the Ninety-second Annual Meeting of the Medical Society of the State of New York and printed in the Medical News.

lactation? It is only reasonable to affirm that the dairy cow must receive solicitous attention, gentle treatment, and absolute cleanliness in her surroundings and feeding if it is expected that she will supply milk fit for human food. It was long ago discovered that what affects the mother affects the nursling, sometimes even so far

as to cause the death of the latter.

Unfortunately, it is the exception to find a dairy in which the cows are treated kindly and fed or housed in a cleanly manner. At the present time health authorities appear to recognize nothing but tuberculosis as the sum total of all the disease and danger contained in the improperly managed dairy. The source of possible contamination, which surround the milk after it is drawn from the cow, are many and serious on the majority of dairy farms as they are conducted at the present time, and it is this part of the hygiene of the dairy to which I particularly wish to call attention now, because this branch of the subject receives everywhere less attention than it deserves, and I believe that when we are able to exclude the diseases which arise from milk-contamination in the dairy, outside the cow, we will be better able to trace some of the epidemics which find origin in the animal herself. Until all the dangers of the dairy are recognized many of the more grave and menacing ills cannot be remedied.

It must be remembered, in considering milk, that there is no other article of food just like it. There is no food, fluid or solid, which presents so many favorable conditions for the absorption of the tangible material of disease and for its preservation and multiplication, and in no other instance is a medium found for the conveyance of infection by which so much harm can be accomplished in such a very short time. Of course, a certain degree of heat will disinfect milk, but even a high temperature will not

eliminate the toxins already contained therein.

We are constantly searching for a specific remedy for scarlet fever and other often fatal diseases of childhood, while frequently permitting the bacterial cause of these diseases to be fed to our children in their milk. Many of the diseases of infancy may be rendered much less frequent or even altogether eradicated by proper attention to the hygiene of the dairy, and I believe that the achievement of success in this line is being delayed by the futile efforts of well-meaning physicians, who imagine that they are correcting the evils of a bad milk-supply by modifying, Pasteurizing, sterilizing, adding animal and chemical compounds, and by otherwise changing the character of the milk.

Around every dairy is a multitude of dangers—dangers, unfortunately, which are not always appreciated or avoided, and hence culminate in disaster. There are many other animals about the dairy besides the cow which menace the dairy produt, often as seriously as a diseased cow herself. Horses, dogs, cats, rats, mice, and fowls undoubtedly are often the direct means of infecting

milk, and of thus passing contagion along to the human race.

Cats loll and purr around many dairies all day, and it is a very common thing to see a weezy old cat lapping warm milk from a pail or other milk container. These animals are known to succumb to a throat trouble which appears identical with human diphtheria, and it is also known that they die from tuberculous forms of disease. So it is not unreasonable to ascribe contagion to these animals, when they are allowed the freedom of the dairy. Dogs prowl about the farm day and night, and very often depend upon the carcases of dead animals for their living. Cows, horses and pigs often die of septic and contagious diseases; the carcases are hauled into the woods or fields, away from the house, and there left exposed as meat for the farmer's dogs. These dogs come back and lap the milk-pail, lick the empty milk vessels which are never properly cleaned; and can there be doubt that the milk is thus infected? Where this danger exists in a dairy it is practically unlimited. Rats and mice infest the ordinary dairy; they get into the milk and the milk vessels. These animals also have their diseases, and, therefore, the element of danger and disease from these pests must be acknowledged. The poultry around the farm are sometimes very numerous, and not always healthy. diseases to which they are subject are many, and, owing to their high normal body temperature (108° F.) there is no other animal which so readily becomes tuberculous or which dies so quickly from this disease. On some dairy farms the hens are everywhere. in the cow stable, in the milk house, in the dwelling-house, and even in the milk-pails. The dairyman, as a rule, has a family of children who are often attacked with the grave diseases of childhood. The milking vessels are frequently washed in the house, and not unusually there is a close connection between the house and the dairy, and sometimes the living-house is, itself, used as a dairy-house. It requires no argument to point out the dangers here; in fact, numerous epidemics have been traced to such a source.

Those who milk the cows are not always free from disease; often we see the milker with hands that are cracked or sore. One of the dirtiest habits which exist in many dairies is that of wetting a cow's teats to lubricate them, to make the milking process easier to the milker. This custom, not rare, unfortunately, is the most common nasty habit permitted in many dairies. If it were not for the good that is sure to follow the agitation of these matters I should hesitate to record that I have myself seen milkers spit upon their hands to wet the teats before they began milking, and then, when there was a certain quantity of milk in the pail, dip their hands into it, and keep the teats dripping wet during the whole process of milking. Cow's teats should not be wetted in any manner, especially in winter, even to wash off dirt if it is already there. This should be removed with a brush or a dry towel. Wetting of the teats very often leads to chapping, and chapping to cracks, and these cracks often become running sores from the constant irritation of the milking process.

In these days of bottled milk the danger of spreading contagion is vastly increased. Bottles which go into rooms where children are suffering from any of the contagious diseases must be a source of danger if they are not subsequently sterilized. Quite recently I had occasion to visit a man who did a large bottled-milk business in New York City. The milk came in wagons from the upper part of Westchester County, and he had a horse-stable half way between his source of supply and New York. Here his horses were changed. All the milk came to this stable in cans, and the empty bottles came back here from New York to be washed. He had two wooden troughs in this stable, and a stove with a large kettle to heat water, and the bottles were washed here in lukewarm water with sal soda, rinsed with cold water, and then filled from the cans.

I think, if some of us followed these bottles around and had seen where some had been, we would want their pretty well steamed and sterilized before we drank milk from them. It is often a source of wonderment to me why we do not have more direct and palpable evidence of trouble arising from just this state of affairs Of course, there are unfortunate results from this sort of carelessness; but how much or how little we are not always able to say. We ought to be able to prevent it by insisting that all milk containers be sterilized with steam under pressure after

each usage.

When the dangerous elements are recognized and eliminated from the dairy, then it only requires that the cows be healthy, properly bed and cared for, in order that we may have milk fit to drink and to feed to the baby, without the intervention of the chemist or any of the prevailing laboratory methods, which at the best are only questionable make-shifts.—Dietetic and Hygienic

Guzette.

Skin-Grafting Extraordinary.

A curious case was tried last week at Sydney, where a woman brought an action for damages against a doctor who had removed fifty-two square inches of skin to graft on a patient who had been severely burned. It must be admitted that this was a rather large draft on any one's abnegation, and the good lady seems to have regretted her generosity when it was too late. Unfortunately for her, the fact that she was a consenting party was held by the jury to exonerate the doctor, so she is minus both skin and damages. Possibly a claim would lie against the beneficiary, though even a committee of experts would find it difficult to appraise the value of skin per square inch. On any future occasion we would suggest that she should stipulate beforehand how much skin she was prepared to "shed." Seriously, however, the plaintiff appeared to have had just cause for complaint, and we are quite unable to approve the conduct of a surgeon who, even by consent, partially flays one person in the interest of another.—Medical Press and Circular.

Pharmacology and Therapeutics.

THE REVISION OF THE BRITISH PHARMACOPŒIA.

The following is a list of additions to the present *Pharmacopæia*, and we append a list of articles and preparations included in the *Pharmacopæia* of 1885 or in the Additions of 1890, but omitted from the present volume:

LIST OF ADDITIONS.

Acid quinine hydrochloride Araroba Aromatic syrup Aromatic syrup of cascara Belladonna suppositories Benzol Bismuth salicylate Carbon bisulphide Cocaine Codeine phosphate Concentrated compound solution of sarsaparilla Concentrated solution of calumba Concentrated solution of chiretta Concentrated solution of cusparia Concentrated solution of krameria Concentrated solution of quassia Concentrated solution of rhubarb Concentrated solution of senega Concentrated solution of senna Concentrated solution of serpentary Discs of homatropine Dry thyroid Effervescent caffeine citrate Effervescent lithium citrate Eucalyptus gum lozenge Extract of strophanthus Fresh bitter orange peel Glycerin of boric acid Glycerin of pepsin Hyoscine hydrobromide Hyoscyamine sulphate India-rubber Infusion of broom Kaolin Liquid extract of belladonna Liquid extract of ipecacuanha Liquid extract of jaborandi Liquid extract of nux vomica Liquid paraffin Lozenges:

Guaiacum resin lozenge

Krameria lozenge Krameria and cocaine lozenge Phenol lozenge Mercuric oleate Morphine tartrate Naphthol Oil of pine Oil of rose Ointments: Çapsicum ointment Cocaine ointment Mercuric oleate ointment Parassin ointment Rosewater ointment Yellow mercuric oxide ointment Pancreatic solution Phenol suppositories Physostigmine sulphate Pill of quinine sulphate Prepared coal tar Quillaia bark Salol Solution of coal tar Solution of ethyl nitrite Solution of hamamelis Solution of hydrogen peroxide Solution of india-rubber Solution of morphine tartrate Spirit of anise Strychnine hydrochloride Syrup of calcium lactophosphate Syrup codeine Syrup of glucose Syrup of phosphate of iron with quinine and strychnine Syrup of Virginian prune Terebene Thyroid solution Tincture of quillaia Tincture of Virginian prune Tincture (ammoniated) of ergot Virginian prune bark

LIST OF OMISSIONS.

Acetic extract of colchicum Aconite leaves.

Alcoholic extract of gelsemium

Amylic alcohol Animal charcoal

Aromatic mixture of iron

Bael fruit Bebeeru bark Beer yeast Bismuth Bitter orange Blistering paper Bone ash

Bromine Brown soap plaster Cabbage rose petals

Canella bark

Carbolic acid suppositories (with soap)

Chalk Chalybeate plaster Charcoal poultice Chlorine poultice Cinchona bark Citrate of bismuth

Citrate of bismuth and ammonium Compound decoction of sarsaparilla

Compound pill of hemlock Compound tineture of chloroform

Confection of hips Confection of opium Confection of scammony Confection of turpentine

Crumb of bread Cyanide of potassium Decoction of barley Decoction of broom Decoction of cinchona Decoction of dandelion

Decoction of Iceland moss Decoction of oak bark Decoction of pareira Decoction of poppy

Decoction of sarsaparilla Diluted lactic acid

Effervescing solution of lithia Effervescing solution of potash Effervescing solution of soda

Elemi Enema of aloes Enema of asafætida

Enema of opium Enema of sulphate of magnesium Enema of turpentine

Essence of anise

Essence of peppermint Expressed oil of nutmeg Extract of aconite

Extract of calumba

Extract of conium Extract of hop Extract of jaborandi Extract of lettuce Extract of logwood

Ethereal extract of mezereon

Extract of pareira Extract of poppy Extract of quassia

Extract of rhamnus frangula Extract of socotrine aloes Ferrocyanide of potassium

Fir wool oil

Fruit of the dog rose Galbanum plaster Glycerine of gallic acid Granulated sulphate of iron Green hellebore rhizome

Gutta percha Remlock poultice Honey

Iceland moss Infusion of catechu Infusion of chamomile Infusion of jaborandi Infusion of kousso Infusion of linseed Infusion of matich Infusion of valerian Inhalation of chlorine Inhalation of conine

Inhalation of creasote Inhalation of fir wool oil Inhalation of hydrocyanic acid

Inhalation of iodine Kamala Lactic acid Larch bark Leaf tobacco Lettuce

Linseed poultice Liquid extract of back

Liquid extract of rhamnus frangula

Manna Mastiche Matico leaves Meconic acid

Mercurial suppositories

Morphine suppositories (with soap)

Mucilage of starch Mulberry juice Mustard poultice Nitrate of ammonium Nitrate of copper Nitrate of lead Nitrate of sodium

· Oak bark

Oil of rue Oil of savin Ointment of calumba Ointment of elemi Ointment of savin Ointment of sulphurated potash Ointment of tartarated antimony Ointment of turpentine Oleate of mercury Oleate of zinc Oleo-resin of cubebs Opium lozenges Pearl barley Peroxide of iron Persulphate of mercury Physostigmine Pill of carbonate of iron Pill of iodide of iron Prepared calamine Proof spirit Purified animal charcoal Purified bismuth Raisins Refined silver Rhamnus frangula bark Sabadilla Savin tops Santonica Scammony mixture Simple ointment Solution of bimeconate of morphine Solution of chloride of antimony Solution of chloride of calcium Solution of citrate of magnesium Solution of dialysed iron Solution of gutta percha Solution of iodine

Solution of sulphate of morphine Solution of soda Squirting cucumber fruit Star-anise fruit Strong solution of acetate of ammo-Strong solution of acetate of iron Strong solution of citrate of ammonium Strong tincture of ginger Sulphate of beberine Sul hate of cinchonidine Sulphate of cinchonine Sulphate of morphine Syrup of mulberries Syrup of poppies Syrup of subchloride of iron Tannic acid suppositories (with soap) Tincture of acetate of iron Tincture of ergot Tincture of galls Tincture of green hellebore Tincture of larch Tincture of lobelia Tincture of orange peel (dried) Tincture of savin Tincture of valerian Treacle Valerianate of sodium Vinegar Wheaten flour White marble Wine of aloes Wine of rhubarb Wine of opiun: Yeast poultice

While the above lists nominally represent the additions and the omissions, it is perhaps necessary to point out that the names of many of the preparations and articles in the Pharmacopaia of 1885, or in the additions of 1890, have been altered in the present edition, and accordingly the equivalents of certain articles given as omitted may appear under other titles. The alterations generally are not likely to give rise to any confusion. In some cases the alteration is merely a slight change of spelling, and frequently only affects a single letter; for example, asafætida is now written asafetida, and creasotum is now changed to creosotum. changes, although they are probably the outcome of considerable research, may not attract much attention. Many of the other names, however, have been altered on chemical grounds, as, for example, with the hydrochloric compounds of alkaloids, which were formerly termed hydrochlorates, and now become hydrochlorides. In some cases the change indicates the mode of employment; thus the liquor cocainse hydrochloratis is now termed injecto cocaine hypodermica. Two changes only are likely to attract much attention: the one is the alteration of the name tabellae nitroglycerini to tabellae trinitrini; the other is the reversion to an old term, the compound asafetida pill being now termed officially Pilula Galbani Composita.

In the last *Pharmacopæia* some preparations which contained two or more active ingredients did not show their compound nature by their name; such misleading titles have now been amended.— *B. M. J.*, April 9th, 1898.

FORMALDEHYDE AS A PRESERVATIVE OF MILK.

PROF. J. N. HURTY does not share the misgivings which have been expressed lest the use of this antiseptic provoke dyspepsia. He states (American Druggist): For a child affected with marked indigestion, obviously due to fermentation, I recently recommended that cow's milk be treated immediately after being taken from the animal with five drops of 40-per-cent. solution of formaldehyde to each quart, and that the child be fed with the milk thus treated. weeks' trial of pasteurized milk had not brought relief. ten days after commencing the use of the formol-milk a decided improvement was apparent. Its continuation resulted in complete cessation of the symptoms. Now, after ten weeks' trial, with two intermissions, which admonished a return to formol milk, the child is in excellent condition. Upon the principle that it is best to do without all substances of this character when not actually needed, the formol has been discontinued, and the strength gained while using it has so far (six days) sufficed to contend against the influences which were before prominent. The most careful examination fails to discover that any stomach or bowel lesion exists. If a "lifelong dyspepsia" should very soon begin, it would not be entirely unfair to conclude that the formaldehyde was caustic to a considerable degree, although acute indigestion undoubtedly existed prior to its exhibition.

FORMALDEHYDE IN ACID INDIGESTION.

Being cursed myself occasionally with indigestion, I have used formaldehyde as a preventive of the fermentation which causes the acidity, with most excellent results. Whenever the acid condition develops, I immediately abandon all foods except milk, and this I take, drinking it slowly, after adding to each eight ounces ten drops of 40-per-cent solution of formaldehyde. The results have been excellent, and although I have taken the agent in this way many times during the last year and a half, only the most desirable effects have been observed. For one week, as experiment, I took three times a day, after meals, four ounces of milk containing five drops of 40-per-cent formaldehyde solution. Not the least untoward result at the time or since has been noted.

Proceedings of Societies.

TORONTO CLINICAL SOCIETY.

THE forty-sixth regular meeting of the Toronto Clinical Society was held in St. George's Hall, Toronto, May 11th, 1898.

President Dr. Albert A. MacDonald in the chair.

The following Fellows were present: A. A. MacDonald, J. A. Temple, G. S. Ryerson, W. H. B. Aikins, A. Primrose, G. A. Peters, G. Boyd, F. Fenton, H. A. Parsons, A. Baines, W. Oldright, R. Dwyer, J. N. E. Brown.

Dr. Brown gave notice of motion, "That in view of the fact that the Clinical Society had its full quota of Fellows, and as there was a number of eligible applications for fellowship, any Fellow absenting himself from all of the meetings of the Society for one

year should have his name struck from the roll."

Dr. William Oldright presented a boy, whom he had operated upon for talipes equinus, doing a tenetomy of the tendo achilles. The patient was aged six, and the trouble had been in existence since he was eighteen months old. The affection had supervened after a long walk. Photographs before and after the operation were shown. He had applied a plaster paris splint to keep the foot in the corrected position. The boy was wearing a thick-soled shoe on the affected side.

Dr. Primrose stated it to be his experience that most cases of talipes equinus were the result of injuries. He reported a case following a gun-shot wound, in which the bullet had entered the palm of the hand and had passed completely through the carpus, and lay situated on the dorsal aspect of the wrist below the head of the uma. The "X' rays revealed the situation of the bullet,

and only a small incision was necessary to extract it.

The doctor reported a second case, that of a boy who was accidentally shot by a 44-calibre revolver last Christmas. The bullet entered the body at about the level of the tenth rib, three or four inches from the median line. It was probed for at the time unsuccessfully. The wound healed up. About eight months after the boy complained of pain in the hypochondriac region. This was followed by the vomiting of blood and purulent material. The patient became very weak; the "X" rays were used and showed a tumor of the left hypochondriac region. A tumor in this region could be felt, and it was a question whether it was in the abdominal wall or not. An exploratory incision revealed an enlarged spleen. It appeared from inquiry that the patient had

suffered from malaria, although the blood count showed only

220,000 white corpuscles.

Dr. Primrose reported a third ease, in which the patient was injured from the bursting of a gun. The man had been experimenting with smokeless powder and had used too heavy a charge. The left arm was severely lacerated by a piece of the barrel. It was probed for but could not be felt. The "X" rays showed it distinctly, lying between the bones of the forearm. In the upper arm there was a piece of the barrel, quarter of an inch square, to be seen in front of the humerus. A good deal of cellulitis had set in. Operation was done, the piece in the lower arm being found, the upper one not. The patient was improving. An interesting nerve involvement had taken place involving the median and ulnar nerve.

Dr. Boyd, who had charge of the case Dr. Primrose reported first, said he was able to reach the bullet with a probe, but thought it wise not to attempt to extract it through the palm for fear of

dangerous hamorrhage.

Dr. Parsons discussed the question of leucocytosis in malaria, pointing out that as long as the malarial organisms exist in the body the leucocytes will not increase, but so soon as quinine is administered there is a regular inflammatory leucocytosis.

Dr. Primrose closed the discussion.

Dr. W. Oldright presented a patient upon whom he had resected a portion of two ribs for necrosis.

Dr. Oldright presented another patient from whom he had removed a wedge-shaped portion of the first meta-tarsal bone to

correct the malposition of the great toe caused by a bunion.

Dr. J. A. Temple presented a specimen of an ectopic gestation which he had removed from a woman aged twenty-four, mother of one child. Two weeks before she consulted him she suffered from pain in the left side. She had missed two periods. The rupture had induced a state of collapse. After a good deal of persuasion, an operation was consented to, and done at eleven p.m., when the patient was almost in extremis. The abdomen was found full of blood and the break close to the corner of the uterus, so close, indeed, that the corner of the uterus had to be transfixed to secure the pedicle. Hypodermics and rectal administration of stimulants was resorted to, and the woman made a good recovery. One point that had rendered the diagnosis more difficult was that the woman positively asserted that she was not pregnant. She stated that she had missed her periods frequently. The text-books would lead us to believe, Dr. Temple asserts, that the accident occurs only in women near the menopause, or in those who have borne no children for some years. The above case, with several others he had seen, led him to disagree with this statement of the authors.

Dr. MacDonald discussed the question of pain in ectopic gestation and the causation of the trouble.

Dr. A. Primrose presented a hernial mass containing a piece of the omentum adherent to the sac. This procedure, he stated, shortened the operation very much.

Dr. King presented two similar specimens, in the removal of

which he had followed a similar plan.

Dr. W. Oldright discussed the question.

The election of officers for the coming year was then proceeded with, and resulted as follows:

President, F. LeM. Grasett; vice-president, G. A. Bingham; corresponding secretary, H. A. Bruce; recording secretary, John N. E. Brown, re-elected; treasurer, W. H. Pepler; council, W. B. Thistle, G. Boyd, F. Fenton, H. J. Hamilton and G. Chambers.

The retiring president, Dr. MacDonald, was then tendered a vote of thanks for the acceptable manner in which he had presided over the meetings for the past year. He, in a few words, expressed his thanks to the Society for their appreciation of his efforts, and for the assistance they had given him during the year.

The Society then adjourned for refreshments.

The next meeting will be held on the second Wednesday in October.

The Sleep Problem.

As town life extends, and intellect is aroused, the problem will be more and more that of too little, not of too much sleep. Perfect or nearly perfect health is of course the first condition of sound But scarcely anyone is quite healthy, and so we must aid the sleepless to acquire that which is lacking The one great thing to do is to fatigue the attention; not only to tire the body but also the active mind; to quiet the vasomotor centre and so drive the congested blood from the brain. Quiet and regular habits, a certain monotony of light evening occupation, will tend in this direction, while a great variety of evening engagements is generally fatal to the victim of insomnia. It is unwise to go to bed on either an empty or a very full stomach; a slight meal before rest is the wise course. A hot bath the last thing, taken under the following conditions, is perhaps the very best aid to sleep: As recommended by Eccles and others, the bath should be taken in a room with a temperature of 65° to 70° F. The patient should stand with his head over the edge of the tub, douching head and face with water at 100° F. The cooling of the body by the air and the hot sponging of the head first send blood to the brain, dilating its vessels. Then the entire body, except the head, is immersed in a bath at 98° F., rapidly raised to 105° or 110° F.; in a few minutes the bath is left, and the body wrapped in blankets, which absorb the moisture, and with the least possible exertion the patient gets into his night clothes and to bed with a warm bottle to his feet and perhaps a little warm liquid food.—Dietetic and Hygienic Gazette.

The Canadian Journal of Medicine and Surgery

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VOL. III.

TORONTO, JUNE, 1898.

NO. 6.

Editorials.

SOME SHORTCOMINGS IN SCHOOL-HOUSES AND THE REMEDY.

In the May number of the Sanitarian appears an abstract of the report of the Visiting Committee of the Buffalo School Association. This is a voluntary association of persons, whose aim is to improve existing conditions in the grammar school-buildings. Their recommendations, which are very comprehensive, refer to matters of vital importance, and would seem to indicate that a large number of the public schools of Buffalo are a menace to the health of their pupils.

Though the occasion for the exercise of the good offices of this committee is scarcely a matter over which the citizens of Buffalo need congratulate themselves, still, the fact that the work of remonstrance has been done, and well done, by a voluntary association, is a good instance of the capacity of Americans for self-government. There is no doubt that the conclusions of this committee should have great weight in the community, and, as Buffalo is a wealthy city, the reproach of unsanitary and unsightly school-buildings ought soon be taken away from it.

This subject has a considerable interest for the people of Toronto at the present time for we are subject to a like infirmity. In a recent report presented to the Hon. G. W. Ross, Minister of Education of Ontario, the secretary of the Provincial Board of Health shows that one-twentieth of the public-school population of Toronto is unprovided with permanent school accommodation. Stores, dwellings, and rooms in churches are utilized as substitutes for school-houses, and, as one would expect, are objectionable for various reasons: deficient floor space and cubic air space, bad ventilation and heating, poor lighting, unsatisfactory conveniences, absence of play-grounds and unsuitable locations.

The buildings referred to are makeshifts, used during hard times to lighten the load of civic taxation, while, at the same time, the school trustees are enabled to house, however imperfectly, children who demand a public-school education, not as a favor but as a right. When better times return, the City Council will respond to a demand for proper accommodation in a suitable manner.

In this case, the sanitary reformer has the taxpayer on the hip. There is, however, another side to this question, in which the sanitary reformer appears to have led the taxpayer into expense, and has failed to give him value for his money. A school may be erected on an appropriate site, light, heat and cleanliness may be provided for in every room, and yet, although a costly system of artificial ventilation has been installed, the resulting ventilation may be imperfect, or even positively bad. Here, the responsibility would seem to rest on the shoulders of the sanitary reformer or the contractor. It is easy to condemn the primitive ventilation, resulting from open windows in a stove-heated room; but it is difficult to provide an artificial system of ventilation, which will stand the test of a scientific investigation.

The following quotations from a report presented by the writer

of this article to the Provincial Board of Health are given as proofs of the soundness of this contention: "Report on the ventilation of a room in D --- School, Toronto, Jan. 7th, 1897. Weather, cloudy; wind, south; temperature, 27°F.; humidity, 67%; barometer, 29.891. Room 8, third floor, east side; seating capacity, 58; persons present, 49; net air space, 12,163.83 cubic feet; air space per head, 284.24 cubic feet; temperature at the teacher's desk, 69 F.; difference in temperature at the breathing line over the greater portion of the room, 1°F.; temperature of the air at the warm-air inlet, 128°F. Two window sashes were lowered at the top-one eight inches, the other five inches. There was a large foul-air duct in one corner of the room, the shaft of which was heated by steam coils. The available area of its opening in the room was 4.27 square feet. When the doors and windows were closed, 320.25 cubic feet per minute, or 19,215 cubic feet per hour, of air were removed through the foul-air duct. Fresh-air supply at the inlet. 600 cubic feet per minute, or 36,000 cubic feet per hour. Amount of pure warm air supplied per minute per head, 12.24 cubic feet. Amount of foul air removed per head per minute through the foulair duct, 6.53 cubic feet. When the windows were open, there was no current in the foul-air outlet. The open windows acted both as inlets and outlets: but the amount of air introduced and extracted by them was not estimated, as the supply was irregular and capricious. Carbonic acid, in parts of 1,000 of air, .806; time of test, 3.15 p.m. The warm air supplied was insufficient in quantity and of too high a temperature, so that cold air had to be introduced in an irregular fashion to supply the defects under both these heads. Even, with the open windows, the supply of fresh air was small, as was proved by the amount of carbonic acid in the air. The high temperature of the warm air at the inlet, ranging from 120° to 150°F., made it difficult for pupils to occupy the corner where the hot-air register was situated. As soon as the air of the room became superheated, the windows had to be opened, allowing at the same time a considerable waste of heat. The room is heated by steam pipes, direct and indirect. The indirect heating consists of pure air warmed by passing over steam coils in a shaft, which begins in the basement and ascends vertically through the building, allowing the warm air to enter the room through a register. very cold weather direct steam-coil heating is superadded. conditions observed in Room 8 are similar in fifteen other rooms in this school-house. The system in use in D --- School may be pronounced a complete failure as a method of artificial ventilation."

This may profitably be compared with the following: "Report on the ventilation of two rooms in the C--- street school, Toronto. Date of inspection, December 17th, 1896. Weather, overcast and mild; wind, southeast; temperature, 33.8 F.; humidity, 61%; barometer, 29.85. Room 4, ground floor, northeast side: seating capacity, 64; persons present, 50; net air space, 11,738.17 cubic feet; air space per head, 235.66 cubic feet; temperature at the teacher's desk, 67°F.: humidity, 55%; difference in temperature in different parts of the room at the breathing line, 3°F.; temperature of the air at the inlet, 71°F.; fresh air supply per minute, 1,650 cubic feet; air removed at outlet (estimate) per minute, 1,650 cubic feet; amount of air supplied each pupil per minute, 30.8 cubic feet; air of room changed in 7.14 minutes; carbonic acid in parts of 1,000 of air, .537: time of test, 3.20 p.m. The building, a twelve-room school, is heated and ventilated by the Smead-Dowd system. At the time the test was made, the fires were getting low, and the results obtained would show the average of all kinds of weather."

To make the points brought out in these inspections clear to our readers, we will quote the requirements called for in the heating and ventilation of school buildings in Massachusetts.

- "1. That the apparatus will, with proper management, heat all the rooms, including the corridors, to 70°F., in any weather.
- "2. That with the rooms at 70°F., and a difference of not less than 40°F., between the temperature of the outside air and that of the air entering the room at the warm-air inlet, the apparatus will supply at least 30 feet of air per minute for each scholar accommodated in the room.
- "3. That such supply of air will so circulate in the rooms that no uncomfortable draughts will be felt and that the difference in temperature between any two points, on the same breathing plane, in the occupied portion of a room, will not exceed 3°.
- "4. That vitiated air, in amount equal to the supply from the inlets, will be removed through the ventiducts.
- "5. That the sanitary appliances will be so ventilated, that no odors therefrom will be perceived in any portion of the building."
- "To secure approval by the Department of plans showing methods or systems of heating and ventilation, the above requirements must be guaranteed in the specifications accompanying the plans."

It will, therefore, be seen that, in the opinion of the officers of the Department of the Inspection of Factories, Workshops and Public Buildings in Massachusetts, good results in heating and ventilation are obtainable, if the contractors are held down to the regulations imposed by the statutes and, in practice, the inspectors of this Department will not pass a building unless the tests can be complied with. These clear-cut rules and this definite plan of action present the vital questions of heating and ventilation in a manner totally different to what we are accustomed to in this country. Certainly, however, if we wish to have ventilated schools and to get value for our money we would do well to imitate Massachusetts and to demand legislation, making regulations similar to those we have quoted above.

In our opinion real progress in the ventilation of schools will not take place unless:

- (1). A Provincial Sanitary Inspector is appointed who shall have power to see that all plans for new schools shall have sufficient flue space to furnish at least 1,500 cubic feet of air per hour per pupil. This should be the minimum amount.
- (2). After new school buildings are erected, there should be a practical inspection by scientific tests to see whether the ventilating apparatus fills the requirements, and in default of its doing so, the contractor should be obliged to make the necessary changes.
- (3). The same authority should have power to order changes in the worst of the old schools now in use, so that a larger amount of air and better air may be supplied.

The sanitary arrangements of the school should also be under the control of the same power.

J. J. C.

THE ONTARIO MEDICAL ASSOCIATION.

THE Eighteenth Annual Meeting of this vigorous Association will be held in our Queen City of Toronto on Wednesday and Thursday next, June 1st and 2nd.

Dr. Ross, Minister of Education, has again kindly allowed the Education Hall of the Normal School to be used as the meeting place.

This meeting promises to be exceptionally well attended, judging from the large number of intimations of their intention to

be present from medical men throughout the province, from Ottawa and Montreal on the east, to Windsor and Sarnia on the west.

Dr. Britton, the President, has shown unusual ardor in the work of the Association, and the members of the Committees on Papers and Arrangements, chosen by him, and upon which the major part of the Association work falls, have worked in hearty accord with him to present a programme of good material and complete arrangements for a warm, welcome reception for our brethren throughout the Province. A luncheon at the Royal Canadian Yacht Club, a cruise on the Bay, a smoking concert genially tendered by Dr. Ryerson, who presides over the Committee of Arrangements, and numerous private receptions, will be on the entertainment programme.

We take this opportunity, just on the eve of the meeting, of urging every doctor throughout the Province, who can, to be present at the meeting. Every man of good standing in Ontario is eligible for membership on payment of the fee of two dollars, which is not exacted each year, except on attendance. The very cheap railway fares, too, will be a strong factor in making the attendance large.

We append the list of papers:

PROVISIONAL PROGRAMME.

The President's Address.—Wm. Britton, Toronto.

Papers by Guests: Syphilitic Cirrhosis.—J. G. Adami, Montreal.

 ${\bf Pancreatitis, \ from \ a \ Surgical \ Standpoint.--James \ Bell, \ Montreal.}$

Discussion in Medicine: Exerction in Cure and Immunity.—H. A. McCallum, London; followed by H. B. Anderson and R. J. Dwyer, Toronto.

Discussion in Surgery: Treatment of Fractures of the Skull.—George A. Peters, Toronto; followed by George S. Rennie, Hamilton; V. H. Moore, Brockville; and A. B. Welford, Woodstock.

Discussion in Gynecology: Carcinoma of the Uterus.—T. K. Holmes, Chatham; followed by H. S. Griffin, Hamilton, and J. W. S. McCullough, Alliston.

Operative Methods in the Conservative Treatment of Tuberculous Joints.—Alex. Primrose, Toronto.

Oöphorectomy for Fibroids of the Uterus.—Albert A. Macdonald, Toronto.

The Injurious Effects of Our Over-Wrought School System on the Health of Public and High School Pupils.—R. Ferguson, London.

Immunity.—J. J. MacKenzie, Toronto.

The Effect of the Climate of Our Canadian North-West on Tubercular Patients.

—P. H. Bryce, Toronto.

Supra-Pubic Prostatectomy: With Cases.—Angus MacKinnon, Guelph.

The Traumatism of Labor. -C. B. Oliver, Merlin.

Endometritis with Erosions of the Os.-J. F. W. Ross, Toronto.

The Early Removal of Tubercular or Necrotic Areas.—H. H. Oldright, Toronto.

Rhumatoid Arthritis in Children. - W. B. Thistle, Toronto.

When Should We Operate? Illustrated by cases and specimens.—Wm. Oldright, Toronto.

My Experience with Diphtheria During the Fall of 1897.—Wm. Doan, Harrietsville.

Hyper-Resonance of the Chest, a Premonitary Symptom of Tuberculosis of the Lungs.—W. C. Heggie, Toronto.

The Medicul and Surgical Treatment of the Insane.—A. T. Hobbs, London. Discussed by R. M. Bucke, London, and R. W. Bruce Smith, Hamilton.

Cretinism in Ontario. - A. McPhedran, Toronto.

Recent Improvements in the Preparation of Cat-Gut and Gauze.—N. A. Powell, Toronto.

Puerperal Complications.—H. D. Livingstone, Rockwood.

Experiences with New Remedies .- G. S. Ryerson, Toronto.

Vicarious Urination. - A. T. Rice, Woodstock.

A Brief Sketch of the Nervous System, of Its Liability to Injury and Some of Its Diseases.—I. Bryon Newman, Detroit.

The Various Operative Methods of Dealing with Eyes Lost Through Injury or Disease.—G. H. Burnham, Toronto.

Epithelioma of the External Ear. -F. N. G. Starr, Toronto.

A Comparison of Lumbar and Inguinal Methods in Colostomy.—Herbert A. Bruce.

The Pharmacology of the Cresols.—W. Beattie Nesbitt, Toronto.

Toxemia of Pregnancy.—C. J. O. Hastings, Toronto.

Hypo and Hyper-Respiration in Pulmonary Tuberculosis.--E. Playter, Ottawa. Infant Diet.-W. J. Greig, Toronto.

Remarks on the Treatment of Club-Feet, Based on the Personal Observation of 243 Cases.—B. E. McKenzie, Toronto.

Exhibition of Machine for Manufacturing Plaster Paris Bandages.—H. P. H. Galloway, Toronto.

Management of Difficult Breech Presentations.—A. H. Wright, Toronto.

Rosacea.—Graham Chambers, Toronto.

Fifteen minutes shall be allowed for the reading of papers. It is strongly urged that those who read papers will make them short and practical.

There will also be a pathological exhibit. Members having specimens are invited to bring them.

A Clinic will be given on the afternoon of the second day, at the Victoria Hospital for Sick Children.

The Committee of Arrangements are making preparations for the entertainment of members, the announcement of the features of which will appear in the permanent programme.

A STENOGRAPHER FOR CORONERS' INQUESTS.

THE recent case of Mrs. Sternaman, with its trial for murder and its swinging balance weighing first, "Guilty," and adjusting itself slowly to "Not guilty," has turned the eyes of the people upon the many persons of necessity who took part in this cause celebre, from

legal dignitary down to the most humble witness. Upon the coroner has been turned the full public gaze, and more clearly than ever has been seen how important is his written evidence and the necessity that he should take down what the witnesses say fully and with absolute correctness. Even the minor details often prove important factors upon which hinge grave results. Memory, no matter how retentive, or how perfect seems the photograph of words and sentences upon 10s plate, is a poor medium to conjure with when a human life hangs in the balance. Coroners are not provided with stenographers, consequently how arduous the task of both listening to and writing down the evidence fully.

The coroner's inquest is, of course, a court of record, and not one of judgment. Its object is a searching for facts, on the basis of which the Crown works up its case. Since Sir John Thompson's Act, known now as the Criminal Code, came into force some years ago, immediately previous to the Lucky murder trial an accused person has had the privilege, if so desired, of going into the witness box and giving under oath his own evidence. A more recent judgment, however, has enacted that the evidence of an accused person, taken by a coroner, cannot be admitted as evidence against him in a higher court, for the reason that the said person in the coroner's court has not accorded to him the same protection as he would have elsewhere. It will be remembered that it was owing to this judgment that Hammond, the Bracebridge wife poisoner, was granted a third trial. It cannot but be admitted, therefore, that with the services of a stenographer an investigation before a coroner would be much more perfect and would give the accused the benefit of all he or she might say in the box, be that evidence ever so halting. Such evidence would become a definite statement. If true, it could not be gainsaid, and if not true, would be the means of assisting the Crown and bringing conviction home. Supposing a witness who had given evidence before a coroner, for instance, and such evidence had been taken down by a stenographer, were to die before the trial in the High Court, how vastly important the services of the stenographer would be in such a case. It would be similar to an examination before a Commissioner. In the same way regarding any quibble which might be raised afterwards as to irrelevant evidence taken by a coroner; with a stenographer taking down the very letter of the evidence given, and the coroner making notes as to the spirit of the same, there is no question that the succeeding trial would be greatly facilitated in every way.

We realize, therefore, how important is the need of a better equipment for recording evidence than at present exists at inquests, and we join in a plea to the Attorney-General asking that the Department speedily cause an official stenographer to be granted to assist the coroner by being present at all inquests, as is the custom in the Court of Assize. The verbatim report of the stenographer would silence all after-contention as to the correctness or incorrectness of statements made, and in many cases also render further legal argument unnecessary, and consequently forward the interests and hasten the ends of justice.

W. A. Y.

EMBALMING FLUIDS AND TRIALS FOR MURDER.

That an embalming fluid and a solution containing arsenic are convertible terms, will, probably, obtain credence among some of the laity, who read the report of the second trial of Mrs. Sternaman, at Cayuga, for causing the death of her late husband by the administration of arsenic.

The undertaker, who had charge of the funeral of the deceased, Sternaman, swore, that he did not remember whether he had or had not used embalming fluid in preparing the corpse for burial.

Assuming, for the sake of argument, that he could have sworn positively to the use of an embalming fluid, it should have been necessary for the defence to prove, by competent evidence, that this fluid, or a fluid made up according to the same formula, did really contain arsenic. Otherwise, the contention that the arsenic, which was found in the body of the deceased had been put there, post mortem, by the undertaker, could not reasonably be maintained. No effort was made to prove that the undertaker's embalming fluid was an arsenical solution. That was taken for granted, and it simply remained to argue, that such a hypothetical fluid might have been employed by the undertaker.

The jury, on such evidence, concluded, that the arsenic found in the body of the deceased had been introduced by the undertaker. during the process of embalming, and was not proof of criminal poisoning by the accused.

It does not appear, in the recital of the evidence, that the undertaker was asked to state if he knew the composition of the fluid which he ordinarily used for embalming purposes, and it is quite likely that he did not know, for certain, what it contained.

Embalming fluids, the formulæ of which are secret, are sold to undertakers by jobbers, the chief recommendations in favor of any given preparation being reliability and cheapness. While it is true that many fluids in common use for embalming are arsenical, there are many efficacious embalming preparations in regular use, which do not contain arsenic.

A distinct advance in embalming has been made by the introduction of the forty per cent. solution of formaldehyde. It is inexpensive, and is most efficacious as a deodorizer and preservative of dead bodies. Owing to its disagreeable odor and burning taste, it is free from the objection, that it may be used during life as a poison for criminal purposes. So that, while it answers the purposes of the embalmer, its subsequent discovery in a corpse would be of little or no importance from a medico-legal aspect.

In view of these facts, we would suggest, that the Provincial Government be requested to introduce legislation, declaring the use of arsenical solutions in the embalming of dead bodies to be illegal. As an evidence of good faith, the formula of every embalming fluid, used or sold in Ontario, should be sent to the secretary of the Provincial Board of Health.

J. J. C.

THE ONTARIO MEDICAL COUNCIL AND INTER-PROVINCIAL REGISTRATION.

AT the last meeting of the Canadian Medical Association, the Inter-Provincial Registration Committee reported thus: "Your committee beg leave to report that the Medical Councils of Quebec, Prince Edward Island, Nova Scotia, New Brunswick and Manitoba have signified by resolutior their approval of the resolutions of the Committee of 1896, and have accepted them as a basis of agreement for inter-provincial registration. We therefore recommend that the matter be referred to the councils mentioned to formulate an agreement and carry it into effect."

It will be pleasing to our readers to learn that since then the Council of the North-West Territory has acquiesced, leaving only Ontario and British Columbia to come in, and thus bring about a condition of affairs that will easily lead to reciprocal registration.

Some members of the Ontario Medical Council, who were present at the Canadian medical meeting last year, brought neither credit upon the Council nor upon themselves by their actions, for it was felt that for some time past they had been "blowing hot," at the Canadian medical and then "blowing cold" when the matter was brought up in the Ontario Council, thus blocking the matter behind the screen of sec. 26 of our Medical Act, saying, "We are all prepared, just as soon as you can come up to our standard."

They seem to forget that this reciprocity will be a great benefit to Ontario, in that it will open up to Ontario's graduates four provinces in which there is no medical school and two in which the schools are small. Of course we are well aware of the fact that our Ontario barriers have kept many incompetents out of this Province, but it is probably also true that they have kept many a similar class in; for; having "passed the Council" here, they fear to take chances elsewhere. The councils of the willing provinces are cognisant of the fact that inter-provincial registration may for a time overcrowd their ranks; but they feel certain that time will remedy that, and during the intervening period they are willing to take the risk for the sake of a betterment of the general condition of the profession in "our own, our native land." If the members of our Council would just sit down and think this thing out, instead of constantly endeavoring to gratify their insatiable desire to talk, they might arrive at a reasonable solution of the difficulty.

We shall watch carefully the attitude of the new memba in the West Toronto Territorial Division, that we may learn what election promises are worth.

THE ARMY SURGEON.

SHALL this century, which has done so much for the enlightenment of humanity, end in "a baptism of blood and tears," is a question that will soon be answered. Already the dread of a long nation-stirring conflict is in the air, and many are leaving home and friends to answer the bugle call. But perhaps to the surgeon, who goes with his corps, will fall the strangest and most heartwearying tasks, without even the stimulus of martial music or the camaraderic of the regiment. a little apart from the excitement of the "thick of the fight," will he wage the solemn warfare with death. He alone is permitted to see the soldiers' courage ebb, as wounded and dying they lie;

for pain is often the only enemy before whom men quail. On the weary surgeon struggles, armed only with the weapons that bind together bone and tissue instead of shatter and tear them, his conflict never ending through the days of intense heat, and the nights, whose stillness echoes with the grouns of the wounded; sometimes he records a victory, often, alas, a defeat.

In the eyes of the busy world the army surgeon is less thought about and receives fewer plaudits than his comrades who shoulder the musket. He has stepped up out of the ranks of the medical profession, and we delight to honor him with the small tribute of a word, for a thought in the heart of one's fellows is acceptable even to the sternest clay. So three cheers for the army surgeon, and when peace reigns may he return to his ain fireside realizing that life during the troublous times has been to him, perhaps, "not a having and a getting, but a being and a becoming."

W. A. Y.

THE INTERNATIONAL ASSOCIATION OF RAILROAD SURGEONS.

THE date of the 1898 annual convention of this important association comes on apace. As our readers are aware, it meets in this city on the 6th, 7th and 8th of next month. From present appearances, there is every reason to expect that there will be in this city at least 600 surgeons from the other side of the line, not to speak of the large attendance of medical men from all parts of Canada. The arrangements so far for the meeting are well under way. The sessions will be held in the Normal School buildings, and a large exhibit of surgical instruments and appliances will be made in a well-lighted adjoining room by the principal houses from the United States as well as our own country. The committee who have charge of the entertaining of the guests are making every effort to see to it that the social side of the meeting is not neglected, but, on the other hand, made a principal feature. The Niagara Navigation Company, the Niagara Falls Electric Road, and the Muskoka Navigation Company have all kindly granted free transportation over their roads to visiting surgeons. The city and Government have given liberal money grants to the association. There will be quite a number of most interesting papers read, one at least of which will be by Dr. P. H. Bryce. His subject will be "The Relation of Public Health Authorities and Railways in the Transportation of Corpses."

CHLOROFORM AND ILLUMINATING GAS.

It has been frequently observed, that chloroform, when administered by gas light, causes fits of coug'ing in persons present in the room. This has been occasionally referred to in the medical journals, and has been passed over as of slight importance, being due to the inhalation of the products of combustion of chloroform. Recently, at the hospital of Berne, Switzerland, death occurred as the result of this inhalation of toxic products. Dr. Mey, one evening, with the assistance of another physician and two sisters, performed an operation for an abdominal wound. During the operation, which lasted several hours, the physicians had severe fits of coughing, which they attributed to the chloroform. Some hours after the operation, Dr. Mey felt a good deal of distress, and had a severe attack of dyspnæa. The two sisters were simi'arly attacked during the night, and one of them died.

This untoward behaviour of chloroform, when administered by gas light, would seem to be another argument in favor of the electric light.

J. J. C.

THOSE MUNYON DOCTORS.

THE Discipline Committee of the Ontario Medical Council are to be congratulated upon the manner in which they "carpeted" some unworthy members of our calling last month. As far as this branch of the service rendered the profession by the College of Physicians and Surgeons is concerned, even the grumblers cannot complain. That it is most important that the Medical Act be enforced in such cases as the ones to which we refer herein, no one will deny. Black sheep of the ordinary type must be excluded from our flock, but when such flagrant disobedience to the mandates of ordinary professional decency come to light, we cannot but think that the Discipline Committee in sending their report to Council, which meets so soon now, will do their duty and speedily have the names of the offenders erased from the College Roll, thus teaching them a well deserved lesson. To Detective Wasson is due great credit for the manner in which he worked up his "Munyon" evidence. We hope his attention will be drawn now to, and summary treatment afforded to, say, catarrh specialists.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

THERE IS SOMEWHAT OF A RESEMBLANCE, ISN'T THERE?

To the Editor of The Canadian Journal or Medicine and Surgery:

Dear Sir,—The enclosed clipping from the Philadelphia Medical Journal may prove interesting to some of your readers:

"A FEUD IN THE NEW YORK UNIVERSITY.

"It is now openly charged that the council of the University has broken faith with the other party; that the faculty was appointed by the Executive Committee without consultation with either the Medical Committee or the medical faculty; that instead of fixing the salaries, the Executive Committee has voted that compensation should be limited to what they could earn by their own labors, without giving any credit for the property transferred to the University; and that numerous items of expense have been imposed upon the medical faculty which are not properly chargeable to them. An influential minority of the trustees were convinced that they could not honorably retain possession of the property of the Medical College Laboratory if they continued to use it contrary to agreement and the wishes of the donors, and a special committee appointed by the board to investigate these differences, so reported, but the majority, under the leadership of Chancellor MacCracken, refused to accept the report of this committee. The Chancellor has refused to issue a statement of his side of the controversy."

It would seem as if the Chancellor and Executive referred to above resemble some people of lower rank we have heard about in Toronto. Possibly if there was "something in it for the defence," the Chancellor would make an effort to defend himself.

NEMO.

A NUMBER of our fraternity have joined the St. Alban's Cricket Club, and can be seen on Tuesdays and Thursdays, about four o'clock, with their flannels on practising on the club's grounds on Howland Avenue.

The Physician's Library.

An American Text-Book of Genito-Urinary Diseases, Syphilis and Diseases of the Shire. Edited by L. Bolton Bangs, M.D., Consulting Surgeon to St. Luke's Hospital and the City Hospital, New York, and to the Methodist Episcopal Hospital, Brooklyn; Visiting Genito-Urinary Surgeon to St. Mark's Hospital, New York; late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital; and W. A. Hardaway, A.M., M.D., Professor of Diseases of the Skin and Syphilis in the Missouri Medical School, St. Louis; Physician for Diseases of the Skin to the Martha Parsons Hospital for Children, and to St. John's Hospital, St. Louis. Illustrated with 300 engravings and 20 full-page colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898. Canadian agents, Carveth & Co., Toronto.

The trouble in the past in purchasing a work on skin diseases. has been that it was necessary to go to the expense of one consisting of several volumes, and meant a great deal of time wasted in making references which, in a work of one volume, became quite unnecessary. It is not required for us to allude to the warm reception which this publishing house has been accorded in the past from the profession, not only in America, but practically all over the world, owing to the scale of magnificence with which they produced the other American Text-books on Surgery, Obstetrics, etc. Sufficient be it to add that if this volume on Genito urinary diseases. and Syphilis meets with the same amount of approval, and we feel certain that it will, the publishers will realize that they will be recouped in a liberal manner for their enormous outlay. The list of contributors include such men as Drs. Chas W. Allen, of New York; C. W. Cutler, of Vermont University; W. T. Corlett, of Cleveland: J. A. Cantrell, of Philadelphia; Lewis C. Bosher, of Virginia Medical College; I. E. Atkinson, of Baltimore; Eugene Fuller, of New York; Geo. T. Jackson, of the Woman's Medical College, New York Infirmary; Abraham Jacobs, New York; G. M. Hammond, of New York; Hermann G. Klotz, of the German Hospital, New York, and others. It will be of special interest also to note that our old friend, Douglas Montgomery, now of San Francisco, Cal, is "on the list," and that Dr. F. J. Shepherd, of Montreal General Hospital, is also a con-That it is a boon to practitioners to be able to secure in such a form as this one volume, containing in such detail a presentation of the diseases of the genito-urinary organs, venereal diseases and affections of the skin, goes without saying. It is not necessary nowadays for a physician, who is at all up in his work, to have to purchase a work which goes into any particular department of

medicine, commencing with the preliminaries of etiology and symptomatology, and wading through all the different chapters with which he ought to be more or less familiar, but on the other hand to be able to secure one large volume which presents all that is latest and best on three such closely related subjects as this work deals with, is an opportunity not to be lost. In the American Text-Book of Skin Diseases the contributors have in a most happy manner so condensed what points they have succeeded in making as to present in comparatively small space an extremely wide range of subjects, making the matter both practical and authoritative. The colored plates are most perfect, especially the ones showing syphilitic affections of the eyelids and papulo squamous syphilide.

The Diseases of the Stomach. By WILLIAM W. VAN VALZAH, A.M. M.D., Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital, and J. DOUGLAS NISBET, A.B., M.D., Adjunct Professor of General Medicine and Diseases of the Digestive System in the New York Polyclinic Medical School and Hospital. Illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street, 1898. Canadian Agents: Carveth & Co., Toronto.

We are pleased to notice that the authors of this book have departed from a usual hard and fast rule and that leaving out preliminaries, most attention is drawn to the recent methods of both diagnosis and treatment. Chapter I. (of section 2) is devoted to clinical history; chapter II. to physical signs; chapter III. to functional signs, including secretion, the motor function, absorption and digestive work; chapter IV. to bacteriological signs and V. to anatomical signs. Section 3 is devoted to general medication, such as digestive hygiene, diet, physical remedies, symptomatic, physiological, bacteriological and chemical treatment. It will thus be seen that the space in this work has not been filled in with prolonged dissertations on pathology, or anatomy; but the authors, recognizing the value of it, have given the readers the advantage of the very latest knowledge of not only diagnostic methods, but also of treatment. What is more, the subject of treatment is given the reader in such a manner as to leave not the least doubt as to what method should be pursued in any one particular case showing definite symptoms and pursuing a certain path. This is also somewhat of a divergence, and a happy one at that, from the usual stereotyped course pursued by authors generally. The subject of dietetics is given more than ordinary scope. The several foods are taken up and discussed from their nutritive standpoint, showing in what conditions of the stomach they are most applicable. Diet lists for the various diseases are also given fully. Section 4 is devoted to the dynamic affections of the stomach, and Section 5 to the anatomical diseases of the stomach. The second chapter of the latter section, on ulcer of the stomach, is exceedingly clearly written, but, in our opinion, the most thoroughly concise part of the entire book is that in section 6, on secondary diseases of the stomach. We only regret that there are not a larger number of illustrations, which in a work on this subject are of such assistance to the student.

Brief Essuys on Orthopedic Surgery. BY NEWTON M. SHAFFER, M.D. D. Appleton & Co, New York. Canadian Agent: Geo. Morang, Toronto.

This little collection of essays is written by a well-known representative of conservative orthopedic surgery in New York, who himself is a successful representative of the teaching here inculcated. There is much for careful consideration, not only by those who are orthopedic surgeons, but also by the general surgeon and physician. Dr. Shaffer is a perspicuous writer who sticks well to his theme. The central thought of the book is found in his definition of orthopedic surgery, page 45: "Orthopedic surgery is that department of surgery which includes the prevention, the mechanical treatment and the operative treatment of chronic or progressive deformities, for the proper treatment of which special forms of apparatus or special mechanical dressings are necessary."

These essays can be read in a couple of hours, and it will repay every practitioner to give the subject this much time, as they will assist in clarifying opinions which at the present time are rather vague and indistinct in the minds of many.

B. E. M'K.

A Manual of Instruction in the Principles of Prompt Aid to the Injured, including a chapter on Hygiene and the Drill Regulations of Hospital Corps, U.S.A., designed for Military and Civil Use. By Alvah H. Doty. Second edition, revised and enlarged. New York: D. Appleton & Company. London: 33 Bedford Street, 1898.

The second edition of Prompt Aid to the Injural aims at conveying to the average, intelligent layman sufficient surgical knowledge (including physiological and anatomical) to enable him to know what to do until skilled help arrives. The subject of antiseptics and disinfectants is treated with the prominent consideration which it deserves. Such knowledge should become universally known, the agents and methods of disinfection. The treatment of hæmorrhage, poisoning, wounds, convulsions, etc., is modern and described in untechnical language, so as to be readily grasped. This little book will be of especial use to members of ambulance corps and of those organizations, guilds, etc., where this special line of work is being so heartily taken up.

J. N. E. B.

The Sanitarian. Published monthly. The American News, New York, General Agents. Price, \$4.00 a year; 35 cents a copy.

The May number of this monthly contains several very readable articles. The abstract of report of Visiting Committee of the

Buffalo School Association is interesting to Toronto readers at present, owing to the fact that conditions and defects similar to those noted in the report, are declared to exist in the temporary schools of this city.

Dr. Goler's report on the inefficiency of formaldehyde disinfection in the presence of moisture should be read by Sanitarians who have seen the article in the Canadian Journal of Medicine and Surgery, May, 1898, p. 279, where an opposite view is expressed.

J. J. C.

Operative Gynecology. By Howard Kelly, M.D.

It was with a great deal of satisfaction that we were favored by the publisher, Mr. George Morang, the other day, with a copy of Vol. I. of Dr. Howard A. Kelly's work on Operative Gynecology. The profession have been looking forward for quite a time now to the completion of this splendid work, as, from the most cursory glance, we can safely say that for elegance in typography and magnificence of illustrations alone, Dr. Kelly's book has seldom been equalled. We have not had time to go into the details of the work, but hope to do so in our next issue.

MAGAZINES RECEIVED.

The June Scribner, though made up on the eve of war, contains evidences of the impending calamity in several clear and serviceable war maps, which were inserted after the rest of the magazine had gone to press. The new feature in the June number is C. D. Gibson's pictorial record of "A New York Day—Morning." In a series of full-page drawings Mr. Gibson shows morning scenes, on the ferry, at breakfast, on an elevated station, and at home. Vassar is the women's college described in this issue. Margaret Sherwood, a graduate familiar with the undergraduate life and tradition, tells about those phases of Vassar that are little known or understood by outsiders. What big cities can do with their water-front and what Boston has already accomplished by transforming unused shore-land into "Seaside Pleasure Grounds," is picturesquely described by Sylvester Baxter. Anton Seidl is the subject of a brief and pertinent appreciation by H. E. Krehbiel, the musical critic. Mr. Wyckoff's narrative of "The Workers" takes on a brighter tone in this issue. Senator Lodge's "Story of the Revolution" has reached the period that was the test of Washington's greatness—the terrible winter at V. lley Forge, the sneers of Congress, the defeat at Brandywine and Germantown, and finally the victory at Monmouth. A Northern soldier and his charming daughter step into the troublous times of the Old Virginia County that is the scene of Mr. Page's serial. "Red Rock." Mr. Page distributes his villains and heroes to the North and South alike. Mr. Davis's dramatic tale, "The King's Jackal," reveals a pretty

piece of work by the young American newspaper correspondent in checkmating the King and his conspiritors. A new writer of short stories, Miss Anne Douglas Sedgwick, contributes a tale of artist life—"Miss Jones and the Masterpiece." "The Field of Art" discusses "Landscape Painters and the Summer."

The American X-Ray Journal has reached its tenth issue with increased pages, greater vigor and improved text The appearance of this publication is most attractive, its illustrations are most carefully prepared and the composition of the most practical nature. It was launched into the world of journalism as "A Monthly devoted to the practical application of the new science and the physical improvement of nan" just sixteen months after Professor Roentgen had made public his discovery. Following so closely the announcement of the X-rays, it did not seem that there was room for this special journalism. Day after day, however, interest and importance in this phenomena has grown, until now scarcely is there a division of our science which occupies greater attention than X radiance and its practical application to man. The wisdom of the editor has been fully realized, and the publication is an assured success. In looking over the pages, it is evident that the American X-Ray Journal gleans its matter from all sources of the earth, from physicians and surgeons using X-rays in practice and from the scientist whose labors are directed to the improvement of the generating apparatus. The overwhelming evidence in favor of the use of the X-rays in practice has become so generally accepted, that physicians who will not become informed in this art must naturally be relegated to that class who take a step backwards. journal is published in St. Louis, Mo., and we are proud to be able to thus mention this contribution to the literature of the medical profession.

As an instance of the high esteem in which the Journal of the American Medical Association, Chicago, our most valued exchange, is held by the medical profession, the following from the Journal of May 4, is of interest: A physician of Claremont, South Africa, after perusal of his Journal of March 20, 1897, sent it to a number of his correspondents in rotation, whom he thought would be especially interested. The circuit taken by this copy of the Journal has required a little more than a year, going first from Chicago to South Africa, thence to the Island of St. Helena, thence to a medical officer stationed in Uganda (somewhere near Lake Victoria Nyanza), thence to Transvaal, Basutoland, Johannesburg, Port Elizabeth, Namaqualand, and two places in Cape Town, when it was returned to the office of the Journal. When the journey thus made is traced on the map, and we remember that it was only a book packet, we have not only an instance of the high esteem in which the medical profession hold the Journal, but a proof of the professional bond existing between practitioners totally unknown to one another.

New Hampshire Sanitary Journal, Vol. 1, No. 1. A quarterly magazine in the interest of healthful homes and communities. The official organ of the New Hampshire State Board of Health and the New Hampshire Association of Boards of Health. One dollar a year, twenty-five cents a copy. Irving A. Watson, A.M., M.D., editor, Concord, N.H. The first number of this quarterly, containing sixty-four pages of reading matter is to hand. It is well printed and well edited. As stated in the announcement, it is intended to be a means of communication between the New Hampshire State Health Board, of which Dr. Watson is the secretary, and the local boards. It will also contain original papers on sanitary subjects. We cordially wish Dr. Watson every success in his undertaking.—J.J.c.

The Outlook for May 21st contained the following articles: The Naval Situation, Cardenas, Cienfuegos and San Juan, The Philippines, The Volunteers, In Cuba, The Red Cross, War Legislation, Taxes and Prices, The Spanish Ministry, Sagasta's View, English Criticism, Mr. Chamberlain's Speech, The Church in the War, Constitutional Amendments, Hawaii, Mr. Gladstone, Charities and Correction; and as editorials, Is This a Righteous War? The National Guard, The Italian Crisis, The Spectator, A Refreshing Correspondence.

PAMPHLETS, REPRINTS, ETC., RECEIVED.

- "Some Cases of Brain Surgery." By Hal C. Wyman, M.S., M.D., Detroit Mich.
- "A Clinical Study of Kryofine" By Sidney V. Haas, M.D., and J. Bennett Morrison, M.D., New York.
- "Successful Treatment of Chronic (Subacute) Rheumatism." By Gustavus M. Bleek, M.D., A.B, Detroit, Mich.
- "A Preliminary Report on a Method of Overcoming High Resistance in Crookes' Tubes; A Possible Step towards Maximum Radiance." By Wm. W. Graves, M.D., St. Louis, Mo.
- "Some Remarks and Reports upon Specimens in Abdominal Surgery." By H. O. Walker, M.D., Detroit, Mich. Reprinted from *The Physician and Surgeon*. Detroit and Ann Arbor.

Sixteenth Annual Report of the Provincial Board of Health of Ontario, being for the year 1897. Printed by order of the Legislative Assembly of Ontario. Toronto: Warwick Bros. & Rutter, printers, etc., 68 and 70, Front Street West, 1898.

"Renal Suppuration, Catarrhal, Specific and Traumatic, and the value of Micro-Urinalysis of the Urinary Sediment, as an aid to Definite Diagnosis of it." By Thomas H. Manley, M.D., Professor of Surgery, New York School of Clinical Medicine, New York. Reprinted from the Journal of the American Medical Association, November 13 and 20, 1897. Chicago: American Medical Association Press, 1897.

Personals, Etc.

Dr. Skinner has commenced practice at 492 Yonge Street.

Dr. W. J. McCollum, of Jarvis Street, was married last month.

Dr. H. H. Oldright, of Spadina Ave., has opened a down-town office at 34 Victoria Street.

Dr. Kerr, of Dovercourt Road, has left to attend the American Medical Association at Denver.

TORONTO GENERAL HOSPITAL'S BRANCH, on Bay Street, is rapidly approaching completion.

MRS. D. J. GIBB WISHART, wife of Dr. Wishart, is, it is pleasing to note, convalescing from an illness.

WE are glad to know that Dr. Norman Allen has recovered from his recent attack of septicæmia.

AT 525 Sherbourne Street, on Friday, May 13th, 1898, the wife of Dr. Frederick Winnett, of a daughter.

Dr. J. S. King has removed from the Oddfellows' Building, Yonge and College Streets, to 288 Jarvis Street.

Dr. C. F. MOORE has removed into his handsome new home, 91 Bellevue Ave., and is comfortably ensconced there.

Dr. Price Brown attended the meeting of the American Laryngological Association at Pittsburg, Pa, last month.

Dr. A. H. Garratt has associated with him in practice Dr. McKenzie, nephew of the Toronto Railway Co.'s President.

DR. GEORGE S. RENNIE, of Hamilton, who was seriously injured April 7th, through a runaway accident, has quite recovered.

We extend our sympathy to Dr. John Hunter, of Toronto, in the death of his brother, with whom he returned from California last month.

DR. GILBERT GORDON, of this city, will be married next week to a Winnipeg lady, and intends afterwards to take an extended trip through Europe.

AFTER considerably embellishing the house and grounds, Dr. Geo. Carveth is now comfortably settled in his new home, corner College and Huron Streets.

Dr. A. S. TILLEY, of Bowmanville, Dr. T. H. Balfe, of Hamilton, and Dr. R. J. Gibson, of Sault Ste. Marie, have been appointed associate coroners in their respective districts.

Dr. F. R. Brown, of Madeira, California, brother of Dr. Price Brown, of Toronto, died at home April 4th, 1898, aged 61, after an illness of four days, from septicemia due to inoculation while operating on a gangrenous patient at the county hospital.

items of interest.

THE WATER DRINKING HABIT.

Most European physicians, or at least very many European physicians, believe that the most active cause of gastro-intestinal disturbance in America is the habitual use of ice-water, and there can be no doubt that flooding the stomach with large quantities of ice-water during eating has a tendency, by lowering temporarily the temperature of the viscus, as well as by diluting the gastric juice, to cause disturbances of digestion, which on repetition may result in the production of gastric catarrh. On the other hand, the habitual taking of large amounts of water is very advantageous for all gouty individuals, and indeed for all persons who eat more than the needs of the system require, as is very clearly pointed out by the editor of the American Medico-Surgical Bulletin,

whose remarks are here quoted.

It would seem, a priori, probable that in its relations with water the human system obeys to a greater or less extent the ordinary physical and chemical laws. What is taken into the body must get out of the body, sooner or later; and the discharge of large quantities of water necessarily increases the flow of excre-The old researches of Roux and of Boecker indicated that the increase of the amount of urine which follows the waterdrinking is sometimes, but not always, accompanied by an increase in the output of solids from the kidneys. The cause of the differences of effects has been shown by Meyer to depend upon the condition of the body; the excess of water in the system appears to have very little influence on tissue-disintegration, but to be powerful in dissolving or carrying off—in other words, in washing out—all excrementitious materials, whether such materials be due to disintegration of the tissues themselves or be educts from an excessive food supply.

The American habit of drinking water has not, however, arisen from the promptings of any blind instinct leading the race to attempt to wash out of the body the products of excessive self-indulgence, or the last taint of a gouty British ancestry; but has simply sprung from the climatic condition. The dry air (as compared with Europe) and the high temperature of the summer months make the American throw off water and make the system demand water. The vacuum in the body must be supplied. That the American people do not drink more water than they need is shown by the fact that the American man is a drier individual, not only in his speech but also in his tissues, than is the European. True humor consists of a kernel of truth surrounded by a hull grotesquely unfit for it; and so the humorist habitually expresses

a physiological fact when he makes John Bull in the cartoon plump and succulent, and Brother Jonathan hard and dry. years ago the writer of this editorial, at a meeting of the physiological sections of an International Congress, said that a certain physiological operation or procedure reported by European physiologists did not produce the results upon dogs which were alleged, unless indeed the European canine were very different from his American brother; a suggestion that led to a general titter until Brown-Séquard got upon his feet and said that he had studied and practised medicine and studied and practised vivisection on the two continents, and that it was a fact that the American people and the American dogs and lower animals were distinctly different in vascularity from their respective kindreds in Europe; that operations in vivisection which in Europe he could scarcely perform on account of the amount of bleeding produced he had often done on the American dog with almost dry tissues.

The American drinks water because he is thirsty; he is thirsty because he sweats; and he wants his water cold because he is hot; the cooling of the system being demanded, but the cool temperature being especially grateful to a heated throat. What is the poor American to do? He is threatened with mummification if he does not drink water; he is appalled by the horrors of gastric catarrh if he does drink water. The answer is obvious: drink water between meals rather than at meals. The drier the meals the less dilute the gastric juice, the better theoretically at least is the digestion. Fortunately, the ordinary human being is made with a reserve force, and so if he be in the ordinary condition he need not study the number of drops of water he takes with his meal; but if he have any disease of the stomach or feebleness of digestion

it is well worth while to count the drops.

Cold water has so good a taste when a man is very heated that most people will continue to take cold water, and a general chilling of the body would seem sometimes to be of service. Nevertheless, there probably are cases in which the sudden pouring of large masses of cold water upon a stomach in a person who has little reserve power has produced an immediate violent disturbance. These cases are, however, in our opinion, few; indeed, our belief in their existence may be due to the nursery teaching of our early childhood, since if the truth must be spoken, in a medical experience extending over thirty-five years, we have never seen colic, collapse or any other acute symptom or condition produced by a cold drink. But for fear that the nursery bogie is the shadow of truth, we would advise our readers when hot to drink cold water slowly. We remember once. when two-thirds dead of thirst in the Texan desert, with what joy we raised to our lips a quart mug of water and drank it to the bottom without a breath, but in an ordinary emergency a half-tumblerful of cold water, followed in a moment or two (if it must be) by the other half-tumblerful of water, should satisfy the ordinary individual. At the present time, at least in the city of Philadelphia, and we opine in various other cities of less ill repute, it is wiser for the drinker by boiling the water to substitute soup for an infusion of raw products.—Dietetic and Hygienic Gazette.

ABORIGINAL GRATITUDE.

In his efforts to cure his patients and maintain the honor of his profession nothing is more helpful to a medical man than the knowledge that his labors are appreciated, and spontaneous recognitions of his work atone for much disappointment, brighten the dull routine of duty, and stimulate to fresh endeavors. Though we are able to record frequent examples of the recognition of services rendered by medical men among civilized races it is but seldom that we can refer to an event like that reported by the Fiji Colonist and Levuka Gazette of December 4th, 1897. antipodean contemporary reports a farewell entertainment or "meke" given by the natives of Levuka and district to their retiring medical officer, Mr. George Fox. Mr. and Mrs. Fox and a few friends were invited to the house of Ratu Vilemoni, the chief native, when "some score or more of the maiden beauties of the district, gaily dressed in their most imposing sulus and wreaths of flowers and Wa-Kalou, presented themselves, when a series of mekes was performed, ranging from the soft slow cadences which would make such a delightful lullaby to the quick joyous tones which give one the impression that these children of nature are without a care in the world." Ratu Vilemoni then presented Mr. Fox with some mats, some valuable curios of old Fiji, and a dainty Roi. The Fiji Colonist, in concluding its report, observes: "The invitation was issued spontaneously and it is doubtful if such an honor has ever before been tendered any retiring medical man for the express purpose of signifying the natives' appreciation of his services among them. Commissioners, magistrates, and acting Rokos—yes, by the score, as to one in authority, but to one who has waited upon them and as a recognition of benefits received the occurrence is almost unique and reflects great credit on all who were concerned in providing it." Whatever the exact character of a "meke" the circumstances under which it was given are as creditable to the Fijian natives on the one hand as they are to Mr. Fox on the other. If untutored aborigines can recognize in such a tangible manner the services of the medical man whom Government provides for them, notwithstanding what our poet says of "benefits forgot," the time has not come to despair of the rest of mankind. And in spite of medical aid sweaters and the grudging parsimony which discharges all its obligations with the tardy payment of an oft-rendered account there will never be lacking some who will recognize unselfish performance of duty and lift from the jaded medical man the gloom which, but for them, would settle upon him and stifle some of the most generous impulses of the heart.—Lancet.

ISTERINE

The Standard Antiseptic.

LISTERINE is a non-toxic, non-irritating and non-escharotic antiseptic, composed of ozon-iferous essences, vegetable antiseptics and benzo-boracic acid.

LISTERINE is sufficiently powerful to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.

LISTERINE has ever proven a trustworthy antiseptic dressing for operative or a cidental wounds.

LISTERINE is invaluable in obstetrics and gynecology as a general cleansing, prophylactic, or antiseptic agent, and is an effective remedy in the treatment of catarrhal conditions of every locality.

LISTERINE is useful in the treatment of the infectious maladies which are attended by inflammation of accessible surfaces—as diphtheria, scarlet fever and pertussis.

LISTERINE is especially applicable to the treatment of scarlet fever, used freely as a mouth wash or by means of the spray apparatus.

LISTERINE is extensively prescribed in typhoid fever both for its antiseptic effect and to improve the condition of the stomach for the reception of nourishment.

LISTERINE agreeably diluted, is prescribed with very good results, in the treatment of diphtheria, both as a prophylactic and curative—internal antiseptic—agent.

LISTERINE is used extensively with good results in the treatment of whooping-cough.

LISTERINE diluted with water or glycerine speedily relieves certain fermentative forms of indigestion.

LISTERINE is indispensable for the preservation of the teeth, and for maintaining the mucous membrane of the mouth in a healthy condition.

LISTERINE employed in a sick-room by means of a spray, or saturated cloths hung about, is actively ozonifying, and imparts an agreeable refreshing odor to the atmosphere.

LISTERINE is of accurately determined and uniform antiseptic power and of positive originality.

LISTERINE is kept in stock by the leading dealers in drugs everywhere.

Lambert's Lithiated Hydrangea.

Ciose clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by Physicians generally as a very valuable Renal Alterative and Anti-Lithic Agent. ALBUMINURIA,
BRIGHT'S DISEASE,
CYSTITIS,

DIABETES,

GOUT.

LITHÆMIA,

HÆMATURIA.

NEPHRITIS.

RHEUMATISM.

URINARY CALCULUS.

and all forms of

VESICAL IRRITATION.

FOR DESCRIPTIVE LITERATURE, ADDRESS

Lambert Pharmacal Co., ST. LOUIS.

A WORLD-WIDE BUSINESS.

How Parke, Davis & Co. Achieved their Great and Enviable Fame. THEIR CANADIAN BRANCHES, WALKERVILLE AND MONTREAL.

It is no exaggeration, it is merely stating a well-known fact to say that the house of Parke, Davis & Co. is the "foremost pharmaceutical house in all Its prominent position has been attained by steady adherence to scientific methods and to the policy that quality and reliability should be

synonymous with their label.

Parke, Davis & Co. have always led in the advance guard of scientific pharmacy. The improvements which they have effected in pharmaceutic preparations have done much to place the science and art of medicine on a surer and more definite basis and humanity has been correspondingly benefited. Parke, Davis & Co., for instance, was the first house to advocate the principle of standardization as applied to the preparations of drugs containing alkaloids, etc., that were capable of being chemically assayed. They were the first to place standardized preparations of such drugs upon the market, and the medical profession so warmly endorsed their action in this respect that the last revisers of the United States Pharmacopæia felt constrained to fall into line and give official recognition and approval to the principle.

Chemical standardization alone, however, does not represent the ultima thule of this matter. There are some drugs such as Indian cannabis, digitalis, strophanthus, squill, cantharides, ergot, etc, that cannot be satisfactorily standardized by chemic test. Parke, Davis & Co. now stand as the first advocates for the further application of the principle of standardization to these, which can only be done satisfactorily by test upon living organisms,

by physiologic test.

It is not our intention to here picture the magnificent biological laboratory which Parke, Davis & Co. has erected to efficiently prosecute the standardization by physiologic test of the drugs above referred to. It is rather, as an illustration of the progressive methods characteristic of the firm's policy, explanatory of the unqualified praise which is accorded to their products wherever they go. The medical men who use Parke, Davis & Co.'s preparations know that in them they possess the most reliable, up-to-date scientific instruments of materia medica The keynote of the ever increasing favor therefore which compels Parke, Davis & Co. to keep enlarging their manufacturing facilities, to multiply their branch houses and their agencies is typified in their trade mark, "Medicamenta Vera."

WALKERVILLE BRANCH.

The establishment of the Walkerville (Ont.) branch laboratory of Parke, Davis & Co. is only one of the many instances which go to show the wonderful growth and expansion that is steadily marking the career of this great Appreciating the favor which had already been manifested towards their products, Parke, Davis & Co. decided to meet the demands for them by a purely Canadian enterprise which would be able on Canadian soil to operate under much more favorable commercial conditions. Accordingly in 1887 they erected a modest building, which was estimated to be sufficient for their Canadian trade at that time, and also for some time to come. The very encouraging success which immediately attended this effort made it at once apparent that a larger building was necessary, and in 1890 they moved to

An ideal ointment

Resinol A perfect dressing

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Antipruritic Antiphlogistic Emollient Exc.

MEETS ALL INDICATIONS
FULFILS ALL EXPECTATIONS

INSTANTLY STOPS THE ITCHING
QUICKLY SUBDUES THE INFLAMMATION
MAINTAINS A CONSTANT ASEPSIS
SOOTHES IRRITATION AND PAIN

AND SUPPLIES THE NEEDED NUTRITION

Unguentum Resinol should be readily obtained at any drug store, as it is carried in stock by wholesale druggists and jobbers in medicines everywhere.

RESINOL CHEMICAL COMPANY

SAMPLE SENT ON REQUEST

BALTIMORE, M.D., U.S.A.

BRAND'S Specialties for Invalids

Essence of Beef the juice of finest selected beef, extracted by a gentle heat, without the addition of water or a stimulant after loss of blood from any cause, and in severe cases of prostration and debility. Being in a jelly form, it is easily administered, and its stimulating properties are at once apparent, without any ill after-effects. Similar preparations are made from MUTTON, VEAL and CHICKEN.

Meat Juice extracted from the prime raw meat by pressure, and contains in an unaltered state the albuminous and other nutritive properties ready for immediate assimilation.

Invalid Soups, Potted Meats of finest quality.

THE A1 SAUCE.

To be obtained wholesale of LYMAN BROS., TORONTO.

BRAND & CO., Limited, Mayfair, London, England.

a large, handsome new laboratory. Now a third enlargement of premises has been found necessary to meet the rapid development of their Canadian trade, and an additional two and a quarter acres of land have been added. On this is now in course of construction a four storey building, 60 by 100 feet, that will give with other minor improvements, 25,000 additional feet of needed floor space. This will then yield employment to about 125 people, exclusive of their ten travelling representatives who are scattered all over the Dominion.

In the Walkerville laboratory of Parke, Davis & Co. every preparation receives the same care, is brought up to the same standard, must respond to the same tests as those emanating from the huge parent laboratory in Detroit. Their preparations may be relied upon in precisely similar conditions to yield precisely similar results since all chemic and physiologic tests are identical in the control of their manufacture. In only one series of preparations has it been considered unadvisable to duplicate manufacturing facilities, and that is in the preparation of anti-diphtheritic serum; this is still manufactured exclusively in Detroit. All crude drugs purchased after a physiological test of submitted sample are procured through the Detroit laboratory in order to insure the animal tests being uniformly applied. With access to the same staff of chemical and botanical experts, which has helped so materially to build and maintain the reputation of the parent firm, it can readily be assumed that the products of the Walkerville manufacturing branch may be relied on as fully as those issuing from the Detroit laboratory on the opposite side of the magnificent river upon which they both stand.

MONTREAL BRANCH.

So much delay has been complained of in shipments to Eastern Canada that Parke, Davis & Co. has often been strongly urged to establish a depot or branch which would serve as a distributing centre on or near the Atlantic coast. Since the transit delay was ascertained to be located chiefly between Walkerville and Montreal, they decided that a branch house in the latter city was almost a necessity, and that its establishment would afford tangible relief to a large number of patrons in the eastern part of Ontario, the Province of Quebec and the Maritime Provinces. The branch is located in the centre of Quebec and the wholesale district of Montreal, 278 St. Paul Street, and will carry a complete stock of Parke, Davis & Co.'s preparations, although for the present it will not be a manufacturing laboratory. It is recommended as a base of supplies to all those living sufficiently near Montreal to expect a lessened time of transit in their shipments than would be the case if ordered from Walkerville.

Speaking of Canadian trade brings to notice the other evidence of the high appreciation which Parke, Davis & Co.'s products receive from the medical men who are subjects of Queen Victoria. As a profession they are second to none in the world, and there are none who more carefully scrutinize, more carefully examine and test their preparations, nor who afterwards more thoroughly endorse them. A large manufacturing laboratory is maintained in London, England, at 21 North Audley Street (451 Oxford Street), Grosvenor Square, W., which has been steadily increasing its plant and its products meeting with increasing favor ever since its installation. Not only has Parke, Davis & Co. a large demand for their preparations in Great Britain alone, but from the remotest corners of the globe have come most unexpected demands for them, in fact, from wherever an educated physician is to be found. They experience

The Old Objections

to cod-liver oil—the taste, odor, eructations and oily diarrhea—no longer hold good. The offensive and undesirable products of decomposition are eliminated.

Scott's Emulsion

"The Standard of the World"

contains the purest Norwegian oil, emulsified, and entirely free from putrefactive alkaloids.

It is active; but not because of ptomains dissolved in alcohol and aromatics.

Its therapeutic power rests in the pure oil, the hypophosphites, and glycerine, perfectly blended.

Two sizes, 50c. and \$1.00. In prescribing, please specify unbroken package. Small size put up especially for convenience in cases of children.

SCOTT & BOWNE, TORONTO

Frederick Stearns & Co.

MANUFACTURING
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MAIN OFFICE AND LABORATORY: DETROIT, MICH., U.S.A.

ADDITION to offering complete lines of the standard pharmaceutical preparations (catalogues on application), we desire to call to the attention of the medical profession the following special products of our own devising and manufacture:

KASAGRA, A Laxative and Intestinal Tonic.

The original and genuine Cascara Aromatic, and the only full strength fluid extract of Cascara Sagrada which is not bitter and which does not gripe.

WINE OF COD LIVER OIL

A Nutrient Reconstructive Tonic, containing the valuable active medicinal principles of the oil without its fatty matter.

TRITIPALM

A Demulcent Diuretic and Genito-Urinary Tonic; being a concentrated, compound fluid extract of fresh Saw Palmetto and Triticum.

DIASTASE-STEARNS

A Starch Digestant. The isolated amylolytic ferment of the pancreatic juice, in powder, pilloid and essence form.

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A Brain, Nerve and Muscle Stimulant. An aromatized, palatable fluid extract of fresh (undried) true African Kola.

HÆMOFERRUM

A True Hematinio; A Natural Proteid Compound of Iron, being non-constipating and non-irritating. In pilloid and liquid form.

Complete sets of literature on any or all of the above preparations will gladly be mailed on request.

constantly opening new and unlooked-for channels of export for their goods; and even a partial list of their branch establishments and agencies is a formidable one. Parke, Davis & Co. maintains a special corps of travelling representatives in Australasia, and they have no less than fourteen depots for the supply of their products in that remote continental island. In New Zealand they have seven. In British India they have five (one of these being in Ceylon). In the Hawaiian Islands they have three, and in China two. On the Continent of Europe they have six. Other countries, where but one agency or depot is maintained, are Egypt, Japan and Java. This is not inclusive of a large number of wholesale houses in Mexico, Central and South America, and the West Indies, who carry their products in stock.

In New York City Parke, Davis & Co. does an immense distributing business; here also they conduct a special and distinct enterprise, their Crude Drug Department, which does a vast importing and jobbing business in medicinal herbs, barks, leaves, resins, insect powder, etc. Wherever they have established branches in the United States their business has advanced with the same rapid strides which have characterized their Canadian trade. They have also large and completely equipped stocks located in Kansas City, New Orleans and Baltimore. Last, but certainly not least, is their immense

DETROIT LABORATORY

Here is located the large staff of scientific experts, analytical chemists, physicians, microscopists, botanists, etc., whose controlling influence ramifies to the remotest circumference of the vast business.

When the Ontario Medical Association visited the establishment of Parke, Davis & Co., a year or two ago, its members were particularly impressed with the completeness and magnitude of the bacteriological and pharmacological laboratories. These have since been increased five-fold in capacity and outfit. Here was made the first American diphtheria antitoxin that was offered on this side of the Atlantic. Their superior product of this article—the finest in the world—is well worthy of the immense department which was equipped for this special purpose. Provided with all modern paraphernalia, powder microscopes, huge iucubators, sterilizing apparatus, extensive stables and animal laboratories, this branch of enterprise is prepared to keep abreast of the latest discoveries in bacteriological science. They are now engaged in the production of several antitoxins—of diphtheria, tetanus, streptococcus, etc. Their diphtheria antitoxin enjoys the enviable distinction of never having caused a fatality or serious casualty of any kind, and its record in reducing the mortality of this dread disease is unparalleled by any other similar preparation on the market. About one hundred and fifty horses are at the present time undergoing the immunizing treatment for its production. In addition there are several thousand guinea pigs, etc., which are used as control indicators of the potency of the toxins and the antitoxins.

A new department is being added in the shape of a vaccine farm. Shortly Parke, Davis & Co. expects to be able to furnish an unexceptional virus, and the plant and facilities now being installed for this purpose are unsurpassed.

Here is also located the pharmacological laboratory where physiologic assay of the powerful drugs, such as ergot, strophanthus, Indian cannabis, digitalis, etc., is made. Not an ounce of any preparation of these leaves the laboratories of either Walkerville or Detroit without undergoing crucial trial and receiving a positive guarantee of its medicinal activity.

All these departments, bacteriological, physiological and vaccine farm, are under the care of Prof. E. A. Grange, late State Veterinarian of Michigan,

FREE! FREE! FREE!

Wishing to introduce the **Patent Felt Mattress** to men and women whose endorsation of it will carry weight with their friends, we make to all householders of the medical and pharmaceutical professions the following offer:

During the month of May we will place on absolutely free trial for thirty nights one of our **Patent Felt Mattresses**, made of interlaced sheets of pure, white, elastic, sanitary Felt; we will make the mattress to order any size desired, in one or two pieces, and prepay the transportation charges. And we undertake that if at the end of thirty days the mattress has not given satisfaction in every respect, we shall receive it back and refund the total amount paid on same.

Better than the Best Hair Mattress at Half its Price Over One Million Felt Mattresses now in Use in U.S.

Information regarding the standing and character of our Company can be obtained from the Commercial Agencies or from any wholesale dry goods merchant in Canada.

FOR A DESCRIPTION OF THE FELT MATTRESS, PRICE LISTS, ETC., KINDLY REFER TO OUR CATALOGUE, FREE FOR THE ASKING.

THE ALASKA FEATHER AND DOWN CO. Limited

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When writing please mention this Journal.



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Operating Cushions

14 inch, square, - - - \$2.50 each.
20 "round, - - - 3.00 "
24 " " - - - 3.50 "

SUPERIOR SURGICAL INSTRUMENTS

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HOSPITAL SUPPLIES

Send 33 cents for 1000 page Catalogue.

SHARP & SMITH, 73 Randolph St., CHICAGO, ILL.

whose undoubted ability and experience gives assurance that no expense or care will be spared for the proper observance of hygienic conditions in the stables and laboratories.

The enterprise which this firm has shown in the introduction of the new remedies is evidenced by a partial list of its earlier efforts in this line. Such drugs as the following are now recognized as valuable members of the materia medica: Cascara Sagrada, Jamaica Dogwood, Jaborandi, Grindelia, Coca, Kola, Berberis Aquifolium, Corn-Silk, Quebracho, yet they were not known to the medical profession until introduced by the preparations of Parke, Davis & Co.

The price list of this house, of which new edition will be mailed in July or August, comprises thirty distinct lines of pharmaceutical preparations and five thousand items. There are one hundred and thirty representatives of the firm travelling over every continent and every clime, in addition to those we have mentioned above as distinctly Canadian. Despite the hard times which have so generally prevailed the last few years, Parke, Davis & Co. has been steadily adding to the huge travelling staff, opening new branch houses, building new laboratories by the acre, and essaying every promising line of scientific enterprise. They have committed themselves to an aggressive policy of advancement all along the line, and it remains but to say that their desire to raise pharmacy and therapeutics to higher levels is almost daily receiving the endorsement of the best and most thoughtful men engaged in its practice.

AMERICAN MEDICAL ASSOCIATION MEETING.

The next annual meeting of the American Medical Association will be held in Denyer, Colo., June 7 to 12, 1898.

This announcement will interest two classes of persons—physicians who wish to study at first hand the effects of "climate cure" upon various diseases, and tourists who are in search of an agreeable summer outing. It is expected, though, that the doctors will find considerable time for sight-seeing; also that many of the tourists will incidentally pick up information of a medical nature. Benefits will thus be mutual.

Another timely item is that by going to the Rocky Mountains this summer one may get away from the threatened invasion of the Spanish flotilla along our eastern coasts.

Rate and Selling Dates.—The railroad rate for this occasion will be one lowest first-class regular fare (plus \$2.00) for the round trip. At points between Chicago and Missouri River tickets will be sold June 2, 4 and 5; west thereof dates of sale will be June 5 and 6, except in Colorado and New Mexico, where different dates will be arranged for. It is believed that corresponding rates, limits, etc., will be effective from territory east of Chicago and St. Louis, but no definite announcement can as yet be made.

Stop-Overs.—Holders of tickets reading via the Santa Fe route will be permitted to stop off at any point in Colorado (Pueblo and north thereof) up to June 7. This line runs its Denver trains through Pueblo and Colorado Springs. Passengers ticketed to Denver are thereby afforded an opportunity to visit en route Colorado's greatest scenic and health resort as well as the industrial city of Pueblo without additional cost. Stop-overs will also be allowed at Kanas City and Omaha in either direction.

Return Limits.—The destination of tickets may be either Pueblo, Colorado Springs or Denver, the same rate being applicable to each city. For the

Why Under the Hammer?

The significance of the test which consists of driving old mass pills into a board with hammer and block of wood has been questioned by some makers of the "solid kind" of pills,

This test is simply intended to supply the pharmacist and physician with a ready and quick means for estimating the age of factory-made pills and their therapeutic value.

It is effective in showing that there is a difference between Fresh Mass Pills and Old Mass Pills. The test shows the difference in hardness. Hardness must have some relation to therapeutic value. This is the teaching of pharmacy. The soft pill mass is insisted upon for the pills dispensed extemporaneously by the pharmacist. There can be no exception made in favor of manufacturers whose pills become

progressively harder with age. The retail pharmacist cannot be asked with consistency to dispense soft pills extemporaneously and hard pills from the general stock. The stock of ready-made pills should be of the kind that does not deteriorate with age, and that pre-



serves their quality of ready disintegration indefinitely. Upjohn's Friable Pills have these qualities and preserve them indefinitely.

THE UPJOHN PILL & GRANULE CO.

Samples and Price List free on application to

GILMOUR BROS, & CO., Montreal,

Sole Agents for Canada

accommodation of delegates and others who may take advantage of this exceptionally low rate to spend their vacation in Colorado, the Santa Fe route has arranged for the execution of tickets for return passage by joint agents at either Pueblo, Colorado Springs or Denver, provided such return journey is not commenced before June 12 nor after July 6. Return trip must be continuous and from point of such execution.

Diverse Routes.—Passengers who prefer to do so can purchase tickets to Denver, Colorado Springs or Pueblo westbound via one line and returning another. In such a case, be sure that your ticket reads over the A.T. & S.

Railway either going or returning.

The Most Comfortable Line.—The selection of a suitable route for one's vacation outing is a matter of no small importance especially if the proposed journey is a long one. Below are given a few reasons why the Santa Fe

route meets every reasonable requirement in that respect.

1. Historic and Scenic Interest.—It runs through the richest industrial and agricultural sections of Illinois, Missouri and Kansas; crosses the Illinois, Mississippi, Des Moines and Missouri Rivers: and west of Kansas City as far as La Junta, Colo. closely parallels the old Santa Fe trail, a thoroughfare celebrated in the early history of the Southwest and which during its active use was the scene of many sanguinary conflicts with tribes of wild Indians. The daylight ride across the plains of Kansas is chiefly notable for the outlook it gives of a wide-stretching and fertile plains country. The Spanish Peaks come into full view east of Pueblo, while all the way from Pueblo to Denver the traveller may see from the western windows of his car the magnificent uplift of the Rampart Range, crowned by Pike's Peak and Gray's Peak.

2. Safe and Comfortable.—To travellers of the present time the Santa Fe Route provides both luxury and safety en route. Pullman palace sleepers, free reclining chair cars and modern day coaches comprise the equipment of its through vestibuled Colorado trains. Safety is assured by the heaviest of steel rails and a stone ballasted roadbed. Automatic block signal system and abolition of grade crossings form additional safeguards. As an aid to comfort, regular and satisfying meals are served, the dining room and dining car service being managed by Mr. Fred Harvey, whose reputation as a caterer is national. On dining cars the service is a la carte, while at dining rooms meals are on the American plan, costing only 75 cents each. A distinctive feature of the Santa Fe's equipment is the method of lighting its chair cars and day coaches. This is done with electricity generated by the revolution of the car axles and stored in batteries for future use. The illumination is thereby rendered very bright and steady. A convenient switchboard arrangement permits the light to be varied at will from full power to a pleasant dim-

Side Excursions.—In connection with the meeting of the American Medical Association, low excursion rates will be made from Denver, Colorado Springs and Pueblo to principal resorts in Colorado as well as to Salt Lake City and Ogden, Utah and Las Vegas Hot Springs, New Mexico. These tickets will be on sale at the close of the meeting, good to return within ten to twenty days. Ample time will thus be afforded to obtain more than a passing glimpse of the Rocky Mountain region.

The "Loop Trip," from Denver to Silver Plume and back, via Idaho Springs and Georgetown, can be made in one day. About two days will suffice for a hurried glimpse of the South Park line, the start being from Denver. The celebrated trip "Around the Circle" requires from eight to ten days, taking in principal scenic points in central, southern and western Colorado. Starting from Colorado Springs one may stop at Manitou, ascend

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SURGICAL APPLIANCES

are used to support the body when illness or accident has thrown the human machinery out of gear, and when the digestive organs are enfeebled,

BOVRIL

will act as a sustainer, and replace the solid meat at which the stomach revolts, by the vital principle of Prime Ox Beef in the most appetizing and easily digestible form.

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40 Years Food Analyst to H.M. Government.

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Canadian Branch

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Pike's Peak and make the round of the Ute Pass resorts. Two to three days is the minimum period for this jaunt; a full week can be pleasantly spent. The noted health resort of Glenwood Springs, just over the continental range, will fully repay a visit, and while there one can conveniently continue on to Salt Lake City, the capital of Mormondom. A very interesting experience may be had by going down into northern New Mexico to Las Vegas Hot Springs, where the Montezuma Hotel is situated.

For time tables, descriptive literature and other information apply toany representative of the Santa Fe route, or address W. J. Black, G.P.A.

Topeka, Kas.; or C. A. Higgins, A.G.P.A., Chicago, Ill.

THE MEDICO-CHIRURGICAL COLLEGE MAY CONFER D.D.S., Ph.G., AND Ph.D. DEGREES

JUDGE GORDON has dismissed the exceptions of the Philadelphia Dental College, which sought to restrain the Medico-Chirurgical College from conferring graduate degrees in dental surgery and pharmacy. The Medico-Chirurgical College's petition to so amend its charter as to comprehend this broadening of the institution's field of usefulness has accordingly been granted.

Judge Gordon's opinion, in full, is as follows:

In the matter of the petition of the Medico-Chirurgical College of Philadelphia for an amendment to its charter.

"Sur exceptions of Philadelphia Dental College.

"We are of opinion that under the original act of incorporation of this college, on February 12, 1850, and its supplement of the 10th of April, 1867, the institution possesses the power to confer degrees in Dental Surgery and

Pharmacv.

"The original act of incorporation empowers the college among other things to establish a Department of Instruction in Surgery (including Dental Surgery) and Pharmacy.' The supplemental act of 1867 confers upon the college 'all the rights, immunities and privileges as to lecturing, granting diplomas and conferring degrees in Medicine as is possessed by the officers

and professors of the University of Pennsylvania at this time.

"As was said by the Attorney-General of the State, in an opinion touching the right of colleges to confer degrees: 'The conferring of a degree simply marks a step in the educational career of the student. It is the expressed judgment of the Faculty that he has attained a certain degree of proficiency, and a diploma is granted as the evidence of such degree. The value of a degree depends entirely upon the character and standard of the institution conferring it. It may mean much or it may mean little.'

"We believe that the general grant of powers to this corporation comprehends the right to grant diplomas and confer degrees evincing the proficiency of its students in the various branches expressly authorized to be taught. Moreover the original act of incorporation specially excluded the right to confer the degree of Bachelor of Medicine or Doctor of Medicine, which would seem to have been a legislative interpretation that but for this exclusion the right to confer these two degrees would have been included in the general grant of powers. While it is true that a proviso or exception to an act cannot enlarge the language of the act or amplify a grant of power, still it may have effect and value as indicating the general legislative intent.

"The third section of the act of incorporation recites: 'That no enumeration of powers, privileges, and duties herein contained shall be so construed

FOR MAKING LITHIA WATER OF A KNOWN STRENGTH WHAT CAN BE MORE SATISFACTORY THAN

Wyeth's Compressed Effervescing Lithia Tablets.

WYETH'S LITHIA TABLETS

are most convenient for the preparation of artificial Lithia Water, and the great advantage these tablets have over the natural Lithia Water is that the dose can be regulated very readily to suit the case by dissolving one or more in any desired quantity of water.

WYETH'S LITHIA TABLETS

when taken in doses of from one to two tablets, dissolved in water, and repeated two or three times daily, exerts a marked influence in cases where patients are voiding uric acid gravel, causing the formation of deposits to become less or cease altogether.

WYETH'S LITHIA TABLETS

have been so perfected that they dissolve almost instantly in water, and a tumblerful of Lithia Water of a known strength can be quickly, easily and economically made by dropping one or more of these tablets into a glass of moderately cold water, producing a pleasant and palatable draught.

Price, per dozen bottles, 5 grains, 50 tablets in each, \$5.00

Wyeth's Effervescing Anti-Rheumatic Tablets

OF SALICYLATES, POTASSIUM AND LITHIUM

(Each Tablet represents 312 grains of Combined Salts.)

These Tablets of Salicylates of Potassium and Lithium, in the above proportions, are readily soluble, effervesce quickly and freely, producing a pleasant, sparkling draught, and we believe, where salicylate salts are specially indicated, will have the cordial endorsement of physicians.

This combination is recognized as almost a specific in the treatment of Acute and Chronic Rheumatism, Rheumatic Gout and kindred ailments, and is an invaluable remedy in all febrile affections inducing headache, pain in the limbs, muscles and tissues; it is also prescribed in Lumbago, Pleurisy, Pericarditis, and all muscular inflammatory conditions.

Price per dozen bottles, - - - \$4.00
(Each bottle contains 50 Tablets.)

DAVIS & LAWRENCE CO., LIMITED, SOLE AGENTS FOR MONTREAL

to exclude others not enumerated which are necessary to the fulfilment of the designs and purposes of this act, and not inconsistent with its express provisions and limitations.' It can hardly be claimed that the granting of degrees in Dental Surgery and Pharmacy is inconsistent with any express provision or limitation in an act specially conferring the power to establish a Department for the teaching of Dental Surgery and Pharmacy, or that the granting of such degrees is not necessary to the fulfilment of the designs and purposes of the act of incorporation. Conclusive force, we think, must be given to this argument in view of the special exclusion in the act of the two particular degrees in medicine referred to above.

"Again the supplementary act of 1867 amplifying the original act of incorporation, brushed away even this limitation upon the power of the college to confer degrees and granted plenary authority to confer all the degrees in medicine possessed by the University of Pennsylvania at that time.

"Why would not this grant of power include degrees in Dental Surgery and Pharmacy! Are not Dental Surgery and Pharmacy branches of 'medicine'! The students in Dental Surgery are instructed, we are informed, in anatomy, physiology, chemistry, therapeutics, materia medica, pathology, and other branches of medical science, while in Pharmacy chemistry, physiology, materia medica, and therapeutics are branches of instruction. Indeed, the later and better tendency is to closely ally both Pharmacy and Dental Surgery to the parent science medicine, and to have the students in all three of these sciences matriculate with the same institution.

"The growth in the dignity and efficiency of Dental Surgery is largely due to the fact that the practitioners in this art to-day, unlike their representatives in the past, are educated carefully in allied medical studies. For this reason most of the great colleges of medicine have now regularly established schools or departments in Dental Surgery and Pharmacy, and the students in these branches seek institutions where they may have the advantage of medical clinics.

"The powers asked for in the amendment now before the court, we, therefore, think are already included in the chartered rights of this college, but for the improvement and clarification of the charter, the amendment

asked for is proper and should be allowed.

"Even if we had doubt as to this view we still regard the amendment asked for as a proper one, and within the scope of judicial power and it would be granted.

"The petition is therefore allowed, and a decree will be made accordingly.

"JAMES GAY GORDON."

THE "CHUTMUCK SPECIAL."

If you go to Denver to attend the meeting of the American Medical Association, of course you want to take the best train, over the best route. And as to what is the best train and the best route, there is no room for difference of opinion. The finest special train for Denver on this occasion will be the Chutmuck Special.

The Equipment. The equipment of this train will be unsurpassed. Vestibuled throughout all dirt and dust is absolutely avoided. Pullman compartment and buffet sleeping cars afford the best accommodations that can

be procured.

Special Car Connections. For the doctors of the East and South, a special inducement to take this train is the through car service that has been arranged



for. Pullman cars from the South and East are to be attached to the Chutmuck Special at St. Louis, thus completely avoiding change of cars en route. This is a point worthy of careful consideration by all who esteem comfort in

travelling.

Stop-Overs. An advantageous feature of this train is the liberal provision made for stop-overs. On all tickets going and returning by diverse routes, stop-over is allowed at Omaha on deposit with Joint Agent of Bureau at that point. This enables all who so wish to see the Great Trans-Mississippi and International Exposition. On all tickets going and returning via same route and one-way tickets, a charge of \$1.00 for deposit and extension will be made. The same arrangements as to stop-overs will be made at Kansas City.

Rates of Fare. One lowest first class fare, plus \$2.00 for the round trip to Denver, Colorado Springs or Pueblo. The fare from St. Louis required on this basis will be \$26.50. Similarly reduced rates from eastern points will

prevail.

The Route of the Chutmuck Special lies west from St. Louis through one of the most interesting sections of the United States. As we leave St. Louis all the beautiful suburbs of that city are found on the line of the Missouri Pacific. Beyond here the picturesque Meramec River comes into view, affording enchanting vistas of water and forest. Further on the train hugs the banks of the Missouri, its rugged bluffs giving an ever-changing picture rivaling the beauties of the mountains. The farms of fertile Kansas then are passed; historic towns, whose air is reminiscent of the war (Osawatomie, with its John Brown monument, among them): towns whose material progress has been the wonder of the West, are passed through before entering Colorado, the introduction to which may be said to take place at Pueblo, the "Pittsburg of the From here to Denver the train passes through the most widely known portion of the Continent for scenic beauties. Colorado Springs, Manitou, Pike's Peak, a host of resorts whose names awaken the remembrance of the Arabian Nights, so greatly do they exceed all expectations, are all grouped here under the shadow of that magnificant Pike's Peak. Taken all in all, the Chutmuck Special will be unquestionably the most popular train to the Association meeting in June.

It is a well-known fact that England is the home of well-dressed men and that what is known as an English fit is synonymous with perfect tailoring. The attention of the journal readers is drawn to the announcement in this and subsequent issues of the firm of Wacks Bros., of Leicester, England. This is one of the largest tailoring firms in the whole of England, employing a very large number of hands all the year through. They are in closest connection and touch with several woollen factories all over the Old Country, and can therefore give their customers the benefit of a choice of goods unequalled by any other house in Great Britain. Wacks Bros. have for years made a specialty of their colonial trade and do an immense business with gentlemen in Canada as also with others as far distant as Australia. They have a capital system of self-measurement so that all that has to be done is to write the firm for their system asking them at the same time to submit samples, and the purchaser can depend upon a good fit. What is more, and as will be seen more fully by referring to the illustrations in their advertisement, the prices of this firm for the finest goods, made up in first class style, are such that after all duties and freight charges have been paid a large amount will be saved in the end. We feel that we can recommend the members of the profession to give Wacks Bros. a trial.

The Best Cannot be too Good



Is made from the best Canadian Barley Malt. Is richer in Diastase and Maltose than any other made. Is guaranteed free from foreign matter, such as Glucose, Licorice, Salicylic Acid. etc.

Write for samples and literature to

W. LLOYD WOOD

GENERAL AGENT

TORONTO, ONT.

Reduced in Price to \$1.00 per ounce. EMINENT BRITISH OPINION

NTITOXINE

(Strengthens the Heart's Action.)

THE Late President of the Glasgow Obstetrical and Gynacological Society of Glasgow has in-formed us that in his opinion the four Antipyretics which are best 3. Antipyrin. known to British Medical men should be placed thus in order 4. Antikamnia.

1. ANTITOXINE

2. Phenacetine.

of merit.

The Manager, The British Antitoxine Manufacturing Co.

Glasgow, W., 5th September, 1896.

DEAR SIR: I have found Antitoxine give immediate relief in severe Facial Neuralgia after Phenacetine had failed. After having given Antitoxine a thorough trial—I have used 16 ounces during the last 9 months—I rarely prescribe Antipyrin now and almost as rarely Phenacetine. I believe that the 4 Antipyretics which are at present best known to English Medical men should be placed thus in order of merit so far as they relieve pain, headache, Facial Neuralgia, Dysmonthon and reduce fever—

2.—Phenacetine.

1. have frequently given Antitoxine in cases where I would not dare give Antipyrin: weak hearts, etc. In a new never seen the alightest bad result from its administration. Have never seen the alightest bad result from its administration. Have never seen the slightest bad result from its administration.

Some time President Glasgow Obstatical and Some time President Glasgow Obstatical and

2 or 3 times a day. I am, dear Sir, Yours faithfully,

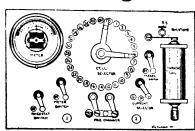
Some time President Glasgow Obstetrical and
Gynsecological Society.

The original signed letter, of which the above is a copy, will be sent
for perusal to any physican who desires to see the signature,
provided he promises to immediately return it.

IMPOBATANT TO PHYSICIANS.
Since the production of Antitoxine, the only heart-strengthening
antipyretic and antineuraligic, unscriptulous limitators have copied
our literature, often verbatim, as well as the sphygmographic tracings
which we published to illustrate the unique heart-strengthening
effects of Antitoxine.

The B. A. M. Co.

Electricity



IN THE TREATMENT OF

DYSMENORRHŒA, STRICTURES, STENOSIS, Removal of WARTS, MOLES, NÆVI, CATAPHORESIS, ELECTRO-DIAGNOSIS, METALLIC ELECTROLYSIS

and many other electrical operations, are explained in detail in our 18th edition catalogue.

This work of 300 pages also gives prices and descriptions of the BEST BATTERIES IN THE WORLD.

It will be mailed to your address postpaid, without charge, if you write and ask for it.

McIntosh Battery and Optical Co. 521-531 WABASH AVE., CHICAGO.

The firm of The Electro Medical Manufacturing Co., of 59th and Wallace Streets, Chicago, Ill., are advertising a few bargains for May, June and July on page lxxx. It will pay practitioners, who are in need of anything in this line, to peruse carefully the advertisement, as by so doing they will find that they can save a big shave in the regular prices of those goods.

It is a matter of satisfaction to know that the Montague Private Hospital is making such rapid progress. Since removing from Montague Place, their original home, to 159 Bloor Street East, accommodation has been almost at a premium. Practitioners are taking more and more advantage of the hospital every year, finding, as they do, that in attending their own cases there, they have the greatest satisfaction, the staff of trained nurses in each case bending every effort to see that the physicians' orders are carried out to the letter.

It is generally understood, and correctly so, that medical men as a class have sufficiently fine taste to be musical. It will, therefore, be of interest to them to recollect that the firm of A. & S. Nordheimer, of Toronto, keep everything in the musical line, from pianos of the very best make and at all prices down to sheet music. Their building on King Street East is one of the most completely equipped in Canada, each department occupying an entirely separate flat. Medical men are requested to call and see them when requiring anything in their line, no matter what it may be.

VICTOR MAY & Co., of Chicago, are manufacturers of a most unique instrument in Dr. St Cyr's uterine evacuator. It can best be explained by turning to page viii., where its action in thoroughly emptying the uterus of everything in the way of shreds of membrane, pieces of retained placenta, organised blood clot, will be better understood. It is a spiral, and by the most gentle action and without any pressure whatever, worms its way into the womb and presses out anything of the above character, thus diminishing materially any danger of septicemia. It is made in two sizes, small blunt size selling at \$3.50 and large blunt size at same price, or the two for \$6.50.

By referring to page xlii. of this issue, our readers will see an advertisement which will interest them. It is that of The Bromo Chemical Co. of New York. There are a large number of so-called disinfectants on the market, for all of which great things are claimed, but there are only a few which will carry out such claims satisfactorily. A disinfectant, to be generally used must first of all have a powerfully deodorizing effect, and at the same time not be disagreeable for household use. Such a preparation is Bromo Chloralum, being a powerful disinfectant, saline antiseptic and styptic, and yet not unpleasant in odor. It is an ideal prophylactic in threatened epidemics of contagious disease, and is most economical; one bottle diluted with water will make twelve pints of proper strength for use.

IMPERIAL GRANUM is a prepared food that makes friends wherever its merits become known. The writer has been familiar with it for years, and takes pleasure in relating the following clinical test of its merits: "The patient, reduced by disease and from the effect of the anodynes necessarily given to alleviate her sufferings, developed malignant cholera-morbus, and for days lay in an almost unconscious condition. As a last resort she was taken to a Boston hospital, where the physicians began administering Imperial Granum, prepared as directed for acute cases, in very small quantities. After several trials it was retained, and the strength and quantity was slowly increased. After four weeks' treatment, taking Imperial Granum only for nourishment, she was discharged from the hospital, and a few weeks later endured a severe surgical operation from which she completely recovered, and to-day seens in perfect health.

E. MERCK

16 JEWRY STREET

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UNIVERSITY PLACE

C U

NEW YORK



Chemicals for medicinal use are recognized as the standard for Purity, Reliability and General Excellence.

When ordering, please specify—MERCK'S

COCAINE HYDROCHLORATE.

LACTIC ACID.

SALICYLIC ACID AND SALTS.

STRYCHNIN.

IODOFORM.

SANTONIN.

Please direct attention to MERCK'S



WHICH ACCEPTABLY REPLACES MORPHINE AND CODEINE.

Peronin is a light, white powder, having the formula C₂₄, H₂₅, NO₃, HCL. It is readily soluble in water, and is less bitter than morphine. It exhibits the unpleasant by-effects of morphine in a far less degree. Its use is particularly recommended in the troublesome coughs of phthisis and bronchitis, in asthmatic affections, and against rheumatic and neuralgic pains.

Peronin may be given in the form of pills, compressed tablets, or dissolved in syrup or sweetened water. For convenience of dosage, tablets, each containing ½ grain, at 75c. per 100 tablets, are on the market.

TO BE HAD OF ALL DRUGGISTS AND CHEMISTS, OR DIRECT OF

E. MERCK, Chemical Works, Darmstadt

MERCK'S ANNUAL REPORT ON APPLICATION

"PROTONUCLEIN I have found useful in many conditions of ulcers which show a tendency to run into chronicity. It seems to possess positive properties as a stimulator of cell regeneration, and in my own hands it has been my custom to employ it where other routine remedies do not yield satisfactory results."

T. H. Manley, M.D.

OLD REMEDY—New Uses.—There are very many important uses for antikamnia, of which physicians as a rule may be uninformed. A five grain Antikamnia Tablet prescribed for patients before starting on an outing, and this includes tourists, picknickers, bicyclers, and, in fact, anybody who is out in the sun and air all day, will entirely prevent that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sightseer's headache." The nervous headache and irritable condition of the busy business man is prevented by the timely use of a ten-grain dose. Every bicycle rider, after a hard run, should be advised a bath and a good rub down, and two five-grain Antikamnia Tablets on going to bed.

For Health or Wealth.—A winter spent in Arizona may save your life. It's not the desert you imagine. It has a climate unsurpassed for healthfulness, with soils that are richer than those in the Valley of the Nile. Peopled by a class of law-abiding, progressive citizens, offers inducements in the culture of fruit that equal, if not outweigh, in value the productions of her older sister States. Phonix, in the Salt River valley, has 12,000 people, with all the conveniences of modern civilization, massive business blocks, handsome suburban homes, seven schools, nine churches, electric street railway cars, electric lights, city water and modern sewerage system, and penetrated by one of the largest railway systems in the United States, the Southern Pacific. Its productions are unexcelled by any other portion in the cultivation of staple grains and many of the tropical fruits. The price of land is low, including a perpetual water right. There are but few of the Eastern farmers who are aware of the fact that in this very valley there are 150,000 acres of land now under cultivation, and the richest soil on the face of the earth.

Persistent Gastric Irritability—Complicating Lobar Pneumonia.— Dr. A. B. Cannon, of New York, submits the following clinical report: "Miss S., aged twenty-one years, highly neurotic temperament, and suffering with lobar pneumonia. On the third day she began to vomit, being unable either to retain medicines or nourishment. This continued several days, notwithstanding the fact that I gave the usual remedies to check it, including bismuth, subnitrate, cerium, oxalate and cocaine, hydro-chlorate and minute doses of vini ipecac, etc. I washed out the stomach several times, and still she was unable to retain a teaspoonful of milk. I was compelled, in the meantime, to resort wholly to hypodermic and nutritive enema. As the vomiting was of considerable import at this stage of the disease, and the vitality of the patient was well-nigh exhausted, I had about concluded to give nothing by mouth except cracked ice to relieve the thirst, but thought I would first try Eskay's Albumenized Food. To tell you frankly, I expected the same results from it as I had from the several peptonizing powders I had Accordingly, I ordered the nurse to prepare it according to directions, and a glass was given. She retained it for about an hour and then ejected a portion of it, which I attributed to the fact that she had taken too much at one time. The nurse was instructed to try again in two hours. This time only half a glass was given, the patient sipping it slowly. It was retained. It was then given every four hours. No vomiting has since occurred. This was continued for three weeks, and the patient is now convalescing rapidly."



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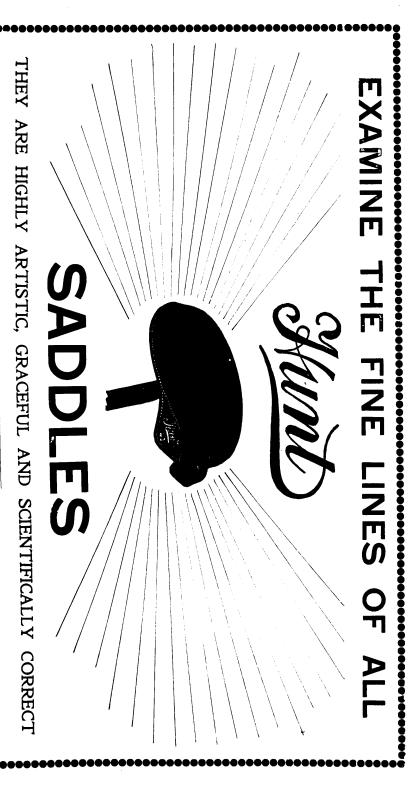
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ensuing season alone.

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Recognizing the fact that the only practical and available method of transportation to the Yukon in the winter months is overland from the coast by dog-train, with pack horses and horse-sleds as auxiliary, the Northwestern Trust and Development Company has arranged for the despatching of an "outfit" so constituted, from some point on the

and Development Company has arranged for the despatching of an outil so constituted, from some point on the Lynn Canal, immediately.

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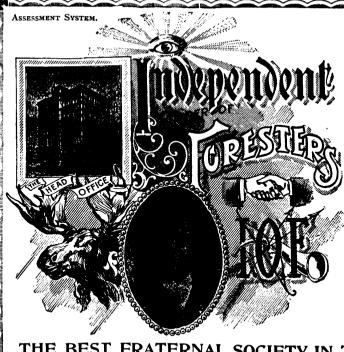
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1892 1893 1894 1895 1896	43,024 54,484 70,055 86,521 102,838	53,243,000 67,781,000 86,506,500 108,027,500 128,791,000	858,857 89 1,187,225 11 1,560,373 46	13 49 15 76 16 94 18 03	5-47 5-47

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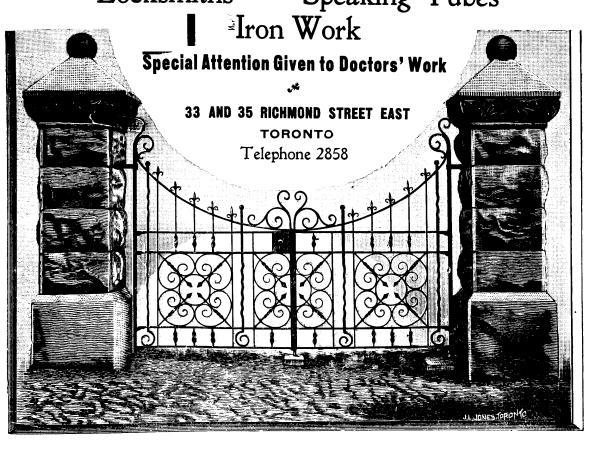
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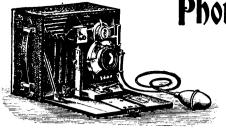


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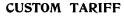


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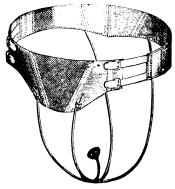
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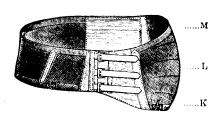
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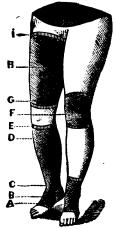
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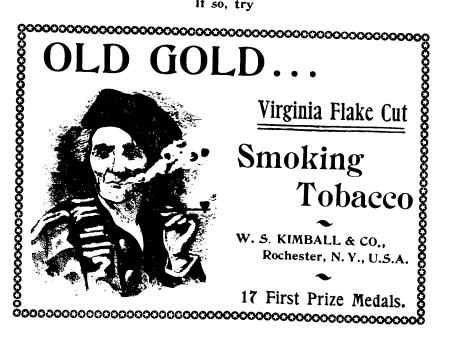
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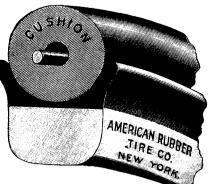


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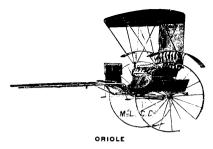
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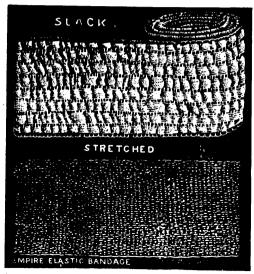
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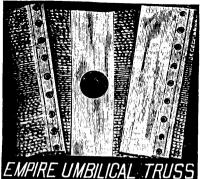
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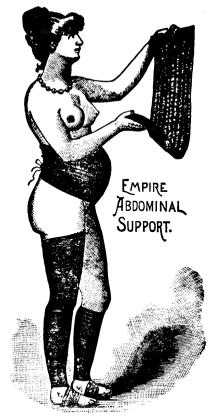
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