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THE MANITOBA AND WEST CANADA

LANCET

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ORIGINAL ARTICLES

UNIVERSITY OF MANITOBA.

The University of Manitoba was established in the year 1877, and a large grant of land has been set apart by the Local Government for its endowment. It is affiliated with several Colleges, that of St. John's the Manitoba Medical College, St. Boniface College, Wesley College and Manitoba College. These colleges form the teaching bodies, the University, on the presentation of the several successful candidates conferring the respective degrees, which are similar to those granted by the Universities of Oxford, Cambridge, Scotland, and Trinity College, Dublin, and Royal University, Ireland. With the exception of Divinity, it has sole power of granting degrees in the province. Several medals are given yearly for proficiency in different subjects. Thirty-four prizes and scholarships are given to successful students each year. All students in connection with the University are expected to wear academic costume. The fees for the examinations and degrees are very small. Matriculation, \$1; each regular examination, \$4; supplemental exams., \$5; certificate of standing, \$1; B. A., \$8; M. A., \$15; M. D., \$10; C. M., \$15; LL. B., \$10; ad eundem statum, \$5; gradum, \$5. Fees are required to be paid in advance. All information may be obtained from the Registrar, I. Pitblado, M. A., LL. B., Winnipeg.

MANITOBA MEDICAL COLLEGE.

The fiteenth winter session of Manitoba Medical College began on the morning of the 15th of September, 1897, in the college building, corner of Kate street and McDermot avenue, Winnipeg.

The college was founded in 1883, and at once affiliated with the Provincial University, becoming one of the "Confederation of Colleges" forming that institution.

From time to time, as it became necessary, the buildings have been enlarged and improved, and the laboratories fitted with the latest and best appliances, until now the college equipment is such that a thorough scientific medical training may be obtained by students taking advantage of the privileges for work which it offers.

The chief objects of the faculty have always been to increase the efficiency of clinical teaching and provide every opportunity for practical work in every department. The proximity of the college to the Winnipeg General Hospital—by far the largest and most complete in Western Canada—and the fact that the hospital staff is composed of professors and lecturers in the college, enables the faculty to afford the students a very large amount of bedside instruction. With reference to the provisions for practical work, the chemical and pharmacy laboratories are in the college building. The classes in pathology, histology and bacteriology will have accommodation in the new Government Bacteriological laboratory, situated on the college grounds.

Post-mortems are performed in the city morgue on the hospital grounds.

COLLEGE FEES.

Enregistration, payable once only, \$3.

The total collegiate fees amount to \$305 (including enregistration), for students taking the four years' course, payable in four annual instalments of \$75 each. Graduates in Arts taking their course in three years will be required to pay \$90 each year.

SCHOLARSHIPS.

The University of Manitoba will offer the following scholarships for competition, viz.:-

First Year.—Two first year scholarships, known respectively as First and Second, will be competed for at the end of the first session, the value of which are respectively \$80 and \$50.

Second Year.—Two primary scholarships, known respectively as First and Second, will be competed for at the close of the second session, the values of which are respectively \$80 and \$50.

Third Year.—First and Second Intermediate scholarships, having respective values of \$80 and \$50, are offered for competition on the end of the third year.

MEDALS.

The University will also offer a silver medal annually to the student taking the highest standing in the M. D. examination, and a bronze medal to the student taking second place.

WINNIPEG GENERAL HOSPITAL.

This institution, which is managed by a Board of Directors, has recently been greatly enlarged, its capacity being increased by the erection of an isolated building for infectious diseases, affording a total accommodation for one hundred and fifty patients. It is daily visited by not less than two members of the hospital medical staff.

The patients—extern and intern—are examined and prescribed for in the presence of the students.

The operating theatre is large, well lighted and suitably seated in the most recent style, so that all may see fully the successive steps of the numerous operations performed in it.

Winnipeg being the great railway and wholesale distributing centre for the province of Manitoba and the Northwest Territories, accidents requiring operations are of frequent occurrence.

The Maternity Hospital.—The maternity department of the Winnipeg General Hospital contains ample accommodation for nineteen patients. It is situated at a convenient distance to both hospital and Medical college. It contains an ante-labor, distress, and post-labor room. Every facility will there be afforded to students for acquiring familiarity with this important branch of medical practice.

The hospital fees for students are \$10 per session, or \$20 for a perpetual ticket. Maternity ticket is \$6. Tickets must be paid for at the commencement of each session.

The superintendent and assistant superintendent are chosen from the graduates of Manitoba University.

EXTRACT OF LANCET'S SPECIAL REPORT OF PROCEEDINGS OF THE BRITISH MEDICAL ASSOCIATION AT MONTREAL.

The Annual Dinner of the Association took place last night (Thursday) at the Windsor Hotel. The dining hall had been most tastefully decorated by flags and banners, the latter bearing the names of the provinces of the Dominion, as well as the initials B. M. A. The President, Dr. Roddick, was supported by a distinguished company, including the Governor-General, the Chief Justice, Lord Strathcona and Mount Royal, the Mayor of Montreal, Lord Lister, Prof. Richet, Sir William Hingston, Sir James Grant, Sir Walter Foster, the Rev. S. Barclay, Prof. Michael Foster, Mr. Wheelhouse, and many others. About 500 attended the banquet. The toast list was a lengthy one and the speeches of a high order,—one of

those most appreciated being that given by the Rev. Dr. Barclay, who, with Surg. Lt.-Col. Lawrie, was called upon to respond to the toast of the Army, Navy and Auxiliary Forces. The regrettable absence from disposition of the Lieutenant-Governor of Quebec deprived the company of again hearing his eloquence. A pleasing incident was the presentation of an address to Lord Lister by the members of the Medical Faculty of the Universities of Dalhousie, Halifax, to which his Lordship made a graceful reply.

The important question of securing for the Dominion a uniform standard of medical education has been a prominent topic of the week. It was debated at the annual meeting of the Canadian Medical Association on Monday and Tuesday, when also a scheme for inter-provincial registration was discussed and adopted by the provinces of New Brunswick, Quebec, Manitoba and Prince Edward Island. It was also referred to by the President of the British Medical Association in his opening address, and commenting upon this, Lord Lister, in moving the vote of thanks to the President, made some judicious remarks. Lord Lister thought that the great objection to a central examining board was that the examinations would be conducted by those who were ignorant of the curricula of the various schools, and for himself preferred the system obtaining in England of a central controlling body (the General Medical Council) with power to inspect and visit the various licensing bodies. Any opinion of Lord Lister's must have great weight,—although it cannot be forgotten that some twenty years ago the idea of a conjoint Examining Board for England was on the eve of accomplishment, some of the bodies concerned voluntarily consenting to abrogate their right to grant licenses. Theoretically a single and uniform standard for the whole country would seem to be the ideal to be aimed at—all additional qualifications and degrees being regarded as academic distinctions; but it may be, as Lord Lister evidently

fears, that the practical working of such a scheme could not be effected without injustice to candidates trained on various methods.

The sentiments so well expressed by Dr. Roddick in the opening words of his address are those which must have been dominant in the hearts of all his hearers, for they emphasize the fact that such meetings do more to knit the nations together than the labors of statesmen and legislators or the interchanges of commerce. In one important respect the British Medical Association stands on a different and a higher level than the British Association. That body exists from year to year and from place to place, having a fluctuating roll of members, with a central permanent organization. The British Medical Association, on the other hand, has grown, as the President reminded us, from the small society of provincial medical men in England, to a body of 17,000 practitioners of medicine in Great Britain and the colonies—an organization which is fixed and representative, and capable of still wider expansion.—*Lancet*.

PART OF DR. RODDICK'S ADDRESS ON MEDICAL EDUCATION IN CANADA.

The general question of medical education is one of great importance and of unceasing interest, nor is this interest confined to the profession; it is becoming universal. The needs of medical education are fortunately being more fully realized by those who on account of their wealth and influence are in a position to render substantial assistance which is so requisite. The time was when every medical school was a purely proprietary concern "run" for the money that was in it. We feel in Canada, and I think I can speak for the profession in the neighboring Republic, that this day is passed, that high-minded philanthropists like the Right Hon. Lord Strathcona and Mount Royal, the late John Henry Molson, the McDonalds, the Drakes, and others with us, and the Johns Hopkins, the Standfords,

the Vanderbilts, the Rockafellers, the Miss Garretts, and others with them are beginning to realize that unendowed instruction in medicine must lead to imperfect results, and that private endowment, in the absence of state aid, has become an absolute necessity to a proper medical training. I am not an advocate for state aid to universities, and I rejoice that the university to which I have the honor to belong is not so dependent, as it might thus be deprived of those gifts of private munificence to which I have just referred. All honor to those far-seeing, open-handed men and women who are giving of their abundance in order to elevate the standard of medical education, and by so doing benefit their kind. As Gould very tersely puts it in one of his clever articles: "I think our reliance must be upon private bequests, and these can be secured only as we interest the rich. We must never weary in showing the neglect of the greatest, most palpable, most certain means of doing good. There is a strange fatality in men, an unaccountable inability of seeing the need that lies nearest the good that is dearest. There is more money to-day devoted to astronomy than to the prevention of disease. It is positively wonderful to think that men should be more interested in stars and constellations than in their bodies and their physiological life."

A question which is now-a-days agitating the minds of those especially interested in medical education is the kind of groundwork which is likely to bear the most direct relation to the future studies of the medical student. I think it is now conceded by all that he is placed at a greater advantage who first passes through an arts or a science course. I am happy to be able to report that from 15 to 20 per cent. of those who are studying medicine in this country to-day have had a collegiate training in either arts or science. Which of the two should the parent or guardian choose? Had I a son whose instincts were in the direction of medicine, I think I should choose for him the science course. The late Pro-

fessor Huxley thought it was a self-evident proposition that the educational training for persons who proposed to enter the medical profession should be largely scientific; not merely or even principally because an acquaintance with the elements of physical and biological science is absolutely essential to the comprehension of human physiology and pathology; but still more because of the value of the discipline afforded by practical work in these departments in the process of observation and experiment, in inductive reasoning and in manipulation.

The subjects in the science curriculum might be specially selected for the future medical student. Of course it may be said in favor of the arts course that many of the subjects such as physics and chemistry constitute part of the curriculum; but then calculate the loss to the future surgeon of that training of the hand and eye which would lead him to be a skilled operator; or to the scientific physician whose complicated instruments of precision employed in the diagnosis of disease need some mechanical knowledge for both their use and repair. Besides the number of those has been increasing in number and complexity with the increase of scientific knowledge.

But can we not make a new departure; can we not urge that a special scientific education be arranged by the universities for those who desire to enter the medical profession? Such a course would embrace elementary Latin and Greek, French and German, physics, chemistry, biology, psychology, elementary mechanics, a practical laboratory course on electricity and drawing. After two years' study this might entitle the successful candidate to the degree of Licentiate in Science.

Something of this kind has been recently attempted in the University of McGill. By a special arrangement with the Faculty of Arts it is now possible for students to obtain the degree of B. A. along with M. D., C. M., after only six years of study. It has been decided to allow the primary subjects (anatomy,

physiology and chemistry) in medicine to count as subjects of the third and fourth years in Arts. It follows, then, that at the end of four years' study a student may obtain his B. A. degree and have two years of his medical course completed. The last two years of study are of course devoted to the third and fourth year subjects in medicine. A certificate of Licentiate in Arts will be given along with the professional degree in medicine to those who previous to entrance upon their professional studies proper have completed two years in the Faculty of Arts, and have fully passed the prescribed examinations therein. By this plan also during the first two years of the Arts course the medical student practically completes his studies in physics, chemistry, botany, and elementary psychology. This scheme is still in the experimental stage, but there is every reason to believe that it will result satisfactorily. What deters so many from taking a full course in Arts or Science before entering Medicine is the length of time consumed before the doctorate degree is reached, although I hope the time is not far distant when every graduate in Medicine in Canada shall of necessity be also a graduate in Arts or Science. I might state that the standard for the ordinary matriculation examination for entrance to medicine exacted by all universities and licensing boards in this country is, with hone or two exceptions, very high. I doubt if the requirements in this way of the Medical Council of Great Britain are any higher.

Now as to the purely professional portion of medicine, I might state that we have in the Dominion of Canada no fewer than 11 medical schools, including one for women only, all having the power of granting degrees, and all connected directly or by affiliation with university bodies. To enumerate them: Beginning with the Atlantic provinces, we have in Halifax the medical school attached to Dalhousie University, the only medical school in the Maritime provinces; in this province there are four schools, Laval in Quebec, Laval in Montreal, McGill and

Bishop's in Montreal; in Ontario, four schools, namely, the Royal College of Physicians and Surgeons, Kingston; the University of Toronto Medical Faculty, Trinity Medical College, and the Ontario Women's Medical College in Toronto; in London, Ontario, the Western University Medical Faculty; and lastly, in Winnipeg, the Manitoba University Faculty of Medicine. All told, we had in Canada, during the last winter sessions, 286 teachers, including professors, lecturers, and demonstrators, and 1,736 students. The tendency for the past two years has been to increase the teaching staff quite out of proportion to the increased number of students. Taking McGill we find that there are in the present year 53 teachers for 388 students, being a proportion of nearly one to eight. Laval, in Montreal, has 36 teachers and 197 students, a still greater proportion. The Toronto School of Medicine had during the past year 41 teachers for 293 students. We find that this proportion compares well with the larger schools in the United States; thus, in 1893, there were in Harvard Medical School 71 teachers to look after 471 students; at the Columbia Medical College in New York with 661 students there were 105 teachers (1 to 6); in the University of Pennsylvania the teaching staff in the same year comprised only 84 members with 825 students, being a little over 1 to 10. What does this mean? Ten years ago when McGill had 237 students, a staff of 23 professors and demonstrators was considered sufficient. Why are so many more thought necessary now-a-days? The number of subjects taught has not increased very much. The answer is that the subjects are differently taught, the old-fashioned daily didactic lectures are now given two or three times a week only; although I should be sorry to see them further reduced in number, I believe that so many are absolutely necessary. It is in the dissecting room, the chemical, physiological, therapeutical, and pathological laboratories that we see the change. These which before were for the most part only "side shows" are now

made to hum with the practical work which is done within them, while demonstrators are moving about busily engaged in examining and instructing.

In clinical teaching also we have made marked advances. A condition of the last few years is the clinical demonstrator, who takes small classes of students into the wards or the out-door department of our hospitals and gives them that "bed-side instruction" which is so essential, leaving the clinical professor to deal with the full classes in the lecture or operating room. Thus each student is enabled personally to examine the case, to study the physiognomy of disease, and to make deliberate, thorough and systematic examination. He thus learns to use his special senses and gets into careful habits of observation which once thoroughly acquired will be found to contribute largely to future success. With this in view we encourage students to attend the out-patient department of the hospital as early as the second year.

In order to make the clinical instruction more complete and more thorough, chemical and bacteriological laboratories have been added to the pathological departments of our hospitals. Thus it will be seen that laboratory methods everywhere prevail, all with the idea of developing the scientific spirit in students and of cultivating methods of thought with observation.

The question sometimes arises, however, may the student not be getting too much of a good thing? Is it not possible that laboratory teaching may be overdone? because, as Welsh very truly says, "The student whose knowledge of a subject is derived exclusively from laboratory courses is likely to lose his perspective in details, to acquire only a fragmentary knowledge of the subject, to fail to comprehend the general bearing of observed facts, and not to acquire the general principles and sympathetic conceptions which are essential. Laboratory work should be accompanied and supplemented by the reading of text-books and by lectures." I am convinced that with us in Canada laboratory work is not overdone, but, on

the contrary, in some departments needs and deserves further encouragement. I hope every laboratory teacher in the country realizes that the object of a college is to give a good general education, and not to make experts in various branches. I have long felt myself, however, that the didactic lectures were being unfairly dealt with. There is a feeling abroad that they should be practically elbowed out of sight. I think the didactic lecture has its place in the medical course: and while I quite feel that the old plan of compelling students to listen to five didactic lectures a week in all of the great subjects was a mistake, I still feel that a good lecturer can teach in this way a certain something which cannot be imparted by practical instruction or by recitations. The personal influence of a good lecturer very often makes an impression which nothing else can make; and if such lectures are made also demonstrative, as by the use of diagrams, the lantern, experiments, etc., they must of necessity fill a very important place in the medical course.

Hygiene is at last receiving in this country the attention which its importance demands; all medical schools in Canada have facilities for teaching it. In McGill University the scope of the teaching of hygiene has been vastly extended, thanks to the generous endowment of that department recently by the Chancellor, the Right Hon. Lord Strathcona and Mount Royal. The subject can now be taught in a scientific, and, at the same time, eminently practical manner. There will be three teachers associated with the professor himself, viz., the heads of the Department of Practical Chemistry, of Pathology, and of Bacteriology. This is following very much the German system, also adopted by the University of Pennsylvania, the chemical and bacteriological aspects of the subject being really regarded as the most important. An extensive working museum, with sanitary apparatus of every kind, forms part of the scheme, and will doubtless add greatly to the efficiency of the course when it is completed. Should the experiment suc-

ceed, you will be rejoiced to hear at no distant date that the other schools in Canada have followed the lead of their elder sister.

I fear I have given you a very imperfect idea of medical education in Canada ; and it may be charged against me that I have been partial in my description to my own University ; but I assure you that such was furthest from my thoughts. The Medical Faculty of McGill University has the right of seniority and might fairly, I think, be taken as a type of Canadian Medical Schools. Be assured there is no mean spirit of rivalry abroad. We are all working with one object only, the advancement of medicine in Canada. The teaching facilities of some medical schools in this country may be and are actually greater than others, owing to the munificence of citizens, and the school attached to McGill is, I am happy to say, in that position ; but although assistance has been rendered in a general way, with two exceptions, the chairs are still unendowed. Yet we have great expectations which we hope will be realized in the near future. Let us hope that our sister universities throughout Canada will be equally fortunate ; so that before long we shall be able to report that we are all marching abreast equally equipped.

The facilities for clinical teaching in the larger cities of Canada are admirable. Speaking for the city of Montreal, we have in the five general hospitals, the Hotel Dieu, Montreal General, Notre Dame, Royal Victoria and Western Hospitals, nearly 800 beds. The number of students attending the three medical schools was last session 846 ; and considering that only about half—those of the third and fourth years—have access to the wards, there will be at least two beds for each student. The number of out-door patients attending the five hospitals daily would aggregate at least 300, so that there could be no possible cause for complaint regarding both the quantity and quality of clinical material available in this city.

EXTRACT FROM W. M. BANKS',
M. D., ADDRESS IN SURGERY.
THE ARMY MEDICAL SERVICE
TO-DAY.

Ladies and Gentlemen,—I have diverged from the beaten track common to the givers of addresses such as this to tell you what splendid men have been the military and naval surgeons of old, who not merely did their duty nobly and courageously as such, but who have in their day enormously contributed to the advance of the art of surgery. I have done it with a purpose ; with the hope of attracting more strongly than ever the sympathy and help of this great Association to their military brethren in a critical juncture of their history. To-day Her Majesty's Government cannot induce candidates to come forward for the medical service of the Queen's army. And why ? Because it has persistently treated the Army Medical Department meanly and shabbily. To-day the Government of India can secure the services of the pick of our newly fledged doctors for its army. And why ? Because it has always treated the Indian Medical Service liberally and generously. I am not going to enter into the reasons for this ; I desire merely to emphasize one point, namely, that money is not at the bottom of this difficulty. The soldier-surgeons of to-day are the same men now that they were in the days of William Clowes.

EXTRACT FROM PROF. OSLER'S,
M. D., F.R.C.P., ADDRESS IN
MEDICINE.

In estimating the progress of medicine in the countries comprising Greater Britain the future rather than the present should be in our minds. The strides which have been taken during the past 20 years are a strong warrant that we have entered upon a period of exceptional development. When I see what has been accomplished in this city, in the short space of time since I left, I can scarcely credit my eyes. The reality exceeds the utmost desires of my dreams. The awakening of the profession in the United

States to a consciousness of their responsibilities and opportunities has caused unparalleled changes, which have given an impetus to medical work which has already borne a rich harvest. Within two hundred years who can say where the intellectual centre of the Anglo-Saxon race will be? The mother country herself has only become an intellectual nation of the first rank within a period altogether too short to justify a prediction that she has reached the zenith. She will probably reverse the history of Hellas, in which the mental superiority was at first with the colonies. At the end of the next century ardent old-world students may come to this side 'as o'er a brook,' seeking inspiration from great masters, perhaps in this very city; or the current may turn towards the schools of the great nations of the South. Under new and previously unknown conditions the Africander, the Australian, or the New Zealander may reach a development before which even the 'glory that was Greece' may pale. Visionary as this may appear, it is not one whit more improbable to-day than would have been a prophecy made in 1797 that such a gathering as the present would be possible within a century on the banks of the St. Lawrence.

Meanwhile to the throbbing vitality of modern medicine the two great meetings held this month, in lands so widely distant, bear eloquent testimony. Free, cosmopolitan, no longer hampered by the dogmas of schools, we may feel a just pride in a profession almost totally emancipated from the bondage of error and prejudice. Distinctions of race, nationality, color and creed are unknown within the portals of the temple of Aesculapius. Dare we dream that this harmony and cohesion so rapidly developing in medicine, obliterating the strongest lines of division, knowing no tie of loyalty but loyalty to truth—dare we hope, I say, that in the wider range of human affairs a similar solidarity might ultimately be reached? Who can say that the forges of Time will weld no links between man and man stronger than those of religion or of

country? Some Son of Beor, touched with a prophetic vision, piercing the clouds which now veil the eternal sunshine of the mountain top, some spectator of all time and all existence (to use Plato's expression), might see in this gathering of men of one blood and one tongue a gleam of hope for the future, of hope at any rate that the great race, so dominant on the earth to-day, may progress in the bonds of peace—a faint glimmer, perhaps, of the larger hope of humanity of that day when "the common sense of most shall hold a fretful 'world' in awe." But these, I fear, are the dreams of the closest student who knows not the world nor its ways. There remains for us, Greater Britons, of whatsoever land, the bounden duty to cherish the best traditions of our fathers, and particularly of the men who gave to British medicine its most distinctive features, of the men, too, who found for us the light and liberty of Greek thought—Linacre, Harvey and Sydenham, those "ancient founts of inspiration," and models for all time in Literature, Science and Practice.

EXPERIMENTAL OVARIAN GRAFTING.

The *Presse medicale* for July 24th contains a report of the proceedings of a recent meeting of the Paris Anatomical Society at which M. Jayle stated that he had begun a series of experiments in ovarian grafting. He showed several animals that had ovaries which had not originally belonged to them—rabbits with ovaries from other rabbits or from guinea-pigs and guinea-pigs with ovaries from other guinea-pigs or from rabbits. He stated that he had begun to experiment in the fecundation of such animals, and would ultimately report the results. Among other things, he was going to remove the ovaries from a rabbit and replace them with those of a guinea-pig, and then inject the semen of a guinea-pig into the rabbit. All these experiments were undertaken for the purpose of testing the law of the immutability of species, and to produce hybrids by a new means.

THE LANCET

MANITOBA PROVINCIAL MEDICAL ASSOCIATION

It is proposed to hold a meeting of the Provincial Medical Association of Manitoba early in November. Arrangements will be made with the various railways for reduction of fares. As this will be the first important meeting lately held of the Profession of the whole province, it is hoped that every medical man in practice in Manitoba will endeavor to attend. All gentlemen desirous of reading papers before the Association should notify the secretary, Dr. Hutton, Winnipeg, before the 20th of October. The election of officers for the ensuing year will take place at this meeting. The professional men of the city will endeavor to make the sojourn of our brethren, outside the hours of business, as pleasant as possible. Notify before the 20th of October your desire to attend. It is proposed to give a banquet by the city practitioners to visiting brethren.

MISLEADING DESIGNATIONS.

Some late appointments have been made by the City Fathers, to which have been given very misleading designations, calculated to bring on these gentlemen a considerable amount of ridicule. A person not acquainted with the facts, who reads of Mr. So and So being appointed health officer, and Mist'ers So and So as assistant health officers, on finding out that not one of the three persons so appointed had any medical training, would naturally register a mental opinion not flattering as to the wisdom and capabilities of Winnipeg's Mayor and Aldermen in making such appointments. The health officers now appointed in all English cities and counties are medical men highly trained in this special branch of medicine, and are adequately remunerated for their services. But, in vindication of the City Fathers, we may ex-

plain that the appointments alluded to were those of, nuisance inspectors to oversee the due performance of the scavenging, and the removal of all nuisances, cleaning of back yards and closets. This is but another example of the inordinate love for bombastic prefixes so dear to the sons of the western world. Harmless, but misleading, and very provocative of undue irritation to the muscles of Santorini.

WINNIPEG GENERAL HOSPITAL.

Now that the addition to this Institution, the central hospital of the province, is assured, the profession and the public may fairly look forward to the remodeling of its internal economy in unison with that of like Institutions throughout the civilized world. That up to the present time it has well fulfilled its position, and that its promoters, directors, supporters and medical staff are deserving of unstinted thanks from the Manitoba public no one acquainted with the Institution can gainsay. But the further addition, to cost \$50,000, calls for the fullest development of its enlarged capabilities, not alone as a haven of refuge and hope for those seeking alleviation from the ills that flesh is heir to, but also a home for the clinical instruction of the young men who in their turn will be called upon to fulfil those duties now discharged by the present professional staff. The practice hitherto prevailing, which gave to each medical attendant a certain turn of duty—though probably from various causes a necessity—ought now to be abandoned. Advance has recently been made in dividing the staff into physicians and surgeons; the time limit, however, still remains, though friendly arrangements exist by which each medical man can follow up attendance on his patients undischarged at the expiration of his term of duty. This practice is one not in the interests of either patients or students. As an educational institution it cripples its usefulness, and the professional regulations now called for should fulfil all requirements. A full staff should

be appointed, consulting physicians, consulting surgeons, physicians and surgeons, with the various specialists, to include a Pathologist. Wards and beds should be divided between the physicians and surgeons, who should be required to visit the hospital daily at certain hours. The beds assigned to the members of the staff should be occupied only by their authority, and whenever possible all operations should be performed on a certain day, which not alone would be an advantage to students, but would enable country practitioners to be present on many occasions. These regulations would largely extend the usefulness of this admirable institution, the directors of which have accomplished much on little means. Unfortunately none of the eastern millionaires, who have so largely subscribed to eastern hospitals and colleges, have yet had their benevolent intentions directed to the Winnipeg General Hospital, passing strange, as the princely donors have had long and intimate connection with Manitoba and Northwestern Canada. This is, however, a land of hope as well as possibilities, and we trust the increased accommodation, and therefore extended usefulness, of this charity will awaken the sympathies of those gifted with this world's abundance, who can bestow a portion of their superfluous wealth on no more-deserving object.

HYPNOTISM.

The Winnipeg public have lately been favored with an hypnotic entertainment of a farcical character. It is generally conceded that "there is something in it,"—just that that something is, has not yet been satisfactorily explained. As in the juggling tricks of the East, men look on and wonder, doubting, but more than half convinced that the hypnotist or juggler is gifted with some subtle agency they do not themselves possess. That such would be a very dangerous gift, if possessed to the extent which Mr. McEwen lays claim to, few would dispute. But that a large proportion of his performances had no

trace of mesmerism in it cannot but be apparent to a large majority of his audiences. That a strong mind and will power can dominate a weaker, especially if the latter is voluntarily surrendered, abandoning that small portion that nature has gifted him with, we have many instances of. But it is ultra credulous to believe that, "notwithstanding the magic wand," that the antics exhibited on the stage were gone through involuntarily, under the subjective influence of Mr. McEwen's controlling power. Very amusing they were, well sandwiched, and afforded what every one is the better of in this age of high pressure, a good laugh. We would advise weak-minded people to retain all the will power they possess and surrender it to no man.

MISCELLANEOUS

BOOMING MEDICINE.

Dr. J. P. Armour writes in the *Medical News*:—"The insane rush of young men, and women, too, into the profession is chiefly owing to the extravagant puffing of a considerable portion of its members regarding the financial results of their labor. I have a couple of physicians in mind, with whom I was familiar both as a youth and after entering the profession, whose careers are somewhat typical of the 'booming' class. The one was the leading physician of a large town. He claimed and was generally accredited with doing a practice of \$25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years he suddenly collapsed, leaving his creditors in for over \$20,000. The other practised in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and rarely had time to take his meals; lived quite inexpensively, except in the matter of horses; he took but one holiday in his whole career; and he af-

lected, and was generally supposed to be possessed of, fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than \$5,000. I can name a score of men in the profession to-day, who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does it more injury than any other affliction to which it is subjected."

THE SUCCESSFUL MAN.

The late Sir Andrew Clark, in addressing his students on one occasion, said he presumed those present would like to know from him what conditions he thought were essential to make a man a successful physician. Here are the opinions he expressed on this point:—

"Firstly, I believe that every man's success is within himself, and must come out of himself. No true, abiding and just success can come to any man in any other way. Secondly, a man must be seriously in earnest. He must act with singleness of heart and purpose: he must do with all his might and with all his concentration of thought the one thing at the one time which he is called upon to do. And if some of my young friends should say here, "I cannot do that—I cannot love work," then I answer that there is a certain remedy, and it is work. Work in spite of yourself, and make the habit of work, and when the habit of is formed it will be transfigured into the love of work; and at last you will not only abhor idleness, but you will have no happiness out of the work which then you are constrained from love to do. Thirdly, the man must be charitable, not censorious—self-effacing, not self-seeking; and he must try at once to think and to do the best for his rivals and antagonists that can be done. Fourthly, the man must believe that labor is life, that successful labor, with high aims and just objects, will bring to him the fullest, truest and happiest life that can be lived upon the earth."

OVERSTUDY IN YOUNG GIRLS.

The well known restrictions repeatedly made by Skeane against the injurious effects of overstudy upon young girls should be treasured by every practitioner. Much the same may be said against an artificial social life, such as prevails in many of our larger cities. It must not be forgotten that a girl does not become a woman promptly upon the first appearance of her menses, but that for some time thereafter, usually several years, she is in a transitional state, and that the less Nature is hampered in the proper moulding of the individual the better for that individual. A girl naturally below par, especially if descended from defective parents, or if she has a highly sensitive nervous organization, not only has all she can attend to to adjust herself gradually to the strains of maturing womanhood, but she is likely, despite Nature's best efforts in her behalf, to require extraneous aid. This it is the physician's duty to give, and it is folly to render aid on one hand, whilst continued overwork is permitted to more than cancel this upon the other.—Medical Council.

TREATMENT OF THE UNCONTROLLABLE VOMITING OF PREGNANCY.

A. Pozzi (Archivio di Ostet. e Ginecol.) has treated successfully five cases of severe vomiting in pregnancy by the method proposed by Professor Tibone. In four of these the pregnancy had reached two and a-half months, in one only a month and a half. The method referred to was the subcutaneous injection in the hypogastrium of a solution of hydrochlorate of cocaine (1 cg. to 1 g. of distilled water.) In two of the cases the treatment was begun in the second stage of the vomiting, when there was fever and when cerebral phenomena had begun to manifest themselves. In two cases the cocaine was given when the vomiting was still in the first stage and in the fifth patient the author had to do rather with an exaggerated form of simple vomiting than

with the grave incoercible type. In all the cases a great number of other means of treatment—including, in some, replacement of the uterus—had been previously tried.—British Medical Journal.

THE NEW TUBERCULINE.

The news that Koch has made a new tuberculine has awakened the attention of all Europe, for Koch is one of the very few bacteriologists of the old world who passes as an absolutely fair-minded and conscientious observer—a scientist who even, as he carefully pursues every step of an interrogation, always leans to the side of scepticism, and is a true disciple of the inductive method of reasoning. It is now nine years since Koch announced that he had discovered a remedy for tuberculosis. After a period of wild enthusiasm on the part of that portion of the profession that views semi-therapy through Utopian spectacles, it was found that tuberculine killed instead of curing patients. The downfall of the remedy was as terrific as the proclamation of its triumph had been great. Yet tuberculine constituted a discovery. It was seen that the febrile reaction induced by the remedy in consumptives might possibly afford an excellent method of diagnosis. Nocard, in France, generalized its employment in tubercular animals, particularly in bovine tuberculosis. Yet late investigations in Austria among herds show that the results of such methods are more than negative, and its application has been entirely discontinued. Certain observers at one time pretended that tuberculine employed in small doses for several months constituted an excellent remedy. Koch is more modest than ever. His claims at the present that the treatment only succeeds at the commencement of tuberculosis. When the tuberculous present at the same time secondary infections, the tuberculine is naturally impotent, and the streptococcus continues its work. In order to recognize these infections one must consult the temperature; consumptives whose temperature is above 102 degrees F. are only ex-

ceptionally benefited by specific treatment. It will be seen from all this that the remedy, if remedy it be, should never be applied except by a practitioner expert in diagnosis—a skilled man in auscultation. Koch's experiments with patients suffering from lupus have been most remarkable, yet, as he admits, it will require long periods of time to discover whether any real cures have been effected.—Lancet-Clinic.

PRACTICAL HINTS TO DIAGNOSE VALVULAR DISEASE.

If the murmur is heard with first sound of the heart, it is either due to obstruction to the flow of blood out of the aorta or regurgitation back into the auricle. How are we to determine which condition exists?

If the murmur is heard with greatest intensity just above the apex, and on a line around the chest to the lower border of the scapula, it is mitral regurgitation: if heard loudest between the second and third ribs, at the junction with the sternum, on the right side, or along the course of the sternum to the ensiform cartilage, it is aortic obstruction. This last murmur may also be distinguished in the vessels of the neck.

If the murmur accompany the second sound of the heart, it is produced by regurgitation of the blood through the aortic valves back into the ventricle, or (rarely) to obstruction of the flow from auricle into ventricle. If heard with greatest intensity at the previously mentioned site of the aortic obstruction murmur, it now indicates aortic regurgitation: if distinguished best at the apex, it is mitral obstruction. This last condition rarely gives rise to a distinct murmur, and is never heard behind. If the physician is capable of detecting only these lesions, viz., mitral regurgitation (the most common of all valvular disease), aortic obstruction and aortic regurgitation, the company will have secured the services of a valuable examiner, and one whose re-

cord on the office file will show but few deaths among his accepted risks as caused by "heart disease."

A RARE COLLECTION OF FOREIGN BODIES IN THE STOMACH.

Frickner (*Deutsche medicinische Wochenschrift*, 1897, No. 4; *Centralblatt für Chirurgie*, July 31, 1897,) relates the case of an hysterical woman, 32 years old, who, several months after having swallowed a variety of articles with suicidal intent, began to suffer with severe digestive disturbances, vomiting, etc., and finally with a tender lump in the left side of the belly. Laparotomy was performed, and the incision opened and abscess near the stomach. Then the stomach was opened, and a large collection of the most varied articles was found, among them a key, two teaspoons, a silver fork, wire tacks, hairpins, pieces of glass, etc., in all 37 pieces weighing more than eight ounces. The most difficult to remove was the fork, the prongs of which were directed toward the pylorus. The gastric incision was closed with sutures, and an iodoform-gauze tampon was placed in the abnormal incision. Healing and recovery were rapid. Frickner has looked up the literature of the subject, and he finds that in only three out of fifty-three cases was more than one foreign body found. His own case makes fifty-four in which an operation was performed, and forty-four of the patients recovered. On the whole, the prognosis seems tolerably good.

NEARLY FATAL DIAGNOSIS ON ACCOUNT OF A GLASS EYE.

According to a newspaper of a city not far off a physician tells a story of his once having been summoned to the hospital late at night to assist his colleagues in the endeavor to resuscitate a man profoundly narcotized with opium. One pet method after another having proved ineffectual, the conviction was forcing itself on the medical gentlemen that the patient was dead. "Finally," the story continues,

"the eldest of the party, a practitioner of thirty years' standing, walked over to the supposed corpse, and, lifting the eyelid, looked long and searchingly at the eye. When he let go he at once proceeded to gather up his instruments preparatory to leaving. I thought that I could detect a slight respiration, though very faint, and asked him why he was leaving. 'The man's dead,' he answered, 'look at his eye.' I turned to make an examination, and sure enough the eyeball had a strangely glassy appearance, noticeable in cases of death by opium poisoning. I, too, was about turning away when, to the surprise of all, out slid the eye and down it fell to the floor. It was glass. No one said anything, but we continued to work on the subject until nearly morning and we brought him around all right."

We have much pleasure in directing attention to advertisement of "D. F. & Co. Capsules" on our first page, and feel assured our confreres will be glad to find that these highly esteemed capsules are now available—Messrs. Duncan, Flockhart & Co. having established a depot in Toronto. Any druggist will undertake to provide them on short notice. Those unacquainted with the capsules can secure "working sample" by addressing a postal card request to the agent in Toronto.

THE MICROBE OF MUMPS.

At the recent meeting of the Congress für innere Medizin (*Weiner medizinische Blätter*, July 29th.) Bein, of Berlin, made a report supplementary to Michaelis's contributions on this subject. He said that the micro-organism of mumps was a streptococcus very similar in its shape and in its attitude in the cells, to the gonococcus and to the meningococcus. It grew in ordinary agar, peptone bouillon, and ascitic fluid, it curdled milk, and it liquefied gelatin. Its movements were peculiar. Fresh cultures would kill mice. It had been found in the secretion from Stenson's duct, in the contents of parotid abscesses, and once in the blood.

AFTER-PAINS AND THEIR TREATMENT.

In ordinary cases a light meal, moderately warm, is all that is required to allay the distress occasioned by after-pains; in some cases, however, the pains are so severe that recourse must be had to a sedative. In the January number of "La Clinique" it is stated that there is nothing that will give as much relief as amyl nitrate, properly used. The most convenient method of administration is to give the patient an inhaler made of a small tube open at both ends, and containing several small rolls of blotting-paper, on which 5 or 6 drops of amyl nitrate have been placed, and which can be well corked. When the pains occur the corks can be removed and the vapor inhaled with perfect safety and excellent results.

REMUNERATION FOR REPORTS TO HEALTH BODIES.

It is announced that at last the State of New York has a law requiring municipalities to pay physicians and midwives for reporting births, and clergymen and magistrates for reporting marriages, to local boards of health. The remuneration is not to be large, only twenty-five cents for each return, but the principle is the thing to be considered. We can see no reason why physicians should not be paid for making out death certificates.—New York Medical Journal.

Rectal feeding may be carried on by means of a mixture of two eggs, twenty grains of pepsin, ten grains of chloride of sodium, and six ounces of water. (Toledo Medical Compend.) This mixture should be slightly warmed, thoroughly agitated, and then gently introduced into the bowels by means of a syringe. To facilitate the entrance of the fluid into the intestines it is well to put the patient in a position with the hips much elevated above the head, either the knee-chest position or with two or three pillows resting beneath the hips.

A wet-nurse employed by St. Ann's Orphan Asylum, of Missouri, has brought suit against the institution for \$100,000 damages, her charge being that she was given a syphilitic child to nurse, whereby she contracted the disease.

A SCIENTIFIC RESULT.

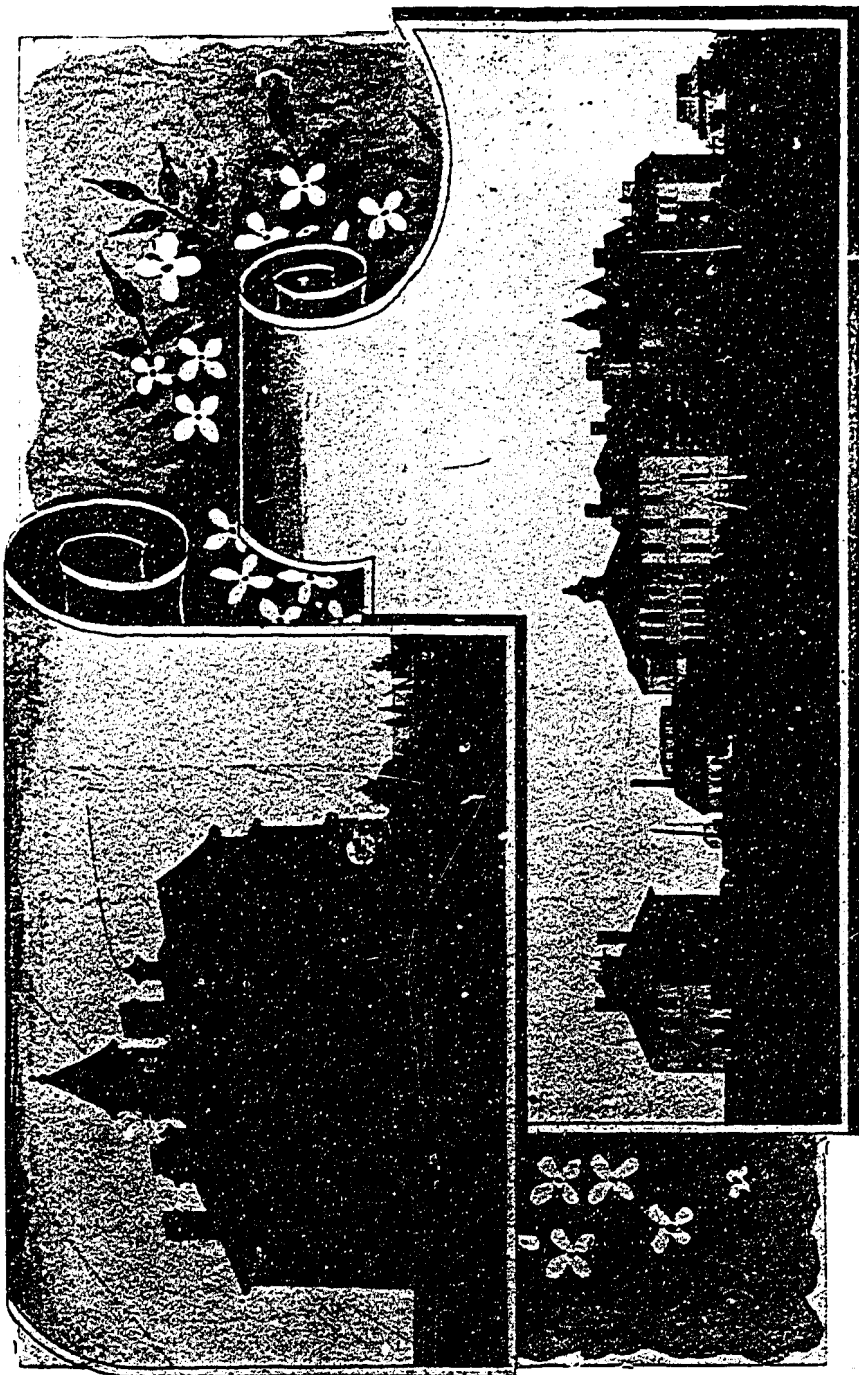
A Western community has lost 50 per cent. of its cows in stamping out tuberculosis: beef and milk are up, and tuberculosis is just where it was before.—Exchange.

A NEW LOCAL ANAESTHETIC.

Dr. Pize has discovered a new anaesthetic. He has found that by injecting guricol under the skin in small doses operations can be performed without pain. A committee appointed by the Academy of Medicine has inquired into the value of the discovery and has congratulated him upon his achievement.

The American Pediatric Society is making a collective investigation of infantile scurvy as occurring in North America, and earnestly requests the co-operation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases. (Signed).

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Committee.



WINNIPEG GENERAL HOSPITAL.



ST. BONIFACE HOSPITAL

PHARMACEUTICAL

LIABILITY OF PHARMACISTS

It is generally known to those who engage in the selling of drugs and the compounding of physicians' subscriptions that they are liable in damages to persons who are injured by the substitution, through mistake, of a poison where a harmless article is indicated by the prescription, or asked for by the purchaser. Frequently the person who makes such a mistake may be prosecuted criminally also, but in this paper only the question of liability to pay money damages will be considered. The knowledge of the general legal principles upon which this liability rests will be useful to the druggist and the apothecary, not alone for the mere possession of the knowledge, but also from a practical standpoint. Unless one knows what are the duties which the law casts upon him under given circumstances, it is only by good fortune that he keeps clear of a failure to observe them in some particular. The necessity of knowledge by every man of the duties laid upon him by the law is increased by the fact that his ignorance of them does not relieve him from the penalty of their violation. The law requires every man, at his peril, to know what are his duties to his fellows, as well as to fulfil when he does know them; hence the maxim, "ignorance of the law excuses none."

Speaking broadly, the law takes the generally accepted notions of the community as its standard of duty, and consequently every man does know, in a general way, what his obligations are in his dealings with others. A generalization is rarely, if ever, accurate, and such is true of this statement of the standard of legal duty. The law is practical, and since it would be impossible for it to enforce all the duties which religion and ethics impose, it does not make the attempt. Human tribunals cannot compel men to observe the rule, "Do unto others as ye would be done by." Therefore, the law is narrower, not only than the highest

code of morality, but also, for the same reason, than even the ordinary standard of the community. On the other hand, the law in many instances creates duties where strict morality imposes none. It does this because in the particular instances to take into consideration the question of moral blameworthiness would open the door to evasions and fraud, or would be against public policy for some reason. Thus a carrier of freight must pay for merchandise destroyed or damaged while in his hands, whether the loss occurred through his fault or not. The law treats him as an insurer for its safe delivery. It is in this latter class of cases that the individual runs the greatest danger of failure to realize the standard of duty by which the law will judge him. Where his obligations are only such as ordinary justice dictates, he can scarcely fail to know them; but if he happens to fall in one of the classes on which a special standard, beyond that of common morality, is imposed, he may be deluded by ignorance unto lack of requisite caution.

The ground upon which rests the liability of the druggist or the apothecary to one who has been damaged by his mistake is negligence. It accords with the general notion of justice that one who negligently does damage to another should pay for it. Since the basis of the liability is negligence, it is necessary to consider somewhat the legal meaning of this term, which is much broader than the popular understanding of it. The word negligence is commonly used as referring to the actual commission of some overt act; but mere inaction may in itself constitute negligence in the legal sense. If one fails to do that which ordinary prudence dictates, the failure to do is just as much negligence as is the actual commission of a reckless act. Again, not only doing, or not doing, but the manner of doing also may constitute negligence. If a man, though in the performance of a perfectly lawful act, does it in a careless manner, this is negligence. Negligence may, therefore, arise through:—

(1.) Malfeasance, or the doing of an act in itself reckless.

(2.) Nonfeasance, or the failure to do that which common prudence requires.

(3.) Misfeasance, or the doing in a reckless manner of an act which is in itself harmless.

In general the legal liability for wrongs by negligence corresponds with the common moral sense. Those who are guilty of acts or omissions of this sort rarely intend the harm which follows. They are not done or omitted wantonly or wilfully, but, as a rule, thoughtlessly. Nevertheless they are liable, because the party has, to quote a learned author, "done acts or brought about a state of things, or brought other people into a situation, or taken on himself the conduct of an operation, which a prudent man in his place would know to be attended with certain risks. A man who fails to take order, in things within his control, against risks to others which he actually foresees, or which a man of common sense and competence would in his place foresee, will scarcely be held blameless by the moral judgment of his fellows." In line with these principles is the old definition: "Negligence is the omission to do something which a reasonable man, guided upon those considerations which ordinarily regulate the conduct of human affairs, would do, or the doing something which a reasonable and prudent man would not do."

It is very important to note in the above definition that whether the person charged with negligence knew that damage might follow the act or omission, or would have known if he had given proper thought to the matter, is not the test of liability. The question is whether the average prudent and reasonable man would have perceived the risk. If one were able to prove that, by reason of weakness of intellect or lack of judgment, he actually failed, after due thought, to realize the consequences, it would be no excuse. The law in effect says that every man must possess the judgment of the average prudent and reasonable man, and that,

whether he does or does not possess it, he will be judged as if he did. Not until his lack of judgment reaches the point of insanity or imbecility is it any defense.

The standard of duty explained above implies to every one, and to all circumstances, and the liability of the druggist or the apothecary in relation to poisons presents no peculiarity. They deal in dangerous substances, and must exercise the care in handling, selling and dispensing them which prudence would dictate to the average reasonable man. Any man, whether a druggist or not, who hands out a deleterious substance, by mistake, where some other was called for, is liable for the damage thereby caused; so also if he carelessly permits poisons and other harmful articles to lie about, or otherwise handles them so that others are injured in consequence. Whatever the article, be it a loaded pistol or a poison, which a man has under his control, and treats so carelessly as to injure other people, he is liable for the damages.

Actions for damages arising from negligence in the handling of poisons naturally come up more frequently against apothecaries than against persons engaged in other business, and this leads many to suppose that they are subject to some peculiar liability in this regard, but such we see is not the case. There is, however, a liability peculiar in some degree to apothecaries, which, for the reason that actions therein are rare, they do not generally recognize. This special liability depends upon the fact that the business of the chemist requires special skill on the part of him who practices it. In the mere selling of a certain article, whether a drug or not, no special skill is needed; but in the compounding of drugs and medicinal preparations, and the dispensing of prescriptions, special and technical skill is involved, and the law requires that he who holds himself out to the public as a chemist must possess the special training required to enable him to properly perform all that appertains to the profession he undertakes to practice. This liability for special skill is

precisely that which is already familiar to the druggist under the term malpractice, as applied to physicians. In ordinary language, malpractice is rarely used except in connection with the medical profession; but the same liability, under different names, attaches to every profession, trade and business which requires special training on the part of those who undertake to carry them on. This liability is also comprehended under the legal term negligence. It is considered that he who undertakes to carry on a trade, business or profession, without possessing the skill and learning ordinarily necessary to properly conduct it, is guilty of negligence. He knows, or ought to know, that without such skill and learning there is every probability that he will cause damage to those who employ him in their affairs. His patrons are not bound to first investigate his competency: by engaging in the profession or business he impliedly represents himself as capable, and they may rely upon his representation.

The degree of such special skill which one must possess is a matter of considerable importance. In brief, the requirement is that the person engaged in a profession or business in which special skill is required must be "up to date," but need not adopt methods which are still but little beyond the experimental stage. His methods must conform to what is the modern thoroughly recognized professional standard, but he is not compelled to possess knowledge nor skill of the specialist, nor of the masters in the particular profession. His skill and methods need not be beyond the generally recognized ordinary standard of his profession or business. On the other hand, no matter how conscientiously the actual skill and learning possessed were used, he is liable for any damage which results by reason of his failure to come up to the standard which has been indicated or required by the law. These principles are as applicable to the apothecary as to the physician and the lawyer, and a consideration of them will perhaps render clearer

to those engaged in the practice of pharmacy the necessity of keeping up with the discoveries and improvements in their profession.

PRECAUTIONS AGAINST ACCIDENTAL POISONING.

There has been a prolonged and general discussion in the newspaper press on the subject of poisoning by the misapplication of toxic medicaments, and numerous more or less impracticable suggestions have been made with a view to preventing similar accidents in future. It has been generally recognized that the registered chemist and druggist, as a rule, takes what precautions are in his power, even to the extent of considerably exceeding his legal obligations. But the fact cannot be lost sight of that the more formal and complicated the procedure connected with the sale of poisonous medicaments becomes, the more is the public inclined to depend upon these artificial safeguards, and the greater, proportionately, is the risk of accident. It must be held to be an invariable rule that the less the individual is educated to take care of himself, the more helpless he will become and increasingly dependent upon circumstances.

In the columns of a lay contemporary, attention is properly directed to a danger which is all the greater that it is most imminent when the risk appears to be minimized. It is pointed out that, though the skilled dispenser knows that it is essential for the public safety to send out all liniments and lotions in special "poison bottles," which cannot possibly be mistaken if ordinary common sense precautions be observed by patients or their attendants, yet his intentions are often defeated by carelessness on the part of the public. The dark fluted bottle, when once emptied, is not infrequently employed for internal use, children and others thus become habituated to the presence of innocuous liquids in such bottles, and the particular value of this danger signal is thus frittered away.

Similarly, it may be remarked, that, whilst no care is taken by the persons chiefly interested to observe such a simple precaution as reading the label on a bottle of medicine, it is quite useless to expect, as the result of imposing more harassing restrictions upon chemists and druggists, that there will be any appreciable diminution in the number of victims. It is the greatest rarity in this country for a case of accidental poisoning to be due to carelessness on the part of a legally qualified dispenser, and, were the precautions he takes but supplemented by a reasonable amount of care on the part of the public, such accidents as we have recently recorded would be rendered impossible of occurrence.

There should be a fixed rule observed in every place where medicine is used that nothing should ever be taken from a bottle until the wrapper is fully removed, and the label should be carefully read each time before a dose is poured out. Further than this, any bottle that has contained poisonous compounds and is not required for the same purpose immediately should be at once destroyed, whilst bottles and packets that contain medicines, and from which the labels have disappeared, should, with their contents, receive the same treatment.

By the observance of these slight details, there is every reason to believe that the desired protection would be effected much more readily than by the imposition of further legal restriction, and it is only fair to the chemist and druggist that his constant watchfulness in such matters should be rendered fully effectual by the public lending him their active support and sympathy.

WHAT IS THE REMEDY ?

For now these many years the condition of pharmacy as a business has been discussed with concern by those who are dependent upon it for a livelihood. While making due allowance for the "hard times talk" one is accustomed to always hearing in all kinds of business, it must

still be admitted that profits have been seriously reduced; this reduction often meaning a wholly inadequate return for the labor involved and sometimes ending in business extinction.

SEVENTY-SEVENTH ANNUAL ANNOUNCEMENT OF THE PHILADELPHIA COLLEGE OF PHARMACY, 1897.

Previous to 1840 pharmacists were not recognized in pharmacoepical conventions, but in that year the college was invited to co-operate with the committee on Final Publication and Revision. Since then pharmacists have so improved their position that at the last convention in 1890 they numbered sixteen of the twenty-six members. Since the establishment of the institution 14,661 students have matriculated, and 4,416 persons have taken the degree of Graduate in Pharmacy.

BLEACHING SPONGES.

"Inquirer," Florida.—The following method is the one said to be commonly employed:

First prepare two solutions according to the appended formulas:—

I.

Potassium permanganate25 grs.
Pure water 1 pt.

II.

Sodium hyposulphite 2 ozs.
Hydrochloric acid 1 fl. oz.
Water 1 pt.

Dissolve the hyposulphite in the water, add the acid, let stand 24 hours and decant from the sediment. The solution should be made in the open air, care being taken not to inhale the fumes that arise.

Free the sponges from sand or other extraneous matter first by beating, and then washing thoroughly with water. Squeeze them as dry as possible, and then immerse them in the solution of permanganate, allowing them to remain in the liquid a few moments, or until they acquire a dark brown color.

After removal from this solution, dip the sponges, a few at a time, into the hyposulphite preparation, allow them to become thoroughly saturated, and then remove and wash in water until the odor of the solution is entirely removed. Squeeze out, and when nearly dry, immerse in a solution of $\frac{1}{2}$ ounce of glycerine to 1 pint of water, and finally dry in the shade.

Care should be taken not to expose the sponges to the action of either bath longer than is actually necessary to effect the desired object. While the substance of the sponge is said to be but slightly affected, if at all, by this treatment, prolonged exposure will be injurious.

Another method recommended by Roesser is to first wash the sponges with warm water, containing in each liter 20 drops of a 10 per cent. solution of caustic soda; then rinse them in pure water (warm), so as to deprive them of everything soluble in this liquid. The temperature of the water used during this entire process should be about 104 degrees to 110 degrees F.

Press the excess of water from the sponges, then immerse them, without squeezing, in dilute bromine water. The latter is prepared by adding to each liter of warm water, 30 grams of a saturated solution of bromine in water.

Leave the sponges in the liquid until they are decolorized, then remove them, press them and repeat the treatment once or twice with fresh bromine water until they are as white as is desired or possible.

Next immerse them in warm water rendered slightly alkaline (with 20 drops of a 10 per cent. soda solution to each quart of water), and, lastly, wash them with pure warm water until they are odorless.

RUBIFOAM.

A. S., Ohio.—No formula for this preparation has ever been published, so far as we know, and inasmuch as the general composition of such articles is well understood it is doubtful if any one will go

to the expense of making an analysis of this one.

Tooth washes are rendered saponaceous or foamy by the presence of castile soap; some contain soap bark, but this is not advised on account of the irritating character of this drug. For flavoring and antiseptic purposes the oils of peppermint, thyme, wintergreen, sassafras, cloves, cinnamon and carbolic acid, or creosote are used, while caramel, cochineal, or cudbear usually furnish the color. These ingredients, or some of them, in a menstruum of alcohol, glycerine and water, when mixed secundum artem, ought to make a tooth wash the equal of any of the proprietary articles.

Tincture of myrrh is an old-fashioned tooth wash, and saccharin is a constituent of more recent ones. Both are thought to be good.

A working formula for a dentifrice of the rubifoam and sozodont class is as follows:—

White castile soap	$\frac{1}{2}$ oz.
Oil of peppermint	5 drops
Oil of wintergreen	12 drops
Glycerine	$\frac{1}{2}$ oz.
Water	1 oz.
Alcohol	2 ozs.
Cochineal color, N. F., sufficient to color.	

SALOL EMULSION.

Jouisse has devised the following formula for a palatable emulsion of salol. This drug is insoluble in water, and when the alcoholic solution is mixed with water it is immediately precipitated, and cannot be properly diffused:

Salol	1 dr.
Powdered gum arabic	1 dr.
Powdered tragacanth	10 grs.
Tincture of tolu	2 $\frac{1}{2}$ drs.
Syrup of tolu	1 oz.
Water to make	2 ozs.

Triturate the salol with the powdered gums, and make into a cream with water; to this add the syrup; pour the tincture into the rest of the water, and mix with the first portion.

LEAD AND WATER BLACK WASH.

Lead water2 fl. ozs.
 Black wash2 fl. ozs.
 Glycerit carbolic acid3 fl. drs.
 Spirit peppermint2 fl. drs.

To make this haphazard means all the uboxide being thrown down and a sticky mass of it stuck all around the bottle. The way out of this difficulty is to mix the two lotions and the glycerit, and add with continuous agitation the spirit of peppermint, drop by drop.

Gallacetophenon is the name of a new remedy which Neucki has recently introduced, and which is said to be very efficacious in the treatment of psoriasis and parasitic skin diseases.

ANTIDOTE TO HYDROCYANIC ACID.

Since hydrocyanic acid is oxidized to oxamide by hydrogen peroxide, experiments were made by P. Krohl to see if the latter substance could be employed as an antidote in the case of hydrocyanic acid poisoning. These experiments are reported as successful, the acid, in larger quantity than the fatal dose, having been administered to dogs and cats, and its effects stayed by means of hydrogen peroxide. The experiment could be made daily for weeks together without permanently injuring the animal.

DIGITALIS AND IRON.

Tincture iron1 fl. dr.
 Tincture digitalis1 fl. dr.
 Diluted phosphoric acid2 fl. drs.
 Syrup orange flowers4 fl. drs.
 Waterto make 6 fl. drs.

This had previously been dispensed evidently in the order in which it was written, and the mixture was turned out almost black. Always take the precaution of first adding the diluted phosphoric acid to the tincture of iron in order to convert the iron into phosphate, and add the ticture of digitalis last, which results in the mixture not being otherwise colored than if the digitalis alone were added to the water.

EYE SALVE.

Yellow oxide of mercury1 dram
 Oxide of zinc4 drams
 Morphine sulphate20 grains
 White petrolatum8 ounces

An excellent eye salve.

MOSQUITO OIL.

T. P. S.—The formula you ask for reads:—

Oil of tar, 1 ounce ; olive oil, 1 ounce ; oil of pennyroyal, 4 drams ; spirits of camphor, 4 dr. ; glycerine, 4 dr. ; carbolic acid, 2 dr. ; mix. Shake before use.

ICHTHYOL AND SYRUP.

Ichthyol 2 drs.
 Syrup iron iodide 2 fl. ozs.

Every plan possible was tried to mix this, and the only way it can be done is by adding 15 grains of powdered tragacanth to the syrup before adding the ichthyol.

MOSQUITO TINCTURE.

This has the following composition:—

Eucalyptol.....10 parts
 Acetic ether 5 parts
 Eau de cologne40 parts
 Tincture of insect powder (1 to 5 of alcohol)50 parts

One part of the tincture is added to three or more parts of water and applied to the skin as a lotion.

Pile suppositories seem to be a fad in patent remedies now. The following formulas yield excellent remedies:—

PILE SUPPOSITORIES NO. 1.

Grains.
 Iodoform 30
 Extract of belladonna 3
 Morphine sulphate 1½
 Cacao butter 180

Mix, and make 12 suppositories.

PILE SUPPOSITORIES NO. 2.

Grains.
 Powdered extract of witch hazel 60
 Tannin 12
 Opium 4
 Cacao butter 180

AGAINST ERYSIPELAS.

[REV. GEN. DE CLIN.]

PAINT.

Tannic Acid } of each 1 part.
Camphor }
Ether 3 parts

Apply with a brush every two hours.

INFLUENZA TRATMENT.

[HUCHARD—AM. M.-S. BULL.]

PILLS.

Quinine Hydrobromate . . } of each 2 Gms.
Sodium Benzoate } [31 grs.]
Caffeine }
Make into 30 pill.—Two or three daily.

AGAINST THE IRRITATIVE COUGH OF PHTHISIS.

[F. H. HENRY—KANS. CITY. MED. IND.]

MIXTURE.

Potassium Cyanide . . . } of each 1 grain
Morphine Acetate . . . } [6.5.ctg.]
Vinegar Sanguinaria . . 2 fl. drs. [7.5. c. c.]
Syrup Tolu 1 fl. oz. [30 "]
Distilled Water enough to make 3 fl. oz. [89 c. c.]

Teaspoonful every three hours.

CONSTIPATION IN CHILDREN.

I. SIMON.—L'UNION MED.]

MIXTURE.

Tincture Cascarella . . . }
Tincture Rhubarb } of each 2 parts.
Tincture Cinnamon . . . }
Tincture Calumbo }
Tincture Gentian }
Tincture Nux Vomica 1 part.
10-20 drops twice daily.

VULVAR ECZEMA.

[L'UN. MED.]

LOTION.

Potassium Bicarbonate 1 part.
Sodium Bicarbonate } of each 2 parts.
Glycerin }
Tincture Opium }
Distilled 60 "

Apply warm.— At night, dust the parts with the following

Powdered Camphor 1 part.
Powdered Starch 40 parts.

SCROTAL ECZEMA.

CAMPBELL—MED. REC.]

LOTION.

Iodoform 3 drams [12 Gms.].
Zinc Oxide 1½ oz. [46 "]
Spirit Camphor 3 drams [11 c. c.]
Lime Water } of each 1½ fl. oz. [45 "]
Linseed Oil }

Apply at night, and have the patient wear a suspensory bandage.

ICHTHYOL IN ACNE ROSACEA.

[PETRINI—SEM. MED.]

PAINT.

Ichthyol 2 parts.
Resorcin 1 part.
Collodion 30 parts.

Apply for three consecutive days. If there are pustules, open them before using the paint.

PAINFUL PHARYNGITIS.

[F. INGALS—MED. WEEK.]

PAINT.

Morphine Sulphate . . . 3 grains [20 ctg.]
Carbolic Acid } of each 30 " [2 Gms.]
Tannic Acid }
Glycerin } of each ½ fl. oz. [15 c. c.]
Distilled Water }

Apply to the painful part of the throat.

SPIRITS OF TURPENTINE IN THE TREATMENT OF BURNS.

H. L. McInnis (New York Medical Record) says that spirits of turpentine applied to a burn of either the first, second or third degree will almost at once relieve the pain. The burn will heal much more rapidly than by any other treatment in the author's experience. He applies the turpentine as follows: After wrapping a thin layer of absorbent cotton over the burn, he saturates it with the common commercial turpentine, which is generally found in every house, and then bandages. Being volatile, the turpentine evaporates, and it is therefore necessary to keep the cotton moistened with it. When there are large blebs, he opens them on the second or third day. It is best to keep the spirits off the healthy skin, if possible, as sometimes pain is produced by its action.—British Medical Journal.

Manitoba Medical College

WINNIPEG

IN AFFILIATION WITH THE UNIVERSITY OF MANITOBA.

Established 1883.

Incorporated 1884.

J. WILFRED GOOD, M.D., Dean.

W. A. B. HUTTON, M.D., Registrar.

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