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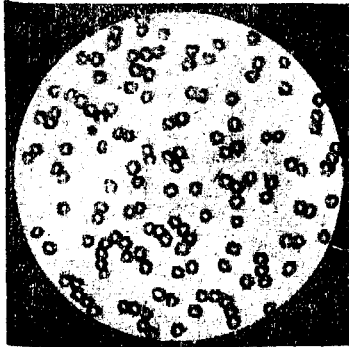
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THE TREATMENT OF BURNS.—In an article upon the employment of picric acid in the treatment of burns (*Gaz. Hebd. de Méd. et de Chir.*), Dr. Beauxis-Lagrave concludes: (1) Cicatrization of burns is more rapid with the picric-acid dressing, 5-1,000, than with any other means of treatment. The rapidity of cicatrization does not depend upon previous disinfection, since the liquid employed is sufficiently antiseptic in itself. (2) The picric acid calms the pains almost instantly. (3) The slight discoloration which the drug leaves upon the hands of the operator after its employment is not of itself a sufficient reason for not using it. (4) Picric acid is a precious drug, by reason of its low price compared with the high price of iodoform gauze; this is a very considerable advantage, if we bear in mind that almost always the victims of these accidents are workmen. Half a litre sufficed in one instance

for the dressing of a limb burned from the toes to ten centimetres above the knee.

A NEW COMBUSTIBLE.—The *Cincinnati Enquirer* gives an account of a new compound, the invention of John Floyd, which ignites by the slightest friction against any hard surface. No explosion occurs, but the substance burns with a steady, blue flame, and gives out intense heat until consumed. There is no known substance that will extinguish it.

LEGAL OBJECTION TO VACCINATION.—The Supreme Court of Wisconsin has handed down the decision that a person who "deems vaccination morally wrong and in violation of the laws of God" is exempt from compulsory vaccination in that State.



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and the woman is improving nicely now, whereas at first I thought it a hopeless case. I do believe it was the Sanmetto that saved her. I have also used Sanmetto a couple of times previous to this case, in combination with ergot, and the effect was all right then also.—*W. B. Stoker, M.D., Lancaster, Iowa.*

THE HEALTH OF THE CZAR.—Some time ago it was reported that a Berlin surgeon had been called to St. Petersburg to trephine the Czar's cranium, but a few days later the report was emphatically denied by the surgeon himself. Now another report comes from Berlin to the effect that the young Nicholas is an epileptic, and that his attacks are recurring with increasing frequency. His physicians, it is said, have prescribed a strict regimen, cutting off his tobacco. It is impossible to learn what truth there is in this rumor, but we trust there is none.

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A REMEDY IN NERVOUS DISORDERS WHEN CHARACTERIZED BY MELANCHOLIA.—The "Reference Book of Practical Therapeutics," by Frank P. Foster, M.D., Editor of *The New York Medical Journal*, which has recently been issued by D. Appleton & Company, of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol. As an antipyretic, it acts rather more slowly than antipyrine or acetanilid, but efficiently, and it has the advantage of being free, or almost free, from any depressing effect on the heart. Some

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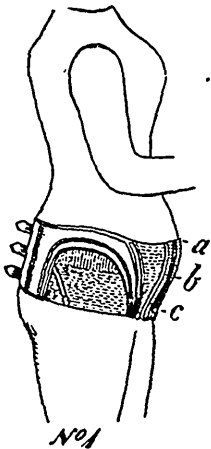
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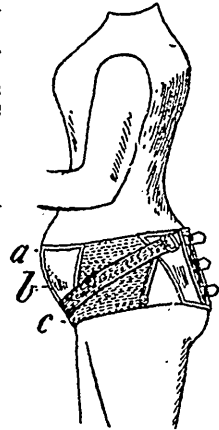
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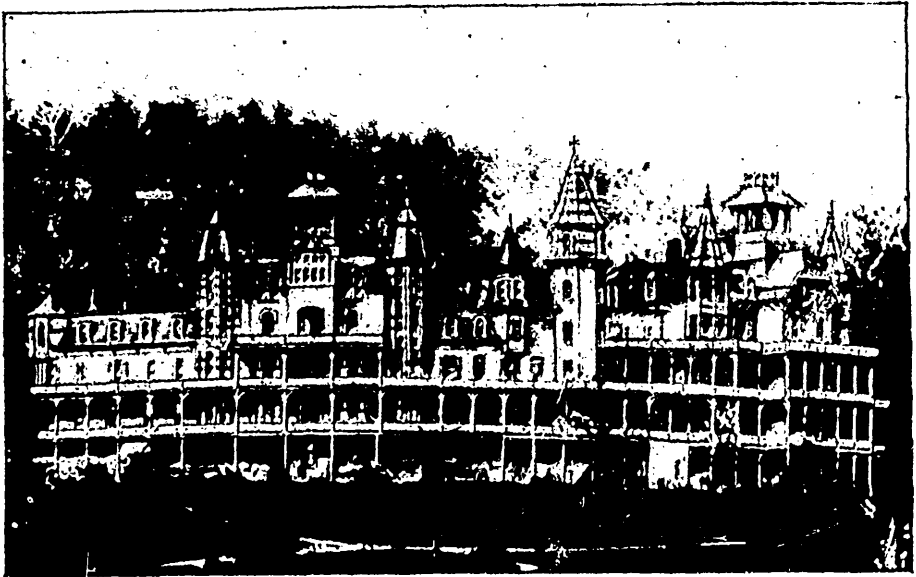
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A CONTRIBUTION TO THE STUDY OF COUGH DUE TO IRRITATION OF THE UPPER RESPIRATORY TRACT.—Dr. Charles N. Cox, of Brooklyn, says that the accumulation of tenacious mucus in the nasopharynx often gave rise to a morning cough. Cough was also very commonly excited by irritation from the nasal passages or from the dry mucous membrane in atrophic rhinitis and pharyngitis. A patient with cough was too often dismissed with a prescription for a sedative, without any careful search having been made for the source of the cough. The sedative would lull the cough, but, of course, not remove the cause. It should be remembered that these irritative coughs were more than simply annoying; a constant and useless cough was not entirely devoid of danger. Dr. John O. Roe, of Rochester, says that cough was always a reflex act, and when arising from an irritation below the larynx

was invariably for the purpose of expelling mucus. Where there was no expectoration, one was justified in concluding that the cough was due to irritation in the upper respiratory tract. One of the most fruitful sources of cough above the larynx was to be found in glandular hypertrophy at the base of the tongue.

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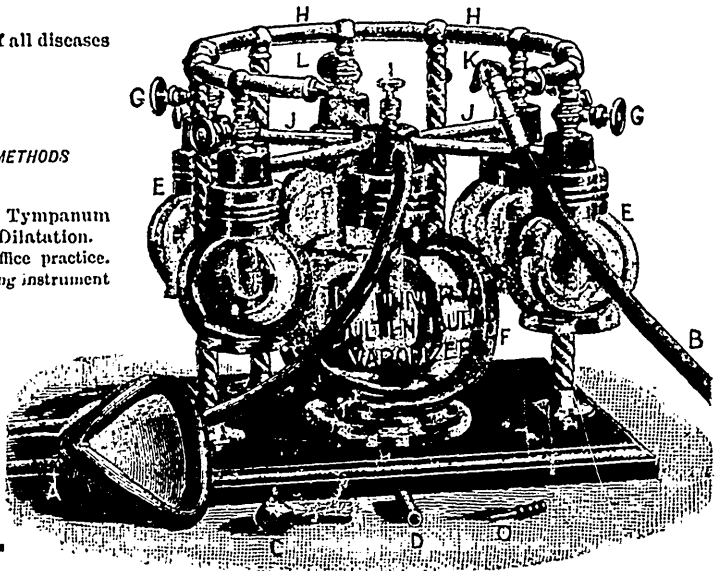
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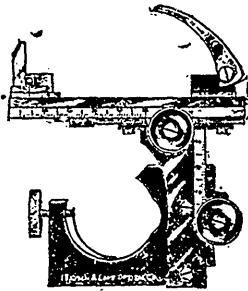
℞ Powdered savine,
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—*Lataud, in Tri-State Medical Journal.*

CONNECTION BETWEEN WORD DEAFNESS AND DEAFNESS.—Word deafness has hitherto been ascribed to a cerebral lesion, but Keller and Freund have recently been impressed with the important connection between it and disturbances of the ears, especially of the labyrinth, which is able alone to cause word deafness. They urge the necessity of investigation of the ears in such cases. Keller asserts that isolated speech deafness with retained ability to comprehend other sounds, often corresponds with bilateral affections of the labyrinths, and is dependent upon tone-gaps in that portion of the tone scale which is physiologically important for the comprehension of speech. It sometimes happens that bilateral ear affections which in themselves are not sufficient to cause word deafness, produce it by a secondary degeneration of the nerve tracts and auditory centres. It requires such supreme

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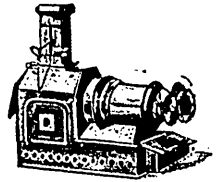
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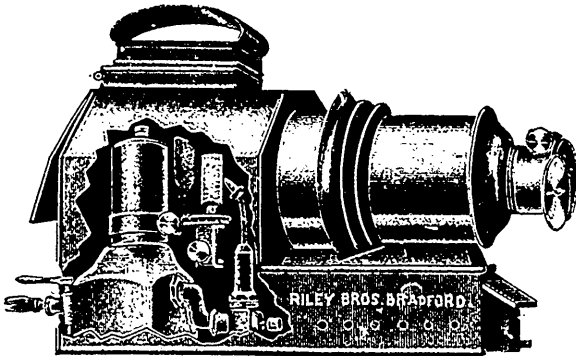
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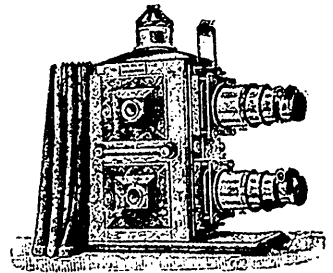


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efforts of attention then to hear that the patient gradually renounces the attempt, and lack of use hastens the degenerative processes. This is demonstrated by Urbantschitsch's system of ear gymnastics, which does not so much improve the hearing as it arouses and practises the faculty of comprehending what is heard. Pick's case is instructive in this respect. The patient was exceedingly hard of hearing with word deafness also, and yet no lesion of the ears could be ascertained. The necropsy revealed, however, great alterations in the temporal lobe, to which the sensory aphasia was undoubtedly due.—*Deutsch Med. Woch.*

I HAVE been using Resinol in a case of eczema of long standing,

which affected the penis and scrotum. The patient thought he had syphilis and spent considerable money and time with a specialist who agreed that his case was specific. Three jars of Resinol has cured him completely. It has gained my confidence and I shall continue to prescribe it where indicated.—*From J. K. Maloy, M.D., Temperance, Ga.*

CLASS IN DERMATOLOGY.—Dr. Duncan, Professor of Dermatology in the Woman's Medical College, St. Louis (*American Journal of Surgery and Gynecology*), asked his senior class the name of the first layer of the skin. One young lady answered in a clear voice, and to the consternation of the other members of the class, "the foreskin."

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TREATMENT OF NOCTURNAL ENURESIS.—Cognetti de Maritis (*Puglia Medica*) records the successful treatment of a case of nocturnal incontinence by Fiorani's method. The patient was a man who had suffered since his childhood from nocturnal enuresis, for which no organic cause could be found. A string was tied to the patient's hand as he lay in bed, and then, passing over the end of the bed, it was attached to a bag containing fifty grammes of dry sand. The first night there was one voluntary micturition, which, however, caused the patient to awake. The next night a weight of one hundred grammes was attached to the string, with the result that the patient awoke when there was need to micturate. This treatment was continued for some nights with the same result, and finally the patient was able to resume his work, cured. The writer finds the explanation of the success of this

simple method in the nature of the disease as described by Fiorani. Nocturnal incontinence is a psychical disturbance; it is, in fact, nothing more than "somnambulism of the bladder," comparable to ordinary somnambulism, and amenable to the same method of treatment.

INSUFFLATION IN INTRATHORACIC OPERATIONS.—Tuffier and Hallon (*Sem. Méd.*) experimented on dogs as to whether it is possible to prevent pneumothorax in operations where the pleural cavity is opened. They find that pneumothorax following the pleural incision disappears at once if the lung is insufflated from the mouth or trachea. Thus if when operating insufflation is begun just before, and kept up till the pleuro-parietal wound is closed, pneumothorax if previously present is cured. Again, if insufflation is performed at the same time as the pleural opening is made no pneu-

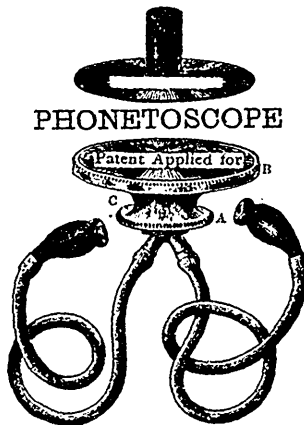
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- No. 133.—Is a \$3,000 rural practice without opposition for seven miles in any direction, with the doctor's brick house, road and stable outfit and office contents, together with full introduction, for \$2,750. Half cash, balance on time. County of Essex.
- No. 132.—\$2,000 and over practice in a village of 700 in western Ontario without opposition, the nearest one being seven miles away. Suitable especially for a Catholic, as 90 per cent. are Catholics. The good will, with office contents and road-outfit, for \$700, part cash, balance on time. A rare and inviting field.
- No. 131.—\$2,500 practice in County of Simcoe, population 2,600; two opposition; fine opening, as the doctor wishes to educate his children. Price \$400. Investigate at once. Would suit Catholic, Methodist or Presbyterian.
- No. 130.—Dear Dr. Hamill—I want a man to take charge of my practice for a year or two. He can have all he makes during my absence. Price \$200, with the privilege of joining him in partnership on my return if I care to do so. Practice is worth about \$2,000 per year; population 1,500; on Lake Erie.
- No. 129.—\$3,000 practice in village of 500, County of Lambton. Chattels, property and full introduction for \$2,000. Terms, half cash. A big bargain, as will be seen upon investigation.
- No. 1,000 is an absolutely new 18 cell Galvanic Battery, with Faradic Coil, complete, \$30, and a 3-valve Air Compressor, complete, for \$25.
- No. 126.—Population 1,000; one opposition, large and rich territory, owner going to Europe; \$3,000 practice and fine brick house containing drug store and office. Stable contents, office and drug stock, full introduction, price, \$1,000. Terms, half cash, balance on time. This practice with the drug store is a profitable one. The latter need not be accepted unless so desired. Everything first class and as good as new. Might rent.
- No. 125.—Is an unusual opportunity for anyone to make some money. The present incumbent, who has been there only three and a half years, has saved \$9,500 from the practice. No opposition in the village, and the nearest outside opposition is 13 miles. Population about 250, over 90 per cent. good pay. The Doctor who desires to go to Europe offers his stable outfit and office chattels and drugs, with a month's introduction, for \$1,000. Terms, \$500 cash, balance on time with approved security. Location, Northern Ontario. This cannot be too strongly recommended as a sure money maker and certain success.
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- No. 123.—An unopposed practice in village of 200 population, 30 miles east of Toronto. This place has always given a good practice, and is in the richest agricultural district. Price for introduction and good will, \$300 cash.
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- No. 117.—Is the property and good-will of an elderly physician in Western town which is offered for present market value of house.
- No. 112.—Is a practice of over \$3,000 per year in Western Ontario town of over 3,000 population. The practice and the doctor's lovely home recently built and stable outfit, is offered at cost of house, \$3,700. Terms, \$1,500 cash. This is an excellent chance for a Presbyterian.
- No. 105.—Practice of from \$3,500 to \$4,000 per year, with one month's introduction; office contents, stable and road outfit, is offered. Terms, half cash. The doctor is in very bad health and must get out. The biggest money maker on my list and is positively transferable to successor. Don't miss this. Town of over 4,000, with three opposition.
- No. 104.—County of Leeds; practice from \$2,000 to \$3,000; population 700; one opposition; established many years; four weeks' introduction; eight roomed house, with good stable and sheds. The whole offer for \$1,300. Terms, \$600 cash, balance on easy time. A great opening for either a Methodist or an Anglican.
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mothorax can occur, and the lung once distended does not collapse again. Their method was to introduce a long leather tube connected with bellows from the mouth into the trachea. After incising an intercostal space, the pleural cavity, illuminated by an incandescent lamp, was sufficiently accessible for operations on the œsophagus, sympathetic nerves, etc., and the animals lived afterwards without any bad effects.

TREATMENT OF CANCER OF THE UTERUS.—F. W. Johnson (Boston *Medical and Surgical Journal*) gives the results of ten cases of uterine cancer operated on by suprapubic hysterectomy with removal of the broad ligaments up to the pelvic walls. Bougies were first inserted into the ureters under the local influence of cocaine to save time and conserve the patient's strength. The patient was

put in the Trendelenburg posture, the abdomen opened, and the affected parts, including the cellular tissue and glands, widely removed. Three out of ten cases died from the immediate effects of the operation; in two, the disease returned in the scar tissue in the vaginal vault; five were alive, with no return of the disease; three, sixteen months after operation; one, twelve months, and one, eight months. This operation secures the removal of as wide an area of tissue as possible outside the uterus within the pelvic cavity, along with the removal of one-half or two-thirds of the vagina as may be necessary.

THE SEASON TO BLAME.—Boarder—"Didn't you state in your announcement that there were no mosquitoes here." Farmer—"Yes; but I wrote that in the winter time."—*Judge.*

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VIRILE TYPE IN A WOMAN WITH MASCULINE PELVIS.—Keiffer (*Bull. de la Soc. Belge de Gyn. et d'Obstet.*) publishes a very complete description of a patient undoubtedly female, but with masculine features and distinct though not extreme tendency to hermaphroditism in the genitals. She was twenty-five, and menstruated irregularly. The hair was long, the beard strong. The body was thin, very muscular and hairy. The breast was quite rudimentary, as in a normal male. The clitoris was very large, and there was an indication of a meatus on the glans. The true meatus was in the usual position in the female, but it was very wide. The labia were small, the vagina narrow and deep, the uterus of the infantile type, with no os. The ovaries could not be detected, even by bimanual palpation under chloroform. With-

out publishing any measurements, Keiffer states that he carefully examined the pelvis, and found that it was in all respects masculine. The diameters were rather less than those given under the head of "male pelvis" in Sappey's "Anatomy."

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Vol. VIII.

TORONTO, JUNE, 1897.

No. 6

ORIGINAL ARTICLES.

No paper published or to be published elsewhere as original, will be accepted in this department.

DIFFICULT LABORS.*

By D. G. FLEMING, M.D., Chatham, Ont.

MR. CHAIRMAN AND GENTLEMEN,—The subject I have selected for your attention for a short time to-night is one that has been somewhat neglected by our Society, viz., that of obstetrics, and in doing so will confine my remarks to a few selected cases of perplexing labor, due directly to the conditions of the offspring. Perplexing cases do not necessarily mean difficult cases.

The obstetrician, when called to a case of maternity, always enjoys a relief of mind when he finds the vertex offering, for then he feels that if immediate delivery is not necessary he has the best opportunity of completing his work with least risk to mother or child. Fortunately, the vertex presentations are the prevailing ones. Statistics give them at 95 or 96 per cent., and a striking fact is that the great majority have the occiput to left front. Naegele says that "in every one hundred cases, seventy assume this position, and thirty to the back and right, that is of head presentations; and that all other presentations are very rare and altogether exceptional." Seeing then the advantages of head presentations, would it not be wise to study the position in utero more than we do, with the object of changing other presentations to those we most desire, by external manipulation before labor begins? I believe this is done by Pinard in one of the lying-in hospitals in Paris, where so perfect is the work that no child is born there without a head presentation.

From the fact that the vertex presentation is the rule, and the opportunities in a general practice few before labor for investigation, it may seem

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superfluous. Occasionally one attends a woman whose children persist in coming with an unnatural offering. A patient with such a history should have an effort made to restore the offspring to its normal position. In connection with this I have a case in view. I had a lady under my care during her child-bearing period that had such a history.

In January, 1879, I attended her in her first confinement. The presentation was that of the breech, the labor protracted, the child a boy, and still-born. In February, 1880, she was again confined; the presentation the breech, the labor protracted, the child a boy, and still-born. In August, 1881, I attended her again; the presentation that of the vertex, the labor protracted, the head receding between pains. I applied instruments, but could not deliver the body before cutting the cord, which was twice around the neck, and so tight that it could not be relieved by other means. This child was a girl and living. In January, 1884, she was again confined, breech presenting. I applied forceps after head descended into pelvis, and delivered a living boy. In January, 1887, she was delivered of a living son; breech presentation. The labor was rapid. I arrived in time for the last pain.

The strange feature of the case is that of her five children, four were boys, all of whom offered by the breech. In breech presentations time is the essence of delivery, for few children survive if six to ten minutes are consumed in delivering the head after the body has emerged.

I at that time remarked to her that in the event of a further addition to her family I would like to examine her before labor, with the view of correcting an unnatural position, if such should exist; but the opportunity never came, as no more children were born to her.

In July, 1892, was called to Mrs. K., in her first labor. She was not young, and very nervous. Found a breech presentation with child's back to front of mother. Labor was very tedious, and failing to make any progress, and finding it difficult to get a leg, applied the forceps over the trichanters (and without much trouble got them locked, and succeeded in using more power than I expected), the body came down, but the head was somewhat slow in following due in part to arms being extended over head. After getting them down, and ordinary means failing to deliver the head, applied forceps by carrying the body forward, and soon had it delivered. I failed to resuscitate the child, but it was not marked by the instruments. This case is mentioned merely to show that instruments may occasionally be used in such cases with advantage.

The next case to which I will refer is mentioned merely in consequence of the similarity of conduct of the twins then born and the amusing sequel.

In April, 1887, called to see Mrs. R., whom I found in labor. A funis was found protruding from the vagina, and nothing else in reach. She being the mother of eight children, and having a large pelvis, I introduced my hand to replace the cord and get some knowledge, as her pains were, as she said, stronger than ever before. The uterus was well dilated, and a struggle was going on between the buttocks of twins as to whom should be the first born. I shoved the one in front, which seemed to be the less aggressive, out of the way, and the buttocks of the other engaged in the pelvis; but the funis came down with my hand. As the pulsation was weak in the cord I expressed fears for the safe delivery of the child, and so it was determined to christen it, which ceremony was done by the nurse, in the French tongue. A moment after a strong pain delivered a living child. Pains came again, and a further examination made, when the cord of the second child was found prolapsed. The nurse thought the christening had helped the first child. She would like, therefore, to give the second an equal chance. She was

scarcely through when a pain brought the little one into the world, and it began to cry vigorously, as if not satisfied with second place. Compound presentations are of rare occurrence, and when they do occur are sometimes hard to manage.

In April, 1880, I attended Mrs. T. in her first labor. On examination, I found head impacted in the pelvis, with arm in the vagina. The waters were gone and the uterus sharply contracted on child. Gave her chloroform and tried to shove up the head to liberate the arm. This I could not do without violence. I feared laceration of the os, or perhaps rupture of the uterus, if turning were attempted. If these two means failed I had two more from which to make a choice—either to destroy the child, or try what the forceps would do. The latter had naturally the preference. Some difficulty was found in applying them, but finally they locked, and though the work was hard the child was delivered alive, with the arm considerably contused, which would persist in keeping under the arch of the pubes. The child was one of eight months, not large, and died the second day of pneumonia.

In July, 1885, I attended Mrs. S.; pregnant six months—first confinement. When I arrived she was in labor, and gave birth to twins. They both offered the head and hand, but being small were soon delivered without help. Their lives were short, both dying in a few hours. The hand in each case came under the pubic arch.

I had intended giving the history of an arm presentation, a shoulder presentation and two face presentations, but in doing so it will make this paper too lengthy, as I particularly wish to occupy the balance of my time on some other cases of interest to me, and I hope to this Society. The cases to which I refer are eleven cases of cerebral defects in the offspring, varying in intensity from that condition which produces imbecility to that of entire lack of cerebral substance. In that number are four cases of hydrocephalus. In the two cases of imbecility the labor was natural and completed without help. The heads were observably small, and the sutures unusually ossified; the bodies decidedly firm, and the necks short and thick. These children lived to the respective ages of ten and three years, and both almost devoid of intelligence. The short thick neck and firm body in the second case made me suspicious of mental weakness. The first gave me little thought until the weak mind was recognized. Regarding the cases of hydrocephalus two presented the head and two the breech. Of the two that presented naturally the first I saw with Dr. Glosson, of Tilbury, in April, 1872. When I arrived, labor had been strong for ten hours, and the doctor at sea as to the trouble. I had never seen such a case, and so for a time was at sea with him. However, after introducing my hand, found out the difficulty. After using the perforator the child was soon delivered. So large was the accumulation of fluid that the parietal bones stood nearly at right angles to the body of the child. The body of the child was normal. The second occurred in the practice of Dr. Holmes, who called me in consultation, in October, 1878. After Dr. Holmes had perforated the head and the fluid had escaped, the child was soon delivered. The body of this child was normal.

In March, 1877, I was called to a case where I had sent Dr. VanAllan the previous evening. I found the body partly delivered. After some trouble I delivered the arms, but the head would not follow. The conclusion arrived at was that we had in hand a case of hydrocephalus; but how were we to puncture the head, as the body filled the passage so full that the hand could not direct the perforator. To get the safest and most speedy relief to the mother we decided to do it at any expense to the moribund child. It fell to my lot to undertake it, which was effected by removing the innominatum on

the one side. After the bone was separated at the symphysis pubes and sacrum, and the bone removed, I removed the contents of the abdominal and thoracic cavities, passed the perforator up the neck and let off the fluid. The child was unusually large, the neck short and thick, and the muscles very hard.

In July of same year I had another exactly similar case—both in the country—which I delivered in the same manner. This child had the short thick neck, and large firm body also.

In future if the same conditions prevail, I would try the method adopted by Turner, in 1876, by opening the spinal canal, and passing a suitable instrument to the brain.

Three of the remaining cases of this series were cases of acrania. In this deformity the bones and integuments of the cranial arch are absent. J. Lewis Smith, of New York, says: "The eyes are prominent, the neck thick and short, whilst the body and limbs are ordinarily developed, and the child has the physiognomy of a frog." These cases all presented naturally, but were hard to make out; the labor tedious and the bodies large and hard; the necks short and thick. One of these children had a heart that pulsated for five minutes, but the child made no effort to breathe.

The fourth child was an exencephalic monster, with a small brain situated below the cranium on the back of the neck. Its heart continued to pulsate for thirty minutes, and it made several efforts at breathing, and when blown upon or sprinkled with water, went into convulsions. This child was tedious in delivery, and had the characteristic thick, short neck, with large and firm body. It, like most of the others, looked like a "pugilist."

Now, it will be observed that of the eleven with mental defects nine had short, thick necks, with large and extremely firm bodies. And the two that had not these characteristics were hydrocephalic children with the head presenting. The conclusion I draw is that these peculiar conditions of the body are associated in all these cases with an *early* lesion of the brain. The two cases that had not these conditions, I take it, developed the hydrocephalus after they had assumed their proper positions in utero, and that occurs about the sixth month of gestation. Why such positions should be so closely associated with mental defects I have no theory to offer at the present time.

British Medical Association Column.

MONTREAL MEETING, 1897.

Since our last notice of what is being done in regard to the approaching meeting, considerable progress has been made towards the completion of the arrangements, more especially in the work of the excursion, printing and publishing, museum and local entertainment sub-committees. The preliminary programme has been printed and distributed, some 16,000 copies having been sent to members of the Association. It appears in the shape of a pamphlet of some fifty pages, neatly printed on heavy paper, with an artistic cover in colors. It is plentifully illustrated with lithographs and wood-cuts representing some of the chief points of interest in Montreal, Toronto and Quebec, more especially the University and hospital buildings. Several pages are devoted to a description of how to reach Montreal from Europe, referring to some of the advantages of the St. Lawrence route as compared with that to New York on the magnificent liners landing there from Liverpool and Southampton. Quebec and the picturesque St. Lawrence route are referred to in glowing descriptive language woven so as to give at the same time a bird's-eye glimpse of the early history and characteristics of this Province.

Reference is made to the hotels and lodging accommodation in Montreal, and some useful hints to travellers are given in regard to securing berths, luggage, clothing, United States and Canadian money, etc. The excursions arranged for are described and their attractions set forth in a way which must arouse the liveliest anticipation among those whose privilege it will be to take advantage of the low fare and enjoy the grand scenery of the St. Lawrence,

the Saguenay, Lake St. John, or the grandeur of the Rockies. At the end is a note on the game laws and a table indicating the open season for hunting the various kinds of game. The whole pamphlet is exceedingly well and tastefully gotten up, reflecting credit on the printers and engravers and those whose good judgment is displayed in the appropriate selection of the text. The distribution of the programmes at this early date throughout Britain will doubtless exert a favorable influence in the way of giving necessary information to those contemplating the trip and may in some instances constrain the undecided to avail themselves of the treat that is in store for those who attend the sixty-fifth annual meeting. The local Guide, which is in active preparation, will be on a more elaborate scale and form a volume of over 200 pages, and will be distributed at the meeting.

Prof. Adami, who has been indefatigable in the preparations for the meeting, left on the 22nd of May for England, and will be absent some six weeks. He has been delegated by the Executive Committee to visit the various branches of the Association in England, Scotland, in those in Dublin and Belfast, advising with them and giving all instructions required to facilitate arrangements for the journey, and at the same time endeavor to secure as large a contingent from across the Atlantic as possible. He will also confer with and assist the English Secretaries in regard to securing papers for the meeting, and members to take part in the discussions. At the same time his presence in England will be of the greatest service to the General Secretary, Mr. Francis Fowke, and Dr. Saundby, the President of the Council, as he will be able to advise with them on all matters pertaining to the various details connected with the various arrangements for the meeting on this side. The President-elect, Dr. T. G. Roddick, M.P., has left to visit Ottawa,

Toronto and London, with a view of furthering matters connected with the branches of the Association there. In the latter city the attempt to form a branch has not been very successful, and we hope Dr. Roddick's visit will result in organizing in this field of abundant material an active and live addition to those already existing in the Dominion.

The Montreal branch has made remarkable strides in its membership during the past year, the number having increased from 70 to 243. Dr. Roddick will also, while at Toronto, confer with the local Executive Committee of the British Association for the Advancement of Science and endeavor to secure their co-operation in regard to excursions.

The transportation difficulties which at one time threaten to prevent a number from coming are being gradually overcome. The steamship "Lake Ontario," which leaves Liverpool on the 21st of August, is a large and commodious vessel having accommodation for 150 passengers, most of which is taken up by members. The Allan Line ships which sail on the 5th, 12th and 19th of August will bring over a number, and it is expected that the Peterson Line will despatch a vessel on the 20th of August, which would meet all requirements. It will be part of Professor Adam's mission to see that ample transportation facilities are offered to all who desire, and he will make any special arrangements that may be considered necessary.

The local entertainment sub-committee, of which Dr. Girdwood is chairman, will have a full and attractive list of entertainments provided for the guests, details of which we will give later. A committee of ladies is being organized to assist the sub-committee. The Golf Club has arranged for a series of matches to be held at their magnificent new grounds at Dixie, to take place on Thursday, September 2nd, and a cricket match is being arranged for among the

Montreal clubs. Dr. Roddick has written to all the branches of the Association, both English and colonial, requesting them to send delegates. Answers have already been received from a number, most of them stating that the matter will be placed before the next meeting of their Councils.

Reports of Societies.

CHATHAM MEDICAL AND SURGICAL SOCIETY.

The regular meeting of this Society was held in the rooms of the United States Consul, on Thursday evening, May 13th, 1897, at 8.30 o'clock. There were present Drs. Duncan (President), Musson, Holmes, Fleming, McKeough, J. L. Bray, Tye, Beckus, and R. V. Bray (Secretary).

Minutes of previous meeting read and approved.

Dr. Fleming read a very interesting paper (See page 481), which was well received and fully criticised.

Dr. Holmes exhibited specimens of uterine fibroid, and gave history of a case. Meeting then adjourned.

ONTARIO MEDICAL ASSOCIATION ANNUAL MEETING.

The seventh annual meeting of the Ontario Medical Association was held in the theatre of the Normal School, Toronto, on the 2nd and 3rd of June, under the presidency of Dr. John Coventry, of Windsor.

Amongst those present were T. F. McMahon, Toronto; G. D. Loughed, London; W. Britton, Toronto; W. W. Jones, Mount Forest; J. W. Hutchinson, Richmond Hill; Price-Brown, Toronto; H. P. H. Galloway, Toronto; E. A. Stafford, Toronto; R. W. Bruce-Smith, Hamilton; W. J. Fletcher, Toronto; W. A. Young, Toronto; R. H. Green, Embro; John

L. Bray, Chatham; George Elliott, Toronto; Thomas J. Harrison, Selkirk, Ont.; William Kerr, Cayuga; W. D. Watson, Toronto; J. B. Lundy, Preston; J. H. Burns, Toronto; A. McPhedran, William Oldright, C. W. Shuttleworth, and William Nattress, Toronto; D. K. Stenton, Wilkesport; Graham Chambers, Toronto; Forbes Godfrey, Mimico; A. McTavish, Hamilton; W. H. B. Aikins, Toronto; T. McNally, Tara; Wm. McCrae, Georgetown; W. Scott, Toronto; J. C. Mitchell, Enniskillen; C. J. Hastings, Toronto; R. M. Fraser, Thamesville; J. H. Cotton, Toronto; D. Gilbert Gordon, Toronto; L. Teskey, Toronto; R. W. Forrest, Mount Albert; N. A. Powell, Toronto; H. A. Mitchell, Toronto; J. A. Todd, Toronto; J. D. Fraser and S. D. Parker, Toronto; Milton McCrimmon, Toronto; J. H. Cameron, Toronto; Charles R. Dickson, Toronto; Harold Parsons, Toronto; W. J. Greig, Toronto; D. S. Hoig, Oshawa; F. N. G. Starr, Toronto; W. A. Little, Melbourne, Australia; Harold C. Parsons, Toronto; H. C. Burrill, Toronto; Albert A. Macdonald, Henry H. Oldright and R. D. Rudolf, Toronto.

THE OFFICERS.

These are the officers: President, John Coventry, Windsor; 1st Vice-President, F. R. Eccles, London; 2nd Vice-President, C. K. Clarke, Kingston; 3rd Vice-President, H. T. Machell, Toronto; 4th Vice-President, J. P. Armour, St. Catharines; General Secretary, John N. E. Brown, Toronto; Assistant Secretary, Ezra H. Stafford, Toronto; Treasurer, George H. Carver's, Toronto.

NEW MEMBERS.

The following were elected: Drs. W. J. Fletcher, Toronto; T. J. McNally, Tara; J. W. Hutchinson, Richmond Hill; T. B. Richardson, Toronto; P. G. Goldsmith, R. M. Fisher, Warton; C. H. Thomas, Gormley; R. D. Rudolf, Toronto;

J. A. Todd, Toronto; Harold C. Parsons, Toronto; W. J. Farley, Owen Sound; H. A. McFall, Milton; W. Doan, Harrietsville.

PRESIDENT'S ADDRESS.

Dr. John Coventry, Windsor, in the course of his address, said:

"While the evolution of time has brought great changes in the scientific aspect of the profession, a practical and ethical change in its methods is also rapidly taking place.

"Where is the family physician of the past? A quarter of a century ago he was as much a social as a professional factor in family life. Today, except in the country, he exists more as a 'holy memory' than as an active and trusted quantity. He may still be retained as an occasional family adviser, in a sort of abstract way, but his laurels are already on the brow of his juvenile coadjutor—the hustling specialist. This may be for the public weal or the public woe, but the fact remains that the old and trusted family physician is passing into oblivion, appearing occasionally on the horizon as a mirage reflected by a McLaren when he invokes the shades of a Drumtochty. Have any of you considered the cause of this decadence? Is it for want of individuality in the man himself? Want of training? Want of application? Want of skill? Has the adoption of commercial standards, or mercenary methods on the part of himself or his rivals, anything to do with it?

"Whatever the causes are, we find him to-day split up into specialties, and the average family have taken on a sort of centrifugal action with respect to their ailments. The major domo has had a long-standing hæmorrhoidal affection and a 'rectal specialist' has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks requires the services of a gynæcologist.

"The elder son has a pain in his back and is doing his own 'doctoring.' The patent medicine advertise-

ment is getting its deadly work in on him and pocketbook—and his back still aches.

"The elder sister has trouble with her eyes, and an alleged oculist is treating them.

"Another scion has a 'catarrh,' so-called. He is in the hands of a 'Throat and Lung Institute.'

"Another daughter has a friend who has an unrelieved trouble, and goes twice a week to a doctor (?) who cures all his patients with electricity, and the young lady is easily persuaded to try him for—consumption.

"A younger brother has an unseemly eruption, and a 'skin specialist,' after exhibiting the pictures and the pickles in his office, promises him a 'skin like velvet,' but he will have to take medicine for six months.

"I am not prepared to account for this state of things, but I may be pardoned if I suggest that some of us are largely responsible for it ourselves.

"There is a trite saying that 'too many men abandon the study of the profession when they begin the practise of it,' and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice and can scarcely make ends meet, it is not to be wondered at if he does not keep abreast of the times with his reading, or if he is not within reach of the city and its hospital clinics he is very apt to drop into the rear rank.

"I am more than justified in making the suggestion that a few months spent in a post-graduate course every five years would be of incalculable benefit to him, and *Alma Mater*, when with benedictions and a diploma, she sends forth her neophyte to heal the sick should reserve the appellation of 'graduate' in its broad sense, and the warrant to practise his profession should be made contingent on his return every five years for revision, instruction and further promotion.

"A short practical course with this object in view could easily be devised and carried out by every medical teaching body, and the result would be a boon to the profession, a benefit to the public, and the fractional tendency of the age would be greatly reduced.

"One of the most easily belittling sins of the physician is to engage in some kind of supplementary occupation. It is natural enough that he does so, because the emoluments of a strictly professional career are not equal to the income of a successful commercial man.

"The deflection may be elevating or it may be debasing in its tendency. Literature and art have their votaries among the profession. Some are of an inventive turn of mind, and do not always confine their ingenuity to their own art. Joint stock companies generally have a representative physician on their directorates. Some develop a religious tendency and spend a great deal of time with that and cognate subjects. Politics, however, is the great electric light, which attracts the medical moth, and the ground around it is strewn with its victims.

"It matters not whether it is the municipal moth, the legislative moth or the federal moth which the deluded doctor has in his bonnet, the effect on his scalp is all the same, for in ninety-nine cases out of a hundred he loses it.

"To be successful in any of these ventures time and money must be given up freely, because the heaven-born statesman is just as much a *rara avis* as the celestial advent of a doctor.

"The moment he launches his bark in the political set that moment his thoughts diverge, and those who have felt the maelstrom of a political vortex will tell you that the eddies of professional life are dead calms by comparison.

"No matter what the fad may be, or what the motive is, just in proportion

to the time and thought which is diverted from his professional studies will he fall behind in his standing as a physician, for it is a calling requiring a concentration of all his best faculties to keep up with the advance of modern thought and modern practice.

"While these remarks might be more beneficial if directed to a class of students than to the matured savants, who largely compose my audience, yet the warning may not be too late to benefit some who have made the fatal mistake of listening to the Banshee's voice, but who can yet be made to see the error of their way, and can be induced to return to their first love.

"I describe it in luminous letters on the wall that it is easier to serve God and mammon than to engage in commerce or politics and at the same time occupy the first rank as a physician or surgeon.

"Did time permit, I would like to add my protest against the debasing practice of contract lodge work.

"Vampire never bled its prey more mercilessly than the pseudo-benevolent societies have the lodge-doctors. While wholly dependent on them for existence, the lodge committees have dictated a ridiculous fee for his services, and the plastic physician by his acceptance of it has signed an acknowledgment that he has joined the army of men who are doing business by giving 'a quarter off,' 'tremendous bargains,' 'slaughter sale,' or 'cut-rate tickets.'

"Nowhere is the medical profession 'on the down grade' so much as in pandering to this influence, and, left to their own impulses, as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worse feature of the whole affair is that they are nearly a unit in declaring against the practice, and, believing it is subversive of the best interest of the profession, are willing to abandon it, but are deterred

from doing so because some of their confreres are only watching the opportunity to slip into their shoes.

"You are all aware of the anomalous condition of the medical profession in the Dominion, inasmuch as a graduate of one Province cannot legally practice medicine in any of the others. Each Province has closed its doors, and erected itself into a close corporation.

"I think I am within the facts when I state that the standard of qualification is higher in Ontario than it is in any other Province in Canada, or any State of the Union, and, while we feel justly proud of this eminent position, you have not failed to notice that it amounts practically to an alienation of our confreres who are more leniently dealt with in passing the Rubicon.

"To my mind, the chief cause for this condition of things is that a yeomanry which has not its peer for intelligence on this continent has placed educational and university matters in the hands of experienced and talented teachers, and the result is that these educators, keeping pace with advanced thought and methods elsewhere, insist on a standard for the Ontario student second to none in any part of the world if you take the standard as a whole for comparison.

"Now, while I would not advocate a lower standard for our own university graduates, I would suggest the formation of a Dominion Board—this may have been suggested before—whose duty it would be to adopt such a standard of examination as would admit properly authenticated graduates from all the Provinces. I would also give it discretionary power to grant certificates to members of the profession who had been years in practice if they wished to change their residence from one Province to another. The certificate would be conditional upon a good showing as to habit and repute, and if thought necessary a lenient oral examination.

"This Board would take the place

of the present Provincial Examining Board, and in a few years the standard of the several Provinces would be perfectly assimilated, the present bone of contention removed, and we would then be in a position to ask Great Britain and other countries to grant us registration, which we would reciprocate in kind."

Drs. Cameron and Graham addressed the meeting, urging a full attendance of the fraternity at the meeting of the British Medical Association to be held in Montreal in August.

Dr. N. A. Powell followed with a paper on "The Cottage Sanitarium Treatment of Pulmonary Phthisis," in which he strongly advocated the erection of sanitarium near large cities for the treatment of such cases. As an example of this he cited the sanitarium of Dr. Trudo at Saranac Lake, which turns out cures of twenty per cent. and benefits of seventy per cent. He also advocated perfect rest in the open air. This helps the patients to assimilate food and to gain strength. The cottages should be built to accommodate four persons. In this connection he pointed out the advantages of such an institution as the Muskoka Sanitarium, which will be opened next month. It was not a place for hopeless cases to die, but cases in an early stage to be cured.

The Ontario Medical Association resumed its session Thursday morning with a largely increased attendance. After a short discussion on "Obstetrics" the meeting divided into surgical and medical sections, and several interesting papers were read in each.

In the latter section Dr. Playter, of Ottawa, formerly of Toronto, and author of a well-known work on consumption, read a paper on "Hydrotherapy of the Skin in Early Phthisis."

The paper throws doubt on the theory that the tubercle bacillus is the cause of consumption. It is well known that these bacilli not infrequently exist in the body, and for years, alive and yet harmless. There

are well authenticated cases of consumption, with all the characteristic symptoms, in the sputa, of which no bacilli could ever be discovered; and, on the other hand, cases of apparently quite healthy persons, in which the sputa persistently contained the bacilli.

Dr. Playter has made a special close study of this disease for more than a third of a century, and from personal experience in his own person, when threatened with the disease, as a student, and in a large number of cases in practice since, and from collective investigations—opinions and experiences of other physicians—which he has made, and although he recognized the germ theory at first, he found too many insurmountable obstacles in it, and is now convinced that the disease is an auto-infection, a self-poisoning, a self-generated, septic condition of the blood and tissues, caused by imperfect breathing or some form of defective respiration, as from a neglected "cold," dust, etc., and hence want of sufficient antiseptic oxygen in the body.

The bovines most prone to tuberculosis are the Jerseys, which have the smallest chests, from long breeding for milk, with little or no active exercise. Caged animals, and not those fresh from the fields, become tuberculous after experimental inoculations. Fresh outdoor air, too, in abundance, is the one great remedy prescribed and urged by every physician.

On this theory, the doctor contends, with our present knowledge of self-infections in many diseased conditions, mental and physical, every morbid feature and peculiarity of consumption may be reasonably accounted for.

The bacillus, nearly always present, is post hoc, and possibly originally benign, designed to feed on and neutralize the self-generated poison in the body. If there be virtue in the anti-tubercle serums of Paquin and Koch (the solutions of bacilli) this rather sustains this view. The bacillus may be rendered virulent, possibly

pathogenic, by its poisoned environment in the body of the diseased, as the well-known bacillus—the bacillus coli communis, naturally in the human body—is known to become highly virulent in certain conditions of the intestines, or in outside faecal matter.

Dr. H. D. Livingstone, of Rockwood, read a paper relating to catarrh of the stomach. His remarks were confined to children under two years of age. He strongly blamed parents for permitting children to eat anything and everything on the table.

THE AFTERNOON'S PROCEEDINGS.

At one o'clock the members of the Association were entertained at luncheon at the Royal Canadian Yacht Club, at which a very sociable couple of hours was spent.

At three o'clock they went for an hour's sail on the lake, after which a clinic was held at the General Hospital, when Dr. O'Reilly showed the hospital instruments and took the association through the buildings.

The election of officers took place at the evening session, and resulted as follows: President, Dr. William Britton, Toronto; First Vice-President, Dr. Samson, Windsor; Second Vice-President, Dr. H. P. Wright, Ottawa; Third Vice-President, Dr. John Wishart, London; Fourth Vice-President, Dr. J. Mitchell, Enniskillen.

The present General Secretary, Dr. John N. E. Brown, Toronto, who has proved a most efficient officer, and the Treasurer, Dr. G. H. Carveth, Toronto, were re-elected by acclamation.

The newly elected President gave a short address expressing his thanks to the Association for the honor done him. He said the end and aim of the Association was that it might increase its members until it embraced the whole medical profession. This end could only be attained by every member doing his best to bring new men in.

The report of the Committee on Legislation was presented by Dr.

Barrick. The report referred with pleasure to the advance made in legislation in the Province in respect to the health of the public, but impressed on the Association the advisability of bringing two matters before the Government: (1) The appointment of a committee to supervise in some manner the various quack and other advertisements in the public press appealing to and deluding unfortunate sick; (2) in rural districts to have one medical health officer for the county instead of one for each municipality. A little discussion followed and the report was adopted.

The question of the establishment of the Victorian Order of Nurses was then brought before the meeting by the following resolution: "That, in the opinion of the Ontario Medical Association, the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme."

A discussion on this matter, which was begun by Lady Aberdeen, was at once opened. Every member of the Association who spoke made it plain that in his opinion the motives which had suggested the proposal were most praiseworthy, but the opinion was freely expressed that the whole movement was not practicable.

One of the speakers said that it would be the means of doing untold harm to the people of Ontario, in fact to the whole Canadian public. He argued that if half-trained nurses, such as he thought would be employed, were sent out into the thinly settled districts, there would be a great increase of deaths. He especially spoke of the evils that would follow from the attendance of such nurses in cases of childbirth. He also pointed out that the medical statistics of England showed that the rate of deaths in midwifery was doubled through the employment of such nurses, and he thought the same results would follow here if an order were established, as the one proposed, where every matter in connection with the scheme was so crude and ill-thought out.

Another speaker drew attention to the fact that certain clauses of the official pamphlet advocating the scheme were a direct insult to the medical profession in that they intimated that the country doctors were lax in their duty and that more men of the Dr. MacLure type were needed. He considered that the country doctors were most careful in the discharge of their duties and the expressions used were most insulting to this branch of the profession. He quoted from the pamphlet to show the main features of the scheme.

Several country medical men present said that in their knowledge no physicians had ever refused to attend a patient, especially a midwifery patient, when called upon, and they thought the expressions used in the circular were an outrage on the profession.

It was suggested that the Association in giving expression to their views on the matter should do so in a very deliberate manner and give their reasons for opposing the scheme as laid down in the pamphlet.

This was agreed to, and a committee appointed, which brought in the following resolution: "After careful consideration of the scheme for the founding of the Victorian Order of Nurses, so far as its details have been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives that have prompted the movement, but feels that it would be neglecting a serious public duty if it fails to express its unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

The resolution was carried unanimously.

Votes of thanks were then passed to the officers of last year and to various institutions for courtesy shown the Association.

The next meeting will be held in Toronto.

BRITISH ASSOCIATION.

Toronto will contain many of the leading scientists of the country next August.

The attendance of scientific men from the United States at the British Association here in August promises to be large. The American Mathematical Society has just met in New York and resolved to hold a general meeting in Toronto two days before the opening of the British Association in order to join the latter. The officers of the Mathematical Society anticipate a large attendance of their own members. The American Society of Teaching Engineers meet here likewise. Most of the members of the American Physiological Society will be here. The same assurance is received from the American Botanical Society. In fact hundreds of scientific investigators in the States will gather to meet their British brethren.

The committee continue to receive word from England of intending visitors. Sir John Lubbock, M.P., and Lady Lubbock are definitely arranging to come. Mr. Seton-Karr is another name received. This, it is understood, is the Unionist M.P. who is a prominent member of the Imperial party and raised the question of Britain's food supply in Parliament the other day. Professor Alexander Macalister, M.D., F.R.S., of Cambridge, has decided to come. The famous South African explorer, Mr. F. C. Selous, accompanied by Mrs. Selous, has notified the committee of an intention to be in Toronto for the meeting. Mr. Selous will be a great acquisition to the geographical section. He has lately returned from a journey to the interior of Arabia.

The two popular lectures to be given in Massey Hall by distinguished members of the Association have now been definitely arranged. Prof. W. Chandler Roberts-Austin, F.R.S., chemist to the Royal mint, will deliver one on "Canada's Metals." The

other will be on "Earthquakes and Volcanoes," by Prof. J. Milne, F.R.S., formerly professor in the University of Tokyo, Japan. These lectures will be accompanied by demonstrations of the most elaborate character, the appliances and pictorial and other effects being very rare and interesting.

On Saturday (5th) the British Association Committee met to consider a number of important matters. Dr. Macallum presided, and among others present were President Loudon, B. E. Walker, Chancellor Burwash, Provost Welch, Chancellor Wallace, Professor Mavor, O. A. Howland, M.L.A., Barlow Cumberland, Dr. Daniel Clark, A. H. U. Colquhoun, John A. Paterson.

WILL EXHIBIT THE RESOURCES.

Mr. B. E. Walker announced that communications had been received from the Governments of Manitoba and British Columbia. The former will spend \$500 and the latter \$1,000 in showing the natural resources of the Provinces to the British visitors.

AN EXHIBIT OF CANADIAN ORES.

A request from over sixty mine-owners and representatives of mining companies, both in Ontario and British Columbia, was received. These gentlemen suggested that a special exhibit of specimens from well-known Canadian mining properties be made during the meeting of the British Association, and that papers and addresses dealing with them be added to the programme. The committee appointed the following members a sub-committee to discuss the question with the mining interests: Messrs. B. E. Walker, O. A. Howland, Professor Macallum, President Loudon, and J. A. Paterson.

A COMPLIMENTARY BANQUET.

The formation of a committee to arrange the banquet to Lord Lister, Lord Kelvin, and Sir John Evans was announced. The list of members is still incomplete, and when fully organized the committee will include lead-

ing physicians and other prominent citizens. The Honorary Chairman is His Excellency Lord Aberdeen, who has consented to preside on the occasion.

ACCOMMODATION OF GUESTS.

President Loudon presented an elaborate and careful report from the Rooms Committee, indicating the arrangements that are being made in the University buildings to accommodate the visitors, and giving satisfactory rooms for meetings of sections, offices, etc. In this respect Toronto will provide accommodation fully equal, and in some respects superior, to the accommodation of British cities where the Association has met in former years.

The Hospitality Committee, of which Mr. E. B. Osler, M.P., is chairman, reported that a number of citizens have generously promised private hospitality to distinguished visitors from Great Britain and the continent.

THE LATE ALAN MACDOUGALL.

On motion of Chancellor Burwash, seconded by Barlow Cumberland, a vote of condolence with the relatives of the late Mr. Alan Macdougall, C.E., who was the indefatigable Secretary of the Toronto committee previous to his departure for England, owing to ill-health, was passed. The vacancy was filled by the appointment of Mr. A. H. U. Colquhoun, who has been acting secretary for some months.

British Columbia.

Under control of the Medical Council of the Province of British Columbia. Dr. McGUIGAN, Associate Editor for British Columbia.

MEDICAL COUNCIL MEETING.

The British Columbia Medical Council met at the Philharmonic Hall, Victoria, on Tuesday, May 4th, the following members being present: Drs. Milne, Davie, Fagan, Duncan, McGuigan and McKechnie.

The following officers were elected for the year 1897-98: Dr. R. E. Mc-

Kechnie, President ; Dr. T. W. Lambert, Vice-President ; Dr. C. J. Fagan, Registrar and Secretary ; Dr. John Duncan, Treasurer.

Fifteen candidates presented themselves for examination, including two ladies, viz., Mrs. Jones, of Rossland, and Mrs. Arthur, of Nelson. Of these, nine were successful in passing ; the others were referred to the next meeting of the Council on the first Tuesday of September.

With reference to the ladies, it may be remarked that they were exceedingly well grounded, and passed a most successful examination. Mrs. Dr. Jones is a graduate of Trinity College, Toronto, and Mrs. Dr. Arthur of the University of Oregon, at which institution she came within a few marks of obtaining the gold medal. These two ladies are ornaments of their profession, and it is to be hoped that future lady candidates who present themselves before the British Columbia Examining Board may approach somewhere in the vicinity of their excellence.

The large number of those who failed at this examination—viz., six out of fifteen—shows that the standard has been raised, and those who contemplate coming here at the next examination must calculate on being able to pass a rigid test before they are allowed to practice. The candidates are only known by numbers, and it is not till the fate of each is decided that the name is known, and then there is no hope for sympathy, as anyone falling below a certain percentage is *ipso facto* "plucked." A great many cases at the recent exams. were examples of this fact, and in some instances men failed whose pecuniary circumstances could scarcely be said to justify it ; but the ukase went forth, and it was carried out to the letter, "*justicia fiat mat cælum*," or, in other words, the order was, "Hew to the line, let the chips fall where they may." British Columbia is on the Western rim of the continent, and Victoria is on an island

in the ocean still further towards the setting sun, and the writer of this article would advise all candidates to come well "heeled" when heading this way in September. It is bad enough to be "stopped" in an examination if one has money in his purse, but when the reverse is the case, alas and alack, it is passing hard !

It must not be supposed that British Columbia is an Eldorado for practitioners of medicine. In the city of Rossland, under the shadow of the Le Roy and the War Eagle mines, there are doctors in good practice who are living on two meals a day. They are doing well so far as work is concerned, but there is a woful lack of money ; and in these new towns one has to pay his way or go hungry. The credit system is not in vogue. There is emphatically no room in British Columbia for any more doctors ; and we have enlarged upon the subject *in extenso* in this number of the MONTHLY in order to direct the attention of those interested, so that they may be guided by a word in season, and if indifferent to their fate they rush upon destruction, they will only have themselves to blame. In future, if any medical man is contemplating a visit to British Columbia for the purpose of practising his profession, let him come with at least \$1,000, and if not a recent graduate from some first-class university, let him also study hard for at least one year before presenting himself before the Medical Council examiners. If he has \$1,000, he can live for a while under any circumstances. If he has \$10,000, he might settle in Victoria or New Westminster and wait till a few of the old practitioners were removed by the mere eflux of time, when he might reasonably hope to wear their shoes after they had taken their departure for—the planet Jupiter, which seems to be, according to M. Sardou, the favorite spot for mortals after they have quit this vale of tears ; but waiting for dead men's footwear is proverbially slow work.

The Yukon territory is now attracting a good deal of attention, and miners are pouring in there rapidly this spring; and as there are no physicians in that district, except the witch-doctors of the Indians, it ought to be a paradise for the general practitioner, especially as there is nothing in the shape of a Medical Council to throw obstacles in his path when entering its portals. There the golden sands require only to be panned in order to yield kernels of the precious metal as large as peas, and where the only difficulty is in transporting it to some safe haven in that country of magnificent distances.

W. J. M.

Special Selections.

DISINFECTION.

When the Parisian sanitary authorities took upon themselves the duty of disinfection in all private houses or apartments that had become contaminated owing to the occurrence within them of one or other of the scheduled infectious disorders, charging for their services in accordance with a sliding scale based upon the annual rental value of the implicated premises, the scheme was pronounced to be as near perfection as is possible in sublunary things; and yet we learn from a Parisian contemporary* that in practice it has broken down somewhat lamentably. Endowed with ample equipment, and disposing of a personnel sufficient to cope with even extraordinary requirements, the director of the disinfection branch of the municipality, instead of being well-nigh overwhelmed with applications, as was confidently predicted, has, in point of fact, hardly anything at all to do. French medical men, in spite of the faith that is in them, are not, it seems, as ardent partisans of

disinfection as they ought to be, and consequently fail to give due effect to sanitary prophylaxis. It is true they are but human, and human nature is essentially weak; so their defection, if not precisely excusable, is not to be wondered at. In these days of rapid competition *guerra al cuchillo* has become the internecine motto for all men who are compelled to gain their bread in the exercise of a profession, and unfortunately amongst general practitioners of medicine in France those possessing private incomes are rare as the proverbial black swans of Juvenal.

In the French capital, as elsewhere, the inhabitants abominate disinfection when its incidence affects them personally, and few and far between are the medical men who can afford to risk unpopularity by insisting upon the application of the law. When it is his neighbor's house that is involved every good citizen cordially recognizes the urgent need for stamping out an infectious disorder; but circumstances alter cases when one's own comfort and pocket are in question." "What is the good of worrying ourselves," say the heads of households in the latter contingency, "spoiling alike our tempers and our furniture, seeing that the doctor comes and goes freely without let or hindrance? Who, we should like to know, is more likely to carry about and disseminate poisonous microbes than the man who has necessarily been in the very thickest of the fray? It stands to reason that when the window is allowed to remain wide open there is not much good bolting the door!"

In order to meet objections of this calibre the Prefect of the Seine has decided to disinfect members of the medical profession, themselves, their dwellings, and their appurtenances, free of all charge, whenever they have been exposed to infection in the exercise of their avocation. According to the text of the decree disinfection should be performed every time an individual has been exposed to the

* *Journal de Medecine de Paris*, March 7th, 1879.

influence of a person suffering from a transmissible disorder such as measles, small-pox, whooping-cough, scarlatina, typhoid fever, diphtheria, etc. It follows, therefore, that medical men in attendance on such cases ought to be put through the detergent process *after each visit* to their patients, whether they see them once a day or many times. At certain seasons of the year infectious diseases are very prevalent, and the contaminating power of a case is just as great in the slightest as in the most strongly marked. If the new rule is to be observed seriously, and with commensurate strictness, the hapless physician with a large family practice will have to spend half his time in the municipal bath!

The people who would benefit most by the ordinance are the tailors, for no suit of clothes could withstand constant baking, to say nothing of the destructive effect of most antiseptics. Clearly if the Prefect's rule is adhered to a revision of the fee scale will shortly become absolutely necessary, in order to meet the additional expenditure thus foisted upon an already overtaxed profession.

The conclusion arrived at by our plain-spoken critic is that no practical good will come of this new departure in municipalitarianism. Dust may possibly be cast in the eyes of the public, but as regards genuine disinfection the results will be altogether illusory. As in the case of quarantine, the leaks will be so numerous and so unanchable that even the least enterprising of microbes will experience no difficulty whatever in penetrating the flimsy barrier.

In a later number of the journal the same writer continues his sermon, his theme this time being the overcrowded state of the medical profession. On all sides—he despairingly cries—we hear of excessive plethora, and the consequent abandonment of the good old professional customs that erst were wont to prevail among medical men in France. It is

unfortunately necessary that the thousands of young men let loose by the various faculties should find a means of livelihood, honorable if possible, but in any case a livelihood! There is not for them the alternative enjoyed by their congeners in England and Germany; they cannot take ship and set themselves up under foreign skies. France unhappily does not possess colonies worth speaking of, so the embryo practitioners settle down in our towns to starve genteelly. Hunger becomes their counsellor, and we all know the kind of advice that emanates from an empty stomach.

The simple public is under the impression that the title of Doctor of Medicine is the result of long and conscientious study, but we who are behind the scenes know better. Curiously enough the only examinations in which severity can be said to enter are those which the students are first called upon to surmount, but with these, referring as they do to the accessory sciences, medicine has but little to do. As for the first clinical examinations, they are a mere formality. One pupil in fifty is sent back for a few months, the remaining forty-nine pass with flying colors. It is as sure as fate that every student whose name has been entered at the Faculty is bound to become a doctor of medicine. Such a thing as failure is absolutely unknown. Out of 1,000 beginners not more than five fail to obtain their degrees, and ninety-nine per cent. of these drop away for private reasons altogether unconnected with the examinations.

It would be the easiest thing in the world to diminish the overcrowding of the medical profession. All that is required is to elevate the course of preliminary study, and make the examinations a real test of knowledge. No new law or regulation is necessary. It is simply the duty of those in authority to raise the degree in medicine to the level it ought to enjoy; and to prevent ignoramuses and idlers from attaining without.

effort to a position where they can prey upon the helpless proletariat.

We have dwelt at some length upon the diatribes of our Parisian confreres because they seem to us to be more or less cosmopolitan in their application. Medical men are expected to do all they can to prevent disease—or, in other words, to commit a species of suicide by helping in the destruction of the means whereby they live. That they do so cheerfully and unanimsly is an acknowledged fact, but with the exception of the church there is no other profession, trade or calling, whose members can lay to their souls the same flattering unctious. If the Parisian authorities desire to be generous as well as just, they should not rest content with free disinfection when practitioners have become contaminated in the performance of their duty. They should likewise bestow compensation for the unavoidable loss of time and deterioration of property, inasmuch as both are the result of zeal *pro bono publico*.
—*The Scalpel*.

THE ETHICS AND ECONOMICS OF PROPRIETARY PRE- PARATIONS.

Dr. Charles Rice, a member of the Committee of Revision of the United States Pharmacopœia and the chemist of the New York Department of Public Charities, has lately thrown a good deal of the light of common sense on the question of the advisability of using proprietary preparations. What he says is in the form of a report to the committee on the apothecary's department of the Medical Board of Bellevue Hospital, made in compliance with a request from that body. The report was adopted by the Medical Board on April 1st, and has been approved by the Board of Commissioners.

Dr. Rice defines a proprietary article as one of which some person

or persons have exclusive control of the production, sale, or use—of all three of these features in some cases, of one or two of them only in others. He divides such articles into natural and artificial products, and again into these three classes: (1) Products of nature prepared under patents and mostly sold under copyrighted names. (2) Products of nature that have never been made under patents, or are no longer so made, but are sold under copyrighted names. (3) Artificial preparations sold under copyrighted names. As regards patented articles, it is a principle in patent law, says Dr. Rice, that a product of nature cannot be patented; hence no patent is granted on any chemical substance of a definite and constant composition, even though it may, at the time when the patent is applied for, not yet have been found occurring ready-formed in nature. But any process, not previously known or used, by which such a product can be formed is patentable. Certain articles that are made by patented processes may also be made by processes that are not patented, and, as it is impossible for the purchaser to distinguish by which process they have been made, nobody, says Dr. Rice, would think of raising any objection against their use in medicine. As an example, he mentions salicylic acid, which, in the form of methyl salicylate, exists in oil of wintergreen and some other volatile oils, from which the acid may readily be prepared; but, as these oils would be utterly inadequate to supply the demand, more than 95 per cent. of the salicylic acid used in medicine is produced by a process that was patented in 1874, but on which the patent has now expired. A patent, says Dr. Rice, not only does away with all secrecy—which is usually considered the objectionable feature of a proprietary article—but it commonly acts also as a sort of guarantee of the uniformity of the product in composition, strength and purity.

Dr. Rice thinks that if all these points are taken into consideration, it will probably be conceded that, if an article is protected by a patent alone—the feature of a copyrighted name being disregarded—it becomes practically impossible to separate patented substances into classes of which one may, and the other may not, be used without a violation of ethics, and therefore none of these articles should be rejected for the reason alone that they are patented. He then proceeds to consider the three classes of proprietary articles previously mentioned.

As to products of the first class, inasmuch as copyrights on names never expire, whereas a patent has a definite term of years to run, it is evident, says Dr. Rice, that the proprietors of the copyrights would have a perpetual monopoly unless, after the expiration of the patents, other producers should put the same articles on the market under new names not copyrighted. All these bodies—such as antipyrin, aristol, phenacetin, salol, salophene, sulphonal, trional and vanillin (the last-named substance being now sold only under its proper chemical name)—will, undoubtedly, Dr. Rice thinks, be rescued from their present monopolistic control when the patents on them will have expired. There is no secret whatever about them, he says. They are definite chemicals of known composition and properties, and, since some of them have been found to have real therapeutical value, no objection, it is believed, will be raised against the whole class.

Dr. Rice next considers the products of nature, which have never been, or are not now, made under patents, but are sold under copyrighted names, familiar examples of which are antifebrine (acetanilid), dermatol (bismuth subgallate), formalin, or formol (formaldehyde), pyrozone (hydrogen-dioxide solution), diuretin (sodium-theobromine salicylate), and lanolin (hydrous wool fat).

The owner of the copyrighted name, he remarks, usually professes that his product is "purer" or "more refined" than the article found on the market under the common name, and this pretension, he says, is true in some instances, particularly in those of articles first put on the market under copyrighted names, although at present the best grades of the several articles sold under their common names appear to answer every purpose. These products, he thinks, are unobjectionable, but he says it seems preferable, as it is certainly more economical, to order them under their common names, especially acetanilid, bismuth subgallate and formaldehyde.

His third class, preparations that are not products of nature, sold under copyrighted names, Dr. Rice divides into three groups. The first group, which he considers unobjectionable, comprises preparations the origin and composition of which are not kept secret, such as ichthyol, creolin, Mellin's food, malted milk, etc. The second group, which he thinks to be of doubtful value, includes all the preparations of the class that do not belong to either the first or the third group, which last, by far the largest, consists of the "secret nostrums," such as "soothing syrups," "female regulators," "blood-purifiers," etc.

Incidentally, Dr. Rice justly complains that for years the name of Bellevue Hospital has been taken in vain by a number of persons and firms without any authority whatever. It is a common occurrence, he says, for samples of proprietary medicines, foods, mineral waters, plasters, etc., to be sent to the hospital or to members of the house staff for "trial," whereupon the subsequent advertisements of the articles in question often assert that the latter are "used in Bellevue Hospital," leaving the impression upon the mind of the reader that the article or articles have been used with the sanction of some member of the Medical Board. It is probably im-

possible, says Dr. Rice, to find a remedy for this evil, from which many other institutions of repute likewise suffer. To publish a denial of such false assertions, he thinks, would only aggravate the evil. The utmost that can be done appears to be to caution the medical staff against any entanglements with the agents of interested parties or encouragement of them.—*New York Med. Jour.*

TAKA-DIASTASE: ITS USE IN CERTAIN FORMS OF DYSPEPSIA AND GOUT.

The *Liverpool Medico-Chirurgical Journal* for January, 1897, contains an article on Taka-diastrase as a digestive ferment written by Dr. William Armstrong. He points out that it has become so much a matter of routine to rely upon pepsin for the relief and cure of dyspepsia that the influence of the active principles of the salivary secretion on the process of digestion has been somewhat lost sight of. It is only when cases of acidity, flatulence, etc., are met with which resist the action of digestive ferments of the pepsin group that attention is specially directed to the influence of the primary digestive agent. He has been much interested, during the treatment of a large number of gouty patients, to find that although many of them had for months been deprived of almost all butcher's meat and other nitrogenous foods, the acidity, flatulence, digestive discomfort and general goutiness had gone on much as before.

Considerable light has been thrown on this subject by the success of the so-called "Salisbury" dietary; for under the exclusive use of red meat (aided by hot water drinking when the stomach is empty) many intractable cases of chronic gout and dyspepsia have been speedily and permanently relieved. This fact cer-

tainly points to one of two things—either that red meat is not the harmful agent in gout that many have supposed it to be, or, what he regards as more likely, that the admixture of the meat with the carbohydrates interferes with the due digestion of each.

The early loss of the masticating teeth, which we now so often find, the haste with which meals are so frequently taken, and more especially the custom of taking considerable quantities of hot fluids, such as tea, with food, give rise to a tendency to wash the food quickly down the first passages, and so prevent it being thoroughly mixed with the saliva; and thus, as the gastric juice has no converting influence over the starchy element, they become decomposed, giving off a large quantity of gas and forming amyloptomains, which are almost if not quite as harmful as those ptomains formed from nitrogenous foods. The elimination of the starchy elements of the food is, however, a heavy price to pay for relief from the slighter functional symptoms; and it is not until serious disease becomes evident that patients will submit to this somewhat severe and irksome form of dietary, which, as it often causes considerable and rapid loss of weight, is not suitable for a large proportion of the cases met with in daily practice. As is well known, malt extract is a potent starch-converting agent, but the amount of contained sugar makes it a double-edged weapon, and it often does more harm than good in cases of gout and dyspepsia.

Some twelve months ago the writer was induced to give a trial to "Taka-diastrase"—a brown powder, free from odor, with a slight and not unpleasant taste, for which we claimed the power of converting one hundred times its weight of dry starch.

This powder was discovered by Mr. Takamine, a Japanese chemist, who, while studying in Glasgow, became greatly interested in the process of

malting, which he came to consider as unduly tedious and costly. On returning to Japan he, with the assistance of Professor Atkinson, of Tokyo University, commenced a very exhaustive series of experiments, with a view to finding a class of plant capable of converting the starch in cereals into sugar, and the sugar into alcohol. He at last found what he required in the fungus of the species *Eurotium oryzae*, belonging to the *Aspergillus* family. This microscopic fungus he cultivated on the flakes of hydrolized wheat bran, and succeeded in separating the diastatic and fermenting properties, so that either could be used without the other.

The writer has given the diastatic powder in doses of from three to five grains in a considerable number of cases, both of amyloseous dyspepsia and of the form of gout which seems to be caused by that defect, and with excellent results. He has usually given it in powder with or immediately after meals, especially those with which much starchy food is taken; but it can also be given in mixtures, if neutral or slightly alkaline. Flatulence and acidity are greatly diminished, there is much less strain put upon the comparatively weak intestinal digestive processes, and the gouty symptoms are much relieved.

Taka-diastase has never, in the writer's experience, caused the slightest discomfort, loss of appetite, or digestive disturbance: the dose is so small, and the drug itself so free from unpleasantness, that patients take it readily.

The subjects of amyloseous dyspepsia should, of course, masticate their food slowly and completely, and should also avoid the taking of much fluid with meals,—such liquid as is necessary for the bodily processes being taken one hour before food, preferably in the form of hot water, and that required with meals being taken at the end thereof.

The author is convinced that in

Taka-diastase we have at command a remedy of the highest value, which is capable of giving excellent results in many obstinate cases of dyspepsia, auto-poisoning with amyloseous ptomaines, and the resulting train of symptoms so frequently classed together under the names of latent and suppressed gout.

NEW PROCESS FOR OBTAINING AN EXTRA - TOXIC DIPH- THERIA TOXIN.

By PAUL GIBIER, M.D.

Since the antidiphtheritic serum has been prepared at the laboratory and at the experimental farm of the New York Pasteur Institute, viz., September, 1894, I have endeavored to obtain as strong a toxin as possible, in order to increase the antitoxic power of the blood of the inoculated animals.

If we take into consideration the fact that the gravest form of diphtheria is due to the association of the specific bacillus with the *streptococcus erysipelatis*, we may admit *a priori* that in this case the gravity of the disease is the result of the very presence of the streptococcus and of its passage into the circulatory system. It is a well-known fact that at the autopsy of patient's having succumbed to diphtheria, the streptococcus is frequently met with, in a greater or less quantity, in the blood and in the viscera. However, we may admit also that by the contact of the streptococcus with the bacillus of diphtheria the latter is stimulated in a special manner or else it finds in the organic liquids, prepared in some way by the streptococcus, a medium particularly favorable to its growth and to the secretion of its toxins.

The researches that I have made on this point seem to verify the hypothesis which I have just advanced. In fact, if the Lœfler bacillus is culti-

vated in peptonized broth, after eight days or more a toxin is obtained which may kill a guinea-pig in thirty-six or seventy two hours with a dose of one-tenth of a cubic centimetre (c.c. 0.1). By allowing the meat to undergo a beginning of decomposition before using it for the broth, we obtain a toxin three or four times more active, although it is not always so. The uncertainty, in this case, is due to this peculiarity that it is nearly impossible to determine the sort of alteration which the meat will undergo. Some of the decompositions experienced by the flesh rather seem to hamper the growth of the diphtheria bacillus which is cultivated in the broth prepared with this decomposed matter. Such at least is my experience on this subject.

The result is entirely different when the streptococcus is introduced in the broth made with fresh meat from twelve to eighteen hours before the diphtheria bacillus. In this manner, after six or eight days, a toxin is produced one one-hundred-and-fiftieth and less of a cubic centimeter of which is fatal to a guinea-pig of medium size. If the same broth contains 25 per cent. of blood broth obtained by ebullition it is even possible to produce, as one of my assistants, Dr. Leteve did, a toxin which is mortal in the dose of one-two-hundredth of a cubic centimeter (c.c. .005) and even less.

The alkaline broth becomes acid a few hours after the introduction of the streptococcus. Therefore it is necessary to restore its alkalinity before adding the diphtheria bacillus which otherwise could not develop. The growth of the latter microbe begins to become apparent a few hours after its introduction; again the broth turns acid. After from twenty-four to forty-eight hours the diphtheria bacillus spreads under the form of a thick and greyish veil at the surface of the liquid which indicates then an alkaline reaction. At the end of one week or so the toxin may be filtered through

a Chamberland bougie in order to be tried.

It is easy to ascertain that the toxicity of the liquid is due to the diphtheria bacillus and not to the streptococcus; by injecting relatively large doses of the filtered part of a pure culture of the latter to a guinea-pig, the animal will resist. Therefore, it really appears that the mediums where streptococcus develops are exceptionally favorable to the growth of the diphtheria bacillus and to an extra production of its toxin.

Besides the advantage of yielding a more active toxin in a smaller bulk of liquid and consequently a more rapid formation of antitoxin in the blood of the serum producing animals, the method that I have just expounded shows the mechanism of the double infection and the rationale of the gravity of diphtheria when the mixed infection is due to the association of the streptococcus with the bacillus; the latter is stimulated by the former, its faculty of toxic secretion is increased or, at least, the medium where the microbic association vegetates is prepared by the streptococcus in such a manner that a larger amount of diphtheria toxin is produced by the bacillus, and, therefore, absorbed by the patient.

Although the streptococcic toxin be relatively weak and reduced in quantity by the growth of the diphtheria bacillus, the streptococcus survives, but, contrarily to the bacillus, it does not seem, as far as the virulence is concerned, to derive any benefit from its association with the latter. However, the horses which are treated with the toxin prepared as above stated, can easily stand large doses of virulent streptococcus cultures and yield a serum which is antitoxic against the two infections referred to. I must say, by the way, that instead of filtering through a bougie, the liquid of the culture, the latter is filtered through an ordinary paper filter which allows the passage of a rela-

tively large proportion of the toxins which are retained by the clay. The liquid obtained in this manner allows us to inject the integral toxin and to produce a more decided immunization of the animals. I inject the toxin as soon as possible after it has been prepared and without adding any anti-septic to it.

FORMALDEHYDE.

In the *Medical Chronicle* for December, 1896, Leech gives an interesting summary of the therapeutic possibilities of formaldehyde. Formic aldehyde (CH_2O) is produced when by means of a specially constructed lamp the vapor of methyl alcohol (CH_3OH) is passed over an incandescent platinum hood or mantle. The following formula represents the reaction: $\text{CH}_3\text{O} + \text{O} = \text{CH}_2\text{O} + \text{H}_2\text{O}$. For some time past a solution of formaldehyde in water of a strength of 40 per cent. has been on the market under the name of formol or formaline.

Mosso and Paoletti find that formaline has a bacterial action almost equal to that of corrosive sublimate, while it is much less toxic. One part in 20,000 is sufficient to slow the ammoniacal fermentation of urine, and 1 in 4,000 inhibits it altogether. Form. ine hinders the coagulation of albumen by heat, but hastens the clotting of blood. It has little influence on the frog's heart, unless in solutions over 1 per cent. in strength. Very small doses, however, are sufficient to raise the blood-pressure and markedly affect respiration. Doses exceeding one cubic centimeter per kilo of body weight quickly cause death; doses of 0.1 cubic centimeter are poisonous if introduced into the circulation; and even smaller doses produce marked symptoms of irritation. A powerful action on the nervous system is shown, resulting in convulsions, analgesia and lowering of temperature.

Formaldehyde has been found very useful in pathological work for hardening microscopic preparations and museum specimens. Orth has recently pointed out the value of formaline in this connection.

Several observers have experimented with formaldehyde in the disinfection of rooms. Some of the more recent papers are those of Roux, Trillat, Pfuhl and Hebert. Opinion is divided as to the practical value of formaldehyde for this purpose.

Horton considers formaline particularly suitable for the disinfection of books, as the vapor is not detrimental in any way to them, while it is very rapid in its disinfectant action. The effect produced during the first fifteen minutes is practically as great as that after twenty-four hours' exposure. He found that in a closed space books can be thoroughly disinfected by using one cubic centimeter of commercial formaline to three hundred cubic centimeters of air.

Turning to the therapeutic uses of the drug, Schleich found that when a watery solution of gelatine is allowed to dry in formaline vapor the chemical characteristics of the gelatine are altered. It is no longer affected by hot or cold water, nor by acids or alkalies. Animal tissues, however, have the power of breaking up the combination and setting the formaline free. It was also found that when the formaline gelatine, ground to a fine powder and mixed with cultures of various forms of pathogenic bacteria, was introduced into animals the bacteria did not develop and the wound healed without trouble.

Schleich states that with this formaline gelatine powder every acute suppuration can be stopped in twenty-four hours and wounds made to heal aseptically. He had used it in 120 cases of acute suppurative processes, in ninety-three aseptic wounds, four compound fractures and two deep scalp wounds. The wounds were only cleansed mechanically and then thoroughly rubbed with the powder.

In fresh wounds the powder formed with the blood a quite dry and firm scab in a few hours.

In cases of necrotic masses, in old ulcers, etc., the powder had very little effect, but it was found that it could be digested with a pepsin hydrochloric acid solution (5 parts of pepsin and 0.3 of hydrochloric acid in 100 parts of water). The formaline gelatine powder is dusted on the wound and then covered with a dressing wet with the pepsin solution, and the digestive process keeps up a continuous supply of formaldehyde vapor for the wound. The powder is made by drying 500 grammes of purified and dissolved gelatine in the vapor of twenty-five drops of formaline.

Foote has recently published a paper giving an account of forty-five cases of suppurative wounds in which he has used Schleich's formaline gelatine. He concludes that formaline has some antiseptic action, but not so great as to render a suppurating wound sterile. It seemed to control the infection for two days, and if the character of the wound was such that this respite was enough to secure its closure, the result was perfect. If not, then whatever gain was made in the first two or three days was maintained and the wound went on granulating from that point. This, however, is a distinct advance on the usual treatment. Another point in favor of the formaline gelatine is that it does away with the necessity of drainage. On the whole, Foote thinks the method marks a distinct advance in the treatment of suppuration, giving the most perfect results in those cases where the cellulitis is moderate and the pus abundant.

Alexander considers formaldehyde the "ideal germicide, deodorant and antizymotic." He has used it in his practice for a year. He quotes De Buck and Vanderlinden as having used it successfully in one-half per cent. strength for washing hands and instruments, cleansing site of operation, and for rendering infected

wounds, cavities and sinuses antiseptic. Formaline does not spoil the edge of the knives, apparently not attacking metal at all. Dr. Alexander uses the pure 40 per cent. formaline very successfully in chancroid and chancre, applying it locally, a single application being sufficient to cause the ulcer to heal rapidly. He found formaline solution a remedy for pruritus vulvæ when other drugs had failed. Four cases of diphtheria were treated with formaline and whiskey. The whiskey was given internally, and the atmosphere of the rooms impregnated with the vapor of formaline, direct application to the throat being also made with the formaline solution. He finds a spray of one-half per cent. valuable in hay fever, and a spray of 1 per cent. solution in whooping-cough. In ten cases of gonorrhœa he used a one-half per cent. solution, injected three times a day, with satisfactory results; he found the treatment free from the pain or irritation usually caused by the use of sublimate and other solutions.

Howland has treated six cases of gonorrhœa with formaline. In every case the gonococcus was found. He started with a 5 per cent. solution, but found this too strong. In the rest of the injections he used a one-half per cent. solution. For the first two or three days irrigations of one quart of hot formaline solution were given twice daily; afterwards once daily, until the discharge ceased to contain the gonococci. No internal treatment was given except cathartic pills. All highly-seasoned food, alcohol, tea and coffee were prohibited. The patients were advised to drink two to four quarts of pure water in the twenty-four hours. Dr. Howland noticed peculiar action of the irrigating fluid on the gonococci. They "shrivelled up" and lost their form.

De Smet claims good results from the use of formaldehyde in gonorrhœa in women. Sixty cases, some very obstinate, were cured. The vulva

was washed with a 1:1000 solution, and the vagina douched through a speculum with a strong solution, varying from 2:1000 to 5:1000. If the uterine cavity and cervical canal were involved, some of the same solution was injected. When there is laceration of the cervix, tampons soaked in 1:1000 solution of formaldehyde are left for two or three hours in the vagina. When fungous endometritis is present the curette must be applied first. The applications give rise to no pain, and may be used daily, or every second day.

Lamarque has used formol in 1 per cent. solution for washing out the bladder and urethra, and in 5 per cent. solution for instillation. In acute gonorrhœa and in gonorrhœal cystitis he has not had encouraging results. In chronic gonorrhœa they have been better. He considers this treatment most successful in cases of tubercular cystitis. The only disadvantage is the pain caused by the drug, which, however, though intense, quickly ceases.

In ophthalmic practice formaldehyde has been used for some time. Valude, in May, 1893, made a communication on the subject to the Societe Francaise d'Ophthalmologie.

Burnett has obtained excellent results in infecting ulcers of the cornea and in purulent conjunctivitis. Corneal ulcers may be touched with a solution of 1:200 or 1:500 every day. For general use as an aseptic collyrium, a strength of 1:1000 or 1:2000 may be used, though the stronger of these sometimes causes a slight burning sensation.

Davidson finds one part of formaline in 2000 or 3000 of water the most serviceable strength of solution. When he tried it first in hypopyon ulcers, it was dropped into the affected eye three or four times daily, and it seemed of very little use; but on applying it freely every hour it acted very effectually. In abrasions of the cornea and in corneal ulcers, Dr. Davidson believes formaline will be

of great value if applied freely and often.

Dr. Stephenson has found a solution of 1:2000 of service in mucopurulent and follicular inflammations of the conjunctiva when applied thrice a day to the everted lids. In trachoma it seems to have the power of reducing the amount of secretion.

Solis-Cohen has during the past year seen such good results in the treatment of tuberculosis of the larynx, alike in infiltrative, ulcerative and vegetative cases by means of formic aldehyde solutions that he is tempted to believe that in this agent we have a means of treatment superior to any other that he has ever used. He used the commercial formaline, diluting it to the strength required, which ranges from one-half to 4 per cent. of formic aldehyde—that is, from 1 to 10 per cent. of the commercial formaline, which contains 0.40 per cent. of formaldehyde. Before making the applications the parts should be thoroughly cocainized, otherwise the application to the mucous membranes causes an intense burning, stinging, and even strangling sensation. The mode of application is similar to that employed with lactic acid. The parts are thoroughly rubbed with the formaldehyde solution after previous cleansing and cocainization. Beginning with the weakest solution, the strength is increased up to 10 per cent. of the commercial formaline, which corresponds to 4 per cent. of pure formaldehyde. This is the strongest solution he has found it necessary to employ.

Pottevin has tried formic aldehyde for ringworm. The hair having been cut short and the scalp cleansed, a compress of cotton-wool soaked in a 2 per cent. solution of formic aldehyde was applied to the affected parts, or, better still, to the whole scalp. The whole was then covered with an india-rubber cap, or piece of oiled silk, and left on for twenty-four hours, when a fresh application was made. The results were not encouraging, as in

most cases the remedy did not effect a cure. However, according to an abstract in the Cincinnati *Lancet-Clinic* of November 7th, 1896, forty cases of ringworm of the scalp, in hospital out-patients, were treated by formaline applications. The preparation used was formaline in full 40 per cent. strength, which was vigorously rubbed in with a brush or mop for ten minutes, the hair having been shaved round the patches. The application was repeated every other day on four occasions, and then entirely discontinued. Of the forty cases, only five required repainting from non-eradication of the disease. Microscopical examination was always made before commencing treatment, and the presence of the trichophyton verified.—*Therapeutic Gazette.*

IRITIS AND ITS TREATMENT.

In the *Medical News* of January 9th, 1897, Dr. L. F. Love points out that the treatment of iritis has progressed but little since the early days of ophthalmology, and for the simple reason that if adopted early the old-fashioned treatment is eminently satisfactory. As in the days of our fathers, it consists essentially in the free exhibition of mercury, of local sedatives and derivatives, and in free use of atropine. Mercury is best administered by inunction, the system thus rapidly coming under its influence. It should be remembered that the general condition of those attacked by iritis is usually poor, that not rarely the stomach is irritable, and the digestion impaired. Internal medication should therefore be avoided as much as possible, except so far as is useful to build up the system and correct disorders of digestion. The use of mercury should be pushed to the point of tolerance. "Gently touch the gums" is the good old rule, which is probably not very far wrong. Iodide of potassium is of little use in the earlier stages of the

disease, but must be used after the inflammatory stages have passed, and when the mercury has been pushed almost to the point of salivation. If, unfortunately, your patient should object to inunctions, then some other form of mercury than the ointment must be used—the protiodide or bichloride internally, or better still the subconjunctival injections as used by Abadie.

Local treatment to reduce the inflammation is very efficacious. Love usually employs the Heurtelpe or Swedish leech applied to the temples. Hot-water fomentations applied to the eyeball are useful in allaying pain, and possibly in lessening the congestion, and should be freely used at frequent intervals and as hot as can be borne. A boric acid solution should also be employed.

But the chief treatment is the use of atropine, which should be administered both early and late, and in sufficient strength to dilate the pupil thoroughly, and at such frequent intervals as to maintain the dilatation. In the early stages the use of a solution of four grains to the ounce of the sulphate of atropine applied every four hours, or even more frequently, is necessary to bring about this result. The writer has found good effects from combining cocaine with atropine in the earlier stages; it lessens the pain and aids in the more rapid dilatation of the pupil. After full dilatation has been obtained the cocaine may be dropped, but the use of atropine until all inflammation of the iris has disappeared is absolutely imperative. In uncomplicated cases which are seen at an early stage the progress is very favorable. With neglected cases complications are very liable to occur. The most simple is posterior synechia, which is altogether too frequently seen in eye-clinics, but it is unnecessary at this time to more than refer to the fact that most serious complications are more liable to follow neglect or maltreatment.

The writer has been greatly struck by the tolerance of mercury evident in many cases of iritis. He has seen numbers of cases which, as far as he could determine, were non-syphilitic, which bore readily the absorption of two to three drachms daily of mercurial ointment, for weeks and even months, with no symptoms of ptyalism; the mercury was continued until the eye whitened and the evidence of deep injection lessened. In these cases mercury acted as a powerful tonic, the general health improving even more rapidly when the inflammation subsided; and it is in these cases that the most successful results are seen. The author has already referred to the necessity of attending to the general health in many patients. As the majority of cases of iritis occur in patients whose systems have been run down by the presence of syphilitic or other poisons, the Turkish bath is especially useful, and tonic treatment should never be neglected.

In conclusion, he impresses upon the profession the facts that iritis is readily recognizable and is a most tractable disease if taken in time. The treatment is simple and effective, and there is no reason why nearly every case of iritis coming under competent care should not make a good recovery.

A NOTE ON DECOMPOSITION OF CHLOROFORM AND SICKNESS.

In the *London Lancet* of January 23rd, 1897, Newman and Ramsay report the following interesting facts concerning the decomposition of chloroform and the development of illness subsequent to its use.

Early in the history of chloroform it was noticed that the agent had a tendency to undergo spontaneous decomposition on exposure to air and light, and although within recent

years great care has been taken by manufacturers of the drug to produce as pure an article as possible, nevertheless the fact remains that chloroform is not stable and rapidly deteriorates as an anæsthetic. When freshly distilled chloroform is administered the vapor is easily inhaled, having a sweetish and not unpleasant taste and odor. It produces little or no irritation in the air passages, little excitement of the patient is observed, and if the agent is carefully given, sickness, fainting and irregularity of the pulse and respiration seldom occur during its administration. But if chloroform is kept in a bottle containing air, exposed even to feeble light, changes are produced in the drug which render it less suitable as an anæsthetic. The change is due to the formation of carbonyl chloride and hydrogen chloride, according to the equation $\text{CHCl}_3 + \text{O} = \text{HCl} + \text{COCl}_2$. These substances render the vapor slightly pungent in odor, and on inhalation it produces irritation in the air passages. The period of excitement of the patient is more marked, and the liability to sickness during and after anaesthesia is greater.

During the last six months the effects of freshly distilled chloroform and of chloroform supplied in the ordinary way have been contrasted, greatly to the advantage of the former. It has been found, however, that distillation is not necessary, as by shaking the chloroform with slaked lime, and filtering, the irritating products of decomposition are eliminated, as indeed theory would predict; for the hydrochloric acid is of course at once acted on by lime, giving calcium chloride and water, and the carbonyl chloride, to the presence of which the sickness is probably to be ascribed, is resolved into carbonate and chloride of calcium, thus $\text{COCl}_2 + \text{Ca}(\text{OH})_2 = \text{CaCO}_3 + \text{CaCl}_2$. In illustration the three following cases may be mentioned:

Case 1.—A man was operated upon on three occasions. For the first two

the chloroform had been given in the wards for not more than ten days, and was kept in a well-stoppered bottle away from direct light; but the bottle contained some air. Each operation lasted fully an hour, and on both occasions the pulse became very irregular and feeble, so as to necessitate artificial respiration. While recovering from the effect of the chloroform he was very sick, and the sickness continued for two days after the first operation, and for three days after the second. The third operation lasted for one and a half hours. Chloroform which had been kept with slaked lime in it and filtered before use was employed. The patient, although much feebler through disease, remained well during the operation, and there was no sickness for twelve hours, when he suddenly became sick, but this passed off in a short time.

Case 2.—A woman had been under chloroform four times, and she was invariably very sick while coming out and afterwards, the sickness lasting for twenty-four hours or more. When chloroform treated with lime was used, on coming out of the anæsthetic sickness occurred for a few minutes only.

Case 3.—A man was under chloroform four times. On the first and third, chloroform as supplied by the druggist was used, and it was not more than twelve days old. After both operations there was severe operations, lasting for thirty-six hours. On the second and fourth administrations, freshly distilled chloroform was employed, with no sickness.

As a matter of experience it was found that freshly prepared chloroform is more reliable as an anæsthetic, and is less likely to produce sickness during or after administration, and the risks of anæsthesia are probably increased by the decomposition of chloroform when kept for any considerable time exposed to air and light. Even with fresh chloroform

sickness may occur if the patient is allowed to come out during the operation, but the quantity of acrid mucus is very small in amount as compared with what is seen when older chloroform is given. Perfectly pure chloroform is said to be a much less stable body than chloroform containing alcohol. As an instance of the instability of pure chloroform it may be mentioned that a sample left in a half-full stoppered bottle from July till October, 1896, smelt as pungent as hydrochloric acid, gave with baryta water a copious precipitate of carbonate, and was absolutely irrespirable.—*Therapeutic Gazette.*

SURGERY OF THE LUNG.

In the year 1710, nearly two centuries ago, Baglivus suggested that cavities in the lung might be successfully treated by operation. During the next century and a half an occasional operation was performed for the relief of pulmonary affections, but the surgery of the lung was unsystematic and largely experimental until Graux in 1850 reported the results of thirteen operations. All these cases were unsuccessful, however, and these results, combined with other similar failures, retarded the progress of pulmonary surgery for another quarter of a century.

A fresh impulse was given to this branch of surgery some fifteen or twenty years ago, when numerous successful experiments on animals, where portions of the lung, and even entire lobes, were excised, led to the hope that the same success might follow operations on the human lung. This expectation, however, has not been fully realized. Especially is this true in regard to tubercular process, which would offer a vast field for operative interference were success to follow such treatment. In this class of cases there seems to be but little hope of benefit to be derived from excision of tubercular foci.

Reclus, in a most admirable address which he delivered before the French Surgical Congress in 1895, said: "Resection of the lung for tubercular disease seems to me condemned past all appeal." This judgment may be somewhat too severe, and yet it probably expresses the view of most conservative surgeons on this subject.

The results of simple incision into tubercular cavities have been somewhat more favorable. A number of patients have been benefited by this procedure, and in certain cases this operation seems indicated. A successful termination must be exceptional, however, as the original focus of disease must still remain, and probably other foci also. Reclus reports eight such operations upon an equal number of patients, only two of whom died, while five were improved or cured. He states, however, that all were carefully selected cases. Laufert and Worth have calculated that out of one hundred such cases, five die at once as the result of operation, ten die within a fortnight, fifteen more inside of a month, ten are improved, and zero represents the number of recoveries. Paget reports twenty-four operations, with nine deaths, five recoveries and five improvements.

Operation for pyopneumothorax, as the result of tubercular ulceration, has been performed in a number of patients, in two of whom the opening was successfully closed by suture. The difficulty of locating the perforation must be great, however, and at best temporary relief only can be afforded.

The results of operation for growths in the lung are equally disappointing. When carcinoma or sarcoma occurs primarily the growth is in all probability so extensive before the diagnosis can be made that extirpation is impossible. In some cases where the malignant tumor has extended to the pleura and lung from the chest, it is possible that extirpation might be successfully accomplished.

In abscess, gangrene, and hydatid cysts, sufficient experience has accumulated to enable us to judge approximately of the risks of operation and of the chances of recovery. The results are becoming more and more favorable, and undoubtedly will be still more encouraging as soon as physicians can be convinced that operation is not attended with great risk, and that it offers a fair chance for recovery.

The results of operation for pulmonary abscess are certainly full of promise. Thus Fabricant reports thirty-eight cases, with twenty-nine recoveries and nine deaths. Reclus reports, out of twenty-three operations which have been performed within the past ten years, twenty cures and three deaths. The old idea that adhesions between the lung and parietal pleura were a requisite for successful operation is passing into oblivion. Adhesions are unquestionably of great advantage. When they exist the danger of infecting the pleural cavity and thus exciting pyopneumothorax is very slight, and the incision into the abscess cavity is a comparatively simple operation. Many successful operations have been performed, however, where there are no such adhesions, as for example the cases recently reported by Smith and Frederick Treves in the *Lancet*, and by Northrop in the *New York Medical Journal*. If adhesions are absent the operations can be carried out in two stages: at the first, suturing the two pleural layers; at the second, opening the abscess after a delay of a few days. Unfortunately, however, such a delay is generally inadmissible—it means death. The abscess must be opened at once. In certain cases the parietal pleura may be sutured to the lung, but generally the patient's condition is such that the operation must be rapidly completed, the pleural cavity being protected as well as possible by sponges and gauze.

In gangrene the mortality without operation is about eighty per cent.

In certain cases of diffuse gangrene, operation is out of the question, and the case is hopeless. In circumscribed gangrene operation offers to the patient a fair chance of recovery. Excepting a few cases of gangrene occurring in young subjects, where the patch is small and near the apex, it is a question whether operation should not be advised as soon as the diagnosis is made in every case of circumscribed gangrene where the general state of the patient or some intercurrent disease does not render all treatment hopeless. As in abscess, so in gangrene; the operation, if otherwise indicated, should be performed, adhesions or no adhesions.

Another reason for delay which is sometimes advocated is that operation is not indicated until after the stage of consolidation has passed and deliquescence begun. The latter stage, however, is generally reached before the diagnosis has been made. Of course the patient may recover without operation, but the danger of sepsis, or the conversion of a circumscribed into a diffuse gangrene, more than counterbalances the risk of an operation. These risks are not very great, as may be judged from the statistics of Heydweiller, who collected forty cases treated by operation prior to 1892, with twenty-two recoveries, four improvements, and fourteen deaths. The more recent cases of Reclus number fourteen operations, eleven of the patients being cured, one being improved, and only two having died.

In cases of bronchiectasis the results of operation seem to be less hopeful. More than one cavity generally is present. One may be incised and healed, but others are left. Reclus reports twelve operations, eight of which terminated fatally, four of the patients being improved, but none cured. Paget reports five cases, all of whom were improved, but he adds that all were exceptional cases. The conclusion of Truc seems correct: "When the cavity in the lung is the

essential lesion, when the symptoms of septic absorption dominate the scene, when there is high fever and the patient is shaken by cough and exhausted by profuse expectoration, then without raising vain hopes and simply to alleviate suffering we may have recourse to incision of the lung. Now and again a marked improvement has been noted."

The results of operation for hydatid cysts have been most satisfactory, indeed more so than for any other pulmonary affection. Paget has collected forty-five cases thus treated, thirty-seven of the patients being cured, and six having died. In this condition operative interference is always indicated.—*Medical News*.

THE TREATMENT OF CHRONIC BRONCHITIS.

In the *Revue de Thérapeutique Médico-Chirurgicale* on January 15, 1897, Dr. Lyon contributes an article upon this frequent and often troublesome affection. He first points out that chronic bronchitis is nearly always a secondary condition following acute bronchitis or dependent upon organic disease such as emphysema, Bright's disease, or various cardiac affections. Acute bronchitis he thinks is very apt to become chronic in those persons who have a neuroarthritic tendency—or in other words those who possess a tendency to gout and allied affections. Sometimes, too, chronic bronchitis exists simultaneously with chronic disease of the nose and pharynx, and the relief of these lesions cures the bronchitis. Quoting Laennec as to the various forms of chronic bronchitis he divides them into the dry and moist form, the latter form in turn being divided into what is known as the mucous and the purulent. Sometimes this purulent secretion becomes putrid, when it is known as "putrid bronchitis"; and finally there is, rarely, a membranous

condition known as pseudo-membranous bronchitis. In association with these complications chronic tracheitis is sometimes present.

The treatment of bronchitis divides itself into several forms: first, the modification of the function of the bronchial mucous membrane so as to alter the secretion and also with the object of combating congestion; second, we must facilitate expectoration; third, we must calm the cough; fourth, we should improve the general health of the patient by hygienic and other measures. The agents which modify the bronchial secretions are numerous. The chief ones are those which after absorption are eliminated by the respiratory passages, and consist in greater part of the balsams, gum resins of plants containing essential oils, sulphur and its compounds, and the iodides. Of the first class of substances we may cite in particular tar, balsam of tolu, benzoin, turpentine and terpine, eucalyptal and creosote. The inconvenience associated with all these remedies is that they exercise an irritant influence upon the stomach. Copaiba, which is rarely employed because it has not a good reputation, nevertheless is very efficacious. Its essence is eliminated by the respiratory mucous membrane, and the resin is slowly eliminated by the kidney. Dujardin-Beaumetz recommended its association with tar. He prescribed four to eight capsules containing seven grains of equal parts of copaiba and tar.

Turpentine is usually employed in capsules holding three to four minims, six to eight of which are taken daily, but terpine has quite largely taken its place. The great difficulty with the administration of creosote in cases of bronchitis is the irritant influence which it exercises upon the stomach. There is no doubt, however, that creosote aids in getting rid of the secretion and acts deleteriously upon the tubercle bacillus. The balsams which have been mentioned are usually employed by inhalation,

being added to hot water, and the steam arising therefrom inhaled.

The following prescriptions may be employed internally in using the medicines already suggested:

℞ Tar 75 gr.
Balsam of tolu 75 gr.
Benzoate of sodium 1 dr.

Make into forty pills and give four a day.

℞ Terpinol 2 gr.
Benzoate of sodium 2 gr.
Sugar, sufficient quantity.

Make into one pill and give six to twelve a day.

℞ Terpine 75 gr.
Glycerine and alcohol 2½ gr.
Simple syrup 2½ oz.

A dessertspoonful three or four times a day.

℞ Turpentine 30 m.
Tar 30 m.
Balsam of tolu 1½ dr.
Benzoate of sodium, q.s.

Make eighty pills and give six or eight a day.

℞ Terpine 75 gr.
Brandy 2½ oz.
Syrup of lettuce 3½ oz.
Syrup of tolu 3½ oz.

One to two dessertspoonfuls twice or thrice a day.

Eucalyptol may be prescribed in capsules containing one grain; these may be given three or four times a day.

Lyon thinks that eucalyptol is preferable to turpentine, as it is not so apt to produce disturbances of the stomach and kidneys. Benzoin may be given in the dose of half a drachm of the tincture several times a day with very good results; or the following may be used:

℞ Tincture of benzoin 15-30 m.
Tincture of canella 2½ dr.
Wine 4 oz.

In other cases it is wise to prescribe the following :

- R Terpene or pure benzoic acid āā 2 gr.
- Codeine ¼ gr.

Make into a pill and give four to six of these a day.

Or creosote may be given in pill form as follows :

- R Creosote 2 dr.
- Almond soap, q.s.

Make into eighty pills and give eight or ten a day.

The pilular form of administration of this drug is very satisfactory, in direct contrast with the use of creosoted wines which have been employed in the treatment of pulmonary tuberculosis, with the result of very frequently provoking digestive disturbances. Because of the useful influence exercised by sulphur over the mucous membranes the various natural sulphur waters and also those which are made artificially may be employed. None of the natural waters are as good after transportation as they are at the spring. As sulphur tends to congest the bronchial mucous membrane it is only to be employed during the period of the decline of the bronchitis when the secretion resists the action of the balsams. The iodides are particularly efficacious in those cases in which the bronchitis is associated with emphysema, particularly if arterio-sclerosis is present. They liquefy secretions and aid in their expectoration from the lung. They have, however, the inconvenience attendant upon the administration of any iodide, namely, the loss of appetite and the other evidences of iodide intolerance. They must, therefore, be given with prudence. It is well to interrupt their administration every three or four days for a short period. The doses should vary from three to fifteen grains a day. It is always associated with co-

deine or with belladonna. The following prescription may be used :

- R Distilled water 12 oz.
- Iodide of potassium ... 3-8 dr.
- Fluid ext. hyoscyamus 1 fl oz.
- Fluid ext. belladon.... 1 fl oz.

Dessertspoonful of this is to be taken at night before retiring, and again if dyspnœa in nocturnal paroxysms appear.

[As these extracts are not entirely soluble in a watery menstruum this mixture will have to be shaken before it is used.—ED.]

Should the element of pulmonary congestion be marked, ipecac and ergotin in minute doses are often useful, and the ipecac may be combined with terpene and ergotin. As a rule, however, the ergotin is best administered in suppositories as follows :

- R Ergotin 5 gr.
- Powdered opium..... 1-2 gr.
- Extract of hyoscyamus ¼ gr.
- Cacao butter, q.s.

This is to be made into a suppository and introduced each night into the rectum. If we desire to use ipecac the following may be given :

- R Syrup of ipecac ½ oz.
- Syrup of acacia 4 oz.
- Syrup of tolu 4 oz.

Two to four teaspoonfuls a day may be given in hot water.

So far as expectorant medication is concerned, we find that if the lung is exceedingly full of mucus it may be necessary to produce emesis by prescribing ipecac. Or if the patient is a strong, vigorous man we may prescribe tartar emetic in minute doses. In other cases the following prescription is useful :

- R Chloride of ammonia.. 45 gr.
- Extract of hyoscyamus 15 gr.
- Powdered ipecac, and powdered alum... āā 7 gr.

Make into fifty pills and give four a day.

Or the following powders may be given:

℞ Dover's powder 10-20 gr.
Powdered squill 10-20 gr.
Powdered eucalyptus. 1 dr.

Make into thirty cachets and give three a day.

For the arrest of cough the same remedies are useful as may be employed in acute bronchitis, such as opium, belladonna, aconite, and cherry-laurel water. Where the secretion is thick the bromides are often very useful.

Hygienic treatment consists in the use of frictions and hydrotherapy, in sending the patient to a health resort, in the use of iodide of iron, cod-liver oil, bitters, and cinchona, and in the employment of arsenic and of cardiac stimulants such as digitalis and caffeine. Where there is a bronchorrhœa full doses of ergot or hyoscyamus and of arsenic are of value, and for tracheitis inhalations of menthol vapor derived from a menthol inhaler, or made by putting a few crystals of menthol in a hot spoon, are exceedingly useful.

For putrid bronchitis with fetid expectoration we should administer essence of turpentine, eucalyptus, carbolic acid, and creosote. Inhalations of oxygen are also valuable in such cases, and it is said that subcutaneous injections of eucalyptol made as follows are valuable:

℞ Eucalyptol 5 dr.
Liquid vaselin. 2 gr.

Inject one or two teaspoonfuls.

Lyon also quotes Da Costa as having recommended oil of sandalwood in doses of five drops four times a day.

In pseudo-membranous bronchitis we should treat the disease as we would diphtheria, by diphtheria antitoxin or antistreptococcic serum. Iodide of potassium may also be useful. In the chronic bronchitis of children, after being sure that no

rickets, adenoid vegetations or hypertrophic rhinitis are the cause of the trouble, we should administer cod-liver oil, arsenic and bitter tonics.—
The Gazette.

CONDENSED MILK; ITS USES AND LIMITATIONS IN IN- FANT-FEEDING.*

By CHARLES GILMORE KERLEY, M.D.,
New York.

Lecturer on Diseases of Children in the New York Poly-
clinic; Assistant Attending Physician to
the Babies' Hospital.

Through the ignorant use of condensed milk as an infant food, many lives are lost yearly in our larger cities, while, on the other hand, to its intelligent use may be attributed the fact that many lives are saved. In considering the value of any artificial food for infants, we must be governed by one standard—that of mother's milk, the nourishment the child has a right to expect.

An analysis of mother's milk shows that it contains from 3½ to 4 per cent. of fats, 2 per cent. of proteids, and 7 per cent. of sugar. The analysis of a condensed-milk mixture, when diluted for use in the proportion of one part in six of water, gives us 1 per cent. of fat, 1.2 per cent. of proteids, and 8 per cent. of sugar, a greater part of the latter being cane sugar. It is extremely rare, however, that we meet with a child that is being fed on so strong a mixture, for the reason that it will almost surely produce colic and indigestion. The condensed-milk-fed children who come under my care are being fed, as a rule, on a mixture diluted to one in twelve or one in fourteen. The one-in-twelve dilution gives a mix-

* Read at the Semi-centennial Meeting of the American Medical Association, Philadelphia, June 1-4, 1897.

ture containing 0.5 per cent. of fat, 0.6 per cent. of proteids, and 4 per cent. of sugar. Comparing this with breast-milk, it may readily be seen how inefficient it must be for a permanent diet. Even if the one-in-six dilution is given, it will still be inadequate.

Apparent as the shortcomings are, many children will do comparatively well in very early life on the weaker dilutions, that is, one-in-twelve or one-in-fourteen. There is sufficient of the carbohydrate to produce heat, and the proteids, though small in quantity, furnish the requisite amount of nitrogen. The proteid of cows' milk differs from that of woman's milk in chemical composition, and is more difficult of digestion. This we have known for a long time; but there is another important difference: The child requires a smaller amount of the proteids of cows' milk, although the relative nutritional properties of the proteids cannot be exactly determined. This is not a supposition, but a fact that has been demonstrated clinically to my satisfaction, and it helps to explain why infants will do well for a time on condensed milk. Many thrive on the ordinary canned variety, diluted one in twelve, until the third month is reached; then the demands of the system exceed the supply of fat and proteids. If the diet is continued, rachitis and malnutrition of varying degrees will almost always ensue.

Of the many hundred marasmic and rachitic infants that I have had an opportunity to observe, fully ninety-five per cent. had been fed on the meal foods or on canned condensed milk, chiefly the latter. The ill-conditioned class of children, with their starved muscular and nervous systems and catarrhal tendencies, fall an easy prey to the infectious diseases during the entire year, to bronchopneumonia in winter, and to the gastro-intestinal diseases in summer. Notwithstanding what has been said, I occasionally meet with children that

have been fed exclusively on condensed milk up to the ninth or tenth month, and that have thrived fairly well. These will usually present some evidences of bone rachitis, although the development otherwise will apparently be normal. These infants are held up to us as evidences of the value of the diet in question, and we hear of a great many more than we see. These isolated instances are to be explained by the fact that there are a few infants whose adaptation to abnormal conditions is so great that they cannot be injured by ordinary improper feeding.

An illustration of this was furnished by the case of a well-nourished one-year-old infant that was brought to the out-patient department of the Babies' Hospital to be treated for bronchitis. Its diet up to the third month had been mother's milk and condensed milk. Since then it had consisted of meat, potatoes, bread, rice, crackers, soup, and condensed milk. Tea and coffee were given when the child wanted a drink, and it had beer on Sundays and holidays. Another case in point: A babe six months of age was brought to the dispensary on account of a sharp attack of diarrhoea and vomiting. In addition to medicinal treatment, a diet of barley-water and egg-water was ordered. Recovery followed shortly, and the mother was instructed to gradually resume the former milk diet. I did not see the patient for two months, when he was brought to the dispensary because of an attack of whooping cough. While being undressed, preparatory to an examination of the chest being made, I noticed that the stomach was enormously enlarged. Upon inquiry as to the cause, the mother replied that she supposed it was due to the large quantity of egg and barley-water taken. A second gastro-intestinal attack had followed the resumption of a milk diet, and the mother thought it would be easier to keep him well

on egg and barley-water than to keep him ill on milk. He had ingested from five to six pints of this preparation daily, and although rather pale, was strong and active. These children thrived for the same reason that older children sometimes thrive on an exclusive diet of canned condensed milk or of plain meal, but the badly fed children who manage to escape resulting disease because of special powers of adaptation are few in comparison with the number that fail. In short, condensed milk is unsuitable as a permanent infant food, in that it is inadequate to the demands of the growing child.

In spite of what has been said, my out-patients consume hundreds of pounds of condensed milk yearly, and under my direction. If condensed milk is so unsatisfactory a diet, as generally used, when, how, and under what conditions may its use be advanced? To begin with, I employ condensed milk voluntarily under one condition only. I meet with a few delicate infants, usually from two to ten weeks old, who must be bottle-fed, and for whom it is impossible to modify fresh cows' milk. These children are unable to assimilate the proteids contained in fresh cows' milk in sufficient amount to thrive; and under these circumstances I order the unsweetened or canned condensed milk, preferably the former. A dilution of one-in-twelve will oftentimes be borne without inconvenience, and the child will do well for six or eight weeks, when it will be able to digest a modified fresh cows' milk containing a low percentage of proteids. Why the children are able to digest and assimilate the proteids of condensed milk when those of fresh milk will produce illness, I am unable to explain.

I employ the canned condensed milk because I am obliged to do so in the case of several hundred infants each year. I use it among the very poor, the ignorant, and the careless who bring their children to the dis-

pensary, and for this reason! The very poor cannot afford cows' milk at six or eight cents a quart, neither can they buy refrigerators or ice to properly keep the milk. The ignorant cannot appreciate or follow out the instruction as to the dilution and care of the milk. This class also may be included under the first heading. We occasionally meet with representatives of the careless class in the better walks of life. They insist upon feeding condensed milk to their children against our wishes, their excuse being that such a plan is the easiest to follow. The wives of the American and Irish laborers comprise a goodly number of the indifferent class. The proprietary foods are happily excluded from the uses of the poor, for the reason that they are expensive.

Our only resource the year round with many infants is the sweetened canned condensed milk. It is inexpensive, it will keep sweet several days in hot weather without ice, on account of the added amount of cane sugar, and is easy of administration. Having this preparation with its imperfections forced upon us, how are we to use it? We have seen from the chemical analysis that the percentage of proteids and fats is low. We would not expect children to be properly nourished on it, and clinically we know that they are not. In the feeding of infants the percentages constituting a proper diet should ever be borne in mind, and as nearly as possible correct formulæ should be worked out on this basis. We must supply to the condensed-milk-fed infant the deficient amounts of fats and proteids. If the parents of the patient are well-to-do, cream may be added in proper proportion to make up the requisite amount of fat. Among dispensary patients, cod-liver oil supplies the deficiency. The dose must vary according to the age, the ability of the child to digest it, and the season of the year. I prescribe from ten drops to a dessert-

spoonful, three or four times daily after feeding. As a rule it is taken readily. During the very hot weather the dose must be reduced or the oil discontinued if there are evidences of gastro-intestinal disturbance.

The proportion of proteids will still be low, but they may be increased by adding the condensed milk to a meat broth. One pound of lean beef is boiled in one quart of water until the liquid is reduced to one pint. It matters little what portion of the animal is selected so long as lean muscle-fiber is used. The broth prepared in this way, according to the analysis of John S. Adriance, of New York City, contains 0.8 of 1 per cent. of proteids; so that if one part of condensed milk is added to twelve of broth, the mixture will contain 0.5 per cent. of fat, 1.4 per cent. of proteids, and 4 per cent. of sugar. This will answer for a child of three months of age. Fat is supplied by the use of cod-liver oil. When the sixth month is reached, one part of condensed milk may be added to nine of broth. The percentages then will be, approximately, .75 per cent. of fat, 1.7 per cent. of proteids, and 5 per cent. of sugar. This with cod-liver oil, will answer until the eighth or ninth month, when the critical nursing period will have been passed and barley and oatmeal gruel, with other meal mixtures, may be allowed.

The conclusions arrived at are as follows:

1. In the artificial feeding of infants, always determine as exactly as possible the percentage of the food constituents.

2. Condensed milk alone is an indifferent substitute for mother's milk, no matter what the age of the infant may be.

3. Condensed milk alone should not be given after the third month.

4. Condensed milk, fortified, may be made an acceptable diet for infants; alone, it is a food upon which a certain number of children exist until age or changed conditions

allows of a better diet; and inasmuch as there is nothing to take its place among the very poor, its value to them is incalculable.

RECIPROCIITY IN MEDICAL LICENSES.

Dr. William Warren Potter, of Buffalo, President of the National Confederation of State Medical Examining and Licensing Boards, chose this for the subject of his annual address at the seventh annual meeting of that body held at Philadelphia, May 31st, 1897. He first paid tribute to the memory of Dr. Perry H. Millard, of St. Paul, then in an introduction reviewed some of the essential points of progress that had been made in state control of medical practice and finally considered his subject.

The Problem.—The most important question now to be discussed pertains to the interstate exchange of licenses and every friend of State control is interested in establishing this principle. It is one of the objects this confederation is laboring to accomplish, but a most difficult problem for solution. A national registration bureau is desirable where legally qualified and reputable physicians may be recorded—physicians whose names appear on this register to be allowed to pass from State to State in the enjoyment of all privileges pertaining to the practice of medicine. Those chiefly agitating the question of reciprocity, however, are specialists who desire to spend profitable vacations at summer resorts and do not relish the idea of taking State examinations in the localities chosen for their holiday practice. Another class of men, compelled by circumstances to change residence, is more deserving of sympathy; they take the examinations uncomplainingly. Shall a State require of its own citizens a compliance with its practice laws while granting to thrifty summer specialists exemption from their operation? As the

State laws forbid discrimination against the inhabitants of each there is both a legal and a moral bar to such exemptions.

Obstacles to Reciprocity.—Equality of standards for admission to the study and practice of medicine is the only enduring basis on which reciprocity can be established. When the several States adopt a uniform level of preliminaries ; a uniform period of collegiate training including uniformity of methods of teaching ; and finally, an absolute similarity in the methods of conducting State examinations and granting licenses, then reciprocity will be equitably and permanently established. It is important for the State medical examiners to come to an agreement on these several points that they may act with intelligence on a common platform. The State imposes a post-graduate examination and none should be admitted to it who are not holders of diplomas legally obtained from registered and recognized colleges. It is understood, of course, that there must be established a uniform system of recognizing and registering medical schools in the several States.

The Solution—Legislative Enactments.—The remedies lie in legislative enactments. Those who most loudly and persistently demand interstate indorsement aim their criticisms at examining boards ; whereas these have nothing to do with the question. The statutes in States that have established licenses prohibit interstate exchange except between such as have equality of standards. The demands of the restless and migratory doctors must be taken to the State legislative halls. Meanwhile, the members of this confederation may assist in bringing the matter to a more speedy conclusion by acquainting their Legislatures with the difficulties to be overcome, and by urgently recommending the adoption of such amendments to existing laws as will meet and remove the present defects. Great care must be exer-

cised, however, in the preparation of amendments ; the State laws are for the public weal, reciprocity is only for the few. Amendments to existing statutes should be proposed only through State medical examining boards or State medical societies ; they are familiar with defects and best know the remedies needed. When Legislatures can be persuaded to turn a deaf ear to all amendments that are proposed outside of official sources it will be a happy day for the friends of State license. The object of this discussion is to divert further criticism of the delay of reciprocity into the proper channel. If legislators could be made to appreciate the fact that public health interests are involved in the question of State licenses ; that every attempt to weaken the principle is a blow at public sanitation ; and that higher standards of medical education mean better health for the people, then perhaps it would be easier to obtain and maintain the necessary laws to protect the Commonwealths against that kind of ignorance, superstition or super-refinement that always lurks in the environment of quackery.

PRECEDENCE OF DEPARTMENTAL OFFICERS.

We published last week a summary, without comment, of a recent revision of the Queen's Regulations on this subject. We can now, after some scrutiny—for army regulations are generally so involved as to require it—offer observations upon what seems, on the face of it, an important concession to departmental officers. The revised rules equally apply to the Ordnance and Pay as to the Medical branch. Two paragraphs in the old are now consolidated in the revised regulation, and are certainly expressed in simpler and less ambiguous terms. Indeed, the revision clearly proves, what we have often asserted, that the

rank hitherto of departmental officers, whether expressed in so-called substantive or in titular terms, has been systematically set aside in mixed military functions. If it has not, why this revision? It is now unmistakably asserted that a departmental officer "will, in virtue of his rank . . . be entitled to precedence . . . and other advantages attached to the corresponding rank of combatant officers"; but with the proviso that "such rank or position will not, however, entitle the owner of it to the presidency of courts martial, or to military command of any kind, except over such officers and men as may be specially placed under his command."

Afterwards the limited command, as formerly laid down in Paragraph 4, Section II., is reaffirmed to officers of the Medical, Ordnance, and Pay branches in their respective departments. A revised provision is also made as to the presidency of courts of inquiry, committees, or boards; which, although it does not mention departmental officers, must be held, we presume, to refer to and include them. The convening officer is to nominate a president; but if he fails to do so, then the senior member will preside, but in no case will he detail a senior officer to sit as member under a junior president.

Now to ordinary men these new rules must seem fair, clear, reasonable; yet to those who know the perverse methods of military administration they may not be altogether satisfactory. The proverbial coach-and-four has hitherto so often been driven through the straightest of military regulations as to excite misgiving. We know full well how often, deliberately, and we may even say disloyally, both the spirit and the letter of Royal Warrants and Regulations have been set aside or twisted to the detriment of departmental, especially medical, officers. We require assurance that this new regulation shall be more honorably obeyed than some of

its predecessors. We shall watch for, and not be surprised to find, some by-law, so to speak, issued presently to evade or set it practically aside. That would be only a repetition of what has so often happened in the past.

For instance, what could be plainer than the language of the last Royal Warrant—that the rank and precedence of medical officers is that expressed in the military part of their titles? Yet, in the face of that, we lately published two instances from Madras where medical officers, ranking as or with lieutenant-colonels, were detailed to sit as members of boards under a major as president. We have never heard that the convenor of these boards was censured, as he deserved to have been, for his disobedience and disloyalty to the Queen's commands. Perhaps such glaring indiscipline and defiance of the regulations may in future be prevented by these revised rules. In future departmental officers will surely not be detailed to sit on mixed boards except in their proper place. But it must not be supposed that medical officers especially will ever under these revised rules be detailed to sit on mixed boards as members, much less as presidents, if it can possibly be prevented. For there is still an uncanceled by-law, which provides that they are to be called as witnesses before such boards, and while such a rule is in existence we will not be so credulous as to believe that convening officers will make members or presidents of those they can call and snub as witnesses.

But, while we accept the revise as a token of the perfect good faith of the Secretary of State for War, we may also warn him to see that it is obeyed, by the very highest military officials downwards. We predict, if there is a loophole of escape, it will not be obeyed. As the precedence affirmed plainly covers all mixed functions, whether official or social, we shall watch with curiosity

the attitude towards it of general and other commanding officers, aides-de-camp, etc. Is there not a danger it may only lead to further ostracism of departmental officers?

Mr. Brodrick's reply to Dr. Farquharson on May 18th indicates that the proposal to form an Army Medical Corps, which was proposed and practically agreed to in 1879, is still shelved, the Secretary of State for War being "unwilling to reopen the question." The central and great reform is, therefore, again refused—we would rather say postponed, for it will force itself to the front, through the inexorable logic of events, and in spite of the die-hard opposition of "our military advisers."—*British Medical Journal*.

THE HYGIENE OF THE BARBER'S SHOP.

Dr. Heinrich Berger, of Neustadt, has written a book on this subject, in which he lays down the following requirements: (1) The barber should be free from epilepsy and other spasmodic affections, also from drunkenness and from contagious disease. (2) Persons affected with contagious diseases of the skin, the hair, the beard, or the genitals, should not be served in public barbers' shops, but at their own homes, and with their own appliances. (3) It would be best for everybody to be served only with his own implements. (4) Only good hair-brushes that are regularly cleaned should be employed; and the combs should be of good horn, rubber, or tortoise-shell. (5) Instead of powder-puffs, little pledgets of wadding should be used, and then thrown away. (6) The towels, gowns and napkins should always be clean and recently washed; instead of linen napkins, paper is to be preferred, as it may be thrown away after being used. (7) After combs have been used they should be cleansed mechanically and disinfected with corrosive sublimate; shears, razors and shaving-

brushes should be boiled after they have been used, or wiped with wadding moistened with absolute alcohol. (8) The practice of breathing on the razor-strap and then wiping it off with the hand should be prohibited. (9) The head should be cleansed often, scratching being avoided; the use of the revolving head-rest is objectionable. (10) The barber's hands should always be perfectly clean; his attire should be light, and fit close at the neck and wrists. (11) The blowing aside of hair as it is cut should be forbidden. (12) Barbers and the public should be instructed concerning contagious diseases, especially those of the skin, the hair, the beard and the genitals. (13) A placard with these rules printed on it should be displayed in every barber's shop. (14) Hair-dressing establishments should be subject to license and frequent inspection.

Dr. Karl Ries, of Stuttgart, reviews the book in the *Monatshefte für praktische Dermatologie* for May 1st, and it is from his review that we have taken the author's rules. As regards the propagation of contagious diseases in barber's shops, Dr. Ries states that his own observation is to the effect that the barber's hands are by far the commonest vehicle of the contagion, and he adds that, in spite of all hygienic regulations, the danger of infection will not be diminished unless the hair-dressers will submit to cleansing of their hands in the medical sense after each exercise of their art. The subject is certainly worthy of more attention at the hands of the medical profession and sanitary officials than it has hitherto received.—*New York Med. Jour.*

NEVER use any ether for inhalation which has been left over. A fresh bottle should be opened for each operation. It is the deterioration of the ether by contact with air that is the principal cause of inflammation of the respiratory tract following its inhalation.

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THE ONTARIO MEDICAL ASSOCIATION.

The annual meeting of the Association this year was as full of interest as any of the previous meetings. The attendance was very good and the interest keen. The programme was as good as any we have had and served to bring out many practical points by some of our leading men, as well as contributions from our cousins across the border. Undoubtedly one of the strongest features of the meeting was the President's address. It is just such an address, however, as would be expected by any one who is acquainted with the personality of the President — Dr. Coventry. He is a man of broad and vigorous grasp and has always been in the front of medical and sanitary progress in this Province.

Two matters which he dwelt most thoroughly upon in his address were a Dominion standard for licensing and lodge practice.

These two features have always been advocated most strongly by this journal. Since its inception it has upheld the introduction of the one and the abolition of the other. The curse of this country, ever since confederation, has been provincialism. There has been a tendency to fight Province against Province and all against the Federal Treasury. We have heard the cry of provincial rights, county rights, municipal rights, individual rights, until one would think that the entire composition of the country was wrongs. If we are to broaden out and build up on a sure foundation a great nation we must avoid all these things; a house divided against itself must fall. There is no reason why a country built up in the nineteenth century, which is admittedly in the van of progress, should not be able to give such facilities that a licentiate of medicine

should be qualified to practice from the Atlantic coast to the Pacific ocean without let or hindrance provided he lives up to the code of ethics of his profession. There is no profession in Canada at present which recognizes this broad principle. Let us hope that the President's address will have the effect of stimulating a thorough and active movement in this matter, and that the profession of medicine will be the first to hold out its hand, in friendship, brotherhood and equality, across this country from ocean to ocean.

As regards lodge practice, we referred in our last issue incidentally to this. There is no doubt, especially in the large cities, that it has had the most damaging effect upon both the spirit and practice of medicine. It has introduced all the competitive and cheapening features of modern commerce, without any of its advantages, into what we have always been taught to consider the noblest of professions. There is at present in the Motherland a great fight being waged against this form of practice, and there have been spasmodic fights here, but it is only the old case of an organized force against an unorganized mob. The medical profession, despite all their Hippocratic oaths and professions of fraternalism, are, as we stated in our last issue, divided into cliques and factions. The benefit societies, with monied organization and fixity of purpose, batter down all the rules with which we hedge ourselves. If physicians in a district do attempt to stand against them, they import some other man to do their dirty work, and the physicians are cajoled, bluffed or boycotted into a continuance of their servitude. The best evidence that the profession does not stand together in the way it should, or in the way it professes to, is shown in the extent to which these evils have increased, and just so long as the profession stands idly by, instead of standing together, will these evils continue, and they will

continue to be the time servants of every insurance fakir that chooses to start some new order.

THE DEATH OF DR. STRANGE.

There is, perhaps, no recent death in the ranks of the profession which came with more surprise than that of Dr. Strange. He had been in communication until a late hour on the evening of June 4th with some other surgeons to the corps who were going to Niagara to participate in the Annual Review, the next morning he was dead.

He was one of our earliest, as well as ablest, surgeons, and it was emulation of the name and fame of Strange as a surgeon that gave us many of our surgeons of to-day. There are hundreds of medical men scattered throughout Canada to-day who owe much of their success to watching his work at the hospital. Not only was he skilful and able in his work, but he was the beau ideal of the consultant. There is possibly no more trying position for the general practitioner than when, with the patient seriously ill, the question of consultation comes up. A careless word or meaning look may, unintentionally and absolutely without cause, ruin the reputation of the attending physician with the family of the patient. Under these circumstances, knowing the high honor and chivalrous courtesy of Dr. Strange, it is no wonder that he was always welcome on these occasions.

The details of his public and professional life the daily papers have fully recorded. His professional and personal friends, who have been in daily contact with so striking and charming a personality, may well say, "when shall we see his like again?"

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Correspondents are requested to be as brief as possible.

Editor of the Globe, Toronto, Ont.:

SIR,—I have just perused your editorial of the 17th inst., entitled "Dismissal of Office Holders," in which the inference is that the Liberal party under no circumstances removes those in office, as our American brethren say, for "offensive partisanship." This has been reiterated so often in the *Globe*, and in other papers, that it seems to me only a matter of justice that the truth be known.

I cannot say for other localities, but I am personally aware of some changes that have taken place in Essex County, in which men have been shelved simply because they were Conservatives, since there was no doubt as to their ability, and they never under any circumstances mingle with politics further than to cast their vote.

One notable instance is sufficient to illustrate: When the veterinary inspectors of cattle at Windsor were removed the senior of the list was a Dr. Golden. The last man appointed was a Liberal and had held his position a very brief period. All the Conservatives were removed, though Dr. Golden, as the eldest—and I may say the ablest—was certainly entitled to the position. This gentleman, to my certain knowledge, has never mixed with politics, does not even talk politics with his intimate friends. As a result the Government has lost an able man, one more than ordinarily fitted for the position which he occupied, and in his place, simply because of his political affiliation, appears a man most incapable. As a specimen of his blunders I may cite the fact that he desired to apply the test of tuberculin to cattle, and he knew so little about it that he applied anti-tubercular serum, and then certified

to the condition of the cattle which were shipped eastward.

My own affiliations are with the Liberal party, but I do not believe that any public office should be made secondary to party purposes, and it will be a matter of great regret to all loyal Canadians if "to-the-victors-belong-the-spoils" policy is to obtain.

Very truly yours.

Windsor, Ont., May 18th, 1897.

[The above letter was sent for publication to the *Globe* by a leading physician in the district referred to. It was not published, and he has requested us to do so.

The Physician's Library.

Aphasia and the Cerebral Speech Mechanism. By WILLIAM ELDER, M.D., F.R.C.P., Physician to Leith Hospital. Octavo, 259 pages. Price 10s. 6d. H. K. Lewis, 136 Gower Street, London, W.C., Publisher. With illustrations.

This work, as the author states in his preface, consists for the greater part of his Edinburgh University M.D. thesis. As he says in his preface, "The work does not aim at a description of all the disorders of speech, its scope has been confined to the central mechanism concerned in speech written and spoken, the disturbances of that mechanism, and the localization of the lesions which produce those disturbances. Special attention has been devoted to the differential diagnosis of the clinical varieties of aphasia, and wherever possible the varieties have been illustrated by cases of my own observation." A review of this work shows its thoroughly scientific yet withal practical nature, and any physician having a patient with any disorder of the cerebral speech mechanism, will receive not only profit but a great deal of pleasure in considering his case in the light of this able work of

Dr. Elder's. As we have so often pointed out in reference to English publications, as distinguishing them more particularly from Productions in other countries, that they have strong clinical backing, and the teaching is therefore eminently practical while not losing any of the theoretical.

Twentieth Century Practice. An International Encyclopædia of Modern Medical Science. By leading authorities of Europe and America. Edited by THOMAS L. STEDMAN, M.D., New York City. In twenty volumes. Volume IX. "Diseases of the Digestive Organs." New York: William Wood & Company. 1897.

The ninth volume of this monumental work treats on "Diseases of the Digestive Organs." We can say nothing more for it than we have for previous issues. The fact that it is up to the standard of those which have already appeared is sufficient recommendation, but when we take into consideration that not only the medical, but many surgical features are thoroughly treated, as in the case of hernia, appendicitis, etc., its value becomes apparent, and when we find that these diseases, from a medical standpoint, are discussed by Ewald, of Berlin; Kummel, of Breslau, and Semmola, of Naples, while the surgical features come from the hands of Gibney and Walker, of New York, and Murphy, of Chicago, it will be appreciated, when we say, that this volume is in our opinion the most important yet issued.

The Practice of Medicine. By DRs. H. C. WOOD and R. H. FITZ. Published by J. B. Lippincott Company, Philadelphia and London.

We desire to again draw attention to this work, as on further examination it proves to be one of the best

works on practice that we have seen for some time. All who are acquainted with Dr. Wood's therapeutics and their exceedingly practical character, will have an idea of what this work is. We cannot too strongly advise Canadian physicians to procure this valuable book. The publishers are J. B. Lippincott Company, of Philadelphia; Canadian representative, Charles Roberts, 593A Cadieux Street, Montreal. Price, cloth, \$6.50.

Miscellany.

NANSEN ON THE PREVENTION OF SCURVY.—Dr. Nansen is of the opinion that on his recent Arctic expedition he avoided all trouble from scurvy by simply preparing his provisions with the utmost care, being convinced that spoiled meat and fish were the cause of the malady. Dr. Torup, professor of physiology at the University of Christiania, had informed him that he had come to the conclusion that in the decomposition which occurs in meat that has been improperly or carelessly preserved, poisonous matter allied to the ptomaines was developed, which, when partaken of, produced scurvy. Acting upon this suggestion, Nansen had paid particular attention to the selection of provisions in his equipment, and is inclined to subscribe to Torup's opinion.

SERUM TREATMENT OF THE PLAGUE.—Professor Yersin has now in readiness a large number of immunized animals, and is about to apply, at Bombay, the serum treatment of the plague on a large scale. Experts from nearly all the civilized countries have gone to Bombay to scrutinize the effects of this treatment. If the experiment proves successful, it will be of inestimable value in establishing the great principle of serum-therapy.

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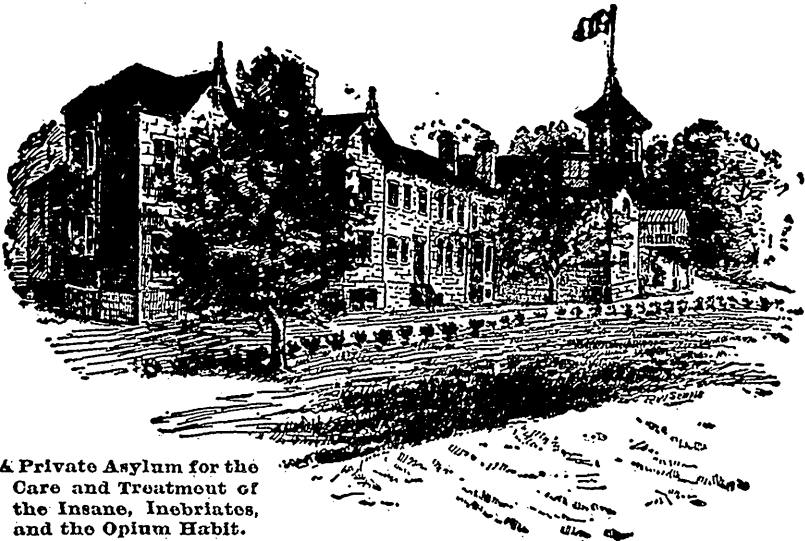
DISCOVERY OF THE GERM OF YFELLOW FEVER.—There seems to be no doubt of the fact that Giuseppe Ganarelli has discovered the bacillus of yellow fever. After studying with Cilli at Rome, Roux at Paris, and Behrin at Berlin, he was appointed in July, 1893, director of the Institute of Hygiene at Montevideo, Brazil. During the summer of 1896, for the purpose of studying yellow fever at the lazaretto, he went to the island of Flores, where he performed a large number of necropsies, and was himself stricken with the disease. Later, he pursued his investigations at Rio Janeiro, and succeeded in discovering the bacillus. He then occupied himself in the preparation of serum-antitoxin, and in these experiments inoculated over 2,000 animals. The results of his treatment are pronounced definitely convincing, but the details are for the present concealed

for the reason that a price of \$150,000 offered by the Brazilian Government awaits the discoverer of a cure for yellow fever.

SALIVATION A SYMPTOM OF MOL-LITIES.—Braun (*British Medical Journal*), publishes notes of a multipara who, after being laid up for three months with acute rheumatism, recovered and bore four children. All four pregnancies and labors were normal. Seven years after the fourth, and when apparently in perfect health, she became pregnant again. During the first three months she suffered from profuse salivation. Rapid changes in the pelvis ensued, and Porro's operation was necessary; the mother and the child were saved. Braun was struck by the absence of any premonitory symptom besides the pyalism.

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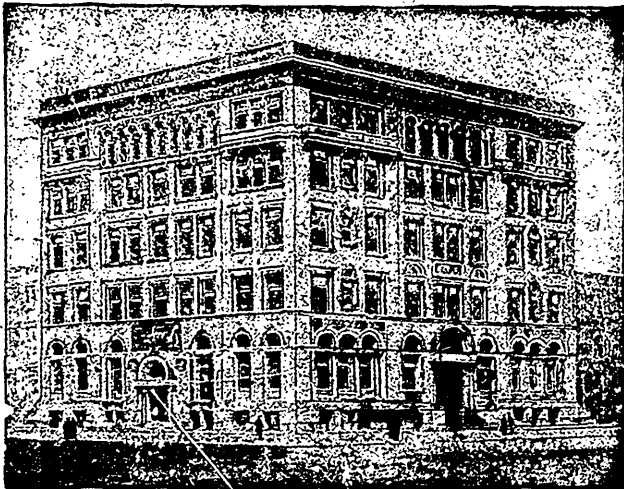
A CONTRIBUTION TO THE STUDY OF AMŒBIC DYSENTERY.—Dr. Chas. E. Lockwood, of New York, reports a case of amœbic dysentery and, after referring to the literature of the subject, drew the following conclusions: It is important to subject the fæces to microscopical examination in all cases of obstinate diarrhœa marked by remissions and exacerbations and a notable tendency to chronicity and anæmia and accompanied by offensive, brownish yellow, liquid stools and colicky pain; rectal douches of a solution of bisulphate of quinine, 1 to 5,000, gradually increased to 1 to 1,500, are exceedingly efficient; if the diagnosis is not made in these cases before the parasite penetrates the submucous tissues, abscess of the liver is very likely to result; the cases are very prone to relapse; and it is possible that the use of acid solutions

may prove of benefit in this disease, as acids have been found to be inimical to the activity of the amœba.

INTUBATION FOR CROUP IN COUNTRY PRACTICE.—Abarnou (*Thèse de Paris*) has collected twenty-six cases of the above, eighteen of which recovered, leaving a mortality of 30.7 per cent. only. The tube was once obstructed by false membranes and coughed up, but, as pointed out by Bokai, from an experience of 538 cases, it is an exception for the false membrane to be pushed back by the tube, and accidents due to the operation are rare, and still more rarely serious. The introduction of serotherapy has been an important factor in the adoption of intubation, which is now commonly practised, not only in hospitals, but in many towns. The continued presence or proximity of

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the medical attendant is not necessary, and Abarnou concludes that, when the technique is better known, intubation will become the operation of choice, and tracheotomy one of necessity only, even in country practice.

CASCARA SAGRADA DEPRIVED OF ITS BITTERNESS.—(*Report de Pharm.*) The disagreeable bitterness of cascara sagrada can be effectually cloaked under the guise of the following mixture :

- R Cascara sagrada, pulv. $\frac{3}{4}$ xj.
Liquorice $\frac{3}{4}$ ij.
Magnesia calc. $\frac{3}{4}$ ij.
Cloves, pulv. $\frac{3}{4}$ j.

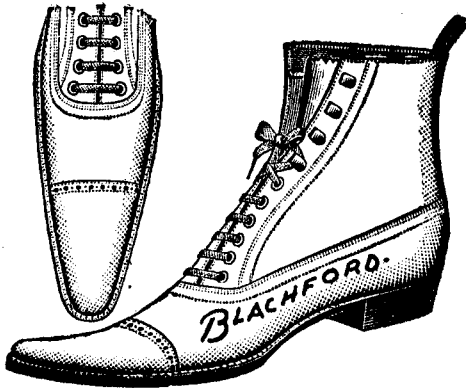
A sufficient quantity of water is then added ; it is then intimately mixed ; it is then kept at a temperature of about eighty-two for forty-eight hours. After all the moisture has been driven off, it is again pulverized, and then

sifted ; the product thus prepared has no bitter taste left, though it retains all its laxative properties. (Translated from the French by Rutherford Gradwohl.)—*Ex.*

LOTION FOR PITYRIASIS VERSICOLOR.—*Lyon medical* takes the following formula from the *Concours médical* :

- R Corros. sublimate . . . part j.
Ol. of lavender parts iv.
Tinct. of lavender . . . parts 120.
Green soap parts 80.
M. Sig. Apply the liquid to the affected part and let it dry ; three days later take a bath. One application is said to be enough.—*Ex.*

IN addition to most careful diet, of which excellent drinking water should form no small part, scurvy may be beneficially treated with nitrate of potassium.—*Keen.*



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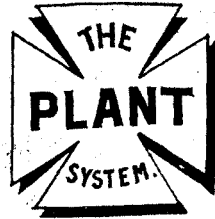
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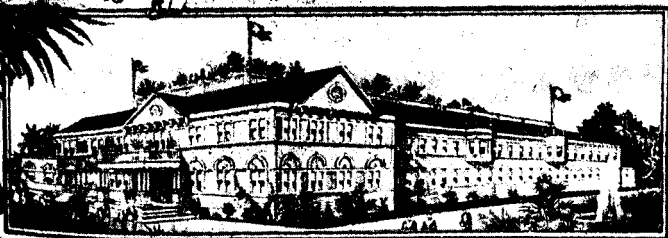


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EXPERIMENTAL TESTS OF SUBCONJUNCTIVAL INJECTIONS.—After having produced an ulcer in the center of the cornea in rabbits by injecting cultures of staphylococci, Von Sicherer treated one eye with subconjunctival injections of the various medicaments used for the purpose, leaving the other eye untouched. He found that the injections produce in fact a slight salutary effect, by causing a considerable leucocytosis around the infected focus. The simple 2 per cent. salt solution is equally effective with the more irritating salts, and deserves the preference for these injections. But there is no necessity for the injections at all, as the same effect is produced by the simple application of a salve of the yellow oxide of mercury, followed by an occlusive dressing. The leucocytosis thus produced is equal in extent to that by any other method, and the ulcer heals as promptly. Von Rothmund reserves galvano-cauteri-

zation for the supplementary treatment of ulcers of the cornea that are decidedly progressive and serpiginous.—*Rev. Gen. D' Ophthalmologie.*

VARICOSE ULCERS.—Simonelli recommends this powder :

R Sodium chloride... 10 parts.
Menthol..... 1 part.—M.

After cleansing of the ulcer this is to be dusted on. Under this treatment even perfectly atonic ulcers soon begin to granulate healthily, and then they may be treated with cauterization, skin-grafting, etc.—*New York Medical Journal.*

THE successor of DuBois-Reymond in the chair of physiology at the Berlin University will probably be either Professor Munk of Berlin, or Professor Kuhne, of Heidelberg.

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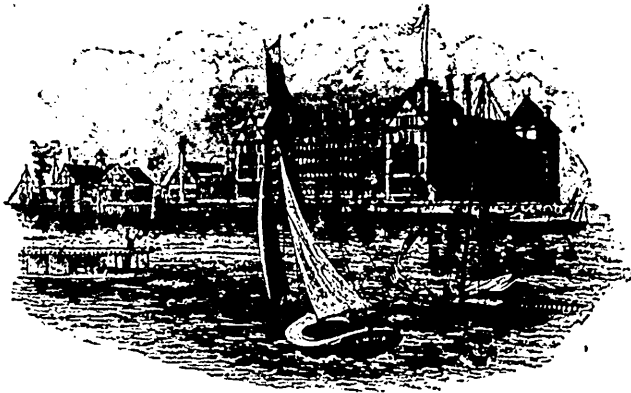
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ABNORMAL DEVELOPMENT OF THE RIGHT ARM OF A CHILD.—Dr. Goldstein, of the New York Poly-clinic, recently presented at the clinic of Professor Fowler a child who has in her right arm two distinct humeri, each articulating with separate glenoid fossæ of the scapula; three ulnæ, two radii, and three perfectly formed hands. Each of the hands has four perfect fingers and each a perfect thumb. Not only this, but every muscle of every finger and thumb is under the control of the girl, and she can write and perform other operations with any hand. The girl is quite sensitive regarding her deformity. She is bright and studious, but dislikes attending school because she becomes so great a curiosity among her little classmates. Frank Martin, an expert medical photographer who is employed by the Polyclinic, has recently made some skiagrams of the arm, and these plainly show the existence of

the distinct bones, humeri, ulnæ, and radii, and the manner in which the three hands are attached to the wrist.

MALIGNANT TUMOR DEVELOPING AFTER LABOR.—Duplant (*Lyon Med.*) relates that a woman, aged thirty-three, had her third child in September, 1896; the labor was normal. The uterus never seemed to undergo involution. A tumor developed, and on November 25th Duplant found that it was very large, whilst the liver was infected. There was ascites and double pleurisy with effusion; the serum from the pleura was bloody. Operation was quite out of the question. Death occurred on December 3rd. A large tumor weighing over thirteen pounds was found; it seemed to take up all the internal genital organs. The uterine cavity, only an inch long, was just recognizable. The lungs, as well as the abdominal viscera, were infected. The tumor was, in



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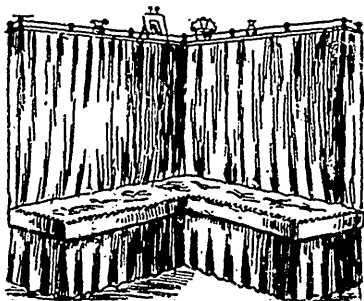
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Duplant's opinion, a malignant myoma; the muscle cells bore enormous nuclei. In no sense was it a deciduoma. The great frequency of malignant disease of the uterus following labor of late years is remarkable.

THE WILL OF THE INVENTOR OF DYNAMITE—The *Progrès Médical* states, that Alfred Noble, the recently deceased Swedish engineer, who invented dynamite, bequeathed a large part of his immense property to establish a fund the income from which is to be divided into five equal parts and awarded each year to the five persons who during the year have made the most important discovery or improvement in physics, chemistry, physiology or medicine, or, in the domain of letters, the most exalted production in the ideal sense, or contributed the most or the best to the brotherhood of peoples, the suppres-

sion of standing armies or the propagation of peace congresses. The prizes are to be awarded irrespective of nationality and if the provisions of the will are carried out, each of the five annual prizes will amount to 300,000 francs.

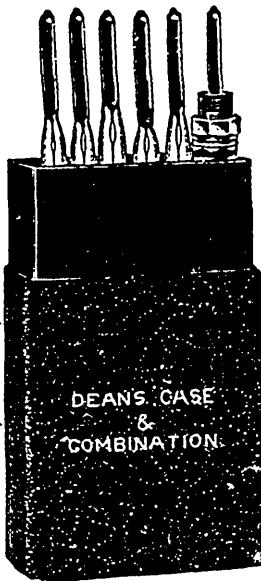
MARRIAGE, BIRTH, AND DEATH CERTIFICATES.—A bill is now before the New York Legislature providing that a fee of twenty-five cents shall be paid by the municipality where a marriage, birth, or death has occurred, to the party making the proper certification of the occurrence. A like charge of twenty-five cents shall be made for every copy of such certificate furnished by the municipality to parties desiring them.

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FATTY DEGENERATION OF THE UTERUS DURING PREGNANCY.—L. M. Bossi, in the examination of three human uteri (*Annali di Ostet. e*

Ginec.), one removed at the eighth month of pregnancy and the other two at full term, found the process of fatty degeneration of the muscular fibres in active progress. He asks whether this is a physiological condition, and, if it be so, whether it may not explain the wonderful rapidity with which involution of the uterus after labor normally takes place. Further, it may be asked whether in this fatty degeneration there exists an explanation of some cases of inertia uteri in labor. Bossi has attempted to investigate the subject by experiments on animals (tying the uterine blood vessels), but does not regard the results as applicable to the human uterus.

INFANTILE DIARRHOEA AND ITS TREATMENT BY STERILIZED WATER.—Watu (*Thèse de Paris*), on the basis of cases treated in Grancher's service, advocates the treatment of infantile

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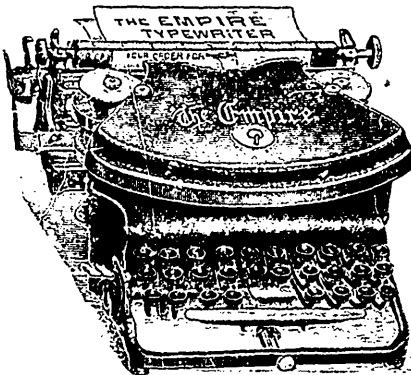
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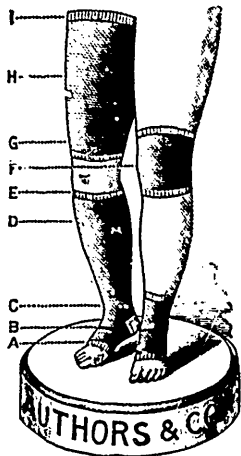
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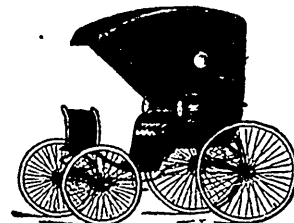
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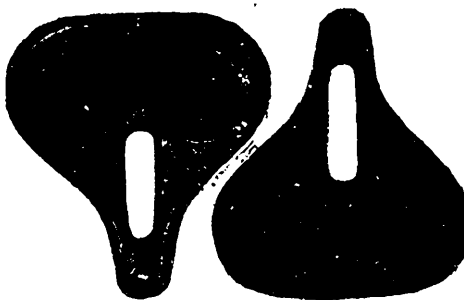
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