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THE
Canadian Medical Review.

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No. 2

Original Communications.

Lachrymal Disease.

BY J. H. M'CASSY, M.A., M.D. (TOR.), DAYTON, O.

DACRYOCYSTITIS is perhaps the most common form of lachrymal disease. It is essentially an inflammation of the lachrymal sac, generally accompanied by catarrhal inflammation of the lachrymal duct.

Cause.—About fifty per cent. of the cases of lachrymal disease is due to hypertrophy of the nasal mucous membrane, especially that of the inferior turbinated body, the exit of the tear duct lying in the inferior meatus. Catarrhal or tracheomatous disease of the conjunctiva is a close second in the causation of this disease. Then we have a local periostitis at the nasal outlet of the canal as a frequent starting point. The affections that may cause this trouble often disappear spontaneously, leaving no apparent cause of the lachrymal disease.

Pathology.—The stricture usually consists of inflammatory thickening of the mucous membrane of the lachrymal canal, or in the more obstinate cases a cicatricial sclerosis of the connective tissue wall will usually be found. In attempting to pass a probe difficulty will be encountered (1) Either in the canaliculus; (2) At the

junction of the canaliculus with the lachrymal sac ; (3) Or toward the nasal end of the sac, especially just below the sac.

Symptoms.—Many patients complain of nothing more than the continual annoyance caused by the overflow of tears, but the majority of patients complain of burning, smarting and inability to use the eye continuously owing to the blurring of the vision by the excess of tears on the cornea. There are tendernesses and swelling over the sac with œdema extending to the eye-lids. The caruncle is swollen to twice its normal size, and there is more or less epiphoria. In dacryocystitis the pus will be readily evacuated in the inner canthus by pressure on the sac with the finger.

Course and Complications.—The disease will remain stationary or grow worse. Its tendency is not to get well of itself. Recovery will be slow, requiring months or years. The large number of cases may be completely cured, but it would be unreasonable to expect a complete cure in all cases. Proper treatment will benefit all cases, but not a few cases will have some trouble remaining despite the best efforts of the surgeon. In cases that are neglected for a long time, the subjacent bone may become carious, and a passage may be made into the superior nasal fossa or into the cells of the ethmoid. The discharge may have an offensive odor. The pus being often infectious, due to the presence of micro-organisms, may cause suppuration in corneal wounds. For this reason no operations, such as iridectomy or cataract extraction should be undertaken until the lachrymal trouble is cured. If the lachrymal disease continues unchecked or cured, blephoritis, chronic conjunctivitis, erysipelas, or erythema of the skin of the eye-lids is liable to follow.

Treatment.—Stricture will invariably result speedily from dacryocystitis ; generally before the patient comes to the surgeon he has been suffering from stricture for some time. Now, in order to cure the disease it is necessary to bring about absorption of the stricture. How can a probe passed and left in situ for ten minutes, once daily, or once every few days, be expected to produce absorption of hypertrophied tissue or fibrous bands ? A simple attack of cold will cause a relapse of the trouble.

After slitting up the canaliculus, probes of various kinds and sizes are usually passed with a view to dilate the stricture, but this is a very slow process, and unless persisted in regularly for a long time it fails to produce absorption of the stricture. I have seen patients undergo the probing and washing out process of treatment daily for months and years and still there was no cure. Besides the probing and the syringing being annoying and painful, many of my patients begged

something to be put into the lachrymal canal to keep it open for a while and give them a rest from the probing and syringing process. In several cases after slitting up the canaliculus with Wiber's or Bowman's probe-pointed canaliculus knife, the stricture was cut in three or four directions with Stilling's knife (Stilling's knife being short, straight and stout it will not break off in the bony canal). Blood issuing from the nose will leave no doubt that the stricture has been cut. The canal is then washed out and a "C" silver canulated style dropped in. The head of the canal will occupy the interior of the sac and remain out of sight, quiescent, for years. I usually take the precaution to have thread cut in the upper end of the lumen of the canula to correspond with thread cut on a probe so that the probe may be screwed into the canula at any time by which to extract the canula. Before cutting the thread on the probe it is of great advantage to have about half an inch in length of the probe project beyond the thread. This part to be small and tapering so that it will readily pass, enter the lumen of the style easily and assist in adjusting the axis of the style to the probe.

The silver canula may be left in situ indefinitely. But occasionally some trouble may arise. A few granulations at the upper end of the canal are the complications usually observed which, when once touched with a saturated solution of chromic acid on a little cotton on a cotton carrier will rarely return. A solution of nitrate of silver, or any solution may be injected through the lachrymal canal, even with the canula in situ. In operating I have a preference for the upper canaliculus because it is more accessible, easier kept clean, and less liable to irritation.

Mrs. F., aged forty-five years, was afflicted with dacryocystitis and stricture of the left lachrymal duct for several years. She had submitted to a great deal of treatment consisting of probing and syringing, but without much improvement. She came to my office, December 10th, 1895. The upper canaliculus was slit up with a Wiber's probe-pointed knife. The stricture was divided by a Stilling's knife in several directions. A No. 8 Ayer's probe was passed. The canal was syringed out with saturated boracic solution, and a "C" silver canulated style put in position by means of a probe previously screwed into the canulated style, and has been left in position ever since, a period of five months. The abscess in the lachrymal canal disappeared in one month. During the first few days she was conscious that something was in the lachrymal canal, but thereafter she became accustomed to it and never noticed it since. I have six patients wearing canulated styles at the present time. I usually leave the

canula in but two or three months, which is usually sufficient time to produce absorption of the stricture. Should there be any tendency toward return of the trouble, I replace the canula for another few months. This method of treatment of lachrymal disease has been so successful in my hands that I rarely employ any other.

Administration of Anæsthetics.*

BY DR. H. H. OLDRIGHT, TORONTO.

MR. PRESIDENT AND GENTLEMEN,—The consideration of the administration of anæsthetics will bring to your recollection many cases in which you have watched the effect that was produced by *chloroform* or *ether* on that delicate organism, the human body. In our first experiences with these volatile drugs we went to work cautiously, perhaps tremblingly; poured out so many drops, waited so long, then a few more, and so on till we thought we had our patient well under. We were cautious, and we were rightly so, and may we ever err on that side if in doubt as to the effect that our anæsthetic is having on the patient. In the administration of chloroform the first question which arises is as to the form of inhaler which we will use. Generally a soft light towel is the most convenient and has certain advantages over the wire frame covered with lint.

1. If the patient expectorates or moistens the towel with his breath one can change to another spot to get a more even evaporation.
2. It is well to change occasionally to a fresh dry part to be able to see how many drops are falling.
3. The towel covers the eyes and prevents the vapor irritating them, a point with children.
4. A small corner may be used to hold near the nostrils in face operations, out of the surgeon's way.

As to the amount of chloroform to be given in the first stage there are differences of opinion among anæsthetists, some holding that it is safer to give large doses to render the patient unconscious quickly, others preferring the drop method. Here we must use our own discrimination in each individual case. With children screaming and struggling it is safe to apply about ʒjs. and hold it one or two inches from the nose, when in a few inhalations the cries cease and we may continue throughout the rest of the administration by the drop method. With the drop method we regulate the intervals between

*Read at meeting of Toronto Medical Society.

the drops by the size of patient, in a full grown adult letting a drop fall about every ten seconds. With nervous adults a few words of encouragement or a glass of brandy will very often reduce the rate of a rapid pulse. With these subjects, in beginning it is well to give the vapor quite dilute, warning them that there will be a sense of choking or suffocating at first, and all these precautions may do a great deal to prevent overdue excitement in the first stage. With calmer, more composed and stronger subjects we gradually approach the towel, dropping on four to six drops every few seconds, and when unconscious continuing with one or two drops every five or ten seconds. It is well to watch the pulse rate in all cases, keeping the finger of the left hand, which supports the chin, pressed lightly on the carotid, for although rhythmical respiration is the best indication of the good state of our patient, the tension and rate of the pulse help us greatly in each individual case to tell what effect a larger or smaller dose, at greater or less intervals, is having on the heart and vaso-motor centre. (Note—Chloroform tends to paralyze the vaso-motor centre and ether to stimulate throughout.) The position of the patient we take for granted will always be the horizontal, the head never above the level of the body, and it is better to produce anæsthesia on the table on which the patient is to lie during the whole administration. The head is best placed in slight extension, or where there is saliva or blood in the mouth it may be turned to either side. In operations about the fauces it is better to have the head lowered so that the blood may gravitate to the naso pharynx, and the anæsthesia in these operations should not be deep, as they are of short duration, and the patient will be enabled to waken quickly and to clear the air passages to prevent inhalation of blood and mucus, etc.

During the first stage of stimulation tactile sensibility is dulled, and the movements incoordinated. It is well at this time that there should be no talking either amongst the bystanders or by them to the patient, as the sense of hearing is more acute and sounds are magnified and misinterpreted. The patient, if struggling, may be assured by the anæsthetist, and those who are holding the limbs should let them move passively. If the patient is trying to rise from the table and is very excited we are, at times, in doubt as to whether we shall continue or slacken off the chloroform. Here crops up the question of large and small doses. By giving the former we shorten the excitement and struggling, and lessen the tendency to apoplexy, but we must watch the pulse and guard against giving the vapor too concentrated when the patient stops a moment to take in a deep breath. Should a general tonic spasm come on with dusky face we had better

wait till the patient takes one or two breaths and is relieved. With a patient composed and breathing regularly we have, if the intervals and doses are equal, a regular absorption of the anæsthetic. In this way we are able to saturate the blood more equally. But where the inspirations vary in depth and regularity we must also vary the dose and time also. If the patient be breathing very deeply and rapidly we may give our chloroform well diluted for fear of its effect on the heart and vaso-motor centre.

Chloroform has a specific paralyzing effect on the heart muscle, the heart of the frog ceasing to beat instantly if exposed to the direct action of this drug. Ether primarily has a stimulating action on the heart and vaso-motor centre. As before mentioned, the tension of the pulse indicates the degree of paralysis of the vaso-motor centre. Pain causes stimulation of this centre and a rise of tension, as we may observe in an operation when the incisions are being made. In operations, therefore, on less sensitive parts, or when the pain is short in duration, we do not need to administer as much chloroform as will be required in such operations as on the rectum, scrotum, eye or ear.

In passing, I would mention the point that in abdominal operations the most painful incision is that through the skin; the bowel may be handled and incised with little or no pain. Through the first stage of anæsthesia the pulse rate and breathing is rapid, the pupil dilating, the hearing is more acute, tactile sensibility and coordination impaired; in alcoholics we nearly always have struggling and excitement, the patients laughing, talking, singing or swearing. With them we must watch particularly the pulse, the color of the face, the degree of cyanosis and congestion of the vessels, and graduate the dose accordingly. In the second stage the patient becomes unconscious, the muscles relax, the reflexes are lost, the pulse and respirations gradually return to the normal rate, the pupil slowly contracts as the anæsthesia deepens, till it comes to the normal size. The pupil through this stage, in the majority of cases, is a good guide, for, as a rule, we will see the contraction progress evenly after each dose, and in less painful cases we need only effect a medium degree of contraction. The corneal reflex is not always the most sensitive, but when it is lost the operator may proceed, as we can quickly go beyond that, according to the indications.

It is always well to have the ear in reach of the breath sounds, or the hand near the nostrils to feel the current of expired air; we do not then need to watch the abdominal or chest movements, which, at any rate, are not as reliable signs of regular breathing.

Not to weary you with a longer paper, I will close with a few remarks on resuscitation.

The most common dangers in anæsthesia are asphyxia, the patient ceasing to breathe, the pulse becoming small and irregular, and dyspnœa, the pulse failing and then the respiration. Small children are very liable to faint, the vital stamina not being so well developed or coordinated, and we therefore do not need to give to them as large doses in proportion as to adults. Perhaps another reason is that they do not feel pain as acutely, and therefore the reflex stimulation is not as great. Should we use cold douches and inversion? (Eben Watson, *Lancet*, Glasgow, March 10, 1883.) These are both condemned by Dr. Edward Curtis, of New York, the first lowering the vitality, and the second causing greater dilatation of the right heart by gravitation pressure. He advocates hot applications and artificial respiration in the prone position. At the same time we may practice the Laborde method, drawing the tongue out rhythmically.

The reflex is supposed to pass through the lingual nerves and phrenics to the diaphragm. If either nerve be cut we do not get the desired result. If the Faradic battery is used the sponges should both be placed over the diaphragm, for if one pole is placed on the neck we cause stimulation of the inhibitory nerve of the heart, the vagus. We should make it a rule never to administer an anæsthetic without having at hand, and charged ready for use, a hypodermic syringe containing five minims of liq. strychnia, and also capsules of amyl nitrite.

In conclusion, we should on each opportunity study the phenomena due to the action of anæsthetics. I have made reference more particularly to chloroform, as it is more commonly used by the general practitioner. The use of nitrous oxide gas and ether in combination is the safest method, but the apparatus is costly and not as portable as chloroform, and, moreover, there are many cases where ether is contraindicated on account of renal or bronchial trouble or from the inconvenience to the operator in abdominal operations, the movement of this part being greater under ether narcosis. We do not yet know the metabolic changes which occur in the nerve tissues, but much has been done and is being done to render the administration simpler and safer.

DR. J. A. SUTHERLAND has settled in North Bay.

Editorials.

Surgeon-Lieutenant-Colonel Borden, Minister of Militia.

It is not the province of this journal nor of medical journals generally to meddle in politics. The REVIEW is no exception to this rule. It takes a deep interest, and unbiased in all that concerns the welfare of the profession, whether of a technical, sanitary, legislative or personal character, and in no branch has it taken a greater interest than in the medical department of militia, having in mind at once the well-being of medical officers and of the troops under their professional care. It is, therefore, particularly gratifying to find an officer in that department chosen for the important and patriotic position of Minister of Militia. The REVIEW extends its hearty congratulations to the new Minister, and sincerely trusts that he may signalize his administration by establishing for all time the medical department on a satisfactory basis. The REVIEW has in mind a speech which the honorable gentleman made some three years ago on this subject, and ventures to express the hope that the neglect and abuses of which he then complains may now disappear. Members of our profession have reason to be proud that doctors of standing and ability sufficient to fill Cabinet offices with acceptance are to be found in the Federal Legislature, so that in the last administration two portfolios, and in the present, one portfolio have fallen to medical men.

The New Treatment of Burns.

THE old and long recognized principle in the treatment of burns of exclusion of air and protection of the raw surface leaves but this to be desired, that the protecting substance shall not merely have a mechanical effect, but that it shall have therapeutic action as well. Efforts in this direction have recently been made by M. Poggi. He has used nitrate of potash with, as he claims, marked good effect. He uses a saturated solution of the salt, which acts as a refrigerant and antiphlogistic. When the injured part is treated with the solution the pain ceases rapidly. It returns as the cloths become warm. The addition of a little fresh nitrate to the solution removes the pain, which gradually subsides. He states that healing after this treatment is

unusually rapid. M. Vergely, of Bordeaux, has also been experimenting in the same direction. He uses a thick paste prepared by mixing calcined magnesia and water. This paste is spread over the surface and allowed to dry, replacing the paste as portions fall off. The pain is said to cease as the paste is applied, while the wounds are said to heal without scarring, a statement which may be taken as more hopeful than realizable. Both these methods of treatment are said to excel. Whether they will give better results than those obtained by the use of milk, caron oil, glycerine, thiol, thymol, ichthyol, nitrate of silver or picric acid remains to be seen. In the meantime our experimental resources are increased by so much.

The Overcrowded Condition of the Profession.

THE MEDICAL REVIEW has on several occasions called the attention of intending students of medicine to the fearfully overcrowded condition of the medical profession. Take the Province of Ontario as an example, and we have no hesitation in stating that one-third of the medical men now in active practice could do all the work, and then not be overly burdened with professional cares.

Just stop to think for a moment. In Ontario, one doctor to every six hundred persons, including men, women and children, rich and poor. The regular sickness, accidents, maternity, inquests, insurance, all combined, will not yield on an average for all the practitioners of Ontario an income better than that made by a well-to-do mechanic, or fairly paid clerk.

Take the case of a high school teacher. It requires four or five years to secure his B.A. degree, and some additional time at the School of Pedagogy, training for his practical certificate. He then receives from \$700 to \$2,000 a year according to his good fortune and success as a teacher.

Now take the case of a doctor. He spends five years in study, and commences practice. For the first year he will not do as well as the teacher, and has far greater responsibilities and hardships. The teacher has short and regular hours, and his fixed vacations, whereas the doctor has the most uncertain of hours, and may find it very hard to get away from his practice for even a few days.

Commercial travellers, bank clerks, accountants in good houses many insurance men, etc., are all making more money, and with much less anxiety than the great bulk of our medical practitioners.

Of course there are some medical men who are making money, but they are few in number.

Some rush into the medical profession because they think it gives them an independent position. This is a great mistake. No class in the world have to be more careful of the public than doctors, and more careful to humor the whims of their patients. And should he not do well in any locality, it is a very hard matter to remove to another and build up a second practice. He has to begin over again.

Go where you will, the universal opinion is that there are far too many medical men. Our serious advice to young men is, keep out of the medical profession at present. There are no openings or inducements in it.

The Canadian Medical Association.

The Canadian Medical Association will hold its meeting in Montreal on Wednesday, Thursday and Friday, August 26th, 27th and 28th. It promises to be one of the most successful meetings in the history of the Association.

PROGRAMME OF PROCEEDINGS.

Wednesday, August 26th.

10 a.m.—Inter-provincial Registration Committee meeting in St. George's Church school-rooms, 15 Stanley Street.

12.30 p.m.—Montreal General Hospital, Clinical Work, followed by the general work of the Association in the operating theatre of the hospital.

4 p.m.—Short excursion.

8.30 p.m.—President's Address in St. George's school-rooms, 15 Stanley Street, followed by continuation of papers adjourned from the afternoon meeting.

Thursday, August 27th.

10 a.m.—Meeting in St. George's school-rooms, Reading of Papers.

12.30 p.m.—Hôtel Dieu Hospital, Clinical Work, followed by continuation of papers in the operating theatre of the hospital, adjourned from morning session.

4 p.m.—Short excursion.

7.45 p.m., sharp.—Dinner of the Association.

Friday, August 28th.

10 a.m.—Meeting in St. George's school-rooms, Reading of Papers.

12.30 p.m.—Royal Victoria Hospital, Clinical Work, followed by continuation of papers in the lecture room of the hospital adjourned from the morning.

Light lunches will be provided for the members at the hospitals, and special electric cars will be furnished to and from the hospitals.

THE SECOND PAN-AMERICAN MEDICAL CONGRESS will meet in the city of Mexico, November 16 to 19, 1896. Any Canadians who contemplate attending should send their names and addresses to Dr. Chas. A. L. Reed, St. Leger Place, Cincinnati.

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It is announced that the date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17 and 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park.

* * *

CLEANSE THE ALIMENTARY CANAL.—The *Philadelphia Polyclinic*, July 11th, has some good pointers. In diarrhœal affections seen early or late a high enema, calomel in small doses frequently repeated, or castor oil and aromatic syrup of rhubarb, about a teaspoonful of each for a child, or a teaspoonful of each for an adult. Then disinfect by salol, creasote, etc. Liquid diet, pancreatized, sterile milk for adults; and, instead of milk, for children fresh beef juice or barley water.

* * *

SULPHUR IN ECZEMA.—Dr. Cautrell, in the *Philadelphia Polyclinic*, extols the use of sulphur in eczema, scabies, hyperidrosis, miliaria, folliculitis, acne, seborrhœa and comedones, psoriasis, verrucous growths, tinea trycophytina and dermatitis. He claims that is an excellent parasiticide, that it dissipates inflammation, relieves itching, often reduces new growths, and assists the action of both the sebaceous and sweat glands. In addition to massage and a bandage compress over the breasts to dry up the secretion of milk, Dr. Bloom gives :

Atropin sulph.....	gr. $\frac{1}{20}$.
Mag. sulph.....	̄iii.
Inf. gent.....	̄viii.

M. Sig. ̄iv. every two hours, decreasing according to its action upon the bowels.

POST-DIPHTHERITIC PARALYSIS.—Dr. G. T. Mundorff, *Medical Record*, July 27, states that he had a very severe case of post-diphtheritic paralysis to treat. Following Dr. Seibert's suggestion he gave an injection of 750 units above the right rectus abdominalis. There was very little constitutional disturbance. This was on 4th March. The patient began to improve. On 13th March another injection of 1,000 units was given. From this there was rapid improvement.

* * *

ACUTE PELVIC PERITONITIS.—J. M. Baldy writes on the treatment of acute pelvic peritonitis in the *Polydnic*. He recommends rest in bed, functional rest by means of a soft vaginal tampon, if necessary, and depletion by magnesium sulphate in teaspoonful doses each hour until the bowels move. The pain produced by the increased peristalsis may be relieved, for the time, by morphine. Depletion by a hot douche (a warm one is harmful) is also beneficial. The ordinary antipyretics do harm.

* * *

SERUM TREATMENT OF TUBERCULOSIS.—Dr. Paul Paquin, in the *New York Medical Journal*, June 6th, remarks that in his experience the use of the serum improves the quality of the blood. There is rapid increase in the number of red globules. The fever is abated, and the patient gains in weight rapidly. Tubercular abscesses heal. The bacilli disappear under the treatment. The report of cases given is very encouraging. Every one of the cases had been proven to be tubercular by the presence of the bacilli. The dose of the serum varies from five to ten minims upwards daily.

* * *

NURSING.—In a paper on nursing, read at the Superintendent's Convention, Philadelphia, Mrs. L. W. Quintard holds that no nurse should consider her knowledge complete unless she is able, in her private work, to pass the male catheter. She should, if called upon, be prepared to dress abdominal wounds, case of supra-pubic lithotomy, inguinal hernia, and of hip-joint disease. It may not always be necessary, but where it is a question of an untrained nurse or an untrained orderly, the nurse is the proper one to do it. In caring for the sick, as far as possible, sex and self must be forgotten. In their weakness men appeal to nurses as children, and the motherliness inherent in every true woman's nature responds to their cry for help, and it is given without any regard to their relation, except as patient and nurse.

SPRAINS.—The *Railway Surgeon* says the best treatment for sprains of the foot is the use of hot foot baths for fifteen minutes three times a day, follow each bath with massage for fifteen minutes, then apply snugly a Martin rubber bandage from the toes up as high as the ankle, and have the patient walk.

* * *

THE USE OF THE RÖENTGEN X RAYS IN SURGERY.—W. W. Keen, in *Dunglison's College and Clinical Record*, says that deformities, injuries, and diseases of bone can be readily diagnosed in the hands, fore-arms and feet; that foreign bodies, opaque to the rays, such as needles, bullets and glass, can be located; that the internal organs are not accessible to examination; that it is not likely cancers, sarcomas and the like can be diagnosticated; that calculi of the kidney, bladder, and gall bladder cannot be diagnosticated, either (1) because they are embedded in such parts of the body as are too thick to be permeated by the rays, or (2) are surrounded by the bones of the pelvis, or (3) are, in the case of gall stones, themselves permeable to the rays.

* * *

THE INFLUENCE OF A PREVIOUS SIRE.—Dr. A. L. Bell, of Dunfermline, Scotland, in *Medical Age* for June 10, in a lengthy and carefully prepared paper goes to show that there is no ground for holding the opinion that a previous sire will affect the offspring of a second sire. He comes to this conclusion from three grounds: (1) The cases that have been often quoted in support of the belief are not reliable, and lack the necessary scientific data to form a ground for any safe deduction. (2) The study of the foetal and maternal circulation would go to exclude the belief that any interchange in the blood would take place that would influence the mother in her future conceptions. (3) The writer then deals with cases of animals where experience is contrary to the common belief. One is of interest. A pure white woman had a male child to a full blood negro, and in less than three years a daughter to a pure white man. The daughter had no traces of the negro. Dr. Bell personally knows these people.

* * *

THE SURGICAL TREATMENT OF EPILEPSY.—Dr. Frederick Peterson, in *New York Medical Journal*, June 6th, remarks that the surgical treatment of epilepsy is not attended with the most brilliant results. He states that the practitioner may perform his gynecological operations, circumcize, carry out procedures on the nose, tamper with the

eye muscles, or what not, but let him not be too sanguine. He will be fortunate indeed to meet with a single case of cure. In about one per cent. of epileptics the history of injury to the head will be found. In a larger number of cases there is an old meningeal hæmorrhage, giving rise to some paralysis and sclerosis. These cases should not be operated upon. In the cases due to injury to the head there is usually old standing lesion and an operation would not succeed. The removal of a cicatrix from the cortex will be followed by another, and no good follow. If the injury is recent the chances of a cure are much better. Of miscellaneous traumatic cases the best is at most four per cent. of cures.

* * *

PREVENTION IN NERVOUS DISEASES.—Dr. Jacobi says: "Perhaps the greatest negligence on the part of medical men is exhibited in regard to mental overwork. Our schools have become hot-houses in which spinal curvatures, near sightedness, anæmia, neurasthenia, chlorosis and cerebral exhaustion and disease are being bred in incredible numbers. Even the apparent offset to this mental work, gymnastics or "calisthenics" exercise in the same building, as part of the curriculum, adds (may add) to the general exhaustion. It is time that the medical profession looked into the increasing degeneration of the people resulting from the overtraining of the young brain, ninety per cent. of which is not attained until the seventh year, and the full growth not reached before the fourteenth or seventeenth. Physicians will do well to be no longer afraid of the charge of going into politics. If they do not wish to be politicians let them be something better and turn statesmen."

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ANTITOXIN IN DIPHTHERIA.—The committee of the Pediatric Society on the above subject made its first report a short time ago. This report was prepared by Drs. S. E. Holt, W. P. Northrup, J. O'Dwyer and S. S. Adams, and appeared in the *Medical Record* of July 4th. The work of the committee covers 5,794 cases treated with the antitoxin and 12.3 per cent. of deaths. The date of injection appears to be an important factor as thus shown: Of 996 injected on the first day, 4.9 per cent. died; 1,610 on the second day, 7.4 per cent. died; 1,508 on the third day, 8.8 per cent. died; 758 on the fourth day, 20.7 per cent. died; 690 on the fifth day, 35.3 per cent. died. Of all the cases under two years the death rate was 19.2 per cent.; two to five years it was 13.3 per cent.; from five to ten years it

was 8.7 per cent. ; from ten to fifteen years it was 3.3 per cent. ; from fifteen to twenty it was 3.2 per cent., and over twenty years it was 2.1 per cent. The influence of the treatment seems to be favorable on the whole on the sequels and complications. The per centage of bronchopneumonia appeared much reduced. Unless the treatment is commenced early in the disease, it does not appear to have much influence on the paralysis.

* * *

THE TREATMENT OF HÆMOPTYSIS.—Dr. T. J. Mays, in *New York Medical Journal*, June 27, remarks that pulmonary hæmorrhages are of two principal kinds. First, that from the bronchial and pulmonary capillaries, or by an extravasation or oozing through these vessels. This form occurs in the first stage of the disease. Second, that from the rupture of an aneurysmal artery or vein in a cavity. This occurs in the third stage of phthisis. In treating the first form, make the patient comfortable mentally and physically. Assure him the hæmorrhage is not dangerous, and may do good by relieving congestion. Then give a hypodermic injection of morphine and atropine. Avoid all physical exploration at this stage, and keep the patient in bed until the bleeding has entirely ceased. If the bleeding is copious, apply ice bags freely and continuously to the chest. If the patient has syphilis, give mercurials or iodides ; if rheumatism, salicylates ; if ague, quinine. These conditions often cause or aggravate the bleeding. Among other remedies may be mentioned ergot, opium, lead acetate, hamamelis, gallic acid, and geranium. In the case of bleeding from a cavity, the complication is always grave. If the vessel is large the danger is imminent. In such a case apply the ice bags to the chest, and give a hypodermic of morphine and keep the patient very quiet. Pulmonary rest is of prime importance. The writer does not approve of pulmonary gymnastics in cases where there is a tendency to bleed. Inhalation of compressed air and auscultation has caused hæmorrhage. The author of the paper is of the opinion, from practical observation, that high altitudes are favorable to these cases. To the above points on this important subject, he adds the following : Free purgation by concentrated solution of magnes. sulphate is very useful. Putting elastic bands round the arms and legs lessen the pulmonary pressure rapidly and assist in staying the blood flow if very copious. Much benefit has been from elevating the head of the bedstead or lounge so that the patient is lying in an inclined plane. We do not believe that astringents do any good ; but vascular depressants are likely to be of use.

Vigorous Action Against Substituters.

FAIRCHILD BROS. & FOSTER have recently adopted vigorous methods for dealing with those druggists who substitute other preparations when Fairchild's are ordered, as will be seen by the following letter :

COPY.

Dear Sir,—We beg to call your attention to the following statement of facts, which we believe will be of great interest to you as a practising physician, relying on the pharmacist for dispensing the medicines which you prescribe :

On a recent date, a prescription of a physician, ordering "Essence of Pepsine, Fairchild's," was sent to drug store. The bottle dispensed upon this prescription was immediately sealed in the presence of a witness and expressed to us. A copy of the prescription was asked for and obtained, which proved to be an accurate transcript of the prescription, bearing date and number corresponding to those upon the label of the bottle dispensed. Upon examination, the content of said bottle was found to be a fluid differing materially from Fairchild's Essence of Pepsine, so as to be obviously recognizable as a plain violation of the physician's prescription.

Another written order for Fairchild's Essence of Pepsine was sent to Druggist Upon examination, this proved likewise to have been filled with a different and inferior fluid.

Subsequently, the same day, a messenger was sent to and asked verbally for four ounces of Fairchild's Essence of Pepsine. He received a wrapped vial, for which he paid fifty cents. This bottle was found without label, and the messenger returned and asked to have the bottle labeled. The druggist then simply labeled it "Essence of Pepsine" Thereupon, the messenger requested the druggist to put "all the name on the bottle." The druggist told the messenger that he "would not dare to put Fairchild's name on the label, although it was all the same." The druggist finally admitted to the messenger that he was "out of Fairchild's Essence," and then returned the fifty cents.

There is one significant fact that should also be mentioned : the price charged in these cases (as in every instance coming to our knowledge) is the same as the patient would be charged by pharmacists who dispense the genuine medicine ordered. Comment is unnecessary.

In defence of our own rights, and in order that you may take such means as you deem best to protect yourself and your patients, we advise you of these facts. We further respectfully request that in prescribing Fairchild's Essence of Pepsine, you will kindly send the prescription to pharmacists, of whom there are many, who will faithfully respect their legal and professional obligations to physicians and to the public.

These prescriptions, sealed and certified, are in our possession, and we stand ready to still further substantiate these statements.

Very respectfully yours,

[Signed]

FAIRCHILD BROS. & FOSTER.

In explanation of their action, a member of the firm states as follows :

We have suffered very great injury by reason of this substitution, especially in the case of our Essence of Pepsine. Endurance has now ceased to be a virtue, and we shall take aggressive steps to protect our interests.

The principal product of ours for which substitutes are most sold is our Essence of Pepsine. This preparation we originated sixteen years ago, and we may fairly say that it is to-day one of the best known and most used of pharmaceutical products. Time and time again we have detected druggists substituting inferior preparations for it. The attitude taken by these druggists showed very well that they fully realized what they were doing. When first charged with substitution, the druggist becomes very indignant, and is apt to state that "he does not do that sort of thing." "always puts up what the doctor orders," etc. Upon being confronted with the proofs, he then throws himself upon our generosity, and begs of us not to expose him, promising not to do so again. Here is a recent illustration. A doctor wrote that he had stopped using our preparations because, in endeavoring to prepare some milk with Fairchild's Essence of Pepsine he spoiled two gallons of it in a hospital, was greatly annoyed, and lost confidence in our products. Upon investigation we proved to the doctor the repeated substitution of another and inferior preparation supplied upon the hospital requisition, which plainly called for Fairchild's Essence of Pepsine.

Another instance : One of the most prominent doctors in New York wrote a prescription which called for Fairchild's Phenolated Essence of Pepsine." The druggist made some mixture with creasote, and the patient's complaint of ill effects caused the doctor to investigate, when he discovered that liberties had been taken with his

prescription. Another case was when a physician ordered for an infant some food to be prepared by a method which we suggested by the use of Fairchild's Essence of Pepsine, and after repeated failures to carry out the physician's instructions, the party told the doctor he believed there was some mistake, and he was requested to see the druggist. The druggist was indignant, but refused to say what he had used, simply stating that he had dispensed just what the doctor ordered. A sample of the prescription was submitted to us and it took us but a few moments to discover the substitution and to convince the party that Fairchild's Essence of Pepsine would do just exactly what the physician wished to accomplish with it. The gentleman thereupon called upon the druggist, who then confessed and begged not to be exposed.

We have spent considerable time in following up just such cases as these, and we have now determined to take what promises to be a more effective line of action to protect our interests.—*Pharmaceutical Era*, July 2nd, 1896.

Passed in Military Surgery.

DEPUTY SURGEON GENERAL RYERSON has recently succeeded in passing the efficiency examination required by the Imperial War Office of all volunteer and militia surgeons in Great Britain, having first attended the course of instruction of the Volunteer Ambulance School in London. The examination comprised three parts, written, oral and practical drill, the latter with the men of the Army Medical Staff Corps, at the Guards' Hospital.

Surgeon Lieut.-Col. Harrison, brigade surgeon of the Guards, was president of the Board of Examiners.

The following questions which were set give an idea of the character of the examination :

FIRST PAPER—MILITARY MEDICINE AND ADMINISTRATION.

1. Give the staff and equipment of a medical officer of a unit in the field, on active service and in charge of troops at home.

2. Give the minimum number of cubic feet required per man (*a*) in permanent hospitals, (*b*) in detached wooden hospitals, (*c*) in barrack rooms, (*d*) in huts.

3. How are patients dieted at field hospitals on active service? What clothing do they wear? How is washing done?

4. Describe the soldier's field dressing. How is it cared for?
5. State the regulations as to (a) care of valuables of sick, (b) arms and accoutrements.
6. Draw a sketch plan of a field hospital encampment, and describe the lines of assistance.
7. What should be the sanitary arrangements of camps (a) as to water supply, (b) latrines, (c) number of men sleeping in each tent, (d) ventilation, cleansing and airing of tents.
8. Give the distribution of a better company during an action.
9. What are the instructions for the examination of recruits and the grounds for rejection?
10. What are the instructions as to vaccination?
11. A man is taken sick, to whom does he report? What disposition may be made of him? In what reports and returns may he appear?
12. What is to be done in the case of several cases of pneumonia suddenly occurring? What precautions should be adopted?

SECOND PAPER—DRILL AND EQUIPMENT.

1. Describe Farris' stretcher.
2. Give words of command for changing numbers of stretcher squad—both modes.
3. Describe the formation of rifle and blanket stretcher, of other improvised modes of transport, and contents of the field companion.
4. What is the difference between "prepared stretchers" and "prepared stretchers for waggon loading."

Dr. Ryerson was presented by the D. A. G. for the A. G., at the levee held by the Prince of Wales for H. M. the Queen, at St. James Palace, on June 1st. On June 5th he went to Aldershot, where the entire Medical Staff Corps was paraded for his information, by order of F. M. Lord Wolseley, Commander-in-Chief. The system of instructing medical staff recruits and regimental stretcher bearers was carefully gone into, as also the various forms of wheeled transport. An exhaustive visit to the Royal Cambridge Hospital concluded a pleasant and instructive visit.—*Canadian Military Gazette*.

[The passing of this examination entitles medical officers to be placed on the reserve of the Imperial army. Dr. Ryerson has been appointed the representative, with full powers, in Canada of the National Society for the Aid of the Sick and the Wounded in War (British Red Cross Society). He returned from England early last month and resumed practice.—ED.]

Correspondence.

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

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In fulfilment of my promise to further discuss Council matters in the next issue of the MEDICAL REVIEW, I now proceed to answer the question: "What is the nature of the machinery, existing in the Medical Council, by means of which every proposition looking towards retrenchment, and every reform projected in the interests of the profession is promptly and inexorably voted down therein, and this in face of the fact that, with seventeen territorial representatives in a Council of only thirty members, the medical electorate *ought* to be able to completely control its executive?"

To thoughtful persons it has long been a matter of surprise that the atmosphere of the Medical Council chamber has, hitherto, proved to be so uniformly fatal to all individualism, to all personal independence of thought and effort on the part of its elected members; that the seats in the Council assigned to territorial representatives were, in effect, just so many Procrustean beds, the occupants of which had to submit to being stretched or curtailed to the standard or prescribed dimensions. Time and again, in the past, men of conspicuous intelligence and integrity, pledged to inaugurate important changes, have been elected to membership in the Council, and great things have been expected of their presence there; and yet, in some hitherto mysterious way, they have been promptly whipped into line and made so tame that they became afraid even to bark where they had loudly promised to bite. The *modus agendi* is no longer a mystery. It now transpires that this delectable result has, for years past, been secured by a method which is familiar to ward politicians and to secret organizations of the less reputable class, but which was not heretofore supposed to have found recognition or a place in any public incorporation in the province of Ontario. The Medical Council consists, it appears, of an outer and an inner circle. The latter is a secret junto which is summoned to meet one day earlier than the date on which Council's annual session opens. It is composed of the homœopaths, the appointees and some five or six territorial representatives who have shown themselves to be of such approved ductility that they have

either already been permitted to fill the President's chair or are encouraged to entertain the hope that, by patient well-doing, they may, intime, get there.

Here then is the *imperium in imperio*. In a Council of only thirty members we find an inner circle consisting of eight appointees, five homœopaths and five or six recant territorial representatives, or say eighteen members in all, who meet in secret conclave and, as a ruling majority, conspire to defraud the profession out of its legitimate voice in the conduct of Council affairs. This junto confessedly determines who shall be President and who Vice-President, who shall form the Executive and Discipline Committees, who shall compose the Committee to strike all the Standing Committees, thus indirectly controlling the personnel and reports of these, even to the determination of appointments as Council Examiner, Returning Officers, and other salaried Council Officials. It is charged, further, that thus and here, in arcanum, is decided what changes, if any, shall be permitted in the Council by laws or sought for in the Ontario Medical Act, whether Micawber Castle shall be sold or retained, whether an assessment shall be levied and the coercive clauses of the Act enforced, how efforts at retrenchment may be most effectively frustrated, and, generally, how the whole business of the session shall be shaped to suit the extra professional interests by which the inner circle is inspired and controlled.

It may be said that this last charge must be largely of the nature of a mere surmise, or that, otherwise, the door of the lodge must have been less jealously tiled than it should have been. As the evidence is necessarily chiefly hearsay the latter may have been the case in this instance, but it is not likely to occur again. When every vote cast and every contention made by each individual territorial representative, during his term of office, is ruthlessly dissected and criticised, as they are sure to be sifted and examined by a competent analyst before the coming elections, it will probably appear that some of the weaker men in the Council have occasionally cast their votes inconsiderately, and that some have now and then voted with the majority, moved thereto, either by the vapid desire to be on the winning side, or simply, and even more reprehensibly, because they were overawed by number and combination. But no member who has attended the past two sessions of the Council, and who has attentively noted the votes and debates, and no intelligent reader who carefully peruses the proceedings as recorded in the Annual Announcement, can fail to observe that every reform attempted in the interests of the profession, and every proposition made to

curtail the Council's expenditure, whether such effort emanated from a Defence man or from an independent member, was unhesitatingly voted down by a solid block consisting invariably of the eight appointees, the five homœopaths and the same, always the same, five or six territorial representatives who are openly and defiantly hand and glove with these. The conviction irresistibly follows that these matters had already been discussed and settled by the junto in camera. The charge, therefore, that this Inner Circle presumes to usurp the organic functions of the Council as a whole, and that it thus conspires to defraud the profession of its legitimate voice in the conduct of Council affairs is not merely a surmise. It is confirmed by the recorded yeas and nays of nearly every important vote taken in the Council. I do not aver, I do not think that every appointee in the Council invariably attends these secret conclaves. Indeed I was told by one of the most venerable and highly respected of their number that though summoned as usual this year, he did not attend, as he did not approve of such meetings. The fact, however, remains that even he was found uniformly voting with his seven congeners and the five homœopaths and the five or six territorial derelicts. In fact, I have no particular fault to find, in this connection, with the appointees or with the homœopaths. They are sent to the Council to look after the special interests intrusted to them, and it is to their honor that they do it effectively. That they have been smart enough or astute enough to use certain territorial assistance towards securing the ends they have in view, though undoubtedly unfortunate for the profession, is, in no sense, discreditable to them. And even in the case of the territorial representatives who have given them this aid I am quite willing to believe that very possibly theirs has been a mistake of the head rather than the heart; that they have never duly realized that so severe a construction could be put on their taking part in these preliminary meetings. With their votes and contentions in Council, in support of this alliance, it is quite another matter, but even here I have no desire to be unnecessarily severe. I would be loath to make the charges I have herein set forth on surmise, or on mere hearsay unsupported by collateral evidence of the strongest character. I write over my own signature, and I am quite willing to be held responsible for every word I indite. I shall be very much pleased to find any aggrieved member of the Council controverting what I say, or, over his own signature, traversing this or any other letter I may write for the REVIEW, and I am quite prepared to justify my statements and my contentions, if they are called in question, in the next or in any future

session of the Council. As confirmatory of the charges I have ventured to make, and, as illustrative of the futility, under existing circumstances, of attempting to obtain from the Council even the simplest measure of justice on behalf of the profession, I propose discussing in my next communication the powers, composition and acts of the Executive Committee to which, practically, for fifty-one out of fifty-two weeks of the year, is intrusted the entire government of the profession. The Legislature has wisely given the medical electorate a representation equal to three-fifths of the whole Council. Both last year and this, efforts were made to secure for the profession a proportionate preponderance in this ruling Committee. They were defeated by the aid of the Solid Phalanx, and it may prove both instructive and useful to show on what flimsy pretexts and by what vote this righteous change was refused.

My friends, Dr. Williams and Dr. Bray, who both belong to the Solid Phalanx, resent its being called an Inner Circle. They prefer that it should be termed a "Caucus." Well, sir, I am not disposed to cavil about words. If "a rose by any other name would smell as sweet," why should not this "machine" prove just as strongly odorous were we, for the nonce, to agree to call it a "Caucus." Howsoever we may designate it, its purpose, its methods and its effects remain the same. It was designed, and it is inexorably used to thwart the profession in its aspirations towards economy and self-government. It was designed, and it is inexorably used to stifle all fairness and independence in debate, and to freeze out or to snow under all individualism and fidelity on the part of the elected men in the Council. It is not a new creation, for Dr. Williams assures me that he found it in existence on his first election twelve or fifteen years ago. At that time there was no formal opposition in the Council and consequently its only possible object must have been to overawe any newly elected man, who might show some disposition to be independent, by keeping him out in the cold until he proved to be sufficiently compliant with the views of the ruling combination. Clearly, to call it a "caucus," from any supposed analogy between it and the political machine so entitled, is childish in the extreme. A "caucus" proper can exist only in connection with a body homogeneous as to its mode of election or appointment. The Council is a composite body claiming to exist as a compromise between its three rival or antagonistic interests. It embraces three distinct classes of members—elects, appointees and selects. For any two of these classes, with or without the aid of a few complaisant members of the other, to unite so as to place the interests represented by that other or

third class at the mercy of the Solid Phalanx would be treason, and is—however sweet the name with which it may be christened—an outrage on decency. Moreover, no “caucus,” properly so called, can by any possibility degenerate into a cabal or into a conspiracy to render a solemn and important Act of the Legislature nugatory or void. Still, as I have already said, I do not care what epithet is applied to the Thing. Call it a ring, a secret junto, an inner circle, a solid phalanx, or an unholy league, clique, cabal, faction, conclave or caucus—the ugly fact of its existence, its object, its methods, and its effect, still remains, and, with it also remains the still uglier fact that, knowing its purpose and well aware that two-thirds or three-fourths of their associate representatives are rigorously excluded, except at the cost of independence and fidelity and self-respect, a few of the elected representatives of the profession, apparently, do not regard it as inconsistent with fealty to their constituents to be partners in and supporters of a compact which, I feel sure, the electorate has only to learn of to condemn.

One of my fellow members in the Council last session cudgelled out of his inner consciousness an explanation of why our efforts to secure the redress of wrongs in the Council have hitherto been so unsuccessful, which is so amusingly unique that I must crave your indulgence while, in my next letter, I devote a paragraph or two to him and to it.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, July 27th.

In Memoriam

(THE OFFICIAL ORGAN).

THE *Ontario Medical Journal*, as a standing menace to the profession, is no more. After lingering out an ill-starred existence of only a few years as a whip in the hands of the old Council, it died one day of dry rot. But in fairness to the departed it may be said that to the end of its life, which was not long, and to the best of its ability, which was not great, it defended many of the queer actions of its founders, and in some other respects it developed an undesirable hereditary taint. It lived without influence. It died with a groan. Requiescat in Hades.

J. BINGHAM.

Peterboro', July 22nd.

Book Notices.

Manual of Obstetrics. By W. A. NEWMAN DORLAND, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, etc., etc. With 163 illustrations in the text, and 6 full-page plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896. Price \$2.50.

This is a well written book of 736 pages, which will prove useful as a text for students, and a concise reference work for practitioners. It is particularly well adapted for students who desire to review their work before examination.

* * *

Practical Points in Nursing, for Nurses in Private Practice. With an appendix containing rules for feeding the sick, recipes for invalid foods and beverages, weights and measures, dose list, and a full glossary of medical terms and nursing treatment. By EMILY A. M. STONEY, graduate of Training School for Nurses. Illustrated with 73 engravings in the text, and 9 colored and half-tone plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896. Price \$1.15.

The author has explained in popular language and in the shortest possible form the entire range of private nursing as distinguished from hospital nursing. The work has been divided into sections as follows: 1. The nurse, her responsibilities, qualifications and equipments. 2. The sick room, its selection, preparation and management. 3. The patient, duties of the nurse in medical, surgical, obstetrical and gynæcological cases. 4. Nursing in accidents and emergencies. 5. Nursing in special medical cases. 6. Nursing of the new-born and sick children. 7. Physiology and descriptive anatomy. This is an excellent work, which covers its special line judiciously and clearly.

* * *

AMONG the notable series of articles announced by *The Open Court* for the current year is Count Leo Tolstói's "Christianity and Patriotism," a searching and luminous sketch of the origin of patriotism in European countries, and of the methods by which it is fostered and perverted by governments for the attainment of their selfish ends. Count Tolstói regards the sentiment of "patriotism," so-called, as incompatible with Christian notions, and gives in justification of his views a profound analysis of the fixed and irrational habits which

support despotic governments. The publication of the articles, which were written on the occasion of recent demonstrations in favor of the Franco-Russian alliance, was interdicted in Russia, although they appeared in the Russian language. Count Tolstoi's utterances, while to some they may seem surcharged with his own peculiar views of Christian anarchism, nevertheless contain matter which may be taken to heart by all nations. The series will begin immediately. The same journal announces a rare novelette by Richard Wagner, where the great composer clothes his philosophy of music in the vestments of romance, and later a translation of the famous portraiture of Luther by Gustav Freytag. (Yearly, \$1.00 The Open Court Publishing Co. : Chicago and London.)

Selections.

CREOLIN.—This popular antiseptic agent has been generally accorded entire freedom from toxic effects, but, in the light of some recent experiments upon lower animals, this superiority must be called in question. Professor Hobday, of the Royal Veterinary College, England, reports in the *Lancet* that two ferrets subjected to applications of the drug, diluted with water in the proportion of two ounces to a quart, died in half an hour. Subsequent investigation proved it to be an irritant and narcotic poison to both dogs and cats, especially when applied over a considerable area of the body. Such a report emphatically suggests caution in treating extensive wounds upon the human body with creolin as a dressing.—*Medical News*.

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PAYMENT OF PHYSICIANS.—What fools these mortals be! In no profession aside from medicine is it the custom not to expect prompt payment for services rendered, and yet how many professional men infuse even an iota of business methods in the collection of their accounts? Because, forsooth, certain professional men, born with gold spoons in their mouths and therefore not obliged to give thought to the morrow, have set the custom of rendering quarterly, half-yearly, or even yearly accounts, the rest seem to follow like so many sheep, for fear of antagonizing patients. All this is wrong and inconsistent with those business methods which are at the bottom of successful bread-making. Only the man with ample capital can afford to wait six months for payment of accounts.—*American Medical-Surgical Bulletin*.

THE DOSE OF IODIDE OF POTASSIUM.—There are some physicians who believe that to obtain the most beneficial, permanent and immediate results from the administration of iodide of potassium, it is necessary to prescribe large doses ranging from five to ten and gradually working up to fifteen and twenty grain doses given from one to three times a day. Other physicians believe that one grain and from that down to one-half and one-fourth grain will accomplish as much and be less apt to induce unpleasant results. There is no need of going to extremes, but it does seem that one grain of iodide of potassium and possibly one-half grain will certainly produce the therapeutic action of the drug. Much depends upon the constitutional condition of the patient, and to a great extent it is the question of individual consideration, but the physician who administers unnecessarily large doses of any drug, doses which he would not wish to take himself, is doing wrong. We hope the time will soon come when this apparent competition to see who can administer the largest doses of certain drugs will cease to exist. In iodide of potassium, creasote and several other common drugs, many physicians exhibit peculiar interest in reporting the administration of large doses, and these reports representing in themselves something original, go the rounds of the press and stimulate other physicians to take a hand in the competition.—*N. Y. State Medical Reporter.*

* * *

DR. GOWERS ON EMPIRICAL THERAPEUTICS.—In a recent address Dr. Gowers, in speaking of the use of drugs, claimed that the best of our still-used remedies were empirical or chance discoveries: "We smile at the popular herbal remedies. But it is to these that we owe the majority of our most useful drugs. I cannot conceive a therapist surveying a list of the chief drugs on which we depend in our daily work—and do not depend in vain—without a sense of wonder and perhaps of humiliation. We disinfect our rooms with burning sulphur; and so men did before the time of Homer. We purge sometimes with rhubarb, especially when some subsequent astringent influence is desirable, and so did the old Arabians for the same special reason. The value of castor oil in its chief use was familiar, probably for ages, to the natives of the East and of the West Indies before it was made known in Europe by a physician from Antigua one hundred and fifty years ago. Aloes was employed in the same way long before the time of Dioscorides and Pliny. The knowledge of the influence of ergot in parturition we owe to the peasants of Germany, and the use of male fern for tapeworm goes back to the

old Greeks and Romans. The employment of mercury in syphilis by inunction and fumigation, which our nineteenth century therapeutists regard with such satisfaction, seems to go back to the time of the crusades, and it is said that its use can be traced in Malabar as far back as the ninth century. Podophyllum as a purgative we owe to the North American Indians. If we go through the list of all the drugs on which we most rely, we find a similar story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anæsthetic influence of cocaine was discovered."—*Boston Medical and Surgical Journal*.

* * *

SIR J. RUSSELL REYNOLDS AS A CONSULTANT.—In an extended obituary of Dr. Reynolds, the *British Medical Journal* gives the following account of his qualities as a consultant: "He was remarkable for the courteous consideration and shrewd kindness of his manner not less than for the painstaking study which he gave to every case. He was not led by his unsurpassed experience in all forms of nervous disease or by his keen diagnostic acumen to come to a hasty decision. He seemed to have ever before him the idea that he was called not merely to make a diagnosis, much less to write a prescription, but to advise the individual patient what he or she could best do to regain health or to diminish suffering, and what changes in the environment, mental, emotional, or physical, were most likely to achieve this end. No doubt these are objects which we all have in view, but Reynolds seemed to make them the guiding principle of his practice, and the personal interest which he really felt was quickly perceived by his patients. To many of them he was something more than a 'doctor;' he was the strong guide which led them back to a clearer-sighted and calmer view of life, and its possibilities and duties. As a teacher and hospital physician he displayed the same qualities. His love of precision, order and classification in dealing with scientific questions, perhaps also a rooted conviction that clinical insight was only really to be gained from patient personal study of the individual, prevented him from ever seeking success as a clinical lecturer. Though far from a sceptic in matters of therapeutics, like some of his most distinguished contemporaries, he yet appeared to have an almost instinctive aversion to generalizations as to treatment. Each patient must be considered by himself and treated individually, not merely as one of a class."

Miscellaneous.

IN cases of pernicious, progressive anæmia in young girls, no matter from what cause, Dr. Mary Ward Mead, Camden, Ill., writing says: "The arrest of development of the generative organs retards cure. I am early on the track for a speedy development in those slow puberty cases; and when I see the dormant spot puff for a mammary gland I know that restoration will surely follow, and to arouse this slumbering, sympathetic and vaso-motor system, sanmetto is truly great."

* * *

OXFORD, Pa., July 24th, 1896.

S. H. KENNEDY,

Dear Sir,—You remedies are certainly par excellence in diarrhœa, especially the old army diarrhœa, as I treated an old soldier with it who told me that he had tried all the professors in Philadelphia and New Jersey, and never till I gave him your "Quercus Alba" did it tell him anything. I have had quite a run on chronic diarrhœa in army life.

Yours, etc.,

D. A. STUBBS, M.D.

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TURN THE RASCALS OUT.—It is to be regretted that any firm of manufacturing chemists whose methods and dealings with the drug trade have always been fair and considerate should find it necessary to protect themselves against the unprincipled substituter, as explained elsewhere in this issue. It is hard to believe the testimony which Fairchild Bros. & Foster have gathered against retail druggists, who have substituted other preparations when Fairchild's was distinctly ordered by physicians. We fail to comprehend what a druggist is thinking of when he permits such practices behind his prescription counter. Where is the profession of pharmacy drifting to if it has gotten to that point that a physician cannot depend upon a druggist filling his prescriptions with what is ordered? We should discredit these reports if they came from a less responsible source. Such practice if continued will work untold injury to the credit and standing of the entire pharmaceutical profession. Physicians are constantly claiming that one of the principal reasons why they handle their own medicines is that they are then sure of what they are administering. Any such wholesale accusation against the integrity of druggists is as

unjust as it is untrue. There are thousands of conscientious, upright, honorable pharmacists, who would no more think of substituting in a prescription than they would of trying to pass a counterfeit bill. It is unfortunate that reflection must be cast upon these honest druggists by the acts of their unscrupulous brothers, but all of this hue and cry on the part of manufacturers about substituting cannot be ignored. Where there is so much smoke there must be some fire. Fairchild Bros. & Foster, by their action, place the charge where it belongs, and this cannot fail to benefit honest dealers. Every honest druggist owes it to himself and his profession to speak plainly on this subject. He should adopt the most strict rules for his own establishment; improve every opportunity to condemn the practice of substituting, and see that resolutions to this effect are passed by his local, State and national associations. Each druggist should make it a point to give his physicians and his customers to understand that when a prescription comes in to his establishment, it is filled with exactly what it calls for. There can be no middle ground, no compromise, no question on this point. Physicians who prescribe them and the manufacturers who make the goods must have no good cause for such complaints. The honor of the drug trade demands that this stigma be removed. It is not a question of dollars and cents alone, but professional honor is at stake, and we know that every honest pharmacist will join with us in the statement that the druggist who substitutes in his prescriptions is a disgrace to his profession.—*Pharmaceutical Era*, July 2nd, 1896.

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THE Fifteenth Annual Announcement of the New York Post-Graduate Medical School and Hospital has just been issued. Five hundred and forty-two physicians from all over this continent have attended the courses at the institution during the past year. More than one thousand operations were performed in the hospital, which is one of the largest in the city, containing special wards for babies and children, while nearly twenty thousand patients were treated in the out-door department. Recent discoveries have revolutionized medical and surgical methods, and a man whose medical education ended fifteen years ago is not a physician or surgeon within the present meaning of the term. Post-graduate medical instruction is for the purpose of furnishing to these graduates in medicine a means of refreshing their knowledge. It supplies them with the opportunity of coming in direct contact with disease by means of special courses in all the departments of medicine.