

THE MANITOBA AND WEST CANADA

LANCET

A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations.

Published Monthly. Subscription \$1 per annum in advance. Single Copies 10c.

Vol. 6.

WINNIPEG, DECEMBER, 1898.

No. 8.

FREE for a POSTAL

Desirous that every physician may have opportunity to make trial of

DUNCAN FLOCKHART & CO'S

FLEXIBLE CAPSULES

I am instructed by Messrs. D. F. & Co. to send working samples to every physician making application for same. List of Capsules will be forwarded on request.

R. L. GIBSON, 86 Wellington St., West, TORONTO.

Lactopeptine Tablets

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."

THE MEDICAL TIMES AND HOSPITAL GAZETTE.

Can be ordered through any Druggist. Samples free to medical men.

New York Pharmacal Association,

88 Wellington St., West, Toronto.

WAMPOLE'S ANTISEPTIC SOLUTION

FORMOLID

Formaldehyde	1/2	per cent
Acetanilid	1/2	" "
Boroglyceride	1	" "
Sodium Benz Borate	8	" "
Eucalyptol Thymol. of Gaulthera.			
Alcohol. Witch Hazel.			
Absolutely safe.			
Non-irritant.			
Prophylactic.			

16 oz Bottle 50c.

DIRECTIONS.

EXTERNALLY.

Dental. A non-poisonous, palatable Antiseptic and Germicide, useful in all stages of operative work. Non-irritant. FORMOLID, pure or diluted, as indicated.

Surgical. For wounds, cuts, bruises, burns and scalds, etc. Prevents suppuration. Formolid, 1 part; water, 1 to 10 parts.

Mouth Wash. To preserve the teeth, sweeten the breath, harden the gums, etc. Formolid, 1 part; water, 4 to 20 parts.

Gargle, Nasal Application, etc. For inflamed mucous surfaces. Prophylactic. Formolid, 1 part; water 2 to 10 parts.

Vaginal Douche, Deodorant, Germicide. For Leucorrhœa, Vaginitis, etc. Formolid, 1 part; water, 5 to 20 parts.

General. A healing antiseptic. Personal Hygiene. Excessive perspiration. Formolid, 1 part; water, 1 to 20 parts.

INTERNALLY.

In fermentative dyspepsia, diarrhœa, cholera infantum, cholera morbis, etc.

Dose. One-half to two teaspoonfuls in water three or four times daily, as indicated. Can be given in combination with other medicines, except digestive ferments.

The Equitable Life

ASSURANCE SOCIETY

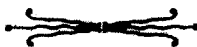
— OF THE UNITED STATES



JANUARY 1, 1897.

Assets	\$216,778,947
Reserve on all Existing Policies and all other Liabilities.....	178,496,768
(Calculated on a 4 per cent standard)	
Undivided Surplus on 4 per cent Standard	48,277,179
Outstanding Assurance.....	915,102,070
New Assurance Written.....	127,694,084
Amount Declined.....	21,678,467

Instalment Policies stated at their commuted value.



The Society has paid \$258,956,851 to its policy-holders, and in addition, now holds \$216,778,947 of Assets (of which \$48,277,179 is Surplus) making a total of \$470,780,298. This record, covering a period of less than thirty-seven and a half years from its organization, is over \$212,798,000 more than any other Company has paid and accumulated within the corresponding period of its history.

STATEMENT VERIFIED BY

GEORGE W. PHILLIPS, } J. G. VAN CISI, }	Actuaries	FRANCIS M. JACKSON, } ALFRED W. MAINE, }	Auditors.
--	-----------	---	-----------

Western Canada Department

A. H. CORELLI, Manager,

435 Main Street, Winnipeg.

W. R. INMAN & CO.

Established in Manitoba in 1879.

IMPORTERS OF

PHYSICIANS' POCKET AND
BUGGY MEDICINE
CASES.

OBSTETRIC BAGS.

POCKET INSTRUMENT
CASES.

THERMOMETERS.

ARTIFICIAL EYES

SPECTACLES

ALL KINDS,
ACCURATELY FITTED.

We can save you money. If in need of
any goods in our line, send for Illustrated
Price List.

Liberal Discounts allowed Physicians.

W. R. INMAN & CO.,

Druggists and Opticians,

WINNIPEG.

ALWAYS OPEN

C. H. CRANSTON,

Druggist,

480 MAIN ST.

WINNIPEG.

The Winnipeg Rubber Company, Lt'd

Rubber Goods

FOR THE DRUGGISTS AND SURGICAL TRADE.

Some of Our Specialties.

ATOMIZERS.

AIR PILLOWS,

AIR BEDS,

ABDOMINAL SUPPORTERS.

AIR CUSHIONS,

BED PANS,

BANDAGE GUM,

BATHING CAPS,

EMPIRE ELASTIC BANDAGSS

BREAST SHIELDS,

BREAST PUMPS,

CORKS,

BULBS.

CRUTCH TIPS,

CATARRH DOUCHE,

DENTAL DAM.

DIAPHRAGMS

DUNNAGE BAGS,

SILK ELASTIC STOCKINGS,

SILK ELASTIC KNEE CAPS,

SILK ELASTIC ANKLETS,

FEVER COILS,

GAS BAGS.

GUTTA PERCHA TISSUE,

UMBILICAL TRUSSES,

HEAD COILS

HORSE COVERS,

RUBBER CLOTHING

INVALID RINGS,

ICE BAGS, (Head and Spinal).

MEDICINE DROPPERS,

NIPPLES, NURSING BOTTLES.

OPERATING CUSHIONS,

PLANT SPRINKLERS,

FAMILY SYRINGE.

INFANT'S SYRINGE,

NASAL DOUCHE SYRINGE,

ULCER AND EAR SYRINGE

COMB. E. EN. & I. SYRINGE,

COMBINATION SYRINGE.

FOUNTAIN SYRINGE.

LADIES' SYRINGE,

HARD RUBBER SYRINGE,

PRACTICAL SYRINGE

WHITE HOSPITAL SHEETING,

Single and Double Coated.

STOMACH TUBES,

SANITARY COVERS,

PURE GUM TUBING,

SYRINGE TUBING.

URINALS,

HOT WATER BOTTLES,

WATER PILLOWS.

WATER BEDS,

SPINAL WATER BOTTLES

MECHANICAL RUBBER GOODS.

Write for our Prices before Purchasing.

P. O. Drawer 1251
Telephone 271.

350 Main St., Winnipeg, Man.

EVERYTHING IN RUBBER.

THE MANITOBA AND WEST CANADA

LANCET

A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations

Published Monthly. Subscription \$1 per annum in advance. Single Copies 10 cents.

VOL. 6.

WINNIPEG, DECEMBER, 1898.

No. 8.

SELECTED ARTICLES.

INTESTINAL HYDROTHERAPY : METHODS AND USES.

Paper read before New York Academy
of Medicine.

Dr. Robert Coleman Kemp read a paper on this subject. He said that, correctly speaking, hydrotherapy included the internal as well as the external use of water. Internal hydrotherapy was the employment of water in the intestinal tract for therapeutic purposes. Referring to the use of hot water irrigation, the statement was made that in shock there was a vasomotor palsy, and the proper balance between the forces of inhibition and acceleration on the heart was lost. The hot injections aided (1) in restoring the proper tone of the vasomotor centres and the balance between the forces governing the heart action; (2) the heart action was also aided by the filling up of the blood-vessels; (3) the heat centres were stimulated; (4) the temperature of the blood was increased; and (5) the tone of the sweat centres was restored.

EXPERIMENTS ON ANIMALS.

Dr. Kemp said that last year he had conducted a series of experiments on dogs, to determine the action of hot and cold irrigations with the double-current catheter. Each dog received about one and one-half grains of morphine, and occasionally a small quantity of ether, and a manometer was applied to one of the arteries. Then the

intestine was irrigated with decinormal saline solution for ten or fifteen minutes, and the result noted. From these experiments it was learned that, if a moderate increase in the pulse tension was not objectionable, a temperature of 105 deg. to 108 deg. F. could be employed; but if a higher blood pressure was desired, the temperature of the fluid should be 110 deg. to 120 deg. F. Cold irrigation (90 deg. to 80 deg. F.), if kept up for twenty minutes or more, weakened the heart. The hot irrigations were excellent in shock, or before or during an operation to prevent shock, or in chloroform narcosis to prevent contraction of the vessels. Could this be employed with caution, for idiosyncrasies to cold were more often presented than were those to heat.

IN SHOCK FROM HEMORRHAGE.

A strong dog was bled until almost exsanguinated. The blood pressure was then found to have fallen from one hundred and fifty-five to one hundred and twelve millimetres.

Double-current irrigation with decinormal saline solution was then employed, and the temperature of the fluid gradually raised to 120 deg. F. In ten minutes the blood pressure had risen to 140 deg. F., and the heart was acting with fair force.

EFFECT ON BODY TEMPERATURE.

The dogs were treated as before. In some of the animals clinical thermometers were inserted in the iliac arteries, and in others in the internal carotid. Incisions were made

in the axillæ, and thermometers were also inserted here. The room temperature was about 72 deg. F., and the animals were left uncovered. Before irrigation the average axillary temperature was 99 deg. to 99.5 deg. F., and the temperature of the aortic blood 102.5 deg. The normal blood pressure was one hundred and twenty five to one hundred and fifty millimetres. After an interval of about fifteen minutes, irrigation was begun and kept up for twenty minutes, the temperature being increased from 110 deg. to 120 deg. F. It was found that the temperature of the aortic blood rose from 0.5 deg. to 0.8 deg. When cold water was suddenly substituted, the temperature fell and the heart became rapid and feeble. Clinically it had been found that cold rectal irrigations were much safer than the high enemata. Chapin had employed cold enemata in the diarrhœas of children, to reduce the temperature.

EFFECT ON RENAL SECRETION.

The speaker said that, other conditions remaining the same, the secretion of the kidney was increased by a greater quantity of blood flowing through the organ. In his experiments in this direction, the animals had been treated as in the other experiments, but laparotomy had been performed and the ureters catheterized, thus excluding any chance of absorption from the intestine. The bowel was then irrigated with saline solution, the temperature being raised from 100 deg. to 120 deg. F. An increase in the renal secretion was noted in ten minutes, and it was very marked in twenty minutes. The pulse tension was also raised at once. If the temperature of the irrigating fluid was 100 deg. to 102 deg. F., the increase in the secretion did not become noticeable until after about twenty minutes. By adding a little ferrocyanide of potassium to the irrigating fluid, and testing the urine with iron as it came from the ureter, it was ascertained that in twenty minutes the urine gave the Prussian-blue reaction, no matter what the temperature of the fluid, but the higher temperatures were particularly effective in increasing the renal secretion. Small rectal

edemata of saline solution and high irrigation at 100 deg. to 104 deg. F. increased the renal secretion without affecting the blood pressure. As cold irrigation for twenty minutes caused the animal to pass into a condition of severe shock, this method was not applicable to cases of renal insufficiency.

HYPODERMOCLYSIS.

Laparotomy was performed on a dog, and the left ureter catheterized. Five cubic centimetres of ferrocyanide of potassium was then added to three ounces of decinormal saline solution, and this mixture was injected into the tissues of the groin. In three and one-half minutes the Prussian-blue reaction was noted in the urine. Hypodermoclysis should be of value clinically in shock, in cholera, and in acute uræmic suppression to increase the secretion and to dilute the poison.

INFUSION.

A dog was treated as in the last experiment, and then salt solution at a temperature of 110 deg. F. infused slowly into the right femoral vein. In from one and one-half to two minutes the blue reaction was obtained.

ENEMATA.

The high enema was administered through a colon tube, and best with a fountain syringe raised about two or three feet above the patient. The colon tube should be inserted for twelve or eighteen inches, and the fluid allowed to run in slowly. The high enema was employed to relieve fecal impaction, and also tympanites. The quantity should be one to one and one-half quarts, and the temperature 101 deg. to 104 deg. F. A physician in this city had told him that he had secured much better results, in exciting the renal secretion, from an enemata of two ounces of salt to one and one-half quarts of hot water, than from the decinormal saline solution. It should be remembered that the colon of an infant could hold about one pint without distention, and that the adult colon held about nine pints.

DOUBLE-CURRENT IRRIGATION.

In this method he preferred to use his own irrigating-tube—a tube within a tube, with the return current passing through the

outer one. This tube was made of metal, hard rubber, or soft rubber, as desired. A fountain syringe was attached to the central tube. By alternately pinching the outflow tube and that of the fountain syringe, the quantity of fluid entering and escaping was easily regulated. If the return flow became clogged, the obstruction was removed by reversing the current or by the use of a small hand syringe. For diarrhoeal affections the temperature of the irrigating fluid should be 101 deg. to 105 deg. F., and the fluid might be a weak flaxseed tea (2 drachms to the quart) or have from five to fifteen minims of oil of peppermint added for each pint.

BENEFICIAL IN DYSENTERY AND RECTAL PROLAPSE.

Dr. William H. Thompson said that for many years he had been convinced of the fact that the reason for the great intractability of the ulcers of chronic dysentery, was that the ulcer was continually bathed in foul matter. For this reason he had long been in the habit of ordering that the rectum in such cases should be washed out after every movement, with some disinfectant preferably oil of peppermint. A long experience had taught him that it was far more effective than were other of the mucous membrane resulted sooner or later in a condition which was best treated by lavage.

Since he had found that it was possible to practice thorough lavage of the entire colon, he had been proportionately successful in the treatment of chronic ulcerative or membranous colitis. Formerly he had dreaded these cases. He had lately treated five such by the aid of Dr. Kemp's tube, and he had been very much impressed with the ease with which vast masses of mucus and membrane could be removed. The dislodging of these masses sometimes caused considerable pain. It was very important to remove them, because while retained they allowed the absorption of many toxins. It was the latter which gave rise to the various nervous manifestations often associated with this condition of the bowel. Of course this method of lavage could be used directly for cases of auto-intoxication. Every clinician occasionally observed in the course of con-

valescence from typhoid fever the occurrence of severe rigors, with rise of temperature. These were really pyæmic attacks, and the source of the infection was almost invariably located in the large intestine. The speaker then referred to the interesting physiological relation between the nerves of the pylorus and those of the rectum. It was for this reason, he said, that in dysentery a movement of the bowel follow the introduction of anything into the stomach, and this explained also the great emaciation observed in this disease. The therapeutic indication was clear—the application of a sedative to the rectum. He had found hot water extremely useful for this purpose. In that most depressing affection—rectal prolapse in old people—continuous hot water irrigation of the bowel, for twenty or thirty minutes, gave most excellent results. In inflammation of the prostate or of the seminal vesicles, it was also exceedingly valuable. But the most remarkable effect of all was to be found in the influence on the renal secretion.

ALLAYS URETHRAL SPASM.

Dr. Robert W. Taylor said that in that troublesome form of congeation of the prostate occurring after gonorrhœa he had found the irrigation treatment very useful. Inflammation of the prostate and seminal vesicles would be allayed by the use of hot irrigations. In some cases of gonorrhœa affecting the posterior urethra, retention of urine occurred from spasm. It was usual to treat this by hot sitz baths, but he had found it more convenient and satisfactory to use the irrigating-tube.

PROMOTES ABSORPTION OF PELVIC EXUDATES.

Dr. E. H. Grondin said that, in his hands, the method of continuous rectal irrigation had replaced the older method of vaginal irrigation in the treatment of plastic exudates, more particularly the recent ones. By this method quicker absorption was secured, probably because the hot water could be used continuously for a longer time. His custom was to place the patient in the left lateral position, or else in the dorsal position with the head lower than the buttocks. This method of continuous irri-

gation could be easily kept up, if necessary, for an hour or more at a time.

USEFUL IN ACUTE SUPPRESSION OF URINE.

It had proved extremely useful in his hands in cases of urinary toxæmia and renal insufficiency, in which the symptoms showed uræmic eclampsia to be imminent. He knew of no method equal to irrigation of the bowel with water at a temperature of 115 deg. to 120 deg. F. In one case the patient had not passed water for thirty-six hours. Fifteen gallons of water at a temperature of 120 deg. F. were used by continuous irrigation. This excited the action of the skin, the bowel, and kidneys, and the woman recovered.

SUPERIOR TO SALINE INFUSION.

In case of collapse from hemorrhage this irrigation treatment seemed to him superior to either infusion or injections under the skin. In case of ectopic gestation in which rupture had occurred, he had been able to save several patients by employing continuous hot irrigation during the operation.

NON-SALINE INJECTIONS ARE FATAL.

Dr. R. H. M. Dawbarn said that, although many patients still died from shock after major operations, little progress had been made in the treatment of this condition, and but little space was devoted to its consideration, even in the latest text books; yet it was only along the line of prevention that we could hope to do much. In 1890, having lost a member of his family from shock after an operation, he had devoted a good deal of time to laboratory experiments on shock and its treatment by hot saline infusion. He was pleased to find that Dr. Kemp's experiments had so completely confirmed his own regarding the stimulation of the heart produced by water of a temperature of 115 deg. to 120 deg. F. It was during these experiments on animals that he had learned accidentally that plain water, without salt, would almost immediately kill an animal by destroying the blood corpuscles. It was for this reason that solution should be used.

OUR EFFORT SHOULD BE TO PREVENT SHOCK.

Since 1891, in every severe operation in which shock was to be expected, while the

patient was still under the anæsthetic, he had practised infusion of one or two litres of hot saline solution. He felt positive that in this way he had many times prevented shock. If later on there seemed to be an indication for further saline infusion, instead of reopening the vein he resorted to Dr. Kemp's method of continuous irrigation. The results had been most satisfactory. The method also had the advantage of restoring or maintaining the animal heat.

Dr. Ramon Guiteras said that in many diseased conditions of the rectum hot irrigations by the double-current tube were exceedingly beneficial. The method was of most service in case of abscess, ulcer, and various tuberculous and syphilitic lesions. Plain water alone would sometimes produce an unpleasant dry condition of the rectum, and in these cases it was desirable to use saline solutions or weak flaxseed tea. In the male these hot irrigations were chiefly useful in seminal vesiculitis, acute prostatitis. By diagrams, taken from frozen sections, the speaker showed that with a Kemp tube it was possible to direct the current of hot water upon the seminal vesicles.

Dr. A. M. Phelps said that ulceration of the rectum and colon demanded treatment by continuous irrigation, together with the performance of inguinal colotomy. This had been his recent practice.

THE MICROSCOPE AS A DETECTIVE.

Some years ago a box containing a large amount of specie was forwarded by railroad, in Prussia, to a banking house at Berlin. On arriving at its destination the box was found to have been opened and emptied of its treasure, for which the thief had substituted sand. The police were on the alert, their first aim being to discover at which of the stations the sand had been inserted—no easy matter, considering that the whole line of road ran through a sandy country. Nevertheless, some sharp person suggested that the sand of one district might be of a different character from that of another. The hint was acted upon. Samples of sand were

procured from all the stations along the line, and Professor Ehrenberg, so famous for his microscopic discoveries, was engaged to make an examination of them. To the naked eye all the samples presented precisely the same appearance, but, on being submitted to the microscope, they were found to differ very essentially from each other, and only one of them was similar in its constitutes parts to the sand contained in the box. This gave the police a clue to the station at which the robbery had been committed, and led to the arrest of one of the employees there, who was subsequently tried for the robbery and convicted.

The remarkable discoveries made by means of the microscope, with regard to the composition of blood, have led to the frequent use of that instrument, of late years, for the detection of murderers. Chemistry was sometimes able to distinguish the difference between blood and substances similar to it in color and general appearance, but it was at fault when the question was a comparison of human blood with that of the lower animals. But it has been demonstrated by the microscope that the vital fluid is composed of globules imperceptible to the naked eye, and that these globules are of a different form in all the various species of animals. Thus, to the microscopist, the human blood presents an appearance quite different from that of an ox, a horse or a sheep.

This was well tested; years ago, in an English county town, where a labouring man was put upon his trial for the murder of the superintendent of a neighbouring coal mine. The evidence against this man was very strong. He had been seen with more money in his possession than he would have come by in an honest way, and he had also partially disguised himself by shaving off his whiskers, and in other ways, and yet there was not sufficient proof on which to convict him. Recourse was now had to the microscope. An eminent microscopist was called upon, and a pair of pantaloons and a razor belonging to the suspected man were sub-

mitted for his analysis. After minute investigation with the instrument some infinitely small specks of blood were discovered upon these articles. It was also found that soap had been used in an attempt to remove the specks, and that one of them had been actually covered over with ink. The corpuscles, or globules, of which these blood specks were composed were declared by the microscopist to be those of human blood, and this piece of evidence led to the conviction of the man, who subsequently confessed his guilt.

In France a man was tried for the murder of an old lady. A razor, wrapped in a handkerchief supposed to have belonged to the prisoner, was found in a brook near the residence of the deceased. On a microscopic examination of the razor traces of blood were discovered upon it, and also some fibres of linen and cotton threads, which are perfectly distinguishable from one another when under the microscope. Now here was a strong piece of circumstantial evidence, for the strings of the night-cap worn by the victim when she was murdered were of linen and cotton threads mixed. There was a difficulty however, in proving that the razor and handkerchief had ever belonged to the suspected man, and he was acquitted; though, as he died by his own hand shortly afterwards, there can be little doubt that he was guilty of the crime. Several years ago, in England, a remarkable case was tried, in which the microscope played a conspicuous part as a detective. One morning a young girl was found dead in a field with her throat cut. The person upon whom suspicion fell was the mother of the girl, who had been seen that morning passing through the field with her. The woman in her examination answered very clearly and without hesitation all the questions put to her. She admitted having been in the field with her daughter, but stated that the latter had left her for the purpose of gathering flowers, and that she had not afterwards seen the girl alive.

On searching the house of the accused, a long-bladed knife was found, to the blade of which some hairs were adhering,

but they were so fine that it was impossible to tell whether or not they were those of a human creature. The prisoner accounted for them by saying that, having caught a rabbit that morning in a snare, she had cut its throat with the instrument. The knife was sent to London however, for the purpose of being examined with a microscope. It had been washed previous to its being found, but, on removing the haft, some traces of blood were discerned, which, on being submitted to the microscope, proved to be human blood. Next the microscopist, who was unacquainted with the facts elicited on the trial, examined the hairs adhering to the blade, and unhesitatingly declared them to be those of a squirrel. He could not be deceived, he said, because the hairs of any one species of animal differ so entirely from those of another, when submitted to the microscopic test, that it would be impossible to confound them. They differ not only in thickness and colour, but also in certain physical conditions that peculiarly and surely distinguish them. And as it happened that the girl had worn a tippet made of squirrel fur the morning of her death, the mother was found guilty of the murder, and confessed her guilt just previous to her execution for the crime.

THE GOLD CURE FOR INEBRIETY.

By Dr. Crothers

(Journal of the American Medical Association.)

It is a significant fact that without exception "Gold-Cure" specifics, when analyzed, have been found to contain no gold. The fact is that for several centuries this name has done service as a favorite trademark for quack adventurers, especially as a specific for the cure of alcoholism. Were it true that gold in any form figured in such treatments, the administration of other powerful remedies such as strychnin and atropin would naturally make it impossible to form any judgement as to its curative properties. Gold, as is well known, has always enjoyed a mystic presence in the minds of the pseudoscientific.

The fact remains, nevertheless, that the best chemists of today regard it as absolutely nonassimilable. Why some ambitious charlatan has not yet exploited a diamond-cure is difficult to understand.

The cure of alcoholism or drug-habits is really no easy matter to define. It is certain that no patient can be looked upon as cured on his emergence from a sanitarium, no matter what method may have been employed. Under the influences of changed environment, rest, regularity, selected diet and tonic medication the inebriate in time regains his average health. In addition—and this fact has by no means received due recognition—the force of suggestion operates in many ways towards his recovery. He finds himself in the company of others in various stages of improvement; the changed surroundings constantly impress him with the nature of his condition; and not infrequently the addition of apomorphin or other emetics to the whisky of which he is invited to partake, and which shortly deludes him into the belief that his stomach is coming to its senses—these and a number of minor facts all have a suggestive influence which now and then undoubtedly effect what can be fairly regarded as a cure. But cure and recovery are different terms. To be cured involves that the patient should again be subjected to those conditions under which the so-called habit was acquired. No one acquainted with the subject now believes that the inebriate drinks for stimulation. It is the physical anesthesia of intoxication that the drinker seeks. The painful impression may be due to various causes, for in spite of the common opinion it is established that the purely convivial drinker is a rare specimen. All modern researches tend to prove that toxemia is in most cases the basis of what we falsely term the drink-habit. Indeed, it is difficult to understand the periodicity of the drink impulse on any other basis. Needless to say, the drunkard has always proved an easy victim to the mediocre-commercial trickster. Apart from the gold-cures, a glance through the popular

monthlies, and even, we regret to say some religious magazines will discover a long list of safe and sure cures, of the "home" variety and otherwise, which, considering their advertising expenses must do a profitable business. Why such a thing as drunkenness should exist when a few drops of Dr. Sharp's specific, mixed unbeknown with the victim's daily coffee will reform him in a week or two passes comprehension. And isn't it well known that "Youerazy" never fails except in the case of those who obstinately fail to recover under its administration? Is it not a humiliating fact that other professions than ours have long been most prominent in furthering noble enterprises of the Keeley kind?

In this connection the following (patentable) suggestion is freely offered to the first philanthropist who cares to use it. A few years ago some benefactor of humanity invented and largely advertised a tobacco cure. The repentant smoker taking one tablet T. I. D., P. C., shortly discovered a distaste increasing to loathing of that pernicious weed. Lately this laudable discovery has been overshadowed by another still more congenial if not curative. By swallowing one tablet T. I. D., P. C. of this concern's product, which neutralizes the effect of nicotine, one can smoke as before and not bother any more about it.

Why not apply this principle to whisky? A moral anesthetic of this kind has long been needed.

ON THE VALUE OF OLIVE OIL IN THE TREATMENT OF TYPHOID FEVER.

The "Lancet" publishes an article on this subject by Owen F. Pagnet, M. B., B. C., Cantab., a portion of which we quote, as being a decided novelty in the treatment of typhoid fever:

"Typhoid fever is merely an inflammation of Peyer's patches usually followed by ulceration. It will be a long time (if ever) before we can prevent this taking place. The onset is so insidious that even were we able,

patients would not come early enough to the physicians to give him opportunity. The problem, therefore, resolves itself into treating an inflamed and possibly ulcerated surface, and the same laws hold good here as in any other part of the body—namely, rest and protection from irritating substances and collection of discharges.

"AS A PROVISIO

it is necessary to remember that the patient must not starve. Now, to keep these ulcers at rest, and to remove irritating substances, all that is needed is salad oil. This is given as an injection by the bowel, a large breakfast-cupful (from a quarter to half a pint) being used for the first four or five days at intervals of from twelve to twenty-four hours. Its benefits are distinct from the first, the temperature almost always falls 1 deg. F., and the patient, instead of being irritable and restless, becomes calm and composed. After the fifth day it may be given every second day, or left off entirely if the patient is having natural motions at least every twenty-four hours and if the temperature is steadily falling. There are, however, a certain proportion of cases which do not respond to injections; nothing comes away and the bowel is apparently empty, but it is in these very cases that the accumulation is worst. Suddenly the temperature runs up and the patient is seriously ill. Now it is the very virulence of the accumulation which, paralysing the gut, prevents its coming away.

"THE REMEDY IS SIMPLE,

Give salad oil by the mouth, a large breakfast-cupful at a time; there is no need to be frightened, no harm will result, but the bowels will almost certainly respond, and injections are now able to manage the rest. If the first dose is without effect repeat after twelve hours.

"Salad oil in typhoid fever is a perfect boon to the general practitioner. He can leave his patient fearing neither high temperature, delirium, insomnia, heart failure, nor tympanites. I have never used the wet pack or other appliances for lowering the temperature (except sponging with vinegar and lukewarm water), nor have I ever used any of the vaunted intestinal antiseptics,

never having had a high temperature or other complications which did not respond to salad oil, except in two cases. The first was that of a boy with hæmorrhage whose father and mother were always drunk and neglected him disgracefully. The second was a case of mitral stenosis which came under my care in the late stage of the disease. The patients in both cases ultimately recovered.

"Lastly, I would say that there seems to be no danger in conscientiously palpating and percussing the abdomen for the first week of the disease, and it is a valuable aid in estimating the disappearance of accumulations, though the temperature and general bien-être of the patient are now my usual guides."

A DOMINION BOARD OF REGISTRATION.

A meeting of the leading members of the medical profession in Ontario, including several members of the Provincial Medical College, was held recently in the Biological Building of the University of Toronto, to hear an address from Dr. Roddick, M. P., on the subject of Dominion registration. Dr. Roddick presented a memorandum showing the progress that had been made in preparation of a bill for establishing Dominion registration to be brought before the House of Commons next session if matters are sufficiently advanced. He explained that it was impossible for the provincial legislatures to create a federal medical board, and on the other hand the Dominion Parliament could not infringe on the jurisdiction of the provincial legislatures as to medical education. Under section 91 of the B. N. A. Act, referring to matters outside provincial jurisdiction, he thought it would be possible to create a corporation to be known as the Dominion Medical Council, to hold examinations and give certificates. Providing that the standard was equal to or higher than that required for registration under the law of the different provinces, a short act might be passed by each of the provincial legislatures empowering the medical boards in each province to recognize the certificates of the Dominion Medical Council, and permit the holder of to practise in the province

on payment of the usual fee for registration. This would enable a student who obtained the Dominion Medical Council's certificate to choose after graduation the province in which he wished to practise. It was proposed also to make this provision retroactive under certain restrictions, so as to enable doctors now in practice to take advantage of the act. The composition of the council was still under discussion. It would, in any case, be composed of practitioners in good standing from all the provinces, but whether there should be one or two appointed by each medical board, or representation should be proportionate to the number of practitioners in each province, had not yet been decided. It was proposed that one member should be appointed by the Governor-General-in-Council.

There were about thirty practitioners present, and nearly all took part in the discussion which followed. It was very generally urged that the matriculation should be uniform all over the Dominion. Details as to professional examinations were left over for further consideration.

DIPHTHERIA OF THE VULVA.

Of course, it is well known that diphtheria may attack any mucous surface or even an abrasion of the skin, but too often we overlook this fact, and errors in diagnosis and treatment result. I recall a case of a young girl of 10 years who suffered with some fever and considerable pain in passing water, the last finally being so pronounced as to necessitate an examination, when a severe inflammation of the vulva was discovered, with a considerable deposit of membrane almost covering the surfaces. Complete investigation of the deposit revealed it to be diphtheria membrane, though the constitutional and clinical evidence were sufficient for a diagnosis. This was prior to the days of antitoxine, but under saturating doses of bichloride of mercury and the benzoate of soda recovery followed. Apropos to this subject, the "Maryland Medical Journal" presents the following from the "American Journal of Obstetrics" for August 1898: All cases of the so-called diphtheritic forms of puerperal infection in which there is a

distinct membrane covering the ulcerated surface, be it on the vulva, vagina, cervix or endometrium, are not diphtheritic in the true sense of the word, but for the most part are due to the streptococcus pyogenes. This was conclusively shown by Bumm sometime ago. As well as the author has been able to ascertain there have, up to this time, been only two cases of true puerperal diphtheria reported, by Bumm and Nisot, in both of which the bacillus of diphtheria was found, and both recovered on the administration of antitoxine.

Williams reports a case of true diphtheria of the vulva which he recently saw in consultation. Patient of German extraction, aged 20. Her first labor was eighteen months ago and was ended by forceps. The present labor was very easy, and up to the fifth day she did remarkably well. On this day she got out of bed and was about the house for the next week, when she noticed pain and swelling of the vulva. As both of her children had died during the week with diphtheria, the physician in charge of the case suspected, affection of the vulva. The author saw the patient on the twenty-third day of puerperium, her only complaint being at that time pain on passing water and pain about the vulva when she sat up in bed. On spreading the vulva apart it was noticed the inner surface of both labia majora and labia minora were covered by a grayish-white, firmly-adherent membrane 1.5 mm. thick, densely adherent, and when removed by dissecting forceps left a raw, bleeding surface. This membrane extended a short way up into the vagina, but the greater part of the vagina, together with the uterus, tubes and ovaries, were normal. Cover-slips, cultures and animal inoculations from this membrane showed the presence of the Klebs-Loeffler bacillus of diphtheria. The patient was given 2,000 units of Mulford's antitoxine and the genitals kept clean with boracic acid solution.

She made a complete recovery. There seems to be little doubt that this case was infected by the physician in charge, as he had several cases of malignant diphtheria under his care at the time of her confinement

ORIGINAL ARTICLES.

THE BLOOD IN DISEASE.

(Continued.)

By Dr. Gordon Bell, Bacteriologist to the Provincial Government of Manitoba.

Before specimen is stained, the blood must be fixed to cover glass. This is best done by putting it for from one to two hours in a mixture of equal parts of absolute alcohol and ether. For staining specimens only four methods need be considered.

- 1st. Eosin and Hæmatoxylin.
- 2nd. Eosin and Methylene.
- 3rd. Ehrlich's Triacid Stain.
- 4th. Dahlia.

For general purposes the first method is the most useful, the second being chiefly employed for the plasmodia of malaria, while the third and fourth serve to demonstrate the peculiar granules in the protoplasm of leucocytes and mast cells. By the first process one gets very beautiful results.

The nuclei of leucocytes stain blue with the hæmatoxylin, the protoplasm of the polynuclear forms has a pale pinkish tinge, and that of the mononuclear forms faint purple, while the eosinophile cells with their coarse granules brightly stained with eosin, form very striking objects. The red blood cells stain only with eosin, being darker at the periphery, and gradually shading off towards the centre. It is important that one should always use these stains in the same strength and in the same way.

Grenacher's hæmatoxylin and a $\frac{1}{4}$ per cent solution of eosin in 70 per cent alcohol are to be recommended.

The procedure is briefly this:

- 1st. Cover specimen with eosin by means of dropper, and allow it to remain for five minutes.
- 2nd. Wash in water.
- 3rd. Dry between folds of fine blotting

paper.

4th. Cover with hæmatoxylin and allow it to remain twelve minutes.

5th. Wash in water.

6th. Dry as before.

7th. Remove all dust with camel's hair brush.

8th. Mount with Canada balsam.

The importance of always using the same stain for the same time may be illustrated as follows.

In specimens of normal blood prepared as above it will be found that the coloring of the red blood corpuscles gradually diminishes towards the centre. The reason of this is that it is the hæmoglobin which stains, there being of course more of it where the corpuscle is thickest.

In chlorosis, where each corpuscle is relatively poor in hæmoglobin, the clear space in the centre is much increased in size, so that in extreme cases you have the effect of a ring of stained protoplasm surrounding a clear central space.

Effects of disease on red blood corpuscles.

I. Alteration in size, to which the following terms are applied—

1st. Microcyte—the corpuscle smaller than normal.

2nd. Normocyte—representing normal corpuscle.

3rd. Macrocyte—a cell somewhat larger than normal.

4th. Megalocyte—one considerably larger than normal.

All these corpuscles preserve their biconcave form, the discoplasm still retaining the inherent power of assuming this shape, the obvious reason being for the purpose of obtaining the greatest possible respiratory surface.

In normal blood, the red blood corpuscles are found in the general circulation without nuclei, but in the red marrow of bones, and in the blood of the embryo, they are

found possessing nuclei, these are really immature red corpuscles. In certain pathological conditions these unfinished cells are hurried into the circulation, and the following terms are used to designate them

1st. Microblast—a nucleated microcyte.

2nd. Normoblast—a nucleated normocyte.

3rd. Mesoblast—a nucleated macrocyte.

4th. Gigantoblast—a nucleated megacyte.

II. Alterations in shape.

1st. In certain conditions you find the number of the red cells deformed, assuming great varieties of shape, the discoplasm having lost its power of assuming the biconcave form. These deformed corpuscles are called poikilocytes.

2nd. Crenated corpuscles—this is a necrobiotic change, which means the death of the corpuscles, such corpuscles are common in the blood during the agony, and in certain septic conditions.

III. Vacuolation of corpuscles—this is also a necrobiotic change and is characterized by the appearance in the corpuscles of clear vacuoles.

The leucocytes of normal blood are divided by Ehrlich into five groupes.

1st. Polynuclear Leucocytes.

2nd. Lymphocytes.

3rd. Splenocytes.

4th. Transitional forms.

5th. Eosinophile cells.

These varieties are well marked and easily distinguished, the polynuclear forming about 64 per cent of the total number of leucocytes, the lymphocytes 28 per cent, the splenocytes 6 per cent, the transitional 1 per cent and the eosinophile 1 per cent. So that in normal blood you expect to find, roughly, two polynuclear to one mononuclear form, though these proportions vary much in different diseases.

To be continued.

A CLINIC AT ST. BONIFACE HOSPITAL.

By Dr. J. O. Todd, Winnipeg.

No. 1.—This is a case for diagnosis—It has been referred to us as one of ventral, omental hernia—The patient is a farmer, aged 35, he has been absolutely healthy until one year ago, when he began to suffer from an obstinate pain at a point midway between the ensiform cartilage and the umbilicus. He treated for indigestion without benefit, until August 1898 there was no swelling apparent, then while stacking grain he suddenly noticed a lump about the size of a pea at the point above noted; this has never increased in size, but to the persistent pain has been added a troublesome vomiting. Looking at our patient as he lies before us we can see no lump whatever and it is only by palpation that a small nodule, no larger than a pea, is located. This is not tender and the examining finger can detect not the slightest separation of the aponeurotic layer. I candidly confess that this incision is an exploratory one which I deem justified by the persistence of pain and swelling at this fixed point. The integument being divided by a two inch incision the nodule is disclosed and resembles nothing more than a small lipoma—lifting it up by dissection we disclose an important factor, namely, a pedicle, the closer following of which leads to a fine opening about one quarter of an inch to the left of the median line—a light touch of the knife proves our nodule to be a sac containing, unquestionably, a tag of omentum which is firmly adherent at the edge of opening—this is enlarged by incisions upwards and downwards, the tag loosened and we can now by traction run out a couple of inches of omentum. I think we will all congratulate heartily Dr. Stevenson, of Moosomin for the accuracy of his

diagnosis. A catgut ligature is thrown around the omental tag, the distal part excised and the proximal returned to the abdominal cavity—fine silk sutures are now passed through layer after layer of peritoneum, aponeurosis and sheath of rectus; the skin being closed by silk worm gut.

No. 2.—This case is one of fibrous union of a fractured patella. Our patient on the 27th of August last violently wrenched her right leg while recovering herself from a mis-step taken amongst some uneven boards. There was no blow on the patella and the case is one fracture from powerful contraction of the quadriceps extensor. She felt a severe pain at the knee-cap and there was immediate loss of function of the right leg. The leg was treated by her medical attendant by adhesive strapping and splints the patient refusing operative interference, the result being, as you see, a wide separation of the two fragments. She is almost helpless in respect of extension and cannot without supports move herself about. We find the two fragments movable upon each other, but without crepitus, two fingers easily rest between the broken bone, the line of fracture is transverse and runs across the junction of the upper with middle third of the bone.

Our treatment of this case to-day will consist of the placing of three wire sutures, the incision is longitudinal directly down to the bone, dissection of flaps reveals a mass of fibrous tissue between the ends. This being removed, hæmostasis is carefully carried out and three holes bored in each fragment, a curved needle is pushed into each of these threaded with wire, which is thus easily drawn through, the two ends are approximated and the sutures tightened, the twisted ends being

buried in a groove to avoid skin irritation. Zinc splinting is applied over antiseptic dressing, and the whole leg immobilized by starch bandages. You will have observed the scrupulous care with which we have followed antiseptic rules for we have opened into a cavity as sensitive (or more sensitive) to infection as the peritoneal.

No. 8.—Our next case is one of inflammation of the vulvo vaginal glands (Bartholix's glands). The patient has been a victim to the constant gathering and breaking of these troublesome sacs for the past five years, and comes to us for radical cure, which we hope to accomplish by a complete excision of the vulvo glands. We incise along the muco-cutaneous line over the tumors, dissect off the skin and mucous covering and cut out the glands from the thickened tissues. It is always desirable but not always easy to completely excise the cystic enlargements of this gland so frequently met since the cystic wall may be extremely thin. Pozzi ingeniously suggests the aspiration of the sac and then the immediate filling with paraffine, which hardens on cooling, and is covered by sac wall. Abscess of the vulvo-vaginal glands is held to be almost exclusively gonorrhoeal in origin, and for its evacuation general anaesthesia is unnecessary, local cocaizing being commonly enough to allow incision with packing to be done.

No. 4.—We have here a case of bubo which has reached the stage of suppuration and therefore, we think, demands excision. The inflammatory stage of bubo may frequently be aborted by the full use locally of iodine or ichthyol, and even when pus has formed some authorities recommend the tapping of the gathering,

with immediate injection into the cavity of a 5 per cent emulsion of iodoform in glycerine or sweet oil. In this case an incision is made parallel with Poupart's ligament and the several enlarged glands removed.

No. 5.—This patient was operated upon nearly three weeks ago for what we believe to have been a post-typhoid necrosis of the rib, he is a Frenchman age 46 of sound constitution and free from any hereditary taint. In June 1897 he had a very severe attack of typhoid fever lasting nearly three months, in the latter part of his convalescence he noticed a gnawing, constant pain to the left of the lower segment of the sternum later a swelling appeared which was very tender. This was iodized and subsequently opened to give outlet to pus, a running has kept up ever since. At the operation we found a sinus leading from a point near the junction of the left sixth cartilage to the sternum to a cavity running along the course of sixth rib about two and a half or three inches. This we gouged out thoroughly, leaving only a shell of the compact bone of the rib. It has been dressed frequently since and is now on a fair way to becoming fully filled in. Osler mentions the frequent occurrence of this necrosis as a sequela of typhoid and the belief is established that Eberth's typhoid bacillus is the direct cause. The possibility of a mixed or secondary infection must be disproved before we can accept as final the theory of Eberth's bacillus. Dr. Bell, the Provincial Bacteriologist, will report on these specimens later.

About 250,000 gallons of artificial wine are being made from barley every year in a large factory in Hamburg. The medical profession in Germany thinks very highly of the wine, and recommends it in the hospitals of that country.

 EDITORIAL.

We wish all our readers a Merry Christmas and a Happy and Prosperous New Year.

The mirth of the management of this journal will be much enhanced if our subscribers would forward the amount due last May—\$1 for the twelve months '97 and '98. The journal is not published for that sum. It is a very small sum, but when it amounts to hundreds of "ones" it becomes serious. Dr., enclose your dollar to the Editor and enter on the new year in good standing with the LANCET.

Again have we to bring before our readers the failure of the Manitoba authorities to hold a coroner's enquiry into the death of the late Mr. Farrell, a well known citizen of Winnipeg. True the cause of death was very apparent. While waiting for one electric car, no doubt supposing himself to be a sufficient distance from the other rails, he is knocked down by a car going in a contrary direction, is picked up unconscious and dies in this condition in less than forty-eight hours afterwards. According to the laws of Manitoba relating to the holding of inquests a coroner is not justified in acting on his own judgment in holding an inquest, unless there is reason to believe that the death has occurred from violent or unfair means, or by culpable or negligent conduct, and not through mere accident or mischance, and even then the coroner is required to make a declaration before issuing his warrant for summoning a jury, stating that from information received he is of opinion that there is reason for believing that the deceased came to his death under circumstances requiring investigation by a coroner's inquest. Probably in this instance, no such information was tendered to either of the Coroners in this city. But nevertheless, it was a case in which the law officer of the crown was called

upon in the public interests to cause an enquiry to be held. Possibly, when a few more vehicles are run over, and a few more lives sacrificed under the wheels of the electric cars the authorities will awaken to the necessity of holding an investigation after the so-called accident. As matters are now run it is almost a miracle that they are not of daily occurrence. The traffic on Main street frequently compels people, who are driving, to get on the street car track to escape collision with one of the loaded waggons or other vehicles used by railways, and who will not concede to a light rig one inch of road, they keep the centre of the side leaving barely room for even a cutter to pass, to the right or left. Various vehicles are drawn up along the sidewalk, compelling one to take the street car track to pass, which you are no sooner on than the warning bell is set going, no diminution of speed is made, simply you are warned to get out of the way or be run over. Not infrequently the wheels or runners of a light trap get entangled with the rails of the street car track, if by good luck you manage to get off in time, well and good, if not, when the motor-man sees a collision inevitable he reverses the current, knowing well that he cannot stop his car in time to prevent an accident. In the catastrophe above mentioned, the car struck Mr. Farrell when it was conceded to be travelling at the rate of six miles an hour, and this over the crossing at the Manitoba Hotel, where passengers are constantly taking the cars or alighting. Why did not the motor-man when he saw a person standing so close to the track his car was running on, while thundering the alarm, get the electric power under such control as to enable him to stop in a carriage length, instead of contenting himself with ringing the alarm bell, and continuing his speed until too late to avert a collision? Do these men know that deafness is one of the infirmities the human race are inheritors of, that there are many people

absolutely devoid of all hearing power, of what use then is the ringing of bells under these circumstances? The first intimation the unfortunate deaf pedestrian would have of his too close proximity to a Winnipeg street car track, is to be mangled under the wheels or knocked senseless to the side of it. Everyone who travels much by the street cars in this city cannot but be struck by the constant change of faces among the conductors and motor-men, not one of the old hands, notable for their civility and carefulness, are now to be seen. It would be interesting to the public to know what training and experience is required before a man can take charge of running an electric car? What are the wages given to a man filling such a responsible position? How many hours of labor in the twenty-four is he called upon to endure? What hours of relaxation is he given? For to any one who gives it a thought, it might be apparent that the unceasing vigilance required in guiding a vehicle, going at a rate of speed of from 6 to 12 miles an hour through crowded streets, will necessarily be very wearing to the system. An enquiry into this recent fatal accident would probably have brought forward an amount of voluntary evidence that would have compelled the Winnipeg electric street car authorities to use greater precautions to avoid accidents. The present cars are run without even a guard in front. In other Canadian cities the police would immediately prosecute the officials of any car appearing on the street without this requisite appliance. While on the subject we might draw the attention of the mayor to the necessity of regulating Main street traffic, and giving the police the requisite authority for seeing to its due observance. At present, drays from the different termini, heavily laden wagons, hay carts, etc., take the very centre of the roadway, and will not move an inch from it to allow any vehicle to

pass either one way or the other.

Another law which the city authorities should enact is, that every vehicle used for the carriage of any merchandise within the city limits should have the name of the owner and his street residence, or the municipality he comes from, legibly painted on either the shaft or some conspicuous part of the wagon or sleigh.

A very erroneous idea at present prevails that a team, no matter how lightly loaded, is not called upon to give an inch of the road to carriage, buggy or cutter, and this is very frequently most offensively insisted upon. The mayor and aldermen who passed such a by-law for the city of Winnipeg, regulating these matters would earn the lasting gratitude of its inhabitants and frequenters. That legislation is urgently called for the protection of the public, no one can deny.

The 16th annual banquet of the Manitoba Medical Students' Association was held at the Hotel Manitoba, on the evening of the 15th. The students attending the Medical College have grown from the number six, which represented the then class sixteen years ago, when this annual and much to be commended function was established, to the goodly number of over 120. A cogent evidence of the progress and prosperity of our province. It sounds a note of warning to our Immigration Commissioners to settle our vacant lands speedily and provide our budding young Drs., that are accumulating in our midst, with live material for the practice of their profession. A unique feature of this entertainment was the camaraderie evinced by the prescribers of poisons, the dispensers of poisons, and the solemn gentlemen who attend to the results, a grim trio, but evidently in accord.

Drs. Jones, Chown, Bell, Patterson, Todd and O'Donnell were the speakers on behalf of the faculty, while the staffs of

the Winnipeg and St. Boniface Hospitals found an able and enthusiastic supporter in the German Consul, Mr. Hespeler. The students, in proposing and speaking to the several toasts, showed marked ability and oratory of a much higher standard than is customary to be delivered at post-prandial meetings. The Bob Sawyer is evidently a genius of bygone days, which may evoke a sigh from the greybeards of our calling. This age of electricity and steam, with the mighty onward progress which taxes man's energies to the utmost to keep abreast of the times, is placing old heads on young shoulders. But, nevertheless, our hosts of the Manitoba Students Medical Association exerted themselves to the utmost, not alone to bountifully provide for the creature comforts of their guests, but to charm their ears with instrumental and vocal music, songs and glees capital-ly rendered, so that the wee sma' hours had well passed before the page of history was turned on the 16th dinner of this Association, leaving nought but pleasant recollections.

MISCELLANEOUS ARTICLES.

A RAILWAY HOSPITAL CAR.

One of the Belgian railway companies has instituted what is called "the hospital car," which is designed to serve a twofold purpose. The first of this kind of car went into commission in the latter part of April. In the event of a serious railroad accident the car may be run to the spot where the wounded may be picked up and carried to the nearest large city for treatment, instead of being left to pass long hours in some wayside station while awaiting surgical attendance. It also enables the railway companies, at certain seasons or upon special occasions, to transport large numbers of invalids to health resorts or places of pilgrimage. The interior is divided into a main compartment, a corridor on one side and two small rooms at the end. The largest compartment is the hos-

pital proper; it contains twenty-four isolated beds on steel tubes hung on powerful springs. Each patient lies in front of two little windows, which may be closed or opened at will. Each bed is provided with a little movable table and a cord serves to hold all the various small objects which the patient may need. The corridor on the outside of the hospital chamber leads to the linen closet and the doctor's apartment. In the latter is a large cupboard, the upper portion of which is used for drugs, and the lower part is divided into two smaller compartments—one serving as a case for surgical instruments, the other as a receptacle for the doctor's folding bed. The hospital compartment is carpeted with linoleum or other material to deaden the sound of walking. Various trap-doors in the floor, when opened, disclose to view an ice-chest, a compartment for the disinfection of soiled linen, and a provision cellar. If necessary, a portion of the hospital chamber may be transformed into an operating room for urgent cases.

COLD TEA AS A SOLDIER'S BEVERAGE.

Dr. F. W. D'Evelyn says: During the (Kaffir) Zulu War of 1879, and the subsequent Boer War in 1881 and 1882, I had personally discovered the very satisfactory beverage cold tea proved itself to be—not only for those on active duty, but also for the sick and wounded. During forced marches with the mounted troops, when we were for hours broiled in an unmitigated sun bath, it was interesting to note the contrasted endurance of the "cold-tea men" and the spirit-drinkers (creek water). The decision was always in favor of the former.

The tea used should be what is known in the trade as a "clean" tea—*i. e.*, a mild-flavoured, uncoloured green or black tea, not an astringent, coarse variety, and it should not be a stronger infusion than two heaping teaspoonsful of dried tea to a pint of reboiled water. It should be allowed to cool in the open air before being transferred to the canteen, and no sugar must be used. The addition of lime-juice is useful, but not essential. A further suggestion gained by experience is that during long marches in hot countries, whatever beverage is used should

be "sucked," not drunk in the usual manner. By this method the thirst is much more readily assuaged and much less fluid is required. All that is necessary to render this possible is to screw a small metallic or hard-rubber spigot into the canteen.

Attention to these apparent trifles is one of the factors that make one feel "fit" at the end of a long march or several hours' bush-fighting—a sensation most fully appreciated by those who have experienced it.

A SIMPLE METHOD OF CURING AN INGROWING NAIL.

Tardif ("Anjou Medicale") says that he has been able to cure all cases of ingrowing nail without recourse to the knife. He proceeds as follows:—With a flat probe, or a match, he slips a bit of cotton between the edge of the nail and the inflamed flesh. Another strip of cotton is put along the outer margin of the ulcerated area, and the space between these two strips of cotton, and which is occupied by the ulcer, is thickly powdered with nitrate of lead. The whole is covered with cotton, and the toe is bandaged. The dressings are repeated the following day, and every day until the incarcerated edge of the nail is plainly visible. Usually four or five dressings suffice. Then, with patience, the edge of the nail is lifted away from the flesh and a bit of cotton is introduced under it, to keep it up. As it grows it will gradually take its proper position above the flesh, this having in the meantime shrunk and shrivelled by reason of the applications of lead nitrate. The lead is to be discontinued as soon as it appears that the exuberance of the fleshy bed of the nail has been overcome. The difficulty seldom recurs. If this does happen it is necessary to repeat the treatment from the beginning.—*Medical News.*

CONFIDENTIAL COMMUNICATIONS.

The question of professional secrecy was recently involved in a suit instituted in a New York court to recover \$2,500 damages from the village of Oneida for injuries sustained by a fall due to a defective sidewalk, the plaintiff charging that she had

sustained a hernia and prolapsus uteri. The jury rendered a verdict against the village and the case was appealed. In the higher court the plaintiff's physician was subpoenaed to testify that the hernia obtained prior to the accident, the appeal being based upon the alleged improper exclusion of that evidence. The chief judge settled the matter in favor of the plaintiff by deciding that a "physician who is called upon to treat a patient at childbirth, and while doing so, and as a necessary incident of his investigations to enable him to act in that capacity, discovers a physical ailment in his patient, cannot be permitted to testify with respect to such ailment, notwithstanding it was a matter about which he was not consulted and for which he did not prescribe."—*Exchange.*

THE HEALTHFULNESS OF FRUIT.

If people would only realize the immense importance and value of fruit as an article of diet in the early morning we should find its appearance far more general on the ordinary breakfast-table. Of its healthfulness at this period of the day there can be no question whatever, and more fruit and less animal food would undoubtedly conduce to a much healthier condition of body. In the morning there is an acid state of the secretions, and nothing is so well calculated to correct this as cooling sub-acid fruits, such as peaches, apples, and pears. The apple is one of the best of fruits: oranges also are generally acceptable to most people, but the juice alone should be taken and not the pulp, and the same may be said of lemons and pomegranates. Tomatoes act on the liver and bowels, and blackberries, figs, raspberries, currants, and strawberries may be classed among the best foods and medicines. The sugar in them is nutritive, the acid is cooling and purifying, and the seeds are laxative.

A scientist has discovered that electrical currents in the form of waves rapidly succeeding one another can produce insensibility to pain and cold in the flesh, acting as an anæsthetic like ether. When the currents were applied to the finger and thumb by wires, the finger could be picked by a pin without pain.

MEDICAL FEES IN COURT.

The following victory for medical fees was recently gained in Washington. Dr. Briggs received full payment for his bill: \$500 for an operation and \$300 for after treatment. The jury reduced the assistant's fees. Dr. McKone testified that the operation alone was worth \$1,200 for a man of moderate circumstances, and Dr. Eagleson, of Seattle, corroborated his statement. "The operation was an excision of twenty four inches of the ileum. The jury were all farmers with long whiskers." *Medical Sentinel*.

A new use for Ipecacuanha, namely as a remedy against the irritating effects of mosquito-bites is lately announced in the *Lancet*. The wine or an aqueous preparation applied to the affected spot is said to quickly counteract the often painful effects of the poison.

The remarkable result of the external application of this drug, the powdered extract incorporated with lanolin, in carbuncle and malignant pustle is not generally known in this country, though in England in the former disease it has been largely used of late years. The best effects are obtained by first blistering the affected area to remove the skin, and then applying the ointment on a soft dressing.

In Australia where woolgrowers disease is comparatively common the ipecac treatment is well known. While early excision of the infected tissue and the necessary constitutional treatment have often proved successful, the record of fifty-two recoveries out of 64 cases of this dangerous disease treated in the above-named manner is worth remembering.—*Cleveland Journal of Medicine*.

The bicycle must be absolutely forbidden in amenorrhoea associated with phthisis, cancer, diabetes, organic disease of the heart and albuminuria, and organic renal disease; in metrorrhagia or excessive menstruation; in acute metritis, perimetritis, salpingitis, ovaritis, pelvic abscess and parametritis; in hamatocele and bleeding fibroids; and lastly in vulvitis and vaginitis.—FANQUEZ.

A German scientist has been successful in making a tissue which will take the place of the natural skin and be absorbed as the injury heals. He takes the muscular portions of the intestines of animals and removes the inner and outer layers of membrane. The middle portion is then permitted to remain for a suitable time in a solution of pepsine, when the fibres are found to be semi-digested. The substance is then treated with gallic acid and tannin. It is stated that large surfaces from which the skin has been removed by disease or accident may be healed in a short time by means of this tissue. It is prepared and laid upon the raw surface, which has previously been sterilised, and is very lightly bandaged into its place. The union of the tissue and the surface takes place in a little while, and the tissue forms a coating that answers the purpose of the skin to a degree better than any known substance, and is likely, when still further perfected, to entirely remove the necessity for skin grafting.

According to the "Bulletin General de Therapeutique" the average duration of life amongst the chief nations of Europe is as follows, the figures being based upon the bills of mortality for the decade 1881-90:—Sweden and Norway 50 years; England 45 years and 3 months; Belgium 44 years and 11 months; Switzerland 44 years and 4 months; France 43 years and 6 months; Austria 39 years and 8 months; Prussia and Italy 39 years; Bavaria 36 years; and Spain 32 years and 4 months.

Harold Frederic, the well-known novelist and correspondent died in London, October 19 of acute rheumatism. The special interest in his case was his having at the advice of friends and the insistence of a "Christian Scientist," a Mrs. Mills, discharged his physicians and put himself under the care of said Mrs. Mills. As might have been anticipated in case of such a disease as acute rheumatism the poor man soon died under the ministrations of the "Christian Scientists." The inquest showed that death was unnecessary. It is devoutly to be hoped that those responsible for his death will be tried for manslaughter and convicted.

Manitoba Medical College

WINNIPEG

IN AFFILIATION WITH THE UNIVERSITY OF MANITOBA.

Established 1883.

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

Incorporated 1884.

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

Two First Year Scholarships of the value of \$80 and \$50, are open for competition at the close of each first session.

Two Second Year Scholarships, value \$80 and \$50, are offered for competition at the end of the 2nd year.

Two Third Year Scholarships, value \$80 and \$50 are offered for competition at the end of the 3rd year.

The University Silver Medal will be awarded to the student obtaining highest marks in M. D. Examination, and a University Bronze Medal to the student taking second place.

The total Collegiate fees amount to \$305 including enrolment for students taking the four year course, payable if desired in four annual instalments of \$75 each. Graduates in Arts taking their work in three years will be required to pay \$270 or \$300 each year.

All college fees must be paid in advance to the Registrar on or before December 15th.

Hospital Tickets for the Winnipeg General Hospital are .10 for each session.

Maternity tickets \$6.00.

Tickets must be paid at commencement of the session.

The University fees are payable 30 days before each examination, to the Registrar, Mr. Pitblado.

Each yearly examination, \$4. M. D. Degree, \$10; C. M. Degree, \$15. Ad Eundem, \$5.

Good board may be had in convenient parts of the city at \$4 per week. Board and room from \$4 to \$8.

The Board of Directors of the Winnipeg General and St. Boniface Hospitals appoint four Manitoba University graduates as Resident House Physicians and Surgeons.

Clinical Clerks, Dressers and Post Mortem Clerks, are appointed by the attending Physicians and Surgeons.

For further particulars address

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

155 Mayfair Avenue, Fort Rouge, Registrar

Professors and Lecturers.

J. Wilfred Good, M. B., Toronto; L. R. C. P. Edinburgh; member of the medical staff of the Winnipeg General Hospital; Ophthalmic and Aural surgeon to St. Boniface Hospital.

Professor of Clinical Surgery, and Lecturer on Ophthalmology and Otology.

J. R. Jones, M. B., Toronto; L. R. C. P., London; member of the medical staff of the Winnipeg Gen. Hosp., Professor of Principles and Practice of medicine, and Clinical medicine.

R. Johnstone Blanchard, M. B., C. M., Edin University; member of the medical staff, Winnipeg General Hospital.

Professor of Surgery and Clinical Surgery.

H. H. Chown, B. A., M. D., Queen's University; L. R. C. P., London. Member of the medical staff of the Winnipeg General Hospital.

Professor of Clinical Surgery.

James S. Macdonell, B. A., M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Professor of Surgical Anatomy.

R. M. Simpson, M. D., C. M., University Manitoba; L. R. C. P., Edin; L. R. C. S. Edin; L. F. P. & S., Glasgow;

F. R. G. S., London; member of the medical staff, Winnipeg General Hospital.

Professor of Principles and Practice of Medicine.

W. J. Neilson, M. D., C. M., member of the medical staff, Winnipeg General Hospital.

Professor of Anatomy.

E. S. Popham, M. A., Victoria; M. D., C. M., Univ. Man. med. staff, Winnipeg General Hospital.

Professor of Obstetrics.

E. W. Montgomery, B. A., M. D., C. M. Univ. Man., member med. staff, Winnipeg General Hospital.

Professor of Physiology.

J. S. Gray, M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Professor of diseases of women and children.

W. A. B. Hutton, M. D., C. M., University Manitoba. Lecturer Pharmaceutical Association.

Professor of Chemistry, General and Practical.

J. O. Todd, M. D., C. M., University of Manitoba.

Professor of Surgery.

Demonstrator of Anatomy.

Gordon Bell, B. A., Toronto Univ.; M. D., C. M., Univ. Manitoba.

Professor of Bacteriology, Pathology and Histology.

W. S. England, M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Demonstrator of Anatomy.

J. A. McArthur, M. D., C. M., McGill. Professor of Medical Jurisprudence and Toxicology.

James Patterson, M. D., C. M., McGill; member of the medical staff, Winnipeg General Hospital.

Emeritus Professor of Hygiene.

A Holmes Simpson, M. D., C. M., University of Manitoba.

Professor of Materia Medica and Therapeutics.

J. H. O'Donnell, M. B., Victoria; M. D., C. M., Trinity; Consulting Physician to the Winnipeg General Hospital

Professor of Sanitary Science.

Alex Campbell, Esq., member Ont. College Pharmacy. Licentiate Man. Phar. Association.

Lecturer on Pharmacy.

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto In a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day.

OD CHEM. CO., NEW YORK.

AMMONOL

In Malarial Fevers

behaves as a stimulant as well as an **Antipyretic**
and **Analgesic** thus differing from other Coal-tar

products. It has been used in the relief of rheumatism and neuralgic pains, and in the treatment of the sequelae of alcoholic excess. AMMONOL is also prepared in the form of salicylate, bromide, and lithiate. The presence of Ammonia, in a more or less free state, gives it additional properties as an expectorant, diuretic, and corrective of hyperacidity.—*London Lancet.*

The Stimulant

Ammonol is one of the derivatives of Coal-tar, and differs from the numerous similar products in that it contains Ammonia in active form. As a result of this, AMMONOL possesses marked stimulating and expectorant properties. The well-known cardiac depression induced by other Antipyretics has frequently prohibited their use in otherwise suitable cases. The introduction of a similar drug, possessed of stimulating properties, is an event of much importance. AMMONOL possesses marked anti-neuralgic properties, and it is claimed to be especially useful in cases of dysmenorrhoea.—*The Medical Magazine, London.*

Ammonol may be
obtained from all
Leading Druggists

The Ammonol Chemical Co.
NEW YORK U.S.A.

Send for Ammonol
Excerpta a 48 page
pamphlet.

The Growing Development of Practical Medicine

IN HÆMATHERAPY, OR BLOOD TREATMENT.

BLOOD, AND BLOOD ALONE, is physiologically ascertained to be the essential and fundamental Principle of Healing, of Defense, and of Repair, in the human system and this Principle is now proved, by constant clinical experience to be practically available to the system in all cases, to any extent, and whenever needed, internally or externally.

Leeming, Miles & Co

MONTREAL.

And the same overwhelming clinical demonstrations have also proved that the vitality and power of Bovine Blood can be and are PRESERVED, unimpaired, in a portable and durable preparation sold by all druggists, and known as Bovinine. Microscopic examination of a film of Bovinine will show the LIVING BLOOD CORPUSCLES filling the field, in all their integrity, fullness, and energy: ready for direct transfusion into the system by any and every mode of access known to medical and surgical practice: alimentary, rectal, hypodermical, or topical.

In short, it is now an established fact, that if Nature fails to *make good blood, we can introduce it.* Nothing of disease, so far, has seemed to stand before it.

Apart from private considerations, these facts are too momentous to mankind, and now too well established to allow any reserve or hesitation in asserting them to the fullest extent.

SOLE AGENTS FOR

Dominion of Canada.

We have already duly waited, for three years: allowing professional experimentation to go on, far and near, through the disinterested enthusiasm which the subject had awakened in a number of able physicians and surgeons, and these daily reinforced by others, through correspondence, and by comparison and accumulation of their experiences in a single medical medium adopted for that provisional purpose.

It is now laid upon the conscience of every physician, surgeon, and medical instructor, to ascertain for himself whether these things are so: and if so to develop, practise and propagate the great medical evangel, without reserve. They may use our Bovinine for their investigations, if they cannot do better, and we will cheerfully afford every assistance, through samples, together with a profusion of authentic clinical precedents, given in detail, for their instruction in the philosophy, methods and technique of the New Treatment of all kinds of disease by Bovine Blood, so far as now or hereafter developed.

Among the formidable diseases overcome by the Blood Treatment, in cases hitherto desperate of cure, may be mentioned: Advanced Consumption: Typhoid Fever, Pernicious Anæmia; Cholera Infantum, Inanition, etc.: Hemorrhagic Collapsæ: Ulcers of many years standing, all kinds; Abscesses; Fistulas; Gangrene; Gonorrhœa, etc.: Blood-Poisoning; Crushed or Decayed Bones; Mangled Flesh, and great Burns, with Skin Propagation from 'points' of skin: etc., etc.

N. B. Bovinine is not intended to be, and cannot be made, an article of popular self-prescription. As it is not a stimulant, its extended employment in the past has been, and the universal employment to which it is destined will be, dependent altogether on the express authority of attending physicians. Address:

The Bovinine Company,

495 West Broadway, New York.



We Find More Physicians Pleased

WITH

SMITH'S

Silver Truss

**than any other Truss we
have handled.**

JOHN F. HOWARD & CO.,

Chemists and Druggists,

WINNIPEG, MAN.

Nurses' Directory



Our Nurses' Directory has been found to be of great service, not only to Medical Men in the City of Winnipeg, but all over the Province. We have the names of over 50 Trained Nurses on our register. Telegraph to us when you want a Nurse.

JOHN F. HOWARD & CO.,

Chemists and Druggists,

Opposite Post Office.

WINNIPEG.

If You Are Weak Or Ailing

Perhaps a nourishing stimulant such as PORTER or BITTER ALE, might prove beneficial. We know of hundreds of cases where great good has resulted from their use. A well brewed Porter is appetizing and strengthening. It is a great blood maker, and builds up the system. DREWRY'S ALE, PORTER and LAGER are recommended, in preference to the imported, by physicians generally. Purity, Age, Strength.

"Golden Key" Brand Aerated Waters are the Best.

E. L. DREWRY, Manufacturer, - - WINNIPEG.

Wyeth's Liquid

Malt Extract

Contains all the nutritive virtues of the best malt liquors, while it is free from the stimulating effects which invariably follow their administration. The consensus of opinion amongst medical men is that it is the best Malt Extract on the market.

Dr. J. B. McConnell,
Assn. Prof. of Medicine,
Bishop's College,
Montreal.

Under date Oct 6th, 1896, says:
"I have for a number of
years freely prescribed

WYETH'S

LIQUID MALT EXTRACT

and it always gives the re-
sults expected and desired."

5,000,000
BOTTLES
CONSUMED
IN
ONE YEAR

THE DEMAND
INCREASING DAILY.

Dr. A. R. Gordon, of Toron-
to, in a letter says:

"I write you regarding your
LIQUID MALT EXTRACT
and congratulate you upon
its merits. I may say that
during the past year I have
ordered in the neighborhood
of 100 doz of same, besides my
prescriptions. Have been
highly satisfied with its ef-
fects."

It is highly recommended for nursing mothers during lactation and convalescing pa-
tients. Promotes circulation in those who suffer from chills. It is a strength-giver to
the weak. Produces sleep to those suffering from insomnia, and is one of the greatest
digestive agents. Price to physicians, \$2.50 per doz bottles. For sale by all druggists or

Davis & Lawrence Co., Ltd.

DOMINION AGENTS, MONTREAL

Printed and Published monthly by Frank Morrison at No. 210 Graham Ave., Winnipeg.
Dr. J. P. Pennsfather, Editor.