



If there is Anything in Rubber . . .

that you want but cannot procure through your local druggist or instrument dealer, write us. We make many articles that are not catalogued, and give careful attention to the manufacture of special articles in rubber.

**SOME OF OUR SPECIALTIES**

Operating Pads and Aprons,

Invalid Rings and Bed Pans,

Air and Water Bed

Urinals and Catheters.

**ALPHA RUBBER CO., LTD.**

An Illustrated Catalogue sent on application.

. . . . MONTREAL

**A Superior Antiseptic Dressing for Wounds.**

SANTA BARBARA, CAL., NOV. 27TH, 1894.

POND'S EXTRACT CO. :

*Gentlemen:*—I have been using Pond's Extract in my practice for twenty years and I frequently have the experience you mention in the *Therapeutic Gazette* of druggists insisting that they can put up as good as yours. Well, I don't believe it and I want you to send me a bottle so I can test it to my own satisfaction. I use it almost entirely as an antiseptic dressing in all kinds of wounds. I combine it as follows :

Rx.—Pond's Extract	- - - - -	℥iv.
Glycerine	- - - - -	℥ii.
Ac'id carbolic	- - - - -	git. xii. Misce.

Sig.—Use it with absorbent cotton on any wound that you can get at and it makes the cleanest, most soothing and most effective cicatrisant I ever used, and I have had a great deal of railroad surgery and in the army and mining camps. I think it far superior to Listerine or any antiseptic known. You get the antiseptic effect from the Pond's Extract and Carbolic Acid and the affinity glycerine has for water relieves all inflammation, suppuration and pain. After saturating absorbent cotton with the mixture and carefully applying to the wound you exclude the air entirely and almost hermetically seal the wound. Get some of your medical friends to try this. Pond's Extract is very good in second stage of gonorrhœa as an injection.

Respectfully,  
F. G. FLOURNOY, M.D.

*"Without wishing to even question the possible advantages of antiseptic treatment in many cases of excessive intestinal fermentation, I am, however, inclined to lay special stress upon the influence of diet in such disorders. Everything else being equal, it is obvious that the more digestible the food-stuffs ingested, the less tendency there will be for intestinal fermentation. On the other hand, the accumulation of difficultly digestible material in the intestinal tract affords one of the best possible conditions favorable for putrefaction."*

—CHITTENDEN: "INTESTINAL FERMENTATION."

Peptonised Milk prepared with FAIRCHILD'S PEPTONISING TUBES, is a perfectly digestible and absorbable food. Its use precludes all accumulation of unassimilable matter in the intestinal tract.

FAIRCHILD BROS. & FOSTER,  
NEW YORK.

---

## JOSH C. MOOR,

**DIRECT  
IMPORTER**

### Wine and Spirit Merchant

---

#### VERY OLD

Malaga and Marsala Wines. Highly recommended for invalids.

#### SPECIALLY

Old and fully matured Port and Sherry Wines. (Vintage, 1860.)  
Sir R. Burnett's world-renown Orange Bitters.

#### **PURE OLD BRANDIES AND WHISKIES**

For Medicinal use.

#### N. JOHNSTON & SONS

Celebrated Clarets and Sauternes, the most reliable and popular, bottled by themselves in the best condition, in Bordeaux, and imported direct at first cost. A full assortment in quarts and pints.

#### **CHABLIS', BEAUNE AND MACON BURGUNDIES**

All orders from the country promptly attended to.

#### BOTT'S MALT STOUT

433 Yonge St., Toronto, Ont.  
TELEPHONE 625

CONTENTS.

Original Articles—	PAGE	Special Selections (Continued)—	PAGE
Tapeworm .....	593	The X Rays and their Application to Practice and Diagnosis .....	620
Report on Contagious Diseases for the Quarter .....	595	The Janet Abortivo Treatment of Gonorrhœa .....	622
Clinical Notes .....	600	<b>The Physician's Library</b> .....	623
The Surgical Treatment of Retro-Deviations of the Uterus .....	601	<b>Editorial—</b>	
<b>Reports of Societies—</b>		Immorality in Canada .....	625
Huron County Medical Association Meeting .....	602	Conservative Gynæcology .....	628
New Brunswick Medical Society .....	602	Types of Aphasia .....	629
<b>British Medical Association Column—</b>		Digitine .....	630
Montreal Meeting .....	606	Reporting Contagious Diseases .....	630
<b>Special Selections—</b>		The British Medical Association .....	932
The Value of Antistreptococcic Serum in the Treatment of Severe Puerperal Septicæmia .....	607	Serum Diagnosis of Typhoid Fever .....	632
Conservative Gynæcology .....	615	The Rabies Cases in Paris, Ont. ....	633
Surgery of the Appendix .....	619	Salol Dangerous in Nephritis .....	634
		<b>Obituary—</b>	
		Dr. Bergin, M.P. ....	635
		<b>The Doctor Himself</b> .....	638



# G. R. RENFREW & CO.

Furriers to Her Majesty The Queen

Carry a complete stock of

## FURS AND HATS

OOO

**LADIES' SEAL SKIN JACKETS**  
and Fur-Lined Garments a specialty

OOO

**LADIES' FURS** Repaired and Remodelled into the Latest Styles.

OOO

5 KING STREET EAST - TORONTO  
35-37 Buade Street, Quebec

## Publishers' Department.

PAGE

Keen, Robinson & Co. . . . .	670
Kearns, W. P. . . . .	605
Kent, B. & H. B. . . . .	591
Kennedy, S. H. . . . .	652

## LIST OF ADVERTISERS.

	PAGE
Antikampla Co. . . . .	567
Authors & Cox . . . . .	585
Alpine Dairy Co. . . . .	640
Austen, J. E. . . . .	584
Aikenhead Hardware Co. . . . .	567
Alpha Rubber Co. . . . .	591
Alma Sanitarium . . . . .	560
A., T. and Sante Fe Railroad . . . . .	640
Battle Creek Sanitarium Health Food Co. . . . .	605
Bausch & Lomb Optical Co. . . . .	582
Bennett & Wright Co. . . . .	645
Burns, P., & Co. . . . .	607
Bromo Chemical Co. . . . .	575
Buffalo University . . . . .	655
Benger & Co. . . . .	581
Battle Creek Sanitarium . . . . .	605
Bryce Photographic Studio . . . . .	645
Brown & Ilussey . . . . .	585
Blachford, H. & C. . . . .	642
California Fig Syrup Co. . . . .	577
Coll, J. B., & Co. . . . .	658
Columbia Phonograph Co. . . . .	644
Carle, John, & Sons . . . . .	591
Church's Auto-Voice School . . . . .	640
Confederation Life Association . . . . .	671
Cumming, W. . . . .	661
Columbus Phaeton Co. . . . .	664
Creelman Bros. . . . .	586
Cincinnati, Hamilton & Dayton Ry . . . . .	668
Detroit College of Medicine . . . . .	640
Duncan, Flockhart & Co. . . . .	576, 578
Dietz, R. E., & Co. . . . .	646
Davis, S., & Sons . . . . .	600
Dean, Alf. E. . . . .	656
Douglas, J. M., & Co. . . . .	588
Empire Manufacturing Co. . . . .	603
Evans and Sons . . . . .	580
Elliott Illustrating Co. . . . .	645
Everett House, New York . . . . .	585
Excelsior Springs . . . . .	601
Farmer Bros. . . . .	605
Farwell & Rhines . . . . .	605
Federal Life Assurance Co. . . . .	589
Feick Bros. . . . .	591
Fell, I. C., & Co. . . . .	658
Fellows' Hypophosphites . . . . .	Inside back cover
Fiddes & Hogarth . . . . .	667
Forbes, Mr. and Mrs. . . . .	646
Fairchild Bros. & Foster . . . . .	502
Fletcher, R. A. . . . .	647
Gibson, R. L. . . . .	Front cover
Gormully & Jeffery Mfg. Co. . . . .	657
Gurd, Chas., & Co. . . . .	664
Grand Trunk Railway System . . . . .	639
Geneva Mineral Water Co. . . . .	651
Globe Mfg. Co. . . . .	653
Hallett, J. H. . . . .	657
Hamill, Dr. W. E. . . . .	571
Homewood Retreat . . . . .	650
Howard, A. H. . . . .	605
Hann, Otto, & Bro. . . . .	645
Jackson Sanatorium . . . . .	650
Jahn, Franz . . . . .	647
Jones & Moore Electric Co. . . . .	647
Lambert Pharmacal Co. . . . .	Inside front cover
Leeming, Miles & Co. . . . .	674
Lozier, H. A., & Co. . . . .	587
Lakehurst Sanitarium . . . . .	642
Laporte Martin & Cie . . . . .	647
Lugsdin, G., & Co. . . . .	605
Lyman Sons & Co. . . . .	573
Macdonald, A. . . . .	657
Manufacturers Accident Ins. Co. . . . .	370
Moor, J. C. . . . .	502
McGill University, Montreal . . . . .	575
Moltzess & Robbins . . . . .	Outside back cover
Mullin & Muir . . . . .	647
McLeod . . . . .	647
Macrae & Macrae . . . . .	607
Mulford, H. K., & Co. . . . .	570
Nassau Health Resort . . . . .	640
New York Condensed Milk Co. . . . .	567
New York Polyclinic . . . . .	655
New York Pharmaceutical Co. . . . .	654
New York Post-Graduate Medical School . . . . .	600
Od Chem. Co. . . . .	628
Ontario Vaccine Farm . . . . .	653
Ontario Grape Growing Co. . . . .	651
Parke, Davis & Co. . . . .	502, 637
Pember's Turkish Baths . . . . .	646
Pond's Extract . . . . .	581
Pattison Manufacturing Co. . . . .	653
Pickering, Mrs. F. L. . . . .	648
Renfrew, G. R., & Co. . . . .	563
Riley Bros., New York . . . . .	582
Robertson, Dr. John . . . . .	600
Robinson, R. . . . .	652
Rush Medical College . . . . .	672
Scott & Bowne . . . . .	569
Stearns, F., & Co. . . . .	565
Shorey, H., & Co. . . . .	690
Sharp & Dohme . . . . .	568
Scott & MacMillan . . . . .	572, 581
Spalding, A. G., & Bros. . . . .	651
Sutherland, J. A. . . . .	605
Toronto Nursing Home and Cottage Hospital . . . . .	643
Toronto Salt Works . . . . .	651
Turner, H. . . . .	655
Wampole, H. K., & Co. . . . .	579
Wabash Railroad . . . . .	671
Wheeler, T. B. . . . .	607
Warner, Wm. R., & Co. . . . .	Red insert
Walkerville Brewing Co. . . . .	645
Woolrich & Co. . . . .	585
Walter's Sanitarium . . . . .	641
Western Pennsylvania Medical College . . . . .	667
Willitts, T. A. . . . .	584
Williams Mfg. Co. . . . .	662
Wilson, Lawrence A., & Co. . . . .	586
Watts, A. P., & Co. . . . .	589

**WHY** give the nauseous fat of cod livers when the alterative principles of the oil can be isolated and administered separately?

**DOES** it seem right to subject the patient to the disagreeable associations of cod liver oil administration when better results can be obtained from the active principles?

**COD LIVER OIL** is admittedly a valuable medicine. It differs in effect from all other fats, animal or vegetable. Lard oil, olive oil, whale oil, or any other oil, will not

**ACT** like Cod Liver Oil. Cod Liver Oil is an alterative, No other fat has an alterative effect.

**AS** Cod Liver Oil produces effects differing from all other fats, does it not seem reasonable to suppose that it contains something that can not be found in other fats? Not until the celebrated French chemists, MM. Gautier and Mourgues, found a process for properly analyzing it were the alterative principles discovered. Cod Liver Oil acts as

**AN** alterative because it contains certain leucomains and basic principles manufactured in the body of the living fish, and dissolved in the oil during its preparation. These principles when given alone (separated from the fat) are preferable, because the fatty matter is not only disgusting to the patient, but impedes the alterative action by hindering cell activity. Stearns' Wine of Cod Liver Oil contains the active principles with the fatty matter left out. It is not only a valuable

**ALTERATIVE** but a stimulant to the appetite and digestion, and by its peculiar power in accelerating the activity of cell life, it greatly aids in the elimination of poisonous matter from the system, and in the process of tissue building.

**SEND FOR LITERATURE**

**FREDERICK STEARNS & CO.**

Manufacturing Pharmacists

Detroit, Mich.  
London, Eng.  
New York City.

WINDSOR, ONTARIO

**CONSTRUCTIVES IN CONVALESCENCE.**—Recently Dr. E. L. Morehead, of Chicago, treated a child nine months old for capillary bronchitis. The child had a protracted attack, and in this case, as with most of these patients, it hovered between life and death. After the disease had broken, however, the child was exceedingly weak, and it was doubtful whether the little patient might not be overtaken by some other affection and be overthrown. Dr. Morehead put this patient on Stearns' Wine of Cod Liver Oil, this being selected because it was agreeable and pleasant to the palate and because it had proven a valuable constructive in similar cases. The patient was given this remedy in doses of half a teaspoonful four times daily. It made an entire recovery and is a vigorous and healthy child now. As a remedy for phthisis and

scrofula, and as a general constructive, this agent, on account of its agreeable taste, and the fact that it does not burden the stomach, has gained the esteem of Dr. Morehead. In convalescence from pneumonia, or bronchitis, it is a most efficient preparation which rapidly increases the strength of patients. In a great many cases where disgust has been engendered by nauseous preparations of cod liver oil and the patients begged that they be not given anything containing it, this wine was found most agreeable.

Sir Oliver Mowat is catching fits these days for commuting the sentence of a murderer because he takes fits.—*Kincardine Review*. Are fits so rare, and desirable that they must be perpetuated in this way?

### APPROVED SANITARIUM.



# THE HEALTH AND REST ALMA ALMA, MICHIGAN.

## SOLID BRICK BUILDING.

An admirably equipped institution for the reception of chronic and convalescent patients sent by their physicians for treatment. Scientific Hydrotherapeutics, Valuable Mineral Waters' Electricity, Massage, Gymnastics, enjoyable surroundings, an unsurpassed cuisine, with constant observation and direction of experienced physicians.

Trained nurses are furnished. No expense has been spared to make this institution strictly first-class in every particular, and exactly as represented. Air of equable temperature and free from malaria. Special discount to physicians and their families.

### Consulting Physicians and Surgeons.

#### DOCTORS.

#### GENERAL DISEASE.

WM. E. QUINE	- - -	Chicago
I. N. DANFORTH	- - -	Chicago
FRANK BILLINGS	- - -	Chicago
E. L. SHURLY	- - -	Detroit
G. H. FUERBRINGER	- - -	Saginaw
J. B. GRISWOLD	- - -	Grand Rapids

#### SURGERY.

JOHN B. HAMILTON	- - -	Chicago
D. W. GRAHAM	- - -	Chicago
THEODORE A. MCGRAW	- - -	Detroit
G. K. JOHNSON	- - -	Grand Rapids

#### GYNÆCOLOGY.

JAMES H. ETHERIDGE	- - -	Chicago
HENRY T. BYFORD	- - -	Chicago
H. W. LONGYEAR	- - -	Detroit
EUGENE BOISE	- - -	Grand Rapids

#### NERVOUS DISEASE.

H. M. LYMAN	- - -	Chicago
D. R. BROWER	- - -	Chicago
RICHARD DEWEY	- - -	Chicago
W. J. HERDMAN	- - -	Ann Arbor

#### EYE AND EAR.

BOERNE BETTMAN	- - -	Chicago
----------------	-------	---------

#### NOSE AND THROAT.

E. FLETCHER INGALS	- - -	Chicago
--------------------	-------	---------

#### PATHOLOGY.

HENEAGE GIBBS	- - -	Ann Arbor
---------------	-------	-----------

#### ELMORE S. PETTYJOHN, M.D.,

*Medical Superintendent.*

An illustrated booklet mailed free.

The ALMA SANITARIUM CO., Alma, Mich.



“Does not depress the Heart.”

A HIGH REPUTATION SUSTAINED

NO DRUG HABIT INDUCED - NO TOXIC EFFECT.  
**Antikamnia**  
OPPOSED TO PAIN.

ONE OF THE CERTAINTIES OF MEDICINE

Send your Professional Card for Brochure and Samples to

**THE ANTIKAMNIA CHEMICAL CO.**

St. Louis, Mo., U. S. A.



**A NOTABLE FACT.**



Many thousands of the finest dairy cows supply milk to the condenseries of the

**Gail Borden  
Eagle Brand**

Condensed Milk. They graze in the best dairy sections of America, are allowed only the most wholesome food; therefore, the milk produced is the very best.

Why not use the . . .

**Pasteur  
Germ-Proof Filter?**

It is the best and cheapest considering there is

... NO WEAR OUT

OOOO

Easily cleaned. Absolutely germ-proof. Specially adapted to all requirements.

OOOO

We should deem it a pleasure to have the medical fraternity give us a call, or if not convenient please write for particulars to

**AIKENHEAD HARDWARE CO.**

6 Adelaide St. E. - - - Toronto, Ont.

THE MONTHLY enjoys the favor and confidence of many of the largest pharmaceutical manufacturers in the "States." As we are very careful to admit only well-known houses in our advertising pages we feel that we can conscientiously refer to the leading specialties offered by the manufacturers, as we believe them to be reliable products. Ergotole S. & D. is a liquid preparation of ergot which its manufacturers, Sharp & Dohme, of Baltimore, New York and Chicago claim is the superior of all other preparations of this drug, since it is more concentrated, more permanent, more palatable and can be advantageously used hypodermatically. It is sold in Canada by Henry J. Dart & Co., of Montreal.

THE DANGER OF ARTIFICIAL EMACIATION.—Everyone has his normal weight, though circumstances may

determine a more or less temporary increase or diminution thereof. A departure from the normal in either direction is incompatible with perfect health. This, of course, leaves in suspense the question as to what is one's normal weight, and those who are afflicted with what appears to the dispassionate observer to be a superfluity of adipose tissue usually resent the imputation that their obesity is other than an accidental and unavoidable circumstance. This point is easily settled by trying the effects of a carefully regulated but not over-strict regimen associated with daily exercise in the open air. All really superfluous tissue will disappear, although actual weight may not be palpably diminished, firm muscle taking the place of useless and burdensome fat. Obesity, however, is essentially a condition to be dealt with on an exclusively physiological basis. It



## It never irritates

if used with a clean needle.

Dose: 5 to 20 minims.

## It never nauseates

when given by the mouth.

Dose: 5 to 30 minims.

50 Cents net per Bottle to Physicians.

SHARP & DOHME

CHICAGO BALTIMORE NEW YORK

Your Druggist has it or can get it for you.



*"An emulsified fat is a digested fat."*

# emulsions: raw oils

It is well known that the digestion of an oil consists simply in breaking it up into minute globules.

MARTIN, of John Hopkins, says:

"During digestion a great deal of fat is absorbed in a chemically unchanged state; it is merely emulsified and carried off in minute drops to be poured into the blood; and this fat might be deposited, as such, in adipose tissue."

## Scott's Emulsion

of Cod-liver Oil, with the hypophosphites of lime and soda, contains cod-liver oil in this digested form.

Digested cod-liver oil will neither cause an oily diarrhœa, nor will eructations of gas annoy and distress the patient.

A dose of digested oil means that amount of assimilable oil; the patient receives the full benefit of the quantity prescribed.

A small dose of digested oil is often equivalent to a large dose of raw oil; as the weakened digestive organs cannot fully prepare the latter for absorption.

is, of course, more or less amenable to medication, but the influence of drugs involves a brutal disturbance of the processes of nutrition, which cannot but be prejudicial to health. This is particularly the case in respect of the employment of thyroid gland in extract, which, in effectual doses, often entails symptoms of a very disquieting and even serious nature. It cannot be too strongly impressed upon practitioners that the thyroid treatment of obesity is one attended by a tangible amount of risk. In a German contemporary the case is recorded of a certain well-known dramatic artist, who sought to combat the opulence of form with which Nature had endowed him, and died in consequence. On ceasing to be obese—for the treatment was so far successful—he lost the placid temperament which previously characterized him, and became the prey of an un-

happy irritability, consequent on an acute sensation of *malaise*; in short, he became nervous, impressionable, and as unrecognizable from a moral as from a physical point of view.—*Med. Press.*

**QUININE HYDROCHLORSULPHATE.**—Georges claims that this is not a special chemical combination: either cold water or ether-alcohol suffices to disintegrate it into a mixture of neutral quinine sulphate and quinine hydrochlorate. Analysis of several samples from reliable manufacturers showed a constantly varying proportion of basic salt, and since the quinine hydrochlorate is not only more soluble but also richer in quinine than the hydrochlorsulphate, possessing also a uniform constitution, the latter preparation is of only subordinate value in therapy.—*Bulletin of Pharmacy.*

## THE AMERICAN PEDIATRIC SOCIETY

RECOMMENDS

THE USE OF

# ANTITOXIN

*of "The most concentrated strength of an absolutely reliable preparation"*

Tests made by the Bacteriologist of Pennsylvania State Board of Health, (report published in "Public Health," July, 1896,) shows Mulford's Antitoxin to be thoroughly reliable and the most concentrated.

## FORTY THOUSAND CASES

### LESS THAN 5% DEATHS.... OF DIPHTHERIA.

Is the record of over ten thousand physicians in general practice, with Mulford's Antitoxin.

Mulford's Antitoxin is supplied in Sterilized Glass-Stoppered Vials, as follows:

"Standard" No. 1, (100 units to each cc.) In vials of 500 units, \$1.00; No. 2, 1000 units, \$1.75; No. 3, 2000 units, \$3.25  
 "Potent" No. 1, (250 units to each cc.) In vials of 500 units, \$1.25; No. 2, 1000 units, \$2.25; No. 3, 2000 units, \$4.00  
 "Extra Potent" No. 1, (500 units to each cc.) In vials of 500 units, \$1.50; No. 2, 1000 units, \$2.75; No. 3, 2000 units, \$5.00

Special Syringes for Antitoxin Injection.

The latest treatise on Diphtheria will be forwarded free upon application.

## H. K. MULFORD COMPANY,

CHICAGO,  
112 & 114 Dearborn St.

CHEMISTS,

PHILADELPHIA.

# CANADIAN MEDICAL PRACTICE OFFICE.

## PRACTICES FOR SALE.

Intimate by number those you wish details of.

**No. 107** is the drug stock of physician who has left the city; nice case, with drawers and shelves, and a large quantity of drugs and bottles. It is worth \$50, and is offered for \$20. The case alone is worth what is asked for all.

**No. 108.**—Is a drug stock involving about \$2,600 of a physician in a town of 7,000 population in Michigan, doing a fine trade. The doctor's time is now all taken up with his practice, hence a fine chance is offered at a bargain.

**No. 105.**—In Algoma without property, worth \$4,000 per year, with stable outfit and office contents, is offered at a bargain on account of bad health of the doctor. A chance seldom offered. Investigate. Sure thing for anyone.

**No. 104.**—County of Leeds; practice from \$2,000 to \$3,000; population 700; one opposition; established many years; four weeks' introduction; eight roomed house, with good stable and sheds. The whole offer for \$1,700. Terms, \$600 cash, balance on easy time. A great opening for either a Methodist or an Anglican.

**No. 102.**—Practice of over \$3,000 and fine brick residence in village of 1,000 population, in County of Simcoe; four weeks' introduction; the whole offering for \$3,600. Terms, \$1,000 cash, balance on easy time; only one opposition. The finest chance in Canada for a Methodist.

**No. 101.**—E. Kootenay, B.C., practice of \$2,000, income of Government Grant of \$800, with office contents. Price \$100.

A number of good instruments and books have been left at this Office on sale at very low prices. If you want any enquire for them. No charge is made for disposing of the books or instruments of deceased physicians.

**No. 100.**—\$2,000 practice and residence, with office contents, road outfit, household furniture, etc., with full int-oduction, in a village of 700, in Eastern County, without opposition. Price, \$2,600. Terms, half cash. A decided bargain for Methodist.

**No. 97.**—Is a practice and property in village of 800 near Toronto. Finest country and pay, with one weak opposition, which is a great opening for any Methodist physician. He can do from \$1,600 to \$2,600 per year; cash, sure. Price of property only asked, which is \$1,800. Terms, \$650 cash; balance on mortgage. County of York.

**No. 96.**—\$2,000 to \$3,000 practice in village of 300 in County of Leeds, with introduction; road, stable, bed room and office outfit; one opposition; very long drives; rich country; good pay. Price, \$1,000. Terms, \$600 cash; balance on time.

**No. 9.**—\$2,500 practice and lovely home in County of Bruce; population 2,000 and weak opposition; full introduction. Price \$4,000, which is less than cost of house; \$2,000 cash; balance on time. An inviting opening.

**No. 87.**—Is a big practice in Hamilton which the Doctor will hand over to purchaser of his home at a really a bargain. Price \$6,000; easy terms.

**No. 7.**—Is one of the choice rural practices in the Province. Fine rich country, and a practice which pays at least \$3,000 cash per year—County of Durham. The Doctor's home is very desirable and well worth price asked for all.

**No. 67.**—Is a practice—County of Durham—in its richest part—village of about 300. A nice home and practice of \$2,000 for less than price of house—ill health the cause.

## DO YOU WANT A LOCATION?

We try to learn of reliable openings for physicians where they may, at once locate and have plenty of work to do. These openings are furnished by men who are tired of hard work and are seeking less arduous fields to take it easy on a well earned competency. Other openings are furnished by the death of the former physicians, new towns which require medical men, assistantships, partnerships, etc., etc., thus affording physicians who use this Office a ready means of supplying their wants with the greatest facility and security. We can pilot prospective buyers with money and those without money.

## DO YOU WANT TO SELL?

If so, there is no way you can obtain the names of so many reliable buyers as that furnished by us. We make at a point to secure every information of our registered prospective buyers, *e.g.*, age, qualifications, experience, religious persuasion, financial ability, etc., and obtain a pledge from each as to secrecy and honorable dealings.

Possessing all necessary data relating to the practice for sale, and also of the buyer, enables us to bring together men who are likely to close a bargain very quickly.

The following have secured locations through the agency of this office: Dr. McCrimmon, Kitley; Dr. McBride, Casarsani; Dr. McDowell, Norway; Dr. Shaw, Springfield; Dr. Proctor, Port Perry; Dr. Hutchinson, Richmond Hill; Dr. Brown, Heathcote; Dr. Karn, Picton; Dr. Shaw, East Toronto; Dr. Featherstone, Prescott; Dr. Eastwood, Peterborough; Dr. Darragh, Chippewa; Dr. McTavish, Hawkstone; Dr. Watson, Arkona; Dr. Sifton, Comber; Dr. Kallweisch, Paisley; Dr. Rykert, St. Catharines; Dr. Stutt, London; Dr. Clarke, Theford, and more to follow in next issue.

✉ Letters must be direct from medical practitioners interested, and must enclose stamp for reply, otherwise they will remain unnoticed.

Address— **DR. W. E. HAMILL,**

Room 11, Janes Building,  
N. E. Corner King and Yonge Streets, **TORONTO.**

The following are extracts from letters received by the Imperial Granum Co., of New Haven, Conn., regarding their excellent food, confirming in a conclusive manner the fact that the Imperial Granum has acquired the enviable reputation of being a prepared food of standard value:

June 6th, 1896.

I have learned to rely on Imperial Granum as a food for children, and have found it indispensable for debilitated persons and for those convalescing from disease.

— M.D., Augusta, Ga.

June 16th, 1896.

I have used Imperial Granum in my practice for a number of years and find it very satisfactory, especially in bowel troubles.

— M.D., Beatrice, Neb.

June 17th, 1896.

I often prescribe it for nurses who are on night duty, and always find it beneficial to them—giving them strength for their work.

— M.D., Boston, Mass.

June 20th, 1896.

I have administered Imperial Granum with most gratifying results in continued fevers, and in other wasting diseases, and have found that it will often be retained and assimilated when all other similar preparations are rejected. It has also given me perfect satisfaction as a food for infants.

— M.D., Milford, Del.

June 25th, 1896.

I most cheerfully recommend the Imperial Granum.

— M.D., Brooklyn, N.Y.

July 2nd, 1896.

Have used the Imperial Granum and get good results from it.

— M.D., Albany, N.Y.

J. V. SCOTT, M.D. - D. MacMILLAN.

MESSRS . . .

## SCOTT & MacMILLAN

Wish to announce to the Medical Profession of Canada that they have begun the manufacture of

### PHARMACEUTICAL SPECIALTIES.

Their Laboratory has been fitted up with the most improved machinery, and is under competent and experienced supervision. This firm will be pleased to send to any medical man samples of their specialties, if notified by post-card. Physicians can depend absolutely upon all preparations turned out by Scott & MacMillan being up to full strength.

### THEIR SPECIALTIES COMPRISE . . .

VITALLIC SYRUP

of the Hypophosphites.

FLUID CASCARA AROMATIC

10-30 min.

CALISAYA CORDIAL.

APODYNA.

SYRUP TRIFOLIUM COMP.

SYRUP WHITE PINE COMP.

Please specify on all prescriptions S. & M.

Telephone communication.

Recollect the address . . .

14 & 16 MINGING LAKE, TORONTO

# BROMO CHLORALUM

NON-POISONOUS, SAFE, ODORLESS.



**A Powerful, Concentrated Deodorizer, Disinfectant, Germicide, Saline Antiseptic, Alterative and Styptic.**

Arrests and Prevents Putrefaction and Contagion.

**Bromo Chloralum** is an ideal prophylactic in threatened epidemics of contagious or infectious diseases. In its neutralizing effects on all germs of disease it surpasses all other preparations of its kind.

Employed internally and externally as a remedial agent in the treatment of diseases, and as a deodorizer and disinfectant, is, under all circumstances, absolutely safe.

One Bottle, diluted with water will make 12 pints of proper strength for use.

Send for Full Descriptive Pamphlet.

**BROMO CHEMICAL CO.** 241 & 243 West Broadway  
NEW YORK.

## LYMAN SONS & CO.'S SPECIALTIES

**Adeps Lanae "N. W. K."**

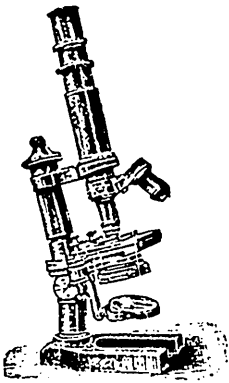
A pure natural Anhydrous Woolfat and perfect Ointment Base. Better and cheaper than any other. Write for sample and pamphlet free.

### SURGICAL INSTRUMENTS

Our exhibit of Surgical Specialties at the Medical Convention recently held in Montreal, was highly commended. We have every requisite for the Physician and Surgeon.

MICROSCOPES, BATTERIES, CLINICAL THERMOMETERS, STERILIZERS, Etc.

Also a full line of Hospital Glassware. Write for our large Illustrated Catalogue of Surgical Instruments with supplement.



MICROSCOPE



FOLDING POCKET LARYNGOSCOPE

Lyman Sons & Co.  
380 TO 386 ST. PAUL STREET

**MONTREAL, P.O.**

We have had the pleasure of lately receiving from H. K. Mulford & Co., of Philadelphia, Pa., a very neat and most attractively gotten up brochure on antitoxin. Any of our readers who have had the satisfaction of reading the reports of the Massachusetts and Pennsylvania State Boards of Health *re* H. K. Mulford's Antitoxine, and which they found free from bacteria and fully up to the advertised strength, will be glad to take the opportunity of securing a copy of this brochure by simply sending their name and address to the firm, when it will be promptly mailed them.

Dalphin—"Why is it that the stage villain always smokes a cigarette?"  
Stingy—"Oh, he doesn't fear the consequences. He knows he's got to die before the show is over."—  
*Roxbury Gazette.*

TWIN ECTOPIC GESTATION.—  
Minchard (*Amer. Jour. Obstet.*) operated on September 12th, 1895, on a woman, aged twenty-three, who had symptoms of rupture of an extra-uterine sac with severe hæmorrhage. A fœtus thirteen inches long was found in a mass of clot, and then a ruptured tube was removed. It contained a small and extremely flattened fœtus, two and a half inches long. The patient had not menstruated for nine months. The larger embryo was of the size of a six months' fœtus; the smaller seemed to have only reached the third month of development. They were, in Minchard's opinion, the product of the single conception, the small fœtus having been flattened by the larger. At the operation the opposite tube and ovary were found healthy. In April, 1896, the patient was four months pregnant.—  
*Brit. Med. Jour.*

## THE MILK SUPPLY OPEN TO SUSPICION

Tuberculosis in cows is very prevalent. The preparation of infant food with infected milk is dangerous.

# NESTLÉ'S FOOD

meets this emergency, being prepared for use with water only. It furnishes the safest and most nourishing diet for infants obtainable.

Physicians indicating number of samples desired will be cheerfully supplied *gratis*.

OOOO

AS A DIET IN CHOLERA INFANTUM

# NESTLÉ'S FOOD

..... IS INVALUABLE.

OOOO

LEEMING, MILES & CO., 53 St. Sulpice St., MONTREAL, QUE.

# MCGILL UNIVERSITY, MONTREAL

Faculty of Medicine. Sixty-Fourth Session, 1896-97.

## OFFICERS AND MEMBERS OF THE FACULTY.

WILLIAM PETERSON, M.A., LL.D., Principal of University.  
R. F. RUTTAN, B.A., M.D., Registrar.

ROBERT CRAIK, M.D., LL.D., Dean of the Faculty.  
J. G. ADAMI, M.A., M.D., Director of Museum.  
F. G. FINLEY, M.D. (Lond.), Librarian.

## EMERITUS PROFESSORS.

WILLIAM WRIGHT, M.D., L.R.C.S.; DUNOAN O. MacCALLUM, M.D., M.R.C.S.E.

## PROFESSORS.

ROBERT CRAIK, M.D., LL.D., Professor of Hygiene.  
G. P. GIRDWOOD, M.D., M.R.C.S. (Eng.), Professor of Chemistry.  
THOMAS G. RODDICK, M.D., Professor of Surgery.  
WILLIAM GARDNER, M.D., Professor of Gynecology.  
FRANCIS J. SHEPHERD, M.D., M.R.C.S. (Eng.), Professor of Anatomy.  
FRANK BULLER, M.D., M.R.C.S. (Eng.), Professor of Ophthalmology and Otology.  
JAMES STEWART, M.D., Professor of Medicine and Clinical Medicine.  
GEORGE WILKINS, M.D., M.R.C.S., Professor of Medical Jurisprudence and Lecturer on Histology.  
D. P. PENHALLOW, B.Sc., Professor of Botany.  
WESLEY MILLS, M.A., M.D., L.R.C.P., Professor of Physiology.

J. C. CAMERON, M.D., M.R.C.P.I., Professor of Midwifery and Diseases of Infancy.  
ALEXANDER D. BLACKADER, B.A., M.D., Professor of Pharmacology and Therapeutics.  
R. F. RUTTAN, B.A., M.D., Professor of Practical Chemistry.  
JAMES BELL, M.D., Professor of Clinical Surgery.  
J. G. ADAMI, M.A., M.D., Cantab. Professor of Pathology.  
H. S. BIRKETT, M.D., Professor of Laryngology.  
T. JOHNSON ALLOWAY, M.D., Associate Professor of Gynecology.  
F. G. FINLEY, M.D. (Lond.), M.D. (McGill), Assistant Professor of Medicine and Associate Professor of Clinical Medicine.  
HENRY A. LAPEUR, B.A., M.D., Assistant Professor of Medicine and Associate Professor of Clinical Medicine.  
GEORGE E. ARMSTRONG, M.D., Associate Professor of Clinical Surgery.

## LECTURERS.

T. J. W. BURGESS, M.D., Lecturer in Mental Diseases.  
WYATT JOHNSTON, M.D., Lecturer in Bacteriology and Medico-legal Pathology.  
W. S. MORROW, M.D., Lecturer in Physiology.  
R. C. KIRKPATRICK, B.A., M.D., Lecturer in Clinical Surgery and Demonstrator of Surgery.

JOHN M. ELDER, B.A., M.D., Lecturer in Medical and Surgical Anatomy and Senior Demonstrator of Anatomy.  
C. F. MARTIN, B.A., M.D., Lecturer in Pathology and Demonstrator of Clinical Medicine.

## DEMONSTRATORS AND ASSISTANT DEMONSTRATORS.

J. G. MCCARTHY, M.D., Demonstrator of Anatomy.  
D. J. EVANS, M.D., Demonstrator of Obstetrics.  
N. D. GUNNE, M.D., Demonstrator of Histology.  
J. J. GARDNER, M.D., Demonstrator of Ophthalmology.  
G. GORDON CAMPBELL, B.Sc., M.D., Demonstrator of Clinical Medicine.  
W. F. HAMILTON, M.D., Demonstrator of Clinical Medicine.  
R. TAIT MACKENZIE, M.A., M.D., Demonstrator of Anatomy.  
W. E. DRESK, B.A., M.D., Demonstrator of Anatomy.  
JAMES A. HENDERSON, M.D., Demonstrator of Anatomy.  
J. W. SCANE, M.D., Demonstrator of Physiology.  
KENNETH CAMERON, B.A., M.D., Demonstrator of Clinical Surgery.

C. G. L. WOLF, B.A., M.D., Demonstrator of Practical Chemistry.  
E. J. SEMPLE, B.A., M.D., Assistant Curator.  
J. A. SPRINGALE, M.D., Demonstrator of Anatomy.  
W. H. JAMIESON, M.D., Demonstrator of Pathology.  
A. E. GARROW, M.D., Demonstrator of Surgery and Clinical Surgery.  
W. I. BRADLEY, B.A., M.D., Demonstrator of Pathology.  
F. M. FRY, B.A., M.D., Assistant Demonstrator of Pharmacology and Therapeutics.  
J. D. CAMERON, M.D., Assistant Demonstrator Physiology.  
F. A. L. LOCKHART, M.B., Edin., Assistant Demonstrator of Gynecology.

The Collegiate Course of the Faculty of Medicine of McGill University begins, in 1896, on Tuesday, September 22nd, and will continue until the beginning of June, 1897.

The Primary subjects are taught, as far as possible, practically by individual instruction in the laboratories, and the final work by clinical instruction in the wards of the hospitals. Based on the Edinburgh model the instruction is chiefly bedside, and the student personally investigates and reports the cases under the supervision of the professors of Clinical Medicine and Clinical Surgery. Each student is required for his degree to have acted as Clinical Clerk in the Medical and Surgical wards for a period of six months each, and to have presented reports acceptable to the Professors on at least ten cases in Medicine and ten in Surgery.

About \$100,000 have been expended during the last two years in extending the University buildings and laboratories and equipping the different departments for practical work.

The Faculty provides a Reading-Room for Students in connection with the Medical Library which contains over 15,000 volumes.

**MATRICULATION.**—The Matriculation Examinations for entrance to Arts and Medicine are held in June and September of each year.

The entrance examinations of the various Canadian Medical Boards are accepted.

**COURSES.**—The Regular Course for the Degree of M.D.C.M. is four sessions of about nine months each.

**Advanced Courses** are given to graduates and others desiring to pursue special or research work in the laboratories of the University and in the Clinical and Pathological laboratories of the Royal Victoria and Montreal General Hospitals.

**A Post-Graduate Course** is given for Practitioners during May and June of each year. This course consists of daily lectures and clinics as well as demonstrations in the recent advances in Medicine and Surgery and laboratory courses in Clinical Bacteriology, Clinical Chemistry and Microscopy.

**Hospitals.**—The Royal Victoria, the Montreal General Hospital, and the Montreal Maternity Hospital are utilized for purposes of Clinical instruction. The physicians and surgeons connected with these are the Clinical Professors of the University.

These two general hospitals have a capacity of 250 beds each, and upwards of 30,000 patients received treatment in the out-door department of the Montreal General Hospital alone last year.

For information, and the Annual Announcement, apply to—

R. F. RUTTAN, B.A., M.D., Registrar,

McGill Medical Faculty.

ENURESIS NOCTURNA.--Dr. A. B. Wilson, Buffalo, N.Y., writing, says: "This was a case of a girl nineteen years of age suffering from irritable bladder, and who had wet the bed nightly from childhood. She was compelled to avoid company and the usual social life, on account of frequent micturition. One bottle of Sanmetto overcome the irritation to such a degree that for the first time in fifteen years she passed a night without wetting the bed. She is still using the remedy in hopes of complete recovery."

Through the telephone. Mrs. Merony—"Is that you, doctor?" Doctor—"Yes; who is it?" Mrs. Merony—"Mrs Merony. O doctor! what shall I do for the baby? He has swallowed a dime." Doctor—"Well, you surely don't want to spend \$2 to get a dime, do you?" And the telephone ceased to work.—*Newman Independent.*

It has been decided by the Supreme Court of Illinois that the health authorities have no right to require physicians to report contagious diseases or births without remuneration. While the physician is morally bound to warn the community of danger when this can be done at a not unreasonable expenditure of time and labor, it is unjust to compel him to do so, and even to force him, under pain of imprisonment or a fine, to pay the postage on such notification. Of course, the State cannot afford to pay a large fee for such service, and neither would the physician demand it, but it would seem as though a compromise might be effected whereby the physician would receive twenty-five cents for each notification of a case of infectious disease or a birth. Such a plan is, or was, in existence in Connecticut, and we believe worked satisfactorily to both the State and its medical benefactors.—*New York Medical Record.*

## **CHLOROFORM**

(DUNCAN'S, S.G. 1497).

From Pure Alcohol . . . . .  
From Methylated Alcohol

**ABSOLUTELY PURE.**

## **CHLOROFORM**

(DUNCAN'S, S.G. 1490.)

Containing about one per cent. of Alcohol.

We now supply Chloroform containing about 1 per cent. of Alcohol, and having a specific gravity of 1.490. While this minute addition of Alcohol has of course no effect in diminishing the anæsthetic power, it renders the chloroform

**PRACTICALLY NON-DECOMPOSABLE UNDER ANY CIRCUMSTANCES.**

In ordering this variety please say:— **CHLOROFORM PURE** (Duncan's, S.G. 1490).  
**CHLOROFORM METH.** (Duncan's, S.G. 1490).

N.B.—We can only guarantee Chloroform to be of our manufacture when it is supplied in bottles bearing our label, and having the stoppers sealed with one of our trade-mark Straps. Our Chloroform is put up in

1 oz., 2 oz.,  $\frac{1}{2}$ ,  $\frac{1}{4}$ , 1, 2, 4 and 7 lb. Bottles,

and may be ordered through any Wholesale Drug House in Canada.

**Duncan, Flockhart & Co.,**  
MANUFACTURING CHEMISTS,

**EDINBURGH.**





# The Family Laxative

The ideal safe family laxative, known as "SYRUP OF FIGS," is a product of the California Fig Syrup Co., and derives its laxative principles from senna, made pleasant to the taste, and more acceptable to the stomach, by being combined with pleasant aromatic syrups and the juice of figs. It is recommended by many of the most eminent physicians, and used by millions of families with entire satisfaction. It has gained its great reputation with the medical profession by reason of the acknowledged skill and care exercised by the California Fig Syrup Co. in securing the laxative principles of the senna by methods of its own, and presenting them in the best and most convenient form. The California Fig Syrup Co. has special facilities for commanding the choicest qualities of Alexandria senna, and its chemists devote their entire attention to the manufacture of the one product. The name "SYRUP OF FIGS" means to the medical profession the "family laxative, manufactured by the California Fig Syrup Co.," and the name of the Company is a guarantee of the excellence of its product. Informed of the above facts, the careful physician will know how to prevent the dispensing of worthless imitations when he recommends or prescribes the original and genuine "SYRUP OF FIGS." It is well known to physicians that "SYRUP OF FIGS" is a *simple, safe and reliable* laxative, which does not irritate or debilitate the organs on which it acts, and, being pleasant to the taste, it is specially adapted to ladies and children, although generally applicable in all cases. Special investigation of the profession invited. :: :: :: ::

"SYRUP OF FIGS" is never sold in bulk. It retails at fifty cents per bottle, and the name "SYRUP OF FIGS," as well as the name of the California Fig Syrup Company, is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO., San Francisco, Cal.; Louisville, Ky.; New York, N. Y.

MECONIUM AND SEPSIS.—Remy (*Rev. Med. de l'Est.*) insists that the membranes should never be broken before complete dilatation without very special reasons. When the waters escape meconium is mixed with the liquor amnii, the uterine cavity is soiled, and if labor be prolonged and antiseptic precautions impracticable, the fluid mixture decomposes rapidly and septic infection becomes certain. Remy distinguished the above conditions in seven labors under his observation. The mortality was 42 per cent. Hence antiseptic precautions are especially needed in cases of premature rupture of the membranes. —*Brit. Med. Journ.*

A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING GONORRHOEA TREATED BY ANTIKAMNIA. —The concluding remarks from the

above article, by G. S. Leggatt, M.R.C.S., England, L.S.A., taken from the *Lancet* (London) are interesting from both therapeutic and physiological standpoints. "Remarks.—1. This is a rare complication of gonorrhœa, and, as far as I can find, is not mentioned in any of the books which refer to the subject; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked in a manner similar to the latter. 2. Antikamnia is a remedy said to possess analgesic, antipyretic and anodyne properties. Its dose is three to ten grains, and it will be observed that the doses I gave were large ones; but the symptoms were extremely urgent, and it is interesting to note that there was no depression. During its exhibition the pulse improved in force, and the administration of the

---



---

## BLAUD'S PILL CAPSULES

Equal to 1, 2 or 3 Blaud's  
Pills, and Capsules of

In boxes of two doz.  
and one hundred

## BLAUD'S PILL with ARSENIC

These far surpass Blaud's Pills in efficacy,  
as they neither oxidize nor harden

PREPARED BY.....

**Duncan, Flockhart & Co.,**  
**EDINBURGH**

Agent in Canada

MR. R. L. GIBSON 88 Wellington St. West TORONTO

Samples free on application

# TO THE MEDICAL PROFESSION

We ask you to recommend a trial of

# Robinson's Patent Barley

70 YEARS' REPUTATION.

70 YEARS' REPUTATION.

## THE BEST INFANTS' AND INVALIDS' FOOD ON EARTH

Will Mail a Large Sample Tin Free to Any Doctor  
and His Patients.

FRANK MAGOR & CO., 16 St. John Street, MONTREAL.

## Women Choose the Family Doctor

The Doctor that relieves the women of their functional disorders is the family physician. Asparoline compound has helped many family physicians to relieve their Dysmenorrhœa and Leucorrhœa patients. *We will send enough for one patient, free, to any physician who writes to us at our Toronto branch, 36 and 38 Lombard St., mentioning this journal.*

It is a safe and reliable remedy for the relief and cure of Dysmenorrhœa, Amenorrhœa, Leucorrhœa, Menorrhagia and kindred diseases where the Uterine Organs are involved and no organic lesion exists. The formula shows that it is a strictly vegetable compound, and may be used without any reserve, or any injurious tendencies.

FORMULA :	
Parsley seed	- Grs. 30
Black Haw (bark of the root)	" 60
Asparagus seed	" 30
Gum Citralacum	" 30
Heibano leaves	" 6
Aromatics	"
To each fluid ounce	

Prepared solely by

HENRY K. WAMPOLE & CO.

Pharmaceutical Chemists,

PHILADELPHIA, PA.

drug reduced the temperature to normal, and seemed in this respect to be greatly superior to that of phenacetin.

3. As to the diagnosis it is difficult to know how the symptoms, which were of a most pronounced kind, could be accounted for on any other supposition than involvement of the fibrous textures of the spine and cranium. That the disease did not more definitely and more permanently attack the pia mater and arachnoid is probably due to the prompt administration of the antikamnia and salicylate combined, which seemed to me to prevent the optic neuritis and other more obvious and serious consequences of an established meningitis."

**SERUM THERAPY IN PUERPERAL FEVER.**—Butin (*Journ. d. Sc. Med. de Lille*) gives details of two cases of puerperal fever treated successfully

with Marmorek's antistreptococcic serum. In the first instance the treatment was not begun till more than a week after the commencement of the fever, and after sundry relapses and the injection on five occasions of the serum to the total amount of 90 c. cm., the patient recovered. In the second the injections were made at once, and the disease was almost cut short. In both cases local treatment, consisting of sublimate intrauterine douches and iodoform crayons was, contrary to the advice of Marmorek and Roux, continued throughout. It is, therefore, impossible certainly to ascribe the recovery to the serum; but it was noted that the temperature and the general condition greatly improved after each injection of the serum. In the first instance slight erythema and transient arthralgia were caused by the injections; in the second there were no troubles, either local or general.—*Brit. Med. Journ.*



# SAVARESSE'S CAPSULES

SANDALWOOD OIL

**THEY ARE NOT MADE OF GELATINE**  
**THEY ARE MADE OF MEMBRANE**

In consequence of the membranous coating they are  
**FREE FROM THE OBJECTIONS TO ALL GELATINE CAPSULES.**

They do not dissolve until they have passed the stomach, entered the bowel, hence, avoiding all nausea, eructations, and repeating from the stomach. Savarresse's Capsules have been

**PRESCRIBED BY THE FACULTY IN ENGLAND FOR 50 YEARS.**

Other copies of Testimonials on application

12 Collogo Square East, Belfast, 25th Feb., 1890.

I have prescribed your Savarresse's Capsules of Copaiba, also of Sandal Wood, and find them *most satisfactory*. I have given them an extended trial, and am quite pleased in every case with the result. I shall continue to prescribe them for my patients, as they neither disturb the functions of the stomach, bowels or kidneys.

THOMAS BALL, L.R.C.P., L.S.A.

Savarresse's Capsules are undoubtedly the best forms in which the oil can be prescribed. The Capsules do not burst until they have passed out of the stomach, and consequently the nauseous eructations, common to all other methods of administration, are entirely avoided.

J. H. SCOTT, F.R.C.S.I.,  
Surgeon to the Adelaide Hospital, Dublin.

One Box Free for a trial on application to

## EVANS AND SONS, LTD.,

Wholesale Druggists.

Agents for the Sole Proprietors,  
EVANS, LESCHER & WEBB, London.

**MONTREAL.**

This space has been purchased by the well-known

MANUFACTURERS OF  
PHARMACEUTICAL SPECIALTIES

SCOTT & MacMILLAN

14 and 16 Mincing Lane, Toronto

\*

See their announcement on page 572 of this issue.

# BENGER'S FOOD

For Infants, Invalids,  
And the Aged

Gold Medal Awarded  
HEALTH EXHIBITION, LONDON

First Class Award  
ADELAIDE, 1887, AND MELBOURNE, 1888

*The Lancet* describes it as "Mr. Benger's admirable preparation."

*The London Medical Record* says: "It is retained when all other foods are rejected. It is invaluable."

*The British Medical Journal* says: "Benger's Food has by its excellence established a reputation of its own."

*The Illustrated Medical News* says:—"Infants do remarkably well on it. There is certainly a great future before it."

## BENGER'S FOOD

Is Sold in Tins  
by chemists etc.  
everywhere

Wholesale of all wholesale houses

May be obtained of EVANS & SONS, Ltd., Montreal.

# KENTS' WATCHES



The standard of excellences—known throughout the province—throughout the Dominion—for their superior time-keeping qualities.

Every watch sold here carries our personal guarantee as to goodness, as to reliability.

SIGN OF THE  
BIG CLOCK

144  
YONGE STREET

# KENTS'

Dealers in Watches and Diamonds.

Customer—" I want a medicine and have forgotten the name. The children were both sick last night and *cried for*—" Druggist—" I know what you want. Here it is, Castoria." Customer—" So it is, sure. How did you happen to guess what I wanted?" Druggist—"That is a trick of our trade. Is there anything else your children cry for?"—*Ph. Era.*

STYES.—In the *Journal des Praticiens*, the following treatment is suggested for this troublesome condition: Locally, as soon as the evidence of a stye is appearing, an attempt may be able to abort it by cauterizing the spot with the fine point of a galvano- or thermo-cautery. In other instances, if it cannot be aborted it is best to aid the maturation of the boil by providing warmth and moisture, and evacuating the puss as soon as

this is formed. In order to render the eyelid perfectly aseptic, it is well to wash the margins of the lid with one of the following solutions, hot:

- Bichloride of mercury . . . . 4 grs.
- Distilled water . . . . . 1 pint.

Or, in place of this, if it is thought the individual will be susceptible to the action of the mercury:

- Bichloride of mercury . . . . 2 grs.
- Distilled water . . . . . 1 pint.

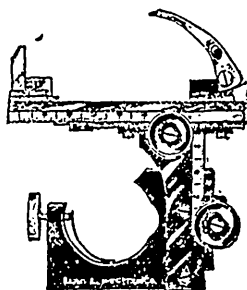
In other instances an ointment made as follows is of value:

- Powdered calomel . . . . . 4 grs.
- Vaselin . . . . . 80 grs.

As a general rule, styes tend to return, owing to auto inoculation. Care, therefore, should be taken that the edges of the lids are kept well cleansed, and if necessary a mild antiseptic wash should be used for some time after one stye has healed in order to

# ATTACHABLE MECHANICAL STAGE

RAPID . . .



ATTACH . . .

.. AND ..

.. IT ..

ACCURATE

YOURSELF

## OUR NEW CATALOGUE

Explains It and Describes Upwards of 3,500 Articles of Laboratory Use.

**BAUSCH** AND  
Rochester, N.Y.

**LOMB OPTICAL Co.,**  
New York City.

# RILEY BROTHERS

AND  
Bradford, England

16 Beekman St., New York

PRIZE MEDALISTS CHICAGO EXPOSITION

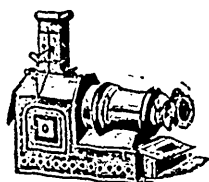
Having branches in Boston, Chicago, Chattanooga, Kansas City, Minneapolis, San Francisco, and at Dunedin, New Zealand, are prepared to prove that they are the

## LARGEST LANTERN OUTFITTERS IN THE WORLD

and can therefore supply goods better and cheaper than any other house for the same quality. Their wonderful

**"Praestantia Lantern," oil, at \$40.00**

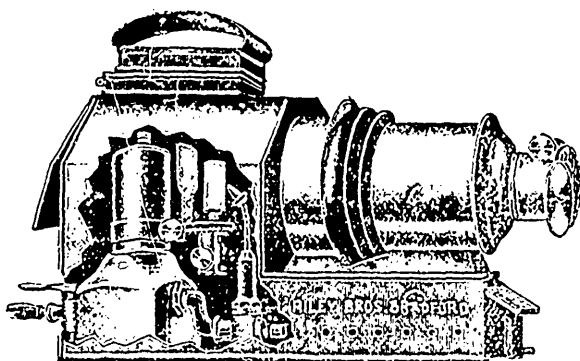
cannot be equalled by any other lantern at the price. Thousands have been sold all over the world, and there is no country in which it is not used. The lanterns can be used with jets of all kinds, the acetylene gas, electric light, or the Lawson "Ether" saturator, which we specially



recommend. It gives a wonderful light, only one gas being required, viz., "Oxygen." Besides this, it is safe, efficient, and cleanly in use, and is a great saving, only using three feet of oxygen gas per hour. A charge of four ounces of methylated ether will run two hours or more.

**Price, complete, \$55.00.**

The "Monarch" Bi-unial is a fine lantern, and has become justly popular in this country on account of its beauty and excellence of workmanship. When exhibited

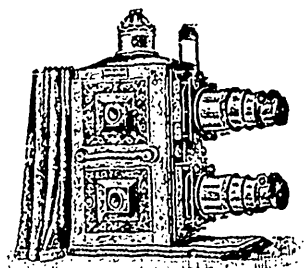


in store windows it always attracts attention; the work done by it upon the screen cannot be excelled; those who want a really high-class instrument should buy the "Monarch." We guarantee it in every respect.

**Price, complete, \$196.00.**

25,000 to 30,000 slides always in stock in New York at one uniform price of 40 cents, plain; \$1.00, finely colored.

Lantern accessories of all kinds kept in stock, and any American dealer's slides obtained to order at lowest price. We sell on the instalment plan to ministers and institutions. Large stock of scientific subjects—Astronomy, The Heart and How it Beats, Bacteria and kindred subjects. Send for Catalogue, mailed you for 20 cents, abridged lists free, to



16 BEEKMAN STREET

The Trade Supplied

NEW YORK, U.S.A.

prevent the coming of others. Careful attention should also be paid to the condition of the alimentary canal, and it is pointed out that Bouchard believes that auto-intoxication from the alimentary canal may result in the formation of styes, through the entrance of staphylococci into the sebaceous glands of the lids. Very often in these cases the administration of naphthol is of value for this reason. The following prescription may be employed :

Benzo-naphthol . . . . . 1 ounce.

Fill into thirty capsules. One or two capsules three times a day. Or, if the patient is young, with scrofulous, arthritic or anæmic tendencies, Fowler's solution in full doses may be administered with great advantage.—*Therapeutic Gazette.*

COSMETICS OF CASTRATION.—  
The esthetically inclined editor of the

*Medical Record* suggested some time ago that the unsightly void left by orchectomy should be filled by a celluloid testicle for cosmetic reasons. This suggestion (from a recent report of a discussion before the Chicago Medico-Legal Society) would seem to have fallen on fruitful soil. Discussing the question of castration of criminals, Dr. Gertrude G. Wellington remarked that a man castrated for disease wished something to take the place of the organ removed that would give him the semblance of manhood. The only thing that could be found were some balls of celluloid, but they each contained a little bell. She would advise that in habitual criminals and sexual perverts after castration, these celluloid balls with their jingling bells be inserted, so that as the man went about among women of the world the bells would proclaim him incapacitated.—*Medical Standard.*

# J. E. AUSTEN



Civil

and

Military

Tailor

6 SHUTER ST.  
TORONTO

# THE TORONTO INCUBATORS AND BROODERS

Awarded SILVER MEDAL, Toronto Industrial Exhibition, 1895; Also SILVER and BRONZE MEDALS, 1896.



Are the best machines manufactured for

## ARTIFICIALLY HATCHING

And rearing all kinds of Domestic Poultry.

Send for descriptive circular and mention this paper. Address the manufacturer,

T. A. WILLITTS,  
542 Manning Ave., - TORONTO, CAN.



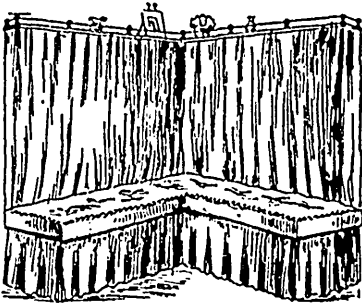
**THE BABY'S DIGESTION**

Is the source of most of its troubles. A little baby is mainly a small machine for the transformation of food into flesh. If the food is of the right sort there is usually no trouble. A doctor's chief concern is in getting a palatable food that will digest easily. It's easy to get if you start right. Start with

**RIDGE'S FOOD**

It is a complete diet in itself. It does not depend on milk to make it nutritious. It has to be prepared, but the results are always good. It has no effect on the bowels—neither laxative nor astringent. It is merely a food, but it is the best food. It digests easily, is readily assimilable and makes sound, healthy flesh. If you are not familiar with it we will be glad to send you a sample can with some literature.

WOOLRICH & CO., Palmer, Mass.



Cozy Corners our Specialty

**BROWN & HUSSEY**

Practical Upholsterers  
Carpet Cleaners  
Hair Mattresses Renovated

**703 YONGE STREET, - - TORONTO**

Telephone 3623

**Physicians**

When you visit New York this summer be sure and stay at the

**EVERETT HOUSE**

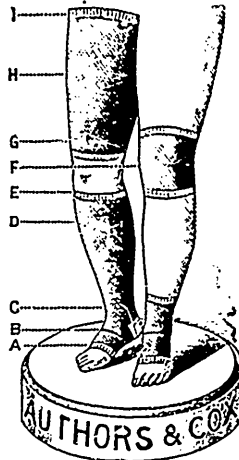
(B. L. M. Bates, Proprietor)

UNION SQUARE,

New York



Strictly first-class at moderate rates. European plan. New plumbing throughout. This hotel is most convenient to the shopping district of New York.



**IF ON THE FIRST APPEARANCE** of trouble in either the spine, hip or knee joint, or any trouble that can be treated with surgical appliances, the patient were advised to apply to a firm with experience and a reputation for fair, square dealing, it would

be a lasting benefit to the patient, and add to the doctor's success. We have 35 years' experience as manufacturers of surgical appliances, artificial limbs, trusses, etc. Elastic stockings made to order. Crutches, etc.

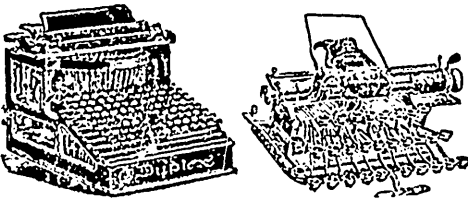
**AUTHORS & COX,**

135 Church Street - - TORONTO.

**PAIN AND REST IN DIPHTHERIA.**  
—Rest is one of the sweetest words in our language, and in the management of no disease is this more true than in diphtheria. In keeping with the experience of Prof. T. E. Murrell, ex-Vice-President of the American Medical Association, and Dr. Pollack, of St. Louis, who have found antikamnia valuable as a reliever of the pain of nocturnal carache, it has also been found of great value as a sleep producer in the e cases. Given in doses of two and a half to five grains every two to four hours, there is no depression nor have other than satisfactory results obtained. Dr. Eggers, of Horton Place, St. Louis, reports in the treatment of an attack of diphtheria in a member of his own family, that, to obtund the pain consequent upon the injection of anti-toxin-serum, which ordinarily lasts from three to four hours, he exhibited antikamnia internally, securing relief

in a few minutes. In the treatment of any neuroses of the larynx, coughs, bronchial affections, la grippe and its sequelæ, as well as chronic neuroses, clinical reports verify the value of codeine in combination with antikamnia, the therapeutical value of both being enhanced by combination.

**MESCAL BUTTONS.**—Prentiss and Morgan (*Medical Record*) report the re-ults of their researches into the physiological action, chemical constitution, and therapeutic uses of mescal buttons, the dried tops of anhalonium Lewinii. These buttons are chewed by the Kiowa and other Indians, and the resulting intoxication is associated with religious ceremonials. The authors administered them to eight young men who volunteered for the purpose. Three buttons were usually sufficient to produce the characteristic effects, of which the most marked were brilliant



Headquarters for

## TYPEWRITERS

The Duplex  
The Jewett  
And Blickensderfer

With visible writing and visible price

**ONLY - \$45.00 - ONLY**

The DUPLEX, the fastest Typewriter in the world,  
2½ words per minute. Ask for catalogue.

Creelman Bros. Typewriter Co.

FACTORY :  
GEORGETOWN, ONT.

TORONTO OFFICE :  
19 ADELAIDE EAST

Advisable always to have a supply in the house.

# VIN MARIANI

THE IDEAL TONIC.

Fortifies

Nourishes ✨

Stimulates ✨

Refreshes

**BODY** AND

**BRAIN**

Endorsed by eminent physicians everywhere. Used in Hospitals, Public and Religious Institutions. Sold by Druggists and Fancy Grocers. Mailed Free, album of autographs of celebrities, by

**LAWRENCE A. WILSON & CO.**

28 and 30 Hospital Street

... MONTREAL

Sole Agents in Canada for

Gold Luck See Champagne  
Wilson's Old Empire Rye  
Doctor's Special Brandy

Bottled in Cognac by Boutelleau & Co., and prescribed by the medical profession for invalids' use.

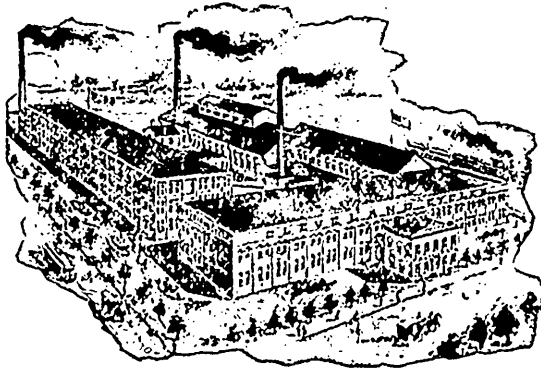
# The Cleveland

POSITIVELY EXCELS

in material, construction and finish any other wheel upon the market. It never fails to give entire satisfaction; pleased purchasers are our best advertisers.

## This Acknowledged Leader OF THE HIGH GRADES

attributes much of its success and popularity to its famous dust-proof ground bearings, which do not chip or wear out with a few months' use, but are absolutely free from grit and dirt after a whole year's hard work.



Factory:  
Toronto  
Junction

Factory:  
Toron'co  
Junction

## Medical Men

are enthusiastic in the praise of The Cleveland, whose strength, simplicity and smoothness of running make it pre-eminently the wheel for invalids and delicate people.

... Send for Catalogue

### H. A. Lozier & Co.

Factory, Toronto Junction. . Salesroom, 169 Yonge St. Toronto

hallucinations of vision, varying color phenomena predominating and being associated with hardly less remarkable figures and forms. The effect upon the mind was comparatively slight, but the muscular system was always more or less depressed. The pupil was invariably dilated, and there was in three cases partial anæsthesia of the skin. The heart action was at first slower and stronger, then rose to normal, and was never depressed. There was a sense of fullness in the stomach, with occasionally nausea and vomiting; all appreciation of the duration of time was lost, and the power of sleep remained in abeyance for twelve to twenty-four hours. In this last respect, as in the absence of any merry character from the visions, a sharp contrast is offered to cannabis indica. Three alkaloids have been extracted from mescal, namely, anhalonin, mes-

calin, and a third base discovered by Ewell, working in association with the authors. Anhalonin has an action upon guinea-pigs similar to that of strychnine, but a dose four times that contained in enough mescal to produce complete intoxication has no appreciable effect in man; it cannot, therefore, be the active principle of the buttons. Mescal also produces convulsions in small animals, but of a different character, being accompanied by rapid and difficult breathing, and the symptoms of respiratory embarrassment. The general appearance is that of intense dyspnoea, and the type of the convulsions is obviously asphyxial. The constitutional effects therefore resemble those of cocaine rather than strychnine; the pupil is dilated, the muscular and respiratory systems depressed, and the heart unaffected. The third alkaloid produces a marked increase of reflex excitability, and in

---



---

## DEWAR'S PERTH WHISKY.

---

### OPINIONS OF MEDICAL AND OTHER PAPERS.

*The Lancet*.—"This is a good, pure and wholesome spirit."

*The Scotsman*.—"Singularly mellow, thoroughly matured, and of the most delicate flavor."

*The Practitioner*.—"It has all the marks of a pure and well-matured spirit."

*The London Medical Record*.—"It is an excellent spirit, and we can with confidence recommend it as a choice spirit for medicinal purposes."

*Medical Press*.—"A well-matured spirit, with a captivating flavor and a bland taste."

*The Hospital*.—"Well matured, free from fusil oil and exceedingly wholesome."

*The Sanitary Record*.—"It is an excellent spirit of fine flavor, is free from all deleterious compounds, and can be safely recommended."

*The Country Brewers' Gazette*.—"Is of the best we have ever tasted."

*Perthshire Constitutional*.—"Of exceptionally good quality; a long way ahead of any of its rivals."

*Scarborough Post*.—"Remarkable for aroma, purity and the mellowness which age alone can give."

*Eastern Australian and South African Journal of Commerce*.—"An exceedingly fine Old Highland Whisky."

*The Colonies and India*.—"Old, soft and mellow, pleasant to the palate and invigorating to the system."

---

*Appointed by Special Royal Warrant Surveyors to Her Majesty the Queen.*

*Awarded 50 Gold and Prize Medals.*

TO BE HAD EVERYWHERE.

J. M. DOUGLAS & CO., = Agents, = MONTREAL.

# THE FEDERAL LIFE ASSURANCE CO.

HEAD OFFICE: HAMILTON, ONT.

Guarantee Capital, - - \$700,000.00.

AMOUNT ASSURED - - - - \$11,000,000.00

Surplus Security to Policy-holders - - - - - \$704,141.26  
 Returned to Policy-holders over - - - - - 750,000.00

Most Liberal Policies. Age having been admitted, there is NO CONDITION but payment of Premiums after the First Year. Inquire for the "Accumulation Policy," the "Compound Investment Policy," or the "Guaranteed Four-per-cent. Insurance Bond."

JAS. H. BEATTY,  
 (North-West Transportation Line)  
 President.

DAVID DEXTER,  
 Managing Director.

## PHYSICIANS! ATTENTION!

Just Out . . .

An American Text Book of Physiology.

An American Text Book of Applied Therapeutics.

An American Text Book of Obstetrics.

Roswell Park's System of Surgery. 2 Vols.

Treves' System of Surgery. 2 Vols.

Deformities—A Treatise on Orthopaedic Surgery, by A. H. Tabby,  
 F.R.C.S., Eng.

Simons' Clinical Diagnosis.

New Edition GRAY'S ANATOMY, Thoroughly Revised.

### A. P. WATTS & CO.,

Medical Publishers  
 and Booksellers . .

10 College Street,

Toronto.

Mention this Journal

large doses tetanic convulsions ; its physiological action is exactly similar to that of strychnine, the effects upon the heart and respiration being entirely secondary to those exerted upon the muscular system. The pupil was not markedly affected. Of the other ingredients of the buttons the most important is a resinous substance, which may be the active principle. The writers have used the powdered buttons and extracts and tinctures made from them in the treatment of various conditions dependent upon nervous irritability, and with considerable success. In therapeutic doses (7 to 15 gr.) it does not produce insomnia, but frequently removes its cause, and so conduces to natural sleep ; it has been of most use in symptomatic treatment, as in cases of nervous headache and cough, active

delirium, mania, hypochondriasis, and melancholia. The taste of the liquid preparations is very bitter but is readily disguised.—*British Medical Journal*.

A CORONER'S jury in Maine reported that "deceased came to his death by excessive drinking, producing apoplexy in the minds of the jury."

Doctor—"Troubled with sleeplessness, eh? Eat something before going to bed." Patient—"Why, doctor, you once told me never to eat anything before going to bed." Doctor (with dignity)—"That, madam, was 1889. Science has made great strides since then."—*Ex.*

"Now is the Winter of our Discontent made Glorious Summer" by the warm and comfortable

## RIGBY RAIN-PROOF CLOTHING

This is the season of the year when one appreciates the great benefits which Rigby has placed within the reach of everybody.

No one thinks of going out these days without taking something along as a protection against the inclement weather.

## EVERY DOCTOR SHOULD HAVE A RIGBY COAT

### An Umbrella does not fill the bill

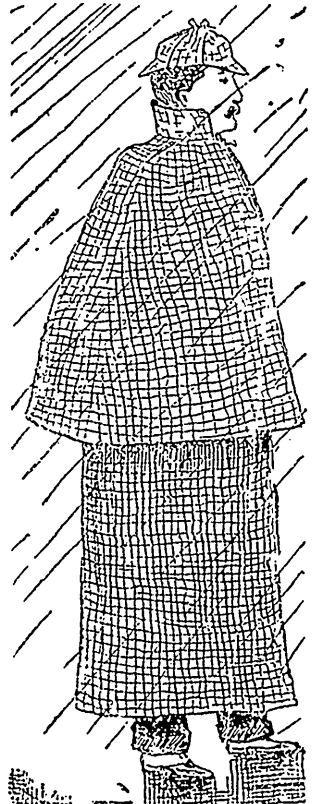
for, even if one does not leave it in the street car or somewhere else, it is always in the way.

### A Rubber Coat won't do

for it is positively dangerous to be folded in the clammy embrace of an air-tight waterproof in cool weather, and then the odor is so intensely disagreeable!

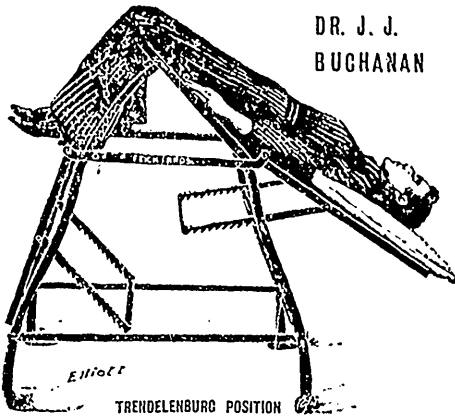
### A Rigby Coat is the thing

Stylish, warm, comfortable, rain-proof, porous, odorless—takes the place of overcoat, waterproof and umbrella.



New Aseptic General Surgical and Gynæcological  
**OPERATING TABLE**

DESIGNED BY  
**DR. J. J.  
BUCHANAN**



This Table may be folded and carried in a buggy, a marvel of compactness. White enamel finish. It gives all the positions required in modern surgery. Special circular on application.

Price of Table, including boxing, \$20.00 net  
Don't Ask for Discount

Leg-holders or Footrests for above, per pair, each, \$3.00 extra.

Send for New Illustrated Catalogue, 600 pages. Third Edition. Postage, 20 cents in silver.

**FEICK BROS.**

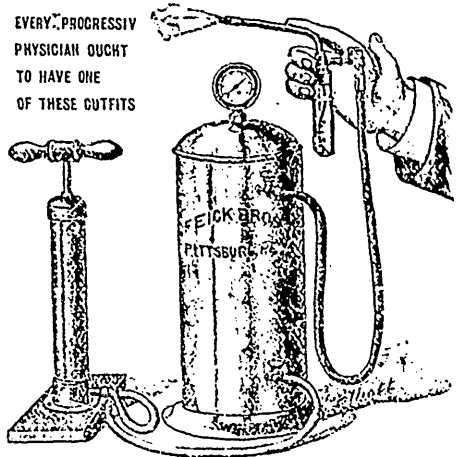
215 Sixth Street,

**SURGICAL INSTRUMENTS and PHYSICIANS' SUPPLIES**

PITTSBURG, Pa., U. S. A.

**NEW COMPRESSED AIR ATOMIZER**

EVERY PROGRESSIVE  
PHYSICIAN OUGHT  
TO HAVE ONE  
OF THESE OUTFITS



The receiver is 27 inches high, including gauge, and 10 1/2 inches in diameter; tested to 100 lbs. hydraulic pressure, and provided with a gauge registering the maximum pressure of 50 lbs. Both receiver and pump are made of copper and are nickel-plated. Complete outfit consists of improved pump, silk tubing, automatic cut-off, and three Davidson hard-rubber sprays, or glass sprays.

Price only \$22.50 net

HIGHEST AWARD - WORLDS FAIR  
**IMPERIAL GRANUM**  
THIS STANDARD PREPARED  
**FOOD**  
HIGHEST AWARDS - WHEREVER EXHIBITED

"IS WELL-PREPARED! NUTRITIOUS! EASILY DIGESTED!"—The World's Columbian Commission.  
SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*"The Feeding of Infants," in the New York Medical Record.*

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription.*

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, New York.*

Not only palatable, but very easily assimilated.—*The Trained Nurse, New York.*

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annals of the Universal Medical Sciences, Philadelphia, Penna.*

Highly recommended and endorsed by the best medical authorities in this country.—*North American Practitioner, Chicago, Ills.*

It has acquired a high reputation, and is adapted to children as well as adults—in fact, we have used it successfully with children from birth.—*The Post Graduate Journal.*

The results attending its use have been very satisfactory.— \* \* \* *M.D., in New York State Medical Reporter.*

Especially valuable in fevers, and often the only food the stomach will tolerate in many gastric and enteric diseases.—*Dominion Medical Monthly, Toronto.*

★ 'Physician's-samples' sent free, post-paid, to any physician—or as he may direct. ★

JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK CITY, N. Y.

We should be glad to have  
you write for a sample of

## TAKA = DIASTASE.

Acts more vigorously on starch than does  
Pepsin on proteids.

### RELIEVES

# Starch Dyspepsia

We are now able to relieve a large number of persons suffering from faulty digestion of starch, and can aid our patients, during convalescence, so that they speedily regain their weight and strength by the ingestion of large quantities of the heretofore indigestible, but nevertheless very necessary, starchy foods. We trust that the readers of the *Gazette* will at once give this interesting ferment a thorough trial, administering it in the dose of from 1 to 5 grains, which is best given in powder, or, if the patient objects to the powder, in capsule.—*The Therapeutic Gazette.*

Pepsin is of In ailments arising from Faulty Digestion  
no Value of Starch.

## PARKE, DAVIS & CO.,

### BRANCHES:

NEW YORK: 90 Maiden Lane.  
KANSAS CITY: 1008 Broadway.  
BALTIMORE: 8 South Howard St.  
NEW ORLEANS: Tchoupitoulas and Gravier Sts.

Manufacturing Chemists,

DETROIT, MICH.

### BRANCH LABORATORIES:

LONDON, Eng., and WALKERVILLE, Ont.



THE  
**Dominion Medical Monthly**  
... AND ...  
**Ontario • Medical • Journal**

---

Vol. VII.

TORONTO, DECEMBER, 1896.

No. 6

---

**ORIGINAL ARTICLES.**

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

---

**TAPEWORM.\***

By ALEX. BETHUNE, M.D., F.R.C.P.S.R., Seaforth, Ont.

MR. PRESIDENT AND GENTLEMEN,—The subject of this paper is one in which you are well versed, but at the same time it is an interesting one, and my object in bringing it before you to-day is to ascertain the frequency of the occurrence of tapeworm in your practice and your method of treatment. It seems to me that some medical men, who have been in practice for several years, have never had a case of tapeworm, while others who have only been a short time in practice, have treated several cases. A confrere of mine who had been in active practice for over thirty years, asked me to visit a case with him, in the city of Toronto, and he stated that this was the first case he had ever treated, and that he knew several other practitioners who said they had never treated a case. Now, it is a question whether certain localities, or certain methods of living as regards diet, water, etc., have anything to do with the occurrence of tapeworm. There is no doubt in my mind but what they have.

About twenty-five years ago I treated three brothers, Englishmen, who were married to three sisters, German women, in the city of Buffalo, within three months of each other, and they all passed tapeworms, while their wives were not affected, although one would naturally have supposed that they would have been affected also, as they all used the same diet and drank the same water. Within the last three years I have treated seven cases of tape-

---

\* Read at the meeting of the County of Huron Medical Association, Clinton, October 21st, 1896.

worm, and two within the last three months, and these are the specimens I now present to you. The first specimen I am not exactly sure of, whether it is a tapeworm or not, but I think it is what is described by writers as *Tænia flavopunctata*, and of a species which is very rare. Others again say, "that this species is more common than might be supposed, and from its small size and harmless character, has generally escaped notice." The man who passed this had no idea that he was troubled with worms at all, but as he had not been feeling well for several days, on August 10th he took a large dose of castor oil in whiskey in the morning, and drove several miles pretty rapidly over a rough road, and about noon, when the oil operated he observed the worm, which he preserved and brought to me. He said it was alive when he saw it first.

The second specimen is a *Tænia saginata*, or *Tænia medio-canellata*—Beef tapeworm, which is the most common species found in man, and, although the *Tænia solium* was supposed to be always solitary, yet it has been proven that there is often more than one in the same person, and that the Beef tapeworm is generally solitary. Once only have I seen two Beef tapeworms passed at the same time by the same person. The man who passed this tapeworm, is a butcher, eighteen years of age, and consulted me with regard to worms, as he thought he had worms, although he said that he never passed any that he knew of. I gave him three powders of santonine and hydrargyri sub-murias and a jalap powder to work them off, and next day he brought to me about six inches of tape-worm, which he had passed. I then told him to fast for twelve hours, and after that I gave him a bottle containing *ol. telix. mass.* ℥ iss., *olei tighi gtt.* ij., *olei terebinth.* ℥ ij., and *glycerine* ℥ ij.—told him to shake the bottle well and take one-third of the medicine immediately, and so on every four hours, until he finished the bottle or passed the worm. In an hour after he had taken the second dose the worm came away; in all it measured about fourteen feet; the head is not there. I suppose it must have separated when he washed away the *feces*. My experience has been that it is very difficult to find the head, as it is so small and tender that it is generally separated from the body in passing, but when you find the small segments, to which the head is likely to be attached, you may be almost certain that the head has come away also; my reason for saying this is that if the head remained the worm would be almost certain to grow again, but in nearly all the cases I have treated there has seldom been a recurrence. Now it would be superfluous in me to dilate on the cause and origin of tapeworm in the human system, as you are all conversant with that; but there has been a difference of opinion as to the length of time that it takes for a Beef tapeworm to come to maturity. Pepper says that rarely more than a single worm infects a person at the time. The species is of rapid growth. According to Penoncito, quoted by Cobbold, a mature worm was reared from a beef measles, swallowed by a student, in fifty-four days. As this paper is already lengthy enough, I will conclude with the hope that we will all derive some benefit from the discussion of it.

## REPORT ON CONTAGIOUS DISEASES FOR THE QUARTER.

*To the Chairman and Members of the Provincial Board of Health.*

Your committee begs leave to report that, during the past quarter, while the Province has been remarkably free from epidemic diseases of the more infectious character, evidence was brought to it that, as is common at this season of the year, typhoid fever has been prevalent in many country districts, and indeed in those towns and cities where well-water is still more or less used.

The absence of any epidemic due directly to a polluted public water supply is a most gratifying statement to be able to make of a Province where over one hundred public water supplies exist, and point yet more strongly to the wisdom of other towns and villages at once instituting works of a public character, if they are to maintain their commercial position.

Reports regarding outbreaks have been received from Keppel township, also from the village of Bayfield, where typhoid prevalence illustrates once again the common mode of its propagation where the wells of a village are in a sandy soil or clay, and not more than ten or twelve feet deep.

Local pollution from privy pits and manure heaps is, as usual, the presumed cause. The Board in this, as in similar cases, supplies sterilized bottles for samples and analyzes them, and recommends closing of wells on the result of analysis.

A report from Etobicoke, in the village of Islington, a place where for ten years similar cases have occurred, illustrates the same conditions and methods of propagation.

The existence of typhoid is reported from the lumbering district of Sault Ste. Marie, where the Mayor of the town complains that such men are sent out to the town for treatment from camps, and become a charge as paupers on the town. The need of an hospital in such a centre, where the per capita grant of the Government would, in some degree, serve to recoup the town for such extensions, is greatly needed, and illustrates the need which the Board has before referred to for similar hospitals in the several town centres in the sparsely settled new districts.

The city of Belleville, as reported at a previous meeting, has been more than usually a sufferer from typhoid this year; and while there is public water, it is not under the charge of the city and is limited in its use, with the result that old town wells from polluted springs are still in use in the main street, and wells similarly dangerous exist in other parts of the town. The town has been strongly urged by your Secretary to purchase the works, and adopt filtration of the bay water, as is being carried out in Deseronto.

The disease is also reported as existing in Gravenhurst. A severe outbreak occurred among mill hands at Utterson, in Muskoka, where the water supply used was with reason suspected, the condition of the cottages where the mill hands were forced to live being most unsanitary. Action was advised in the matter by correspondence.

Similar unsanitary conditions resulting in fever in the villages of Warren, in Algoma District, are similarly reported, and the people urge this Board to give power to appoint a Local Board of Health. Such action as the Board can take is strongly advised.

A serious outbreak in the town of Renfrew is reported. Your Secretary has been aiding the Local Board to trace the causes, as usual, to wells, by having bacteriological analyses made, which results will be reported upon by Mr. Mackenzie.

During the summer diphtheria has been present only in very limited amounts in most districts, but during the last six weeks, since the damper weather, and the opening of the public schools, more cases have occurred, and antitoxin has to some extent been in demand. Owing, however, to supplies being kept by druggists in many towns, the Board has not any accurate idea of the extent to which it is being used.

Outbreaks have been reported from Whitney, in the unorganized territory, in Renfrew, and membrane examinations have been made in cases as reported from Madoc, where it has broken out in the public school. Membrane examinations have been made in the Board's laboratory also from Rawdon township. Within three weeks fifteen cases were reported from Watford, in Lambton county, and the Local Board have been advised as to the measures to be taken, and examination of membrane advised.

A dispute on the utilization of a school-house in Minden, during the holiday season, as an hospital, was reported, and action to be taken in the circumstances was advised.

A severe outbreak has occurred in Durham village, with a very considerable number of cases, and a notable number of deaths.

An outbreak has also been reported from Osprey township, near Durham, the Local Board seeking information and asking for supplies of literature.

The most recent and serious outbreak reported is that at present in St. Thomas. The circumstances attending it are now being investigated.

In connection with these outbreaks of disease, it is with much satisfaction that your Secretary can state the important assistance he received from the Registration Act, which requires monthly returns of deaths from contagious disease. These returns have been the first notice, in several instances, that we have received of the prevalence of these diseases, and he has thereby been enabled to take action through the Local Board of Health for their limitation.

The following report of work done in the laboratory is submitted as a part of this report. All of which is respectfully submitted.

(Signed.)

P. H. BRUCE, M.D.

#### LABORATORY REPORT.

*Mr. Chairman and Gentlemen,—*

During the preceding summer the laboratory has been called on to investigate many problems of a sanitary character in connection with the health of the Province.

Along certain lines there has been a marked increase in the amount of work sent in; along others the increase has not been so great as the importance of the work should lead us to expect. On the whole, however, the work has increased.

*Water Analysis.* A large number of samples of water from various parts of the Province have been examined bacteriologically. In all, from May 1st, 108 samples have been examined. In addition to these some twenty-nine samples were sent in, but not examined on account of my absence from Toronto, either for holidays or on work for the Board. Thus in all about 137 samples of water were sent in for bacteriological examination.

These samples came from the following localities, viz.: Brantford, Belleville, Guelph, Port Hope, Woodstock, Walkerton, Rockwood, East Zorra, Beaverton, Renfrew and Oshawa.

The number of samples sent in was more than all those received during the preceding year.

From the results of these bacteriological examinations it was possible to come to safe conclusions in a majority of the cases as to the potability of the water, whilst in some cases the results were doubtful.

As far as possible the quantitative examination of the number of colonies per c.c. present in a sample was amplified by a qualitative examination of the forms present, and especially by an examination for *Bacillus coli communis*.

A record has been kept of the individual species of bacteria appearing in these waters, so that in time it is hoped that by a survey of a large number of results, we may by a qualitative inspection come to some conclusion as to potability. So far, certain species have been noted as being practically universally present in all waters examined. For instance, there appears in practically every sample of water examined, a form known as *Bacillus punctatus* (Frankland), and in some cases it forms quite a percentage of the colonies present. Another form that is always found is that called *Bacillus fluorescens liquefaciens*. These forms seem to be common in European waters, and are likely world-wide in their distribution, and normally present in all natural waters. If a water is allowed to stand they are found to multiply rapidly.

On the other hand there are certain forms which are apt to be associated with polluted waters, and when a sufficient number of observations have been collected, no doubt we will have a valuable aid to the valuation of a water supply.

This spring there was published a new method for the isolation of the typhoid bacillus from water, called Elsner's method, depending upon the use of a special jelly containing potassium iodide, which seems to inhibit the growth of all forms except *Bacillus coli* and *Bacillus typhosus*.

This method I have tried frequently during the past summer, but not yet with success. I found a tendency for many forms to develop from a water which, the originator of the method claimed, would not grow in the jelly, and of course the larger the number of species which grow in the jelly, the less likelihood is there of isolating the typhoid.

Latterly, however, I have modified the method somewhat with certainly the development in one case of a large number of colonies of *Bacillus coli*, and I again have hopes that the method may lead to something. If it even gives us a quantitative method of estimating *Bacillus coli*, it will be a decided step. I will be able to report more fully upon it at the end of the year.

Perhaps the most interesting series of bacteriological examinations are those in connection with the Brantford water supply. Samples of the public water supply and of private wells were sent to the laboratory every month. The public supply shows the same purity as was found for it last year, and bacteriologically has practically remained the same throughout the summer, in spite of marked variations in the water of the canal and river. On the other hand the private wells were constantly worse than the public supply, some of them being exceptionally bad. An important adjunct to the examination of the Brantford well-waters was a determination of the chlorides, in which it was found that the purer the water the more nearly it approached the chlorine of the city supply, the normal chlorine for the water-bearing strata beneath the town being between eight and ten parts per million. The observations in regard to the impurity of Brantford wells has been repeated practically for wells throughout the Province. There seems to be in all parts of the Province a very large number of very bad wells. In towns with a public water supply there are few wells with as good water as the public supply.

As a rule the bacteriological samples were sent to the laboratory so carefully packed that no material change in the number of bacteria in the water occurred. This was when the instructions sent out by the Board were carefully followed. Occasionally this was not done and quite unreliable results obtained.

Chemical analyses were made of nineteen samples of water, coming from Goderich, Salford, Ingersoll, Woodstock, Deseronto, Hamilton, Brockville, Penetanguishene, and Guelph.

*Examinations of Sputum.* Examinations have been made of forty-three samples of sputum since May 1st, with the following results: *Bacillus tuberculosis* present in twenty-eight, absent in fifteen.

*Examination of Diphtheria Exudate.* Examinations have been made of eighteen samples of suspected exudate with the following result: *Bacillus diphtheriæ* present in ten samples, absent in eight.

This department of the work has not increased as it should; amongst the medical men sending in samples for examination there are very few new names, the same men continuing to send month after month.

I would suggest in this connection that a new circular be sent out in regard to this work.

*Other Investigations.* Two outbreaks of suspected anthrax were investigated during the preceding summer, and in both cases the post-mortem reports led one to strongly suspect anthrax. The first one was from Dr. J. Hugo Reid, of Guelph, which came in June 10th. Bacteriological examination by cultures and by the infection of animals, showed the anthrax bacillus to be

absent. On June 22nd, another sample was sent through Dr. Kitchen, of St. George. In this also, cultures and inoculations of animals proved anthrax to be absent. What the cause of these peculiar deaths in animals was, is difficult to decide. In Dr. Reid's case there was isolated a bacillus of the *Bacillus coli* group which was exceedingly pathogenic, but the suspicion was great that its presence was due to post-mortem injection of the tissues. In Dr. Kitchen's case no specially pathogenic form was isolated.

*Tuberculosis in Animals.* There are four cases of tubercular tissue from animals sent in for diagnosis.

A very interesting diphtheria case of a special character came to the laboratory on June 26th. This was the fauces and larynx from a girl who had died of mumps (?) under Christian Science treatment. The body had been buried about fourteen days and had been embalmed before burial.

In spite of this cultures of a bacillus believed to be Klebs-Loeffler bacillus were made from the tonsils, and in order to make certain, two animals of the same weight were inoculated with the same dose of the bacillus; one, however, received 1 c.c. of antitoxic serum. The one which received the bacillus without the serum died in forty-eight hours with all the symptoms of laboratory diphtheria, the other was not ill and had not even a lump at the point of inoculation, conclusively proving the contention that the disease was diphtheria. It is also interesting as throwing light on the efficacy of embalming to prevent contagion.

*Specific Typhoid Reaction.* At the Buffalo meeting of the American Public Health Association, Dr. Wyatt Johnston, of Montreal, called attention to a new diagnostic method for typhoid, discovered first by Prof. Pfeiffer, of Berlin, and elaborated by Widal, of Paris, and Dr. Johnston himself.

This consists in a peculiar specific action of the blood serum of a typhoid patient upon the typhoid bacillus, causing them to lose their mobility and run together into clumps.

Since returning from Buffalo, I have tried it in sixty cases, some of typhoid, some not typhoid, and have found the method confirm the clinical diagnosis in all except six cases. In three of these six cases, it is possible that there is some other explanation than the failure of the test.

This test, if it proves to be what we expect from it, will be of importance in public health work, and will be another line along which the laboratory of the Board may be of assistance to the Medical Health Officer.

Already the Provincial Board of Montreal has sent out circulars to the men of the Province of Quebec, offering to examine blood samples from cases of typhoid, to assist in diagnosis.

Before closing I beg to call the attention of the Board to an important point, and that is, the need of an assistant in the laboratory.

As I said above, twenty-nine samples of water were spoilt on account of coming whilst I was absent, and a number of samples of diphtheria exudate could not be reported on for the same reason.

If the work of the Board is to go on increasing, some assistance must be

given in the laboratory work, and I would suggest that the matter be seriously considered.

The work of the laboratory might be indefinitely extended and should be extended especially along chemical lines. Every laboratory of a similar character has a chemist as well as a bacteriologist, and if a chemist were appointed to your Board, his time could be kept fully occupied not only with the systematic examination of public water supplies already in use, but also with other chemical work which might be taken hold of. In addition to this, he could attend to any routine bacteriological work which might come in during my absence. I would earnestly suggest the consideration of this matter.

Respectfully submitted, (Signed.) JOHN J. MACKENZIE.

---

### CLINICAL NOTES.

By C. H. J. CHAPMAN, Ottawa.

---

Though some eminent surgeons may consider lithotrity a preferable operation to lithotomy in vesical calculus, there are occasions when the cutting operation proves to be the best. In any case it is a classic operation—one demanding good anatomical knowledge, sound judgment and manual dexterity.

A patient—male, aged 59—presented himself to Dr. Wright some time ago with all the symptoms of calculus. Examinations at first did not yield satisfactory results. Under an anæsthetic, however, positive evidence of what was believed to be a calculus was obtained. On September 10<sup>th</sup> the lateral operation was performed, but instead of a stone about six inches of soft rubber tubing, crusted over with phosphatic deposit, and quite a lot of small concretions of phosphatic matter, were obtained.

Strange to say, the patient, while he admits he was using a soft catheter about a year ago for a month, never remembers having broken it in any way, and has no idea how it could have got into his bladder.

Dr. Rogers (Vice-President Ontario Medical Council) the other day removed a vascular growth from the female urethra by dissection and the actual cautery. Urethral caruncles and vascular growth in the above situation give rise to a great deal of bladder trouble, and consequent suffering from loss of health.

Bladder troubles in females are apt to be very intractable, and require absolute rest with careful local and general treatment. Boracic acid, gr. x. internally, and regular washing out of the bladder with boracic acid, and gradually increasing strength of argent. nit. every day or two (two to eight grains to the ounce) will often work wonders.

Among the affections in connection with the knee-joint, often not easy of diagnosis, and apt to give rise to considerable pain and more or less lameness, are loose cartilages in the joint. A case of a young man who had been suffering more or less for some twelve years, was sent in for relief. He had



been unable to fully extend the left leg for a length of time, and was obliged to walk with it in a semi-flexed position. Careful examination led to the diagnosis of a loose cartilage, which was removed under careful anti-septic precautions. It was circular in shape, over an inch in diameter, and about a quarter of an inch thick in the centre, tapering towards the edges. The synovial membranes were brought together with fine catgut sutures, and the external incision by silkworm gut, and the wound being dressed the limb was placed on a McIntyre splint. A favorable result is anticipated.

---

## THE SURGICAL TREATMENT OF RETRO-DEVIATIONS OF THE UTERUS.\*

By DR. AUGUSTIN H. GOELET, of New York.

I believe that many of the operations designed for retro-deviations of the uterus are unnecessary and irrational. The objection to Alexander's operation is the time it consumes and the prolonged convalescence it entails. Both ventro fixation and vaginal fixation substitute an abnormal position and leave the organ fixed. When the uterus is movable, opening the peritoneal cavity to overcome a displacement is not justifiable if a cure can be effected without it. This should, he thinks, be reserved for those cases where the organ is fixed in an abnormal position by firm adhesions which cannot be otherwise overcome, and in these cases the uterus should be suspended from the anterior abdominal wall not fixed to it. This secures the organ in a nearly normal position of anteflexion, and it is fairly movable.

Vaginal fixation has been given undeserved attention in this country. Its originator, Mackinrodt, has abandoned it. When it is more generally known that the fixed abnormal position which results offers a serious impediment in pregnancy when it supervenes and complicates labor, it will cease to be recognized as a legitimate procedure.

When the uterus is movable, Goelet dilates carefully, cures the cavity and inserts a straight glass drainage tube, which serves the purpose of a splint and keeps the uterus straight. The vagina is then tamponed with iodoform gauze in such manner as to throw the organ temporarily into a position of anteflexion. Subsequently, a vaginal pessary is made to take the place of the tamponade. The tube is retained in the uterus for a week, during which time the patient is confined to bed, but it is removed every day and the cavity is irrigated to remove mucus and clots which may be retained. When the patient is permitted to get up, the tube is permanently removed and a vaginal pessary is employed for a while to maintain the uterus in a correct position until the normal tone of its walls and supports is restored.

When the adhesions are not very firm or extensive they are broken up by manipulations under anæsthesia without opening the peritoneal cavity, and the case is then treated as one of movable displacement.

This seems a rational procedure, since it aims at a cure of the metritis and endometritis, the maintaining cause of movable displacements, re-establishes a normal position of the uterus and leaves it movable. It is entirely free from risk if thorough asepsis is observed, and requires only a week's confinement in bed.

The uniform success which this plan of treatment has afforded in his hands leads him to believe that the other more hazardous and complicated operations designed for retro-deviations are generally unnecessary.

---

\* Paper presented at the New York State Medical Society.

## Reports of Societies.

---

### HURON COUNTY MEDICAL ASSOCIATION MEETING.

---

The regular quarterly meeting of the Huron Medical Association was held in the Council Chambers, Clinton, on the 21st October. Dr. Shaw, the President, in the chair. Dr. Krausman, Secretary, *pro tem*.

Among those present were Drs. Bethune and Burrows, Seaforth; Taylor and Thomson, Goderich; Agnew, Londonboro'; McAsh, Belgrave; Kennedy, Wingham; Stanbury, Bayfield; Armstrong, Brucefield; Gunn and Shaw, Clinton.

After the minutes of the last meeting had been read and adopted, Dr. Gunn read his paper on "Hernia." He gave histories of cases in practice, laying special stress on the case of a child which he presented, showing result after operation and by photo the case before operation. In this case he was sent for late at night and diagnosed strangulated hernia. He operated immediately; found the bowel somewhat gangrenous. The doctor then proceeded to explain the different steps in the operation for a radical cure, which he did not get in this case on account of the patient contracting whooping cough, it being in the house at the time of the operation. The child wore a truss till he was about three years old, when the hernia completely filled and distended the scrotum, reaching half way or more to the knees, as could be seen from the photo passed among the members, and this time he succeeded in having a radical cure. A point the doctor wished to lay special stress upon was that in persistent vomiting, after supposed reduction, it was then best not to delay longer but to operate immediately.

Drs. Bethune, Burrows and Kennedy all congratulated Dr. Gunn on his very instructive paper, each citing

some special cases he had met with.

Dr. Bethune read his paper on "Tapeworm" (see page 593), and thought the commonest class of cases are sometimes the most easily overlooked, and at the same time most instructive. After going into detail on treatment he passed around some specimens, some of which were very rare.

Dr. Gunn thought it showed good judgment on Dr. Bethune's part in introducing the subject, as there were sometimes many symptoms, both from the alimentary tract and nervous system which complicated some cases and made them very interesting.

Dr. Taylor read his paper on "Diphtheria," with histories of cases out of the ordinary, and his experience with antitoxin both curative and preventative. He thought it was a success, especially if used early enough, but here is where the difficulty lies. He thought Toronto too far away to get the supply from, and that the Ontario Government or the County Council should bear the expense of keeping a fresh supply at some central point in the county, in order that the doctor may get it early and not lose valuable time in waiting for a supply from Toronto, and he made a motion to that effect which was carried unanimously.

The meeting then adjourned, members to be notified of time and place of next meeting.

---

### NEW BRUNSWICK MEDICAL SOCIETY.

---

The sixteenth annual meeting of the N. B. Med. Society was held in Moncton, July 21st and 22nd. The president, Dr. G. E. Coulthard, occupied the chair, and over forty members were present. After the reading of the minutes of last meeting, the President delivered an address on his first one thousand cases of midwifery. The doctor had the cases in tabulated

form showing different positions, presentations, etc., which he distributed among the members before delivering his address, thus enabling them to notice every detail. This was a very interesting subject, and showed how comparatively few cases of septicæmia now exist under the careful use of antiseptics; also of an increasing use of anæsthetics during labor without a single fatal result. It was a very interesting and instructive address, and for which the doctor received a hearty and unanimous vote of thanks.

#### REPORT.

*Mr. President and Gentlemen of the N. B. Medical Society:*

Again it becomes my duty to present to you the annual report from the Council of Physicians and Surgeons of New Brunswick.

The year just passed has been uneventful, matters medical having, with few exceptions, passed along smoothly and with little or no friction. The change in the manner of collecting the annual fees, foreshadowed in my last report, has been accomplished with much less than the expected trouble, and the fees are now paid in advance as the law directs.

I have again to call the attention of the Society to the fact that many members of the profession neglect to pay the annual fees at all. The number of names on the register this year is about two hundred, and the number of practitioners in the Province is much in excess of that. These men seemingly forget that they are making illegal practitioners of themselves, and therefore cannot collect any bills which may be protested, besides laying themselves open to various other penalties.

Last winter the St. John Medical Society very kindly informed the Council that a movement was on foot among the dentists of St. John to get a bill through the Legislature, repealing the clause of the Dental Act which prohibits the administration of

anæsthetics by any person except a duly licensed medical practitioner. Realizing the importance to the public and the medical profession of such a change, the Council at once caused a memorial to be drawn up for presentation to the Legislature, showing why such a law should remain on the Statute book. A committee of the Council was also appointed to watch the matter, and to appear before the House Committee in opposition to the proposed change. I am pleased to be able to inform you that success attended the efforts of the Council and that the Legislature refused to repeal the clause referred to, although strongly urged by an influential delegation of dentists. The Act was, however, so far amended as to allow dentists to administer nitrous oxide gas, which seems not unreasonable.

Since my last report seven students have passed the matriculation examination, and thirteen names have been added to the Medical register, as follows: Chas. McL. Avar, E. M. Copp, Geo. F. Inch, C. C. Alexander, A. B. Atherton, H. T. Knapp, A. P. Crocket, H. W. Keith, A. F. Best, Stewart S. Skinner, E. M. Brendige, A. W. Clark and Ed. H. Saunders.

My last report informed you that reciprocity in registration had been accomplished between Nova Scotia, Prince Edward Island, Manitoba and New Brunswick, and I may now state that the larger question of Dominion registration is receiving the attention of the Council. Delegates have been appointed to meet similar delegates from the various Councils of the Dominion, and a committee of the Canadian Medical Association at Montreal, in August next, when it is hoped this important question will receive an impetus towards a successful issue.

(Signed.) G. H. COBURN, M.D.,  
*Registrar C. P. & S., N.B.*

Drs. W. W. White and Vanwart were appointed a committee to exam-

ine the Registrar's books at the suggestion of the Registrar himself.

The question as to who should prepare the programme for future meetings was brought up by Dr. McCully, and was discussed at length. Drs. Atherton and Coburn thought a special committee, rather than the Local Committee of Arrangements, should have this matter in hand. A motion of Dr. Morrison, seconded by Dr. Botsford, that the Secretary, assisted by the President, arrange the programme, was carried.

Meeting adjourned at 12.30 to meet at 2.30 p.m.

---

#### AFTERNOON SESSION.

Election of officers: President, Dr. A. J. McCully, Moncton; 1st Vice-President, Dr. F. H. Wetmore, Hampton; 2nd Vice-President, Dr. E. J. Gaudet, St. Joseph; Secretary, Dr. J. McNichol, Sussex; Corres.-Secretary, Dr. G. C. Vanwart, Fredericton; Treasurer, Dr. T. McFarlane, St. John; Trustees, Drs. J. W. Daniel, B. Travers and W. W. White. Members of Council, Dr. G. T. Smith, Moncton; Dr. W. W. White, St. John; Dr. Jas. Christie, St. John; Dr. G. R. J. Crawford, and Dr. G. E. Coulthard, Fredericton. Committee of Arrangements for next meeting, Drs. Jas. Christie, H. Geo. Addy, W. W. White, St. John.

A discussion arose as to mode of election, and the following motion was put and carried:

"The members receiving the majority of ballots cast be declared elected; that the lowest man be dropped, and election proceeded with until five are elected."

The above five were elected on the first ballot.

Dr. Atherton, of Fredericton, then read a paper on Appendicitis. He strongly advised early operation in cases severe from the outset. Dr. White complimented the doctor on his excellent paper, after which Dr. Mar-

ven, of Hillsboro', presented some cases on which he had operated for hare-lip. He read a short paper on this interesting deformity and showed photographs of some of his cases before and after operation. The doctor obtained better results by operating in infancy than in grown subjects. It was discussed at some length by Drs. Atherton and Walker.

A paper entitled "The Empirical in Theory and Practice" was read by Dr. Moore, of Salisbury. Dr. McIntosh read a paper on "Some Slight and Serious Eye Troubles," which was an instructive and practical one, and was well received. Dr. Morrison emphasized some of the principal points, and especially cautioned the members not to use atropine when eserine should be used and vice versa.

---

#### EVENING SESSION.

At the evening session, Dr. G. G. Melvin, of Alma, read a paper on the Provincial Board of Health. In this paper the doctor criticized severely this report, particularly in the classification of causes of death, and suggested the Board be more particular in investigating such matters, and that the members be medical men.

The paper was discussed by Drs. Walker, Christie, Coulthard and White. Dr. Walker suggested that the Secretary of the Provincial Board urge upon the local boards the necessity of having medical men for their secretaries. Dr. Coulthard thought the fault was largely with the physicians themselves in not sending in their monthly reports, and that the Government would shortly take the matter in hand and have the work done more satisfactorily. Dr. White thought the medical men should be more particular in their diagnosis when reporting.

On motion of Dr. Walker, it was decided to hold the next meeting of the Society at St. John, as the Maritime Medical Association meets there at that time.

Dr. Moore, of Stanley, then read a paper on "Heredity and Environment."

Dr. T. Walker gave notice that at the next meeting of the Society he would make the following motion:

"The President, immediately after the reading and disposing of the annual address, shall name a Nominating Committee of seven members of the Society, in the selection of which committee due regard shall be had to a representation of the different sections of the Province. It shall be the duty of such committee, at the afternoon session of the first day of meeting, to report a nomination for each office in the Society, but such report shall in no way deprive any member of the right of nominating for such offices. In the years in which elections to the Council are held, such committee shall in like manner nominate for such members of Council."

---

#### SECOND DAY.

Meeting called to order by President at 10 a.m.

Dr. Vanwart read a paper on "Some Remarks on the Treatment of Typhoid Fever." The doctor dwelt particularly on the thorough disinfecting of the excrementitious materials and liquid and nourishing foods. The medical treatment which he most preferred was the nitrate of silver as an internal antiseptic. For the fever cold water should be used instead of the coal-tar products so generally in use. Dr. Stevens thought that chicken-broth should never be given, as in his practice he found that it fermented and caused diarrhoea. Drs. McFarlane, Addy, Christie and Nugent spoke on this paper and heartily endorsed the full and free manner in which this important subject was handled by Dr. Vanwart.

Dr. Wetmore then showed to the members a boy with transposed viscera. He was perfectly healthy, yet the liver, spleen and heart were dis-

tinctly located in their abnormal positions.

The last paper was a most valuable one on "Chronic Seminal Vesiculitis," read by Dr. Foster McFarlane. The doctor said that authors generally had thus far given little or no space in their works to these important organs—the seminal vesicles.

He showed two diagrams, one from Gray's Anatomy, of the vas deferens, seminal vesicles and prostate drawn from theory, and another which differed materially but was true to nature. In Gray the duct of the sem. ves. and vas deferens united to form a common duct which the doctor claims is incorrect, as a bristle would pass easily into the vas deferens but it was impossible to pass it into the seminal vesicles as there was no connection. The anatomy and physiology of the parts was gone into fully, after which the doctor mentioned the causes of disease of these organs and the pathological conditions which ensue. Gonorrhoea was accountable for sixty-four per cent. of all cases. The chief symptoms are constant discharge from the urethra, frequency of micturition, enlarged prostate, etc. Rectal examination is very important in making a diagnosis. The treatment consisted in "Stripping the Vesicles" or relieving the organs of their contents by pressure or massage.

Dr. W. White spoke at some length on this paper, and considered the subject a very important one and worthy of consideration. He termed the paper as "original and almost revolutionary."

A vote of thanks was given Dr. Coulthard for the able and impartial manner in which he filled the office of President.

After the thanks of the visiting members to the members of Moncton, meeting adjourned *sine die*.

J. MCNICHOL, M. D.,

Secretary.

—*Maritime Medical News.*

## British Medical Association Column.

### MONTREAL MEETING.

It has been determined that there shall be at least twelve sections, viz.: Medicine, Surgery, Obstetric Medicine and Gynæcology, State Medicine, Pharmacology and Therapeutics, Pathology and Bacteriology, Anatomy and Physiology, Psychology, Diseases of Children, Ophthalmology, Laryngology and Otology, Orthopædics and Dermatology. These will meet in the buildings of McGill University and the surrounding theological colleges. All these are within three minutes' walk of each other, and it is doubtful if ever the Association has met in a series of halls and theatres so close to each other, or so admirably adapted for the needs of the various sections.

So as to guard against the unsatisfactory crowding and confusion resulting from having too small a reception room, it has been determined to erect a temporary building of large size, about 100 by 50 feet, in the grounds of McGill, which will serve not only for the issuing of tickets and daily programmes, for letter delivery, post, telegram and telephone offices, but also during the meeting will contain the secretaries' and enquiry offices. The general meetings and addresses will be held in the well-known Windsor Hall, which is capable of seating three thousand, and is in every way adapted for this purpose. The museum (instruments, therapeutical preparations, etc.) will, in all probability, be housed in the Victoria rink close to the Windsor Hall, between it and McGill. It is hoped this museum will be one of the features of the meeting, and every endeavor will be used to make this attractive to the profession and to the public.

It is already recognized in Montreal that those intending to be present at

the meeting will have to make their arrangements for rooms at an early date. In the beginning of September in any year, Montreal is full of visitors. The Hotel and Lodging House Committee have already had reserved for them accommodation for over a thousand members—much of this with the proviso that unless this is taken up before the end of June, at the latest, the rooms will no longer be considered as retained for the Association.

The Executive has been greatly pleased by receiving offers of help from the Presidents of the Canadian Medical, Ontario, Maritime Provinces, Nova Scotia, New Brunswick Medical Societies; as also from the President of the Halifax branch of the British Medical Association, the oldest branch in the Dominion.

In our next number we hope to be able to announce the names of the deliverers of addresses, and of the chairmen of the various sections appointed by the Council of the Association in London.

We would again advise those members of the profession in Canada who are not members of the Association, and who wish to be present at the meetings, to send in their applications immediately, so that they may start their membership and receive the journal from January 1st. We gave in our last issue full details of the steps to be taken in order to become members of the Association.

The Excursion Sub-Committee are busily arranging for both short and long tours in connection with the meeting. The Chairman, Dr. G. E. Armstrong, 1,127 Dorchester Street, Montreal, and the Secretary, Dr. H. S. Birkett, 123 Stanley Street, Montreal, will be glad to receive any suggestions of those willing to make the excursions successful.

List of chairmen and secretaries of the various sub-committees for the Montreal meeting of the British Medical Association, 1897:

Reception Sub-Committee: Chair-

man, Sir William Hingston, M.D.; Secretary, Dr. R. F. Ruttan.

Finance Sub-Committee: Chairman, Dr. E. P. Lachapelle, Secretary, Dr. F. G. Finley; Treasurer of the Branch, Dr. J. Alex. Hutchison.

Excursion Sub-Committee: Chairman, Dr. G. E. Armstrong; Secretary, Dr. H. S. Birkett.

General Purposes Sub-Committee: Chairman, Dr. A. Proudfoot; Secretary, Dr. F. E. Devlin.

Museum Sub-Committee: Chairman, Dr. J. Perrigo; Secretary, Dr. J. W. Stirling.

Printing and Publishing Sub-Committee: Chairman, Dr. J. G. Adami; Secretary, Dr. J. A. Macphail.

Dinner and Luncheon Sub-Committee: Chairman, Dr. James Bell; Secretary, Dr. F. A. L. Lockhart.

Soiree Sub-Committee: Chairman, Dr. F. J. Shepherd; Secretary, Dr. G. G. Campbell.

Local Entertainment Sub-Committee: Chairman, Dr. G. P. Girdwood; Secretary, Dr. K. Cameron.

---

## THE VALUE OF ANTISTREPTOCOCCIC SERUM IN THE TREATMENT OF SEVERE PUERPERAL SEPTICÆMIA.

By JOHN D. WILLIAMS, M.D. Edin., B.Sc., Cardiff; Freeland-Barbour Fellow, University, Edinburgh, 1888-90; and Thesis Gold Medallist.

The subject of serum-therapeutics has since its discovery made such rapid advances that it is now receiving the serious consideration of most of the leading European and American practitioners, and the onward march of its progress promises well to mark a distinct epoch in the history of medicine. Although the use of antitoxic serum in the prevention and cure of disease in the human subject has called forth from certain quarters adverse criticism, yet there can, I think, be no question about

the scientific basis underlying its application. In the words of Professor Klein,<sup>1</sup> "The scientific basis for the application of antitoxin serum is as firmly founded and as thoroughly established as the use and application of any known drug."

The few notes which it is my privilege to communicate to this Section are entirely of a clinical value, and refer only to the use of antitoxin serum in the treatment of puerperal septicæmia as met with in private practice. I purpose submitting, first, a brief record of a series of six cases of severe puerperal septicæmia which were treated by subcutaneous injections of antistreptococcic serum; secondly, a series of eight cases treated by antistreptococcic serum collected from literature; and, thirdly, remarks suggested by my own experience and a critical digest of the recorded cases of others.

## HISTORY OF SIX CASES OF SEVERE PUERPERAL SEPTICÆMIA.

CASE 1.—Mrs. G., aged 24, primipara, was confined of a full term baby girl on December 14th, 1895. The child was exceptionally large, and weighed nearly 10 pounds. The presentation was normal and the labor instrumental. All the placenta came away easily and completely by the method of Credé. The mother was in labor for fifteen hours. The perineum was slightly torn but not sutured. She made a good progress until the seventh day when she felt hot and thirsty, and shivered. On the evening of that day the temperature was 101°, and the pulse 110. Quinine cachets (5 gr.), a diaphoretic mixture, and an enema were prescribed. The patient felt better on the following day (eighth day), the temperature had fallen to 99°, and the pulse to 100, the evening temperature being 101°, and the pulse 110. On the ninth day the temperature was 103°, the pulse 125, and the lochia scanty but not offensive. I

saw her in consultation on the eleventh day, when her condition was much worse. The temperature was 104°, the pulse 135, and the respirations 38. Her tongue was dry and slightly furred. The uterus and appendages were normal. The lochia were scanty and acid in reaction. The patient was deaf from the effect of strong doses of salicylate soda. The vagina and uterus had been douched daily with perchloride of mercury lotion (1 in 4,000). Lactation was in abeyance. There was no abdominal tenderness. At 5 p.m. 10 c.cm. of serum was injected into the areolar tissue of the abdominal wall. At 11 p.m. the temperature was 102°, the pulse 125, and the respirations 32. The skin was moist, and the patient had become restful and sleepy. On the twelfth day at 10 a.m. the temperature was 103°, the pulse 130, and the respirations 34, and the skin moist. Twenty c.cm. of serum were now injected. At 5 p.m. the temperature was normal, the pulse 110, and the respirations 28. At 11 p.m. the temperature was 99.6°, the pulse 112, and the respirations 28. From this time onwards she made a smooth recovery, and was able to leave her bed on the twenty-second day. No bacteriological examination was made. The serum was obtained from the Pasteur Institute, Paris.

CASE 2—Mrs. C., aged 28, primipara, of a delicate constitution, with a phthisical family history, was confined on January 29th, 1896. Labor was normal. Perineum was slightly torn but was not sutured. For the first two days her condition was satisfactory, and as her doctor lived some six miles away, he did not again visit her until the fifth day, when he was sent for. On his arrival he found his patient very ill, and suffering from febrile symptoms. He prescribed the usual local and general remedies, and personally administered the perchloride of mercury uterine douche. He persevered until the eighth day,

when her condition was worse. At his request I saw her in consultation with him, and found her delirious, with a temperature of 104°, a pulse of 130, and a respiration of 36; the skin hot and burning, the tongue dry and thickly coated with a brownish fur, the teeth covered with sordes, the breath offensive, the lochia and lactation suppressed. There was no abdominal tenderness, but the uterus was tender and the appendages normal; 30 c.cm. serum was injected at 3 p.m. On the ninth day, at 12 noon, the temperature was 101.5°, the pulse 100, and the respirations 25. The skin was moist and perspiring. She had obtained a little sleep but had a headache; the bowels had acted naturally. On the tenth day the morning temperature was 103°, the pulse 120, and the respirations 30, and the evening temperature 104.8°, pulse 130, respirations 30. The patient was restless and had a headache. On the eleventh day the morning temperature was 102.5°, and the evening 103°. There was a foul vaginal discharge. The uterine perchloride douche was administered daily; diarrhoea was troublesome; she passed stool and urine under her; a small bed-sore was beginning to form on the right buttock. On the twelfth day the diarrhoea was still troublesome; the patient was restless and sick, and the temperature was 102.5°. At 12 noon 30 c.cm. of serum were injected. At 10 p.m. the temperature was 103°, pulse 115, diarrhoea less marked. At 12 noon on the thirteenth day the temperature was 99.2°, pulse 108, and respirations 20. The patient had slept and felt refreshed, but had occipital headache. The skin was moist, and the lochia free and not offensive. Between the fourteenth and seventeenth day the patient's condition varied considerably, but the temperature never once rose above 101°; she was restless at nights; there was no abdominal tenderness; she still passed her stool and urine under her; a bed-sore was forming



on the other buttock. On the seventeenth day the temperature was  $103.8^{\circ}$ , pulse 108, respirations 38. The face was flushed; herpes had formed at the angles of the mouth, and there were physical signs of patchy pneumonia in the base of both lungs. On the nineteenth day the temperature was  $103^{\circ}$ , pulse 124, respirations 40. On the twenty-first day the temperature was  $106^{\circ}$ , pulse 130, respirations 38. On the twenty-second day the temperature was  $103.8^{\circ}$ , and on the twenty-third  $108^{\circ}$ , pulse 134, and respirations 40. On the twenty-fourth day the temperature was  $108^{\circ}$ . On the twenty-fifth day the temperature was  $99^{\circ}$ , pulse 110, respirations 28. From the twenty-fourth to the twenty-ninth day the temperature varied between  $100^{\circ}$  and  $102^{\circ}$ . On thirtieth it was normal; from this time onwards it never rose above  $100^{\circ}$ . Control over micturition and defæcation returned on the twenty-fifth day. The bed-sores gradually healed, but the patient lost her hair during convalescence. It was feared that the serum had caused the pneumonia. No bacteriological examination was made. The serum was obtained from the British Institute of Preventive Medicine.

CASE 3.—Mrs. P., aged 22, primipara, was confined early in February, 1896, and was delivered instrumentally of a fine healthy boy. The presentation was normal, and the labor lasted fourteen hours. The placenta came away easily. The perineum was slightly torn but not sutured. Until the eighth day she made such a good recovery that she was only visited three times by her doctor. On the eighth day she shivered, felt cold and chilly, was sick and vomited. The temperature was  $104^{\circ}$ , the pulse 115, and the respirations 30. He prescribed salicylate soda, and douched the vagina. On the ninth day she felt better; temperature  $102^{\circ}$ , pulse 120, respirations 32; she was sick. On the tenth day the pulse

was 110, respirations 30, temperature  $100^{\circ}$ . She felt better, but was troubled with diarrhoea. On the eleventh, twelfth and thirteenth days she was very much worse, and was restless and delirious at nights. On the fourteenth day when I first saw her she was in a very low state; temperature  $104.4^{\circ}$ , pulse 140, respirations 40; there was sickness and diarrhoea; the tongue was dry and covered with a brownish fur; the lips were parched and the teeth covered with sordes; the skin was dry and hot; the abdomen tympanitic, slightly distended, but not tender; the lochia were scanty, but not offensive; lactation was in abeyance; the vaginal discharge was alkaline in reaction, and the perineal rupture bathed in pus; the uterus and appendages were normal. At 12 noon 35 c.c.m. of serum were injected. At 6 p.m. the temperature was  $104^{\circ}$ , skin dry; at midnight it was  $105^{\circ}$ , skin moist; at 6 a.m.  $102^{\circ}$ , skin moist; at 2 a.m. on the following day  $99.2^{\circ}$ , and the pulse 108. On the fifteenth day when I saw her the temperature was  $99.4^{\circ}$ , and the pulse 108. From this time onward she made a rapid recovery. A bacteriological examination of the lochia was made by Dr. Ruffer, who detected streptococci in abundance. The serum was obtained from the British Institute of Preventive Medicine.

CASE 4.—Mrs. E., aged 24, aborted in her first pregnancy at the end of the third month, on February 22nd, 1896. The uterine contents were expelled naturally, and on examination were found to be complete. The vaginal douche was not used. On the previous day, owing to profuse hæmorrhage, the vagina was plugged with antiseptic gauze, which was left *in situ* for sixteen hours. On the first and second day after abortion the temperature varied between  $100^{\circ}$  and  $101^{\circ}$ . On the third day the temperature was  $103^{\circ}$ , the pulse 140, respirations 30. Quinine cachets (x gr.), diaphoretics, saline purgatives, and the perchloride uterine douche formed

the treatment. On the fourth day the temperature was 103°, pulse 145, respirations 30. The same treatment was continued. On the fifth day when I first saw her, the temperature was 103.8°, pulse 140, respirations 30. There was sickness and diarrhoea but no abdominal tenderness. The reaction of the vaginal discharge was alkaline. The uterus was tender but the appendages were normal. At 2 p.m. 30 c.cm. of serum were injected. At 10 p.m. the temperature was 103°, pulse 140, respirations 30. On the sixth day at 10 a.m., the temperature was 99°, pulse 100, respirations 20. There was slight diarrhoea. The patient had slept, and she felt refreshed but complained of a headache. At 10 p.m. the temperature was 101°, pulse 120, respirations 28; patient was restless. On the seventh day the temperature was 102°, pulse 130. At 12 noon 30 c.cm. serum were injected. At 10 p.m. the temperature was 100°, pulse 110; patient complained of headache, and she had an erythematous rash on the face, chest, abdomen, and inner aspect of the thighs. On the eighth day, at 10 a.m., the temperature was subnormal, 98°, pulse 100, respirations 22. The erythema was present. The headache and diarrhoea had disappeared. The patient had slept soundly and felt refreshed. From this time onwards the temperature never rose above 100°, and the patient made an uninterrupted recovery. No bacteriological examination was made. The serum was procured from the British Institute of Preventive Medicine.

CASE 5.—Mrs. W., aged 22, primipara, was confined of twins, June 5th, 1896. The first infant was delivered instrumentally; the second was born naturally. The placenta was completely expelled. The perineum was torn and sutured. For the first three days after confinement she progressed favorably, but during the second three days febrile symptoms appeared. The usual local and gen-

eral treatment was persevered with until the seventh day, when her condition had become very grave. On this day at 6 p.m. the temperature was 104.8°, pulse 140. The skin was dry and burning; the tongue was dry and angry-looking, and but little furred. The lochia and the lactation were suppressed, there was diarrhoea, and the uterus and appendages were normal. Twenty-eight c.cm. of serum were injected, and half an ounce of brandy with 5 minims of tr. of strophanthus were given as the heart's action was weak. On the eighth day at 9 a.m. the temperature was 100°, pulse 120; the patient had slept and she felt refreshed and brighter, although she had a slight headache. At 9 p.m. the temperature was 100°. An erythematous rash had appeared on the abdomen and face. The lochia had reappeared. On the ninth day the temperature was 100°, and she rapidly improved from this time onwards. No bacteriological examination was made. The serum was procured from the British Institute of Preventive Medicine.

CASE 6.—Mrs. I., aged 30, primipara, was confined in May, 1896. Labor was normal and attended by a midwife. The patient was seen for the first time on the sixth day after the confinement, when symptoms of septicæmia had decidedly set in. The lochia and lactation were in abeyance. Twenty c.cm. of serum were injected on the tenth, eleventh and twelfth days. The pulse ranged from 140 to 160, and the temperature from 102° to 104°. Diarrhoea and vomiting were prominent symptoms throughout. She died on the fourteenth day. As far as her doctor could judge the serum produced no benefit. No bacteriological examination was made. The serum was procured from the British Institute of Preventive Medicine.

For notes of the foregoing cases I am gratefully indebted to Drs. Degruy, Hughes, Jones and Price.

EIGHT CASES COLLECTED FROM  
LITERATURE.

Gaulard<sup>2</sup> records two cases treated by Marmorek's serum towards the end of 1895. The first was that of a rickety woman who had a prolonged labor. The perineum was torn and sutured. On the seventh day the temperature rose to 105°, and remained there for four days. On the eleventh day the temperature was still 105°, the pulse 140. The perineal wound was suppurating, and the patient suffered from diarrhoea. He curetted the uterus and perineum, and packed with gauze. On the twelfth day the temperature was 102.7°, and on the thirteenth day it rose and her general condition became very grave; 10 c.cm. of Marmorek's serum were injected into the abdominal wall. On the fourteenth day the temperature was lower, and 2 c.cm. serum were injected. From this date the temperature fell slowly, and the patient was soon well. His second case was that of a multiparous rickety woman delivered instrumentally. On the second and third day the temperature rose to 104°. The uterus was swabbed with an antiseptic and packed with gauze. On the fourth day cultures of streptococci were got from the vaginal discharge. The temperature was 104.9°; 10 c.cm. of Marmorek's serum were injected. On the fifth day a second injection was given, the temperature rising. On the sixth day a third injection was given; temperature 102.9°. On the seventh day a fourth injection. On the eighth day, temperature 101.5°; the general condition was satisfactory and recovery was hoped for. On the evening of the ninth day, temperature normal, she was seized with bilious vomiting and meteorism. The next day her condition was much worse; she developed uncontrollable vomiting and became semi-comatose, and died on the eleventh day. The author had never before seen a case of puerperal fever die during defervescence.

After post-mortem examination he attributes the death to the use of too much serum, and believes that to have been the cause of the vomiting.

Vinay<sup>3</sup> has treated four cases of puerperal septicæmia with serum. In two of the cases the injections were not made until the twenty-second and twenty-fifth days, and he considered they were of no benefit. In the others the injections had an immediate effect in lowering the temperature and improving the general condition, but they were of no avail against organic lesions already established. He believes early intervention to be a condition of success.

Angus Kennedy's<sup>4</sup> case of a primipara, aged 28, whose labor was instrumental, and whose perineum was torn, shivered on the fourth day, and her temperature went up to 103°. On the fifth day temperature was normal. From the fifth to the sixteenth day her progress was not favorable. On the seventeenth day she had two rigors, and on the eighteenth day the temperature was 104°, pulse 130 and feeble. The tongue was clean, abdomen tympanitic and distended. There was no tenderness. The distention disappeared after a copious motion. On the nineteenth day, temperature 103°; 30 c.cm. of serum were injected. In six hours the temperature fell to 100°, and the patient felt much clearer. Fourteen hours later the temperature was 102°, pulse 120. On the twentieth day, 45 c.cm. of serum were injected. Six hours later the temperature was 99°, and in twenty-four hours was normal. From this time onwards she convalesced and made a slow recovery.

Leask<sup>5</sup> mentions a primipara, aged 23, whose labor was instrumental, and whose condition was satisfactory until the seventh day, when she shivered and developed a condition closely simulating an influenzal attack. There was no abdominal tenderness and no fetid lochia. The temperature steadily rose until on the

eleventh day it reached 105°, with a slight laceration on the anterior vaginal wall. Four c.cm. of Burroughs & Wellcome's serum were injected at 10 p.m. On the twelfth day the temperature was 100°, pulse 96, and the patient had slept soundly all night. She was much brighter, and felt happier and stronger. She made a speedy recovery. The serum was prepared by Mr. Bokenham, and supplied by Messrs. Burroughs & Wellcome.

#### REMARKS.

*a. Nature of the Cases submitted to Serum Treatment.*—Including the eight collected from literature, we have under consideration fourteen cases of severe puerperal septicæmia treated by antistreptococcic serum. Two of them ended fatally, eight were primiparous women varying in age from twenty-two to thirty years; one was a case of abortion, and one a multiparous woman with a rickety pelvis. In Vinay's cases no information is given as to age, character of labor, and the number of pregnancies. Excluding his cases we have left ten in which there is a definite record of the patient's state before and after the use of the serum. The labor was instrumental in six cases, lingering in one and normal in two. In all the placenta came away easily and completely. Information as to the integrity of the perineum is furnished in seven cases; it was torn but not sutured in four, torn and sutured in two, and uninjured in one. The sutured perineum in case 5 healed by first intention, but in Gaulard's case it was curetted and resutured. In six cases the lochia was scanty and suppressed in two. The reaction of the vaginal discharge was ascertained in three cases (1, 3 and 4). Once it was found acid and twice alkaline. My investigations into the reaction of the vaginal discharges in cases of puerperal septicæmia during past years seem to indicate that alkaline reaction most frequently accompanies septic

intoxication—sapræmia; and acid reaction, septic infection—septicæmia. With the former reaction the lochia were usually found free and fetid, and with the latter scanty or suppressed. In the ten cases referred to, symptoms of the disease set in from within a few hours of labor to the eighth day. The use of constitutional agents, combined with local and instrumental treatment, was tried in all the cases before the serum injections were resorted to, for a period varying from two to fifteen days. The earliest day after labor on which the serum was used was the fifty day (case 4), and the latest the nineteenth day (Kennedy's case).

The serum was not injected in a single case without a previous thorough trial of the usual constitutional and local remedies. The state of the pelvic organs was ascertained in nine cases, and with two exceptions (cases 2 and 4) where there was uterine tenderness, they were found to be normal. The cases were characterized by severe febrile symptoms, and in some there was diarrhœa and vomiting. It must, of course, be admitted that puerperal infection may be independent of streptococci, but the conjunction of certain symptoms, rigors, high fever, and a rapid breaking up of the general condition permit us to affirm a probability in favor of infection due to streptococci. Certainty is only to be obtained by a bacteriological examination, such as was made in case 2 and Gaulard's second case, which proved beyond doubt that these were two cases of true streptococcic infection—puerperal streptomycosis.

*b. General Effect of the Serum.*—Following each injection the previously hot, dry and inactive skin passed into a state of moisture and active perspiration, the parched lips and dry tongue became moistened, suppressed lochia and lactation reappeared, delirium, isomniæ, and restlessness passed into a refreshing sleep, from which the patient awoke

feeling better in body and clearer in mind. Headache and mental torpor were usually dispelled, but exceptionally the headache remained for hours, the patient otherwise feeling much relieved. The headache, which was described as "peculiar," was sometimes frontal and sometimes occipital. In three cases, however, no benefit resulted from the injections, namely case 6 and Vinay's first and second case. Vinay believes the injections to be more effective and more immediate in their action when they are made early and at the time of the evening when there is a spontaneous rise in the temperature. Local treatment, curettage, and anti-septic washings are not to be neglected.

*c. Effect on the Temperature and Pulse.*—In every case, with the exception of three (case 6 and Vinay's first two cases), the degree of temperature and the frequency of the pulse were reduced after each dose of serum. The reduction of temperature and decrease of frequency of the pulse were effected in from six to twenty-four hours. The temperature in case 1 fell from  $104^{\circ}$  to  $102^{\circ}$  in six hours after 10 c.cm. of the serum (Pasteur Institute), but it rose to  $103^{\circ}$  eighteen hours later. A second dose of 20 c.cm. reduced it to normal in ten hours, and it remained so. In case 3 the temperature followed an exceptional course. After a single dose of 35 c.cm. (Ruffer's serum) the temperature fell from  $104.4^{\circ}$  to  $104^{\circ}$  in six hours. At the twelfth hour (midnight) it rose to  $105^{\circ}$ , but at the eighteenth hour it fell to  $102^{\circ}$ , and at the twenty-fourth hour to  $99.2^{\circ}$ , and remained under  $100^{\circ}$  from this time onwards. This was the only instance in which a rise was observed after an injection. In three cases (case 4, Kennedy and Gaulard's cases) the temperature fell to normal in twenty-four hours. The pulse-rate varied with the temperature.

*d. Complications and Fatalities.*—Two of the cases, case 6 and Gau-

lard's second case, proved fatal. The former received a daily injection of 20 c.cm. (British Institute) for three consecutive days, with no observed benefit. The patient died on the fourteenth day, the fever remaining high to the last. With regard to this case I cannot help feeling that if it was a case of strepto-infection, and a larger initial dose had been administered, a different result might perhaps have been obtained, but if of course it was one of staphylo-infection no benefit was to be expected. This shows the supreme importance of a bacteriological diagnosis. The latter case, however, stands in a different light. Here a bacteriological examination had been made, and the case undoubtedly proved to be a true example of strepto-infection—streptomycosis. A dose of 10 c.cm. of serum (Marmorek) was injected on the fourth, fifth, sixth and seventh days after confinement, and by it the temperature was reduced to normal on the ninth day. On the evening of this day, however, she was seized with bilious vomiting and meteorism. The next day she was much worse, developed uncontrollable vomiting and became semi-comatose, and died on the eleventh day, the temperature remaining low to the end. The serum was effective in reducing the temperature, yet the patient died two days later during convalescence. Gaulard after the post-mortem examination attributes her death to the use of too much serum. The total amount injected was 40 c.cm. (Marmorek), spread over four days. In view of my own experience I feel I cannot agree with him, as in case 4 I injected 60 c.cm. (British Institute) during three days, and Kennedy used 85 c.cm. in two days, both recovering.

There may, of course, be a difference in the strength of the fluids used. This emphasizes the desirability of bacteriologists adopting a uniform system of standardizing their serum. An erythematous rash appeared on the chest, abdomen, and extremities

in two cases. It was of a fleeting character, and disappeared in the course of a few days without calling for any treatment. Patchy pneumonia of the base of each lung complicated case 2. The first and second injections of 30 c.cm. were made on the eighth and twelfth days respectively. The temperature fell after each. On the seventeenth day there were signs and symptoms of pneumonia. During this attack the temperature ran a fluctuating and an exceptionally high course, it being  $106^{\circ}$  on the twenty-first, and  $108^{\circ}$  on the twenty-third day. Her doctor looked upon the serum with suspicion, and feared it was the cause of the pneumonia. The serum used was supplied by Dr. Ruffer. Is it possible that the serum, through defective filtering or otherwise, contained living streptococci? Might a serum containing living germs, or the antitoxin found in an efficiently filtered and germ-free serum, give rise to a patchy pneumonia in a puerperal patient with a decided phthisical family history, such as case 2 was? Finkler<sup>6</sup> regards the streptococcus as the primary cause in the pathogenesis of certain cases of croupous pneumonia. Weichselbaum<sup>7</sup> describes a streptococcus pneumoniae which, according to Mosny,<sup>8</sup> is identical with the streptococcus pyogenes. Harbitz<sup>9</sup> describes five cases of non-typically coursing cases of croupous pneumonia, in four of which he found the streptococcus in pure cultures. Bulloch<sup>10</sup> states that it is a frequent associate of other specific organisms in lung disease.

*e. Mode of Administration.*—The serum was administered by subcutaneous injection into the areolar tissue of the abdominal wall; to avoid septic troubles, it was deemed essential to purify the skin as well as the syringe. In the foregoing cases these precautions were carried out as follows: the skin was washed with Johnston's antiseptic ethereal solution of soap, and then for two minutes with perchloride of mercury lotion 1

in 1,000 and finally dusted with boracic acid powder. The syringe was Debove's, of the capacity of 10 c.cm. It was taken to pieces and placed in a pie dish, which was boiled in a clean saucepan for fifteen minutes at the patient's home. Ten c.cm. were injected into each puncture, three such punctures being made for a dose of 30 c.cm. In no instance was there local trouble.

*f. Dosage.*—The question of a maximal dose beyond which it is unsafe to go has not yet been settled, nor indeed are supplies of serum derived from different sources or from the same source at different times guaranteed to be of the same uniform strength. In the interests of clinicians it is desirable that a uniform system of standardizing should be adopted by bacteriologists, and when this is accomplished, clinical observers will be better able to agree as to what the maximal and submaximal doses should be. At present the practitioner has to rely for guidance upon the instructions which accompany each supply, and these vary with their source. The largest dose which I injected was 35 c.cm. (case 3); Kennedy injected 45 c.cm. The serum used in each case was Ruffer's. Better results were found after a large than after a small initial dose. My experience encourages the use of a maximal initial dose, to be followed, if necessary, by smaller doses at intervals of twelve or twenty-four hours. The British Institute of Preventive Medicine fixes the initial dose at 20 c.cm., followed by another 20 c.cm. if the temperature has not fallen. Bulloch<sup>11</sup> states that much larger doses can be given with safety. Ten c.cm. of his serum injected into rabbits caused no bad symptom.

*g. What Cases are Suitable.*—Puerperal infection may be independent of streptococci. According to Bulloch<sup>10</sup> recent research shows that a puerperal fever may be set up by the gonococcus (*Kr. nig.*),<sup>11</sup> the bacillus coli communis (Marmorek<sup>12</sup>), the Talamon-Fraenkel coccus, and the sta-

phylococcus. In the majority of instances, however, puerperal fever means infection of the genital canal, and ultimately of the whole system, with the streptococcus pyogenes. There is produced a septicæmia—using the term in the sense in which it was originally employed by Koch—namely, a condition of microbic blood infection where the microbes multiply in the blood, and cause a rapidly fatal disease. The microbe at work most commonly is the streptococcus pyogenes, and the type of infection or septicæmia induced is called puerperal strepto-infection or strepto-septicæmia, or in the language of the bacteriologist, strepto-mycosis. It is in this class of cases only that the antistreptococcic serum is of value, the serum is specific against the streptococcus only, and attempts to cure staphylo-septicæmia or infection caused by any other germ, will not be successful. The combination of symptoms found in cases of severe puerperal septicæmia point to a strepto-infection, but in the absence of a bacteriological examination one cannot be certain. The strepto-infection is at first essentially a local disease; it is later that it becomes a blood infection. Therefore local treatment, antiseptic douches, and curettage cannot be dispensed with, but must be carried out in conjunction with the serum which comes into play, when the germs have passed into the general circulation, by annulling their action and toxin, and obviating the organic degenerations which are beyond our control.

## REFERENCES.

<sup>1</sup>*British Medical Journal*, ii., 1895, p. 410. <sup>2</sup>Sérothérapie dans la Fièvre Puerpérale, *Presse Méd.*, November 30th, 1895. <sup>3</sup>Traitement de la Septicémie Puerpérale par le Serum, *Lyon Méd.*, January, 1896, p. 109. <sup>4</sup>*Lancet*, ii., 1895, p. 1106. <sup>5</sup>*British Medical Journal*, i., 1895, p. 1500. <sup>6</sup>*Lancet*, i., 1896, p. 984. <sup>7</sup>Gonorrhoe im Wochenbett, *Centralbl. für Gynak.*, 1893, Band viii., p. 157. <sup>8</sup>Les Infections

Bronchiques, *Sem. Méd.*, 1893, No. 38, p. 297, and *Etude sur la Broncho-pneumonie*, Paris, 1891. <sup>9</sup>Om atypiske Krupöse Pneumonier Specielt om Streptokokpneumoni, *Festskrift i Anledning af Prof. Heiberg's 25 Aars Jubilæum*, 1895. <sup>10</sup>*Lancet*, i., 1896, p. 984. <sup>11</sup>*Lancet*, i., 1896, p. 1216. <sup>12</sup>Le Streptocoque, *Annales de l'Institut Pasteur*, Tome ix., No. 7, p. 593.

---

CONSERVATIVE GYNÆ-  
COLOGY.\*

---

At the last annual meeting of the American Medical Association, Senn, of Chicago, in his Address on Surgery had more than one word to say concerning the methods of the present-day gynæcologist. He claimed, and with reason, that "the frequency in which women are castrated is one of the most flagrant transgressions of the limits of the art of surgery." In the same connection, Goodell, that great leader in gynæcological work, shortly before his death one year ago, said: "This trend of the profession to appeal to the knife as the great panacea for woman's diseases is seen everywhere. It prevails alike in city, town, village, and hamlet. It asserts itself in every medical discussion, and stands out in bold relief upon the pages of every medical journal. This, in my opinion, is the great medical error of the nineteenth century." That this charge is well founded we all know, for there are but few of us who have not seen healthy adnexa sacrificed in a score of instances entirely without justifiable reason. Ovaries presenting nothing abnormal, except small follicular enlargements upon their surfaces, and congested, but otherwise healthy, tubes have also been removed, unsexing the woman when less radical measures would have been attended by beneficial rather than baneful results.

---

\* Editorial by Dr. Howley Burtenshaw in *New York Polyclinic Journal*.

It would seem that the widespread unfavorable criticisms are bound to bear fruit, for a more conservative spirit is being manifested in the treatment of pelvic conditions demanding operative interference, and commendable progress is noticeable all along the line in the way of preservative rather than destructive methods. The time is fast passing when the only relief afforded to a suffering woman is in connection with the addition of a portion of her genital apparatus to the overcrowded jars of the pathologic museum. The ablation of an organ having in health a useful function to perform is always a confession on the part of the operator of inability to restore the organ in question to its normal condition, or to a condition approximating the normal to that degree that the restoration of function is accomplished without disturbance of the general economy. In the case of disease of the adnexa, the more radical operations were justified when they were the only known means of affording the patient necessary relief, but in the light of recent investigation and experience the operator in many instances will not have this excuse to fall back upon.

Extensive experiments have been made in the resection of tubes, and ovaries, instead of being removed entire, are also resected, and the range of cases in which this appears to be possible of successful and satisfactory accomplishment will, in the near future, probably be largely increased. Great credit is due Pozzi, of Paris, for his work in this direction, and especially in connection with the ovaries. His experience seems to indicate that, providing the tube be healthy, the diseased conditions of the ovary amenable to conservative surgical treatment are sclero-micro-cystic ovaritis, diffuse or œdematous ovaritis, and megalocystic ovaritis. Donnet (*Annals of Gynecology and Pediatrics*, Vol. ix., No. 8) writes of Pozzi's method of treating these conditions as follows:

"If it be sclero-micro-cystic ovaritis

characterized by small ovaries with a lumpy surface, in certain places irregular folds, in others filled with small cysts, all these cysts should be burst open with a platinum point (cautery) and the internal surface cauterized well for two seconds. This treatment attacks the entire lesion better than when resection is done. For diffuse ovaritis, ignipuncture is also to be employed, but the cauterization should be deep. In megalocystic ovaritis the large follicular cysts should be emptied and their internal surface cauterized. If you are dealing with a cyst of the corpus luteum lined by a sort of dead pulp, this should be removed by scraping before cauterization. If oozing should take place, the little wound is quickly united by catgut."

It cannot be denied that this method is a distinct advance in the right direction, and in all these cases the feasibility of ignipuncture should be considered before recourse is had to the knife.

Another commendable advance in gynæcological methods is that concerned in the treatment of pus collection in the pelvis. No more brilliant results have been obtained during the past two years than by Pryor, of New York. As is well known, he advocates and practises attack of these conditions, when of true pelvic location, from below, and attributes his great success not only to the fact that the patient is placed in a modified Trendelenburg position and the vaginal walls widely retracted with specially devised retractors, thus enabling the operator to see the contents of the pelvis and every step of the operation, but also to the employment in every instance of a Mickulicz drain of sterilized iodoform gauze prepared after a formula of his own devising. So much importance is attributed to the preparation of the gauze that he insists upon the details being carried out to the minutest detail. This formula, in his own words, is as follows:

"The gauze selected should have



fine meshes, and the best for the purpose is that known in the market as 'purified mull.' It is best to purchase it in five-yard rolls. The gauze is first put in a steam sterilizer with six towels and two sheets, and sterilized for one hour. Glass anatomical jars of one quart capacity are procured, each of which is capable of holding five yards of gauze. A solution of iodoform crystals in commercial ether, ten per cent. strength, is put up. Each five yards of the gauze will require one pint of the solution. The hand basins, nail-brushes and the jars are placed in tepid water and allowed to boil for twenty minutes. When the sterilization of the gauze is completed, it is taken from the sterilizer, the iodoform solution is poured into a sterile basin, and the gauze run through it. After the gauze has been thoroughly soaked in the solution, it is laid upon a sterile towel or sheet and the ether is allowed to evaporate. It will then be found that the gauze has turned blue, giving the well-known starch-iodine reaction. In this state it is unfit for use, owing to the presence of free iodine. When all the ether has evaporated from the gauze, it is dipped in a boiled 1 to 4,000 bichloride of mercury solution, when the beautiful golden color of iodoform returns. It is kept in this solution for a moment only, is wrung out as dry as the clean hands can wring it, and then packed into the glass jars. The mouth of each jar is covered with eight layers of sterilized gauze and a towel, which are tied around the neck, and the jars are then placed in the steam sterilizer with their mouths down and steam sterilized for one hour. The sterilizer should not be opened until the jars are thoroughly cooled lest they break. With each five yards of gauze, a fresh solution of bichloride should be used.

"Made in this way the gauze is permanent and non-poisonous, and may be left in wounds without changing for about three times as long as other dressings. I have

ceased using the stronger gauzes, because they are unnecessary, and have reduced the strength of the iodoform solution to ten per cent. and five per cent.

"This is the only dressing which I have ever found consistently antiseptic and of general application. In fact, I do not think that I would be willing to do my cul-de-sac work in many instances unless I had this dressing. Prepared as I have described, the iodoform is not free in the meshes of the gauze, but the hollow bast-cells of the cotton fibres are filled with it. The bichloride is used merely to act as a mordant, or fixing agent. When the fluids of the tissues change the bichloride into calomel, as they always do, the iodine again becomes free. In other words the iodoform is broken up when in contact with the discharges—just when it is most needed."

In the treatment of uterine displacements by radical operation, new methods are constantly being devised. Alexander's operation of shortening the round ligaments, has always been open to objection on account of the difficulty in finding the ligaments, and the ever-present possibility of their being too small at the external ring to permit of sufficient traction being made to raise the uterine body and maintain it in its new position. Ventrofixation, no matter what the technique followed, has always unfavorably influenced subsequent pregnancies, and even its most ardent supporters are forced to admit that the principle involved is an incorrect one. Mackenrodt's operation of vaginal fixation for a time promised good results, but even though sufficient data has not yet accumulated upon which to base reliable opinion, it is pretty generally admitted that it will not fulfil first expectations. Wertheim's new operation of shortening the round ligaments through the anterior vaginal cul-de-sac and anchoring them to the edge of the incision appears to be practical and a way out

of the difficulty that has stared the gynæcologist in the face for so long, and if a wider experience with the method satisfactorily demonstrates its value it will undoubtedly displace the other operations.

The procedure to claim the most recent attention, although employed with marked success by its author for the past twenty-five years, is that of the galvano-cautery in the treatment of uterine cancer. To Byrne, of Brooklyn, belongs the credit of this method, and a comparison of his results with those obtained by other operators, who employ the knife, is startling, to say the least. The *American Medical Surgical Bulletin* for September 26, 1896, in commenting on Byrne's work, says: "Right in the forefront of the gynæcological world has worked carefully, consistently, and conscientiously a man who, unless it be claimed that his records are lying ones, has accomplished more as regards the cure of uterine cancer than can be claimed by any other operator by any method. This man stands to-day *facile princeps* in his results and *alone*, practically, in advocacy of procedure and in utilization of method. . . . It is nearly a quarter of a century since Byrne began experimentation with the galvano-cautery in case of uterine cancer. Repeatedly since he has published his results and described his method. His cases have been carefully followed by himself and others, and witnesses by the score are now living who can testify to the truth of the records."

Byrne, himself, in the *Brooklyn Medical Journal* (*ibid.*) in relation to the method, says: "During the last decade, vaginal hysterectomy for malignant disease of the uterus seems to have become a surgical craze. I have taken a great deal of pains to search the records of Europe and this country, and I have no hesitation in stating that the vast majority of all cases in which vaginal hysterectomy has been performed for cancer of the uterus would have lived longer and

suffered less if they had been left alone. . . . The average longevity in cases of well-marked carcinoma of the uterus is not less than twenty-four months, and yet the vast majority of those who had been operated on by ablation of the diseased organ do not enjoy anything like twenty-four months of existence; much less, freedom from recurrence. Hence I say, if there is not some better surgical method of meeting cases of that class than the removal of the entire organ in the ordinary manner, they would better be left alone. Any case of well-marked cancer of the cervix uteri, but with no evidence whatever, so far as can be discerned, that the disease has invaded the corpus, will have ten chances to one by high extirpation or excision with galvano-cautery, than it will have by total extirpation in the ordinary manner. In the one case you have many dangers to encounter, the most serious of all being traumatic infection, because, no matter how aseptic you may try to make your operation, there is grave danger of infecting outlying structures. Again, I have seen several well-known French operators as well as others do this operation over and over again, and I was always struck by the closeness with which they kept to the uterus itself, almost invariably a portion of the uterine tissue being included in the stump of the broad ligament.

"In the method of operating which I have adopted, you avoid traumatic infection absolutely, and hæmorrhage also, if the operation is properly done. But this is not all, because what little of the disease you cannot, or fail to, remove, you utterly destroy by heat, and without injury to healthy parts. Hence I say, you do more than remove the part that is excised by the cautery knife; you destroy morbid processes in the cells of outlying parts by this intense heat; and it is this which secures the patient against recurrence. I know at this moment at least four cases in this city, one nine

years operated on, and an apparently hopeless case, too; another eleven years; one fourteen years; and one I think—but I merely guess in this case—must be between fifteen and sixteen years, since operation was done: all now enjoying perfect health.”

The *Bulletin* furthermore says: “It has become the distinct duty of every man to test this method of Byrne’s, and we would call special attention to the fact that the American Gynæcological Society has appointed a collective investigating committee to whom all experimenters should report. The following claims of the method for wider recognition are commended to the profession: It is aseptic and nearly bloodless; post-operative shock is absent; it has no primary mortality; its ultimate results challenge any and every other method; its action extends beyond the immediate field of operation, thus probably killing or rendering inert the cancer elements which are not accessible to the knife.

“Let us face honest facts after an honest fashion, and proceed to give all unfortunates suffering from uterine cancer the same measure of ultimate hope which Byrne for twenty-five years has shown is feasible.”

If this advancement in gynæcological work continues as it has begun, many of the charges laid at the door of the gynæcologist will become back numbers and not only will womankind be the gainer, but the methods of conservatism will redound to the credit of the operator, in his own eyes as well as in those of his neighbor.

---

## SURGERY OF THE APPENDIX.

---

There is perhaps no topic at the present time which has greater interest to those who practise medicine and surgery than that of the surgical treatment of diseases of the vermiform appendix. This subject was considered in the Section of Surgery at the annual meeting at Carlisle, and a

very interesting and important discussion took place. Every practitioner, as he stands by the bedside of a patient suffering from what he believes to be a severe attack of appendicitis, must have felt the grave responsibility of having to decide whether an operation should be performed. The question as to the desirability of early operation was the chief point under discussion, and all the surgeons who took part in it seemed to agree that early operation was most essential in many cases, and indeed gave the patient his only chance of recovery; and many warnings were uttered not to leave the operation until too late.

Several attempts were made to answer the very difficult question in what cases, and at exactly what time, we should operate. The practice of some American surgeons—Murphy of Chicago, and Morris, of New York—is to operate on all severe cases of appendicitis, for they consider that it is impossible to be sure that a case of what seems like appendicitis only may not be already one of general peritonitis from appendix infection, or that a collection of pus may not exist far earlier in the case than the examination of the abdomen can discover, and may rupture into the general peritoneal cavity and set up fatal peritonitis. Their statistics of more than two hundred cases of appendicitis—all of which were operated on—give a mortality distinctly lower than that of the disease under medical treatment; and they strongly maintain that the patient’s safety lies in the isolation and removal of an appendix which may start fatal peritoneal infection at any moment. Mr. Morton’s plea for operation in all severe cases was based on the experience of Murphy and Morris, and Dr. MacDougall and other speakers, although they did not advocate operation in all severe cases, went so far as to advise operation in some in the very early stage, before the mass of adherent bowel around the collection

of pus could be adherent to the abdominal wall.

Most of the speakers advocated operation at an earlier period than that advised in one of the latest standard text-books of surgery in this country. On the other hand, some expressed a feeling almost of incredulity as to the results said to be obtained by American surgeons. Several cases, however, were related, or referred to, of patients lost because early operation had not been undertaken, and the effect of the discussion will doubtless be to stimulate practitioners to greater watchfulness for urgent symptoms in all cases of appendicitis, however trivial at the onset, and may perhaps lead some surgeons to give more consideration to this most important question, When should we operate in appendicitis?

Mr. Southam and Mr. Rutherford Morison agreed that operation should be undertaken in relapsing cases after the second attack, and attention was called by other speakers to the fact that a recurrent attack of appendicitis is sometimes fatal. This is not surprising if we remember that in several of the cases of relapsing appendicitis operated on by Mr. Treves the appendix was found full of pus, or custard-like material was found around it, which must have been the result of old abscess formation.

A subject which has recently been debated at an American surgical society by Professor White and Dr. McBurney and others, was also under discussion at Carlisle. We refer to the removal of the appendix in cases in which on operation pus is discovered and evacuated. Nearly every surgeon who took part in the discussion at Carlisle agreed with Dr. MacDougall that if the appendix could be readily found and easily removed it should be done, but that if it were necessary to risk the rupture of those adhesions around the pus, on which the safety of the general peritoneal cavity depends, it would be far

better for the patient to leave the appendix alone. The American surgeons, in the debate referred to, arrived at the same conclusion.—*British Medical Journal.*

---

## THE X RAYS AND THEIR APPLICATION TO PRACTICE AND DIAGNOSIS.

(Concluded.)

---

By SIDNEY ROWLAND, B.A.

---

So in these cases the practical rule must be observed that the skiagraph should be taken immediately before operation. Much hope was at one time held out that the process might be of considerable utility in the early diagnosis of extra-uterine gestation. These hopes, however, have not only not been fulfilled, but at the present there is very little prospect of their ever being so. In the same way, it was at one time thought that the process would materially assist in the recognition of malpresentations; but until we have means in our power of producing X rays in far greater quantity than is at present possible, all such procedures must be confined to the laboratory.

### DIAGNOSIS OF STONE IN THE KIDNEY.

Of the possibility of applying the process to the diagnosis of renal or vesical calculus it is at present too early to speak with certainty. The evidence that a skiagraph can furnish is one-sided; for if there is no sign of a shadow on the plate in the region of the kidney, this is not evidence that no stone exists, for we may have failed to get the rays to traverse the thickness of the body; on the other hand, if a decided shadow is obtained, this is proof positive that some foreign body is present. So that in some cases a positive diagnosis can be

given, and in any case the information afforded cannot fail to be suggestive.

#### USES IN THE LIMBS.

Coming now to the extremities, we reach the region in which so far the process has proved itself of most value. *A priori* it might be seen that the limbs would prove themselves most adaptable to skiagraphic purposes, for in them there is the greatest proportion of opaque bony tissue to transparent flesh, and in them fractures and dislocations, for the elucidation of which the process is particularly useful, are most frequent.

Taking the joints and bones of the extremities in order: As to the shoulder, I have had cases brought by surgeons of rheumatoid arthritis and displaced epiphysis, in both of which great assistance was afforded by the use of the X rays. But it is in the elbow-joint that the greatest use will probably be found for the skiagraph in surgery. Owing to the complexity of its structure, this joint offers more conditions of difficult diagnosis than perhaps any other in the body. Fractures, separated epiphyses, epicondylar fractures, and many other intricate combinations of lesion which occur in or around this joint, can all be revealed with the greatest clearness by the use of the X rays. The joint is one very easily skiagraphed even in the most muscular subject; owing to its mesial position in the extremity, any view or series of views can be obtained. Nor is it too deep to allow of the successful use of the fluorescent screen without elaborate precautions. We may therefore confidently expect that, as regards this region of the body at least, the systematic use of the X rays will leave no more cases to suffer from the evil effects of erroneous diagnosis.

In the forearm and wrist the applications so far are practically limited to the diagnosis of fractures and the recognition of the position of foreign bodies. Unfortunately it is not a

simple matter to diagnose a dislocation of the metacarpal bones with the aid of a skiagraph, as here a side view is difficult, and an anteroposterior view does not give us all the information we desire, and it is in this direction that displacements most occur.

#### HIP DISEASE.

In the case of the lower extremity, the consideration of the practical applications is necessarily more or less a repetition of what has already been stated with regard to the upper; there are one or two points, however, which require notice. The hip-joint, like the shoulder-joint, with which it is of course homologous, presents several conditions in which early and decided diagnosis is invaluable. But, like the shoulder, it is in many cases a very difficult point of which to obtain a satisfactory skiagraph. This is due to the large extent with which it is surrounded with dense muscular tissue. In very well developed and athletic men I have, after several attempts, not been able to obtain successful negatives.

In the vast majority of cases, however, it presents no difficulties, and fortunately it is just those cases in which the use of the X rays are of the greatest use that are the easiest to skiagraph. In early tuberculous disease a decided diagnosis is invaluable, and as this is most frequent in children, no serious difficulty ever presents itself. Dr. Macintyre has obtained some very beautiful pictures of this condition. In cases of congenital dislocation, too, the process can give us information as to the extent of the acetabular rim, which cannot be obtained in any other way.

The above are the applications which, so far, the discovery of Professor Roentgen has found in the domain of practical medicine. How much further the discovery is likely to be of use it is not possible to foresee, but if the promise of develop-

ment which late physical researches hold out are fulfilled, we may expect very great advances at no very distant future. With the rays as they are at present available, however, no great advance is to be expected, for their practical utility depends directly on their physical capabilities; and, as these are known more or less accurately, it is quite possible to predict in what condition applications will be found. But it is not too much to imagine that other rays of a similar nature may be discovered, rays that cannot pass through carcinoma, and can through all other tissues, just as the X rays cannot pass through bone, but can through the remaining constituents of the body. Should such or similar forms of energy be discovered, it is a curious speculation to realize what the routine of physical examination will become; but for the present we must be content to pursue our investigations quietly without undue speculation, and to be thankful that we live in the age when the tangent of physical research is nearing its point of contact with the circle of the art of medicine.—*Brit. Med. Jour.*

---

### THE JANET ABORTIVE TREATMENT OF GONORRHOEA.

---

In a second communication on this subject, published in the *Centralblatt für innere Medicin* for October 10th, Dr. Berthold Goldberg, of Cologne, expresses his conviction that the early treatment of gonorrhœa by means of frequent injections of a solution of potassium permanganate is a trustworthy means of aborting the disease. He gives a table of fourteen cases, in all but one of which he succeeded in curing the affection within so short a time as to justify the use of the term abortion.

Six of the patients were suffering from a first attack of gonorrhœa, five

were affected with a second attack, two had their third attack, and one was in his fourth. The treatment was begun in two days after the infection (twelve hours after the first symptom) in one case, in three days after the infection (twelve hours after the first symptom) in two cases, in six days after the infection (one day after the first symptom) in two cases, in seven days after the infection (one day after the first symptom) in one case and an unnoted length of time in the other) in two cases, in eight days after the infection (one day after the first symptom in two cases and six days in one case) in three cases, in nine days after the infection (two days after the first symptom) in one case, in ten days after the infection (three and four days respectively after the first symptom) in two cases, and in twelve days after the infection (seven days after the first symptom) in one case.

Five injections sufficed to effect a cure in one case, six in three cases, seven in one case, eight in one case, nine in one case, eleven in one case, twelve in one case, thirteen in two cases, fourteen in one case, and fifteen in one case, while about thirty were employed in the case which, although finally cured, in about a hundred days, was not aborted. In that case the patient went from the seventh to the tenth day without treatment. As a complication, he had follicular prostatitis. The only complication in any of the other cases was bacteriuria in one case, which did not interfere with a prompt cure. The deep urethra was involved and had to be irrigated in six of the cases. The gonococci disappeared in one day in two cases, in three days in two cases, in five days in one case, in six days in one case, in ten days in one case, in eleven days in two cases, in twelve days in one case, in fourteen days in one case, in about fourteen days in one case, and in about a hundred days in one case—the one that was not aborted. In one case this detail was not re-

corded, but in that case all traces of the disease had disappeared in four days. In almost all the cases the urine ceased to show any signs of a discharge coincidently with the disappearance of the gonococci, but in three of the cases not until after a period of from three to six days; the urine was examined at intervals of from two to a hundred days after the subsidence of the disease. All the patients were allowed to go about as usual during the treatment.

When it was practicable, Dr. Goldberg gave the injections himself twice a day, but several of the patients were unable to present themselves so often and consequently used the syringe themselves for a portion of the time, employing a solution of the strength of from 1 to 2,000 to 1 to 4,000 and injecting only the anterior urethra. Moreover, in several of the cases the treatment by the author himself had to be intermitted for as much as three days. All things considered, this seems to be a remarkably good showing for the Janet treatment.  
—*New York Medical Journal*.

CHLOROSIS NO CONTRAINDICATION FOR MARRIAGE.—The question which is often put to the physician as to whether a chlorotic girl ought to marry, has been fully discussed in a monograph by Grosset (*Thèse de Paris*, Steinheil, 1896—*Medical News*). His conclusions are: (1) The physical and spiritual excitement which marriage offers a chlorotic girl can have only a favorable effect upon her disease. (2) The sterility of chlorosis is only a temporary one in most cases, the rare instances of infantile genitals being excepted. (3) Chlorosis does not predispose to abortion. (4) The children of chlorotic women are likely to be chlorotic, but seem to show little tendency to become tuberculous. Chlorosis, therefore, is no contraindication for marriage.

## The Physician's Library.

*An American Text-Book on Physiology.* 1,052 pages, fully illustrated. Edited by WILLIAM H. HOWELL, Ph.D., M.D., Professor of Physiology in Johns Hopkins University. Price, cloth, \$6.00; sheep, \$7.00; half morocco, \$7.00. For sale by subscription only. New York: W. B. Saunders.

Mr. Saunders has made himself famous on this continent as a medical publisher, chiefly by his elaborate system of text-books, and the result is that his acquaintance is made by the student, to be continued into friendship by the doctor. This last work from his press is a distinct gain, both to the American student and professional man. The editorship alone is a guarantee of the value of the work, but when in addition to this we find the different departments to be the work of such teachers in the profession as Warren P. Hubbard, who writes of General Physiology of Muscle and Nerve; W. H. Howell, the editor, takes charge of Secretion, Chemistry of Digestion and Nutrition; Movements of the Alimentary Canal, Bladder and Ureters; and Blood and Lymph Circulation, by Curtis and Porter; Respiration and Animal Heat, by Reichert, of the University of Pennsylvania; Central Nervous System, by Donaldson; Special Senses, by Henry P. Bowditch and Henry Sewall; Reproduction, by Frederic S. Lee, and Chemistry of the Animal Body, by Graham Lusk—there can be only one word to say, and that of highest commendation. It is a work of a class that no professional man who wishes to be abreast of the very latest teachings in this most important science can afford to be without.

*Essentials of Physical Diagnosis of the Thorax*, by ARTHUR M. CORWIN, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical

College; attending physician to the Central Free Dispensary, Department of Rhinology, Laryngology and Diseases of the Chest. Second edition, revised and enlarged. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The first edition of this book was published under the title of "Outlines of Physical Diagnosis of the Thorax." Its rapid distribution has necessitated a second and larger edition, which has added to it a section setting forth the signs found in each disease of the chest. Every practitioner will find the book a very great aid in the diagnosis of the various chest conditions he finds and runs across almost every day in the practice of his profession.

*The Medical News Visiting List for 1897.* Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Philadelphia and New York: Lea Brothers & Co.

The Medical News Visiting List for 1897 has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most useful data for the physician and surgeon, including an alphabetical table of diseases, with the most approved remedies, and a table of doses. It also contains sections on examination of urine, artificial respiration, incompatibles, poisons and antidotes, diagnostic table of eruptive fevers, and the ligation of arteries. The classified

blanks (160 pages), are arranged to hold records of all kinds of professional work, with memoranda and accounts. The selection of material in the text portion and the arrangement of the record blanks are the result of twelve years of experience and special study. Equal care has been bestowed upon the mechanical execution of the book, and in quality of paper and in strength and beauty of binding nothing seems to be left wanting. When desired, a ready reference thumb-letter index is furnished, which is peculiar to this visiting list, and which will save many-fold its small cost (25 cents) in the economy of time effected during a year. In its several styles the Medical News Visiting List adapts itself to any system of keeping professional accounts. In short, every need of the physician seems to have been anticipated in this invaluable pocket companion.

THE FIFTEENTH EDITION of Bausch & Lomb's catalogue of microscopes and allied supplies is a work of art, and reflects the energy and prosperity of the well-known firm. The catalogue is a complete treatise on the mechanics and optics of microscopes, and any information desired can be found by reference to the pages of this catalogue. All microscopical accessories are figured and their use described. The catalogue is, in fact, an instructive text-book of 264 pages, and will make a valuable addition to any library. The book can be had by addressing the firm at Rochester.

*Manual of Life Insurance.* We are in receipt of the second edition, "Manual of Life Insurance Examinations," by JAS. THORBURN, M.D. Edin. This little work has been revised and corrected, and is full of points of interest to medical examiners for life insurance. Dr. Thorburn is a veteran in this line of work, and is an authority on the subject.



THE —  
**DOMINION • MEDICAL • MONTHLY**  
 ... AND ...  
**ONTARIO MEDICAL JOURNAL**

EDITORS:

BEATTIE NESBITT, B.A., M.D., F.C.S. (LOND.)

R. B. ORR, M.D.

J. J. CASSIDY, M.D.

W. A. YOUNG, M.D.

TERRITORIAL EDITORS:

No. 1.—Dr. J. DUNCAN, Chatham.

No. 4.—Dr. J. CAMPBELL, Scaforth.

No. 9.—Dr. A. R. HARVEY, Orillia.

" 2.—Dr. M. F. LUCAS, Ingersoll.

" 6.—Dr. GILLIES, Teeswater.

" 10.—Dr. H. J. HAMILTON, Toronto

" 3.—Dr. W. J. WHEKES, London.

" 8.—Dr. H. R. FRANK, Brantford.

" 11.—Dr. J. A. CREAMER, Toronto.

No. 14.—Dr. J. S. SPRAGUE, Stirling.

No. 17.—Dr. C. J. CHIFMAN, Ottawa.

Address all communications to the Publishers THE NESBITT PUBLISHING CO., LIMITED,  
 Rooms 97, 98, 99, Confederation Life Building, Toronto, Canada.

VOL. VII.

TORONTO, DECEMBER, 1896.

No. 6.

IMMORALITY IN CANADA.

It was Johnson who said, on rebuking a friend, "If you look close enough to the ground you may see dirt." It is our painful duty to impress this fact upon no less an authority than the editor of the *New York Medical Record*, which aims to be the prototype, on this side of the Atlantic, of the English *Lancet*. We would not recklessly provoke the Great Thunderer on the other side, nor Little Thunder on this side, but "to err is human," and we take heart of grace by knowing that the editor of Little Thunder, in this respect, is very human. We would not for one moment discuss his sweeping assertions on "Immorality in Canada," founded on an editorial in our September issue, did we not feel that he is just as far out on this question as he was on Dr. Edson's famous consumption cure. In our editorial

of September we stated, and restate here, that "female bicycle riding must be locked into and care exercised in its indulgence." Our reason for that statement was, first, that a woman pedalling on the bicycle is subject at least to all the disadvantages of the old double treadle sewing machine; second, that her position astride the common leather bicycle saddle is not liable to lessen those disadvantages; third, that there is a generally prevalent opinion that bicycle riding too often produces in women considerable erethism, at times to the point of orgasm.

At the time of writing we were, and still are, believers in the general truth of these three propositions. We did, as averred by the editor of Little Thunder, call attention to the question of bicycle riding for women, and we propose to still further call attention to the same. Just what in all this could excuse the editor aforesaid

in writing a sensational editorial stating that any section of the women of Canada were given over to bestial practices, is something we fail to perceive. Just why it is that a medical subject cannot be discussed from a medical standpoint, but some erotomaniac immediately perverts the whole matter, and tries to twist it into a shape where it is on the same plane and in harmony with his own diseased mind, surpasses us. We know that there is much mock modesty at present in the world, and its presence is much to be regretted, but we did not know that it was so far reaching in its effects as to pervert the minds of medical and scientific men, until, to-day it would seem, that to satisfy the delicately constructed nervous systems of these gentlemen, we must needs put pantalletes on medical terms. The morality of the women of Canada needs no defence at the hands of any one, especially from men who, to satisfy personal spleen without reproducing the facts, quote such silly editorials as the one in Little Thunder. We made no charge against the morality of the women of Canada, or even inferred such. We disclaimed in our editorial any desire to deal with the moral or immoral aspects of the question. We stated, and we hope strongly enough, that the construction of the bicycle and the position of the rider was sufficient to produce certain effects, that in too many cases it did produce those effects. If the editor of Little Thunder was so desirous to start moral house cleaning, he should have lent Dr. Parkhurst a hand in his native town, before starting out to reorganize the balance of

the continent. For a gentleman in the centre of Parkhurstian scandals to discuss the immorality of his neighbors, makes it possible that after a similar moral spasm Sodom held up its hands and thanked God that it was not as Gomorrah was. We were not discussing the immorality of the question in our editorial, we were drawing attention to a fact, from a purely medical standpoint, which we believe certainly needs attention drawn to it; but, had we been discussing the morals of the case, and its effects upon women, who in the main must be ignorant of the reason why this particular form of exercise may be harmful to them, we would have sought evidence for this, not in Canada, but from the reports of the President of the Woman's Christian Temperance Union of Washington, the home of the politics and fashion of the great republic to the south of us, of which the editor in question is so distinguished a citizen. To reiterate once more, we would ask that the moral phase of this question be laid aside, and that it be discussed from a purely medical standpoint. First, consider the position in riding a bicycle, compare it, as we said before, with the old double treadle sewing machine.

If there is any gentleman in New York who does not know where to look for information on this subject, we would refer him to the volumes of the State Board of Health of Massachusetts. He will there find that the most distinguished physicians of that State took it in hand, that there was no mock modesty about its discussion, there was only a united effort to

better the condition of affairs, and the result was that the foot power sewing machine was done away with in the factories, and machine power introduced.

Since writing our editorial we have been commended for it from quarters where commendation was of value, we have been condemned for it by bicycle manufacturers and those influenced by them. That these men devote their energy and capital to reducing the weight of their machines instead of producing a proper saddle, is no reason why we should stand idly by, if the health of only one woman in the country be risked. On the other hand there is another phase to the question, and the following editorial from the *Boston Medical and Surgical Journal* serves to show the present status of this controversy :

"Dr. T. R. Evans, of Mt. Carbon, W. Va., writing in the *American Journal of Obstetrics*, draws a narrowing picture of the effects of the bicycle saddle upon the plastic pelvis of the growing girl. 'Walking,' he says, 'is necessary to the proper moulding of the semi-cartilaginous bones of the girl's pelvis in reference to natural child-bearing,' while a girl riding a bicycle makes a counter pressure of only four pounds against the weight of the head and trunk, balanced upon a too narrow and rigid surface. Dr. Evans further says :

"As in our climate the bicycle is used nine months in the year, and as the modern girl walks less and less, while more abundant nutrition, both intellectual and animal, is supplied, increasing the size of the foetal skull, her prospects for instrumental delivery, symphysiotomy and celiotomy increase. It is yet too early to verify this prediction, but for years the very large increase in the number of cases in which the forceps has been used by the masters in obstetrics demonstrates the evil effects of the lack of walking.

"When nature increases the size of the foetal head, it increases the capacity of the mother's pelvis, but such increase may be frustrated by art. Through laziness man is said to have worn his tail off by much sitting ; and through the fashion of not walking, woman will add to the inconveniences, if not the impossibilities, of natural labor.

For centuries the horse has been utilized, but the teachings of both anatomy and propriety have prohibited the woman from bestriding his soft back. The fact is that the straddling attitude is unnatural in man, and only became popular through the chase and through war, and surgical injuries are sufficiently common on account of such attitude. The parts traversing the male perineum are sensitive and important and lie superficially. But they are slightly protected from pressure by broad and comparatively long ischial tuberosities which are *near together*. In addition, the perineum of the male is moderately protected by hair. In the female perineum the tuberosities are smaller, sharper and *widely apart*, and it is comparatively without hair. As shown by its tissue, physiology and function, the perineum of woman is a kind of *supplemental uterus*. It is padded with connective tissue, prolonged pressure upon which must cause condensation and atrophy, thus adding 'atrocious' pains to the second stage of labor and much liability to rupture.

"Dr. Evans calls attention to the fact that until after puberty the pelvic bones readily yield to mechanical influences, and thinks it probable that during this yielding period the narrow saddle will press the ischial tuberosities upward and inward, the distortion being *greater* the younger the girl, thus adding a serious complication to the flattened pelvis, which is the most common pelvic deformity in Europe and America. He thinks that the slight forward inclination of the body while on the bicycle may tend to increase the pelvic flattening.

"The difference,' says Dr. Evans, 'between the shape of the child's and the adult's pelvis is most largely due to pressure and counter-pressure through living levers, the body and lower extremities. This is well proven in the exaggerated development of the side of the pelvis used by a youth with one leg.'

"Dr. Evans, in concluding, expresses the opinion that the bicycle will predispose to placenta previa, the basis of the contention being that all the cases of placenta previa which he has seen have been in hard-working and active women.

"While we must admit that the pressure of an improper saddle upon the pelvis of a growing girl might have a tendency to deform it, we cannot see that Dr. Evans has advanced any cogent arguments against the use of the bicycle with a suitable saddle—that is, one which throws the weight of the body upon the ischial tuberosities and not on the perineum. The direct downward pressure upon the ischial tuberosities ought not to force them either inward or outward, and the vigorous play of the muscles in the exercise of riding ought to have a favoring instead of a retarding influence upon the

development of the pelvis. On the other hand, too much can hardly be said against the use of improperly constructed bicycles by women whether growing or grown, and *Dr. Evans' contention that the bearing of the weight upon the perineum might tend to pull the ischial tuberosities inward is a sound one.* It should not rank, however, as an argument against the use of the bicycle by growing girls, but rather as an additional reason why they should not ride on improperly constructed saddles. By the simple precaution of choosing a proper saddle, it is to be hoped that our growing girls may escape the instrumental deliveries, symphysiotomies and celiotomies which Dr. Evans thinks are threatening them as a result of the pleasant and healthful exercise of bicycling."

We agree with the *Boston Medical and Surgical Journal* where it says that "While we must admit that the pressure of an improper saddle upon the pelvis of a growing girl might have a tendency to deform it, we cannot see that Dr. Evans has advanced any cogent arguments against the use of the bicycle with a suitable saddle—that is, one which throws the weight of the body upon the ischial tuberosities and not on the perineum." As stated in our editorial note on Dr. Walters' letter in our November issue, "the sweeping statements that no such trouble arises are absurd in the face of actual evidence, and both Dr. Walters and the cycle manufacturers contradict their own statements when in the same letters they draw attention to the new forms of saddle devised to overcome this condition." It will be noticed that the editor of the *Boston Medical and Surgical Journal* draws attention to the same point in regard to the saddle. As we have previously stated, there is no doubt that in many cases bicycle riding is of immense advantage to women, but bicycle riding with a properly constructed saddle, as the editor of the *Boston Medical and Surgical Journal*

suggests. The whole subject of cycling is of too recent a growth to accurately determine just what the ultimate advantage will be, but we certainly see points already that require close attention, and if not remedied are sufficient to condemn the whole business. If our contemporaries, instead of looking at the erotic side of the question, will stop to consider the scientific side of it and let us have proper investigation, everybody will be benefited thereby, the health of many women will be saved, and the bicycle and its parts so arranged that it may become a legitimate health factor; but this result will not be accomplished if men who are presumed to be medical scientists get the sort of moral spasms that you would expect from an hysterical old maid.

We are pleased to see things moving more harmoniously with some of the local medical journals, and are glad that the combination has once again got into smooth working shape. We think if they will take sides on this question they will have abundant opportunity for the exercise of their peculiar talents. This is a large question, and we know that we will meet with much opposition; that not only is there sentiment, but as many interests are affected, and these large corporations, there will, in all probability, be lots of money in it for the defence.

---

#### CONSERVATIVE GYNÆCOLOGY

The article on this subject was one which appeared as an editorial in the *New York Polyclinic Journal*, and was written, we presume, by Dr. Hawley Bortensbaw, lecturer on Operative

Gynæcology in the New York Polyclinic. We have given the editorial the above heading, as that expresses, we think, the tenor of the article. There can be no doubt that for the past few years the profession have been attacked with what might be termed, laparotomania. In this journal we have given very little place to the long lists of papers that have been constantly read, describing how the writer had just performed his first hundred successful laparotomies. It was just as great a fad for an embryo surgeon to do his first "century" in laparotomy as it is for the amateur cyclist to do his first "century" on a bike. However, in both cases they seem to be tiring of riding their hobby. As we remarked at a meeting of the Ontario Medical Association a year and a half ago, the tendency to remove ovaries in every event made one at first doubtful whether they were in a medical meeting or the potato department of a country fair.

Dr. Bortensbaw's article is most conservative and timely, and we fully agree with the remarks of Senn, of Chicago, with which he opens his article: "The frequency with which women are castrated is one of the most flagrant transgressions of the limits of the art of surgery." In reading this article, we observe four distinct points of progress: 1. The treatment of the diseased condition of the ovary, direct by cauterization, leaving the organ *in situ*. 2. The evacuation of pus collections, when of true pelvic location, from below, thus avoiding shock and dangers of laparotomy. The formula for the preparation of iodoform gauze in this connection should receive careful attention. 3.

The treatment of uterine displacement by Wertheim's new operation of shortening the round ligaments through the anterior vaginal cul-de-sac and anchoring them to the edge of the incision. 4. Byrne's treatment of uterine cancer by removing diseased area with the galvano-cautery, which not only avoids the dangers of the removal of the uterus, and as usually performed the adnexa likewise, but destroys the disease by the intense heat in any portions which may have been beyond the incision. It prevents traumatic infection and gives the patient a greater chance than by any other method. Any case of cancer of the cervix which has not invaded the corpus, will have ten chances to one by this method over total extirpation.

---

#### TYPES OF APHASIA.

---

In a brief paper read before the Society of Biology of Paris, Broca indicated the different types of aphasia.

The first type is loss of verbal auditive memory; that is, loss of the recollection of the sounds of one's native language. A patient afflicted with a lesion of this nature listens to his native tongue as though it were a foreign language. He is affected with verbal deafness; that is, though he hears sounds, he does not recognize the sounds of the language which is spoken. The memory of the sounds of language is localized in the first temporal convolution.

A second type is the loss of verbal visual memory. The patient, though able to write before his illness, is, after recovering from an attack of

apoplexy, quite unable to read his own writing. He is able to write, but cannot read his writing or the printed page either. He is affected with verbal blindness though his sight is good. The convolution, which presides over the memory of the forms of letters, is the second parietal.

A third type is loss of motor graphic memory, aphasia of the hand, or agraphia. The patient is unable to write, though before his attack able to do so. The faculty controlling writing consists in the memory of the co-ordinated movements of the right hand and arm in writing. This faculty resides in the left second frontal convolution, disease of which results in loss of the power of writing with the right hand.

Aphemic patients understand spoken language, write, read, use expressive mimicry, but cannot emit the regular sounds of conversation. Frequently some monosyllable used in familiar exclamation is all that remains of their stock of words. They have lost motor verbal memory. They cannot execute the series of methodical and co-ordinated movements which correspond to the syllable they are desirous of expressing.

The faculty suppressed in them is localized in the posterior half of the third frontal convolution.

---

### DIGITINE.

---

This is a drug which Merck classes as therapeutically inert, yet if we are to believe a writer in the *Medical and Surgical Reporter*, Dr. Henry Beales, jr., of Philadelphia, it is one of the most valuable in the pharmacopœia.

The error seems to be in the dosage; that recommended by Dr. Beales is from one-tenth to one-half grain several times daily. It does not disturb digestion as does digitalis, nor is it cumulative. It seems to have a peculiar sedative action on the nervous mechanisms in connection with circulation, stimulating these actively. Especially is this so of the governing centre and intra-cardiac ganglia; also the vaso-motor centre and vaso-constrictor, that either directly, or indirectly (through its action on the circulation) restores nutrition by stimulating metabolic activity of the cell structure, so that in cases of cardiac enlargement, etc., not only the distressing symptoms—cardiac, pulmonary congestion and passive hyperæmia of the cerebrum—but a general improvement in tone of the whole system occurs, due undoubtedly to, as stated before, its action in some way on cell metabolism. Its use may be continued over long intervals, and it certainly should receive a thorough trial in this class of cases. We all know the difficulties attendant on the continued use of digitalis, and if we can use digitine with such excellent results when digitalis must be dropped, we will be certainly greatly advantaged.

---

### REPORTING CONTAGIOUS DISEASE.

---

Section 80 of the Ontario Public Health Act enacts that "Whenever any physician knows that any person whom he is called upon to visit is infected with small-pox, scarlet fever, diphtheria, typhoid fever, or cholera, such physician shall, subject in case

of refusal or neglect to the penalties provided by Subsection 2 of Section 106, within twenty-four hours give notice thereof to the local Board of Health or Medical Health Officer of the municipality in which such diseased person is, and in such manner as is directed by Rules 2 and 3 of Section 17 of Schedule A."

The penalty provided by Subsection 2 of Section 106 is a fine of \$20. Rules 2 and 3 of Section 17 of Schedule A provide for the issue of suitable blank forms for (a) reporting an infectious disease, and (b) reporting death or recovery from infectious disease.

It is pretty certain that physicians give notification of small-pox and scarlet fever. Cholera does not exist in this country. Typhoid fever is common, and physicians most probably give notice to the local Board of Health, although a week or more may sometimes elapse before the attending physician feels sufficiently sure of his diagnosis to pronounce the disease enteric fever. Diphtheria causes grave difficulties to local Boards of Health and to physicians. Frequently it is so plain in its manifestations that no great skill is required to diagnose it. The layman who knows how to look for it can give a shrewd guess as to its nature, as well as the average physician. Occasionally it is not apparent at the first examination; it may be confined to the nasal cavities, not appearing in the pharynx. Again, it may not present any gross characters in either the nasal cavities or the pharynx; but may be present in the form of laryngeal or tracheal diphtheria, commonly called "inflammatory croup." A physician neglect-

ing to report an ordinary case of diphtheria in which the gross characters are well marked would be justly subject to the legal penalty. An Ontario physician who is unable to diagnose a suspected case of pharyngeal, nasal or laryngeal diphtheria should take a culture—a smear on a cotton swab—from the suspected region and forward it immediately to the bacteriological department of the Provincial Board of Health. A reply by telegram or telephone will be sent him in from twenty-four to forty-eight hours, and he will then be enabled to report or not, as the case may require. In the meantime, the patient should be isolated.

Some physicians in Ontario, when called upon to treat diphtheria, are influenced by conceit rather than a true love of science. Unable to make a bacteriological examination of the suspected exudate themselves, they will not acknowledge their deficiency, but give an imperfect opinion founded on imperfect data. This is unfortunate for the family, friends and neighbors of the patient, and is degrading to medical science, which by the pronounced opinions and actions of unenlightened medical men, is placed on the same level as quackery or Christian Science.

Others there are—though, thanks to the saving grace of an honorable profession, few indeed—who wickedly coincide with deluded parents in cloaking up diphtheria, miscalling it tonsillitis. Then, after a death has occurred, a false certificate of death is made out, stating that the patient died of serous effusion of the glottis.

We are satisfied that at the present time diphtheria is by far the most

rapidly fatal contagious disease the Ontario practitioner is called upon to treat, and feel confident if the first cases in any outbreak were isolated the contagion would cease to spread.

One thing is necessary in order to place practitioners in a position to pronounce on cases of sore throat, viz., a bacteriological examination of the exudate. City practitioners are availing themselves of this method of arriving at truth, and no good reason can be advanced why country physicians should not imitate their excellent example. By so doing they will do the best thing possible for their patrons and help the public to the conclusion that medical science is quite able to distinguish tonsillitis from diphtheria.

---

### THE BRITISH MEDICAL ASSOCIATION.

---

Under the British Medical Association column we print a report of progress to date. It can readily be seen what an amount of work is falling on the shoulders of the profession in Montreal, and undoubtedly the least we can do is to give them all the assistance we can.

We are sure that in no form will assistance be so well appreciated as in that which increases the membership.

It is a membership in the greatest and most honorable professional body in the world, and we here, who consider ourselves the best of those dependencies which go to make up the British Empire, should join in with a will and give the home brethren

a reception which will astonish them in point of numbers. Upon the Canadian profession depends the opinion which will be formed of our country. We have a profession second to none in the world for its standard of education, and the individual training and ability of its members.

Let our British brethren take away an impression of Canada and Canadians of which we and they will be proud. Aside from all matters of sentiment, just now, when Canada's turn for development is coming on, the impression produced, of the character of our resources, of the integrity and ability of our people, before these two great British associations will greatly depend the influx of capital which will start upon the high road to prosperity the country and the individual.

If any of our readers wish any information in regard to attaining membership in the Association, or wish to offer any suggestions, we shall be only too glad to assist them in any way. We feel that there is presented an opportunity in this meeting, which has never before occurred, for us to get in touch with the fountain heads of our knowledge, and to meet the acknowledged leaders in the noblest of professions.

---

### SERUM DIAGNOSIS OF TYPHOID FEVER.

---

The Boston *Medical and Surgical Journal*, November 5, 1896, describes the work done by Widal in finding a simple test for typhoid fever. He has simplified his methods. At first he



drew blood from a vein of the forearm with a sterile syringe, decanted the serum, and after mixing with ten or fifteen times its volume of fresh bouillon culture of typhoid bacilli, left the mixture twenty-four hours in the thermostat at 37°C. Later he found he could get equally good results by using a few drops of blood taken from the ear or finger in the ordinary way. A single drop of the serum of this blood is added to ten or fifteen drops of the bouillon culture and then a drop of this mixture is at once examined between a slide and cover-glass with a one-twelfth oil-immersion lens. If the case be one of typhoid, the bacilli clump together within from two to sixty minutes. No other disease has been thus far found which gives this clump reaction. Widal's next discovery was that a few drops of blood dried on glass or paper would answer as well as the fresh blood serum, provided the dried blood is mixed with a few drops of water when ready to make the test. Such dried specimens can be sent through the mails and will keep their power and produce the reaction for at least six months.

Dr. Wyatt Johnston, of Montreal, has carried out this method with entire success, and the Board of Health of the Province of Quebec announced (September, 1896) that it will furnish a diagnosis free to any physician who will send a few drops of blood dried on paper.

J. J. Mackenzie, B.A., Toronto, of the bacteriological laboratory of the Provincial Board of Health of Ontario, has also carried out this method with entire success, and we have had much pleasure in looking at a slide exhibited

at his laboratory, in which the clump reaction was well brought out.

In the majority of cases this serum reaction does not appear earlier than the rose-spots and diazo reaction; on the other hand it persists for several weeks (at least) after deforescence. It shows considerable qualitative variations in different cases and grows more marked in the later weeks of the disease—possibly it may turn out to be of prognostic as well as diagnostic significance. It is present in the milk, in the tears, in the serum from a blister, in the peritoneal and pericardial fluid and the fluids of odema, and in the urine, but not in the gastric juice, saliva, or bile, of typhoid patients. Widal's serum reaction is certainly a valuable method of diagnosis in the later weeks of typhoid; but even in the earlier stages it has been possible to obtain the reaction.

---

#### THE RABIES CASES IN PARIS, ONT.

---

Our readers will remember the report in the daily papers where a supposed rabid dog had bitten several people in Paris.

The patients consisted of two children and a man, who were bitten; also a child, upon whose face were abrasions, and which, though not bitten, had been licked by the dog. These were all sent to the Gibier Institute in New York. A number of other dogs bitten were all destroyed. The Council passed an ordinance making the townspeople shut up all dogs. Mr. J. J. Mackenzie, Bacteriologist to

the Provincial Board of Health, made a subdural inoculation on a rabbit on Tuesday, November 3rd. On the night of the 16th the animal began to show symptoms of irritability. On the 17th there was partial paralysis with hyperæsthesia of lower extremities, more marked on right side. Temperature on evening of 17th was 102.6. On morning of 18th all symptoms aggravated. Temperature subnormal, 89°, and continued falling all day until death ensued. Mr. MacKenzie therefore reports the case as one of undoubted rabies.

---

### SALOL DANGEROUS IN NEPHRITIS.

---

Dr. James Tyson reports two cases of nephritis in which the administration of salol in combination with bismuth to check a too free diarrhœa was followed by suppression of urine—in one case causing death, in the other very serious symptoms. He therefore considers it advisable to warn the profession of the possible danger of administering this drug for any purpose to patients suffering from nephritis.

---

THE American Association of Obstetricians and Gynæcologists, at its ninth annual meeting held at Richmond, Va., elected the following-named officers for the ensuing year, namely: President, James F. W. Ross, M.D., Toronto; Vice-Presidents, George Ben Johnson, M.D., Richmond, and John C. Sexton, M.D.,

Rushville, Ind.; Secretary, William Warren Potter, M.D., Buffalo; Treasurer, Xavier O. Werder, M.D., Pittsburg. Executive Council: Charles A. L. Reed, M.D., Cincinnati; Lewis S. McMurtry, M.D., Louisville; A. Van der Veer, M.D., Albany; J. Henry Carstens, M.D., Detroit; and William E. B. Davis, M.D., Birmingham. The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N.Y., Tuesday, Wednesday, Thursday and Friday, August 17th, 18th, 19th and 20th, 1897.

---

THE HEALTH OF THE QUEEN.—For several years the Queen's eyesight has been to some extent impaired owing to changes in the eyes incident to advanced years, and this partial diminution of vision naturally causes Her Majesty a certain amount of inconvenience. We are, however, glad to be in a position to state that there is good reason to hope that the measures recommended by her professional advisers, combined with due precaution not to overtax the weakened eyesight, will enable Her Majesty to continue, as at present, to perform the multifarious duties pertaining to her exalted station.

---

DR. ERNEST SANDS, a graduate of Trinity College, Toronto, and son of George Sands, of Sudbury, Ont., died of phthisis at El Paso, Texas, last month. He was thirty-two years of age, and had practised at Cold Springs, Ont.

## Obituary.

### DR. BERGIN, M.P.

Dr. Bergin was born in Toronto on the 7th September, 1826. He was the son of the late William Bergin, C.E., who was a native of Roscrea, Ireland, and who in 1820 left his home for Canada and settled in Toronto, where for some time he carried on a mercantile business. Dr. Bergin's mother was Mary, daughter of the late John Flanagan, of Charlottenburg, County of Glengarry, Ontario. Wm. Bergin died in 1850, leaving surviving him his wife, a daughter, the subject of this sketch, and another son, John, who is now Collector of Customs in Cornwall, Mrs. Bergin died in 1881. After attaining the necessary knowledge to permit of his entering Upper Canada College, Darby Bergin became a student in that institution, where he had for his classmates young men who afterwards rose to positions of distinction in various walks of life.

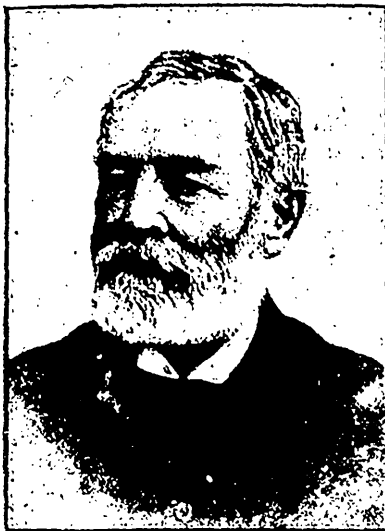
#### MEDICAL EDUCATION

Deciding to adopt the medical profession, Mr. Bergin matriculated at McGill College, Montreal, and immediately entered upon his studies, which were prosecuted with unremitting zeal and marked success. In April, 1846, he passed his examination before the Lower Canada Medical Board, and obtained license to practice when little more than nineteen years old. The following spring, in 1847,

he completed the curriculum of McGill College, but not having attained his majority, he was consequently unable to graduate until he became of age. He received his degree of M.D.C.M. in September, 1847, a special convocation being held for that purpose. The young doctor settled in Cornwall, where he soon secured an extensive practice, and attained to a distinguished position.

#### MEDICAL APPOINTMENTS.

In 1848, in conjunction with the late Dr. Roderick McDonald, he had charge of the emigrant typhus fever hospital at Cornwall, and a few years later, when small-pox broke out in the Indian village of St. Regis, he was sent by Lord Bury, Superintendent-General of Indian Affairs, to look after them. For this service he received the thanks of the Department. Dr. Bergin's career as a medical practitioner was eminently successful, and his standing among his professional brethren



DR. BERGIN, M.P.

high, as the following facts will prove: He was first president of the Eastern District Medical Association, and afterwards president of the St. Lawrence and Eastern District Medical Association. He was examiner in midwifery and general surgical anatomy, for the Ontario College of Physicians and Surgeons. Upon his election as the representative of the St. Lawrence and Eastern Medical Association, he was elected vice-president of the Council of the College of Physicians and Surgeons, and the following year president, to which position he was

re-elected for a number of years. Dr Bergin was for many years physician to the Cornwall gaol.

#### MILITARY CAREER.

When the recent rebellion in the North-West broke out, it became necessary to organize a medical department connected with the militia service. That work was entrusted to Dr. Bergin, who received the rank of Surgeon-General. The success of his labors was remarkable, considering the short time at his disposal to select his staff and to arrange all the minute details. Dr. Boyd, of London, England, who was sent to Canada with medical stores by H. R. H. the Princess Louise, declared that the arrangements, as made by Dr. Bergin, were complete, and in every respect satisfactory, and that he had never known of a more thoroughly equipped medical field service than that sent out under the direction of Surgeon-General Bergin. For many years Dr. Bergin was actively identified with the volunteer force. At the time of the Trent difficulty, when war between Britain and the United States seemed imminent, Dr. Bergin took command of a company raised for active service. He served in the 3rd Provisional Battalion at La-prairie from December, 1863, to May, 1864, as Captain, and during the Fenian raid of 1866, as Major, having been promoted to that rank. In 1869 he organized the 59th Stormont and Glengarry Battalion, of which he became Lieutenant-Colonel.

#### PARLIAMENTARY.

Dr. Bergin was first returned to the House of Commons for Cornwall in 1872, by acclamation. At the general election of 1874 he was defeated by Mr. A. F. Macdonald, by a majority of twenty-three. Mr. Macdonald having been unseated, a new election took place in September, with the same result, Mr. Macdonald's majority being forty. At the general election of 1878, Dr. Bergin defeated

Mr. D. B. Maclellan. Having been unseated, a new election took place in January, 1880, when Dr. Bergin again defeated Mr. Maclellan by an increased majority. He was re-elected at the general election of 1882 for the new constituency of Cornwall and Stormont, defeating the late James Bethune, Q.C., and has been re-elected at every general election since.

#### ILLNESS AND DEATH.

The primary cause of his demise was due to injury from a fall.

Dr. Alguire and Dr. Harrison remained with him to the last, but he was beyond human aid and gradually sank until the final summons came and he passed peacefully to his rest. From the first there was very little hope of his recovery. For the past year or more he had been failing, and although he was apparently getting back to his usual health the last couple of months, his constitution had become too weak to withstand the shock which overtook him on the night of the 18th September. It may be truly said of him that he died in harness, for he had only left his Parliamentary duties that day at the request of a number of his constituents in order to secure them a speaker for the entertainment that was given by the Cornwall St. Patrick's Society.

---

THE BEST SALT OF QUININE.— This, according to S. Solis-Cohen, is the double hydrochlorate with urea; it is always to be preferred to the treatment of malarial affections. It may be used once daily hypodermatically, in doses of fifteen grains, dissolved in from twenty to thirty minims of pure water, and deeply and carefully injected; or by the mouth fifteen grains night and morning, which is ordinarily the maximum dosage for the adult. If special conditions call for increased dosage, it may be used with due caution.—*Medical Age.*

PARKE, DAVIS & CO.'S  
**Anti-diphtheritic Serum**  
 [ANTITOXIN]

Our Serum is absolutely sterile, and is put up in hermetically sealed glass bulbs. It is strictly fresh when it leaves the Laboratory, as we only keep a small quantity in stock, for we believe it is better to keep the horses well immunized, and draw from them as occasion demands.

**Only young and carefully examined horses are used for producing the antitoxin. And we have never yet had reported a case of sudden death following the use of our Serum.**

Our Serum has been officially examined and approved by the following State Boards of Health: Michigan, Massachusetts, Pennsylvania, California, and by the Ontario Board of Health; also by other important Boards of Health in the United States and Canada.

**FOUR GRADES OF STRENGTH.**

- No. 0. A serum of 250 units, for immunizing. White label.  
 No. 1. A serum of 500 units, for mild cases. Blue label.  
 No. 2. A serum of 1000 units, for average cases. Yellow label.  
 No. 3. A serum of 1500 units, for severe cases. Green label.

**Special Note.** The serums we are now producing are from three to five times as strong as could be had a year ago, and we expect to still further increase their strength. For this reason we list the serums according to the number of units and not according to bulk. The quantity to be injected is now only from 1 to 5 cc.

We also supply serums for tetanus, tuberculosis, and streptococcus diseases, as well as Coley's Mixture and the toxins of erysipelas and prodigiousus. We prepare different culture media, microscopic slides of disease germs, etc., a description of which will be furnished upon application.

Correspondence respectfully solicited.

Literature mailed upon request.

~~~~~  
**PARKE, DAVIS & CO.,**

HOME OFFICE AND LABORATORY:  
 DETROIT, MICH.

**BRANCHES:**

NEW YORK: 90 Maiden Lane.  
 KANSAS CITY: 1008 Broadway.  
 BALTIMORE: 8 South Howard St.  
 NEW ORLEANS: Tchoupitoulas and Gravier Sts.  
 LONDON, Eng.: 21 North Audley St., Grosvenor Sq., W.

**Manufacturing Chemists,**

**WALKERVILLE, ONTARIO.**

## The Doctor Himself.

The Publishers will be pleased to receive at any time, local or personal items from physicians which will prove of interest to the profession generally.

DR. J. A. SUTHERLAND has moved to Illicillewaet, B.C.

DR. J. W. SMUCK has removed from Binbrook to Toronto.

DR. GEO. WARREN has taken up house at 205 Gerrard Street East.

DR. JOHN S. KING broke his arm in a recent bicycle accident, but is able to be about.

DR. J. F. CATTERMOLE has moved from London to Toronto, and settled at 27 Carlton Street.

DR. N. A. POWELL returned two weeks ago after a most enjoyable shooting expedition in Muskoka.

DR. BRUCE L. RIORDAN has opened a branch office on King Street West, near Jamieson Avenue.

DR. A. C. SINCLAIR, of Port Elgin, has located at Rossland, B.C.

DR. RUDOLF, of Bengal, India, has moved to Toronto and settled at 40 Carlton Street.

DR. J. F. W. ROSS has been elected President of the American Gynæcological and Obstretic Association.

DR. JOHN TAYLOR FOTHERINGHAM, of Toronto, has been appointed Surgeon to the 12th Battalion, York Rangers.

DR. GEORGE A. PETERS has invested in a full cathode ray apparatus, and is making rapid progress. The doctor has already made some very good plates.

IT is rumored that the Hon. Dr. Borden will succeed the late Dr. Bergin as Surgeon-General of the Canadian Militia. The appointment would be a most popular one.

**A Vitalizing Tonic to the Reproductive System.**

# SANMETTO

—FOR—

## GENITO-URINARY DISEASES.

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

SPECIALLY VALUABLE IN

**Prostatic Troubles of Old Men—Pre-Senility,  
Difficult Micturition—Urethral Inflammation,  
Ovarian Pains—Irritable Bladder.**

**POSITIVE MERIT AS A REBUILDER.**

DOSE:—One teaspoonful four times a day.

**OD CHEM. CO., NEW YORK.**

FOR



1896

# THANKSGIVING DAY

*Will issue ROUND TRIP TICKETS for*

Single First-Class Fare

*Good going NOVEMBER 25th and 26th, return until NOVEMBER 30th*

*To all Stations on Grand Trunk Railway System in Canada.*

## Important Change of Time

Taking effect **NOVEMBER 15, 1896**



Leaving time of following trains has been changed.

**MAIN LINE EAST.**—5.00 p.m. will leave at 5.10 p.m.

**MAIN LINE WEST.**—7.40 a.m. will leave at 8.00 a.m. 4.30 p.m. will leave at 5.30 p.m. 6.17 p.m. cancelled.

**SOUTHERN DIVISION.**—7.25 a.m. will leave daily at 7.35 a.m. 7.35 a.m. will leave at 7.45 a.m. 4.25 p.m. will leave at 4.20 p.m. 10.20 p.m. will leave daily at 10.30 p.m.

**N. & N.-W. DIVISION.**—12.20 p.m. will leave at 12.30 p.m. 1.45 p.m. will leave at 1.40 p.m.

**MIDLAND DIVISION.**—8.20 a.m. will leave at 8.05 a.m. 2.50 p.m. will leave at 2.40 p.m. 4.35 p.m. will leave at 5 p.m.

**Toronto and Weston Suburban Service Train,** leaving Union Station at 6.45 a.m. and 4.55 p.m.; leaving Weston at 7.18 a.m. and 5.40 p.m. are all cancelled.

DR. W. J. CHAPMAN has moved from Thedford and located at Rat Portage.

DR. W. N. ROBERTSON, the bicyclist, of Stratford, has moved to Wallaceburg, and Dr. J. Ogden, of Toronto, will take his practice.

DR. MASON, who for years has resided on Sorauren Avenue, Parkdale, has left the city to take charge of the hospital at Saltcoats, Assiniboia, N.W.T.

WE had the pleasure lately of an angel's visit from Dr. Octavius Weld, who is now so comfortably settled in Vancouver, B.C. The doctor reports business as flourishing in the west. Dr. Weld received the appointment of C. P. R. Surgeon for a large section of the country about a year ago. He spent a week with his relatives at London, Ont., on his way home.

DR. J. ALGERNON TEMPLE has taken charge of the Department of Gynæcology and Obstetrics for our contemporary the *Canada Lancet*

DR. W. J. FLETCHER has moved to the corner of Garden and Sorauren Avenues, Parkdale, the house until lately occupied by Dr. Mason.

### Marriages.

MORTON—FOSTER — On Thursday, the 12th November, at St. Thomas' Church, Shanty Bay, by the Rev. Canon Reiner, M.A., rector of Trinity Church, Barrie, assisted by the Rev. J. E. Cooper, incumbent, Francis George, second son of Edward Deane Morton, M.D., to Emma Ellen (Emel), eldest daughter of the late Edward Charles Colley Foster, captain H. M. 12th Regiment, and step-daughter of Henry Hatton Strathy, Q.C.

**NASSAU**

The Most Famous

**HEALTH and**

**PLEASURE RESORT**

in the West Indies

**IS NASSAU**

It is a less distance from New York than Chicago. It has the most even climate in the world, 68 to 78 deg. in the winter months. It has perfect roads, is the rendezvous of the yachtmen, and justly celebrated for its fishing and cycling facilities.

### The Royal Victoria Hotel

A magnificent building, is noted the world over for its cleanliness and cuisine. There are other good Hotels and Boarding Houses within the reach of all.

Cable communication with all the world.

Reached in 70 hours by the SUPERB STEAMERS of the

### Ward Line

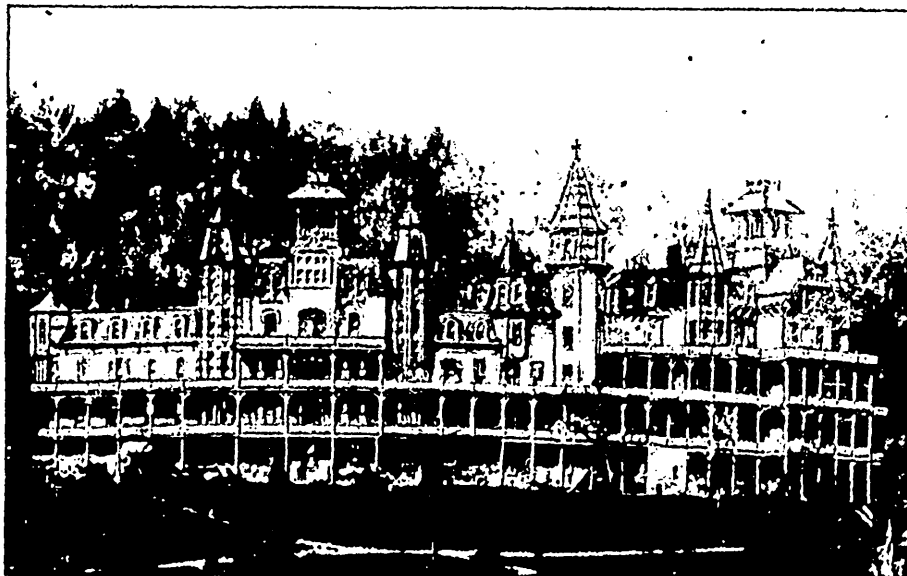
Leaving New York, every other Thursday.

All illustrated matter sent on application.

**BAHAMAS**

**JAMES E. WARD & CO., - 113 WALL STREET, NEW YORK.**





## WALTER'S SANITARIUM

Walter's Park, near Reading, Pa.

Offers exceptional advantages for the winter treatment of invalids, as well as for the comfortable entertainment of the valetudinarian traveller. Its Southern Location; its dry, pure bracing Atmosphere, absolutely free at all seasons from malaria, mosquitoes and usually from dew; pure, soft spring Water from granite rock springs; its Climate said to be "the finest in the world"; its Scenery declared by travellers "equal to anything in Europe or America," all contribute to make this a great Sanitarium.

It is not less noteworthy as a Sanatorium where sick people may recover health. The building is of Granite Rock, five stories in height, 300 feet front, the product of Canadian genius and work. It is heated by steam and open grates, lighted by electricity, finished and furnished in excellent style. It has hydraulic elevator and extensive appliances for sanatory treatments.

BATHS, MASSAGE, SWEDISH MOVEMENTS (mechanical and manual),  
ELECTRICITY (Static, Galvanic, Faradaic).

Regularly educated physicians with 25 years' experience with sanatory methods.

We have U. S. money order post office (Walter's Park). Long distance Telephone in connection with READING, PA., and all telegraph offices.

Our station is WERNERSVILLE, twenty minutes from the Sanitarium, and two hours from READING TERMINAL, PHILADELPHIA.

Terms exceptionally moderate for first-class accommodations.

ILLUSTRATED CATALOGUES FREE.

The value of anything is proved by its imitations. Be sure to address correctly.

**ROBT. WALTER, M.D.**

Walter's Park, Pa.

COMPARATIVE TOXICITY OF THE DIGITALIN GROUP.—M. Piotrowska (*Thèse de Genève*) reports the results of a study of the comparative toxicity of the substances of the digitalin group according as they are administered hypodermically, intravenously, or by the gastro-intestinal canal. The substances experimented with were different digitalins (Homolle and Quevenne, Nativelle), fluid extract of convallaria, convallamarin, strophanthin, coronillin, and helleborein. The experiments were made on frogs and on certain mammals (rabbits, cats). The following are the author's conclusions: Fluid extract of convallaria is seven times less toxic in frogs when given by the gastro-intestinal canal than when administered hypodermically. Convallamarin in the frog and the rabbit is six times less toxic by the gastro-intestinal canal. Digitalin (Homolle and Quevenne) in the frog is three times, and digitalin (Nativelle)

one and a half times less toxic by the gastro-intestinal canal. Strophanthin is six times, coronillin thirteen times less toxic by the gastro-intestinal canal. Helleborein in the frog is seventeen times, in the rabbit twenty-six times less toxic by the gastro-intestinal canal. In order to determine whether the liver plays a part in attenuating the toxicity of the poison introduced into the gastro-intestinal canal, the author investigated in the frog the modifications which extirpation of the liver produces, and in the rabbit the difference in toxicity of the substance introduced into a peripheral vein (jugular, femoral, auricular), and into a vein of the portal system (mesenteric). The results of the experiments in mammals did not always agree with those on frogs. Frogs from which the liver has been extirpated are six times more sensitive to extract of convallaria, twice more sensitive to coronillin, and eight

## SCIENTIFIC SHOEMAKING

is required to produce the sort of shoes we sell. It is no easy thing to so shape the inside of a shoe that it will give comfort to many differently shaped feet and the outside to present a graceful appearance.

## ORDINARY SHOEMAKING

can't do it. That's the reason why the kind we sell fit so exquisitely and give such a graceful appearance to the wearer, as to indicate clearly where they purchase their footwear.

We have the largest and most varied stock of

## HOLIDAY FOOTWEAR

in the city, comprising

Fancy Slippers  
Skating and Walking Boots  
Overshoes and Rubbers

H. & C. BLACHFORD

83, 85, 87 and 89 King St. East  
TORONTO

## LAKEHURST

## SANITARIUM

●———Oakville

The attention of the medical profession is respectfully drawn to the uniform success attending the treatment of Alcoholism and Morphine addiction at Oakville. A prominent medical man in Toronto has, within the last few weeks, paid a glowing tribute to the efficacy in the case of one of his patients who had long since lost his susceptibility to the ordinary form of treatment employed, and whose life seemed to hang in the balance. Many come to Oakville in the last stages of the malady, yet of these but two cases in four years have proved to be beyond reach of our treatment, a record well deserving the thoughtful consideration of the profession.

For terms, etc., apply to

**MEDICAL SUPERINTENDENT,**

●———Oakville, Ont.

# THE TORONTO NURSING HOME

AND

## COTTAGE HOSPITAL.

27 AND 29 MONTAGUE PLACE (facing Homewood Avenue), TORONTO.

**R**ECOGNIZING the demand which exists for some Institution, other than a public hospital, where the advantage of trained nursing can be obtained under the direct care of the medical attendant of the patient, it has been decided to establish

### THE TORONTO NURSING HOME AND COTTAGE HOSPITAL

under the following regulations :

Patients admitted to the "Home" may be attended by their own doctor, or by the Medical Superintendent of the Institution, as they may desire.

Where patients are treated by their own physician, his directions will be carried out by trained nurses, and the latter will be entirely responsible to the doctor in charge of the patient for the proper performance of his instructions.

Patients will be admitted for Surgical Operations, Confinements, Massage, Electrical Treatment, and all non-infectious diseases.

Massage, etc., may be obtained at the Home without residence if so wished.

Both male and female patients will be received.

The Institution will be made as comfortable and home-like as possible, and is pleasantly situated close to the Horticultural Gardens, and easily reached by the Carlton Street or Belt Line Cars.

Particulars can be obtained from Dr. Lowe, Medical Superintendent, or Miss Dover, Graduate of Toronto Training School, at the "Home."

Medical men and others interested are cordially invited to call and see the Institution.

The charges for Rooms, Nursing, and Medical Attendance, will be \$25.00 per week in advance.

For Rooms, Nursing, etc., without Medical Attendance, the charge will be \$6.00, \$10.00 and \$12.00 in advance.

For Massage, Electrical Treatment, etc., without residence, the fee will be \$1.00 per treatment.

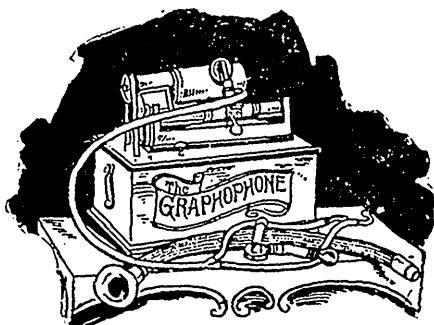
References given when required.

TORONTO, September 4, 1893.

times more sensitive to helleborein than in the normal state. Frogs in the fasting state are more sensitive to the action of fluid extract of convallaria, coronillin and helleborein. In the rabbit the liver does not appear to lessen the toxicity of convallamarin or helleborein. Coronillin, on the contrary, is three times less toxic when injected into a mesenteric vein; its toxicity, therefore, seems to be attenuated by the liver.

THE ADMINISTRATION OF QUININE TO CHILDREN.—Binz (*Deut. med. Woch.*), mentions certain preparations of quinine which he has found convenient in the treatment of children who usually exhibit a great repugnance to the taste of the drug. They were tested during the epidemic of whooping-cough: (1) Quinine pearls, gelatine capsules containing gr. jss were taken readily by children over three years, while younger chil-

dren could be taught to swallow them. (2) Quinine chocolate; each piece contained gr. jss, and the bitter taste was so well covered that infants of nine months would take them; they did not produce gastric disturbance. (3) Suppositories made of cocoa butter, and containing various doses up to gr. vjss. (4) A hypodermic solution of one part of hydrochlorate of quinine in four parts of water. With proper precautions the injections were not followed by abscesses, and were found valuable in cases of whooping-cough in which quinine could not be tolerated by the mouth. (5) Quinine may be given in enema; the quantity of solution used should not exceed  $\frac{3}{4}$  j. (6) Tannate of quinine, which in powder is almost tasteless, was a fairly satisfactory substitute for other preparations, but the dose given must be double that of the sulphate, and the effect was not produced so rapidly or certainly.



the entire family. Better than a piano or any other musical instrument because it faithfully reproduces them as; talks, sings, whistles, and is the only machine which actually records and reproduces your own song and speech. All others are but toys in comparison to the Graphophone. Send for catalogue and price-list of Graphophones and 5,000 different records FREE. The latest model "Columbia" is equal to the highest-priced machine in results, and only

"Ideal"  
Xmas

GIFT.

\$25

COLUMBIA PHONOGRAPH CO.

Dept. T., Washington, D.C.

Broadway, Cor. 27th St., N. Y.

110 E. Balto. St., Balto., Md.

No. 720 and 722 Olive St., St. Louis, Mo.

## Bott's Pure Malt Stout

For Invalids and Convalescents, received Highest Award at World's Fair, Chicago, 1893. It was found on Government analysis to be the **Purest Stout in the World**, and was highly recommended for its palatability and general excellence.

## Bott's Extract of Malt

Contains a much larger percentage of Malt Extract in a perfectly liquid form than any other preparation on the market. The best guarantee of its qualities is the fact of its being largely used in most of the Hospitals and Sanitariums through the land, and the best proof of its efficacy is shown by the numerous testimonials received from patients as well as physicians.

Manufactured by

**THE WALKERVILLE BREWING CO. LTD.**

WALKERVILLE, ONT.

JOHN BOTT, Manager.

## THE Bennett & Wright Co., Limited

CONTRACTORS FOR

Steam and Hot Water Heating, Sanitary Plumbing,  
Gas and Electric Fixtures.

72 QUEEN STREET EAST

\*-

\*-

**TORONTO**

## Elliott Illustrating Co. •

Satisfaction Guaranteed.

25 Years' Experience.

PHOTOGRAPHERS, PHOTO-ENGRAVERS, DESIGNERS, WOOD-ENGRAVERS, ETC.

If you require anything in our line write for prices and suggestions,  
which will be cheerfully given. Best methods. Low Prices.

Illustrations of all kinds  
for advertising purposes.

31 KING STREET EAST, - - - TORONTO.

## BRYCE . .

Photographic Studio

- 107 -

King St. West

**TORONTO**

Photographs with our **PLATINUM** Finish excel all others.

**SPIRIT OF TURPENTINE IN THE TREATMENT OF BURNS.**—H. L. McInnis (*New York Medical Record*) says that spirits of turpentine applied to a burn of either the first, second or third degree will almost at once relieve the pain. The burn will heal much more rapidly than by any other treatment in the author's experience. He applies the turpentine as follows: After wrapping a thin layer of absorbent cotton over the burn, he saturates it with the common commercial turpentine, which is generally found in every house, and then bandages. Being volatile, the turpentine evaporates, and it is therefore necessary to keep the cotton moistened with it.

When there are large blebs, he opens them on the second or third day. It is best to keep the spirit off the healthy skin if possible, as sometimes pain is produced by its action.

— — —

"Dear wife," said a dying husband, "if you do marry again, wait at least until the grass is growing on my grave." The widow promised faithfully that his wish should be respected. About two weeks after the funeral the widow visited the grave, and pressing a gold coin in the sexton's hand, said: "Can't you have this grave sodded without delay?"—*Texas Siftings.*

**MR. and MRS. W. REYNOLDS FORBES**

EXPERTS IN THE SCIENTIFIC PRACTICE OF

(LATE OF CHICAGO, ILL.)

**MASSAGE AND KINESIPATHY**

TELEPHONE 4242

Residence, 371 HURON ST.

... All cases entrusted to our care will be treated entirely under the direction of the attending physician . . . . .

TORONTO.

TELEPHONE 2275.

BATHS OPEN DAY AND NIGHT.

**PEMBER'S TURKISH BATHS.**

LADIES—Tuesday and Friday Mornings, admit from 9.30 till 12.30, and all day Thursday, from 9.30 a.m. till 8 p.m., Admittance until 6.30.  
GENTLEMEN—Every Day, Afternoon and all Night, except Ladies' Hours. Single Bath, 75c. Day Tickets—Eight for \$5.00, or Seventeen for \$10.00. Evenings (from 6 till 10), Single Baths, 50c.

127 and 129 YONGE STREET, TORONTO.

W. T. PEMBER, PROPRIETOR

JAS. MUNN, MANAGER

**THIOFORM**

An Odorless Substitute for Iodoform . . . .

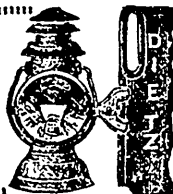
Sole Agents for the United States of America and Canada

OTTO HANN & BRO., - - 268 Water St., New York.

All the authorities point out the following advantages in THIOFORM: 1. Its odorlessness. 2. Its great antiseptic action. 3. Its desiccative action. 4. The absence of irritant or toxic properties. 5. The power of alleviating pain. 6. Its styptic action.

**DIETZ DRIVING LAMP**

- IT will not blow nor jar out.
- IT gives a clear white light.
- IT looks like a locomotive headlight.
- IT throws all the light straight ahead from 250 to 300 feet.
- IT burns kerosene.



**We Want Agents**

everywhere. We give Agents a **SAMPLE LAMP FREE** under certain conditions. Cut out this advertisement and send it to us for full particulars.  
R. E. DIETZ CO., 60 Laight St., Established 1840. New York City.

## A GREAT MISTAKE . . .

Anyone who does not see our selections in WALLPAPERS before purchasing, both in regard to price and quality, will make the mistake of his life.

Do not take our word for it—come and see.

---

### THE BIG WALLPAPER HOUSE

436 Yonge Street

. . . . Opposite Carlton

**MULLIN & MUIR**

## For Medicinal Purposes

Brandy, when used, must be perfectly pure, or it will have a bad, rather than a good effect. You may safely recommend

### P. RICHARD'S BRANDY

For its purity is established by chemical analysis. You will recognize its good qualities after you have tried it.

\*\*\*

*Sole Agents for Canada*

**LAPORTE MARTIN & CIE.**  
MONTREAL

# McLEOD'S MOTTO

is: "The BEST first and always." Every garment that leaves his establishment is an example of high quality and workmanship. For proof call at

**109 KING WEST.**

## THE MERCHANT CIGAR STORE

I am very anxious to have the Medical Profession call upon me and make a trial of my Goods. I keep only the best and most finely matured goods, in fact my stock is the oldest in the city. I will be pleased to give a Special Discount to Students. I have the finest 5 cent cigar in the Dominion—the "Fletcher's Merchant" Havana Cigar, \$1.50 a box of 100; or, \$2.25 box of 50.

**R. A. FLETCHER,** 18 King Street East, Toronto.

**TRAUMATOL.**—Ladevie (*Allgem. Wien. med. Zeitung*) records a large number of observations made by himself and others upon the antiseptic and therapeutic properties of this new drug. It appears to have been used with great success in the treatment of varicose ulcers, eczema, metritis, gonorrhœal vaginitis, soft chancres, and wounds both infected and surgical. Bacteriological researches also prove its antiseptic power. The author states that in contrast to iodoform, which is both irritating and poisonous, traumatol is absolutely harmless and non-irritating, both locally and generally, properties which he considers sufficient to give it a high rank in the long list of antiseptics. Internally, its antiseptic action on the respiratory tract is as potent as that of creasote or iodoform. Furthermore, it exerts a most favorable influence on that ordinary intractable complaint tuberculosis diar-

rhœa, a property which is said to be shared by no other drug hitherto tried for the purpose.—*Brit. Med. Jour.*

**DELIVERY IN THE MORIBUND.**—Decio (*Annali di Ostet. et Gincc.*) tabulates eighteen labors where women, apparently in a dying condition, were delivered *per vias naturales* ix children, including one of a pair of twins, seem to have lived, five were born dead, the remainder expired soon after delivery. Turning, after various methods, was exclusively the means employed in the eighteen cases. In six the mother had eclampsia, five recovered, including the twin labor case; three had cerebral apoplexy, two recovered; two with advanced phthisis survived for a few weeks; four underwent the operation for flooding from placenta prævia, three being saved; one with pulmonary congestion recov-

"HAPPY RELIEF"

## .. Abdominal • Supporter ..

IT HAS NO EQUAL

IS PRONOUNCED BY ALL PHYSICIANS who have examined it, and patients who have used it to be the best and most perfect fitting supporter made. It is self-adjusting and affords instant relief.

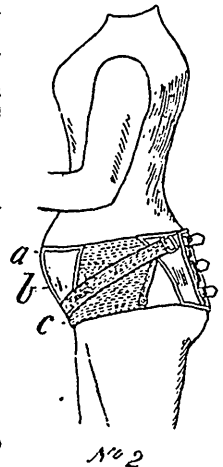
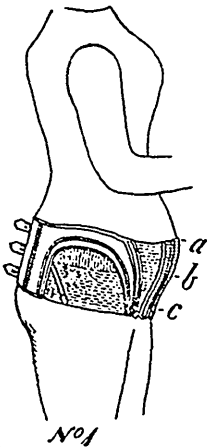
Those who have tried the same report that they would not be without it for many times the cost.

To physicians or patients sending measurements, a perfect fit is guaranteed.

Measure directly around the body at points A, B and C, and always next to skin; also distance from C to navel, and from A to C, and from C to waist.

Prompt attention given to all orders. Liberal discount to Physicians and Druggists.

Price List and Circulars sent on application.



**MRS. F. L. PICKERING,**

BCX 149,

Brantford, . . . Ontario



# DETROIT COLLEGE OF MEDICINE.

SEPARATE DEPARTMENTS OF

*Medicine, Pharmacy, Dentistry,*

*Veterinary Surgery.*

Thorough Courses and complete equipments in all departments.  
 Excellent corps of teachers. Hospital and clinical facilities  
 unsurpassed.

Send for Catalogues to

**H. O. WALKER, M.D., SEC'Y, - Detroit, Mich.**

The . . .  
**Nesbitt Publishing Co., Ltd.**

Rooms 97, 98, 99  
 CONFEDERATION LIFE B'LD'G, TORONTO

PUBLISHERS OF

"Dominion Medical Monthly  
 and Ontario Medical Journal"

.. Per .. **\$1.00** Annum.

**CHURCH'S AUTO-VOCE SCHOOL**  
 DO YOU ... Established 1890

**STAMMER**

Hundreds of Graduates.  
 Fees Payable when Cure is Made.

Address, CHURCH'S AUTO-VOCE SCHOOL  
 53 ALEXANDER ST. TORONTO, CANADA  
 .. Telephone 3409 ..

**The Alpine Dairy Co.**

639 YONGE ST. (Cor. Isabella), TORONTO

Absolutely Pure and Tested Milk, in sealed bottles, 6  
 cents per quart; Rich Table Cream, 30 cents per quart;  
 Whipping Cream, no trouble to whip, 40 cents per quart.  
 Buttermilk, Creamery Butter. Two daily deliveries  
 to all parts of the city.

'Phone 4450. THE ALPINE DAIRY CO.

## Yours for Health

The  
Salt River Valley  
 of Arizona  
 and the various  
 health resorts in  
New Mexico

are unrivalled for the cure of chronic  
 lung and throat diseases. Pure, dry  
 air; an equable temperature; the right  
 altitude; constant sunshine.

Descriptive pamphlets issued by Pas-  
 senger Department of Santa Fe Route,  
 contain such complete information rel-  
 ative to these regions as invalids need.

The items of altitude, temperature,  
 humidity, hot springs, sanato-iums cost  
 of living, medical attendance, social ad-  
 vantages, etc. are concisely treated.

Physicians are respectfully asked to  
 place this literature in the hands of  
 patients who seek a change of climate.

Address **G. T. Nicholson,**  
 CHICAGO G. P. A., A., T. & S. F. Ry.

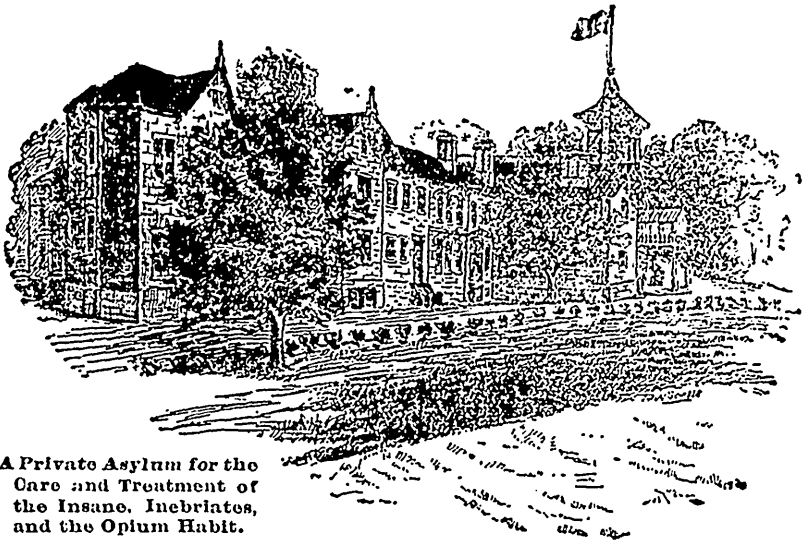
ered, and one bleeding from an internal wound was saved; lastly, one, injured by a fall, died. Decio has also collected nineteen cases of Cæsarean section on dying women; all were graver cases than in the first table, and none recovered. In thirteen cases the child was alive, making fourteen children saved, as one labor was gemellar. In only two was the os more or less open.—*Brit. Med. Jour.*

CANCER OF THE CERVIX AT THIRTY.—Pilliet and Delaunay (*Bulletin de la Societe Anatomique de Paris*) were consulted on November 21st, 1895, by a lady in her thirty-first year. She had borne two children. The youngest was eleven, and since its birth hypogastric pain had been almost constant. For the last year the periods had appeared at unusually short intervals, and a foetid discharge of a reddish watery fluid

gave her trouble. Yet her general health was unusually good, and she gained thirty pounds in the twelve months in question. On examination a typical hard cancer of the cervix was discovered. There were signs of a probable (*sic*) laceration of the cervix representing injury at the labor eleven years previously; to this injury the authors trace the malignant disease. A week later the uterus was amputated; within that short space of time the growth had distinctly grown larger.—*Brit. Med. Jour.*

Flossie is six years old. "Mamma," she called one day, "if I get married will I have to have a husband like pa?" "Yes," replied the mother, with an amused smile. "And if I don't get married will I have to be an old maid like Aunt Kate?" "Yes." "Mamma,"—after a pause—"it's a tough world for us women, ain't it?"

H  
O  
M  
E  
W  
O  
O  
D  
  
R  
E  
T  
R  
E  
A  
T



G  
U  
E  
L  
P  
H  
  
O  
N  
T.

A Private Asylum for the Care and Treatment of the Insane, Inebriates, and the Opium Habit.

DIRECTORS.

J. W. LANGMUIR, Esq., Ex-Inspector of Asylums, etc., for Ontario, *President*.  
E. A. MEREDITH, Esq., LL.D., Ex-Chairman of the Board of Inspectors of Asylums for Canada, *Vice-President*.  
ROBERT JAFFRAY, Esq., Vice-President of the Land Security Company, Toronto.  
JAMES A. HEDLEY, Esq., Editor *Monetary Times*, Toronto.

MEDICAL SUPERINTENDENT.

DR. STEPHEN LETT, who has had 25 years' experience in this special line of practice.

For terms and other information, address

DR. STEPHEN LETT, Homewood Retreat, GUELPH, ONT.

# GENEVA LITHIA MINERAL WATER

Strongest in the Market

Recommended by Physicians in the  
United States for

**STOMACH** | **AND**  
**LIVER . .** | **BLADDER .**  
**KIDNEY .** | **TROUBLES**

OOOO

Spring at Geneva, N.Y.

Main Office:

20 Court Street, BROOKLYN, N.Y.

OOOO

Canadian Agents:

**LYMAN, KNOX & CO.**

Montreal: 374 and 376 St. Paul St.

Toronto: 43 Colborne St.

### THE DOCTOR'S ADVICE

is all the more valuable when he recommends the use of the purest and best articles obtainable. Sea Salt bathing is very often recommended, and the best results can only be had by using the purest salt.

# Surf Sea Salt

analyzes 99 98/100 per cent. of pure salt, the crystals are as clear as glass, easily dissolved and much more convenient to use than any other brand. All druggists sell it. 5lb. package 15c., 60lb. box \$1.50. TOSQJTO SALT WORKS, 128 Adelaide Street East, Toronto—Importers.

# MEDICINAL WINES



We produce them from the pure juices of the grape. Our wine is highly recommended throughout the Dominion by eminent physicians for their medicinal qualities. We can specially recommend our

### FINE OLD PORT

for the use of convalescing patients, and for those preferring a drier wine, we would recommend our

### DRY CONCORD.

Ask for our goods, or write us direct.

The Ontario Grape Growing and  
Wine Mfg. Co. ST. CATHARINES, ONT.



## CHRISTY Anatomical SADDLE

Shows pelvis as it rests on Ordinary Saddle. Shows pelvis as it rests on Christy Saddle. The only saddle that is built on anatomical principles. Price, \$5.

Endorsed by Everyone. Free to Physicians.

Our booklet on the saddle question. A complete treatise from the standpoint of the cyclist and physician.

### A. G. SPALDING & BROS.

NEW YORK. PHILADELPHIA. CHICAGO.

Largest manufacturers in the world of Bicycles, Bicycle Sundries and Bicycle Clothing.

## Special Notice to Physicians!

I contract for all kinds of CRUSHED GRANITE and PORTLAND CEMENT CONCRETE SIDEWALKS and FLOORS.

Drains Repaired on Sanitary Principles.

Estimates Furnished.

◆ — TERMS MODERATE — ◆

W. CUMMING, 739 Gerrard St. East.

**TREATMENT OF RUPTURE OF THE KIDNEY.**—Keen (*Annals of Surgery*), in concluding an elaborate paper on the "Treatment of Traumatic Lesions of the Kidney," based on tables of one hundred and fifty-five cases, discusses the indications for operative intervention in cases of subcutaneous rupture of this organ. Of one hundred and eighteen cases of this injury that have been published since 1878, fifty were fatal. On excluding twelve cases of associated injuries of other organs, two cases in which death occurred very soon after the injury, one case in which the patient possessed a single kidney, and an uncertain case, thirty-four cases are left, in fourteen of which the fatal result was due to primary, continuous, and secondary hæmorrhage combined with shock, whilst suppuration, including peritonitis, destroyed sixteen. In four cases only was death caused by coma,

anuria, and nephritis. These figures support the view held by the author, that the dangers of rupture of the kidney are especially hæmorrhage and sepsis. A more frequent resort to primary nephrectomy would, it is held, have avoided a number of deaths from both of these causes. The duty of the surgeon, it is pointed out, seems clear. Where the symptoms are threatening, particularly if there be decided evidence of hæmorrhage, or probable danger of sepsis, an exploratory operation should be performed without delay. The great mass of recoveries in rupture of the kidney are the slighter cases; the graver cases do not recover unless an operation is done. In any case, therefore, with severe or dangerous symptoms, the surgeon should lean towards exploration, and in severe laceration towards early nephrectomy. Hæmaturia is regarded as being valuable only as a symptom showing the fact



CAUTION:—Be sure the name S. H. Kennedy, Mfg., Johnstown, N.Y., is printed at the bottom of labels. All others are SPURIOUS.

S. H. Kennedy's Concentrated Extract of  
**OAK BARK (QUERCUS ALBA).**

"WHITE AND DARK."

Most Valuable Aqueous Astringent known to the medical profession, and superior to anything of its kind made. DR. J. MARION SIMS wrote of it in a personal letter under date of August 12th, 1871, in which he said, "I have used the Extract of 'White Oak Bark, Q. Alba,' to my entire satisfaction. I gave to one of my professional brethren some of it to test in his practice. After using it, he agreed with me that it was superior as a medicinal to the 'Hemlock Extract Pinus Canadensis.' I bespeak for this new 'Oak Extract, Q. Alba,' a cordial reception by the profession."

S. H. KENNEDY, Mfg., Johnstown, N. Y.

LYMAN BROS. & CO., Wholesale Agents, TORONTO, ONT.

Corner Queen and  
Sherbourne Sts. . .

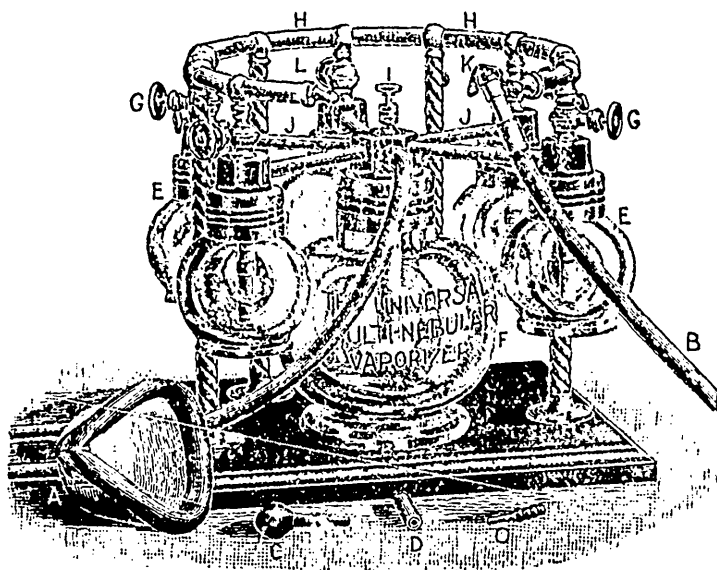
== Toronto ==

Telephone  
... 824 . .

\*\*\*  
**R. ROBINSON**  
CHEMIST and  
DRUGGIST

**P.S.**—I wish to draw the attention of all Medical men to the fact that I am Making a Specialty of Dispensing Doctors' Prescriptions, and that I use only the Purest Drugs. I can be reached any hour, day or night, by door bell for telephone, when prescriptions can be dispensed and sent out promptly.

# THE UNIVERSAL MULTI-NEBULAR VAPORIZER



FOR OFFICE USE

IN THE TREATMENT OF  
ALL DISEASES OF THE

Respiratory Organs  
and Middle Ear

BY TEN DIFFERENT  
.. METHODS ..

INCLUDING

Vapor Massage of  
the Tympanum and  
Forced Pulmonary  
Dilatation.

Is indispensable in office  
practice. Write for circulars  
describing instrument  
and methods of use.

**GLOBE MFG. CO.,**

Battle Creek, Mich.,  
U. S. A.

## All Doctors Know

that the only absolutely pure water is that procured by the process of condensation.

## The Only Perfect Condenser

is that made by The Pattison Manufacturing Co., Ltd., of Windsor, N. S., whose headquarters for Ontario are at 73 Adelaide Street East, Toronto, where the Condenser can be seen in full operation. Our Condensers are made in tin, copper and nickel, and the

## Prices are right.

The medical profession are invited to call ❁ ❁ ❁ ❁

of rupture of the kidney, but not as a symptom by which to decide on operating. Not the visible loss of blood by the bladder, but the easily overlooked, but far more dangerous bleeding into the perinephric tissues, or into the peritoneal cavity, should receive the chief attention. If, then, a tumor form quickly in the lumbar region, an exploratory operation in the loin should be immediately made, and if the kidney be found hopelessly destroyed, or the hæmorrhage such as to require ligation of the renal vessels, nephrectomy should be practised.—*Brit. Med. Jour.*

**TETANY IN CHILDREN.**—Hauser (*Berl. klin. Woch.*) has investigated a number of cases of tetany, spasm of the glottis, and other diseases accompanied by spasm. In six cases of tetany with spasm of the extremities, the disease exactly resembled that of the adult. Spasm of the glottis occurred in all the cases, but was not

necessarily severe or frequent. Fits were only once completely absent. As regards Erb's symptom, the author agrees that the increased galvanic irritability is the most constant and important symptom of tetany. Trousseau's phenomenon was not absent in any case. It persisted longer than the spontaneous spasm. This sign may be absent, but when present it is pathognomonic. Chvostek's symptom was marked in all cases except one, where it was seen only in slight degree. The author says that this symptom is not pathognomonic, and may be present in other children, but in its most pronounced form it is only present in tetany. Muscular irritability was increased in all but one case. The knee-jerks were mostly exaggerated. Most of the children were excitable, but the intelligence was unimpaired except in one case, where there was a slight degree of idiocy. A rise of temperature was only once noted. In only one case

1886

A RECORD UNSURPASSED IN MEDICAL ANNALS

1896

# “H.V.C.”

## Hayden's Viburnum Compound

A special medicine which has increased in demand for **Thirty Years**, and has given more universal satisfaction in that time, to physician and patient, than any other remedy in the United States, especially in

### THE AILMENTS OF WOMEN,

and in

### OBSTETRIC PRACTICE.

For proof of the above statements we refer to any of the most eminent physicians in this country, who will endorse our record.

**Non-Toxic**, perfectly safe, prompt and reliable. Send for our new **Hand-Book**, free to physicians.

All Druggists Everywhere

Caution—Avoid the Substitutor

**NEW YORK PHARMACEUTICAL CO.**

Bedford Springs, Mass.

# PRESCRIPTIONS PURE DRUGS

Physicians will please notice that I make a specialty of dispensing all prescriptions with ONLY THE PUREST INGREDIENTS. I keep a full stock of Squibb's, McKesson & Robbins', Parke, Davis & Co.'s goods, and I will be delighted to have doctors call and see me. I also make a specialty of keeping both Nurses' and Students' Supplies, including surgical instruments, staining fluids for pathological and histological purposes, and microscopic goods.

H. TURNER, Chemist and Druggist, 287 Gerrard St. East, Cor. Parliament St.  
Toronto Telephone 788.

## UNIVERSITY OF BUFFALO.

MEDICAL DEPARTMENT.

The Fifty-first Regular Session commences September 14, 1896,

AND CONTINUES THIRTY WEEKS.

The lectures will be held in the large, new, three-story building, containing three amphitheatres, and rooms for dispensary patients. Chemical, Pathological, Histological, and Pharmaceutical Laboratories thoroughly equipped with modern conveniences. Instruction by Lectures, Recitations, Laboratory work, and Clinics. Four years' graded course. Clinical advantages unexcelled.

For further particulars and Announcement, address

DR. JOHN PARMENTER, SECRETARY,  
University of Buffalo, Buffalo, N.Y.

## New York Polyclinic and Hospital

THE NEW YORK POLYCLINIC is the oldest post-graduate medical school in America, and was founded with the object of giving physicians who desire to keep abreast of an advancing science opportunities of studying clinically, and according to the latest scientific methods, *Medicine and Surgery in all Departments*. The school is for graduates only, and practical instruction is given in every branch of the subject. *The Clinical Material for every subject is abundant*, and Canadian physicians will find the opportunities for either general or special study far superior to those of London. An excellent hospital, filled with interesting cases only, is in connection with the school, and in addition the professors are connected with almost all the principal hospitals in the city, thus giving unlimited opportunities to students.

Practical Obstetrics, Clinical Microscopy, Pathology and Bacteriology, are also taught. The regular session lasts from Sept. 25th to June 15th, and physicians can enter at any time.

### ... FACULTY ...

*Surgery*—John A. Wyeth, M.D., R. H. M. Dawbarn, M.D.,  
Wm. F. Fluhrer, M.D., G. E. Fowler, M.D., W. W.  
Van Arsdale, M.D.

*Medicine*—R. C. M. Page, M.D., W. H. Katzenbach, M.D.,  
J. Adler, M.D.

*Gynaecology*—W. Gill Wylie, M.D., Paul F. Munde, M.D.,  
Henry C. Coe, M.D., Florian Krug, M.D., J. Riddle  
Goffe, M.D., W. R. Fryor, M.D.

*Eye*—David Webster, M.D., W. B. Marple, M.D.

*Rectum*—J. P. Tuttle, M.D.

*Orthopaedic Surgery*—W. R. Townsend, M.D.

*Diseases of Digestive System*—W. W. Van Valzah, M.D.

For Catalogue or information, address

*Ear*—Oren D. Pomeroy, M.D., J. E. Sheppard, M.D.,  
R. C. Myles, M.D.

*Throat and Nose*—D. Bryson Delavan, M.D., Jos. W.  
Gleitsmann, M.D., Morris J. Asch, M.D.

*Diseases of Children*—L. Emmett Holt, M.D., August  
Seibert, M.D.

*Diseases of the Skin*—A. R. Robinson, M.D., Edward B.  
Bronson, M.D.

*Nervous Diseases*—Landon Carter Gray, M.D., B. Sachs,  
M.D.

*Obstetrics*—Edward A. Ayers, M.D.

*Intubation*—Dillon Brown, M.D.

JOHN GUNN, Superintendent, or,

J. RIDDLE GOFFE, M.D., Secretary,

214-218 E. Thirty-Fourth St., NEW YORK

of genuine tetany was the child well nourished. Rickets were generally present. There appeared to be a connection between the appearance of gastro-intestinal symptoms and that of the tetany. Hence the resemblance between infantile tetany and the tetany in gastric dilatation of the adult. The author accepts the view that there may be tetany without spasm of the extremities. In such cases Erb's and Trousseau's phenomena are present. Such cases he puts down as latent tetany. Spasm of the glottis has nothing to do with tetany. As far as our present knowledge goes, treatment can only be radical where more or less marked digestive symptoms are present. A rapid emptying of the alimentary canal is here indicated.—*Brit. Med. Jour.*

VEHICLE FOR CASTOR OIL.—A new method of disguising the dis-

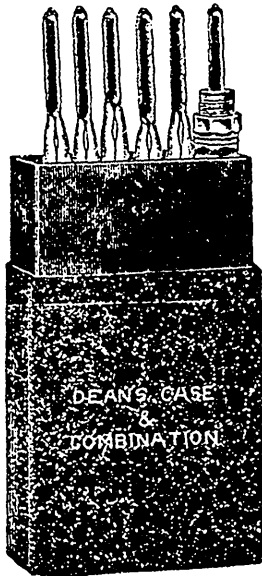
agreeable taste of castor oil is recommended as follows: Fifteen to twenty gme. (say ½ fluid ounce) of the oil are mixed with a glassful of milk and heated under constant stirring. In a few minutes a perfect emulsion is had, to which is then added a little syrup of orange-flowers, resulting in an active preparation of an agreeable taste. Another method consists in shaking castor oil with brown-beer in a bottle, or mixing the two in a jar with a rotary motion. This is said to yield a mixture that is very agreeable to take.—KLEIN, *American Med. Surg. Bull.*

VERY LIKELY!—"Hadn't you better call another physician," said the wife to the young doctor who was treating her husband; "just for consultation, you know?" "No, ma'am," replied the medico, "my ideas are confused enough already."—*Buffalo Times.*

Exactitude, Excellence and Economy

ENGLISH CLINICAL THERMOMETERS

Direct from the Maker



CASE A.

\$4.00

Post Free

. In the Dominion .

\$4.00



Every Thermometer is Tested, and Bears the Maker's Name and Warranty . . . . .



ALFRED E. DEAN, Jr., Thermometer  
: : Maker : :

To the principal British and Foreign Institutions

73 HATTON GARDEN, LONDON, and  
55 Faub'g Poissoniere, Paris

Obtainable of the maker at above addresses, or through the NESBITT PUBLISHING Co., LTD., Toronto.

For further particulars see last month's issue.



I WISH to direct the special attention of all City Physicians to the fact that I make a specialty of dispensing prescriptions, using only the purest materials.

TELEPHONE No. 2335.

**J. H. Hallett,** BROADWAY PHARMACY, **Toronto.**  
COR. SPADINA AND COLLEGE,

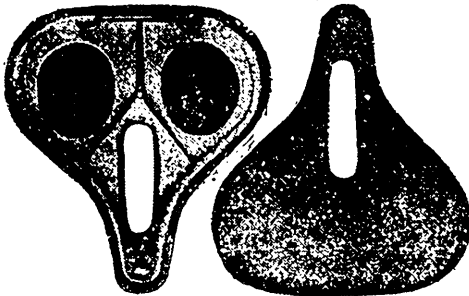
CUSTOM WORK A SPECIALTY.

355 YONGE STREET  
TORONTO

**A. MACDONALD,**

N.B.—I have in the past done a large trade with the medical men, and will be most pleased to have them call upon me in the future. They will find my prices right : : : : :

**Merchant Tailor.**



The "RAY" CYCLE SEAT

Commends itself especially to physicians because it is scientifically constructed upon nature's own lines. Exact impressions of the human anatomy have been obtained in modelling-clay by riders actually propelling a wheel, and from these impressions the models have been constructed, each model being a composite type representing the average physical conformation of a large number of people of about the same proportions. The base or tree is an aluminum casting, openings are left under the pelvic bones, these openings are bridged over with leather, a layer of the best wool felt being placed over and the whole covered with soft Goat, Kangaroo or Pigskin leather. All parts that physical injury is impossible. Satisfaction guaranteed for their own use.

under the perineum are cut out or depressed so guaranteed. Special discount given to physicians for saddles for their own use.

PRICE, \$5.00 EACH.

GORMULLY & JEFFERY MFG. CO., 939-945 Eighth Avenue, NEW YORK.

The Medical Profession all over Canada are directed to our **ABSOLUTELY PERFECT**

**STORAGE BATTERY**

We are aware that in the past Storage Batteries have proved almost a fizzle, and have been to the practitioner the cause of much annoyance owing to their having to be constantly recharged. The

**JONES & MOORE STORAGE BATTERY**

however, is so put together that the more it is used the better the current becomes. We want every doctor in Toronto to call at our premises and see this battery, where it will be found in operation. The price is right, and we know that every physician seeing the instrument will at once purchase.

**Jones & Moore Electric Co.**

PHONE 2310

146 YORK STREET, TORONTO, ONT.

**NEW YORK HAIR WORKS**

73½ King Street West

**Toronto**

FRANZ JAHN, PROPRIETOR.

The only House in the City with a complete line of Fine Hair Goods imported direct. The only perfectly appointed Hair-dressing Parlors in the City where

**SPECIAL ATTENTION IS GIVEN TO DISORDERS OF THE SCALP, ETC.**

N.B.—I respectfully solicit the Patronage of the Medical Profession.

**GONOCOCCUS PYÆMIA.** — Singer (*Wien. med. Presse*) gives an account of some cases of general gonococcus infection, including one of endocarditis which terminated favorably. Comparing this micro-organism with streptococci, he considers it, as would be expected from the results of experiment, much less virulent in nature, so that the demonstration of the gonococcus in a disease having the appearance of pyæmia is to be taken as a favorable sign. He points out, also, that the resemblance of gonorrhœal to rheumatic arthritis is much closer than has generally been held. He holds that the extragenital complications of the gonorrhœal process (affections of the heart, joints, tendon sheaths, iris, etc.) arise from dissemination of the gonococcus through the circulation, and are really to be classed as metastases. These metastases are comparable to those of pyæmia, and

may occur a long time after the primary gonorrhœal infection. In rare cases the clinical picture of the resulting disease shows a perfect similarity to that of ordinary pyæmia to such cases the name gonococcus pyæmia should be applied. Furthermore, gonorrhœal arthritis is very often (contrary to the general opinion) multiarticular, resembling in this, as in many other respects, true joint rheumatism.—*Brit. Med. Jour.*

Witherspoon thought it was a good chance to get some medical aid without paying for it. "How do you do this morning, Colonel?" asked Dr. Soonover. "Poorly, doctor, poorly. For some time past I have been suffering from weakness. As you see, I can hardly walk. What shall I take, doctor?" "Take a hack," replied the doctor, gruffly, as he strode off.—*Texas Siftings.*

# ONTARIO Vaccine Farm.

ESTABLISHED 1885.

Pure and Reliable Vaccine Matter always on hand. Orders by mail or otherwise promptly filled.

10 Ivory Points, \$1.00; 5 Ivory Points, 65 cts.; single Points, 20 cts.

Address all orders: VACCINE FARM,  
A. STEWART, M.D. Palmerston, Ont.

**RUBBER STAMPS**  
**PRESS & WAX SEALS**

**I.C. FELL & Co.**  
63 VICTORIA ST.  
TORONTO. (CORNER LOMBARD ST.)

**ENGRAVING & DIE SINKING**  
**STENCILS**  
**STEEL STAMPS**  
TURNING BRANBS, CHECKS &c



**CRITERION**  
**STEREOPTICONS,**  
**MAGIC LANTERNS &**  
**ACCESSORIES.**

PERFECT APPARATUS FOR VISUAL TEACHING  
SCIENTIFIC PROJECTIONS  
& PRIVATE USE.

**ELECTRIC FOCUSING LAMPS**  
For Photo-Engravers, Stage Lighting, Etc.

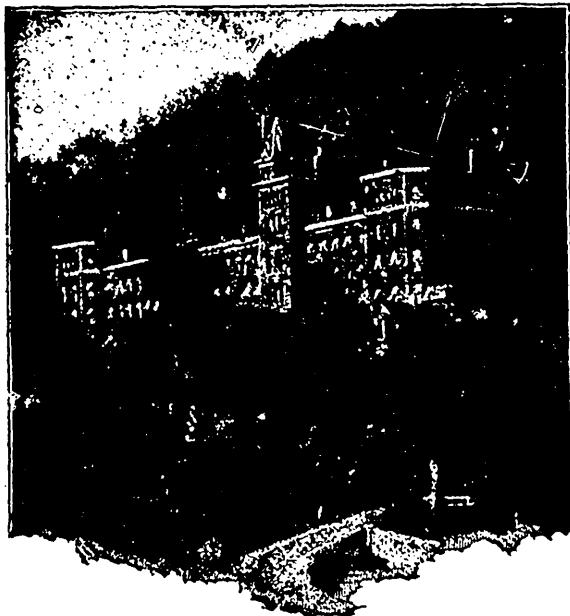
SEE OUR CATALOGUE  
115-117  
**J.B. COLETT & Co.**  
NASSAU ST.  
NEW YORK.

AGENTS IN:  
BOSTON, PHILADELPHIA, ATLANTA, ST. LOUIS, BUFFALO, CHICAGO, SAN FRANCISCO.

... THE ...

# JACKSON SANATORIUM

Dansville • Livingston Co. • New York



ESTABLISHED IN 1858

and malaria. Thorough drainage and sewerage systems. Delightful walks and drives.

Elegant (brick and iron) fire-proof main building and twelve cottages, steam heated and designed to meet every requirement of invalids or seekers of rest and quiet.

Extensive apartments for treatment arranged for individual privacy. All forms of fresh and salt water baths, Electricity, Massage, Swedish Movements, Inunction, etc., scientifically administered.

**SUPERIOR CUISINE UNDER SUPERVISION OF MRS.  
EMMA P. EWING, OF CHAUTAUQUA COOKING SCHOOL**

Especial provision for quiet and rest, also for recreation, amusement and regular out-door life.

Freedom from the taxations of fashionable life, and from the excitements and temptations of popular resorts.

Electric Bells, Safety Elevator, Open Fires, Library, Daily Papers, and every appliance for comfort, health and good cheer.

On line of Del. Lack. & Western R.R., between New York and Buffalo without change.

For Illustrated Pamphlet and other information address,

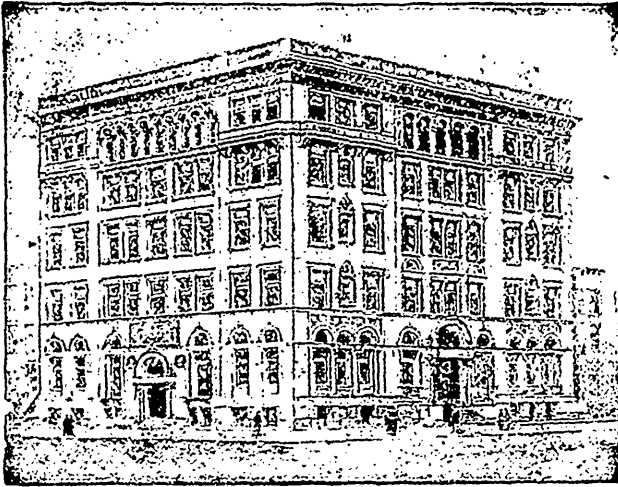
**J. ARTHUR JACKSON, Secretary**

THYRO-IODINE. — Lépine (*Sem. Méd.*) reports on recent investigations of the active principle of the thyroid gland, especially in relation to Baumann's discovery of thyro-iodine. For the production of thyro-iodine Baumann employs several methods, of which the best is the treatment of the gland with a solution of sodium chloride. The globulin is precipitated by a current of carbonic acid, and the solution acidified and boiled when a precipitate of albumen and thyro-iodine falls. The latter is an organic substance combined with nitrogen and iodine (10 per cent.). Clinical observations show that thyro-iodine is very active, patients suffering from goitre and myxœdema having been cured by it. Baumann maintains that the entire active substance remains on the filter after coagulation

of the albumen. Fraenkel has obtained from the filtered portion a crystallizable extremely hygroscopic substance precipitated by the reagents of alkaloids having the formula  $C_6H_{11}N_3O_5$ , which he has named thyro-antitoxin. He has found this substance active in the treatment of obesity and productive of certain other effects; but it exerts no influence on nutrition comparable with that of fresh thyroid or thyro-iodine. Thyroid treatment results in a marked increase in the excretion of uric acid, but in spite of the nitrogenous denutrition obvious improvement has been obtained from its use in cases of recently atrophied muscles. Hertoghe finds that thyroid treatment exerts a marked inhibitory action on the uterus and ovaries, together with a stimulating effect on the mammary glands, of great value

## New York Post-Graduate Medical School and Hospital

FIFTEENTH YEAR—SESSIONS OF 1896-97.



The Post-Graduate Medical School and Hospital is now permanently located in its new building, which has been erected to fill all the modern requirements for a hospital and medical school. It is an eight-story fire-proof structure, containing accommodations for 175 patients. The babies wards, formerly in the adjacent building, are now an integral part of the institution under its own roof. The classes in the school have been so large in the last few years, and facilities for attending them so cramped, that this building has been erected, not only for the classes of practitioners, but also that more patients might be received, in order to form a great teaching hospital. This has now been accomplished, and every opportunity, both in the dispensary and hospital, is afforded in all departments of medicine and surgery. The great major operations are performed in the amphitheatre of the institution, which is fitted up in the very best manner to secure best surgical results. Pathological and Histological Laboratories are also a part of the school. The Faculty are also connected with most of the great hospitals and dispensaries in the city, where other clinics are held for the benefit of the matriculates of the Post-Graduate Medical School. Practitioners may enter at any time.

Members of the profession who are visiting New York for a day or two, will be heartily welcomed at the Post-Graduate School, and if they desire to attend the clinics, a visitor's ticket good for two days will be furnished them on application to the Superintendent.

**D. B. ST. JOHN ROOSA, M.D., LL.D., President,**

**CHARLES E. KELSEY, M.D., Secretary of the Faculty.**

**ALEXANDER H. CANDLISH, Superintendent.**

**Cor. Second Ave. & 20th Street, New York City**

Physicians coming to the School will please ask for the Superintendent.

# Excelsior Springs

The  
Marvelous  
Waters



ARE NATURE'S GREAT SOLVENT, AND  
ARE AN UNFAILING REMEDY FOR

Inflammation and Catarrh of the  
Bladder, Bright's Disease,  
Diabetes, Gravel, Gout,  
Rheumatism, Blood Disorders,  
Dyspepsia, Liver Troubles,  
Debility ::::::::::::::

AND ALL  
DISEASES  
COMMON TO  
FEMALES

The waters contain iron in that most rare and valuable form for ready absorption and rapid medication, namely, a solution of the protoxide in carbonic acid. In addition to the **Iron Waters**, there has been obtained from an artesian well a flow of **Salt Sulphur** water of great value as a stomach water and gentle laxative, and for bathing.



## THE ELMS

Is open the year round, and has a  
capacity of 500 guests. It is one  
of the Fine Hotels of the World.

All modern conveniences ✦ Cuisine Unsurpassed  
Location Healthy ✦ No Malaria ✦ Climate Mild.



A complete bathing establishment within the hotel, with Turkish, Russian, Electric, and hot or cold Salt Sulphur tub baths. For handsomely illustrated pamphlet, address :: :: :: :: :: :: :: :: :: ::

**GEO. H. HEAFFORD,**

General Passenger and Ticket Agent, Chicago, Ill.

Or, **H. C. FISH,**

G. M. Excelsior Springs Co., Excelsior Springs, Mo.

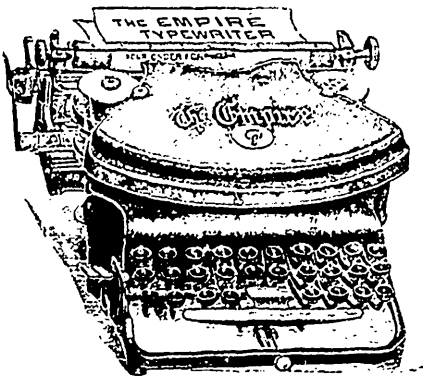
in checking the reappearance of menstruation during lactation, and improving the quality of the milk.—*Brit. Med. Jour.*

A NEW METHOD OF ARTIFICIAL RESPIRATION.—Calliano (*Gazz. degli Osped.*) describes a new method of artificial respiration which he has practised with success in cases of asphyxia. The patient is placed in Sylvester's position, and the arms are then drawn up so as fully to expand the thorax, and then fixed above and behind the head by tying the wrists together. In this position respiration is induced by simply pressing with the hands on the thorax some eighteen or twenty times a minute. The advantages claimed for this modification of Sylvester's method are, (1) Its greater simplicity; (2) the much smaller amount of labor required, and lessened fatigue of the operator; (3) the ab-

sence of danger from contusion of the shoulder joints; (4) the ease with which such a method could be taught to and practised by uneducated and untrained people.—*Brit. Med. Jour.*

AN ORIGINAL COMMUNICATION.—The following note was received by a Mississippi physician from one of his colored clientele: "dR: mi wif hav lost hur recomence to me & is given hur distutions to a nuther man & i wants you to sen me sum poders for to put in hur coffy to rehablify hur desires for me agin. your Truly."—*Memphis Medical Monthly.*

A SUGGESTIVE ADVERTISEMENT.—The following is a copy of an inscription ornamenting a hedge in Kent, England: "Notis. If any man's or woman's cows get into these here oats his or her tail will be cut off as the case may be."—*The Medical Age.*



## THE "EMPIRE"

Medical or Ordinary Key-board as desired

VISIBLE WRITING, PERMANENT ALIGNMENT

MINIMISED KEY-BOARD

28 Keys. 84 Chars.



SIMPLICITY . . .

One-third the parts found in others.

DURABILITY . . .

Steel parts hardened.

PORTABILITY, only weighs 15 lbs.

### READ THE FOLLOWING:

126 Mansfield Street,  
Montreal, Oct. 7th, 1896.

The Williams M'fg Co.

GENTLEMEN,—I have been using the Empire Typewriter now for nearly a year. It has given me entire satisfaction and I have pleasure in recommending it.

F. R. ENGLAND, M.D.

Montreal, Oct. 23rd, 1896.

The Williams M'fg Co.

DEAR SIRS,—In reference to the "Empire" Typewriter machine sold to me sometime ago, I beg to say that it has proved quite satisfactory.

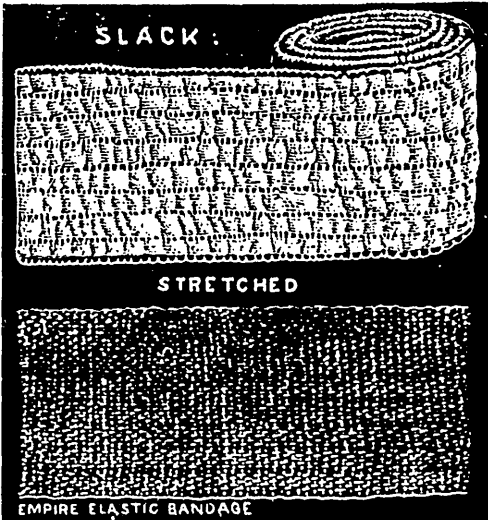
Yours truly,

J. ANDERSON SPRINGLE, M.D.

**ONLY \$55.00.**

We will send a machine to any Physician upon receipt of the cash, and if, after using it for ten days, it is not found as we represent, return it and we will refund the money.

THE WILLIAMS MANUFACTURING CO., Ltd., MONTREAL.



## THE EMPIRE ELASTIC BANDAGE

Specially Adapted for Varicose Veins.

We invite the attention of the Medical and Surgical Profession to the various merits combined in our Bandages:

1st. ITS POROSITY—the greatest in the "Empire." It never causes itching, rash, or ulceration under the bandage.

2nd. ITS ELASTICITY, which will enable the surgeon or nurse to put it on at any required tension, and which will follow a swelling up and down, as the case may be, a feature unknown to any other bandage.

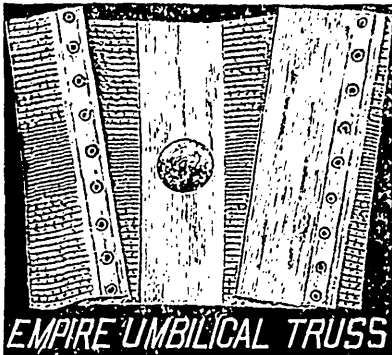
3rd. ITS ABSORBENT PROPERTIES—greatest in the "Empire."

4th. ITS EASY APPLICATION to any part of the body, not being necessary to fold over as with other bandages, as it follows itself with equal uniformity around any part of the abdomen.

5th. ITS SELF-HOLDING QUALITIES. No bother with pins, needle or thread, or string, so tiresome to surgeons, as simply tucking the end under the last fold insures its permanent stay until its removal for purposes of cleanliness.

6th. The only Bandage that is SUPERIOR TO THE ELASTIC STOCKING for varicose veins.

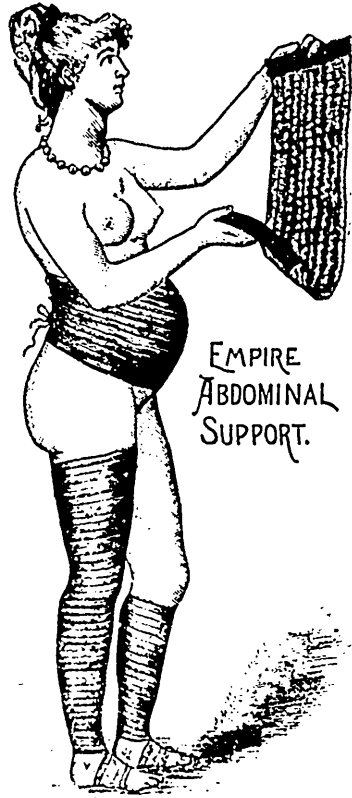
Send \$1.00 for 3 in. by 5 yds. Bandage on approval.



As an abdominal Supporter with Button inserted at the Navel.

Is made of the same material, and possesses the same merits as the Empire Elastic Bandage and Abdominal Supporters, and is pronounced by all who have seen it to be the BEST IN THE WORLD. All of our goods are sent free by mail upon receipt of price, and money refunded if not satisfactory.

Infants, \$1.25. Children, \$2.50. Adults, \$4.00.



## The Empire Abdominal Supporter

Is superior to all others for the following reasons : : :

1st. It adapts itself to every movement of the body, giving strong and even support.

2nd. It produces warmth without irritation or sweating, as it is perfectly ventilated.

3rd. In pregnancy, corpulency, tumors, or other cases of enlargement of abdomen, it supports weight of body from the backbone, relieving the sinews of their overwork.

4th. Its easy appliance (lace and drawn on over head or feet).

5th. It is cheap; durable. It can be washed when soiled, proper care being taken to cleanse it in lukewarm water and dry in the shade.

In ordering give the measure of the abdomen.

### PRICES :

|                                         |        |
|-----------------------------------------|--------|
| Six inches wide.....                    | \$2 00 |
| Eight inches wide.....                  | 2 50   |
| Eleven inches wide.....                 | 3 00   |
| Twelve inches wide (double rubber)..... | 4 00   |

Manufactured by

## THE EMPIRE MANUFACTURING CO'Y.

13 Spring Street,  
LOCKPORT, N.Y., U.S.A.

EFFECTS OF BROMIDES.—These in excess often produce very peculiar results, and the symptoms for the alleviation of which they are taken become much worse, especially during menstruation. They may cause delusions and suicidal tendencies; irritability of temper is a frequent result. They have some effect on the urine. In chronic cardiac asthenia the symptoms often grow worse under their use, and a tendency to ptosis is common. They may produce paresis and an inability to walk, sometimes more marked on one side of the body than the other, simulating hemiplegia. They lead to failure of the memory, going on to partial paresis and involuntary movements of the bowels. To be sure, these extreme cases are rarely seen, but the reckless use of bromides with laymen is apt to cause them. I recall a case of Jacksonian epilepsy in which the child's father (a druggist) argued that if sixty grains daily would

keep the disease in check, two or three times that amount ought to cure it; and the child sank in a heap after taking the larger dose, and became an imbecile, but improved when bromide was withdrawn. Of two children taking bromide of lithium, one lost all memory of words, the other all idea of time. Suicidal tendencies and melancholia occurred at the menstrual epoch in a lady who had been taking a drachm of potassium bromide daily for four years, but these disappeared when the drug was withdrawn, and only reappeared when she resumed it subsequently. Do not deluge patients with bromides, especially in cases of epilepsy.—*S. Weir Mitchell.*

Miss Wilson—"I don't see what it is that makes Selina Price so struck on her Chinese Sunday scholar." Medical friend—"It must be a *cuetaneous* affection, I think.—*Ph. Era.*

ON  
28th  
SEPTEMBER

~~XXXXXXXXXXXX~~

*The Grand Hotel*  
*Caledonia Springs*

~~XXXXXXXXXXXX~~

Will close for this season



The Waters are sold by best Clubs,  
Grocers, Hotels, etc.

Attention—  
Physi= cians!



We make a specialty of Phaetons for physicians, and our prices are a revelation.

Our Art Catalogue explains. Send for it.

"You have saved me \$45, and my phaeton is just perfect," writes a well known physician.

The Columbus **PHAETON Co.**, Columbus, O.

HALL-BEARING Axles, with Rubber or Pneumatic Tires, when desired.

The . . .  
**Nesbitt Publishing Co., Ltd.**

Rooms 97, 98, 99

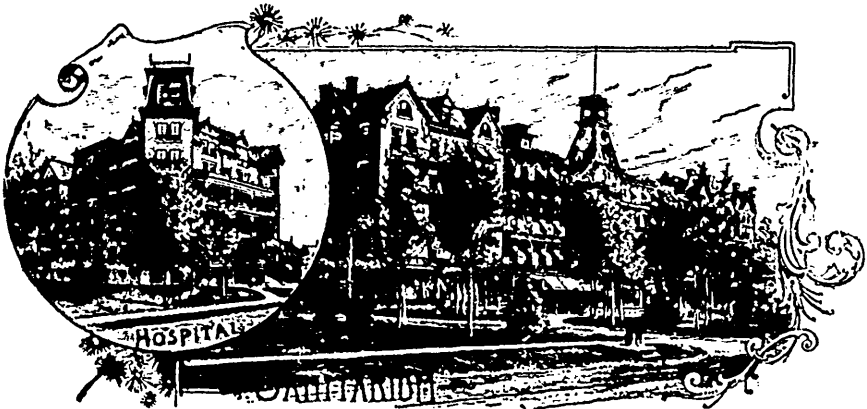
CONFEDERATION LIFE BLD'G, **TORONTO**

PUBLISHERS OF

"Dominion Medical Monthly  
and Ontario Medical Journal"

.. Per.. **\$1.00** Annum.





# The Battle Creek SANITARIUM

Is a place where chronic invalids, especially those suffering from the various forms of indigestion, the diseases peculiar to women, constipation, chronic malarial poisoning, anaemia, obesity, the uric acid diathesis, neurasthenia, migraine, and similar ailments are trained into health by the aid of systematic regimen, scientific hydrotherapy, massage, Swedish movements, Swedish gymnastics, and other rational

means. Most cases of Bright's disease, diabetes, locomotor ataxia, and many other maladies which are incurable under ordinary conditions, are greatly improved by the combined use of rational remedies and systematic regimen, and many are practically cured. Extensive bacteriological, chemical, microscopical laboratories connected with the institution afford excellent facilities for accuracy in diagnosis and original research.

The Institution is Conducted Strictly within Ethical Lines.

For information concerning the facilities afforded, terms, etc., address

THE SANITARIUM, Battle Creek, Mich.

Telephone 1963  
**PRESENTATION ADDRESSES**  
 DESIGNED & EXECUTED BY  
**A. M. HOWARD, R.S.A.**  
 53 KING ST. E. TORONTO



**G. Lugsdin & Co.**

**SADDLE,  
HARNESS,  
AND TRUNK**

**MANUFACTURERS**

Importers and dealers in English Driving and Riding Whips, Horse Clothing, and all kinds of Racing Goods.

**MILITARY ACCOUTREMENTS A SPECIALTY.**

Sign of the Golden Horse. 115 Yonge St., TORONTO

TRADE MARK REGISTERED.  
**BARLEY CRYSTALS**

New Diuretic, Rheumatism, Tonic Cereal; also Gluten Dyspepsia Flour, and Diabetes Flour. Pamphlet and Cooking Samples Free. Unrivalled in America or Europe. Ask Dealers, or Write Farwell & Rhines, Waterbury, N. Y., U.S.A.

## J. A. Sutherland,

MANUFACTURER OF

**CABINETS, MANTELS, AND ALL  
LINES IN ARTISTIC FURNITURE.**

*Medicine Cases and Office Furniture  
Made to Order.*

Repairing Promptly Attended to.

409 Spadina Ave., Toronto.

## FARMER BROS.

**The Great Group  
Photographers.**

92 YONGE STREET, TORONTO.

*Special attention given to College Groups. Special Rates to Students.*

**W. P. KEARNS**

**SADDLE & HARNESS MAKER,  
COR. KING AND GEORGE STS.,  
TORONTO.**

Repairs Promptly and Neatly Executed

HEART THERAPEUTICS.—I must warn against the too common exhibition of digitalis. True, it prolongs the diastole and thus rests the heart, but this good is counterbalanced by the high arterial pressure which it induces and the consequent straining of valves already weakened by inflammation. One must select his remedies from the list of cardiac depressants, and among these I give priority to aconite, veratrum viride, and chloral. In practice I use aconite in doses of one to three drops every four hours, combined with ten to twenty grains of citrate or acetate of potash, with continuous counter-irritation and poultices to the præcordium. Veratrum viride I have not used, but, reasoning from its unparalleled power of lowering blood-pressure and reducing the pulse rate, it ought to be even better than aconite, were it not for its tendency to produce vomiting, especially in children; in adults this could be easily

watched and the doses reduced on the supervention of the least signs of nausea. It should be given in doses of one or two drops every hour, and not in the doses of five to ten or fifteen drops named in the B. P. Chloral best fills the indications however, for it lessens the fibrinity of the blood, and also reduces blood-pressure and pulse rate. Its administration along with anti-rheumatics, like potash, should be followed by good results in acute endocarditis. Nevertheless its use in practice does not always come up to what on rational grounds might be expected. I mention it rather by way of contrast, for the purpose of combating an irrational faith that would prescribe digitalis in every case of heart disease.—*Chisholm.*

MEDICAL STUDY.—Dr. Watson Cheyne declares that the "amount the medical student has to learn is appalling."—*The Medical Age.*

---

**EL PADRE "NEEDLES" 10c.**

❖❖❖ **"VARSITY" 5c.**

---

The best Cigars that Money, SKILL, and nearly  
half a century's experience can produce.

Made and guaranteed by

**S. DAVIS & SONS**

# WHEELER'S TISSUE PHOSPHATES.

Wheeler's Compound Elixir of Phosphates and Calissaya. A Nerve Food and Nutritive Tonic for the treatment of Consumption, Bronchitis, Scrophula, and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say—Rhone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Ac I, and the active Principles of Calissaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gustation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

**NOTABLE PROPERTIES.** As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When mixed with Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good-will of the patient. Being a Tissue Constructive, it is the best general utility compound for Tonic Restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

**Dose.**—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M.D., Montreal, P.Q.

TO PREVENT SUBSTITUTION, PUT UP IN POUND BOTTLES ONLY AND SOLD BY ALL DRUGGISTS AT ONE DOLLAR.

READ THE PAMPHLET SENT YOU.

## Western Pennsylvania Medical College

PITTSBURG, PENN., 1896-97.

Medical Department of the Western University of Pennsylvania.

The Regular Session begins on the third Tuesday of September, 1896, and continues six months. During this session, in addition to four didactic lectures, two or three hours are daily allotted to clinical instruction. Attendance upon four regular courses of lectures is requisite for graduation. A four years' graded course is provided. Four years required from Oct., 1896. The Spring Session embraces recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins the Second Tuesday in April, 1897, and continues ten weeks.

The laboratories are open during the Collegiate year for instruction in Chemistry, Microscopy, practical demonstrations in Medical and Surgical Pathology, and lessons in Normal Histology. Special importance attaches to "the superior clinical advantages possessed by this College."

For particulars see Annual Announcement and Catalogue, for which address the Secretary of Faculty,

PROF. T. M. T. MCKENNAN,  
310 Penn Ave.

Business Correspondence should be addressed to

PROF. W. J. ASDALE,  
Ellsworth Ave., Pittsburg.

## MACRAE & MACRAE

29-33 Melinda Street.

Uniformed Carriers. Messenger Service at all hours.

Circular distribution throughout the city at shortest notice and lowest prices.

Addressed circulars delivered 1 cent each.  
Telephone 2230.

## The Nesbitt Publishing Co. Ltd.,

Rooms 97, 98, 99  
CONFEDERATION LIFE BUILDING, TORONTO

Publishers of

"Dominion Medical Monthly and  
Ontario Medical Journal."

.. Per .. **\$1.00** Annum.

A. FIDDES

H. HOGARTH

## FIDDES & HOGARTH

Plumbers, Gas, Steam and Hot  
Water Fitters

*FINE SANITARY PLUMBING*

## GAS FIXTURES

50 Jarvis St., Near King,

TELEPHONE 1314 TORONTO

N.B.—We make a specialty of applying  
the Smoke Test

*ESTABLISHED 1844*

Offices and Yards:

FRONT STREET NEAR BATHURST

Telephone No. 192

YONGE STREET DOCKS

Telephone No. 190

## P. BURNS & CO.

Wholesale and Retail  
Dealers in . . . .

## COAL

.. AND ..

## WOOD

**HEAD OFFICE:**

**38 KING ST. EAST**

Telephone No. 131

**Toronto**

Branch Offices:

288 1/2 YONGE STREET. Telephone No. 151

548 QUEEN ST. WEST. Telephone No. 130

DISEASE OF THE UPPER AIR PASSAGES DUE TO INHALATION OF FLOUR.—Lublinski (*Centralbl. f. inn. Med.*) relates the following case analogous to one recently recorded by Gerhardt: A baker, aged nineteen, complained of hoarseness, which was at first relieved by the expectoration of whitish-grey, gummy masses. Dyspnoea was also present. The pharynx was dry, and here and there small whitish patches were seen on a slightly reddened base. A similar condition was found in the nares and larynx, and even in the trachea. With iodine the sputum gave the characteristic reaction of starch, and painting the pharynx, nares and larynx with iodine solution produced a number of blue patches. The microscope showed the presence of starch granules. The treatment consisted of avoidance of the flour, and

inhalations with Ems water, as well as painting the parts with a four per cent. zinc chloride.—*Brit. Med. Jour.*

BEWARE OF IMITATIONS.—Jones —“If Brown has never studied medicine how does he happen to be so well posted on diseases?” Robinson —“Because he’s a professional writer of letters from grateful women out in Michigan who have suffered untold agonies until told by a friend of the wonderful properties of Dr. Pillgarlic’s nervine and blood-purifier.”—*Judge.*

“Doctor, my daughter seems to be going blind, and she’s just getting ready for her wedding, too. Oh, dear me, what’s to be done?” “Let her go on with the wedding, madam, by all means. If anything can open her eyes, marriage will.”

## The Best Medicine

Is a pleasant trip  
over



# CINCINNATI, HAMILTON & DAYTON RY.

OOOO

DETROIT AND TOLEDO

## To Cincinnati, Dayton, Indianapolis.

### THE GREAT SOUTH-BOUND SHORT LINE.

NEW ORLEANS, THE CAROLINAS, FLORIDA.

We are a Half a Day the Shortest Line.

OOOO

For information write to

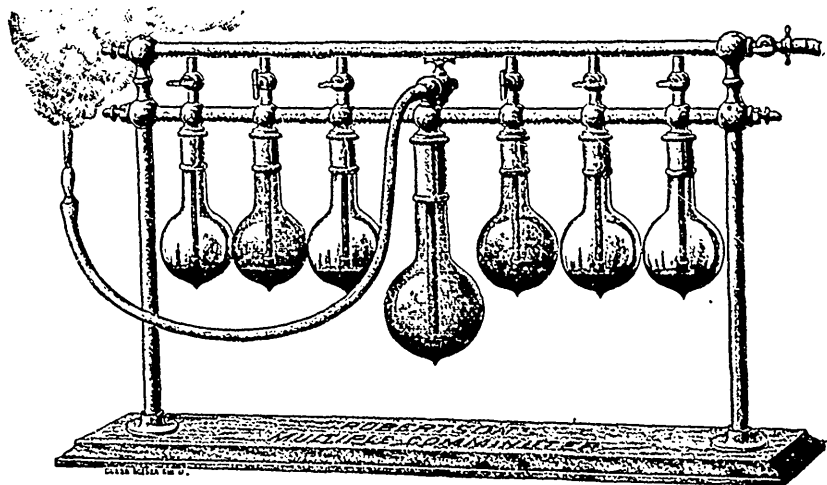
D. S. WAGSTAFF, General Northern Agent, DETROIT, MICH.

WALDO, General Manager.

D. G. EDWARDS, Pass. Traffic Manager

CINCINNATI, O.

# THE PNEU-MA-CHEMIC MULTIPLE COMMINUTER



## The Ideal Apparatus for Office Practice.

This apparatus, just recently perfected, is the most useful scientific and efficient invention ever offered to physicians for the direct application of remedies to the respiratory tract, and other cavities of the body, and for the administration of anesthetics, etc. It is also the most unique, novel and artistic apparatus any doctor can have in his office.

It is called a comminuter because, by a mechanical process, it reduces the substance acted upon to such infinitesimal particles that it is transformed from the liquid state to the condition of a visible elastic fluid. In this state it is projected through the flexible tube in great volume, and with whatever force it may be desirable or necessary to reach the respiratory tract, eyes, ears, the rectum, vagina, or other passages, cavities, or surfaces of the body, in the most effective manner. Six different prescriptions or single remedies can be put in the apparatus and used separately, or in any desired combination, without changing the medicines or removing the flasks.

Medicine insoluble in each other, or even chemically incompatible in the liquid state, can be administered in perfect combination, without precipitation or decomposition.

The complete apparatus is 30 inches long, 17 inches high and 7 inches wide at the base. It is elegantly finished in nickel, hard rubber and flint glass, with polished hardwood base. All parts are of the best workmanship, and so constructed as not to get out of order. It can be used in connection with any compressed air receiver.

Full directions and many valuable formulæ that have been used successfully with the Multiple Comminuter, by well-known physicians, furnished every purchaser.

Considering the scientific and expensive construction of the Multiple Comminuter, the perfection of its operation, efficiency, utility, convenience, economy of time and medicines, and many other advantages, it is the cheapest apparatus offered on the market. Physicians who are using it have informed us that it has paid for itself in a few weeks.

Ask your instrument dealer or write for full information to the manufacturers.

## Dr. John Robertson,

619 WEST FOURTH ST., Cincinnati, Ohio,

— U.S.A. —

**CELLULOID BANDAGES.**—Celluloid dissolved in acetone has been used by Landever and Kirsch as a substitute for plaster-of-Paris, silicate of soda, etc., and is said to be considerably lighter than even the latter and not very expensive. The solution is rubbed into each layer of gauze or crinoline bandage, an ordinary kid glove being worn for the purpose, as otherwise it dries on the skin and can only be washed off with acetone. From four to six layers are required, and three or four hours are necessary for it to dry completely. There is no real objection to its use, and it presents a decided advantage in the manufacture of spinal and thoracic jackets, inasmuch as it will last for months, is readily cleaned, always presents a smooth surface, and is impervious to all discharges.—*Medical Age*.

#### MENTAL SYMPTOMS AFTER OPER-

**ATIONS ON WOMEN.**—Jacobs (*La Polyclinique*) states that mental disturbance, developing soon after operation, seldom proves serious, whilst, when it appears a few months later, the prognosis is usually unfavorable. He relates five cases: (1) Hysterical mania in a patient aged thirty-six, three days after colpo-perineorrhaphy and curetting. The symptoms vanished slowly. (2) Mental depression in a woman, aged thirty-four, beginning six months after vaginal hysterectomy. Death within four weeks. (3) Nymphomania the day after vaginal hysterectomy, disappearing in eight days. (4) Mania on the day after vaginal castration in a hysterical subject. Death. (5) A very fat woman, aged forty-one, underwent curetting for chronic leucorrhœa, with obstinate eczema of the pudenda. Three weeks later melancholia developed, ending in aphasia and death.—*Brit. Med. Jour.*

## FIXED INDEMNITIES FOR MOVING ACCIDENTS

It has been argued that some business, professional, and literary men cannot be totally disabled by accident no matter how severe their injuries may be, and that such men must necessarily stretch a point before they can secure indemnity for total disability. The Double Liability, Schedule and Annuity Accident Policy of this Company, which provides a stated indemnity for each specified injury, and without regard to the nature of the injury, will completely settle the question of disability.

**\$10,000** for Death.

**\$20 per Week** for 26 weeks of partial disability.

**\$50 per Week** for 52 consecutive weeks of total disability.

And a pension for life of **\$40 per Annum** for permanent disability.

**PREMIUM: SELECT CLASS, \$30 PER ANNUM**  
Less Amounts at Proportionate Rates

A reduction of \$5.00 will be made on the premium for the same policy leaving out the Partial Disability and Annuity features, thus making premium \$25.00.

**Manufacturers' Guarantee & Accident Insurance Co.**  
Head Office: Toronto, Canada.



The . . .  
**Nesbitt Publishing Co., Ltd.**

Rooms 97, 98, 99

**CONFEDERATION LIFE B'LD'G, TORONTO**

PUBLISHERS OF

"Dominion Medical Monthly  
and Ontario Medical Journal."

. . Per . . **\$1.00** Annum



# THE WABASH RAILROAD

Is acknowledged by travellers to be the best line to  
CHICAGO; shortest and quickest route to KANSAS  
CITY, ST. LOUIS, TEXAS. OLD MEXICO,  
CALIFORNIA, and all South-western points . . . .

**A**LL TRAINS ARE SUPERBLY equipped with the finest sleeping and chair cars in America. The only direct line to Hot Springs, Arkansas, the Carlsbad of America. Their efficacy in curing diseases has been known to the civilized world for generations, and people of all nations have gone thither in successful search of health.

Pamphlets, time tables and full particulars from  
 any railroad agent, or,

**J. A. RICHARDSON,**

CANADIAN PASSENGER AGENT,

N. E. Cor. King and Yonge Sts., - - TORONTO.

## Confederation



## Life Association

HEAD OFFICE, TORONTO

YOU will feel better off in every way if you have underneath you the all-sustaining arms of Life Insurance. A Policy not only affords the best security, but actually dispels care, and so by lessening friction increases the length of life. The Unconditional Accumulative Policy issued by the Confederation Life Association provides for extended insurance, paid-up policies and cash surrender values, and is in fact a model contract. For full particulars send to the Head Office, or to any of the Company's Agents.

W. C. MACDONALD,

*Actuary.*

J. K. MACDONALD,

*Managing Director.*

**HUNTING A LOST BALL.**—The Roentgen ray and the location of bullets brings to mind an old army story about a general officer, wounded in the fleshy part of the leg, where the surgeons made many incisions. At last, growing tired and worn with pain, he asked if they were nearly through dressing his leg. "I am looking for the ball," said the operating surgeon. "Why the devil didn't you say so before?" roared the officer; "I have the ball in my pocket!"—*Journal of the American Medical Association.*

**IRRIGATION BEDS AND HEALTH.**—Weyl (*Berl. klin. Woch.*) investigated the truth of the statement that irrigation beds are open to the suspicion of spreading infective diseases. He investigated the health of those persons living near the Berlin irrigation beds, which are the largest of the kind in the world. He says: "The

irrigation beds have either caused no disease or but slight disease amongst the persons living near and working upon them." He further says that properly managed irrigation beds are no source of danger to health, and that, "up to the present they are by far the best method of dealing with the sewage of towns." The method is not complete, since it does not lead to the destruction of all pathogenic micro-organisms as was at first expected. Drain water may contain bacilli of typhoid, etc., and therefore ought not to pass on the beds without previous disinfection. — *Brit. Med. Jour.*

Flora is three years old. In playing about the house she struck her hand and rubbed up the skin. Away she went to her mother, crying, "Ow, ow! boo, hoo! mamma, I've knocked the peelin' off my hand."

# RUSH MEDICAL COLLEGE.

Medical Department of Lake Forest University.

## FACULTY.

**EPHRAIM INGALS, M.D.**, Emeritus Professor of Materia Medica and Medical Jurisprudence.

**DELAZSKIE MILLER, Ph.D., M.D.**, Emeritus Professor of Obstetrics and Diseases of Children.

**EDWARD L. HOLMES, A.M., M.D.**, Pres't. Professor of Diseases of the Eye and Ear, 31 Washington Street.

**HENRY M. LYMAN, A.M., M.D.**, Professor of the Principles and Practice of Medicine, 200 Ashland Boulevard.

**JAMES H. ETHERIDGE, A.M., M.D.**, Secretary. Professor of Obstetrics and Gynecology, 31 Washington Street.

**WALTER S. HAINES, A.M., M.D.**, Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College.

**J. NEVINS HYDE, A.M., M.D.**, Professor of Skin and Venereal Diseases, 240 Wabash Avenue.

**NORMAN BRIDGE, A.M., M.D.**, Professor of Clinical Medicine and Physical Diagnosis, Los Angeles, Cal.

**ARTHUR DEAN BEVAN, M.D.**, Professor of Anatomy, Rush Medical College.

**NICHOLAS SENN, M.D., Ph.D.**, Professor of the Practice of Surgery and Clinical Surgery Rush Medical College.

**JOHN B. HAMILTON, M.D., LL.D.**, Professor of the Principles of Surgery and Clinical Surgery, Rush Medical College.

**DANIEL R. BROWER, M.D.**, Professor of Mental Diseases, Materia Medica and Therapeutics, 34 Washington Street.

**TRUMAN W. BROPHY, M.D. D.D.S.**, Professor of Dental Pathology and Surgery, 96 State Street.

**E. FLETCHER INGALS, A.M., M.D.**, Professor of Laryngology, 34 Washington Street.

The Regular Annual Session of Lectures will begin the last of September yearly, and will continue eight months. The requirements for entering the College and for obtaining the degree are fully described in the annual announcement, which will be sent to any address upon application.

The Clinical and Hospital facilities for instruction are unusually large. For further information address the Secretary,

**DR. J. H. ETHERIDGE,**

1634 Michigan av., CHICAGO, ILL.